



Human Welfare and Community Action Commission

AGENDA

Wednesday, May 20, 2026

6:30 PM

Berkeley City Hall – Cypress Room – 2180 Milvia Street
Berkeley, CA 94704

This meeting will be conducted in a hybrid model with both in-person and virtual attendance. Attend this meeting remotely using **Zoom**: <https://cityofberkeley-info.zoomgov.com/j/1653292838> To request to speak, use the “raise hand” function in Zoom. To join by phone: Dial **1-669-254-5252** or **1-833-568-8864 (Toll Free)** and enter **Meeting ID: 165 329 2838**. To provide public comment, Press *9 and wait to be recognized by the Chair. To submit a written communication for the public record, email hhcshwcac@berkeleyca.gov. This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953. Any member of the public may attend this meeting, however, if you are feeling sick, please do not attend the meeting in person. Questions regarding this matter may be addressed to hhcshwcac@berkeleyca.gov.

Public comment policy: Members of the public may speak on any items on the Agenda and items not on the Agenda during the initial Public Comment period. Members of the public may also comment on any item listed on the agenda as the item is taken up. Members of the public may not speak more than once on any given item. The Chair may limit public comments to 3 minutes or less.

Preliminary Matters

1. Roll Call
2. Agenda Approval
3. Public Comment on Non-Agenda Matters

Update/Action Items

The Commission may take action related to any subject listed on the agenda, except where noted.

1. Presentation from Negeene Mosaed, Connection to Better Movement – Physical Therapy at the Community Level

Berkeley Community Action Agency Board Business

2. Approve minutes from the 04/22/2026 regular meeting (Attachment A) – All
3. Election of low-income representatives – All
4. Review City of Berkeley funded agency program and financial reports (Attachment B) – Staff
 - a. J-Sei FY25 – Q4 program report and Q4 financial report

Other Discussion Items

5. Discussion and Possible Action: Review CSBG Community Needs Assessment, Community Action Plan, and City of Berkeley Community Health Assessment and Improvement Plan (Attachment C-E)
6. Discussion and possible action on commission recruitment and outreach efforts – All

7. Discussion and possible action of policy proposals to City Council regarding homelessness – All
8. Discussion and possible action to address potential funding gaps for services aimed at low-income residents – All
9. Discussion and possible action to create a plan to collaborate with other City of Berkeley commissions on homelessness – All
10. Review latest City Council meeting agenda or updates on recent City Council votes
11. Announcements
12. Future Agenda Items
13. Adjournment

Attachments

- A. Draft minutes of the 04/22/2026 regular meeting
- B. Program and financial reports from J-Sei
- C. CSBG 2026-2027 Community Needs Assessment and Community Action Plan
- D. City of Berkeley Community Health Assessment
- E. City of Berkeley Community Health Improvement Plan

Notices

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~~~~~  
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Kat Larowe, Secretary 



## Human Welfare and Community Action Commission

### DRAFT MINUTES

Wednesday, April 22, 2026

6:30 PM

Berkeley City Hall – Cypress Room – 2180 Milvia Street  
Berkeley, CA 94704

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### Preliminary Matters

1. Roll Call: 6:35PM  
Present: Huchting, Sol, Lippman  
Absent: Gelsinger (excused), Herzer-Baptiste (excused)  
Quorum: 3 (Attended: 3)  
Staff Present: Kat Larrowe  
Public Present: 2
2. Agenda Approval  
**Action:** M/S/C (Lippman/Sol) Motion to approve agenda with the edit to move item #8 above item #7  
**Vote:** Ayes -, Huchting, Sol, Lippman. Noes – None; Abstain – None; Absent – Gelsinger, Herzer-Baptiste
  - a.
3. Public Comment on Non-Agenda Matters
  - a. Public Speakers: None

### Update/Action Items

*The Commission may take action related to any subject listed on the agenda, except where noted.*

1. Presentation from Vanessa Harris, Center for Early Intervention on Deafness  
**No action taken**

### **Berkeley Community Action Agency Board Business**

2. Approve minutes from the 03/18/2026 regular meeting (Attachment A) – All  
**Action:** M/S/C (Sol/Lippman) Approve minutes as written

**Vote:** Ayes -, Huchting, Sol, Lippman. Noes – None; Abstain – None; Absent – Gelsinger, Herzer-Baptiste

3. Election of low-income representatives – All  
**No action taken**
4. Discussion and Possible Action: City of Berkeley Fiscal Year 2025 Single Audit Report (Attachment B)  
**No action taken**
5. Review City of Berkeley funded agency program and financial reports (Attachment C) — Staff
  - a. Family Violence Law Center (FVLC) FY25 – Q4 program report and Q4 financial report  
**No action taken**

## Other Discussion Items

6. Discussion and Possible Action: Amend the HWCAC meeting dates for the remainder of the 2026 calendar year (Attachment D)  
**Action:** M/S/C (Lippman/Huchting) Approve amended meeting dates as written in agenda packet for remainder of 2026 calendar year  
**Vote:** Ayes -, Huchting, Sol, Lippman. Noes – None; Abstain – None; Absent – Gelsinger, Herzer-Baptiste
7. Discussion and Possible Action: Review CSBG Community Needs Assessment, Community Action Plan, and City of Berkeley Community Health Assessment and Improvement Plan (Attachment E-G)  
**No action taken**
8. Discussion and possible action on the enclosed proposed letter to the City Council regarding the city's review of the expansion of the FLOCK contract (Attachment H)  
**Action:** M/S/C (Huchting/Sol) Approve the opposition to FLOCK contract letter as amended and for the Secretary to submit to the City County  
**Vote:** Ayes -, Huchting, Sol, Lippman. Noes – None; Abstain – None; Absent – Gelsinger, Herzer-Baptiste
9. Discussion and possible action on commission recruitment and outreach efforts – All  
**No action taken**
10. Discussion and possible action of policy proposals to City Council regarding homelessness – All  
**No action taken**
11. Discussion and possible action to address potential funding gaps for services aimed at low-income residents – All

## No action taken

12. Discussion and possible action to create a plan to collaborate with other City of Berkeley commissions on homelessness – All

**No action taken**

13. Review latest City Council meeting agenda

**No action taken**

14. Announcements

**No action taken**

15. Future Agenda Items

**No action taken**

16. Adjournment

**Action:** M/S/C (Lippman/Huchting) Adjourn meeting at 8:32

**Vote:** Ayes -, Huchting, Sol, Lippman. Noes – None; Abstain – None; Absent – Gelsinger, Herzer-Baptiste

## Attachments

- A. Draft minutes of the 03/18/2026 regular meeting
- B. City of Berkeley Fiscal Year 2025 Single Audit Report
- C. Program and financial reports from Family Violence Law Center
- D. Amended HWCAC 2026 Meeting Dates
- E. CSBG 2026-2027 Community Needs Assessment and Community Action Plan
- F. City of Berkeley Community Health Assessment
- G. City of Berkeley Community Health Improvement Plan
- H. HWCAC Letter to City Council on FLOCK Contract

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*DRAFT MINUTES – HWCAC*  
*April 22, 2026*  
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Kat Larrowe, Secretary

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**CITY OF BERKELEY
COMMUNITY AGENCY STATEMENT OF EXPENSE
04/01/2025 TO 06/30/2025**

Note: Any variation from the Approved Budget exceeding ten percent (10%) requires a Budget Modification Form.

Agency Name: [J-Sei](#) Contract #: [32500045](#)
 Program Name: [Senior Services](#) PO #: [22000514](#)
 Funding Source : General Fund

Expenditure Category	Staff Name	Approved Budget	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Apr-Jun 2025	Total Expenditure	Budget Balance
Case Manager Bilingual	Miyuki Iwata	\$15,000.00	\$3,750.00	\$3,750.00	\$3,750.00	\$3,750.00	\$15,000.00	\$0.00
Senior Nutrition Manager	Kathleen Wong	\$15,000.00	\$3,750.00	\$3,750.00	\$3,750.00	\$3,750.00	\$15,000.00	\$0.00
TOTAL		\$30,000.00	\$7,500.00	\$7,500.00	\$7,500.00	\$7,500.00	\$30,000.00	\$0.00

Advances Received [\\$30,000.00](#)
 Underspent/(Overspent) [\\$0.00](#)

Total Current Year (FY 2025) Allocation

Expenditure Category	Staff Name	Approved Budget	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Apr-Jun 2025	Total Expenditure	Budget Balance
Case Manager Bilingual	Miyuki Iwata	\$15,000.00	\$3,750.00	\$3,750.00	\$3,750.00	\$3,750.00	\$15,000.00	\$0.00
Senior Nutrition Manager	Kathleen Wong	\$15,000.00	\$3,750.00	\$3,750.00	\$3,750.00	\$3,750.00	\$15,000.00	\$0.00
TOTAL		\$30,000.00	\$7,500.00	\$7,500.00	\$7,500.00	\$7,500.00	\$30,000.00	\$0.00

Total Carryover (FY 2024) Allocation

Expenditure Category	Staff Name	Approved Budget	Jul-Sep 2024	Oct-Dec 2024	Jan-Mar 2025	Apr-Jun 2025	Total Expenditure	Budget Balance
							\$0.00	\$0.00
TOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Explain any staffing changes and/or spending anomalies that do not require a budget modification at this time:
[Senior Nutrition Manager, Kathleen Wong, left her position in May 2025. However we did have expenses in April and early May to utilize grant funds for her and her position. Her replacement has been selected and begins in June.](#)

Upload of Resumes for New Staff (required):

- Expenditures reported in this statement are in accordance with our contract agreement and are taken from our books of account which are supported by source documentation.
- All federal and state taxes withheld from employees for this reporting period were remitted to the appropriate government agencies. Furthermore, the employer's share or contributions for Social Security, Medicare, Unemployment and State Disability insurance, and any related government contribution required were remitted as well.

Prepared By: [Diane Wong, Suzanne Otani](#) Email: diane@j-sei.org, suzanne@j-sei.org Date: [07/10/2025](#)
 Authorized By: [Diane Wong](#) Email: diane@j-sei.org
 Name of Authorized Signatory with Signature on File

Approved By:		Examined By:		Approved By:	
Mary-Claire Katz	07/10/2025	_____	_____	_____	_____
Project Manager	Date	CSA Fiscal Unit	Date	CSA Fiscal Unit	Date

Initially submitted: Jul 10, 2025 - 09:01:10



City of Berkeley Housing & Community Services Department
 2180 Milvia Street
 Berkeley, CA 94704
 Contact: Community Agency RFP, CommunityAgencyRFP@berkeleyca.gov 510.981.5408

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Program: Senior Services
 Agency: J-Sei

**City of Berkeley
 Community Agency
 CLIENT CHARACTERISTICS REPORT**

Contract No: **32500045**

This Report Due: **July 15, 2025**

Agency: **J-Sei** Period of: **2nd Half 2025**
 Program: **Senior Services** Prepared By: **Ky Lam**
 Phone: **510-654-4000** E-mail: **ky@j-sei.org**

1. CLIENT SUMMARY - Unduplicated Count

	1st Half	2nd Half (New Participants Only)	FY 2025 (7/1/24 - 6/30/25)
A. Total New Clients Served by the Program who live in Berkeley and/or Attend Berkeley Schools	723	327	1,050
B. Total New Berkeley Clients Served for Whom You Were Able to Gather Statistics on Age, Race/Ethnicity, and Income	127	25	152
C. Total New Berkeley Clients Served for Whom You Were NOT Able to Gather Statistics on Age, Race/Ethnicity, and Income	100	0	100

2. DEMOGRAPHIC DATA

RACE - Unduplicated Count	1st Half		2nd Half (New participants only)		FY 2025 (7/1/24 - 6/30/25)	
	Non-Hispanic	Hispanic Ethnicity	Non-Hispanic	Hispanic Ethnicity	Non-Hispanic	Hispanic Ethnicity
American Indian/Alaskan Native	0	0	0	0	0	0
Asian	74	0	19		93	0
Black/African American	4	0	2		6	0
Native Hawaiian/Pacific Islander	0	0	0	0	0	0
White	32	0	4	0	36	0
Combined Race Categories						
Black/African American & Other Combined Race Categories	0	0	0		0	0
Hispanic & Other Combined Race Categories	0	0	0		0	0
TOTALS	127	2	25	0	152	2
TOTAL SERVED	129		25		154	

3. INCOME LEVEL

Income Level - Unduplicated Count	1st Half	2nd Half (New participants only)	FY 2025 (7/1/24 - 6/30/25)
Poverty	32	8	40
Poverty to 30% of AMI (Ex. Low)	32	6	38
31-50% of AMI (Low)	4	0	4
51-80% of AMI (Moderate)	59	11	70
Above 80% of AMI	0		0
TOTALS	127	25	152

[View AMI Table](#)

4. AGE

Age - Unduplicated Count	1st Half	2nd Half (New participants only)	FY 2025 (7/1/24 - 6/30/25)
Under 5	0		0
5-12	0		0
13-17	0		0
18-24	0		0
25-34	0		0
35-44	0		0
45-54	2	0	2
55-64	6	4	10
65+	119	21	140

TOTALS	127	25	152
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5. OTHER CHARACTERISTICS

Other Characteristics - Unduplicated Count	1st Half	2nd Half (New participants only)	FY 2025 (7/1/24 - 6/30/25)
Female	95	20	115
Male	32	5	37
Other	0		0
Disabled	50	10	60
Homeless	0	0	0
Chronically Homeless	0	0	0
Female Head of Household	30	2	32

6. SERVICE MEASURES

Service Measures	Annual Goal		1st Half		2nd Half			Served Year-to-Date FY 2026		Projected vs Actual	
	UOS: Projected	Projected New Participants	UOS:	New Participants	UOS:	Continuing Participants	New Participants	UOS: Total	Total New Participants	%	% New Participants
Respite/Socialization Days	6,500	256	6,547	227	6,419	227	25	12,966	252	199%	98%

Service Measure Definitions:

Respite/Socialization Days	6500	256	Clients avoid institutionalization	256
Respite/Socialization Days			Clients participated in services related to client needs	256
Respite/Socialization Days	Case Management - home visits, assessments, escort, resource gathering and phone support approximately one hour every other week one-to-one for 30 clients in their homes.			▲ - ▼
	Home Delivered Meals - hot nutritious Japanese lunch provided daily, client assessment average 5 minutes per			☑

[1st Half Narrative \(click to view\)](#)

2nd Half Narrative

For the second half of this grant, J-Sei experienced growth in staffing and programming based on the needs identified in J-Sei's five-year strategic plan. Through community consultations, the community expressed two main areas of need: family caregivers require more personalized support and more seniors and their family members need to know about J-Sei and our senior services. Thus, J-Sei has successfully onboarded two new part-time staff members to implement these two programs that align with J-Sei's strategic plan. Throughout this period, J-Sei launched the new family caregiver navigation services and implemented a new community outreach program. For our existing programs, J-Sei recruited a new nutrition assessment assistant to support the nutrition program through home

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7. OUTCOMES

Outcomes	Annual Goal	1st Half Achieved Outcome	2nd Half Achieved Outcome	Achieved Outcome FY 2025 (7/1/24 - 6/30/25)	% Achieved Outcome of Annual Goal	% Achieved Outcome of Total Served
1 Clients avoid institutionalization	256	227	25	252	98%	100%
1 Clients participated in services related to client needs	256	227	25	252	98%	100%

[1st Half Narrative \(click to view\)](#)

2nd Half Narrative

This year J-Sei strengthened its service delivery to Berkeley residents. With the launch of the new family caregiver navigator service, caregivers have reduced stress while enhancing their skills to provide stronger support to seniors to remain in their homes and a part of the community for a longer period of time. Also, with a more robust outreach plan, J-Sei started to increase its social media presence. Through greater awareness of our programs and services, the impact is that J-Sei has been able to reach more seniors to participate in its programming and more volunteers to support the implementation of these programs.

You have 371 characters left.

Upload Attachments: (Up to 10 documents can be attached)

[Click here to go to the Upload Documents page](#) (Your report will be saved)

8. PROGRAM SATISFACTION SURVEY

Question		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply	I Do Not Understand This Question	Total Number of responses
1. I am satisfied with the services I have received from this program.	This Period			1	6	50			57
	Prior Periods	0	0	0	0	0	0	0	0
	Total	0	0	1	6	50	0	0	57
	% of Total	0%	0%	2%	11%	88%	0%	0%	100%
2. This program's staff treated me with respect.	This Period								0
	Prior Periods	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
	% of Total								
3. This program helped me make progress towards my goals.	This Period								0
	Prior Periods	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
	% of Total								
4. This program met my needs.	This Period								0
	Prior Periods	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
	% of Total								
Additional Questions:									
5. As a direct result of participating in the program I have what I need to maintain my independence.	This Period								0
	Prior Periods								0
	Total	0	0	0	0	0	0	0	0
	% of Total								
6. As a direct result of participating in the program my overall health and wellness has improved.	This Period								0
	Prior Periods								0
	Total	0	0	0	0	0	0	0	0
	% of Total								
7. Additional comments from consumers completing the survey									

Select any additional questions (10 Max)

<input checked="" type="checkbox"/> As a direct result of participating in the program I have what I need to maintain my independence.
<input checked="" type="checkbox"/> As a direct result of participating in the program my overall health and wellness has improved.
<input type="checkbox"/> As a direct result of participating in the program I have what I need to remain housed.
<input type="checkbox"/> As a direct result of participating in this program my housing situation has improved.
<input type="checkbox"/> As a direct result of participating in the program I have an increased understanding of community resources and supports.
<input type="checkbox"/> As a direct result of participating in the program I have enhanced skills and/or knowledge.
<input type="checkbox"/> As a direct result of participating in the program I have what I need to achieve my educational goals.
<input type="checkbox"/> As a direct result of participating in the program I have what I need to reach my employment goals.
<input type="checkbox"/> As a direct result of participating in the program I feel more connected to my community.
<input type="checkbox"/> As a direct result of participating in the program I feel less isolated.
<input type="checkbox"/> As a direct result of participating in the program my legal rights have been protected.
<input type="checkbox"/> As a direct result of participating in the program I am better able to take care of my own needs.
<input type="checkbox"/> As a direct result of participating in this program I feel more financially secure.
<input type="checkbox"/> As a direct result of participating in the program,
<input type="checkbox"/> I certify that the City of Berkeley has approved this question as written

Report Submitted by: Ky Lam Date: 01/28/2026

Accepted by: Kat Larrowe Date: 02/20/2026

Report modified by:

Initially submitted: Jan 28, 2026 - 09:23:42

2026/2027
Community Needs Assessment and
Community Action Plan
Berkeley Community Action Agency



Template Revised - 02/13/2025

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Introduction

The Department of Community Services and Development (CSD) has developed the 2026/2027 Community Needs Assessment (CNA) and Community Action Plan (CAP) template for the Community Services Block Grant (CSBG) Service Providers network. CSD requests agencies submit a completed CAP, including a CNA, to CSD on or before **June 30, 2025**. Changes from the previous template are detailed below in the “What’s New for 2026/2027?” section. Provide all narrative responses in 12-point Arial font with 1.15 spacing. A completed CAP template should not exceed 65 pages, excluding the appendices.

Purpose

Public Law 105-285 (the CSBG Act) and the California Government Code require that CSD secure a CAP, including a CNA from each agency. Section 676(b) (11) of the CSBG Act directs that receipt of a CAP is a condition to receive funding. Section 12747(a) of the California Government Code requires the CAP to assess poverty-related needs, available resources, feasible goals, and strategies that yield program priorities consistent with standards of effectiveness established for the program. Although CSD may prescribe statewide priorities or strategies that shall be considered and addressed at the local level, each agency is authorized to set its own program priorities in conformance to its determination of local needs. The CAP supported by the CNA is a two-year plan that shows how agencies will deliver CSBG services. CSBG funds are by their nature designed to be flexible. They shall be used to support activities that increase the capacity of low-income families and individuals to become self-sufficient.

Federal CSBG Programmatic Assurances and Certification

The Federal CSBG Programmatic Assurances are found in Section 676(b) of the CSBG Act. These assurances are an integral part of the information included in the CSBG State Plan. A list of the assurances that are applicable to CSBG agencies has been provided in the Federal Programmatic Assurances section of this template. CSBG agencies should review these assurances and confirm that they are in compliance. Signature of the board chair and executive director on the Cover Page certify compliance with the Federal CSBG Programmatic Assurances.

State Assurances and Certification

As required by the CSBG Act, states are required to submit a State Plan as a condition to receive funding. Information provided in agencies’ CAPs will be included in the CSBG State Plan. Alongside Organizational Standards, the state will be reporting on [State Accountability Measures](#) in order to ensure accountability and program performance improvement. A list of the applicable State Assurances is provided in this template. CSBG agencies should review these assurances and confirm that they are in compliance. Signature of the board chair and executive director on the Cover Page certify compliance with the State Assurances.

Compliance with CSBG Organizational Standards

As described in the Office of Community Services (OCS) [Information Memorandum \(IM\) #138](#) dated January 26, 2015, CSBG agencies will comply with the Organizational Standards. A list of Organizational Standards that are met by an accepted CAP, including a CNA, are found in the Organizational Standards section of this template. Agencies are encouraged to utilize this list as a resource when reporting on the Organizational Standards annually.

What's New for 2026/2027?

Due Date. The due date for your agency's 2026/2027 CAP is June 30, 2025. However, earlier submission of the CSBG Network's CAPs will allow CSD more time to review and incorporate agency information in the CSBG State Plan and Application. CSD, therefore, requests that agencies submit their CAPs on or before May 31, 2025.

ROMA Certification Requirement. CSD requires that agencies have the capacity to provide their own ROMA, or comparable system, certification for your agency's 2026/2027 CAP. Certification can be provided by agency staff who have the required training or in partnership with a consultant or another agency.

Federal CSBG Programmatic and State Assurances Certification. In previous templates, the federal and state assurances were certified by signature on the Cover Page and by checking the box(es) in both federal and state assurances sections. In the 2026/2027 template, CSD has clarified the language above the signature block on the Cover Page and done away with the check boxes. Board chairs and executive directors will certify compliance with the assurances by signature only. However, the Federal CSBG Programmatic Assurances and the State Assurances language remain part of the 2026/2027 template.

Other Modifications. The title page of the template has been modified to include your agency's name and logo. Please use this space to brand your agency's CAP accordingly. CSD has also added references to the phases of the ROMA Cycle i.e. assessment, planning, implementation, achievement of results, and evaluation throughout the 2026/2027 template. Additionally, there are a few new questions, minor changes to old questions, and a reordering of some questions.

Checklist

- Cover Page**
- Public Hearing Report**

Part I: Community Needs Assessment Summary

- Narrative**
- Results**

Part II: Community Action Plan

- Vision and Mission Statements**
- Causes and Conditions of Poverty**
- Tripartite Board of Directors**
- Service Delivery System**
- Linkages and Funding Coordination**
- Monitoring**
- ROMA Application**
- Federal CSBG Programmatic Assurances**
- State Assurances**
- Organizational Standards**

Part III: Appendices

- Notice of Public Hearing**
- Low-Income Testimony and Agency's Response**
- Community Needs Assessment**


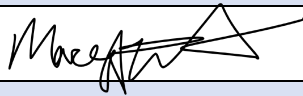
Cover Page

Agency Name:	Berkeley Community Action Agency
Name of CAP Contact:	Mary-Claire Katz
Title:	Associate Management Analyst
Phone:	510-981-5414
Email:	mkatz@berkeleyca.gov

Date Most Recent CNA was Completed: (Organizational Standard 3.1)	6/29/23
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Board and Agency Certification

The undersigned hereby certifies that this agency will comply with the [Federal CSBG Programmatic Assurances \(CSBG Act Section 676\(b\)\)](#) and [California State Assurances \(Government Code Sections 12747\(a\), 12760, and 12768\)](#) for services and programs provided under the 2026/2027 Community Needs Assessment and Community Action Plan. The undersigned governing body accepts the completed Community Needs Assessment. (Organizational Standard 3.5)

Jose Lara Cruz		6/5/2025
Board Chair (printed name)	Board Chair (signature)	Date
Margot Ernst		6/16/25
Executive Director (printed name)	Executive Director (signature)	Date

ROMA Certification

The undersigned hereby certifies that this agency's Community Action Plan and strategic plan document the continuous use of the Results Oriented Management and Accountability (ROMA) system or comparable system (assessment, planning, implementation, achievement of results, and evaluation). (CSBG Act 676(b)(12), Organizational Standard 4.3)



Name: Kat Larrowe

ROMA Title:	California ROMA Representative
Date:	6/6/25

CSD Use Only

Dates CAP		Accepted By
Received	Accepted	
6/16/2025	8/29/25	Jennifer Milovina

Public Hearing(s)

California Government Code Section 12747(b)-(d)

State Statute Requirements

As required by California Government Code Section 12747(b)-(d), agencies are required to conduct a public hearing for the purpose of reviewing the draft CAP. Testimony presented by low-income individuals and families during the public hearing shall be identified in the final CAP.

Guidelines

Notice of Public Hearing

1. Notice of the public hearing should be published at least 10 calendar days prior to the public hearing.
2. The notice may be published on the agency's website, social media channels, and/or in newspaper(s) of local distribution.
3. The notice should include information about the draft CAP; where members of the community may review, or how they may receive a copy of, the draft CAP; the dates of the comment period; where written comments may be sent; date, time, and location of the public hearing; and the agency contact information.
4. The comment period should be open for at least 10 calendar days prior to the public hearing. Agencies may opt to extend the comment period for a selected number of days after the hearing.
5. The draft CAP should be made available for public review and inspection approximately 30 days prior to the public hearing. The draft CAP may be posted on the agency's website, social media channels, and distributed electronically or in paper format.
6. Attach a copy of the Notice(s) of Public Hearing in Part III: Appendices as Appendix A.

Public Hearing

1. Agencies must conduct at least one public hearing on the draft CAP.
2. Public hearing(s) must be held in the designated CSBG service area(s).
3. Low-income testimony presented at the hearing or received during the comment period should be memorialized verbatim in the Low-Income Testimony and Agency's Response document and appended to the final CAP as Appendix B in Part III: Appendices.
4. The Low-Income Testimony and Agency's Response document should include the name of low-income individual, his/her testimony, an indication of whether or not the need was addressed in the draft CAP, and the agency's response to the testimony if the concern was not addressed in the draft CAP.

Additional Guidance

For the purposes of fulfilling the public hearing requirement on the draft CAP, agencies may conduct the public hearing in-person, remotely, or using a hybrid model based on community need at the time of the hearing.

Public Hearing Report

Date(s) the Notice(s) of Public Hearing(s) was/were published	May 5, May 16, & May 29, 2025
Date Public Comment Period opened	May 5, 2025
Date Public Comment Period closed	June 6, 2025
Date(s) of Public Hearing(s)	June 4, 2025
Location(s) of Public Hearing(s)	2180 Milvia Street, 1 st Floor Cypress Room, Berkeley
Where was the Notice of Public Hearing published? (agency website, newspaper, social media channels)	City of Berkeley website, Berkeley Voice Newspaper, community agency database, City commission outreach.
Number of attendees at the Public Hearing(s)	11

Part I: Community Needs Assessment Summary

CSBG Act Section 676(b)(11)

California Government Code Section 12747(a)

Helpful Resources

A community needs assessment provides a comprehensive “picture” of the needs in your service area(s). Resources are available to guide agencies through this process.

- CSD-lead training – “Community Needs Assessment: Common Pitfalls and Best Practices” on Tuesday, September 10, 2024, at 1:00 pm. [Registration is required](#). The training will be recorded and posted on the Local Agencies Portal after the event.
- Examples of CNAs, timelines, and other resources are on the [Local Agencies Portal](#).
- [Community Action Guide to Comprehensive Community Needs Assessments](#) published by the National Association for State Community Service Programs (NASCSPP).
- [Community Needs Assessment Tool](#) designed by the National Community Action Partnership (NCAP).
- National and state quantitative data sets. See links below.

