

City Manager's Office

May 12, 2025

To: Honorable Mayor and Members of the City Council
From: Paul Buddenhagen, City Manager
Re: New Homeless Response Team Mission and Performance Data Report

Introduction:

This memorandum presents a new mission statement for the Homeless Response Team (HRT), and provides the first in a series of data reports that will measure progress towards that mission.

The new mission statement is more reflective of the team's ongoing commitment to resolving encampments through coordinated efforts and service-forward interventions:

The Homeless Response Team's mission is to resolve unsheltered homelessness through the provision of interim and permanent housing and other supportive services, as well as to coordinate the many City and nonprofit staff who work in and are impacted by homeless encampments in providing harm-reduction oriented, pragmatic interventions that maintain health and safety for the unsheltered and the broader Berkeley community.

On June 4, 2024, the Homeless Response Team (HRT) sent an Off-Agenda Memo to the City Council, presenting the first of a series of data reports quantifying the team's work.¹ There has been significant leadership change on the City Council and City Administration since then. Another significant change is that in October 2024 Berkeley was authorized by Alameda County to fully use the County's Homeless Management Information System (HMIS) to perform Coordinated Entry housing assessments.² The team's use of HMIS enables far more robust tracking of service outcomes for the

¹ See: <https://berkeleyca.gov/sites/default/files/documents/2024-06-04%20Homeless%20Response%20Team%20Quarterly%20Data%20and%20Progress%20Report.pdf>

² See: <https://berkeleyca.gov/sites/default/files/documents/2024-10-02%20Homeless%20Response%20Team%20Becomes%20a%20Limited%20Access%20Point%20for%20Coordinated%20Entry%20System.pdf>

population served by the HRT. All of these developments allow the HRT the opportunity to revisit prior goals and rethink the best way to quantify performance.

Background:

In July 2021, the City Council adopted the All Home Regional Action plan³, and by doing so, set the ambitious goal of achieving a 75% reduction in street homelessness within three years (2024). This goal became the primary mission of the HRT.

The Homeless Response Team was launched in September of 2021. With no national best-practice standards for the best way to track, quantify, and present data on the complex work of homeless encampment management and resolution (itself a new field with minimal Federal guidance or academic research, especially in 2021), Neighborhood Services identified three performance metrics for the community at the time, and developed its own rudimentary data-tracking systems to capture and measure its work.

The City achieved a remarkable 45% reduction in street homelessness since that time, but with the initial three-year deadline of the All Home Regional Action Plan having passed, new goals for the HRT have not yet been set. Moreover, because the Homeless Response Team has fully transitioned to use of the HMIS, it is possible to perform more robust analysis of the people served by the team and their outcomes.

New Data Report Design:

The data report provided in this memo (see Attachment 1) assesses progress towards the first part of this mission, which is the resolution of unsheltered homelessness (chiefly large and/or dangerous encampments) through the provision of shelter, housing or services. Key HRT findings include:

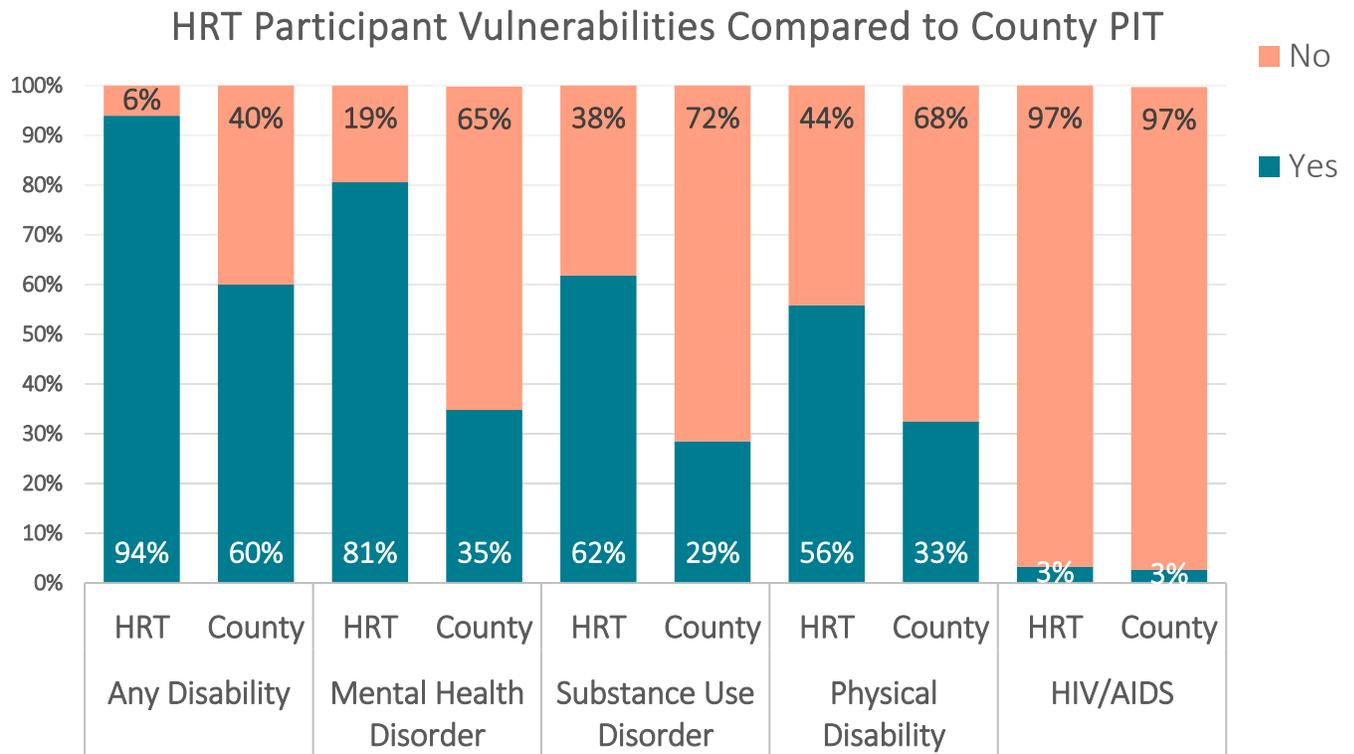
1. HRT participants are far more vulnerable than Alameda County's homeless population overall
2. HRT participants are more likely to accept a noncongregate shelter bed than a congregate shelter bed
3. HRT participants are getting assessed for housing – and over 4 in 5 are eligible for the most intensive housing resource in the homeless system of care
4. Nearly 2/3 of HRT participants move indoors as a result of HRT intervention

³ See: <https://berkeleyca.gov/sites/default/files/documents/2021-07-13%20Item%2012%20Endorse%20All%20Home%20CA%20Regional%20Action.pdf>

Findings of Interest:

1. HRT participants are far more vulnerable than Alameda County’s homeless population overall

Figure 1:



The chart above (Figure 1) illustrates a stark contrast between HRT’s participants and the broader County homeless population (according to the 2024 federal Point-in-Time or PIT Count) for key vulnerability indicators. The data in the chart above result from self-reports, suggesting that they may actually be undercounts, given the sensitive and highly personal nature of the questions. Across four of the five categories—disability, mental health, substance use, physical disability, and HIV/AIDS—HRT participants report significantly higher rates of vulnerability than were reported by PIT Count survey participants. In the remaining category of HIV/AIDS, both the county and the HRT team saw 3% of participants as being HIV+. Here are some key takeaways:

- 94% of HRT clients report having a disability, compared to just 60% of those in the Alameda County PIT count.
- Mental health disorders are reported by over 80% of HRT participants, more than double the county rate (35%).
- Substance use disorders affect 62% of HRT clients, compared to only 29% countywide.

These disparities emphasize that the population served by HRT is not only experiencing homelessness but is doing so with a significantly higher burden of complex health and social needs. These data underscore the need for tailored, high-intensity interventions and supports that address not just housing, but the full spectrum of client vulnerabilities. It also demonstrates the huge task faced by the HRT in executing its mission to reduce unsheltered homelessness.

2. HRT participants are more likely to accept a noncongregate shelter bed than a congregate shelter bed

Figure 2:

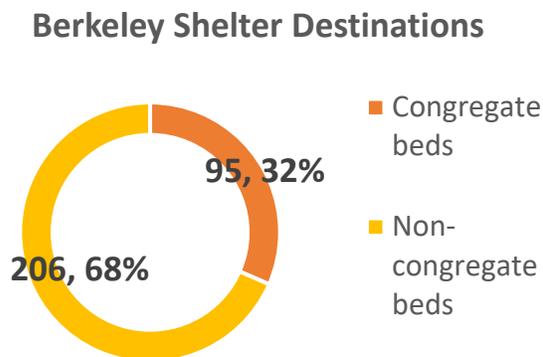


Figure 3:

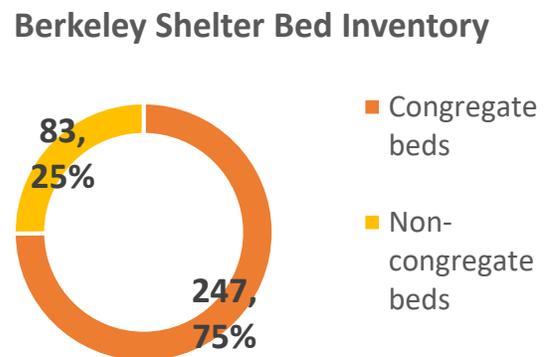


Figure 2 above illustrates the individuals enrolled in the HRT program who also enrolled into a Berkeley emergency shelter. Participants must be enrolled in both programs to be counted. Participants are enrolled into the HRT program if the HRT provides a service (Coordinated Entry Assessment, shelter referral, job training referral, etc.) to that participant. Participants are enrolled into a shelter program after they complete the intake process. Data for the 301 participants analyzed, since the inception of the HRT in September 2021, show that 206 (68%) entered noncongregate shelters, while only 95 (32%) accessed congregate shelter options. This is true despite only 25% of shelter beds in Berkeley being noncongregate (Figure 3 above).

The clear preference for noncongregate placements reflects what we continue to hear from participants: privacy, safety, and autonomy matter—especially for individuals managing complex health or trauma histories. Importantly, data suggest that noncongregate programs are more successful than congregate programs in actually ending homelessness: since 2022 with the launch of the Rodeway to Home (the city’s first directly contracted noncongregate shelter), 34% of people in noncongregate shelters have moved directly into permanent housing, versus 22% for congregate shelters.

In recent years, staff from the Neighborhood Services Division in the City Manager's Office and the Health, Housing, and Community Services Department have worked urgently to increase the number of noncongregate beds, tripling the number of noncongregate shelter beds in the last three years through aggressive pursuit of State Encampment Resolution Funding (ERF) grants (pulling in roughly \$15M in State funding to master-lease three motels, and becoming one of only three jurisdictions in the entire State, alongside Oakland and Los Angeles, to have been awarded all three rounds of ERF funding).⁴

These data affirm the importance of maintaining and expanding access to noncongregate shelter models, which are not only more responsive to client needs, but demonstrably more successful in engagement and housing placements. Continued funding for this approach is critical to upholding dignity and reducing barriers to shelter access, and was identified in a referral response to Council as a critical ingredient to continuing Berkeley's recent reductions in homelessness.⁵

3. HRT participants are getting assessed for housing – and over 4 in 5 are eligible for the most intensive housing resource in the homeless system of care

Figures 4 and 5 below highlight two critical strengths of the HRT team's outreach efforts:

- High assessment engagement; and
- Strong housing prioritization outcomes.

Figure 4 demonstrates that 69% of HRT-enrolled clients have received a Housing Needs Assessment. This means that nearly 70% of participants are being evaluated for housing eligibility—a powerful indicator of engagement and connection to the coordinated entry system.

⁴ See: <https://berkeleyca.gov/sites/default/files/documents/2024-10-02%20Berkeley%E2%80%99s%20Response%20to%20Homelessness%20-%20New%20Materials%20Tell%20the%20Story%20of%20the%20City%E2%80%99s%20Success.pdf>

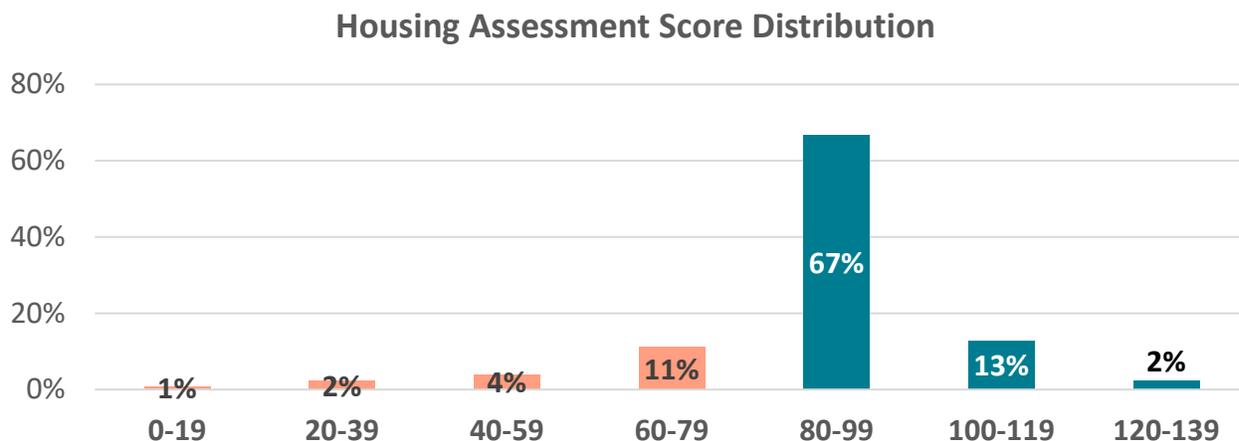
⁵ This conclusion was founded in City staff's extensive analyses of HMIS data in 2024, in response to a Council referral for a system-wide performance and gaps analysis of our homeless system. See: <https://berkeleyca.gov/sites/default/files/documents/2024-07-09%20Item%2016%20Referral%20Response%20%20Gap%20Analysis%20of%20Berkeley%E2%80%99s%20Homelessness.pdf>

Figure 4:



Even more telling is the result of these client assessments. According to the score distribution chart in Figure 5, 67% of clients score between 80–99, a range that qualifies them for permanent supportive housing (PSH) referrals.⁶ An additional 15% score 100 or above, indicating even more acute needs and eligibility for higher-intensity supports. Altogether, more than 4 in 5 (82%) people served by the HRT are eligible for PSH.