Sample Data Sets		
U.S. Census Bureau Poverty Data	U.S. Bureau of Labor Statistics Economic Data	U.S. Department of Housing and Urban Development Housing Data & Report
HUD Exchange PIT and HIC Data Since 2007	National Low-Income Housing Coalition Housing Needs by State	National Center for Education Statistics IPEDS
California Department of Education School Data via DataQuest	California Employment Development Department UI Data by County	California Department of Public Health Various Data Sets
California Department of Finance Demographics	California Attorney General Open Justice	California Health and Human Services Data Portal
CSD Census Tableau Data by County		Population Reference Bureau KidsData
Data USA National Public Data	National Equity Atlas Racial and Economic Data	Census Reporter Census Data
Urban Institute SNAP Benefit Gap	Race Counts California Racial Disparity Data	Rent Data Fair Market Rent by ZIP

Sample Data Sets		
UC Davis Center for Poverty & Inequality Poverty Statistics	University of Washington Center for Women's Welfare California Self-Sufficiency Standard	University of Wisconsin Robert Wood Johnson Foundation County Health Rankings
Massachusetts Institute of Technology Living Wage Calculator	Nonprofit Leadership Center Volunteer Time Calculator	Economic Policy Institute Family Budget Calculator

Narrative

CSBG Act Section 676(b)(9)
Organizational Standards 2.2, 3.3
ROMA – Assessment

Based on your agency's most recent CNA, please respond to the questions below.

1. Describe the geographic location(s) that your agency is funded to serve with CSBG. If applicable, include a description of the various pockets, high-need areas, or neighborhoods of poverty that are being served by your agency.

LifeLong Medical Care, the primary CSBG-recipient agency, uses their own location-specific poverty data to concentrate its services and provide outreach in the highest-need areas of Berkeley. Although LifeLong serves all areas of Berkeley, LifeLong concentrates on the highest need areas of Berkeley, South and West Berkeley. South and West Berkeley has the highest Hispanic/Latinx population (24%), highest Black population (27%) and where the highest concentration of children in poverty resides. South and West Berkeley residents are among the poorest in the city with a median income of \$38,790. Residents are more likely to have not completed high school and have limited English speaking skills in these locations.

2. Indicate from which sources your agency collected and analyzed quantitative data for its most recent CNA. (Check all that apply.) (Organizational Standard 3.3)

Federal Government/National Data Sets

- Census Bureau
 Bureau of Labor Statistics
 Department of Housing & Urban Development
 Department of Health & Human Services
 National Low-Income Housing Coalition
 National Equity Atlas
 National Center for Education Statistics
 Academic data resources
 Other online data resources
 Other

Local Data Sets

- Local crime statistics
 High school graduation rate
 School district school readiness
 Local employers
 Local labor market
 Childcare providers
 Public benefits usage
 County Public Health Department
 Other

California State Data Sets

- Employment Development Department
- Department of Education
- Department of Public Health
- Attorney General
- Department of Finance
- Other

Surveys

- Clients
- Partners and other service providers
- General public
- Staff
- Board members
- Private sector
- Public sector
- Educational Institutions
- Other

Agency Data Sets

- Client demographics
- Service data
- CSBG Annual Report
- Client satisfaction data
- Other

3. Indicate the approaches your agency took to gather qualitative data for its most recent CNA. (Check all that apply.) (Organizational Standard 3.3)

Surveys

- Clients
- Partners and other service providers
- General public
- Staff
- Board members
- Private sector
- Public sector
- Educational institutions

Interviews

- Local leaders
- Elected officials
- Partner organizations' leadership
- Board members
- New and potential partners
- Clients

Focus Groups

- Local leaders
- Elected officials
- Partner organizations' leadership
- Board members
- New and potential partners
- Clients
- Staff
- Community Forums
- Asset Mapping
- Other

4. Confirm that your agency collected and analyzed information from each of the five community sectors below as part of the assessment of needs and resources in your service area(s). Your agency must demonstrate that all sectors were included in the needs assessment by checking each box below; a response for each sector is required. (CSBG Act Section 676(b)(9), Organizational Standard 2.2)

Community Sectors

- Community-based organizations
- Faith-based organizations
- Private sector (local utility companies, charitable organizations, local food banks)
- Public sector (social services departments, state agencies)
- Educational institutions (local school districts, colleges)

Results

CSBG Act Section 676(b)(11)
 California Government Code Section 12747(a)
 Organizational Standards 4.2
 State Plan Summary and Section 14.1a
 ROMA – Planning

Based on your agency’s most recent CNA, please complete Table 1: Needs Table and Table 2: Priority Ranking Table.

Table 1: Needs Table					
Needs Identified	Level (C/F)	Agency Mission (Y/N)	Currently Addressing (Y/N)	If not currently addressing, why?	Agency Priority (Y/N)
Individuals lack medical care	F	Y	Y	Need met by local partner.	Y
Severely disabled individuals lack emergency services	F	Y	Y	Need met by local partner.	Y
				Choose an item.	
				Choose an item.	
				Choose an item.	

Needs Identified: Enter each need identified in your agency’s most recent CNA. Ideally, agencies should use ROMA needs statement language in Table 1. ROMA needs statements are complete sentences that identify the need. For example, “Individuals lack living wage jobs” or “Families lack access to affordable housing” are needs statements. Whereas “Employment” or “Housing” are not. Add row(s) if additional space is needed.

Level (C/F): Identify whether the need is a community level (C) or a family level (F) need. If the need is a community level need, the need impacts the geographical region directly. If the need is a family level need, it will impact individuals/families directly.

Agency Mission (Y/N): Indicate if the identified need aligns with your agency’s mission.

Currently Addressing (Y/N): Indicate if your agency is addressing the identified need.

If not currently addressing, why?: If your agency is not addressing the identified need, please select a response from the dropdown menu.

Agency Priority: Indicate if the identified need is an agency priority.

Table 2: Priority Ranking Table

	Agency Priorities	Description of programs, services, activities	Indicator(s) or Service(s) Category
1.	Reducing health disparities	Implemented by City of Berkeley community agency partner, LifeLong Medical Care (LLMC). LLMC delivers primary care and behavioral health services to low-income, uninsured, and underinsured residents of Berkeley at the LifeLong West Berkeley Health Center. These services are designed to eliminate barriers to care and improve health, particularly for underserved populations facing the highest risks of poor health outcomes. Additionally, the funding will support the provision of acupuncture detox services for Berkeley residents affected by substance use disorders.	FNPI 5b.
2.	Emergency services for the severely disabled	<p>Implemented by City of Berkeley community agency partner, Easy Does It (EDI). EDI provides critical services to primarily low-income Berkeley residents and seniors with physical disabilities:</p> <ol style="list-style-type: none"> 1. Emergency attendant services <ul style="list-style-type: none"> • Emergency attendants are available to assist with activities such as transferring in and out of bed, bathing, dressing, feeding, and toileting. Workers can also perform other tasks such as cooking basic meals, grocery shopping, washing dishes, and paying bills. 2. Emergency wheelchair and scooter repairs <ul style="list-style-type: none"> • EDI wheelchair repair technicians will evaluate a client's mobility equipment and determine a repair plan. 3. Transportation services <ul style="list-style-type: none"> • EDI provides emergency rescue rides for persons and seniors with physical disabilities within Berkeley. EDI provides rides to urgent medical appointments, to the ER, to pick up urgently needed medication and during inclement weather. 4. Case Management counseling services <ul style="list-style-type: none"> • EDI also provides case-management counseling services to help EDI clients with the recruitment, selection, training, 	FNPI 5g.

		<p>and retention of quality attendants, resulting in an increase in client participation in receiving other disability community services and their decreased reliance on EDI emergency services.</p>	
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Agency Priorities: Rank the needs identified as a priority in Table 1: Needs Table according to your agency’s planned priorities. Ideally, agencies should use ROMA needs statement language. Insert row(s) if additional space is needed.

Description of programs, services, activities: Briefly describe the program, services, or activities that your agency will provide to address the need. Including the number of clients who are expected to achieve the indicator in a specified timeframe.

Indicator/Service Category: List the indicator(s) (CNPI, FNPI) or service(s) (SRV) that will be reported on in Modules 3 and 4 of the CSBG Annual Report.

Part II: Community Action Plan

CSBG Act Section 676(b)(11)

California Government Code Sections 12745(e), 12747(a)

California Code of Regulations Sections 100651 and 100655

Vision and Mission Statements

ROMA – Planning

1. Provide your agency's Vision Statement.

Our vision is to address and eradicate the various systemic issues that have long plagued the most vulnerable communities in our city. The commission will lead in addressing these issues by working in collaboration with city officials/services, community organizations, and community members to provide robust support for the community's most marginalized groups. We envision a city that is solutions-oriented, based on outreach into these communities that listens to their needs. An essential component of this vision involves a focus on ensuring diversity, equity, and inclusion throughout our processes, while integrating the perspectives of commissioners representing these vulnerable communities.

2. Provide your agency's Mission Statement.

Our goal is to provide City Council with recommendations to support a fully integrated system of community services and policies that provide for residents in these vulnerable communities. Recognizing that these needs will shift as challenges are addressed and unforeseen challenges arise, we aim to be flexible and fluid to meaningfully respond as needs arise in the community. Our legally mandated responsibility is to review grants made from Community Service Block Grants (CSBG) while also advising on Measure E funds. It is our intention to take an active advisory role in these reviews. We are unique among Berkeley commissions in our ability to review the performance of grantees and proposals to Council, reflecting the tripartite nature of the commission. Federal regulations require the inclusion of the voices of low-income people in selecting and overseeing programs that benefit them, particularly CSBG. We intend to fully review the aims of awarded grants, as well as the actual outcomes produced by those grants. We seek to unite the expertise of our members who have extensive backgrounds with educational, work, and lived direct experience of those who are or have been program clients.

Causes and Conditions of Poverty

Organizational Standards 1.1, 1.2, 3.2, 3.4

ROMA – Planning

1. Describe the key findings of your analysis of information collected directly from low-income individuals to better understand their needs. (Organizational Standards 1.1, 1.2)

The Human Welfare and Community Action Commission (HWCAC) includes low-income members who provide valuable insights into the immediate needs of their community. The agenda items presented by these commissioners reflect the challenges faced by low-income individuals and their suggestions for improvement. Often, these commissioners possess critical information about local issues that City staff may not otherwise access. During the community agency request for proposals and process, several public meetings and hearings were held at various City commissions and Council Meetings. At these meetings, staff heard from members of the public and community agencies, including low-income individuals, where they shared direct input and feedback regarding existing and needed programs/services.

Additionally, LifeLong Medical Care's client satisfaction surveys allow clients to share feedback on how well the services meet their needs and to highlight areas for potential improvement.

2. Describe your agency's assessment findings specific to poverty and its prevalence related to gender, age, and race/ethnicity for your service area(s). (Organizational Standard 3.2)

In Berkeley, women's earnings are 81% of men's earnings. Moreover, women are more likely to live below the poverty level than men, with 11% of men and 14% of women living at less than 100% of the poverty line. The median household income for African American households is \$52,000, which is less than half of the city's overall median. Similarly, the median income for Hispanic/Latine populations is \$67,000, also significantly lower than the average. Household income in Berkeley varies greatly by geographic area. Census tracts in the Berkeley Hills report the highest median household incomes, exceeding \$200,000, while tracts in South Berkeley and West Berkeley (areas with the highest concentrations of African Americans) report the lowest income levels, which are below \$100,000. Senior citizens in Berkeley who live under the poverty level rate their health almost 40% lower than the highest-earning seniors. This data highlights the need for programs specifically in South and West Berkeley, where LifeLong Medical Care offers various health services.

3. "Causes of poverty" are the negative factors that create or foster barriers to self-sufficiency and/or reduce access to resources in communities in which low-income individuals live. After review and analysis of your needs assessment data, describe the causes of poverty in your agency's service area(s). (Organizational Standard 3.4)

In 2025, the City of Berkeley released a Community Health Assessment (CHA) which identified inequities in health for Berkeley residents. The health inequities and causes of poverty identified in the report include racial disparities and discriminatory practices, mortality rate disparities, housing insecurity, and environmental risks based on geography. Additionally, LifeLong, through their direct service with low-income clients, noted the importance of access to culturally relevant and high-quality health services, and a lack of community and economic development in their communities.

4. “Conditions of poverty” are the negative environmental, safety, health and/or economic conditions that may reduce investment or growth in communities where low-income individuals live. After review and analysis of your needs assessment data, describe the conditions of poverty in your agency’s service area(s). (Organizational Standard 3.4)

The CHA, a key resource for the findings in both the CAP and CNA, notes that social determinants of health and barriers result in persistent health disparities that disproportionately impact low-income residents. For example, the neighborhoods in South and West Berkeley experience higher rates of poverty compared to other Berkeley residents, and worse health outcomes. Additionally, the median household income in Berkeley varies significantly by geography. Census tracts in the Berkeley Hills report the highest median household income levels (more than \$200,000) while census tracts in South Berkeley and West Berkeley report the lowest levels (less than \$100,000).

5. Describe your agency’s data and findings obtained through the collecting, analyzing, and reporting of customer satisfaction data.

The City of Berkeley uses City Data Services (CDS), which is an online data management portal, to gather data from community agency contracts. The data is submitted on a quarterly basis to the assigned contract monitor, who analyzes the data and follows up with agencies if there are any discrepancies or incomplete reports. Along with quantitative data elements, such as demographic and outcome performance measurements, agencies also provide qualitative narratives to support their customer satisfaction and outcome data. These CDS reports are reviewed at each Human Welfare and Community Action Commission meeting, where commissioners are given the opportunity to ask questions of City staff, and to request more information from agencies.

Tripartite Board of Directors

CSBG Act Sections 676B(a) and (b), 676(b)(10)

Organizational Standards 1.1. 3.5

ROMA – Evaluation

1. Describe your agency's procedures under which a low-income individual, community organization, religious organization, or representative of low-income individuals that considers its organization or low-income individuals to be inadequately represented on your agency's board to petition for adequate representation. (CSBG Act Section 676(b)(10), Organizational Standard 1.1)

Per Berkeley Municipal Code 3.78 for the Human Welfare and Community Action Commission (commission), the commission consists of nine members. Three of the members are low-income representatives. These are individuals who are at or below the federal poverty line, and who reside within the City of Berkeley; or individuals from a group(s) or organization(s) composed primarily of low-income persons and representing the interest of the low-income population in the City of Berkeley, whose membership duly select a representative chosen in accordance with a democratic selection procedure. Potential low-income representatives submit a petition signed by at least ten individuals within the City of Berkeley nominating them for a low-income seat. The petition is verified by the commission secretary for eligibility. If an individual is eligible, at the next possible commission meeting, there is an election item on the agenda for the commissioners to determine whether they will vote that individual onto the commission.

2. Describe your process for communicating with and receiving formal approval from your agency board of the Community Needs Assessment (Organizational Standard 3.5).

The commission secretary provides commissioners with the Community Needs Assessment at their meeting(s). Commissioners review and provide feedback on the assessment. Each commission meeting offers an opportunity for public comment, and commissioners may take into consideration public comment on the Community Needs Assessment when providing their feedback. The commission secretary may collect commissioner feedback during the commission meetings, via email, and one-on-one meetings, as needed.

Service Delivery System

CSBG Act Section 676(b)(3)(A)

State Plan 14.3a

ROMA - Implementation

1. Describe your agency's service delivery system. Include a description of your client intake process or system and specify whether services are delivered via direct services or subcontractors, or a combination of both. (CSBG Act Section 676(b)(3)(A), State Plan 14.3a)

LifeLong directly provides a full range of integrated primary, preventive, dental, mental health, and substance abuse services for people of all ages regardless of insurance and income level. LifeLong focuses on health care access for low-income communities and prioritizes serving populations who experience worsening health outcomes, including older adults, people with HIV, unhoused populations, people experiencing mental health and substance use disorders, and people facing language and cultural barriers. In 2024, LifeLong served a total of 53,082 unduplicated patients in over 200,000 encounters. LifeLong operates 16 primary care health centers (2 in Berkeley), 14 behavioral health locations (2 in Berkeley), 3 urgent/immediate care locations (1 in Berkeley), 4 dental clinics (1 in Berkeley) and 2 mobile dental vans.

LifeLong services are geographically accessible throughout Berkeley, and most are located on major transportation arteries with frequent public transit service. All primary care sites have daytime hours, and evening and/or weekend hours are available at select sites. Berkeley Immediate Care offers same day/walk-in services

LifeLong's intake process includes benefits eligibility screening and enrollment assistance, and patient registration that includes key information on LifeLong's payment policies, LifeLong's Notice of Privacy Practices and a patient's rights and responsibilities as well as Advance Health Care Directive resources.

2. Describe how the poverty data related to gender, age, and race/ethnicity referenced in Part II: Causes and Conditions of Poverty, Question 2 will inform your service delivery and strategies in the coming two years?

LifeLong Medical Care is a multi-site Federally Qualified Health Center that was founded in 1976 as a grassroots movement of the Gray Panthers, beginning with the LifeLong Over 60 Health Center that was created address healthcare needs of low-income seniors in Berkeley. With this legacy, and a continued focus on the needs of older adults, LifeLong now provides comprehensive healthcare services to people of all ages.

Based on the data drawn from the U.S. Census Bureau, California Health Interview Survey, and UDS Mapper, LifeLong's target population in the service area is 423,829. This population includes individuals who are likely to experience difficulty accessing high quality medical care; low-income residents, the uninsured, the elderly, homeless individuals, residents of public housing, persons living with HIV/AIDS, trans/LGBTQIA+ population, persons with mental illness and/or substance abuse, as well as those who have difficulty accessing services due to cultural and language barriers. Within the target population, 47% are Latino, 23% are African American, and 25% are served in a language other than English (US Census).

Under the direction of LifeLong's Board of Directors, and led by LifeLong's Chief Executive Officer, a comprehensive needs assessment of service area and target population is conducted every three

years and updated annually to identify changing needs. This needs assessment informs LifeLong's strategic planning process to improve the delivery of services and to guide program improvements and expansion efforts. To ensure a thorough and informative process of assessing community need, LifeLong regularly evaluates best practices (methodologies, tools, and formats) for conducting service area and target population needs assessments.

Based on past assessments, some strategies that were implemented in Berkeley are:

- Providing low-income Black mothers with pre-natal health care access and social support
- Providing residents with mammograms in a mobile van
- Forming street medicine teams to provide health and benefit enrollment services in Encampments

Providing health screenings including blood pressure readings in areas where many Black and Latinx people gather because Black and Latinx men in Berkeley are at high risk for hypertension. Screening event locations including Barber shops, day laborer pick up locations, public housing settings, and walking in neighborhoods.

Establishing a program for older adults (50+) living with HIV that provides social/support groups to address the needs of HIV and aging, caregiver support, and case management/care coordination services.

Linkages and Funding Coordination

CSBG Act Sections 676(b)(1)(B) and (C); 676(b)(3)(B), (C) and (D); 676(b)(4), (5), (6), and (9)
 California Government Code Sections 12747(a), 12760
 Organizational Standards 2.1
 State Plan 9.3b, 9.4b, 9.5, 9.7, 14.1b, 14.1c, 14.3d, 14.4

1. Describe how your agency coordinates funding with other providers in your service area. If there is a formalized coalition of social service providers in your service area, list the coalition(s) by name and methods used to coordinate services/funding. (CSBG Act Sections 676(b)(1)(C), 676(b)(9); Organizational Standard 2.1; State Plan 14.1c)

To best serve the target population and make optimal use of community resources, LifeLong maintains strong relationships with organizations, stakeholders, and community health center programs and providers in and around the service area. The benefits of these collaborative partnerships are multifold and include sharing of best practices, engaging in advocacy work on behalf of underserved communities, and developing mutually beneficial partnerships to collectively meet community needs.

As a federally qualified health center (FQHC) LifeLong routinely demonstrates and documents collaboration with other health centers in our service area. LifeLong has also participated actively for nearly 40 years in the Alameda Health Consortium, which promotes collaboration among safety net providers and seeks to minimize duplication of services.

2. Provide information on any memorandums of understanding and/or service agreements your agency has with other entities regarding coordination of services/funding. (CSBG Act Section 676(b)(3)(C), Organizational Standard 2.1, State Plan 9.7)

LifeLong has numerous MOUs, service agreements and funding contracts with governmental and non-governmental entities. For example, LifeLong is funded by the Alameda County Office of HIV Care to provide integrated HIV primary care and medical case management services in coordination with numerous community partners. As a federally qualified health center, LifeLong receives federal funding from the Health Resources and Services Administration to support key operations and workforce development. Partnerships with Kaiser, Sutter and other healthcare entities further support coordination of services and enhance LifeLong's ability to expand access to integrated care via partnership and funding agreements.

3. Describe how your agency ensures delivery of services to low-income individuals while avoiding duplication of services in the service area(s). (CSBG Act Section 676(b)(5), California Government Code 12760)

LifeLong conducts outreach to low-income communities and provides primary care access regardless of ability to pay. The vast majority of Lifelong patients are low-income, and eligible for MediCal benefits. LifeLong serves uninsured patients and offers a sliding fee scale and has a large outreach team focused on reaching underserved populations and helping them obtain benefits as well as providing language access. LifeLong employs trained staff available to help patients gain access to many public assistance programs and disseminates information which they may not have had otherwise. To ensure that funds are not used for duplication of services, LifeLong adheres to and maintains appropriate accounting and internal control systems over, and accountability for, all funds, property, and other assets reflecting Generally Accepted Accounting Principles (GAAP), including the

separation of functions, to safeguard assets and maintain financial stability, as per federal requirements.

4. Describe how your agency will leverage other funding sources and increase programmatic and/or organizational capacity. (CSBG Act Section 676(b)(3)(C))

LifeLong has various funding streams to ensure stability of the organization, care services would need to submit, and minimize disruption due to any potential funding reductions. With a goal of maintaining 90 days of cash on hand, LifeLong consistently has more than 100 days of cash on hand. Development personnel focus on cultivating donors for many of LifeLong's programs and services, and a strategic planning and grants team continuously seeks and manages private, corporate, government funding. LifeLong's strategic plan also includes expanding geographic and programmatic services. With growth comes increased revenue sources and a continued emphasis on infrastructure development. LifeLong makes both in-person and telehealth visits available to patients, maximizing visits while also responding to patient needs and preferences. Finally, LifeLong is actively optimizing its staffing and systems to participate in enhanced state Medi-Cal reimbursement through the CalAIM program.

5. Describe your agency's contingency plan for potential funding reductions. (California Government Code Section 12747(a))

LifeLong's patient fees are the contingency plan for potential funding reductions. LifeLong makes strategic funding decisions to ensure that it can continue programs in the event of a reduction or a conclusion of a grant.

As a Federally Qualified Health Center, LifeLong Medical Care generates revenue from patient fees and third-party payers (insurance plans) for the delivery of medical, dental and behavioral health services to eligible patients. Should there be funding reductions to grant-funded programs, LifeLong may redirect revenue from patient fees and third-party payers to supplement the programs. The types of funding decisions that may be considered depend on the specific program that is facing reduction, though LifeLong's agency strategic plan provides a road map for decision-making.

Contingency planning for funding reductions is independent of insurance; LifeLong carries appropriate levels of insurance to protect its staff and operations.

6. Describe how your agency will address the needs of youth in low-income communities through youth development programs and promote increased community coordination and collaboration in meeting the needs of youth. (CSBG Act Section 676(b)(1)(B), State Plan 14.1b)

The City of Berkeley addresses the needs of young people in low-income communities through a wide range of programs that span multiple agencies, including City Departments, the Berkeley Unified School District (BUSD), Berkeley City College and community-based organizations. Inter-agency collaboration - with a clear focus on supporting the success of young people - is a key component of our strategy. City of Berkeley operates the YouthWorks and Youth Equity Partnership (YEP) programs which have explicitly promote positive youth development through internship opportunities and age-appropriate services provided by community agencies.

The City also supports a number of programs at BUSD, including an on-campus Health Center at Berkeley High School, which provides reproductive health services and mental health counseling. In addition, the City is supporting a new Wellness Center at Berkeley High. This is drop-in center

where students can reset during a hard day and/or talk to a mental health, restorative justice or peer counselor.

7. Describe how your agency will promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs such as the establishment of violence-free zones, youth mediation, youth mentoring, life skills training, job creation, entrepreneurship programs, after after-school childcare. (CSBG Act Section 676(b)(1)(B), State Plan 14.1b)

The examples below focus on some of the many services and collaboratives underway to meet the needs of Berkeley youth. Berkeley's YouthWorks employment program continues its partnerships with City Departments, private employers and nonprofit agencies. YouthWorks targets low income, youth and provides all youth with workplace skills training. City of Berkeley departments and local community agencies serve as worksites providing valuable hands-on work experience to Berkeley youth 14-25 years old. YouthWorks offers internships year-round. The YouthWorks team is currently gearing up to hire 144 young people as interns during summer 2025. They have also strengthened their training program. All YouthWorks interns, in addition to working, will be paid to participate in weekly job readiness trainings.

Housed in the Health, Housing and Community Services (HHCS) Department, the Youth Equity Partnership focuses on expanding opportunities and improving outcomes for African-American/Black and Latinx children and youth. YEP provides \$1.68 million dollars per year in funding to community agencies to offer a wide range of programs from infancy through high school. Funded services include subsidized child care, afterschool programs, and college readiness.

In early March 2025, the City of Berkeley hosted the first collaborative meeting of its new Community Violence Intervention Collaborative. This effort is being coordinated by a national nonprofit called Live Free. This two-year project is focused on improving community safety in Berkeley communities impacted by gun violence. This initiative aims to strengthen violence prevention efforts by identifying and coordinating existing resources and addressing service gaps. The collaborative unites social sector organizations, nonprofits, and advocacy partners to enhance our collective impact on community safety in Berkeley.

8. Describe your agency's coordination of employment and training activities as defined in Section 3 of the Workforce and Innovation and Opportunity Act [29 U.S.C. 3102]. (CSBG Act Section 676(b)(5); State Plan 9.4b)

The City's aims to increase livable wage employment opportunities by supporting related community services and working with public and private regional partners. Strategies include:

- Funding and refining anti-poverty programs provided by community-based organizations and by the City.
- Continuing implementation of the City of Berkeley's Living Wage Ordinance.
- Coordinating job placement to benefit Berkeley residents in the construction trades.
- Supporting community agencies that provide employment training and placement opportunities to people experiencing homelessness.

The City has also contracted with workforce development programs to provide training, education, and job placement for low income, under-employed, and unemployed residents in addition to

administering local hire policies and a youth employment program. The following programs are funded with General Funds from the City:

- Inter-City Services (ICS) provides employment, training, and education and continues to residents in Berkeley. ICS workforce development program prepares participants for high-tech careers through digital courses.
- Biotech Partners operates the Biotech Academy at Berkeley High School for students interested in exploring a career in biotechnology. Students complete a six to eight-week paid internship at a biotech company and learn job skills.
- The Bread Project provides job training and placement assistance for low/no-income individuals with multiple barriers to employment. They operate a social enterprise (wholesale bakery) that creates opportunities for trainees to obtain crucial on-the-job experience.
- Rising Sun Center for Opportunity, Opportunity Build program is a construction apprenticeship readiness program that offers intensive hands-on training along with a full year of job placement support and comprehensive wraparound services. Rising Sun also operates the California Youth Energy Services (CYES) program funded by the CA Public Utilities Commission, providing summer jobs for youth conducting residential energy audits.
- BANANAS operate the Berkeley LaunchPad program which provides support for new and launching Family Child Care home businesses in Berkeley, specifically targeting new business owners.