Figure 5:



⁶ Per federal regulation, PSH must be prioritized within a community for the most vulnerable and chronically homeless; therefore, local eligibility for PSH is a strong indicator of disability and an inability to self-resolve homelessness through employment, market-rate housing, and the like. Vulnerability includes measures of personal medical, substance abuse, and mental health-related disabilities or complications. Individuals with longer histories of homelessness and more personal vulnerabilities are prioritized for permanent supportive housing. Alameda County’s assessment tool assigns a score to indicate vulnerability, with scores of 80 or higher indicating sufficient vulnerability to qualify for permanent supportive housing.

In other words, when HRT participants are assessed, they largely qualify for the most intensive housing supports in the entire homeless system of care – which is also the most limited and expensive intervention to operate.

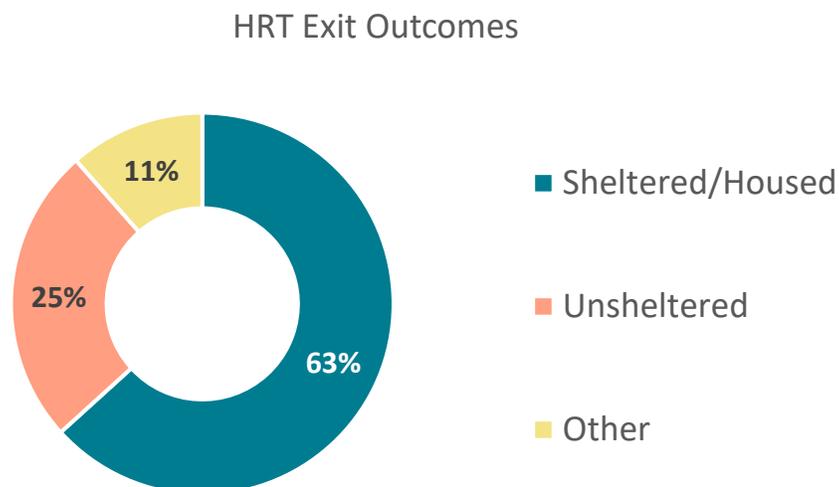
In October, 2024, the Homeless Response Team became a Limited Access Point for Alameda County’s Coordinated Entry System—meaning that Neighborhood Services’ outreach staff can now perform Coordinated Entry Assessments directly, rather than needing to refer them to partner agencies (an inefficient process that often resulted in clients’ falling through the cracks).

4. Nearly 2/3 of HRT participants move indoors as a result of HRT intervention

Figure 6 below depicts the exit destinations of participants enrolled in the HRT. The majority — 63% — exited to indoor settings, including shelter, housing of their own, institutional care, or staying with family. **This reflects the HRT’s strong impact in helping participants move toward stability and safety.**

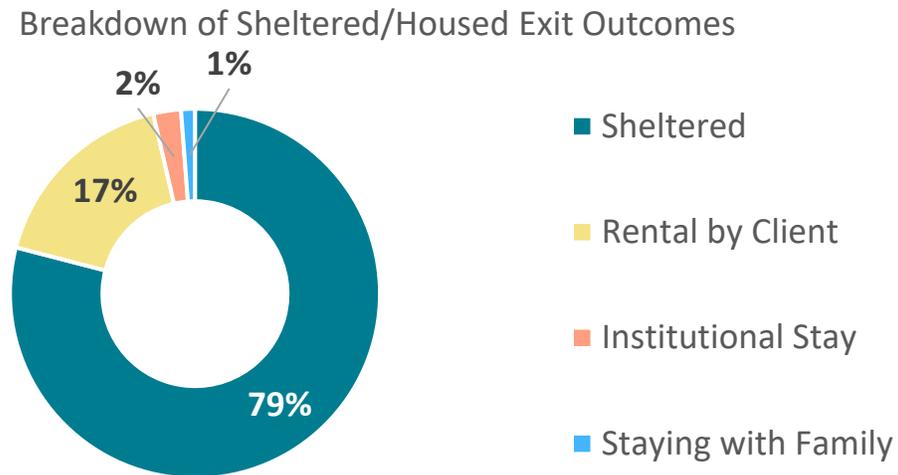
25% of exits were to unsheltered settings, meaning the person returned to the street or another place not meant for habitation. Another 11% of exits fell into the “Other” category, which includes unknown destinations and deceased people.

Figure 6:



As depicted in Figure 7, among participants who exited to **indoor destinations**, the vast majority (**79%**) entered a **sheltered environment**. An additional **17%** were able to **secure rental housing**, while smaller proportions exited to **institutional settings (2%)** or **stayed with family (1%)**.

Figure 7:



Conclusions:

Altogether, these data suggest the following:

- Noncongregate shelter interventions that have been spearheaded by the HRT over the past three years have been the single most important factor in addressing encampment homelessness in Berkeley,⁷ and
- The HRT’s strategy of using noncongregate shelter is highly successful in moving people indoors, even for the disproportionately vulnerable population the team serves.

The limited number of noncongregate beds in the system and permanent supportive housing, coupled with the limited staff capacity of the Neighborhood Services team, are the biggest factors limiting HRT’s ability to do more, which generally means that the team is only able to tackle one encampment at a time. With more of these resources, the HRT could and would do more to resolve encampments.

Overview of Homeless Response Team:

The Homeless Response Team is coordinated by the Neighborhood Services Division in the City Manager’s Office, which coordinates a multi-departmental effort to address all of the needs and impacts of the people who live in, work or visit the area of a

⁷ For more on the successful use of noncongregate shelter in Berkeley’s encampment response, see p. 20 of the following off-agenda memo dated October, 2024: <https://berkeleyca.gov/sites/default/files/documents/2024-10-02%20Berkeley%E2%80%99s%20Response%20to%20Homelessness%20-%20New%20Materials%20Tell%20the%20Story%20of%20the%20City%E2%80%99s%20Success.pdf>

particular encampment. The effort also includes staff from Public Works, Health, Housing & Community Services, City Attorney's Office, Police, Fire and Parks, Recreation and Waterfront, and other departments/divisions as needed.

Concerns about encampments are reported by community members (often through 311), Councilmembers, merchants or City Staff – including Homeless Response Team (HRT). HRT staff will then assess the site for its impacts. The City looks at a number of factors to decide how and when to address encampment concerns, including but not limited to:

- Impact on sidewalks
- Neighborhood impact
- Health and safety concerns for those at the site or nearby, especially imminent dangers
- Municipal or State code violations
- Legal issues
- Outreach capacity
- Willingness to accept shelter

Attachment 1: Homeless Response Team Data Report

cc: David White, Deputy City Manager
Peter Radu, Assistant to the City Manager
Josh Jacobs, Homeless Services Coordinator
Scott Ferris, Director, Parks, Recreation and Waterfront
Scott Gilman, Director, Health Housing and Community Services
David Sprague, Fire Chief, Berkeley Fire Department
Jennifer Louis, Chief of Police, Berkeley Police Department
Terrance Davis, Director, Public Works
Jenny Wong, City Auditor
Mark Numainville, City Clerk
Matthai Chakko, Assistant to the City Manager
Farimah Brown, City Attorney

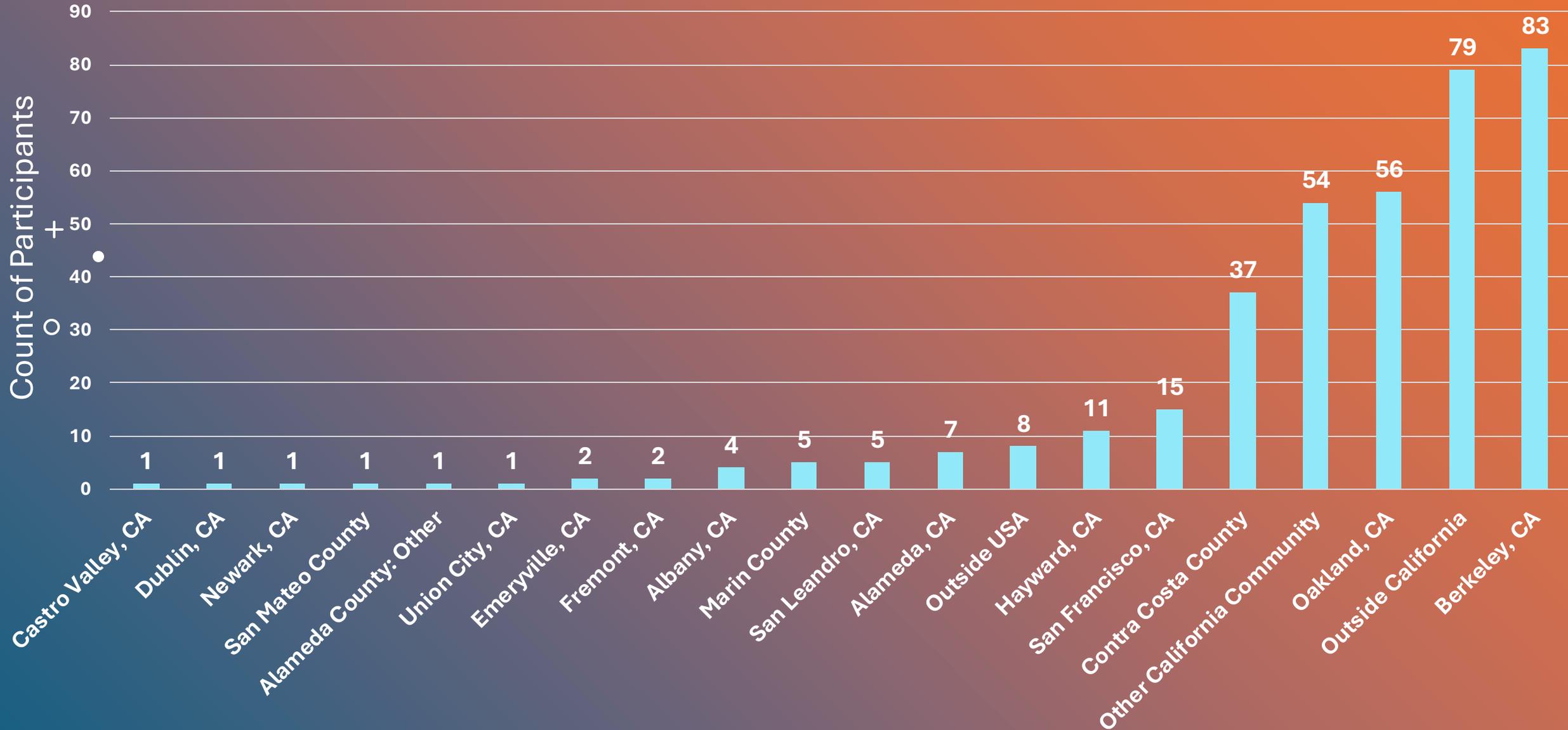
Homeless Response Team

Performance Data Report

May 2025

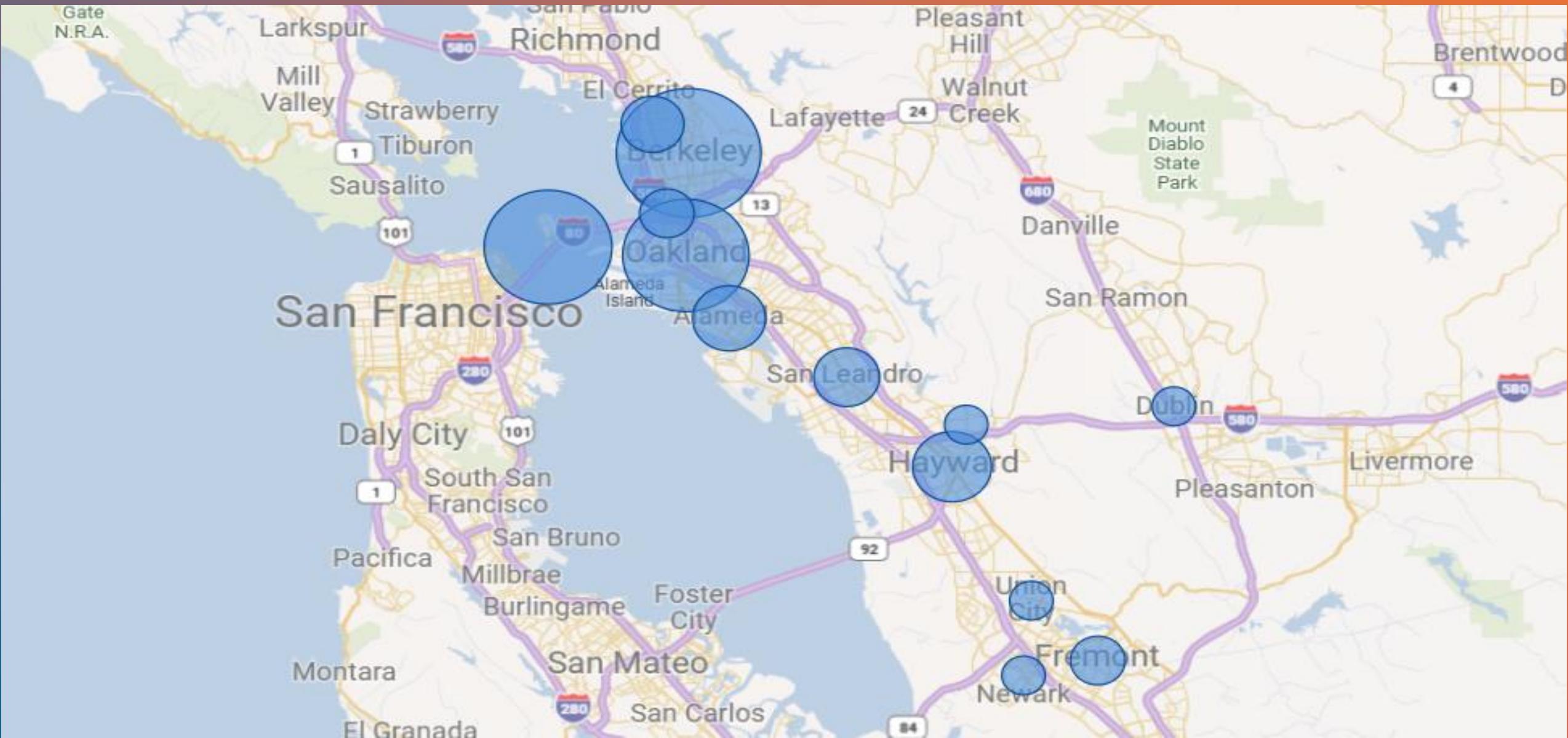
Where Are HRT Participants Coming From?

Self-reported city of residence when becoming homeless



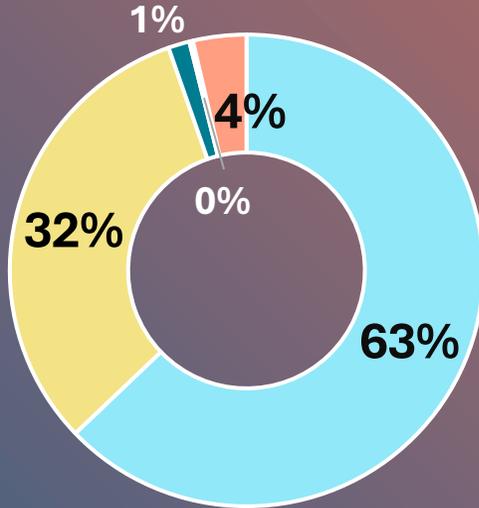
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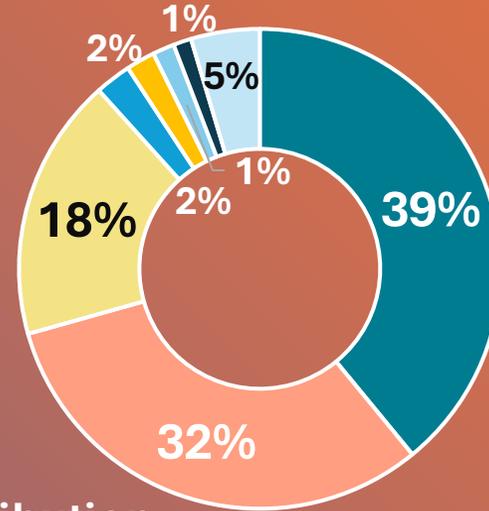
Gender, Race, and Age Distribution of HRT Participants

Gender Identity



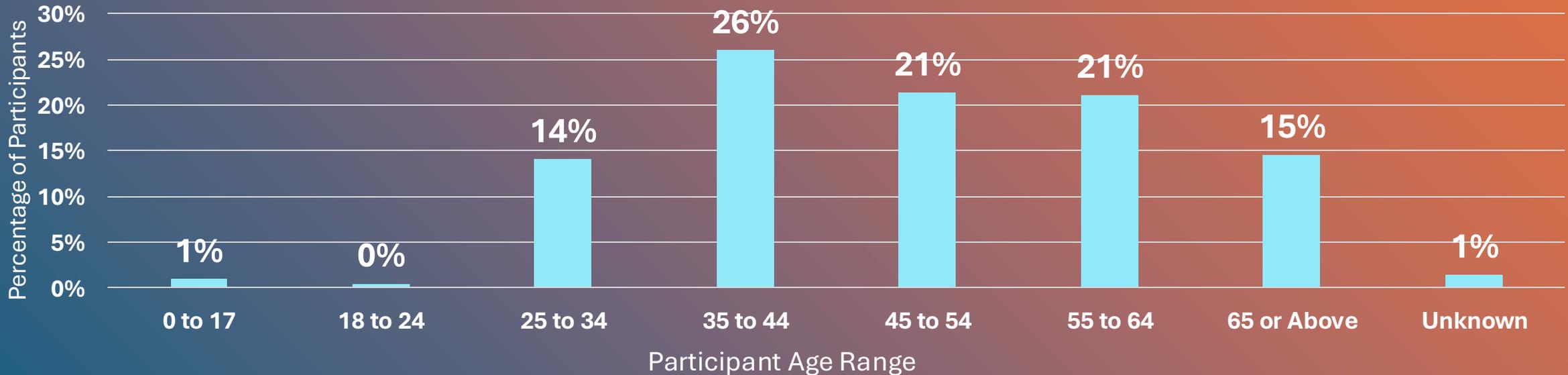
- Male
- Female
- Non-Binary
- Transgender
- Unknown