9. Describe how your agency will provide emergency supplies and services, nutritious foods, and related services, as may be necessary, to counteract conditions of starvation and malnutrition among low-income individuals. (CSBG Act Section 676(b)(4), State Plan 14.4)

During emergencies, the City of Berkeley will activate its Emergency Operations Center structure. As part of that activation the City will work to procure and deliver food and water to community members in need. In the past the City has used this structure to provide food and water to unhoused community members in encampments, to seniors at home through expansion and upstaffing of the Meals on Wheels program, and at multiple City sites, including senior centers. In 2024, the City awarded Berkeley Food Network a contract to that supports food insecurity programming. Additionally, should the City need to activate disaster shelters for people who are displaced due to the emergency, the City will provide food at those shelter sites – both for people staying at the shelter and for community members staying at their homes nearby who do not have access to food (for example, if grocery stores are out of stock due to disaster impacts). Depending on the scale of emergency/disaster, food distribution will leverage local, regional, or State/federal resources for implementation.

10. Is your agency a dual (CSBG and LIHEAP) service provider?

- Yes
 No

11. For dual agencies:

Describe how your agency coordinates with other antipoverty programs in your area, including the emergency energy crisis intervention programs under Title XXVI, relating to low-income home energy assistance (LIHEAP) that are conducted in the community. (CSBG Act Section 676(b)(6), State Plan 9.5)

For all other agencies:

Describe how your agency coordinates services with your local LIHEAP service provider?

N/A

12. Describe how your agency will use funds to support innovative community and neighborhood-based initiatives, which may include fatherhood and other initiatives, with the goal of strengthening families and encouraging effective parenting. (CSBG Act Section 676(b)(3)(D), State Plan 14.3d)

The City of Berkeley's Youth Equity Partnership (YEP) program supports African American/Black and Latinx young people who live and go to school in Berkeley thrive academically, physically, and emotionally. YEP's approach spans from early childhood (kindergarten readiness) through a successful transition to college and career. Berkeley City Council has designated a significant allocation of general fund dollars to support the goals of YEP that support the development of youth and families. Berkeley also operates the Berkeley Fatherhood Initiative that works toward creating a space for father figures to collaborate, celebrate, and support each other to thrive as fathers.

13. Describe how your agency will develop linkages to fill identified gaps in the services, through the provision of information, referrals, case management, and follow-up consultations. (CSBG Act Section 676(b)(3)(B), State Plan 9.3b)

The City contracts with over 40 community agencies (over \$10,000,000) who provide critical services to address gaps in service, including programs focused on case management and referrals.

Monitoring

ROMA – Planning, Evaluation

1. If your agency utilizes subcontractors, please describe your process for monitoring the subcontractors. Include the frequency, type of monitoring, i.e., onsite, desk review, or both, follow-up on corrective action, issuance of formal monitoring reports, and emergency monitoring procedures.

The City of Berkeley collects outcome reports from all agencies who are funded by the City on a quarterly basis. These outcome and service measure reports allow the City and the non-profit to measure the programs' success at meeting the intended goals. Agencies are required to provide regular outcome reports through the City's online reporting tool, City Data Services.

ROMA Application

CSBG Act Section 676(b) (12)

Organizational Standards 4.2, 4.3

ROMA – Planning, Evaluation



1. Describe how your agency will evaluate the effectiveness of its programs and services. Include information about the types of measurement tools, the data sources and collection procedures, and the frequency of data collection and reporting. (Organizational Standard 4.3)

As a requirement of receiving the funding, the subrecipient is required to submit a contract information document that sets targeted service measures. Quarterly thereafter the agency submits program reports that includes demographic data, program narrative, and actual outputs and outcome data for that quarter. The City of Berkeley contract monitor regularly reviews this data to ensure completeness and that the subrecipient is adhering to targets. Additionally, at each board meeting, the board members review program reports where they may evaluate the data, ask for follow up information, or request an on-site visit to the agency. The analyzed data is used to make further funding decisions in future cycles, develop the CNA/CAP, determine the need in the community, and showcase the impact through annual reporting.

2. Select one need from Table 2: Priority Ranking Table and describe how your agency plans to implement, monitor progress, and evaluate the program designed to address the need. (Organizational Standard 4.2)

Priority: Reducing Health Disparities

The priority to reduce health disparities is implemented by a BCAA community agency partner, LifeLong. As a condition of the contract and to monitor progress, LifeLong is required to submit quarterly progress reports describing activities and submitting quantitative data. The BCAA staff regularly review the reports through desk review and at least once per cycle conduct a monitoring site visit to further review documents and on-site program activities. In addition, the BCAA board (HWCAC) reviews the program reports on a regular basis at their meetings. The data collected and information from site visits are evaluated to ensure that the programs are designed as intended, and identify areas of additional need or support.

Optional

3. Select one community level need from Table 2: Priority Ranking Table or your agency's most recent Community Needs Assessment and describe how your agency plans to

implement, monitor progress, and evaluate the program designed to address the need.
(CSBG Act Section 676(b) (12), Organizational Standard 4.2)

N/A

Federal CSBG Programmatic Assurances
CSBG Act Section 676(b)

Use of CSBG Funds Supporting Local Activities

676(b)(1)(A): The state will assure “that funds made available through grant or allotment will be used – (A) to support activities that are designed to assist low-income families and individuals, including families and individuals receiving assistance under title IV of the Social Security Act, homeless families and individuals, migrant or seasonal farmworkers, and elderly low-income individuals and families, and a description of how such activities will enable the families and individuals--

- a. to remove obstacles and solve problems that block the achievement of self- sufficiency (particularly for families and individuals who are attempting to transition off a State program carried out underpart A of title IV of the Social Security Act);
- b. to secure and retain meaningful employment;
- c. to attain an adequate education with particular attention toward improving literacy skills of the low-income families in the community, which may include family literacy initiatives;
- d. to make better use of available income;
- e. to obtain and maintain adequate housing and a suitable living environment;
- f. to obtain emergency assistance through loans, grants, or other means to meet immediate and urgent individual and family needs;
- g. to achieve greater participation in the affairs of the communities involved, including the development of public and private grassroots
- h. partnerships with local law enforcement agencies, local housing authorities, private foundations, and other public and private partners to
 - i. document best practices based on successful grassroots intervention in urban areas, to develop methodologies for wide-spread replication; and
 - ii. strengthen and improve relationships with local law enforcement agencies, which may include participation in activities such as neighborhood or community policing efforts;

Needs of Youth

676(b)(1)(B) The state will assure “that funds made available through grant or allotment will be used – (B) to address the needs of youth in low-income communities through youth development programs that support the primary role of the family, give priority to the prevention of youth problems and crime, and promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs that have demonstrated success in preventing or reducing youth crime, such as--

- I. programs for the establishment of violence-free zones that would involve youth development and intervention models (such as models involving youth mediation, youth mentoring, life skills training, job creation, and entrepreneurship programs); and
- II. after-school childcare programs.

Coordination of Other Programs

676(b)(1)(C) The state will assure “that funds made available through grant or allotment will be used – (C) to make more effective use of, and to coordinate with, other programs related to the purposes of this subtitle (including state welfare reform efforts)

Eligible Entity Service Delivery System

676(b)(3)(A) Eligible entities will describe “the service delivery system, for services provided or coordinated with funds made available through grants made under 675C(a), targeted to low-income individuals and families in communities within the state;

Eligible Entity Linkages – Approach to Filling Service Gaps

676(b)(3)(B) Eligible entities will describe “how linkages will be developed to fill identified gaps in the services, through the provision of information, referrals, case management, and follow-up consultations.”

Coordination of Eligible Entity Allocation 90 Percent Funds with Public/Private Resources

676(b)(3)(C) Eligible entities will describe how funds made available through grants made under 675C(a) will be coordinated with other public and private resources.”

Eligible Entity Innovative Community and Neighborhood Initiatives, Including Fatherhood/Parental Responsibility

676(b)(3)(D) Eligible entities will describe “how the local entity will use the funds [made available under 675C(a)] to support innovative community and neighborhood-based initiatives related to the purposes of this subtitle, which may include fatherhood initiatives and other initiatives with the goal of strengthening families and encouraging parenting.”

Eligible Entity Emergency Food and Nutrition Services

676(b)(4) An assurance “that eligible entities in the state will provide, on an emergency basis, for the provision of such supplies and services, nutritious foods, and related services, as may be necessary to counteract conditions of starvation and malnutrition among low-income individuals.”

State and Eligible Entity Coordination/linkages and Workforce Innovation and Opportunity Act Employment and Training Activities

676(b)(5) An assurance “that the State and eligible entities in the State will coordinate, and establish linkages between, governmental and other social services programs to assure the effective delivery of such services, and [describe] how the State and the eligible entities will coordinate the provision of employment and training activities, as defined in section 3 of the Workforce Innovation and Opportunity Act, in the State and in communities with entities providing activities through statewide and local workforce development systems under such Act.”

State Coordination/Linkages and Low-income Home Energy Assistance

676(b)(6) “[A]n assurance that the State will ensure coordination between antipoverty programs in each community in the State, and ensure, where appropriate, that emergency energy crisis intervention programs under title XXVI (relating to low-income home energy assistance) are conducted in such community.”

Community Organizations

676(b)(9) An assurance “that the State and eligible entities in the state will, to the maximum extent possible, coordinate programs with and form partnerships with other organizations serving low-income residents of the communities and members of the groups served by the State, including religious organizations, charitable groups, and community organizations.”

Eligible Entity Tripartite Board Representation

676(b) (10) “[T]he State will require each eligible entity in the State to establish procedures under which a low-income individual, community organization, or religious organization, or representative of low-income individuals that considers its organization, or low-income individuals, to be inadequately represented on the board (or other mechanism) of the eligible entity to petition for adequate representation.”

Eligible Entity Community Action Plans and Community Needs Assessments

676(b)(11) “[A]n assurance that the State will secure from each eligible entity in the State, as a condition to receipt of funding by the entity through a community service block grant made under this subtitle for a program, a community action plan (which shall be submitted to the Secretary, at the request of the Secretary, with the State Plan) that includes a community needs assessment for the community serviced, which may be coordinated with the community needs assessment conducted for other programs.”

State and Eligible Entity Performance Measurement: ROMA or Alternate System

676(b)(12) “[A]n assurance that the State and all eligible entities in the State will, not later than fiscal year 2001, participate in the Results Oriented Management and Accountability System, another performance measure system for which the Secretary facilitated development pursuant to section 678E(b), or an alternative system for measuring performance and results that meets the requirements of that section, and [describe] outcome measures to be used to measure eligible entity performance in promoting self-sufficiency, family stability, and community revitalization.”

Fiscal Controls, Audits, and Withholding

678D(a)(1)(B) An assurance that cost and accounting standards of the Office of Management and Budget (OMB) are maintained.

State Assurances

California Government Code Sections 12747(a), 12760, 12768

For CAA, MSFW, NAI, and LPA Agencies

[California Government Code § 12747\(a\)](#): Community action plans shall provide for the contingency of reduced federal funding.

[California Government Code § 12760](#): CSBG agencies funded under this article shall coordinate their plans and activities with other agencies funded under Articles 7 (commencing with Section 12765) and 8 (commencing with Section 12770) that serve any part of their communities, so that funds are not used to duplicate particular services to the same beneficiaries and plans and policies affecting all grantees under this chapter are shaped, to the extent possible, so as to be equitable and beneficial to all community agencies and the populations they serve.

For MSFW Agencies Only

[California Government Code § 12768](#): Migrant and Seasonal Farmworker (MSFW) entities funded by the department shall coordinate their plans and activities with other agencies funded by the department to avoid duplication of services and to maximize services for all eligible beneficiaries.

Organizational Standards

Category One: Consumer Input and Involvement

Standard 1.1 The organization/department demonstrates low-income individuals' participation in its activities.

Standard 1.2 The organization/department analyzes information collected directly from low-income individuals as part of the community assessment.

Category Two: Community Engagement

Standard 2.1 The organization/department has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other anti-poverty organizations in the area.

Standard 2.2 The organization/department utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.

Category Three: Community Assessment

Standard 3.1 (Private) Organization conducted a community assessment and issued a report within the past 3 years.

Standard 3.1 (Public) The department conducted or was engaged in a community assessment and issued a report within the past 3-year period, if no other report exists.

Standard 3.2 As part of the community assessment, the organization/department collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).

Standard 3.3 The organization/department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.

Standard 3.4 The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.

Standard 3.5 The governing board or tripartite board/advisory body formally accepts the completed community assessment.

Category Four: Organizational Leadership

Standard 4.2 The organization's/department's Community Action Plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.

Standard 4.3 The organization's/department's Community Action Plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.

Part III: Appendices

Please complete the table below by entering the title of the document and its assigned appendix letter. Agencies must provide a copy of the Notice(s) of Public Hearing, the Low-Income Testimony and the Agency’s Response document, and a copy of the most recent community needs assessment as appendices A, B, and C, respectively. Other appendices as necessary are encouraged. All appendices should be labeled as an appendix (e.g., Appendix A: Notice of Public Hearing) or separated by divider sheets and submitted with the CAP.

Document Title	Appendix Location
Notice of Public Hearing	A
Low-Income Testimony and Agency’s Response	B
Community Needs Assessment	C

**NOTICE OF 2026-2027 COMMUNITY SERVICES BLOCK GRANT
(CSBG) COMMUNITY ACTION PLAN AND COMMUNITY NEEDS
ASSESSMENT PUBLIC HEARING**

Please join a discussion of community needs for the City of Berkeley 2026-2027 CSBG Community Action Plan on **Wednesday, June 4, 2025 at 6:30PM.**

The hearing will be held in the Cypress Room on the first floor of City Hall at 2180 Milvia Street in Berkeley. You may also join the hearing via Zoom at <http://bit.ly/3YSOQTG>.

Written comments will be accepted from May 2 to June 6, 2025. A draft of the Plan is available for public review at the Front Desk of the Health, Housing and Community Services Department at 2180 Milvia Street, 2nd Floor between the hours of 9am and 5pm. The Plan is also available on the Human Welfare and Community Action Commission's webpage at <https://bit.ly/4jS7Hob>.

For more information or to provide written comments, contact Mary-Claire Katz at mkatz@berkeleyca.gov or 981-5414.

This meeting is being held in a wheelchair accessible location.

Accommodations Provided Upon Request. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6342 (V) or 981-6345 (TDD) at least three business days before the meeting date. Providing at least three working days' notice will help to ensure availability at the meeting.

**AVISO DE AUDIENCIA PUBLICA SOBRE EL PLAN DE ACCIÓN DE LA
BECA DE DESARROLLO DEL BLOQUE COMUNITARIO (CSBG) Y EL
PLAN DE EVALUACIÓN SOBRE LAS NECESIDADES DE LA COMUNIDAD**

La comunidad está invitada a participar en una audiencia pública para tratar las necesidades de la comunidad e incluirlas en el Plan de Acción de la beca CSBG (por sus siglas en inglés) del periodo 2026-2027. La audiencia se llevará a cabo el **miércoles, 4 de junio de 2025 a las 6:30 pm.**

La audiencia se llevará a cabo en el salón de conferencias Cypress ubicado en la Calle Milvia 2180, 1er piso, Berkeley. También pueden participar en la audiencia virtualmente usando el enlace de Zoom <http://bit.ly/3YSOQTG>.

A partir del 2 de mayo de 2025 hasta el 6 de junio de 2025, la ciudadanía puede

presentar comentarios por escrito. El borrador del **plan está disponibles al público** en el escritorio de recepción de **Attachment C** Salud, Vivienda y Servicios Comunitarios de la ciudad de Berkeley localizado en la Calle Milvia 2180, 2do Piso, entre las 9 am hasta las 5 pm. El plan también está disponible en la página electrónica de la Comisión Human Welfare and Community Action <https://bit.ly/4jS7Hob>.

Para más información o para presentar comentarios escritos, favor contactar a Mary-Claire Katz (email: mkatz@berkeleyca.gov) o llamando al (510) 981-5414.

Esta audiencia se llevará a cabo en un lugar accesible para sillas de ruedas.

Adaptaciones Especiales Realizadas Bajo Pedido. Para solicitar una adaptación relacionada con alguna discapacidad y poder participar en la audiencia, incluyendo servicios o instrumentos auxiliares de asistencia por favor llamar al Coordinador del Programa ADA al 981-6418 (Voz) o 981-6347 (TDD). Por favor hacer su pedido por lo menos tres días laborables antes de la audiencia para asegurar que podamos confirmar y cumplir con su pedido.

2026-27年度社区服务整笔拨款 (CSBG) 社区行动计划和社区需求评估公听会通告

请于2025年6月4日星期三下午6点30分参加有关柏克莱市2026-27 CSBG社区行动计划的社区需求讨论。

听证会将在位于柏克莱Milvia街2180号的市政厅一楼的Cypress厅举行。您也可以通过Zoom参加听证会，网址：<http://bit.ly/3YSOQTG>。

书面意见征询截止日期为2025年6月6日。公众可于上午9点至下午5点在位于Milvia街2180号2楼的卫生、住房和社区服务部前台查阅该计划草案。该计划也可在人类福利和社区行动委员会的网页<https://bit.ly/4jS7Hob>上查阅。

如需更多信息或提供书面意见，请联系Mary-Claire Katz，电子邮箱：mkatz@cityofberkeley.info或致电：981-5414。

本次会议将在轮椅可通行的地点举行。

按需要提供便利。如需申请与残障人士相关的便利设施，包括附加辅助设备或服务，请至少在会议日期前三个工作日致电981-6342（语音）或981-6345（听障人士专线）联系残障服务专员。提前至少三个工作日通知将有助于确保会议期间获得所需的设施。

ATTACHMENT A

Human Welfare and Community Action Commission

Advises the Council concerning social welfare needs. Creates citizen awareness and encourages improved standards. Assists in the administration of the Community Action Program.

The commission shall consist of nine members. This commission is not subject to BMC Sections 2.04.030--2.04.130, the Fair Representation Ordinance, due to the Community Action Agency membership regulations in state and federal law (three At-Large, three community members, and three Low-income elected representatives). The term of office of each elected member shall be four years from the date of the elections; no person shall serve for more than two full elected terms, or eight years.

MEETINGS

Meetings are held the 3rd Wednesday of the month (except August and December), 6:00 pm at the Cypress Conf. Room, 2180 Milvia St. Meetings are in person.

Year

- Any -

June 4, 2025 | 6:30pm

Public Hearing on Community Needs

In-Person Location: , Berkeley, CA

Type: Special

Attachments:

[DRAFT COMMUNITY ACTION PLAN \(1.24 MB\)](#)

[DRAFT COMMUNITY NEEDS ASSESSMENT \(519.88 KB\)](#)

February 7, 2024 | 6:30pm

Human Welfare and Community Action Commission 2024-2-7

1 2 3 4 5 » LAST »

ADDITIONAL INFORMATION

Minutes from previous meetings are available in [Records Online](#).

DISCLOSURE NOTICE

Communications to Berkeley boards, commissions, or committees are public record and will become part of the City's electronic records, which are accessible through the City's website. Please note: email addresses, names, addresses, and other contact information are not required, but if included in any communication to a City board, commission, or committee, will become part of the public record. If you do not want your email address or other contact information to be made public, you may deliver communications via US Postal Service or in person to the secretary of the relevant board, commission, or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the secretary to the relevant board, commission, or committee for further information.

Secretary

Mary-Claire Katz

Health, Housing, and Community Services

Phone: (510) 981-5414 / TDD: (510) 981-6903 / FAX: (510) 981-5450

mkatz@berkeleyca.gov

Mailing Address

Human Welfare and Community Action Commission

Mary-Claire Katz

Health, Housing, and Community Services

Membership

COMMISSIONER ROSTER

Apply to serve on this commission

Enabling Legislation

CHAPTER 3.78

Work Plan

HWCAC WORK PLAN (401.14 KB)401.14 KB

CITY OF BERKELEY 2180 Milvia St, Berkeley, CA 94704

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From: [Katz, Mary-Claire](#)
To: [Katz, Mary-Claire](#)
Cc: [Larowe, Kathryn](#)
Bcc: mfine@hceb.org; dfrazier@self-sufficiency.org; aqadri@self-sufficiency.org; dngiraingas@self-sufficiency.org; jharrison@thevillageoflove.com; jerri@thevillageoflove.com; taneshah@thevillageoflove.com; andrew@berkeleyfoodnetwork.org; dgomez@habitatebsv.org; JGray@HabitatEBSV.org; betti@riseyouth.org; emartin@thecil.org; vpineda@thecil.org; jbenson@thecil.org; azaldivar@thecil.org; jonathan@echofairhousing.org; christina@echofairhousing.org; r.atkins@dorothydayhouse.org; r.montoya@dorothydayhouse.org; r.atkins@dorothydayhouse.org; jgaona@dorothydayhouse.org; leslie@womensdropin.org; dr.veronica.ephesiancc@gmail.com; dr.veronica.ephesiancc@gmail.com; JW@RTEBN.org; rich@easydoesitservices.org; ayanna@easydoesitservices.org; bruce@easydoesitservices.org; dorth@ebclc.org; sfujimoto@ebclc.org; jkim@ebclc.org; zpolk@ebclc.org; bgoldstein@lifelongmedical.org; tshepard@lifelongmedical.org; ceo@lifelongmedical.org; bgoldstein@lifelongmedical.org; asimson@lifelongmedical.org; nappi@lifelongmedical.org; gardenia.campos@berkeley.edu; sandrab@berkeley.edu; carriedonovan@berkeley.edu; kkokotilo@larkinstreetyouth.org; cthomas@larkinstreetyouth.org; sadams@larkinstreetyouth.org; ericmagana510@gmail.com; tamiko23@sbcglobal.net; info@bayareact.org; tracy@bayareact.org; jessieluxford@berkeley.net; nkelley-farias@bacr.org; jmok@bacr.org; jdarcy@self-sufficiency.org; akiani@self-sufficiency.org; seaddy@self-sufficiency.org; jdarcy@self-sufficiency.org; jmarley@homelessactioncenter.org; mgilg@homelessactioncenter.org; adavis@homelessactioncenter.org; opattiewall@yahoo.com; nstovall@ymcaeastbay.org; fgallati@ymcaeastbay.org; jeffreys@risingsunopp.org; hatton@risingsunopp.org; mirma@mionline.org; wilhelmenia@healthyblackfam.org; lasara@pacificcenter.org; shanna@pacificcenter.org; alula@bonitahouse.org; Laura@bonitahouse.org; lauraw@bonitahouse.org; jonathan@stilesall.org; jay@borp.org; emily@borp.org; rick@borp.org; abowers@acnetmhc.org; kkillian@acnetmhc.org; kkillian@peerwellnesscollective.org; mtampoya@peerwellnesscollective.org; eve@niahouse.org; kfeck@toolworks.org; klin@insighthousing.org; aupshaw@insighthousing.org; cegan@insighthousing.org; klin@insighthousing.org; aupshaw@insighthousing.org; cegan@insighthousing.org; aupshaw@insighthousing.org; klin@insighthousing.org; usha@breadproject.org; escott@fvlc.org; diane@j-sei.org; Beatriz@bahaiinc.com; JLopez@bahaiinc.com; kym@bananasbunch.org; ni@bananasbunch.org; bjenkins-league@bayareacs.org; jbaker@bayareacs.org; nschwab@optionsrecovery.org; jphillips@optionsrecovery.org; jhugenberger@biotechpartners.org; lgayden@biotechpartners.org; middeen@icsworks.com; ppamintuan@lookingglass.org; mkirshbaum@lookingglass.org; tlockett@byaonline.org; sloving@byaonline.org; cruiz@byaonline.org; lhairston@byaonline.org; danthony@bayareacs.org; gtia@bayareacs.org; dolson@bayareacs.org; corinnehaskins@yahoo.com; cbookhart@rcdhousing.org; dsawislak@rcdhousing.org; crystal@supplybank.org; benito@ktocollege.org; sfriedland@sahahomes.org; cegan@insighthousing.org; sburmaster@insighthousing.org; klin@insighthousing.org; cegan@bfhp.org; supreet@streetsteam.org; jim@streetsteam.org; duffyross@berkeley.net; blackcollabheration@gmail.com; duffyross@berkeley.net; sherry@berkeleyscholars.org; seena@thebbbp.org; khanh@cep.ngo; gchau@berkeley.edu; collegeboundprograms@gmail.com; drwillis63@gmail.com; benjamingoff@berkeley.net; Alex@ecologycenter.org; martin@ecologycenter.org; brsaunders@getontrack.org; mcrucker@getontrack.org; lisa@eastbaysanctuary.org; bree@eastbaysanctuary.org; sistermaureen@eastbaysanctuary.org; owen@eastbaysanctuary.org

Subject: City of Berkeley Public Hearing Public Notice - June 4, 6:30 p.m., City Hall
Date: Monday, May 5, 2025 4:48:00 PM

Dear Community Partners,

The City of Berkeley will hold a hybrid public hearing on community needs, taking place in-person at City Hall, 2180 Milvia Street, 1st Floor, Cypress Room, and [via Zoom](#) on **Wednesday, June 4, 2025, at 6:30 PM**. The purpose of this public hearing is to review the draft 2026/27 Community Action Plan, which is a requirement of the City's Community Services Block Grant (CSBG) funding. This plan includes an assessment of community needs, the current community services being funded by CSBG, and updates on the management of CSBG funds. To view the draft 2026/27 Community Action Plan, please [click here](#). The public comment period will run from May 5 to June 6, 2025. Please send your public comment to Mary-Claire Katz at mkatz@berkeleyca.gov, or call 981-5414.

The Human Welfare and Community Action Commission (HWCAC) has designated seats specifically for elected low-income representatives. Currently, there is one vacancy in these elected low-income seats. If you or someone you know is interested in seeking election to the HWCAC as a low-income representative, please visit the [Boards & Commissions webpage](#) for more information, including the election nomination form.

We encourage you to share this message and the link to the draft Community Action Plan

with your community partners, staff, and other interested parties.

Thank you,

Mary-Claire Katz

City of Berkeley

Housing and Community Services

2180 Milvia Street, 2nd Floor

Berkeley, CA 94704

(510) 981-5414 (tel)

(510) 981-5450 (fax)

mkatz@berkeleyca.gov

Please note: As a cost saving measure the City of Berkeley is closed the 2nd Friday of every month. Additional closures may occur. For the latest City Closures and Holidays please check the City of Berkeley Homepage at <https://berkeleyca.gov/>

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From: [Katz, Mary-Claire](#)
To: [Katz, Mary-Claire](#)
Cc: [Larrowe, Kathryn](#)
Bcc: [Amiri, Wahid](#); [Bondi, James](#); [Bronson, Darlene](#); [Bryant, Ginsi](#); [Burns, Anne M](#); [Cash, Anna](#); [Chin, Khin](#); [Cole, Shamika S.](#); [Covello, Zoe](#); [Crane, Fatema](#); [Ernst, Margot](#); [Garcia, Claudia](#); [Gregory, Thomas](#); [Harvey, Samuel](#); [Heath, Julia](#); [Hersch, Anne](#); [Jacobs, Joshua](#); [Knox, Kellie](#); [Kouyoumdjian, Aram](#); [Lovvorn, Jennifer](#); [May, Keith](#); [Mayer, Tess](#); [McCoy, Vincent](#); [Miller, Roger](#); [Moore, Sarah M.](#); [Murillo, Jose](#); [Rose, Emily](#); [Shen, Alisa](#); [Slaughter, Kieron](#); [Terrones, Roberto](#); [Updegrave, Samantha](#); [Vance-Dozier, Okeya](#); [Works-Wright, Jamie](#)
Subject: FW: City of Berkeley Public Hearing Public Notice - June 4, 6:30 p.m., City Hall
Date: Monday, May 5, 2025 4:55:00 PM

Hello Commission Secretaries, please share the below public hearing notice with your commissions. Thank you!

From: Katz, Mary-Claire
Sent: Monday, May 5, 2025 4:49 PM
To: Katz, Mary-Claire <MKatz@berkeleyca.gov>
Cc: Larrowe, Kathryn <KLarrowe@berkeleyca.gov>
Subject: City of Berkeley Public Hearing Public Notice - June 4, 6:30 p.m., City Hall

Dear Community Partners,

The City of Berkeley will hold a hybrid public hearing on community needs, taking place in-person at City Hall, 2180 Milvia Street, 1st Floor, Cypress Room, and [via Zoom](#) on **Wednesday, June 4, 2025, at 6:30 PM**. The purpose of this public hearing is to review the draft 2026/27 Community Action Plan, which is a requirement of the City's Community Services Block Grant (CSBG) funding. This plan includes an assessment of community needs, the current community services being funded by CSBG, and updates on the management of CSBG funds. To view the draft 2026/27 Community Action Plan, please [click here](#). The public comment period will run from May 5 to June 6, 2025. Please send your public comment to Mary-Claire Katz at mkatz@berkeleyca.gov, or call 981-5414.

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We encourage you to share this message and the link to the draft Community Action Plan with your community partners, staff, and other interested parties.

Thank you,

Mary-Claire Katz
City of Berkeley
Housing and Community Services
2180 Milvia Street, 2nd Floor
Berkeley, CA 94704
(510) 981-5414 (tel)
(510) 981-5450 (fax)
mkatz@berkeleyca.gov

Please note: As a cost saving measure the City of Berkeley is closed the 2nd Friday of every month. Additional closures may occur. For the latest City Closures and Holidays please check the City of Berkeley Homepage at <https://berkeleyca.gov/>

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From: [Katz, Mary-Claire](#)
To: [Katz, Mary-Claire](#)
Cc: [Larowe, Kathryn](#)
Bcc: [mfine@hceb.org](#); [dfrazier@self-sufficiency.org](#); [aqadri@self-sufficiency.org](#); [dngiraingas@self-sufficiency.org](#); [jharrison@thevillageoflove.com](#); [jerri@thevillageoflove.com](#); [taneshah@thevillageoflove.com](#); [andrew@berkeleyfoodnetwork.org](#); [dgomez@habitatebsv.org](#); [JGray@HabitatEBSV.org](#); [betty@riseyouth.org](#); [emartin@thecil.org](#); [vpineda@thecil.org](#); [jbenson@thecil.org](#); [azaldivar@thecil.org](#); [jonathan@echofairhousing.org](#); [christina@echofairhousing.org](#); [r.atkins@dorothydayhouse.org](#); [r.montoya@dorothydayhouse.org](#); [r.atkins@dorothydayhouse.org](#); [jgaona@dorothydayhouse.org](#); [leslie@womensdropin.org](#); [dr.veronica.ephesiancc@gmail.com](#); [dr.veronica.ephesiancc@gmail.com](#); [JW@RTEBN.org](#); [rich@easydoesitservices.org](#); [ayanna@easydoesitservices.org](#); [bruce@easydoesitservices.org](#); [dorth@ebclc.org](#); [sfujimoto@ebclc.org](#); [jkim@ebclc.org](#); [zpolk@ebclc.org](#); [bgoldstein@lifelongmedical.org](#); [tsheward@lifelongmedical.org](#); [ceo@lifelongmedical.org](#); [bgoldstein@lifelongmedical.org](#); [asimson@lifelongmedical.org](#); [nappi@lifelongmedical.org](#); [gardenia.campos@berkeley.edu](#); [sandrab@berkeley.edu](#); [carriedonovan@berkeley.edu](#); [kkokotilo@larkinstreetyouth.org](#); [cthomas@larkinstreetyouth.org](#); [sadams@larkinstreetyouth.org](#); [ericmagana510@gmail.com](#); [tamiko23@sbcglobal.net](#); [info@bayareact.org](#); [tracy@bayareact.org](#); [jessieluxford@berkeley.net](#); [nkelley-farias@bacr.org](#); [jmok@bacr.org](#); [jdarby@self-sufficiency.org](#); [akiani@self-sufficiency.org](#); [seaddy@self-sufficiency.org](#); [jdarby@self-sufficiency.org](#); [jmarley@homelessactioncenter.org](#); [mgilg@homelessactioncenter.org](#); [adavis@homelessactioncenter.org](#); [opattiewall@yahoo.com](#); [nstovall@ymcaeastbay.org](#); [fgallati@ymcaeastbay.org](#); [jeffreys@risingsunopp.org](#); [hatton@risingsunopp.org](#); [mirma@mionline.org](#); [wilhelmenia@healthyblackfam.org](#); [lasara@pacificcenter.org](#); [shanna@pacificcenter.org](#); [alula@bonitahouse.org](#); [Laura@bonitahouse.org](#); [lauraw@bonitahouse.org](#); [jonathan@stilesall.org](#); [jay@borp.org](#); [emily@borp.org](#); [rick@borp.org](#); [abowers@acnetmhc.org](#); [kkillian@acnetmhc.org](#); [kkillian@peerwellnesscollective.org](#); [mtampoya@peerwellnesscollective.org](#); [eve@niahouse.org](#); [kfeck@toolworks.org](#); [klin@insighthousing.org](#); [aupshaw@insighthousing.org](#); [cegan@insighthousing.org](#); [klin@insighthousing.org](#); [aupshaw@insighthousing.org](#); [cegan@insighthousing.org](#); [aupshaw@insighthousing.org](#); [klin@insighthousing.org](#); [usha@breadproject.org](#); [escott@fvlc.org](#); [diane@j-sei.org](#); [Beatriz@bahaiinc.com](#); [JLopez@bahaiinc.com](#); [kym@bananasbunch.org](#); [ni@bananasbunch.org](#); [mirkins-league@bayareacs.org](#); [jbaker@bayareacs.org](#); [nschwab@optionsrecovery.org](#); [jphillips@optionsrecovery.org](#); [jhugenberger@biotechpartners.org](#); [lgayden@biotechpartners.org](#); [middeen@icsworks.com](#); [ppamintuan@lookingglass.org](#); [mkirshbaum@lookingglass.org](#); [tlockett@byaonline.org](#); [sloving@byaonline.org](#); [cruiz@byaonline.org](#); [lhairston@byaonline.org](#); [danthony@bayareacs.org](#); [gtia@bayareacs.org](#); [dolson@bayareacs.org](#); [corinnehaskins@yahoo.com](#); [cbookhart@rcdhousing.org](#); [dsawislak@rcdhousing.org](#); [crystal@supplybank.org](#); [benito@ktocollege.org](#); [sfriedland@sahahomes.org](#); [cegan@insighthousing.org](#); [sburnmaster@insighthousing.org](#); [klin@insighthousing.org](#); [cegan@bfhp.org](#); [supreet@streetsteam.org](#); [jim@streetsteam.org](#); [duffyross@berkeley.net](#); [blackcollabheration@gmail.com](#); [duffyross@berkeley.net](#); [sherry@berkeleyscholars.org](#); [seena@thebbbp.org](#); [khanh@cep.ngo](#); [gchau@berkeley.edu](#); [collegeboundprograms@gmail.com](#); [drwillis63@gmail.com](#); [benjamingoff@berkeley.net](#); [Alex@ecologycenter.org](#); [martin@ecologycenter.org](#); [brsaunders@getontrack.org](#); [mcrucker@getontrack.org](#); [lisa@eastbaysanctuary.org](#); [bree@eastbaysanctuary.org](#); [sistermaureen@eastbaysanctuary.org](#); [owen@eastbaysanctuary.org](#)

Subject: Reminder: City of Berkeley Public Hearing Public Notice - June 4, 6:30 p.m., City Hall
Date: Thursday, May 29, 2025 10:06:00 AM

Dear Community Partners,

The City of Berkeley will hold a hybrid public hearing on community needs, taking place in-person at City Hall, 2180 Milvia Street, 1st Floor, Cypress Room, and [via Zoom](#) on **Wednesday, June 4, 2025, at 6:30 PM**. The purpose of this public hearing is to review the draft 2026/27 Community Action Plan, which is a requirement of the City's Community Services Block Grant (CSBG) funding. This plan includes an assessment of community needs, the current community services being funded by CSBG, and updates on the management of CSBG funds. To view the draft 2026/27 Community Action Plan, please [click here](#). The public comment period will run from May 5 to June 6, 2025. Please send your public comment to Mary-Claire Katz at mkatz@berkeleyca.gov, or call 981-5414. Public comment will be included in the Community Action Plan and will inform how CSBG funding can enhance critical community services.

[Draft 2026/27 Community Action Plan](#) (direct link)

[Draft 2026/27 Community Needs Assessment](#) (direct link)

The Human Welfare and Community Action Commission (HWCAC) has designated seats specifically for elected low-income representatives. Currently, there is one vacancy in these elected low-income seats. If you or someone you know is interested in seeking election to the HWCAC as a

low-income representative, please visit the [Boards & Commissions webpage](#) for more information, including the election nomination form.

We encourage you to share this message and the link to the draft Community Action Plan with your community partners, staff, and other interested parties.

Thank you,

Mary-Claire Katz

City of Berkeley

Housing and Community Services

2180 Milvia Street, 2nd Floor

Berkeley, CA 94704

(510) 981-5414 (tel)

(510) 981-5450 (fax)

mkatz@berkeleyca.gov

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Human Welfare and Community Action Commission

DRAFT MINUTES

Wednesday, June 4, 2025

6:30 PM

2180 Milvia Street

Berkeley, CA 94704

Preliminary Matters

1. Roll Call
Present: Huchting, Lara Cruz, Lippman, Marisol, Sol.
Absent: Bohn.
Quorum: 4 (Attended: 5).
Staff Present: Mary-Claire Katz, Kat Larrowe.
Public Present: None.
2. Agenda Approval
No changes.
3. Public Comment
None.

Update/Action Items

The Commission may take action related to any subject listed on the agenda, except where noted.

Berkeley Community Action Agency Board Business

4. Public Hearing for the Community Services Block Grant 2026-27 Community Action Plan and Community Needs Assessment (Attachment A)

Public Comment:

- Commissioner Sol: I would not be alive today without LLMC. Their staff, doctors, referrals, all serve exceedingly well. LLMC has a welcoming environment for people, they are treated with respect and dignity. I cannot say enough about their services and how good they are. They provide referrals as needed. A lot of people will not seek medical care if they are not treated well and this service is so needed. Relationships with the doctor is so important, sometimes cannot happen if paired with a new doctor.
- Negeene Mosaed: I work in a physical therapy clinic in Berkeley that takes Medi-Cal. I take a lot of the LLMC patients that are referred. For a certain part of the community LLMC is a lifeline and the only resource. It is a hub to connect them to what people need. I hope to keep LLMC going as long as it can. Sad to see Ed Roberts Campus is closing. LLMC is doing things in the community that no one else does. We're at cross-roads in terms of

funding. This is where we can make a difference as compared to building homes. When clinics close, community may stop going to the doctor, and then we have to start all over again and re-build trust.

- Corinne Haskins: The health of the community and the services provided by LLMC are important. It is encouraging to hear that people are treated with dignity and their needs are met.
- James: The healthcare system does not seem to be up to par anymore. When I originally attended LLMC they were great, but more recently have not been attentive to individual needs. Feels that the health care was not really managed well and switched to another provider. Did not receive updates about the doctor change after a doctor left. Additionally, someone needs to review the city streets re: bike lanes and make it clear where the cars go as it impacts traffic in the city. Should be addressed through community planning project.
- Anonymous attendee: I had a similar experience with having different doctors every time I go to LLMC, and that is challenging for the care. I am an unhoused individual and have several medical needs. I have only gone to LLMC and the hospital. Being unhoused has exacerbated medical conditions. Berkeley spends a whole lot of money on homelessness services and the city is not acting responsibly to support the unhoused community. I have been assessed four times and told I would be housed, but have not been able to access housing due to the city staff. City staff in that position should be required to wear a body camera so it can be captured how unhoused individuals are actually treated.
- Michai Freeman: I am an advocate for the Center for Independent Living. It pains to hear about the experience for the previous speaker. I am hopeful for change. We have been remiss about the way it is addressed. Homelessness has become an industry and not handled appropriately. Building market rate housing is not the solution. Also need to look at those who are extremely low income, those who are on the verge of losing their rental. I attend continuum of care meetings – we are not putting effective plans together to address homelessness. Children, people with disabilities, folks with underlying medical conditions are not being prioritized for housing resources. People have to wait 6-8 months or more. Need transparency, honesty, and effective programs for those who are vulnerable and actually achieve housing access. Reduce silos and compartmentalization. It's wrong to operate this way. Ask that this commission writes a letter to Council to address this situation and streamline the process for transitional housing and accessible shelters. Create effective housing subsidy programs. Stop playing games because

we have to work with what we have – streamline, make it better, and get the most vulnerable people housed.

- Commissioner Lippman: I appreciate all of the public speakers. I attended the homeless encampment sweep in the morning and this is a problem. There was at least one arrest after trying to retrieve possessions. Next up is going to be at Ohlone Park. We need to insert the HWCAC into how homelessness is handled within the city and work with other commissions. Change needs to happen at the top of City leadership. LLMC is critical work. This document [CAP and CNA] has a specific purpose to meet the federal requirements and it is constrained and leaves larger questions – particularly on the community needs assessment. Key parts include health inequities in Berkeley: poverty rate, income rate, disparities. We need solutions that go beyond on CSBG funding and LLMC. How can the community needs that are also highlighted in the CNA be addressed and what role can the HWCAC play?
- Commissioner Marisol: LLMC doctor inconsistencies could be due to the fact that LLMC often staff student doctors and are introductory jobs and not a job they will stay in for long-term. Disability is leading into poverty and vice versa – of course the data in the CNA showcases that this is an issue. I have seen how city staff treat the homeless community. There is no system of accountability for the homelessness response team. They have proven to be cruel to the community over and over again. Smoke bombs were used in today's homeless encampment raid, in people's tents, and shot at people if they were trying to get their stuff. It seems like the homeless services and police can operate how they want without City Council. There is no face-to-face forum with city staff in these positions to voice the issues to the team. No one could answer why this homeless encampment sweep was happening and why it was not announced or who okayed it. Dozens of city workers and police were there but no one could answer.
- Commissioner Huchting: I appreciate the public comments. Seems to be a failure on addressing homelessness. Needs to be a different approach and partner with other commissions so there is collaboration that starts with listening. As a tax payer, the idea that the police would use the force at the sweep needs to be addressed. Maybe we can add this item to the agenda.
- Commissioner Lara Cruz: Thank you to everyone for their comments. It is important to hear what is happening in the community. We need to find ways to provide stability in the community, a lot to do and may not be a lot of funding, so we have to be creative.

Adjournment

Action: M/S/C (Lippman/Lara Cruz) to adjourn at 7:49PM.

Vote: Ayes – Huchting, Lara Cruz, Lippman, Marisol, Sol. Noes –None; Abstain – None; Absent – Bohn.

Attachments

A. Draft 2026-27 Community Action Plan and Community Needs Assessment

Review City Council Meeting Agenda at City Clerk Dept. or
<http://www.cityofberkeley.info/citycouncil>

Communications

Communications to Berkeley boards, commissions or committees are public record and will become part of the City’s electronic records, which are accessible through the City’s website. **Please note: e-mail addresses, names, addresses, and other contact information are not required, but if included in any communication to a City board, commission or committee, will become part of the public record.** If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service or in person to the secretary of the relevant board, commission or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the secretary to the relevant board, commission or committee for further information. Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection at Housing and Community Services Department located at 2180 Milvia Street, 2nd Floor.

This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. **Please refrain from wearing scented products to this meeting.**

Secretary:

Mary-Claire Katz
Health, Housing & Community Services
Department
510-981-5414
mkatz@berkeleyca.gov

Mailing Address:

Human Welfare and Community Action
Commission
Mary-Claire Katz, Secretary
2180 Milvia Street, 2nd Floor
Berkeley, CA 94704

Katz, Mary-Claire

From: Elana Auerbach <elanaarobyn@gmail.com>
Sent: Friday, June 6, 2025 12:00 PM
To: Katz, Mary-Claire
Cc: Maria Sol; Negeene Mosaed; catherine huchting
Subject: Berkeley Community Needs

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Greetings Mary-Claire Katz~

Thank you for your service to our beloved Berkeley community.

My name is Elana Auerbach and a couple of my friends asked if I'd send you a list of the needs I'm aware of in our community. Also, below is an account I wrote about the city's removal of people living at 8th & Harrison this past Wednesday.

Some of what Berkeley needs:

- Lifelong Medical
- Berkeley Free Clinic
- Berkeley NEEDS
- Housing for our unhoused. Until appropriate permanent housing is available, there must be safe stay areas where people can reside in a tent. There are ways that this can happen quickly and with peaceful co~existence with neighbors, if there was political will to do so.
- Mental Health First Aid (MHFA) for everyone who lives, works or studies in Berkeley. The Cypress Resilience Project has certified almost 100 Berkeleyans for *free* in MHFA.
- Bridge building between tenants and landlords, particularly local, small landlords.
- Actually affordable housing for teachers, baristas, social workers, firefighters, working people. Instead of "workforce" type of housing that's being built on San Pablo. To me, it's similar to indentured servant housing, where teachers & administrators will be housed so long as they continue to teach the progeny of the wealthy in Berkeley.
- Roving & emergency NON POLICE mental health & crisis responders. The SCU was undermined from the get go and is an abject failure.

There's more I could list if I had time, but I see it's almost noon.

The events that took place yesterday at 8th & Harrison are a stain on our city. The hard-hearted tactics of the Trump administration are seeping into Berkeley.

Around 6am on June 4th, dozens of police and dozens more public works and other employees arrived at the intersection of 8th & Harrison. The residents living on the sidewalk surrounding this intersection were given **20 minutes** to pack up their stuff and leave or be arrested. The police created a "work" zone with yellow and black caution tape and BPD trucks to block the streets and prevent anyone from helping the residents vacate the area.



8th & Harrison ~ Photo taken at 2:20p 6/4//25

Unhoused advocates and community members report they had never seen anything this brutal before in Berkeley. People were threatened with less lethal weapons to force them out of their tents. After 20 minutes, residents were not permitted back into their tents to retrieve medications and other necessities.

A man, who was blocked from retrieving his meds from his tent, was [violently](#) detained by police. Please watch the highly disturbing video so you know what is happening in our town. Witnesses were also being denied their right to observe, as you can see [here](#). One advocate put his toe a few inches past the caution tape with his body still outside the "work" zone. He was immediately surrounded by police.

There are legal proceedings going on between the City of Berkeley (COB) and the Berkeley Homeless Union regarding 8th & Harrison. Yesterday, when the judge finally heard what the city was doing, he issued a cease & desist order. Unfortunately, the damage was already done.

I was there when the police removed the caution tape as a result of the judge's order. I walked through the middle of the empty intersection. Half a block north on 8th Street, a group of at least a dozen COB employees with hardhats stood near a public works truck. As I approached, they stopped talking and looked at me suspiciously, but didn't say a word. They seemed shut down and guarded.

"Who can I speak with? I have some questions," I said. They pointed me to a tall man standing in front of the truck, whose name is John. John told me that the team consisted of COB public works and parks employees. He told me that more than 10 trucks were filled with people's belongings and taken to the dump.

"You and your team saw people being traumatized today and had to do things that were likely difficult to do. How do you prepare your team for such a job? How do you ensure your team

Attachment C

members don't emotionally shut down after spending the day putting people's sole possessions in a dump truck? Is there any mental health support for your team?" I asked.

John replied that there was mental health support on site if anyone had an issue, but nothing else is provided. (It's unclear if there was mental health support on site because someone being removed asked for such support and was told there wasn't any.)

From my conversation with John and the reaction of his team, I got the distinct sense that the COB has dehumanized our unhoused neighbors to their employees in order for them to be able to do what they did yesterday.

The city spent tens of thousands of our taxpayer dollars, if not more, to remove people living near 8th & Harrison. Last night at 9pm, already half a dozen tents were back up at the intersection. This was a feckless ploy to temporarily appease a few business owners and neighbors, while inflicting immense harm and costing the city a lot of money.

We must decry this behavior by our city's elected leaders and staff. Kindness, integrity, and community collaboration must be our guides to solve our unhoused crisis, not vicious surprise raids, threats, and dehumanization.

In Solidarity with LOVE~~~~~
Elana

Katz, Mary-Claire

From: megamom.ms@gmail.com
Sent: Friday, June 6, 2025 2:06 PM
To: Katz, Mary-Claire
Subject: Public comment

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

(First of all to you...thank YOU...🙏)

The very title for which you are the secretary "Health housing and community services" is my primary baseline for the state to tend...!!!

Or at least not harm or prevent...

every human body on this planet requires space and health to survive... and it takes a community...

cooperating and caring...

to allow & Support that...

Every person is precious and deserves LIFE...

which for ALL of us requires good food good water good sanitation and safe shelter...!!!

it's not just that every Body no matter who or where requires that...

everyONE does...

and after a fire or an earthquake or horrible weather situation Every One immediately discovers that...!!!

so please INCLUDE Every One...

even those that are old or women or disabled or challenged mentally and emotionally...!!!!!!!

please let's find our HEARTS and creative Ingenuity again...!!!

thank you...!!!!!!!



Maria Sol



2026/2027

Community Needs Assessment

Berkeley Community Action Agency

Data Collection Method

The Berkeley Community Action Agency's (BCAA) Community Needs Assessment (CNA) is informed by the City of Berkeley (City) 2025 Community Health Assessment, the City FY 2025-28 Community Agency Request for Proposal (RFP), the City 2025-2029 Consolidated Plan for United States Department of Housing and Urban Development (HUD), the City 2025 Annual Action Plan for HUD, the City 2023 HOME Investment Partnerships American Rescue Plan Program (HOME-ARP) Allocation Plan community consultations and public hearings, and the 2024 Alameda County Point-in-Time (PIT) Count of individuals, youth, and families experiencing homelessness.

The City of Berkeley 2025 Community Health Assessment (CHA) includes both qualitative and quantitative data metrics to paint a picture of the current state of health of the Berkeley community. Data from a series of community focus groups, a community survey, and key informant interviews with community partners and leaders helped to inform the qualitative data components.

In 2023, the City issued a Request for Proposals (RFP) for community agencies covering Fiscal Years 2025 through 2028. This RFP prioritized applications for programs that provide services to Berkeley residents who are at or below the poverty line. Proposals included programs related to healthcare, including geriatric primary care health services; access to delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents; and, supportive services and housing to the chronically homeless population in Berkeley, most of whom have active mental health and substance use issues as well as poor physical health. Community

agencies who were awarded in 2024 are submitting program reports detailing demographic data and client service outcomes on a bi-annual/quarterly basis. This data allows the City to monitor the highest need communities, performance outcomes, community impact, and provides additional guidance for the contract allocation decisions in the next funding cycle.

The City organized several public hearings and community surveys to help guide funding decisions and identify the areas with greatest need. A public hearing focused on community needs took place on January 25, 2024, in front of the Housing Advisory Commission (HAC). The purpose of this hearing was to gather input from Berkeley residents regarding the most essential services and housing opportunities. Additional public meetings were held with the Human Welfare Community Action Commission (HWCAC), Homeless Services Panel of Experts (HSPOE), and the Commission on Labor (COL) to review subject area priorities and funding opportunities for community agency grants. Each commission represents the Berkeley community and advises City Council on decisions related to their focus area. In these public meetings, the Commissions evaluated community agency applications for funding on their program design, organizational capacity, prior performance and/or experience in the community, and overall budget. Community members and representatives from the community-based organizations were notified of the meetings via email and through the commission webpages on the City website.

In 2023, the City also sent an online survey to agencies and service providers whose clientele include the HOME Investment Partnerships American Rescue Plan Program (HOME-ARP) qualifying populations to identify unmet needs and gaps in housing or service delivery systems, and to determine the HOME-ARP eligible activities currently taking place within the City to identify potential areas of collaboration. The survey requested that agencies and service providers upload data that would help the City better understand the needs and gaps in services of the qualifying populations. The survey was emailed to 44 agencies and service providers on January 18, 2023, and the collection period ended on January 25, 2023. Fourteen responses were received from agencies serving all four qualifying populations, including eight respondents serving Veterans. The City gained a greater understanding of the unmet needs and gaps in services, with respect to the qualifying populations, by meeting with individuals from agencies and service providers. Responses included the need for supportive services to help unhoused people meet their essential needs, more peer-led programs, flexible and low barrier short-term motel stays and liaison services between landlords and eligible program participants, and resources for severe mental health illness and substance abuse.

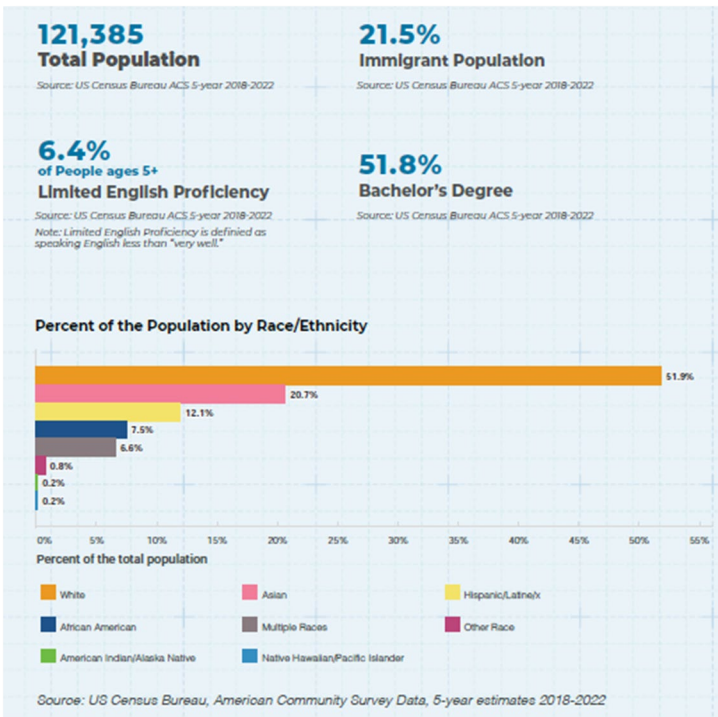
The City’s Consolidated Plan for HUD, along with its Annual Action Plan, includes both a Housing Market Analysis and a Needs Assessment. These reports offer detailed insights into the City’s specific needs regarding affordable housing, special needs housing, community development, and homelessness. They also provide a clear understanding of the environment in which the City will implement its federally funded programs.

The 2024 Point In Time (PIT) Count for Alameda County provides a comprehensive overview and analysis of individuals, youth, and families experiencing homelessness, providing specific data about their demographics and characteristics. This report provided key data on the intersection of homelessness, race, ethnicity, gender identity, and age.