Racial Background



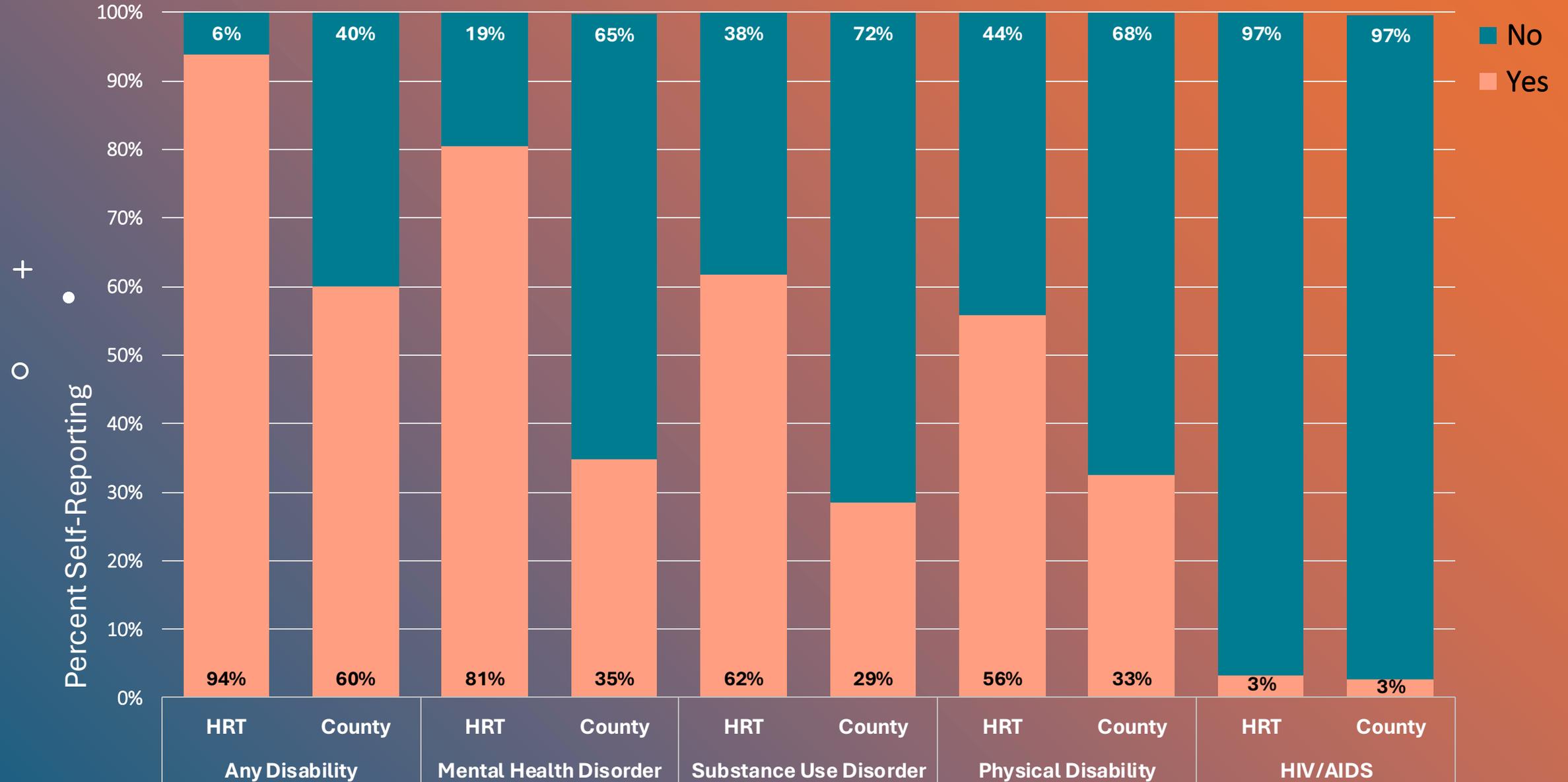
- White
- Black
- Multi-racial
- Indigenous American
- Latinx
- Asian
- Pacific Islander
- Unknown

Age Distribution



HRT Serves a Highly Vulnerable Population

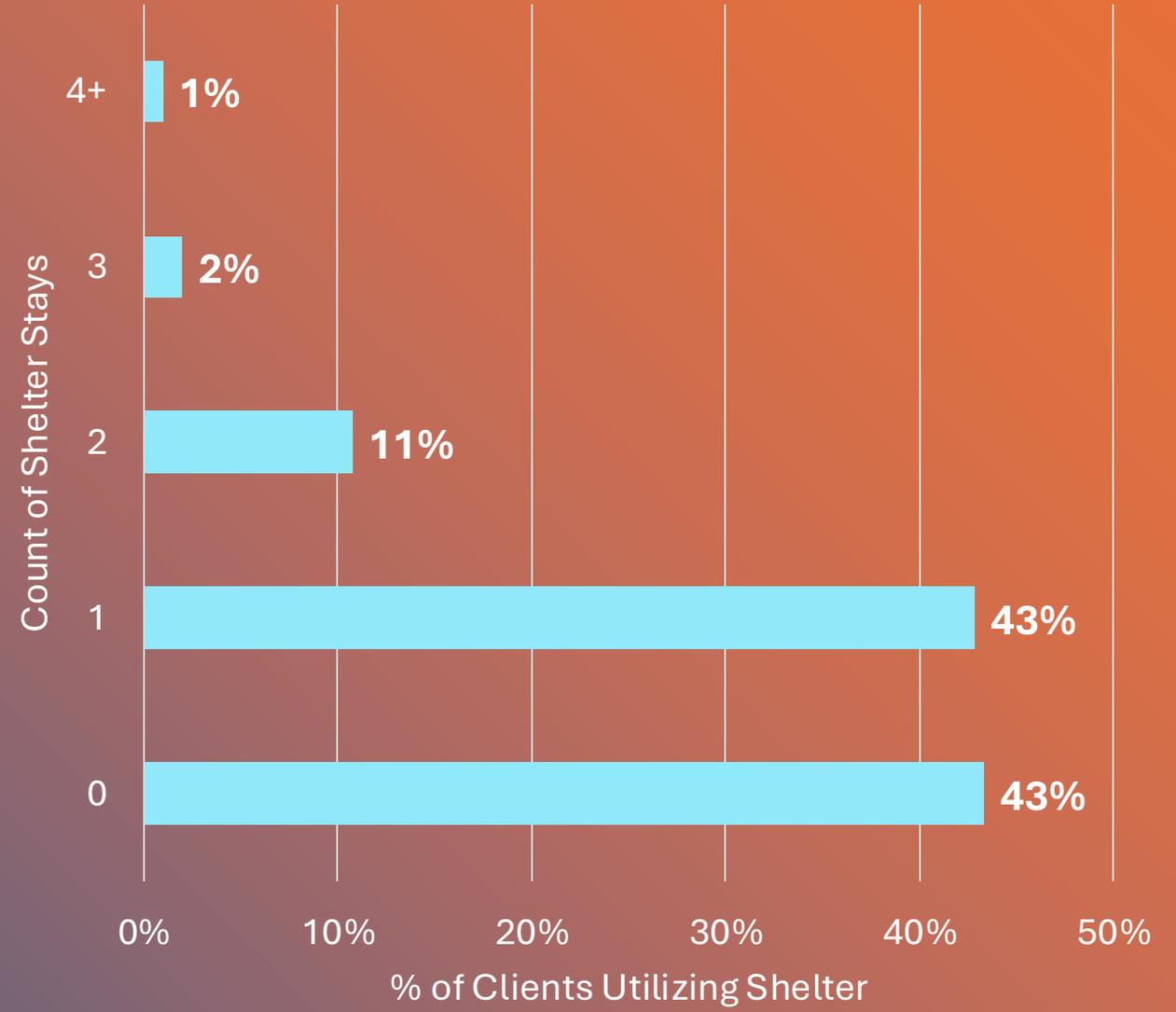
HRT participants are far more vulnerable than Alameda County's homeless population overall