City of Berkeley Demographics

U.S. Census Bureau, American Community Survey, ACS, 2023

	City of Berkeley	Alameda County	California
Age			
<i>Under 5 years</i>	5%	5%	5%
<i>5 to 19 years</i>	18%	17%	19%
<i>20 to 64 years</i>	60%	62%	59%
<i>65 years and over</i>	17%	16%	17%
Race			
<i>White</i>	54.8%	47.1%	70.4%
<i>African American</i>	7.4%	10.5%	6.5%
<i>American Indian</i>	0.7%	1.2%	1.7%
<i>Asian</i>	20.7%	34.5%	16.5%
<i>Native Hawaiian or Pacific Islander</i>	0.2%	0.9%	0.5%
<i>Other Race</i>	5%	0.1%	0.1%
<i>Two or more races</i>	11.2%	5.7%	4.3%
Ethnicity			
<i>Hispanic/Latino</i>	12.1%	23.3%	40.4%
<i>White alone, Non-Hispanic/Latino</i>	51.7%	27.9%	34.3%
People with Disabilities (<65 years)	7%	6%	7%
People Without Health Insurance (<65 years)	3%	5%	7%



Key Findings

Health Inequities in Berkeley

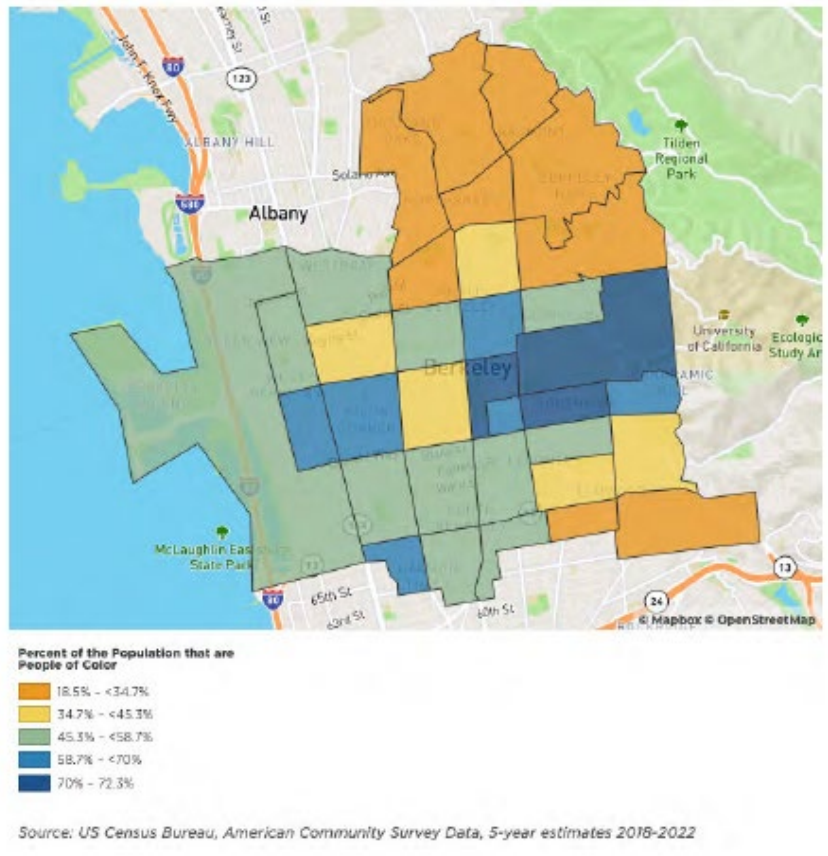
While many residents of Berkeley benefit from good health, education, employment, and income, some groups face challenges. In certain neighborhoods, and among individuals experiencing specific health and social difficulties, health outcomes can be significantly worse. In 2024, the Berkeley poverty rate was 17%, nearly double that of Alameda County and five points higher than California as a

whole¹. There are multiple intersectional challenges for individuals living in poverty in Berkeley, which include health inequities related to disability, race, housing, and age.

Income and Poverty

The median household income for Berkeley is just under \$105,000, with African American household income at \$52,000, less than half of the citywide average². The median for Hispanic households (\$67,000) is also much lower than the average³. Much like life expectancy, median household income in Berkeley varies significantly by geography. Census tracts in the Berkeley Hills report the highest median household income levels (more

Higher Concentrations of People of Color in West, Central, and South Berkeley

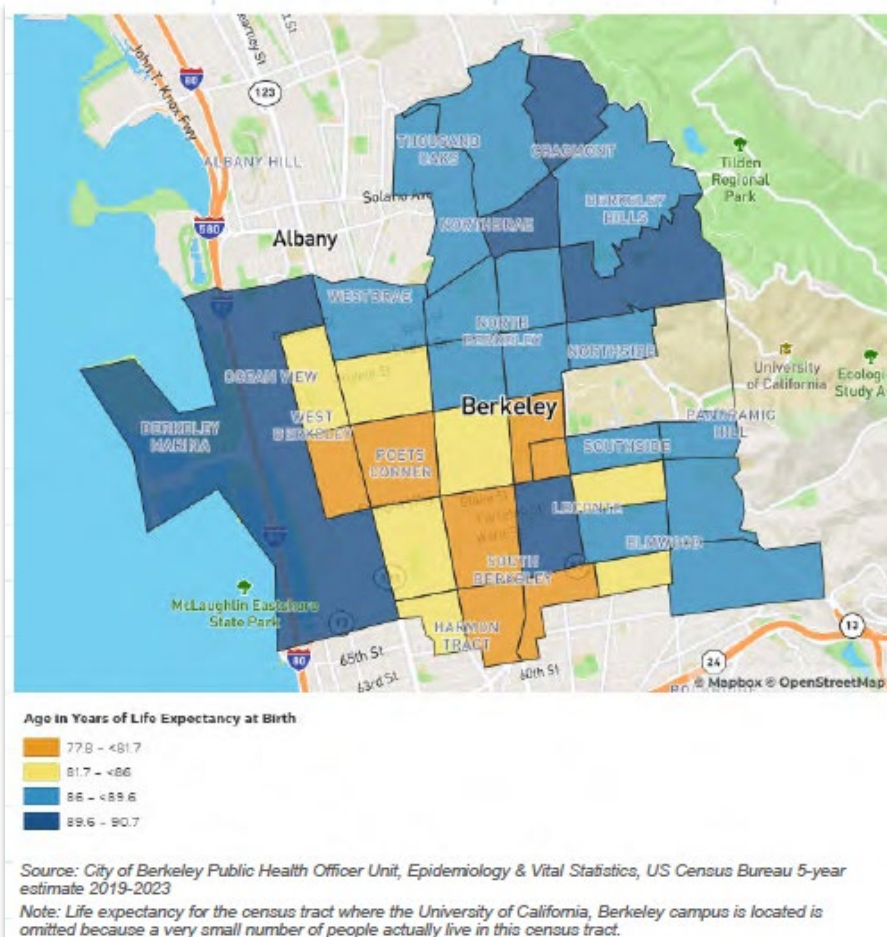


¹ U.S. Census Bureau, American Community Survey, 2023

² Ibid.

³ "Berkeley Wellness Blueprint: Community Health Assessment," Berkeley. Health, Housing, and Community Services Department, & JSI Research & Training Institute, pg. 21. 2025

than \$200,000) while census tracts in South Berkeley and West Berkeley report the lowest levels (less than \$100,000).⁴



The average Berkeley resident can expect to live to the age of 86⁵. However, this longevity is not evenly distributed. Residents in the Berkeley Hills, where resources are more abundant, have the highest life expectancy in the City, with one census tract averaging 91 years⁶. In contrast, residents in South and West Berkeley face significantly shorter life expectancies; one tract averages just 78 years – a 13-year gap.⁷

There are significant economic disparities for the disabled population. Twenty percent of people over the age of 16 with disabilities live in poverty in

Age in Years of Life Expectancy at Birth

Alameda County, while 8% without disabilities live in poverty. Additionally, people over the age of 16 with disabilities are nearly six times more likely to be unemployed in Alameda County when compared to people without disabilities. People with disabilities tend to have higher rates of high blood pressure, heart disease, diabetes, obesity, asthma, and psychological distress than those living without disabilities⁸. The majority of the disabled population in Alameda County are older (≥65 years of age), with more women with any disability than men⁹, and African American and Hispanic/Latino people

⁴ Ibid.
⁵ Ibid, 13.
⁶ Ibid.
⁷ Ibid.
⁸ Davis, Muntu, and Sandi Soliday. *Persons with Disabilities in Alameda County*. Alameda County Public Health Department. County Board of Supervisors’ Health Committee. April 23, 2017. http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_4_23_18/HEALTH_CARE_SERVICES/Regular_Calendar/Persons_with_disabilities_Alameda_County_H_4_23_18.pdf.
⁹ Ibid.

being the highest percentages of people with a disability. Additionally, during the Alameda County 2024 Point In Time (PIT) count, 60% of all people who were homeless reported a disabling condition.

Community Health

The City of Berkeley has a Public Health Division that is made up of public health nurses, community outreach workers, health educators, health care providers, and other public health professionals. Berkeley is one of only three cities in the State of California with the distinction of being its own health jurisdiction, while most health jurisdictions are the responsibility of the county. Having a City health jurisdiction means more individualized, higher quality services for residents and more resources for better programs and services to meet their needs. Some of the services that the Public Health Division provides include:

- Giving vaccines to babies and children to prevent diseases such as polio, diphtheria, measles, and hepatitis B.
- Joining with merchants, parents, and school officials to reduce teenage smoking by not selling cigarettes to minors.
- Providing women with a safe place to make decisions about family planning and providing pregnancy prevention services.
- Helping residents understand how to protect children from lead poisoning.
- Providing people in physically abusive relationships with information, referrals and assistance with getting help.
- Providing a nurse for residents to call when they have health related questions.
- Helping residents understand how to reduce the risk of getting a sexually transmitted disease.
- Educating children and teenagers about how wearing a bicycle helmet can protect them from injury.
- Giving pregnant women and their babies nutrition information and access to healthy foods.

Recommendations

The need for healthcare and affordable housing for Berkeley residents is clearly supported by the data in this community needs assessment. With limited funding available, and a strong existing partnership with LifeLong Medical Care, the City chose to continue to support the delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents of Berkeley at the LifeLong West Berkeley and Berkeley TRUST Health Centers. LifeLong services are designed to remove barriers to care and reduce health disparities for typically underserved populations who are at the greatest risk for poor health outcomes. Funding will also support the provision of acupuncture detox services for Berkeley residents living with substance use disorders. Berkeley voters concerned about the welfare of disabled Berkeley residents continue to support funding for emergency services and case management, attendant care, accessible transportation, wheelchair repair, and assistive device repair for severely physically disabled persons in Berkeley.



BERKELEY WELLNESS BLUEPRINT
COMMUNITY
HEALTH
ASSESSMENT

ACKNOWLEDGEMENTS

This Community Health Assessment is the result of robust input and partnership from all of the individuals below:

Berkeley Health, Housing, and Community Services Department

Tanya Bustamante, Interim Deputy Director

Janice Chin, Manager, Public Health Division

Kellie Knox, Future of Public Health Coordinator

Catherine Roseman, Public Health Promotion & Prevention Officer,
Community Services Specialist III

Patricia Zialcita, Supervising Epidemiologist

Community Steering Committee

Rosio Almaguer Andrade

Penelope Collins

Michai Freeman

JW Frye

Kaitlyn (Kati) Khov

Isabella Ledezema

Matt Matusiewicz

Israel Nikodimos

Claritza Rios

Michael Rodriguez

JSI Research & Training Institute

Jeremy Cantor

Emma Gier

Deanna Lewis

Corina Pinto

Alison Salomon

Anupam Sharma

Hannah Young



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Introduction

In 2023, the City of Berkeley Health, Housing and Community Services (HHCS) Department engaged JSI Research and Training Institute (JSI) to lead a **Community Health Assessment (CHA)** and create a **Community Health Improvement Plan (CHIP)**. Together, the CHA and CHIP processes are called the Berkeley Wellness Blueprint (BWB). This CHA document is the culmination of an extensive research process, guided by the community steering committee (CSC). The CSC is a diverse group of individuals who live and/or work in Berkeley who are committed to the city's health and wellness. They play a central role in ensuring the CHA and CHIP remain community-led. (For more details on the research methods and CSC members, see Appendix B & C.)

Taken as a whole, Berkeley looks like a pretty healthy place, but that misses the ways in which health in the city is significantly worse for some groups of people, in certain neighborhoods, and for people experiencing specific health and social challenges. This CHA report aims to present a snapshot of health, safety, and equity in Berkeley informed by data. It also seeks to highlight community perspectives on key topics in a way that is easy to digest. Ultimately, this will lay the foundation for the development of the CHIP.

BERKELEY AT A GLANCE

Berkeley is a vibrant city in the heart of the San Francisco Bay Area, known for its progressive politics, social and academic innovation, culture and history. Home to over 121,000 people, Berkeley's diverse population reflects a multitude of racial and ethnic groups, with nearly half (48%) identifying as non-white. The city is also home to a significant immigrant community: more than one out of every five residents (22%) was born outside of the United States and over 6% of the population has limited English proficiency. Berkeley is also home to the world-renown University of California, Berkeley. A large number of students and staff associated with the university live in Berkeley, and account for approximately one-third of the overall population. (See Appendix A for a city health profile).

121,385
Total Population

Source: US Census Bureau ACS 5-year 2018-2022

6.4%
of People ages 5+
Limited English Proficiency

Source: US Census Bureau ACS 5-year 2018-2022

Note: Limited English Proficiency is defined as speaking English less than "very well."

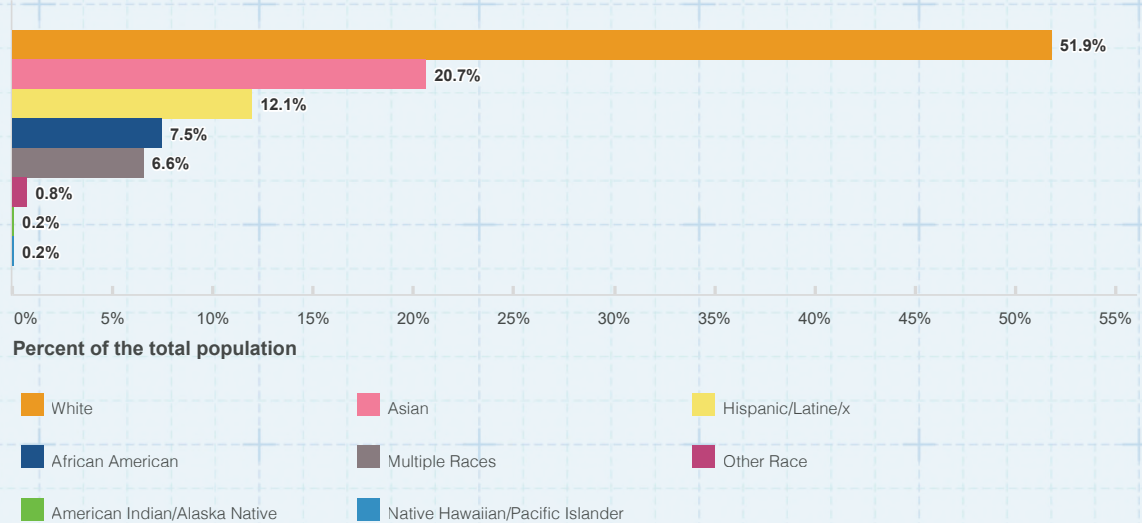
21.5%
Immigrant Population

Source: US Census Bureau ACS 5-year 2018-2022

51.8%
Bachelor's Degree

Source: US Census Bureau ACS 5-year 2018-2022

Percent of the Population by Race/Ethnicity

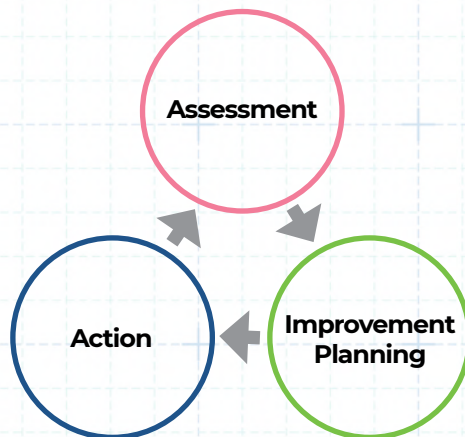


Source: US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

PURPOSE AND PROCESS

This assessment is one part of a health and wellness improvement process that is intended to be repeated over time (see Figure 1). We decided to use the metaphor of a blueprint because there are parallels to building a physical structure. First, information is gathered and a vision is developed (Assessment); then, specific and workable plans are drawn (Improvement Planning); and finally, work begins (Action). Similar to a building process, new information and challenges will emerge along the way that require consideration and problem solving. It is crucial to have clear accountability and space for collective thinking and course correction.

FIGURE 1: Health and Wellness Improvement Process



GOALS OF THE COMMUNITY HEALTH ASSESSMENT (CHA)

The goals of this CHA phase are to:

- Engage community members in deepening shared understanding of the health and wellness status of Berkeley residents;
- Gather existing data on health, resiliency, and equity in Berkeley's communities; and
- Have enough information at the end of this phase to make an informed decision on priorities for the CHIP.

FRAMEWORK

There are a range of factors that shape health, safety, and equity in a city like Berkeley. In the Berkeley Wellness Blueprint, we are thinking about three groups of factors:



INDIVIDUAL: What does each person need to be healthy and flourishing?
Examples: access to affordable culturally appropriate services, ability to afford basic needs, opportunities for connection and belonging.



COMMUNITY: What are the characteristics of communities that support individual health?
Examples: safe and appealing parks, enough affordable housing, clean air and water.



SYSTEMS: How do systems and policies support the health of communities and individuals? **Examples:** How are harmful products and substances controlled? How are historic racist housing policies being addressed? How are resources distributed throughout the city?

These domains are useful both to understand what is currently happening and to organize action. For example, if we were trying to increase physical activity in Berkeley, we might focus on getting information about exercise classes into doctor's offices (individual), cleaning up parks in areas of the city with low physical activity rates (community) or providing additional funding to afterschool sports programs (systems). In many cases, effective solutions are going to involve strategies in more than one domain.

CHA PROCESS

This report comes at the end of a data collection and analysis process that began in fall of 2023. JSI and the CSC, with substantive input from the Berkeley HHCS team, have:

- Reviewed existing reports related to health and wellbeing in Berkeley, such as the Alameda County Department of Public Health health assessment;
- Searched databases of health information including the census and national health interview survey as well as locally collected data;
- Conducted over 15 interviews with local leaders and community members;
- Held 4 community focus groups; and
- Fielded a community wellness survey completed by over 320 community members from across Berkeley.

PRIORITY POPULATIONS, HEALTH TOPICS, & THE COMMUNITY SURVEY

Following an initial data review and first round of key informant interviews (n=16), several priority populations were identified by JSI and the CSC.

Priority Populations

An extra emphasis was placed on including information and perspectives from these populations.

- Black/African American people
- Latine/Latinx/Hispanic people
- LGBTQIA+ people
- Residents of South and West Berkeley
- Youth

Individuals from these priority populations were engaged via focus group discussions (n=4), additional interviews (n=6) and were target audiences for the community wellness survey (n=320). The reports, data review, interviews, and focus groups were analyzed by JSI and the CSC.

From that analysis, ten topics were identified (see right sidebar) that shaped the community-wide health survey. The survey aimed to gather a diverse range of perspectives on these topics. More details on the CHA methods, including the survey development and response, are available in the appendices.

TABLE 1: HEALTH TOPICS

Community Safety: how often people get hurt or experience violence and whether everyone feels safe in all areas of Berkeley

Disparities in Health: some people have better or worse health based on their race, ethnicity, and/or where they live in Berkeley

Drugs and Alcohol Use: use, misuse, and availability of legal and illegal drugs and alcohol, and if people can get the help they need

Environmental Health: being safe from things like pollution and wildfires, having clean air, water, and land, having access to parks and green spaces, and dealing with the effects of climate change

Government Responsiveness: City follow through and communication on health projects, and how much Berkeley residents help make decisions

Housing: being able to live in a place that is safe, affordable, and stable

Jobs and Money: having a steady job that pays enough for food, childcare, healthcare, school, and savings

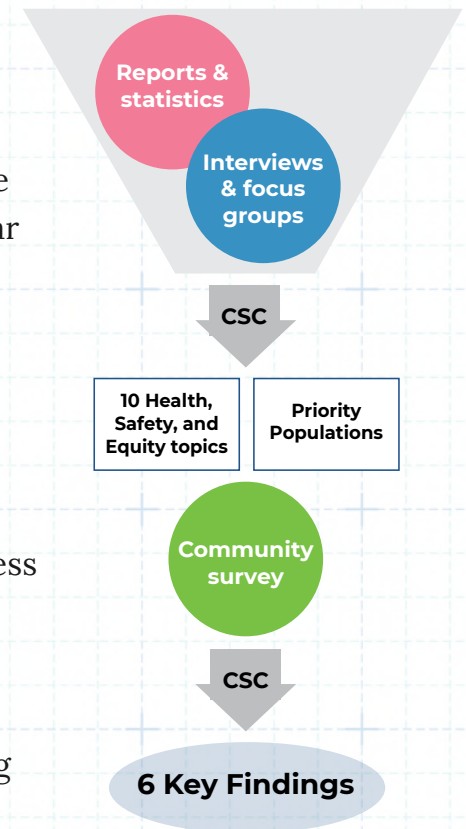
Mental Health: how common mental health problems are (like depression, anxiety, and stress), and if people can get the care they need

Physical Health: how often people get sick, hurt, or have long-term health problems, and if they can get the care they need

Sense of Belonging: feeling included, respected, and connected

Key Findings

FIGURE 2: CHA Process



KEY FINDINGS

At the conclusion of the community survey, JSI and the CSC systematically reviewed all of the data collected via survey, interviews, focus groups, reports and statistics. Based on that review, a set of 6 key findings emerged. Although not all of the input, data and voices could be included in full detail, this report summarizes the information as best as possible to tell a clear story of the current situation and perspectives in Berkeley regarding health and wellness.

Finding 1: There is a lot to be proud of when it comes to wellness in Berkeley

Finding 2: Diversity is highly valued and racism is deeply rooted

Finding 3: Health is connected to where people live

Finding 4: More transparency and collaboration are needed to increase trust and effectiveness of health improvement efforts

Finding 5: Berkeley is becoming a more difficult place for people to afford to live well

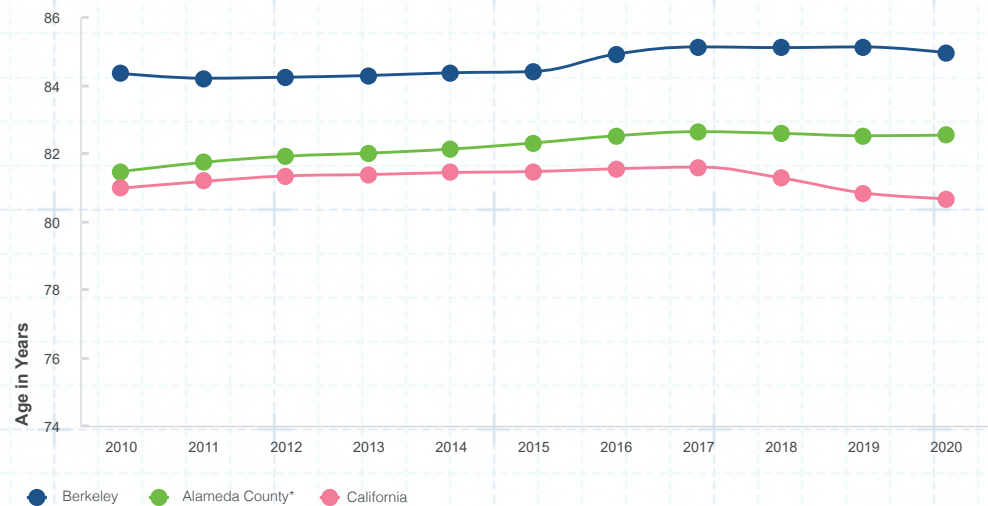
Finding 6: Connection and safety are essential for supporting mental and physical well-being

FINDING 1

There is a lot to be proud of when it comes to wellness in Berkeley

Berkeley residents consistently highlight three strengths that contribute to the city's health and wellness: its inviting physical environment, the diversity and character of its people, and the effectiveness of local community organizations. Citywide health statistics are generally positive compared with other geographies. For example, Berkeley has consistently had a higher life expectancy than Alameda County and California (see figure 3).

FIGURE 3: Life Expectancy at Birth



Source: California Department of Public Health, California Community Burden of Disease and Cost Engine *Estimates are for Alameda County excluding Berkeley

PHYSICAL ENVIRONMENT

In Berkeley, it's easy to step outside and find a place to walk, roll, or simply breathe. Home to 59 parks, Berkeley boasts almost 6 parks per square mile.¹

The community sees this as more than convenience—these walkable, wheelable routes bring people closer to nature, reduce stress, and create a more connected environment.

The numbers support these general sentiments: Berkeley stands out for its high walkability, scoring 15.9 on the Environmental Protection Agency's Walkability Index - surpassing the county (14.2), state (12.4) and national (9.8) averages.²

“There's so many pretty places to go. And it's right on the water.

There's the Berkeley Marina. I have great memories there with my dog and my kids at different stages in our life”

- FOCUS GROUP PARTICIPANT

Berkeley is filled with places where people naturally come together. Whether it's a farmers market, the Ed Roberts Campus, a church, or a senior center, these gathering spots foster a strong sense of belonging. They are spaces where people connect, feel seen, and know they belong.

“Quiero [tratar de] relacionarme con gente, platicar con gente, eso mismo como que te va a ayudar a no hundirte y hay unas tiendas donde puedes encontrar ese ambiente, donde se puede simplemente [conversar].”

- FOCUS GROUP PARTICIPANT

Translation: “I want to [try] to relate with people, talk to people, that will help to not further dig into a hole and there are stores where you can find that environment, where you can simply [converse].”



COMMUNITY MEMBERS

At the heart of Berkeley's community are the people who live here. Residents describe themselves and their neighbors as resilient, caring, diverse, and passionate, from people looking out for one another to city leaders' commitment to the city. Berkeley also has a proud tradition of activism. It was the first city to start municipal recycling, make sidewalks wheelchair accessible, and implement a sugar-sweetened beverage tax. Residents engage with issues of justice and equity both historically and today. This dedication to advocating for change strengthens the entire community and inspires future generations to continue the work of creating a better, more inclusive city.

"The community is really connected [...] even if [...] we don't know each other, the people from the Todos Santos de Cuchamatán are united. So if one of our community members is hurting or in danger or their family member had an accident and they need support and anything."

- COMMUNITY INTERVIEW PARTICIPANT

COMMUNITY ORGANIZATIONS

Community organizations—such as the Multicultural Institute, Center for Independent Living, and Healthy Black Families—bring a feeling of connectedness and support the Berkeley community to feel healthy, well, seen and understood. They are powerful resources, providing essential support, services, and advocacy. In many ways, community residents see these organizations as the backbone of Berkeley's health and wellness, working to meet the diverse needs of the community and foster a sense of belonging for all.

"I was going to the food pantries. I have 3 kids and it's all different types of people and the volunteers that work there are so kind they never make you feel less than, are always smiling, and they really love what they do."

- FOCUS GROUP PARTICIPANT



FINDING 2

Diversity is highly valued and racism is deeply rooted

Berkeley has a reputation as a diverse and welcoming city, not afraid to be at the vanguard of social and cultural movements. This diversity is a source of pride and a significant strength to the community. Activists and leaders in Berkeley continue to work on a range of issues through many initiatives. However, as in other places, issues related to demographics and identity are complicated and reflect historical and structural factors that are difficult to address. The data on disparities in health make both the magnitude of advantages based on race/ethnicity and opportunities for improvement abundantly clear—the greatest opportunities to advance wellness in Berkeley lie in improving health among people who experience the worst outcomes.

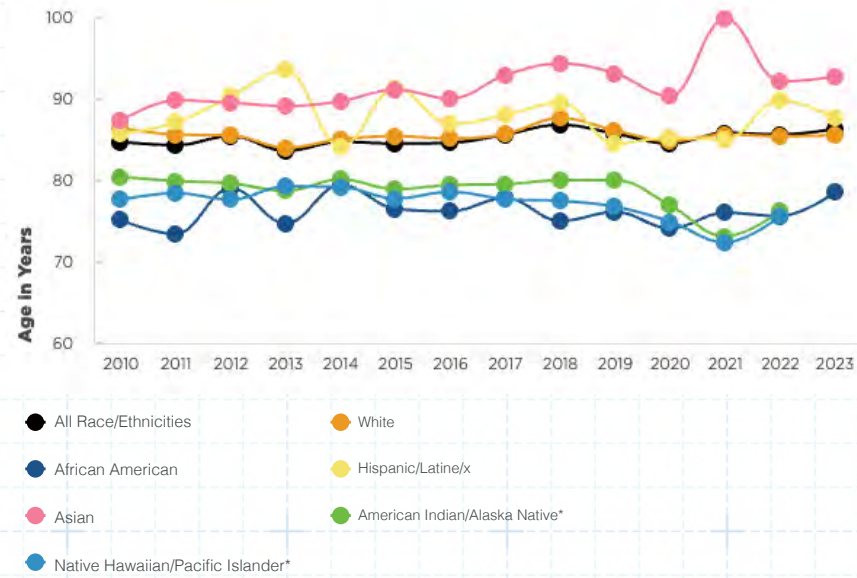
“I love Berkeley because of the diversity...I just appreciate how open Berkeley is. Ideas and different types of people.”

- FOCUS GROUP PARTICIPANT

DISPARITIES ACROSS RACIAL GROUPS

Across nearly every indicator of health and wellbeing collected for Berkeley there are significant differences for racial and ethnic groups. For the most comprehensive health indicator, life expectancy at birth, African Americans have consistently been projected to live 9 fewer years than the overall city average. It is also estimated that the life expectancy among American Indian/Alaska Native (AI/AN) and Native Hawaiian/Pacific Islanders (NH/PI) is significantly lower than the overall life expectancy of Berkeley residents based on California data (see Figure 4). African American residents also have higher rates of many health conditions, including diagnoses for common cancers (breast, prostate, lung) and chronic conditions such as diabetes.³

FIGURE 4: Life Expectancy at Birth in Berkeley



Source: City of Berkeley Public Health Officer Unit, Epidemiology & Vital Statistics, US Census Bureau

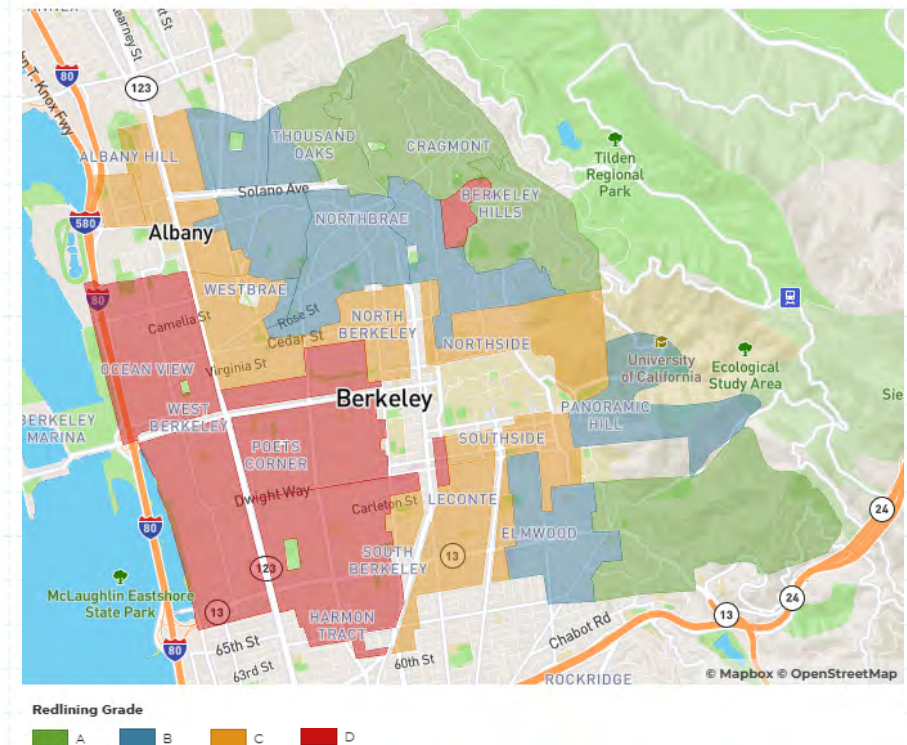
*Due to small population sizes, life expectancy estimates presented for American Indian/Alaska Native and Native Hawaiian/Pacific Islander are based on data for the entire State of California.

Health disparities are the result of decisions, practices, and policies enacted over time that provide unjust advantages to some based on race and ethnicity, geography, and/or socioeconomic status. Any data point that highlights differences by race should be taken as a measure of the effects of racism.⁴ This type of **systematic racism** is evident across all sectors including housing, education, employment, and law enforcement. For example, numerous housing policies in Berkeley restricted non-white residents to certain neighborhoods and limited their ability to build wealth through property ownership (see Figure 5). The city's recent [Preferential Housing Policy](#)⁵ acknowledges and attempts to respond to a number of these historical policies. Similarly, the Berkeley Unified School District's [Reparations Task Force](#)⁶ looked at structural racism in education.

“There’s a lot of redlining in [Berkeley]...I think historically, if we have a community that has been here long enough to remember the train tracks and they talk about not crossing the train tracks, that is generational...it’s historical trauma that they experienced.”

- FOCUS GROUP PARTICIPANT

FIGURE 5: Historical Redlining Grades



Redlining, a practice sanctioned by the federal government from the 1930s until the late 1960s, systematically denied access to mortgages, not only to individuals but to entire neighborhoods, based on their racial and ethnic composition. The above map of the City of Berkeley shows how neighborhoods were rated for mortgage lending using this practice. Red areas were labeled “hazardous” and deemed the riskiest for lending. Yellow areas were considered “declining” with elevated risk. Blue areas were marked as “still desirable” with lower risk, while green areas were identified as the “most desirable” and least risky.

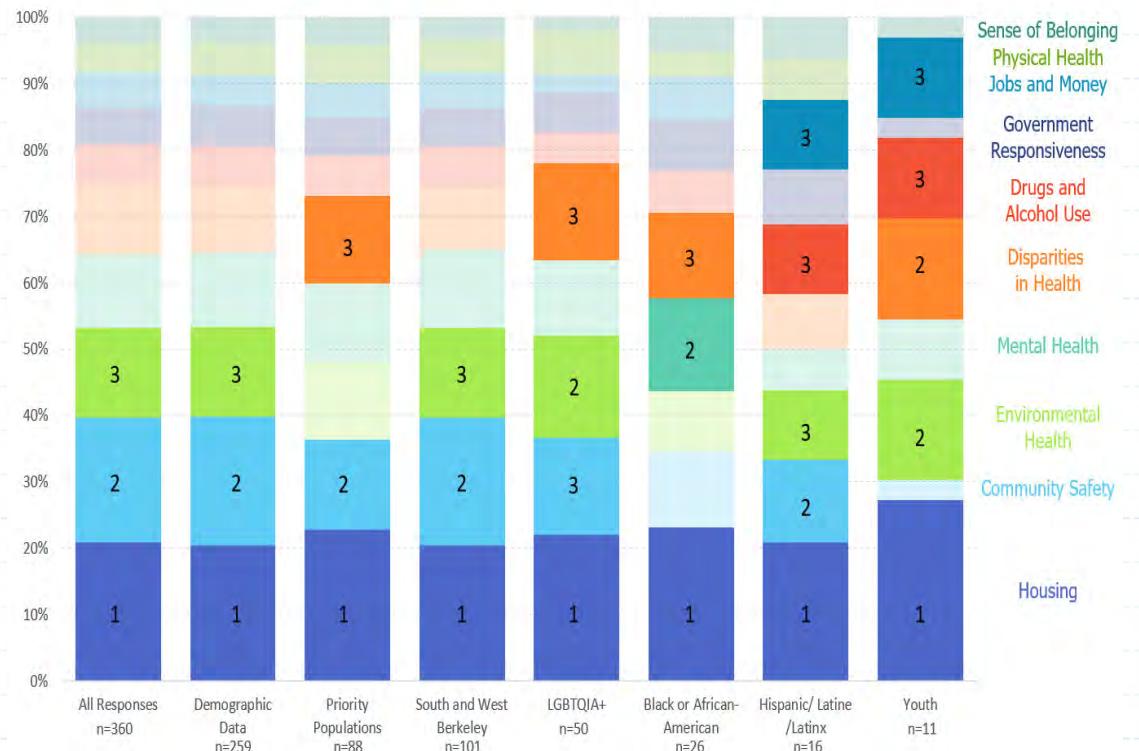
DIFFERENT PERSPECTIVES

Based on survey data and input from focus groups and interviews, it is clear that members of identified priority populations view their own health and the health of their communities differently from other Berkeley residents. For example, of the ten health topics (See Table 1), mental health ranked as the second highest priority for African American survey respondents, but it did not make the top three in the overall survey results. Similarly, drugs and alcohol use ranked among the top three priorities for both Hispanic/ Latine/ Latinx respondents and youth respondents, yet it fell into the bottom half of priorities in the overall results. Disparities in health was another high-ranking concern among priority populations, placing third for African American respondents and LGBTQIA+ respondents and tying for second among youth, but it fell outside the top three in the overall rankings (See figure 6).

“As a person of color and minority, I have experienced or know others who have experienced worse living conditions or limitations in access to health and resources because of socioeconomic factors in which race plays an important role, historically speaking.”

- COMMUNITY SURVEY RESPONDENT

FIGURE 6: Community Survey Responses by Population



Differences are also reflected in responses to other community survey questions. For instance, 20% fewer youth agreed with the statement “Berkeley residents have access to resources necessary to be healthy” compared to the overall survey results. Similarly, nearly 40% fewer African Americans agreed with the statement, “Overall, I’m satisfied with my quality of life [health, comfort, happiness] in Berkeley.”

FINDING 3

Health is connected to where people live

Berkeley has neighborhoods with distinctive geographic, architectural, and cultural features that elicit strong feelings of connection from residents. However, some neighborhoods in the city face greater health challenges than others. South and West Berkeley residents, in particular, experience worse health outcomes and face more environmental hazards compared to those in the North and East, underscoring the importance of addressing geographic inequities to improve community health.⁷

LIFE EXPECTANCY

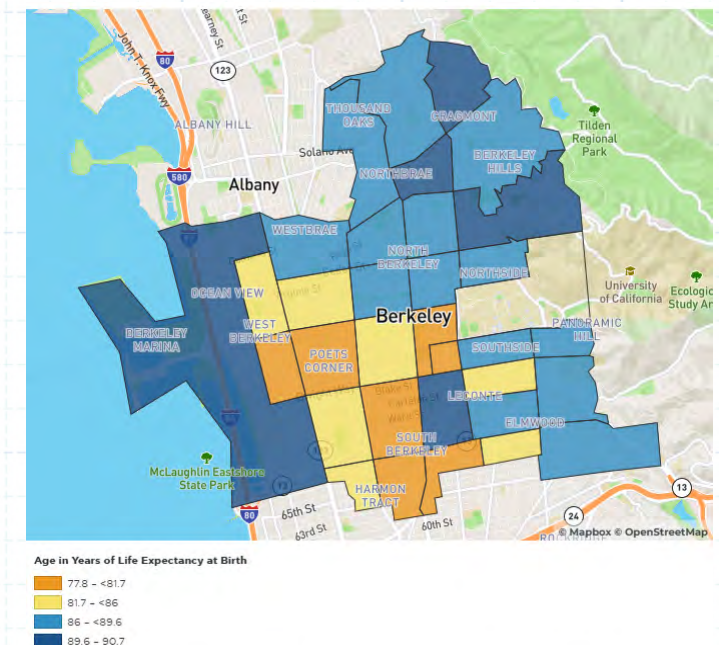
The average Berkeley resident can expect to live to age 86 (see Figure 4), an impressive number that reflects the city's overall health. However, this longevity is not evenly distributed. Residents in the Berkeley Hills, where resources are more abundant, have the highest life expectancy in the city, with one census tract averaging 91 years. In contrast, residents in South and

West Berkeley face significantly shorter life expectancies; one tract averages just 78 years – a striking 13-year gap (see Figure 7).

“I live in a part of the city that sometimes feels as if it is not as well-resourced as other parts of the city, and I'd like to see a more equitable distribution of resources”.

- COMMUNITY SURVEY RESPONDENT

FIGURE 7: Life Expectancy at Birth by Census Tract



Source: City of Berkeley Public Health Officer Unit, Epidemiology & Vital Statistics, US Census Bureau 5-year estimate 2019-2023

Note: Life expectancy for the census tract where the University of California, Berkeley campus is located is omitted because a very small number of people actually live in this census tract.

ENVIRONMENTAL RISK

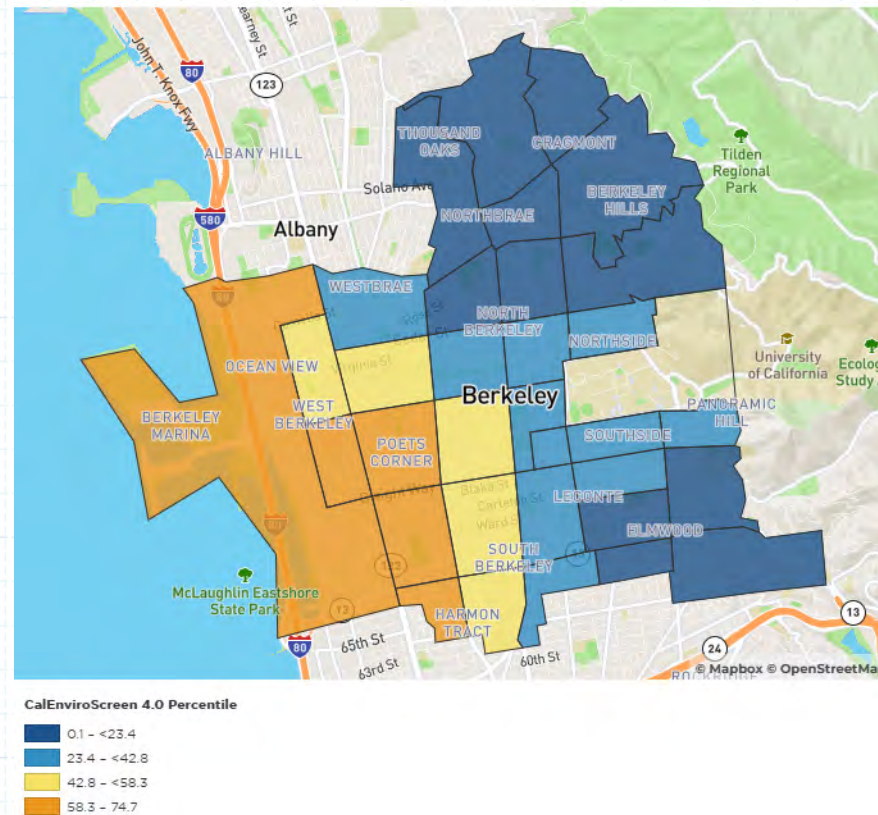
Berkeley faces significant environmental risks, which are unevenly distributed across the city and exacerbated by climate change. Areas in West and Southwest Berkeley are disproportionately burdened by pollution, including diesel exhaust from vehicles, toxic emissions from facilities, and hazardous chemicals from cleanup sites (see Figure 8). These areas experience higher rates of asthma-related hospitalizations compared to the rest of the city.⁸ Meanwhile, in the eastern, wealthier neighborhoods, residents face growing wildfire risks due to changing weather patterns and drier conditions.⁹

“Climate change is the number one collective issue impacting all of us. Low-income communities of color are disproportionately impacted and need support to be safe during these precarious times.”

- COMMUNITY SURVEY RESPONDENT

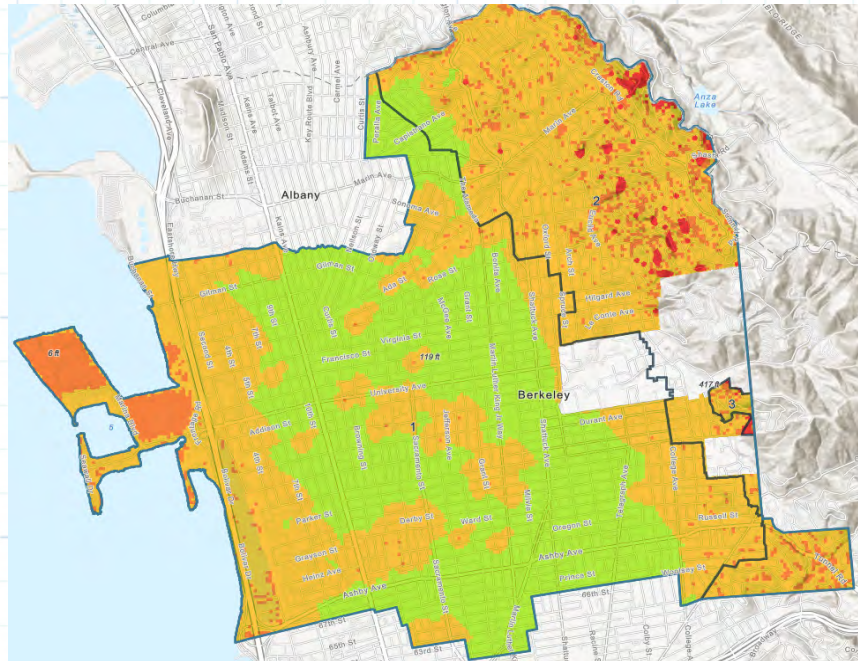
In addition to these localized hazards, Berkeley as a whole is increasingly affected by worsening air quality. Climate change has led to more frequent and severe wildfire seasons in California, causing spikes in particulate matter and “bad air days” that pose serious health risks for everyone, particularly children, the elderly, and those with pre-existing respiratory conditions. However, as highlighted throughout this report, some communities face greater risk due to social vulnerability, leaving them less equipped to withstand these environmental hazards (see Figure 9).

FIGURE 8: Environmental Hazard Vulnerability Percentile by Census Tract



Source: California Office of Environmental Health Hazard, CalEnviroScreen 4.0 2021
 Note: The CalEnviroScreen 4.0 percentile for the census tract where the University of California, Berkeley campus is located is omitted because there is a very small number of people that actually live in this census tract

FIGURE 9: Integrated Fire Hazard by Berkeley Fire Zones



Source: City of Berkeley's Community Wildfire Protection Plan (CWPP) Community Base Map, last updated 2023
 Note: The percentile for the census tract where the University of California, Berkeley campus is located is omitted because there is a very small number of people that actually live in this census tract

In the community survey, the environmental health topic emerged among the top three for both the general population and for many of the priority populations. It was ranked as the third most important topic area for South and West Berkeley residents and the Hispanic/ Latine/ Latinx community, and it emerged as the second most important topic for LGBTQIA+ and Youth respondents (See figure 6). Community survey respondents also highlighted climate change as a key area of concern and a desire for more efforts like the Climate Action Plan¹⁰ that reflect commitment to broader climate action.

“If you die in a fire or have your health ruined from breathing polluted air, the question of how much you enjoy living here becomes no longer relevant.”

- COMMUNITY SURVEY RESPONDENT

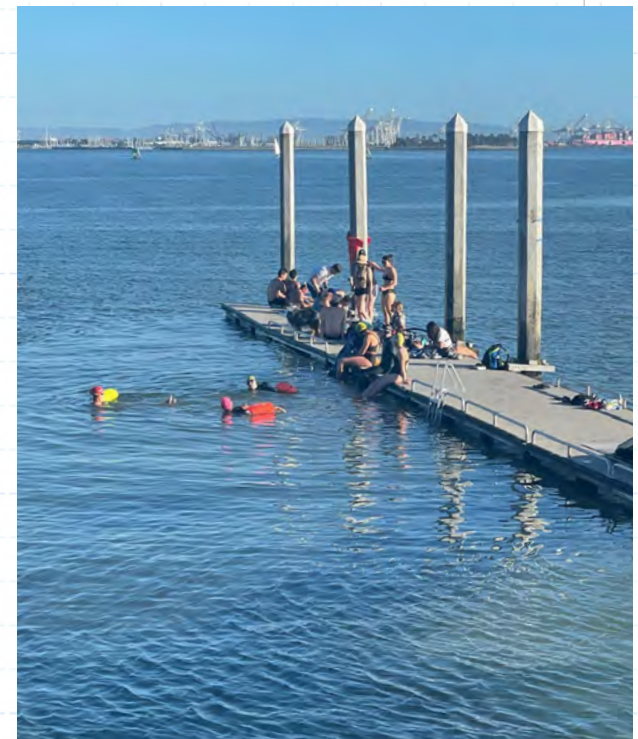
FINDING 4

More transparency and collaboration are needed to increase trust and effectiveness of health improvement efforts

Berkeley is known for a very active and participatory political culture. Robust debates and campaigns are not uncommon on a range of topics. There are more than 30 boards and commissions to guide aspects of public decision making. Berkeley is also one of only three cities in California to have a Public Health Department, along with Long Beach and Pasadena. This is intended to allow for more responsiveness to community needs. However, there are substantive concerns about capacity and follow-through when it comes to community collaboration.

“Even though Berkeley has some incredibly difficult bureaucracies to deal with... when you can make contact with an individual, you feel seen and heard and cared for, which is not what I've experienced in other cities in California”

- COMMUNITY INTERVIEW PARTICIPANT



CAPACITY

Most sentiments about city employees were positive, though there was a consistent thread about agencies and departments being understaffed, over-stretched, and operating in limited siloes. Community members referenced limited capacity and lack of collaboration specifically around mental health, a topic where residents see a lot of complexity and barriers to service. Barriers mentioned included limited coverage, the need for different providers depending on condition and severity, and lack of integration with physical health and other social services such as housing.

“If Multicultural Institute wasn’t here. If Berkeley Food Network wasn’t here offering the food to folks. If Lifelong wasn’t offering those services, who would be offering the services? Would the city have the capacity and the ability to offer services the way that our community organizations are able to offer it in a more appropriate way...the answer right now I think is no, right?”

- COMMUNITY INTERVIEW PARTICIPANT

Berkeley has diverse and strong Community Based Organizations (CBOs) that are deeply connected to communities. However, systems can be difficult to navigate for both clients and staff at these CBOs. Referrals across organizations of care require multiple steps and often organizations cannot share data with one another. Increased coordination with each other and the City would further their impact and efficiency. However, funding for developing and improving operations and collaboration is hard to come by.

PROCESS ACCOUNTABILITY

There are many planning and assessment processes underway at any moment in Berkeley. While seeking community input is an important step and intention, relationships are undermined when a process ends with simply identifying problems. Community members can feel frustrated and lose trust when they are not included in sharing power to design solutions or when there is little follow-up or communication about progress.

“A lot of requests are for the community to tell us your story and then in return, they feel like they don’t get anything so...there’s a feeling of hopelessness. If you’re gonna promise people things, at the very baseline deliver on that promise.”

- COMMUNITY INTERVIEW PARTICIPANT

PANDEMIC EFFECTS

The COVID-19 pandemic caused, or exacerbated, a wave of health, mental health, and social challenges that extended far beyond the direct deaths and illnesses it caused.¹¹ As one survey respondent put it, “Understand that all of us have PTSD from the pandemic.” Young people in particular are experiencing significantly higher rates of anxiety and depression.¹² For many, connections to neighbors and friends became a matter of life-or-death, especially for the most vulnerable, such as older adults, people with pre-existing conditions, and those who were unhoused. At the same time, the pandemic revealed both weaknesses and strengths in relationships between public agencies, CBOs, and the public. Efforts like rapid testing and masking protocols, brought these dynamics to light. Despite all the challenges, the pandemic taught some big lessons, like how important connection and resilience across systems are during extreme stress.



FINDING 5

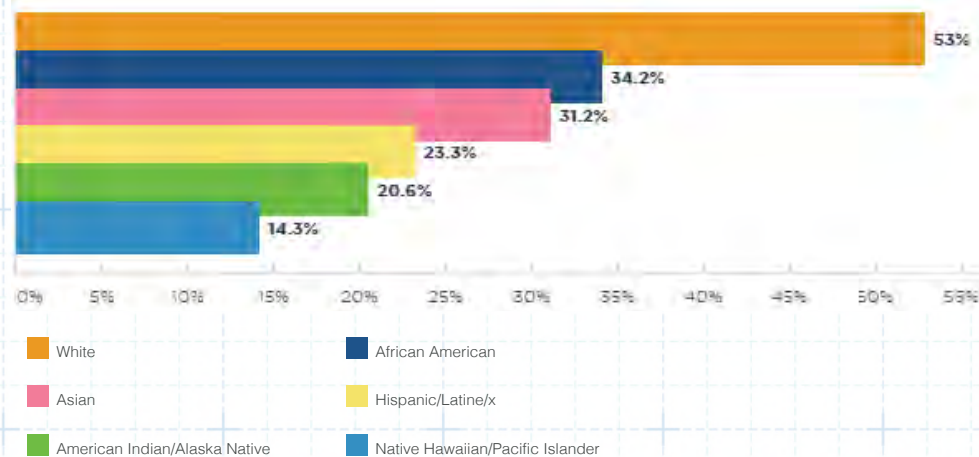
Berkeley is becoming a more difficult place for people to afford to live well

Berkeley residents feel strongly about their community and want their families to have the option to stay in the city. However, the high cost of living, particularly housing, has created a lot of stress, displacing long-time residents and forcing individuals and families to make difficult economic decisions. These decisions—like whether to prioritize spending on housing, utilities, food, or medicine—have profound impacts on health and wellbeing.

HOUSING AFFORDABILITY AND DISPLACEMENT

The rise in housing costs has significantly impacted Berkeley residents, forcing some to live in overcrowded conditions, move to other communities, or become unhoused. Displacement due to unaffordable housing can have serious health and social consequences, such as living in homes with health hazards, losing access to essential services, and becoming disconnected from communities of belonging.

FIGURE 10: Percent of Homeowners by Race/Ethnicity in Berkeley



Source: US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

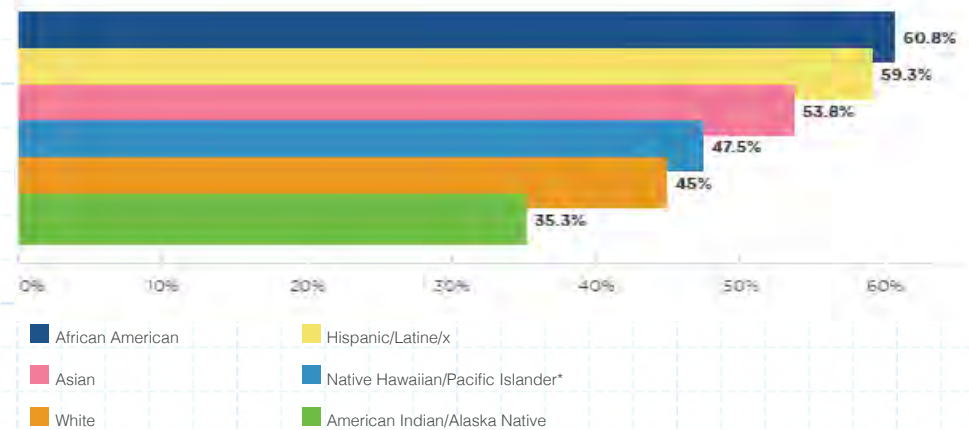
Importantly, rising housing costs have not affected all groups equally (see Figure 11). White residents, for example, are much more likely to own homes than other racial and ethnic groups (see Figure 10). This inequity is particularly felt by Berkeley’s African American population, which has declined by more than 50% over the past 50 years.¹³ Today, African Americans make up just 7.5% of the city’s population but account for over 40% of its unhoused residents. For African American residents who are housed, many face significant housing challenges, with the majority renting their homes (66%) and struggling to afford them. Over 60% of African American renters in Berkeley are considered housing cost burdened, meaning they spend more than 30% of their income on rent (see Figure 11).

UC Berkeley students, who account for a large share of the city’s renters, also face challenges, with 10% of undergraduate and graduate students reporting being unhoused due to the high cost of living and education expenses.¹⁴

“There have been several people that I’ve met who are living in a car or staying with friends living on a couch, and if you don’t have secure housing and food, you can’t have good mental health. You can’t have good health. You’re stymied from the beginning.”

FOCUS GROUP PARTICIPANT

FIGURE 11: Percent of Berkeley Households Paying More Than 30% of Their Income for Rent by Race/Ethnicity



Sources: US Department of Housing and Development, *Comprehensive Housing Affordability Strategy Data 2017-2021*

*Due to the small number of households that identify as Native Hawaiian/Pacific Islander, the percent shown for this race are based on data for the entire state of California.

Individuals who do not have stable housing have much worse physical and mental health outcomes and also affect the overall health of the city by overtaxing systems and services. While the city recently reported significant improvements¹⁵ in the number of unhoused individuals, the reality for those lacking shelter remains grave. Housing emerged as the top issue for both the overall survey respondent pool and for all five priority populations.

“Berkeley has so much affluence, but resources are not equitably distributed. I have seen many families of color leave my area in South Berkeley because the rent became too high to afford. Better public services and more affordable housing could allow people to stay in Berkeley.”