Multiple Outreach Attempts Are Often Needed to Serve a Very Vulnerable Population

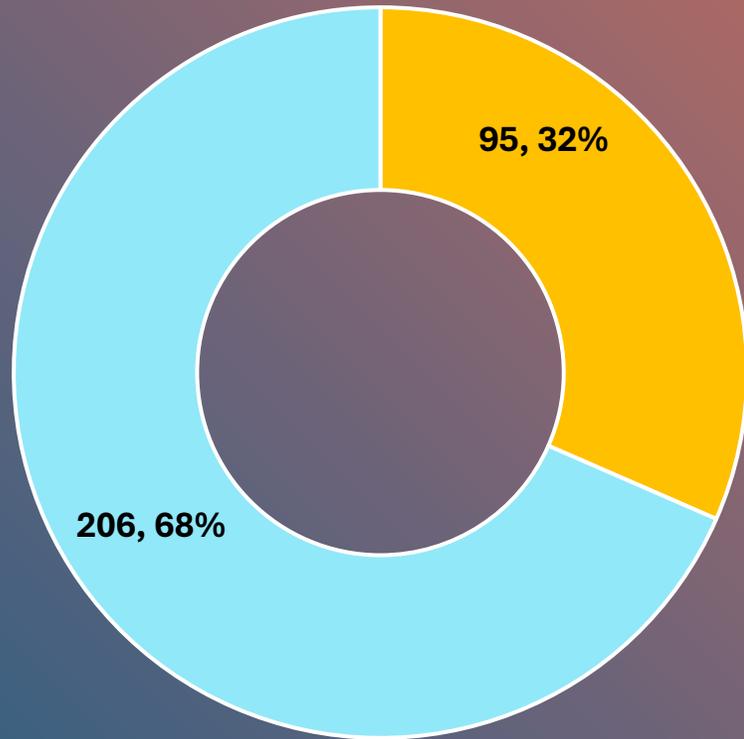
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The chart on the right shows the number of Participants who accessed shelter after enrolling with the HRT. They are grouped by how many shelters they enrolled in after enrolling in HRT Outreach. The vast majority of participants either did not access shelter at all (0) or enrolled one time in shelter (1). A small minority accessed shelter 2, 3, or more times.



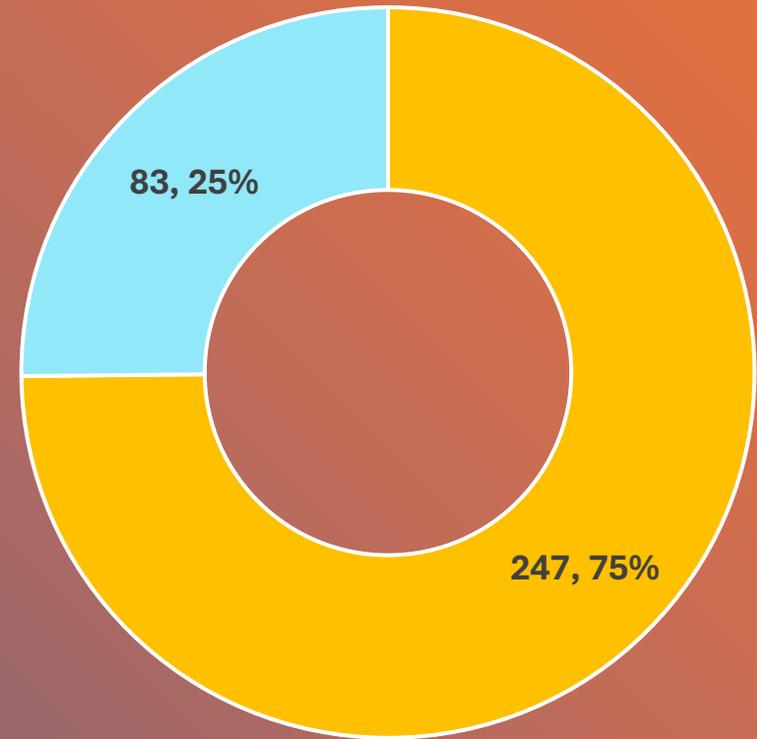
High Congregate Shelter Placements Despite Limited Capacity

Shelter Enrollments by Bed Type for HRT Participants



■ Congregate ■ Non-Congregate

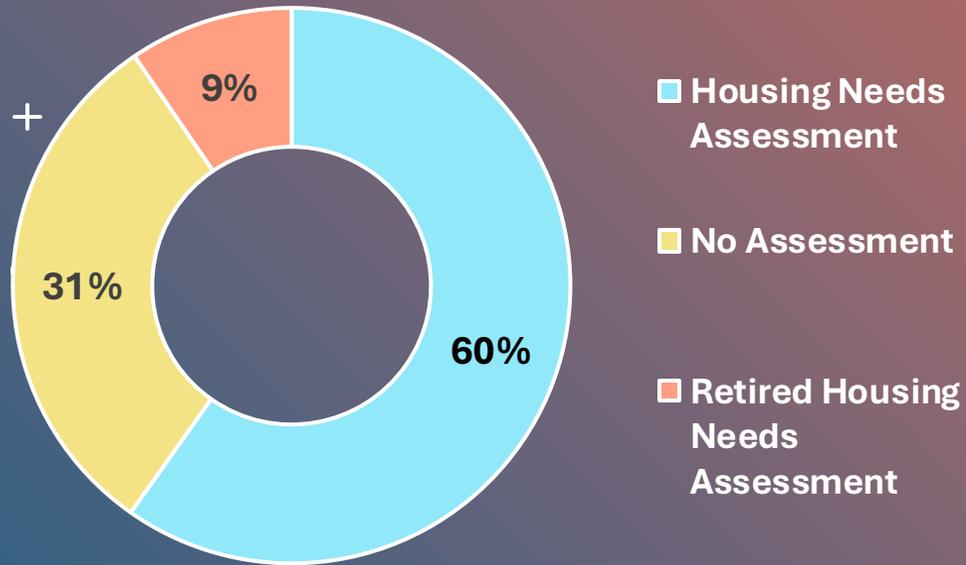
Shelter Bed Inventory by Type in Berkeley