- COMMUNITY SURVEY RESPONDENT

INCOME INEQUALITY

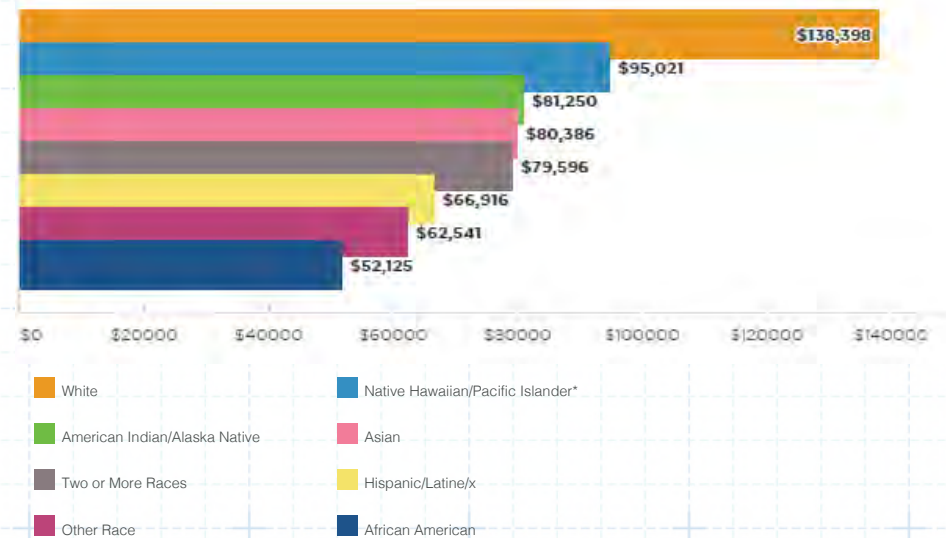
Median household income, a key measure of economic stability that is highly correlated with home ownership, is just under \$105,000 for the city overall; well above the median for the state (\$92,000) and the nation (\$75,000). However, this overall number masks significant disparities: when disaggregated by race and ethnicity, we see the median household income for African American households is \$52,000, not even half that of the citywide median (see Figure 12).

“We’re going on strike because we’re not getting paid salaries that are livable anymore. A lot of teachers are on strike as well because the wages aren’t affordable. No one could afford to live in Berkeley anymore. It’s a reality, right?”

- FOCUS GROUP PARTICIPANT

The median for Hispanic/Latine/Latinx households (\$67,000) is also much lower than the average. Much like life expectancy, median household income in Berkeley varies significantly by geography. Census tracts in the Berkeley Hills report the highest median household income levels (more than \$200,000) while census tracts in South Berkeley and West Berkeley report the lowest levels (less than \$100,000).¹⁶ In the community survey, the topic of jobs and money was near the bottom for the overall population, but it was ranked as the third most important topic by two priority populations: Hispanic/Latine / Latinx and Youth.

FIGURE 12: Median Income of Berkeley Households by Race/Ethnicity



Source: US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

*Due to the small number of households that identify as Native Hawaiian/Pacific Islander, the percent shown for this race are based on data for the entire state of California.

There is a deep emotional component that underlies these statistics. The influx of white and affluent residents, that many describe as gentrification, threatens the character and long-standing narrative of Berkeley as home to an economically thriving Black and Brown community at the forefront of social movements.¹⁷ Although the toll of displacement is hard to measure, there is not only a need to prevent displacement but to remember the stories of the communities that shaped Berkeley into the place that so many people hold dear.

FINDING 6

Connection and safety are essential for supporting mental and physical wellbeing

Community safety ranked just behind housing in the community survey. Notably, the two highest-ranking topics are not directly related to health or within the jurisdiction of public health agencies. This suggests that members of the Berkeley community are thinking broadly about what determines health and how to achieve wellness. The responses to the survey and discussions in our focus groups and interviews about safety reflected a focus on reducing crime but also on reducing stress and creating spaces where people from diverse backgrounds can come together to build connections.

The violent crime rate in Berkeley has fluctuated over the years but has remained lower than rates in Alameda County, while rates of non-violent crime are consistently higher in Berkeley than the county as a whole (see figures 17 & 18). Crime, particularly violent crime, spiked upwards across the country during the COVID 19 pandemic and has since declined sharply. The city is in the midst of an extensive, community-involved process to reimagine public safety¹⁸ that includes holistic framing of safety and connection similar to this report.

“[I prioritized Community Safety because] I think it can be an indicator of community wellness. No, I do not think we need more police, nor do I think they need more funding. But I would love to see more funding for social services, including providing housing security for our unhoused residents.”

- COMMUNITY SURVEY PARTICIPANT

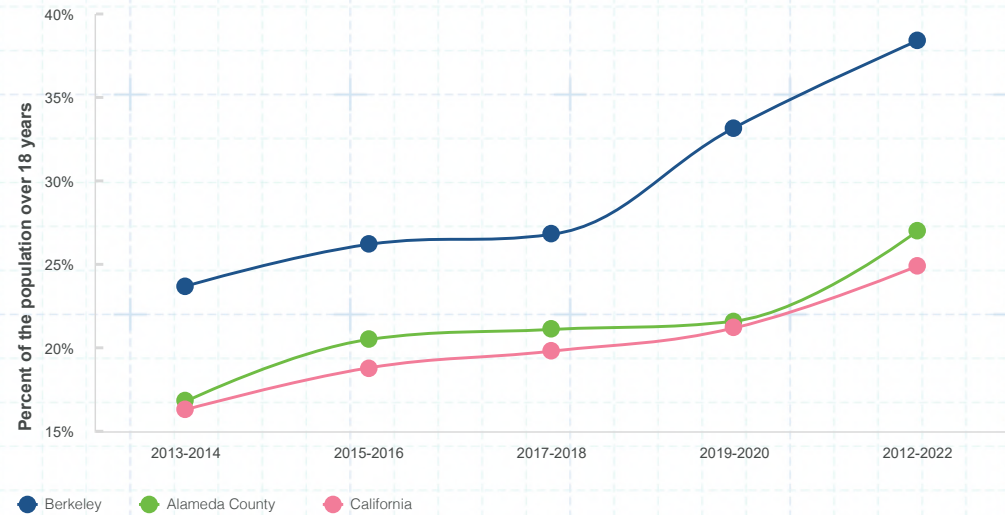
MENTAL HEALTH AND CONNECTEDNESS

Mental Health emerged as a significant concern, ranking as the fourth highest priority in the overall survey and the second-highest priority among African American respondents. Many participants correlated their mental health with feelings of safety and community connectedness and belonging. In addition, responses reflected a desire for responses that address a range of mental health issues from anxiety and loneliness to serious and persistent illness as well as the need for more mental health services that accept insurance and are culturally responsive. As with other issues discussed previously, there are significant disparities by race for mental health issues and service utilization (see Figure 14).

“When folks feel like they are part of a community, they’re happier, they feel more included. They feel overall better.”

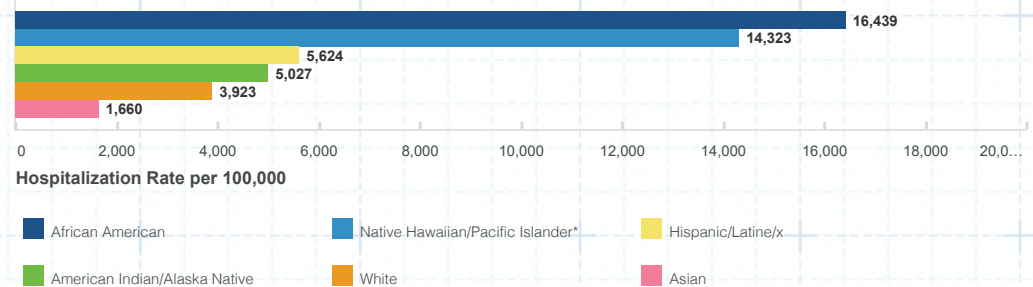
COMMUNITY INTERVIEW PARTICIPANT

FIGURE 13: Percent of Residents 18 Years Old+ that Needed Help for Mental Health Problems



Source: University of California, Los Angeles, California Health Interview Survey, Neighborhood Edition

FIGURE 14: Rate of Mental Health Related Hospitalization Among Residents 18 Years old+ by Race/Ethnicity in Berkeley



Source: California Department of Health Care Access and Information, Hospitalization Data 2020-2022, Esri Demographics 2020-2022

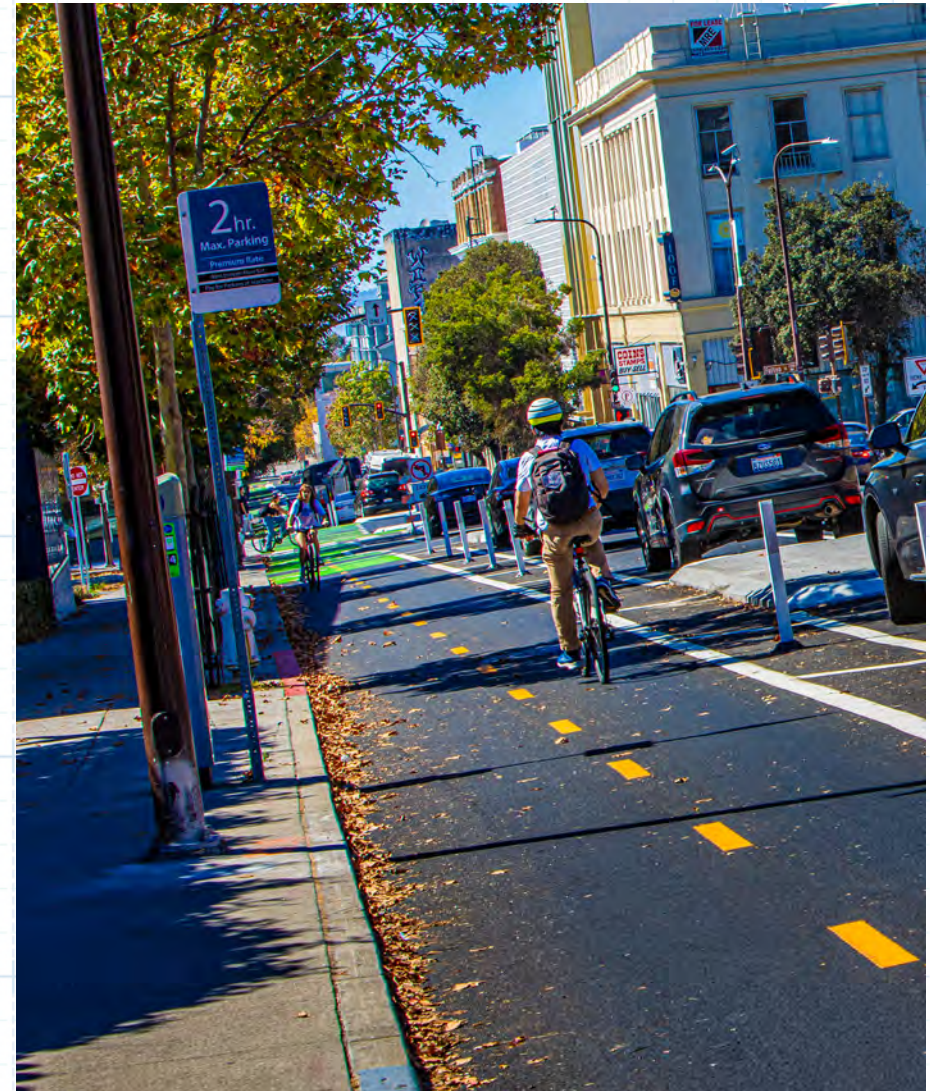
Note: Due to the small number of hospitalizations among residents 18 and older that identify as Native Hawaiian/Pacific Islander, the percent shown for this race are based on data for the entire state of California.

LGBTQIA+ SAFETY

Participants shared particular concerns about the health and safety of the LGBTQIA+ community, especially the mental health and personal safety of LGBTQIA+ youth. Young people who identify as LGBTQIA+ experience higher rates of attempted suicide, depression and anxiety. There are very few programs that provide mental health services to this demographic. Existing services may also not be set up to meet the specific needs of LGBTQIA+ people. For example, individuals who identify as nonbinary and/or trans may experience unsafe situations when seeking stable housing due to programs that separate based on male and female identities.

“[LGBTQIA youth have] over 120% higher chance of being unhoused than non-queer youth. Youth may feel the need to do survival sex work...LGBTQIA youth are at risk, they are a population that is not prioritized in funding...I want to see LGBTQIA youth prioritized as a population.”

- COMMUNITY INTERVIEW PARTICIPANT



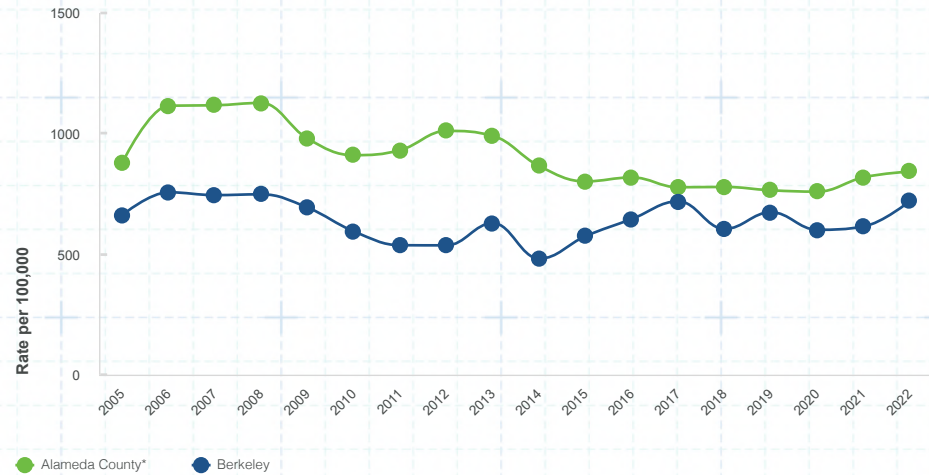
DIVERSE PERSPECTIVES ON SAFETY STRATEGIES

There are a range of ideas about how to improve safety in Berkeley including support for expanded resources for the Berkeley Police Department, a focus on community connected law enforcement, diversion of police resources into alternative response models, a focus on improving traffic safety, and a recognition that safety is connected to a number of other issues, like housing, economic security, and belonging. As noted above, many participants in this assessment discussed safety in terms of both physical and psychological effects and also in terms of individual, neighborhood and systems level solutions.

“... when we actually center connection and belonging as a public health matter, we can see that the community starts healing itself.”

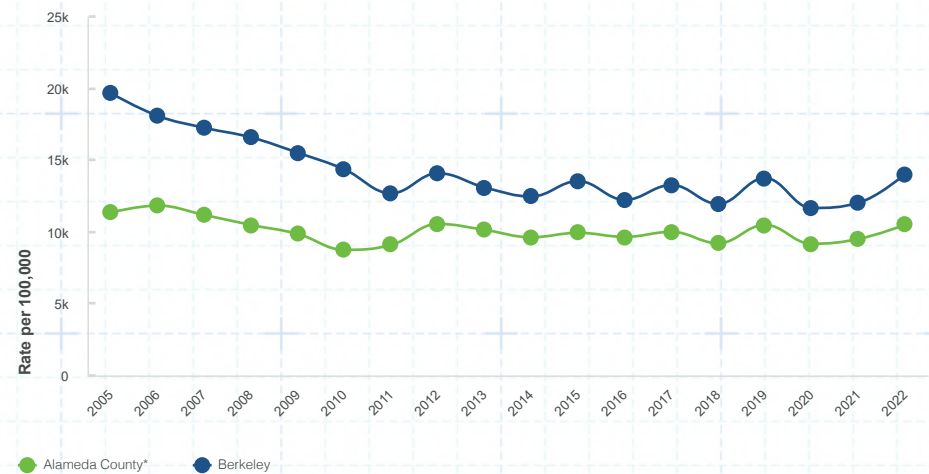
- COMMUNITY INTERVIEW PARTICIPANT

FIGURE 15: Rate of Violent Crimes



Source: State of California Department of Justice, OpenJustice Data Portal, Esri Demographics 2005-2022 *Estimates are for Alameda County excluding Berkeley

FIGURE 16: Rate of Non-violent Crimes



Source: State of California Department of Justice, OpenJustice Data Portal, Esri Demographics 2005-2022 *Estimates are for Alameda County excluding Berkeley



Conclusion

Berkeley is considered a great place to live, start a family, and grow old. Its physical and social environments make it a unique small city. However, there is still work to do to ensure that Berkeley is a place where all people thrive. The priority populations that were identified during the CHA process deserve particular focus and investment in order to advance and achieve health equity.

Participants in the CHA process expressed desire that the city of Berkeley provide sustainable investments to improve services, center community voice in non-extractive ways, encourage collaboration across community organizations, and work to change harmful systems.

Although the challenges are significant, with commitment and thoughtful allocation of resources, the Berkeley community can improve the ability of all residents—regardless of factors such as neighborhood, race, ethnicity, sexual orientation and gender identity— to live healthy, fulfilling lives.

Endnotes

- 1 National Neighborhood Data Archive (NaNDA): Parks by Census Tract, United States, 2018 <https://www.openicpsr.org/openicpsr/project/117921/version/V1/view>
- 2 “National Walkability Index.” 2021. United States Environmental Protection Agency. <https://epa.maps.arcgis.com/home/webmap/viewer.html?useExisting=1>.
- 3 California Department of Health Care Access and Information (HCAI), Patient Discharge Data 2020-2022 (for hospitalization rates), and the California Department of Public Health, California Comprehensive Death File (2020-22) (for death rates and YPLL).
- 4 Boyd, Rhea W., Edwin G. Lindo, Lachelle D. Weeks, and Monica R. McLemore. 2020. “On Racism: A New Standard For Publishing On Racial Health Inequities.” Health Affairs. <https://www.healthaffairs.org/content/forefront/racism-new-standard-publishing-racial-health-inequities>.
- 5 Arreguín, Jesse. 2023. “Berkeley Council Adopts Housing Preference Policy as Redress for Redlining & BART Construction.” Mayor Jesse Arreguín. <https://www.jessearreguin.com/press-releases/2023/7/24/berkeley-council-adopts-housing-preference-policy-as-redress-for-redlining-amp-bart-construction>.
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- 10 Klein, Jordan. 2022. “Climate Action Plan and Resilience Update”. City Council Report. <https://berkeleyca.gov/sites/default/files/documents/2022-11-29%20Item%2016%20Climate%20Action%20Plan.pdf>
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- 13 Fozi C, Roseborough V, Lin A. Black exodus from Berkeley. Daily Cal Projects, February 2022. <https://dailycal-projects.netlify.app/2022-01-21-exodus>
- 14 UC Office of Planning and Analysis, Housing Survey Findings, https://housing.berkeley.edu/wp-content/uploads/HousingSurvey_03022018.pdf.
- 15 Yelimeli, Supriya. 2024. “Homeless count shows 45% drop in unsheltered people in Berkeley.” Berkeleyside. <https://www.berkeleyside.org/2024/05/15/homeless-count-shows-45-drop-in-unsheltered-people-in-berkeley>
- 16 ACS 2018-2022 5 year estimates.
- 17 Truly CA. “Welcome to the Neighborhood”. 2018. PBS. <https://www.pbs.org/video/welcome-to-the-neighborhood-truly-ca-zag6fb/>
- 18 City Manager’s Office. 2024. “Reimagining Public Safety”. City of Berkeley. <https://berkeleyca.gov/sites/default/files/documents/Reimagining%20Public%20Safety%20Fall%202024%20Update.pdf>

APPENDICES

Appendix A: Berkeley Health Profile

Appendix B: Methodology

Appendix C: Community Steering Committee Members and Bios

Appendix D: Participating Organizations

Appendix E: Principles

Appendix F: Qualitative Data Findings

Appendix G: Survey Findings

APPENDIX A: BERKELEY HEALTH PROFILE

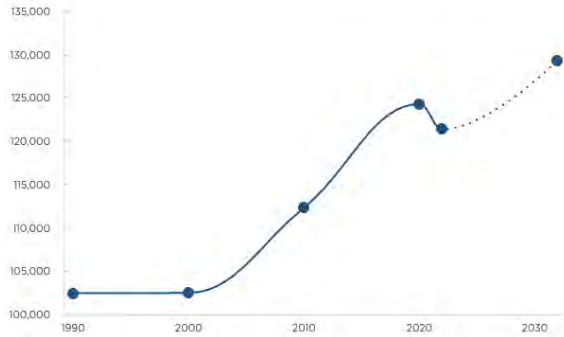
This section includes a selection of data points relevant for understanding the landscape of wellness in Berkeley.

Demographics

The population of the City of Berkeley continues to grow. Close to half (48%) of Berkeley's population identifies as a race other than white.¹ Approximately one-third of Berkeley's overall population are students and staff associated with the world-renowned University of California, Berkeley.² Over 20% of the population are immigrants that speak a number of different languages (Spanish, Indo-European languages, languages from Asia and the Pacific Islands, etc.). The population is clustered by race/ethnicity and socioeconomic status across the city map.

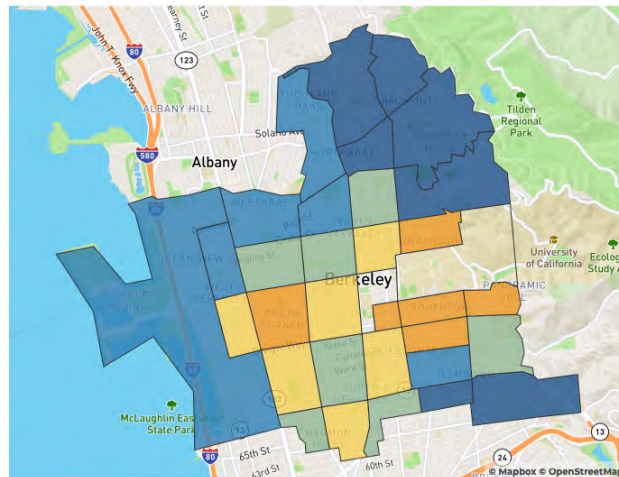
¹ US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022
² University of California, Berkeley, Office of Planning and Analysis Quick Facts 2024; US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

Berkeley's population is projected to continue to grow over the next decade



Source: US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

Northeast Berkeley Residents Have Higher Median Household Income

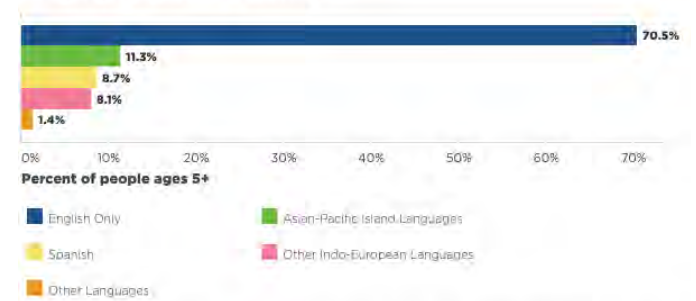


Median Household Income

- \$26,056 - <\$69,717
- \$69,717 - <\$93,750
- \$93,750 - <\$124,583
- \$124,583 - <\$171,583
- \$171,583 - \$247,171

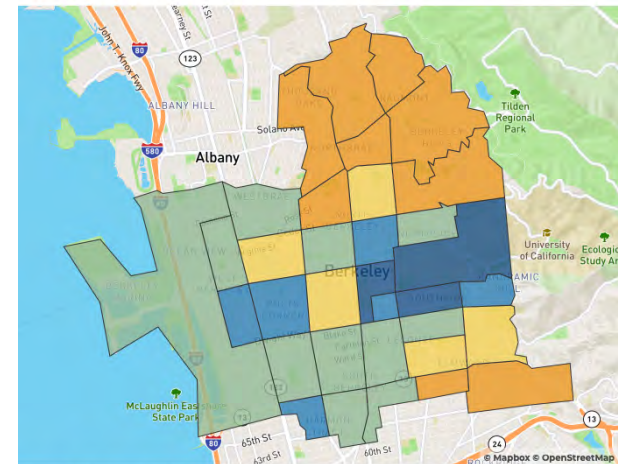
Source: US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

Languages Spoken in Berkeley



Source: US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

Higher Concentrations of People of Color in West, Central, and South Berkeley



Percent of the Population that are People of Color

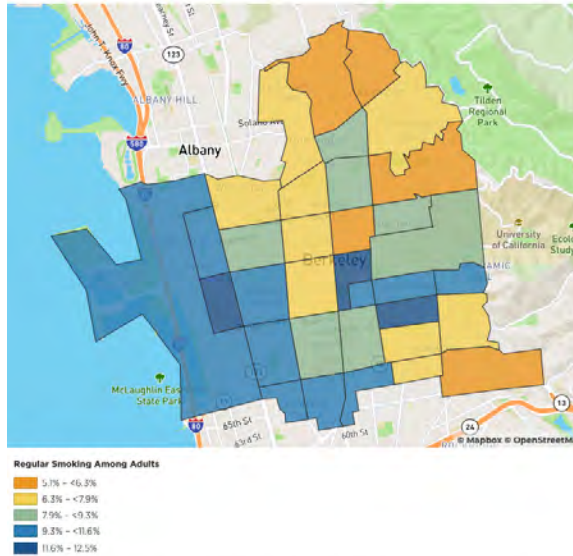
- 18.5% - <34.7%
- 34.7% - <45.3%
- 45.3% - <58.7%
- 58.7% - <70%
- 70% - 72.3%

Source: US Census Bureau, American Community Survey Data, 5-year estimates 2018-2022

Behaviors

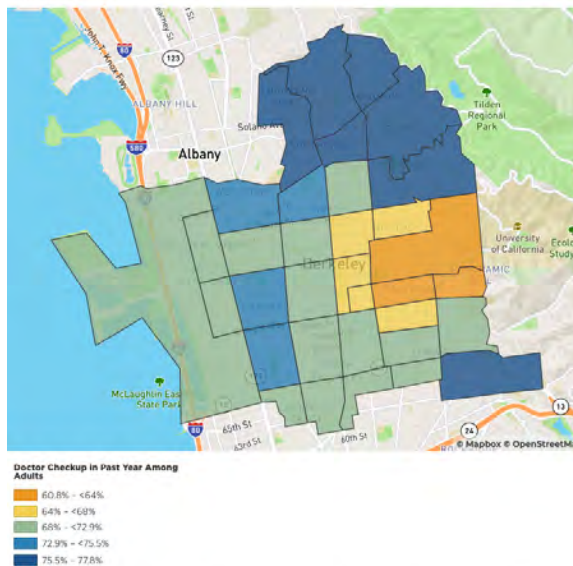
Differences in socioeconomic status and other social determinants of health affect the health behaviors of people. People with less resources have been found to be more likely to smoke tobacco, be less physically active, and are less likely to attend routine, preventative medical check-ups than people with more resources. In Berkeley, disparities in socioeconomic status are across different races and ethnicities, which correlate to the disparities seen geographically.