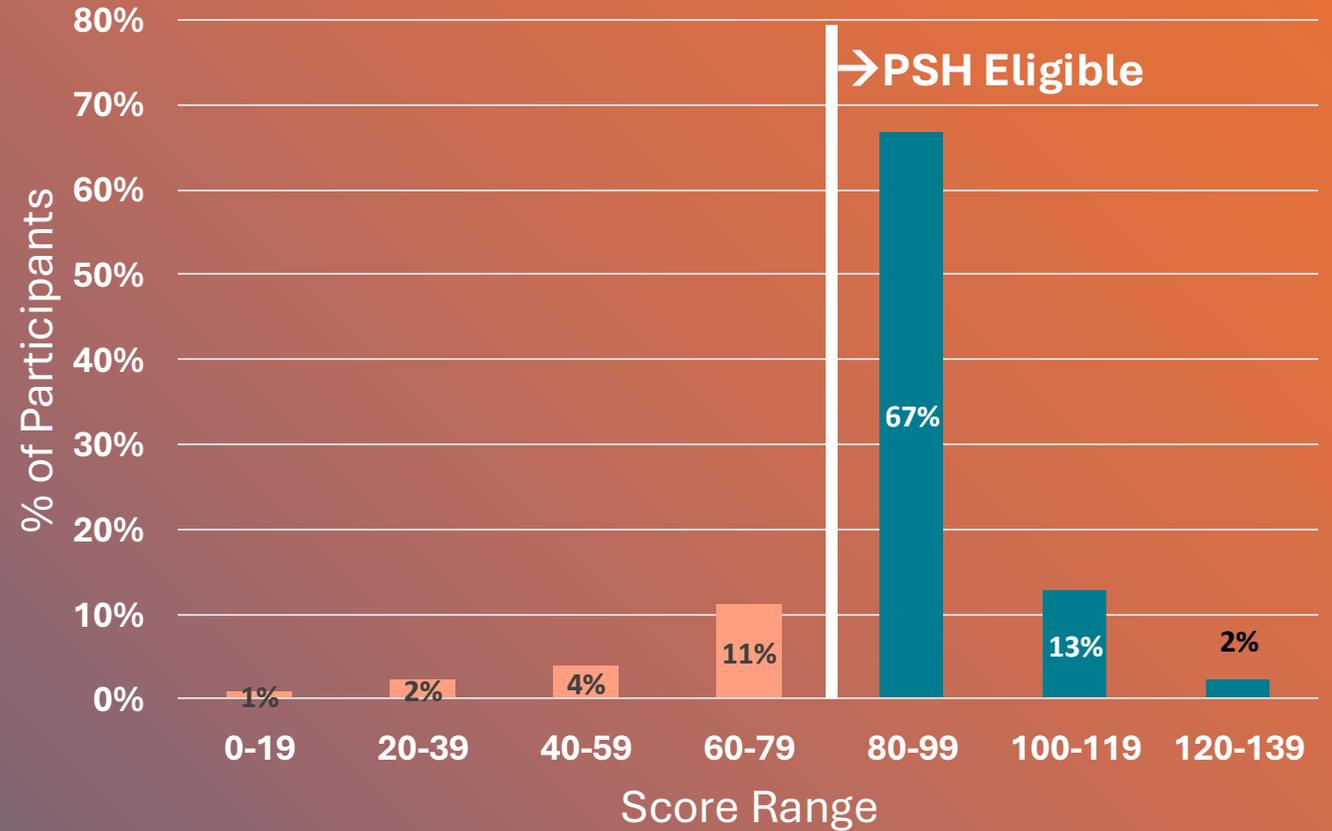
■ Congregate beds ■ Non-congregate beds

Most Participants Qualify for Permanent Supportive Housing (PSH)

Percentage of HRT Participants Assessed for Coordinated Entry

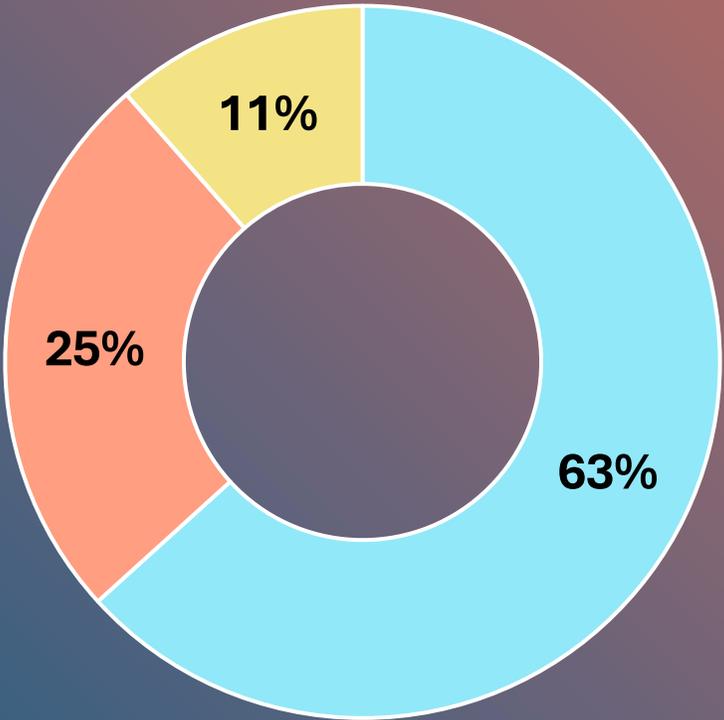


Housing Assessment Score Distribution

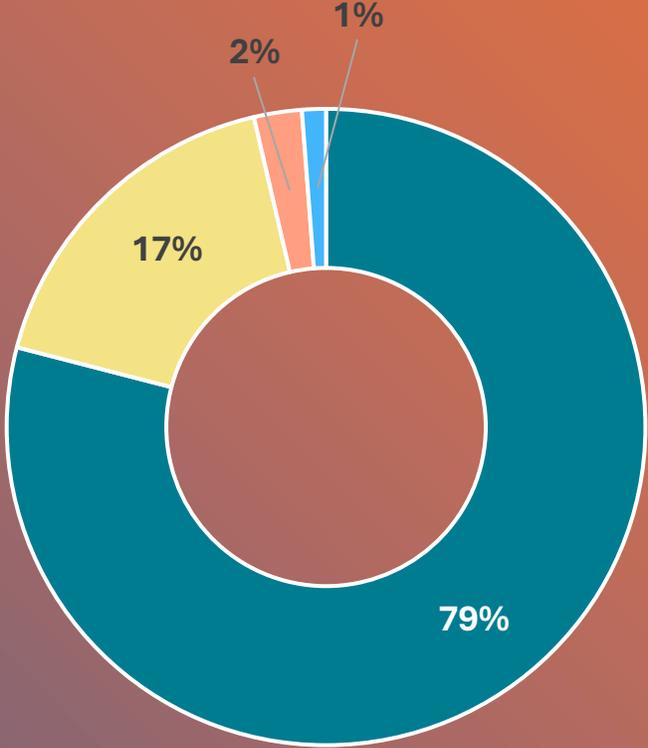


Most HRT Exits Lead to Housing or Shelter

HRT Participant Exit Outcomes



Breakdown of Exit Outcomes for Sheltered/Housed Participants Upon Exit



- Sheltered
- Rental by Client
- Institutional Stay
- Staying with Family

Sheltered/Housed Unsheltered Other