Higher Smoking Rates Amongst Adults in West, South, and Central Berkeley



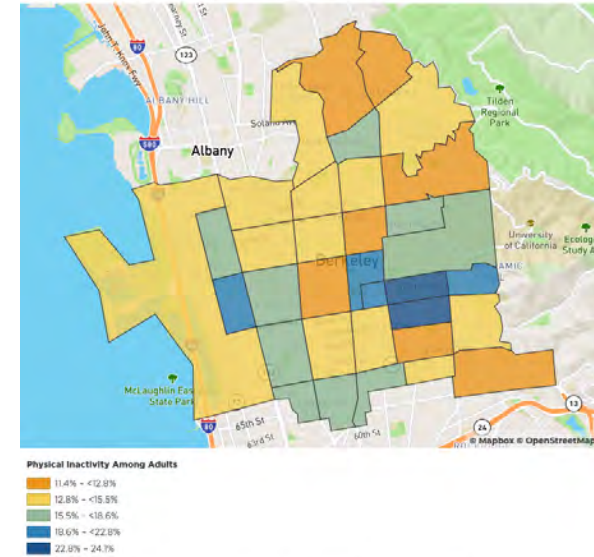
Source: Centers for Disease Control, Behavioral Risk Factors Surveillance System PLACES 2022

Lower Doctor Visit Rates amongst Adults in West, Central, and South Berkeley



Source: Centers for Disease Control, Behavioral Risk Factors Surveillance System PLACES 2022

Lower Exercise Rates in West, South, and Central Berkeley



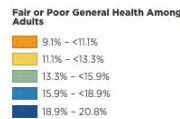
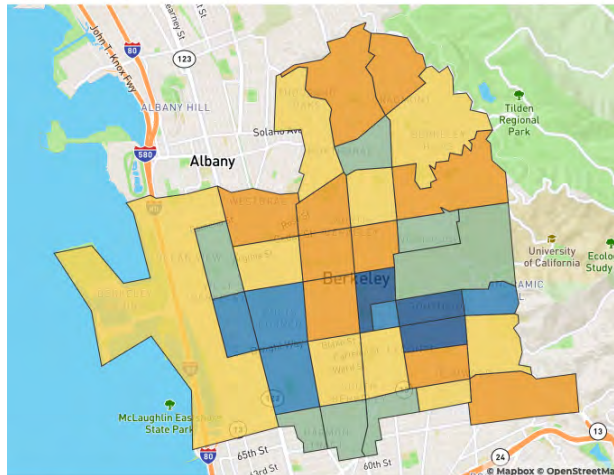
Source: Centers for Disease Control, Behavioral Risk Factors Surveillance System PLACES 2022

Note: Physical Inactivity represents the proportion of adults who report no physical activity outside of work in the past month.

Health Outcomes

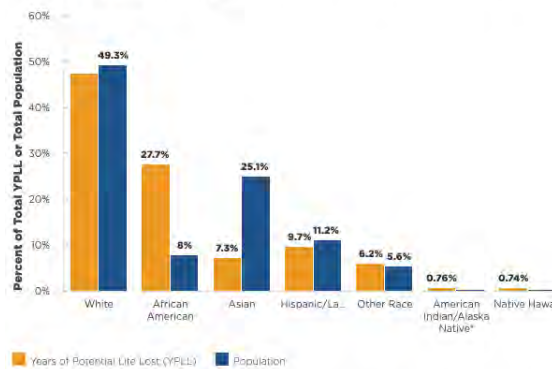
Disparities in resources and health behaviors result in impacts on health outcomes. More adults in West and South Berkeley report fair or poor general health than in other parts of the city. Rates of asthma are higher in West, Central and South Berkeley. Death rates from all types of cancer are different among the different racial and ethnic groups in Berkeley, with African Americans experiencing the highest mortality rates from cancer. Overall, African Americans suffer a disproportionate number of years of potential life lost.

Higher Percent of Adults in Fair or Poor General Health in West and South Berkeley



Source: Centers for Disease Control, Behavioral Risk Factors Surveillance System PLACES 2022

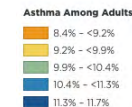
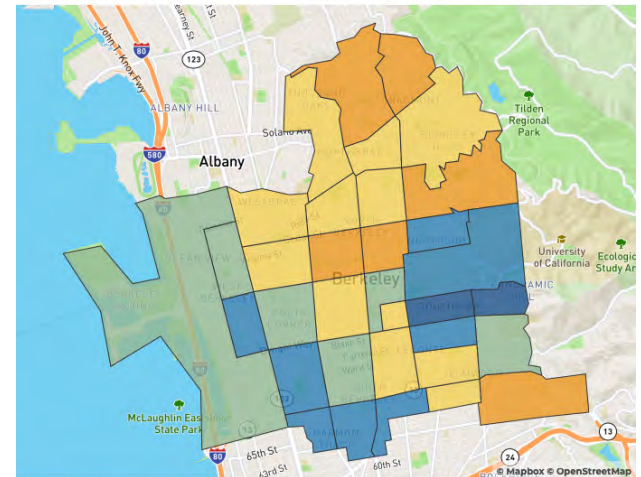
African Americans in Berkeley Experience a Disproportionate Number of Years of Potential Life Lost



Source: City of Berkeley Public Health Officer Unit, Epidemiology & Vital Statistics, 2020-2022; US Census Bureau, 2020-2022; California Department of Public Health, California Community Burden of Disease and Cost Engine, 2020-2022

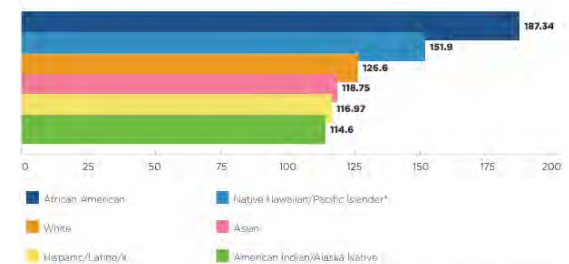
* Due to small number of deaths, estimates of years of potential life lost for American Indian/Alaska Native and Native Hawaiian/Pacific Islander are based on data for the entire state of California.

Higher Rates of Adult Asthma in West, South and Central Berkeley



Source: Centers for Disease Control, Behavioral Risk Factors Surveillance System PLACES 2022

Higher Rates of Cancer Deaths Among African American Residents in Berkeley



Source: City of Berkeley Public Health Officer Unit, Epidemiology & Vital Statistics, 2020-2022; US Census Bureau, 2020-2022; California Department of Public Health, California Community Burden of Disease and Cost Engine, 2020-2022

* Due to small number of deaths due to cancer, estimates for Native Hawaiian/Pacific Islander are based on data for the entire state of California.

APPENDIX B: METHODOLOGY

Formation of the Community Steering Committee

To ensure that the Berkeley Wellness Blueprint is a community-driven process, the JSI team assembled a community steering committee (CSC). CSC members are expected to:

- Attend regular meetings for the duration of the project
- Provide feedback on the design of the CHA and CHIP process
- Review materials that will be distributed to the community
- Support in prioritizing action items for the CHIP
- Help to identify and connect with community members and organizations to participate in interviews and focus groups
- Help develop data collection tools such as the questions that are asked during an interview or focus group
- Lead or co-lead community engagement activities, such as focus groups or community listening sessions

Recruitment

An open application was used to recruit CSC members, with flyers distributed both electronically and in public spaces throughout Berkeley (e.g., libraries, community organizations, parks, grocery stores). Over 60 applications were submitted. The eight members were selected based on several criteria: residency or employment in Berkeley; a demonstrated interest in Berkeley's health and wellness; experience with accessing, providing, or advocating for improved services or policies; diverse identities and backgrounds; and the capacity and availability to participate throughout the project. Additionally, two youth representatives were added to the CSC with assistance from the Youth Employment Program.

Acknowledging that each member would be making a significant time commitment, a stipend was given to either the individual or to the community-based organization they represent. Due to resource limitations, the CSC was only eligible to individuals who are comfortable communicating in English.

Qualitative Data Collection Plan

Through a codesign process with the CSC, four guiding questions emerged:

1. In what spaces do you feel cared for, seen, and loved?
2. How does lived experience and identity affect the way individuals interact and feel connected with(in) the Berkeley community?
3. What are the assets and challenges in the Berkeley community that affect health and wellness? And how can assets be used differently to address challenges?
4. What initiatives (existing or not) would help in achieving a vision of wellness for all Berkeley residents?

These guiding questions shaped engagement methods used for CHA, as well as questions to be asked during interviews and focus groups, and the analysis plan for the data collected.

Identifying Priority Populations

While it would have been ideal to engage with every group represented in Berkeley, this was not feasible. As a result, it became necessary to prioritize populations for the Community Health Assessment (CHA) data collection. CSC members, drawing on information from the landscape scan as well as their knowledge and experiences in Berkeley, were asked to:

- Define priority groups for CHA data collection
- Provide insights into the best ways to engage with each priority population
- Identify key locations and spaces for connecting with these groups
- Determine how to engage in a respectful, culturally relevant manner that fostered trust and avoided an extractive approach

Through this process, several priority populations were identified as disproportionately affected by health inequities in Berkeley. These included asylum seekers, immigrants, refugees, the Black community in South and West Berkeley, the Latinx/Latine community in South and West Berkeley,

and the LGBTQIA+ community. These perspectives were crucial to center in the CHA data collection, as they were likely to be most impacted by the recommendations emerging from the Community Health Improvement Plan (CHIP). In line with our commitment to health equity, the interviews and focus groups conducted during the CHA centered the voices of those facing the greatest challenges, our priority populations

Priority Populations

- Black/African Americans
- Latine/Latinx/ Hispanics
- LGBTQIA+
- Youth
- Residents in South and West Berkeley

We spoke to members of these communities along with staff from organizations who directly work with these groups.

Recruitment of CHA Interviewees and Focus Group Participants

After prioritization, the CSC and JSI team began recruiting individuals and organizations who either represented the priority populations or who worked closely with the priority groups. Existing relationships were crucial in recruitment. We conducted five individual interviews, 2 group interviews, and three focus groups.

Interviews were completed with community and nonprofit leaders as well as direct service providers. The three focus groups engaged priority populations and were completed in collaboration with nonprofit organizations based in Berkeley who have established relationships with and trust among community members. The focus groups took place with 1) the Pacific Center for Human Growth, the oldest LGBTQIA+ center in the Bay Area whose mission is to enhance the mental health and overall well-being of the LGBTQIA+ and QTBIPOC communities by providing culturally responsive therapy, peer to peer support groups, community outreach services, and facilitated workshops; 2) the Multicultural Institute, a nonprofit organization focused on accompanying immigrants in their transition to workforce participation and prosperity, and 3) the South

Berkeley Senior Center which offers a variety of enrichment activities and support services designed to empower seniors to learn, grow, and discover new ways to be actively engaged in living. This center also supports seniors living in prioritized geographic locations and the attendees are largely African American.

All focus group participants were given a \$50 gift card for their participation in the discussion and for filling out a demographic questionnaire. Organizations were provided with a \$200 gift card for their support in organizing and recruiting participants for the focus groups.

It is important to emphasize that, while the number of participants may seem small compared to the total population of Berkeley, the purpose of the interviews and focus groups, and qualitative data collection more generally, is to gain deeper insights into perspectives and experiences. Rather than seeking a large volume of responses, this approach aimed to explore the complexity and nuance of lived experiences of community members, particularly those from priority populations and individuals who work closely with them.

We also acknowledge that people hold multiple intersecting identities, which cannot be fully captured by a single checkbox. We encouraged participants to share any aspects of their lived experience they felt comfortable discussing, knowing that identity is multifaceted. Additionally, we recognize that one person's experience reflects their unique perspective and does not necessarily represent the views of everyone who shares a similar identity. Our goal was not to generalize but to gain a deeper, more nuanced understanding of the challenges and strengths within these communities.

Qualitative Data Analysis

Following interviews and focus groups, a team of three analyzed the notes and transcripts to identify a set of themes and sub themes that emerged (see table below). For example, if a focus group participant talked about how they feel appreciated and heard when they spend time in the senior center that quote was highlighted and coded as a community strength, sub-theme community organization.

All findings and coded passages were de-identified and quotes were presented in a way that did not directly attribute it to any participants. These major themes and de-identified quotes were then brought to two sense-making sessions, one with JSI

team members and the second with CSC members. The goal of the sense making sessions was to understand what story the data was telling and what major themes emerged. These sessions also informed and shaped aspects of the community survey.

Community Survey

The stories and insights that emerged during interviews and focus groups and internal sense making sessions were utilized to inform a community-wide survey aimed at assessing people's views on health and wellbeing in Berkeley. The goal of the survey was to receive input from the wider Berkeley community on their health status and recommendations on the priorities for the Community Health Improvement Plan (CHIP).

The CSC guided the development of the survey to ensure that the survey was accessible to the wider Berkeley community.

The survey had three main sections: Sentiment Statements, Focus Area Prioritization and Demographics (Appendix J). We collected extensive demographic data in order to disaggregate and analyze the responses from priority populations.

For the second section of the survey, respondents were asked to prioritize three out of ten areas as “the most important for the Berkeley Wellness Blueprint to focus on in order to improve community health and wellbeing in Berkeley.” These ten focus areas emerged from the Landscape Scan, interviews, focus groups and CSC consultation.

Community surveys provide valuable insights but have inherent limitations that can affect the representativeness and accuracy of results. One challenge is participation bias, as individuals who choose to respond may differ significantly from those who do not. Respondents are often people with more time, higher education levels, or stronger opinions, which can lead to an overrepresentation of certain perspectives.

Additionally, access and outreach barriers may prevent some groups - such as individuals with limited internet access, non-native speakers, or those with lower literacy - from participating. Even among those reached, survey fatigue can reduce response quality, with some participants choosing not to complete the survey and dropping off part way through.

For this survey, we had low engagement from some of the priority populations we had identified, meaning that key perspectives may be missing from the data. In particular, we struggled to reach non-English speakers and individuals identifying as Hispanic Latine/ Latinx. These limitations underscore the importance of using complementary methods, such as focus groups and interviews, to ensure representative and actionable insights.

APPENDIX C: COMMUNITY STEERING MEMBERS AND BIOS

Rosio Almaguer Andrade (she/they) Rosio works at Berkeley's Ecology Center focusing on food systems and is currently getting their master's in urban planning. They identify as a non-binary, Latinx first-generation college graduate who works with farmers market professionals as well as local government and community members to expand food access. Rosio views public health through the intersectional lens of food justice and urban planning and hopes the Community Steering Committee experience will give them the opportunity to continue their current avenue of work.

Penelope Collins (she/her) Penelope is a retired veterinarian who is currently on the Commission on Aging for the City of Berkeley and whose family has lived in Berkeley for generations. She currently lives in the South Berkeley house her grandparents built in 1929 and brings a deep understanding of Berkeley's history with hopes it can help inform the development of realistic wellness goals for Berkeley residents. Penelope doesn't want Berkeley to lose the magic she has experienced as a lifelong resident.

Michai Freeman (she/her) Michai is the Systems Change Advocate at the Center for Independent Living where she works to reduce barriers to accessibility and inclusion in community and public programs. She identifies as black woman with a physical disability, with experience in disability and health education, as well as wellness delivery services. Michai feels it is essential for people with disabilities to be involved in the Berkeley Wellness Blueprint, especially when it comes to community engagement.

JW Frye (he/him) J.W. is the Executive Director at Rebuilding Together East Bay Network where his work focuses on addressing health equity in housing and senior services through workforce development, opportunities for older adults, as well as intergenerational engagement and skill sharing. He believes there are ways to continue improving public health through uplifting the diverse lived experiences of Berkeley's residents. J.W. sees his background in public service as valuable to the Community Steering Committee to ensure any recommendations are informed by community members.

Kaitlyn (Kati) Khov (she/they) Kati is a transfer student at UC Berkeley majoring in urban studies who has experience in advocating for policy change and proposal writing. As a cancer survivor and member of the disabled and LGBTQIA+ communities, her goal for the Community Steering Committee is to work collaboratively to inform funding initiatives and development in disenfranchised communities. Kati's highest priority is to serve local communities in highly exposed areas facing displacement.

Isabella Ledezema (she/her) Isabella is a junior at Berkeley High and is also involved with Berkeley's Youth Equity Partnership with experience presenting deliverables to the city and school district. She is excited to be part of action oriented work to impact community health.

Matt Matusiewicz (he/him) Matt is a research analyst for the Division of Health Equity and Society in the Department of Medicine at the University of California, San Francisco. Drawing on his family's experiences and strength, Matt is dedicated to advancing the health and well-being of low-income and immigrant communities. Since 2019, he has been heavily involved with East Bay Sanctuary Covenant/Santuario in Berkeley, working to enhance the health and welfare of asylum seekers through comprehensive social, legal, and health services. As a graduate from UC Berkeley with experience in health and social service provision focused on housing, homelessness, and immigration, Matt is committed to supporting the Steering Committee in its mission to shape impactful policies that improve the well-being of Berkeley's residents.

Israel Nikodimos (she/her) Israel is a student at Berkeley High who also has been involved in Berkeley's Youth Equity Partnership is a volunteer at UCSF children's hospital shadowing doctors and seeing what it means to be heavily involved in medicine. She has participated in a numerous amount of services that help benefit my community such as black student union president and student council as well as read and reviewed grants to help fund our local programs that help benefit young children.

Claritza Rios (she/her) Claritza is a physician from South Berkeley who has experience providing care in emergency, internal, and palliative medicine. She identifies as an immigrant Latina as well as a member of the LGBTQIA+ community who wants to be able to "slam doors open for people," by being an agent of change towards health equity and becoming a voice for the oppressed. Claritza appreciates the importance of addressing health equity by tackling social determinants of health and advocating for better services and policies for her community.

Michael Rodriguez (he/him) Michael is a physician and the Executive Director of the California Alliance for Academics and Communities for Public Health Equity and currently resides in Berkeley's Oceanview neighborhood. As a bi-lingual, first-generation Latino American, he has experience providing health care for low income communities and people with mental illness. Michael has a passion for promoting health equity in his city and around the world.

APPENDIX D: PARTICIPATING ORGANIZATIONS

Pacific Center for Human Growth

Provides resources and services supporting and enhancing the mental health and well-being of LGBTQIA+ and QTBIPOC people.

Multicultural Institute

Provides resources and services for immigrant communities, particularly Hispanic/Latinx/Latine immigrants.

Healthy Black Families

Provides resources and services to support and uplift Black individuals and families in Berkeley

La Peña Cultural Center

Fosters and hosts cultural events, gatherings, and performances rooted in the Latin American and Caribbean diaspora.

East Bay Sanctuary Covenant

Provides programming to asylum seekers, refugee, and immigrant communities for legal, social, and advocacy services.

APPENDIX E: GUIDING PRINCIPLES FOR THE CHA

Principles

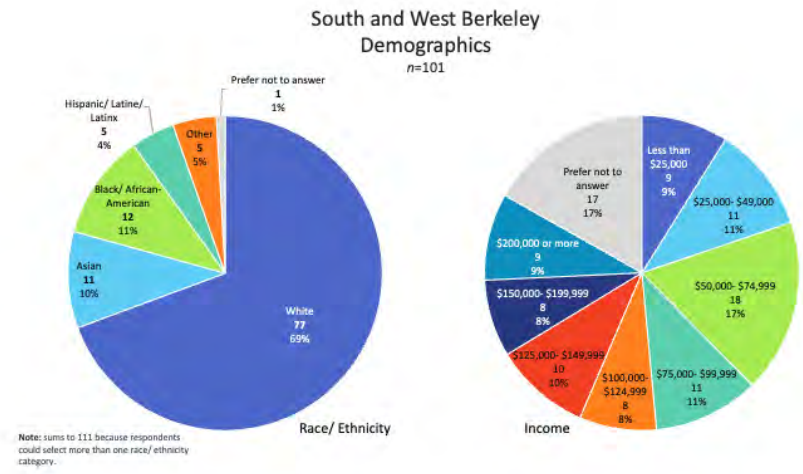
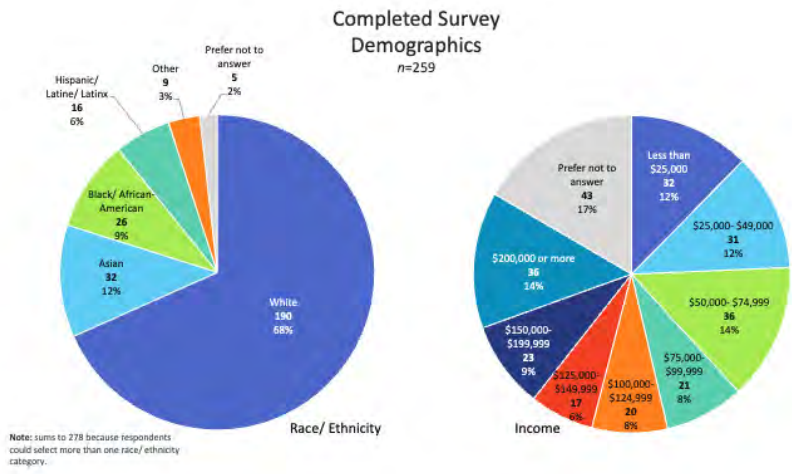
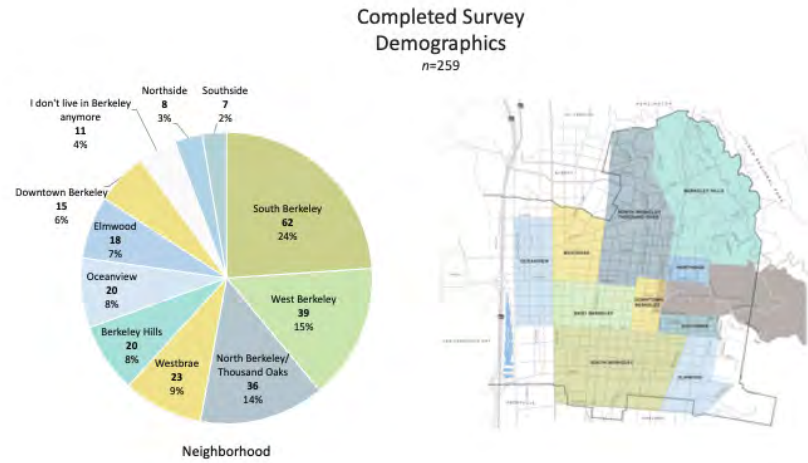
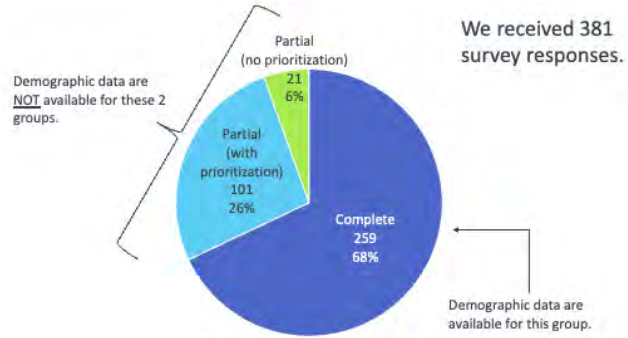
- Share and build from existing information: We aren't asking questions without providing relevant data (conclusions from other reports and assessments, quantitative data); qualitative data collection should help interpret quantitative information.
- Lead toward solutions: Qualitative processes should both expand understanding of needs/issues and point toward potential solutions; community perspectives should be centered throughout the CHA/CHIP.
- Emphasize balance between upstream and downstream perspectives: Questions and dialogues should make connections between health and safety outcomes and community and structural factors.
- Emphasize balance between asset and deficit perspectives: Assessment processes tend to focus on what is wrong; it is important to also identify community strengths as those can be instrumental to solutions.
- Acknowledge but don't be limited by resource and accountability constraints: Set realistic expectations for participants; some ideas are more readily actionable than others, but we want a genuine perspective on the issues that are shaping health in Berkeley.
- Strive for broad understanding: Bias and professional language can create barriers and misunderstandings; focus on deeply listening and providing space for arriving at shared meaning.

APPENDIX F: QUALITATIVE DATA FINDINGS

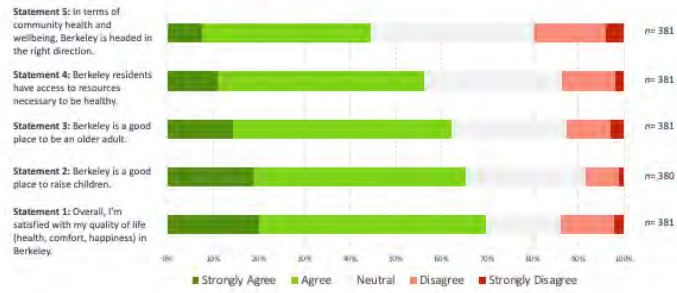
The table is a summary of the themes and findings from CHA data collection. This included focus groups (n=4), and community interviews (n=6)

Theme	Analysis from CHA Community Data Collection
Strength	In Berkeley, the physical environment is: Accessible and walkable/wheelable routes Nature: like Parks, Mountains, Water the environment as places of connection and acceptance
Strength	In Berkeley, community members Characteristics: Resilient, Passionate, Caring, Treat people well, Diverse, Welcoming Passionate and caring city leadership Build spaces of connection and networks of support Community activism
Strength	In Berkeley, Community Organizations Are helpful and kind Places where community members feel seen, heard, and understood Have a good amount of resources and services
Opportunity for Improvement	Jobs and Money in Berkeley Need for more access to jobs that pay a living wage Job training and placement services and supports High cost of basic necessities and services (food, transportation, healthcare)
Opportunity for Improvement	Housing in Berkeley People are having to live in overcrowded housing situations Low access to affordable housing Concerns about the health and safety of unhoused people Gentrification and displacement a topic of concern
Opportunity for Improvement	Mental Health in Berkeley Need for more access and affordability of mental health services Need for more availability of a range of services and supports that match community need Need efforts to destigmatize mental health issues Need more coordination across mental health, physical health, and other social services Stress and social isolation are connected to mental health
Opportunity for Improvement	Sense of Belonging in Berkeley Need for more safety and welcoming public spaces Need to create spaces where people come together and build connections
Opportunity for Improvement	Unsupportive Systems and Structures in Berkeley challenge around government accountability need for improved community engagement Lacking representation, discrimination and racism is prevalent

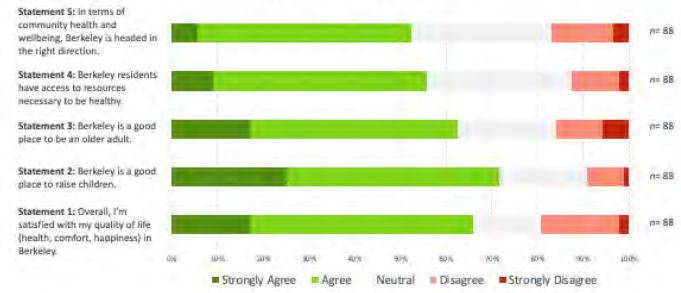
APPENDIX G: SURVEY FINDINGS



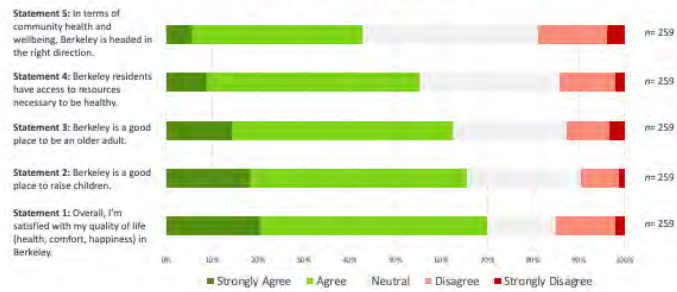
Responses to the Sentiment Statements



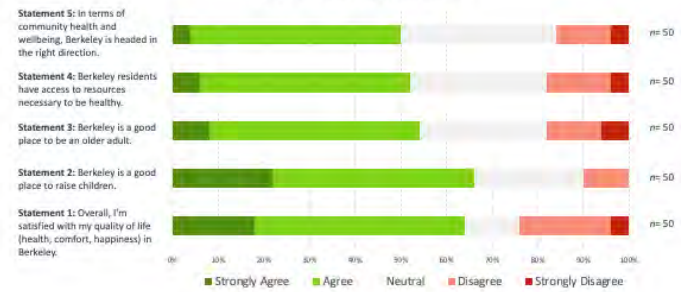
Priority Population Responses to the Sentiment Statements



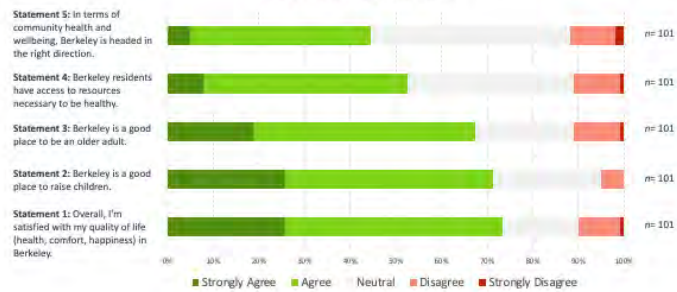
Demographic Data Responses to the Sentiment Statements



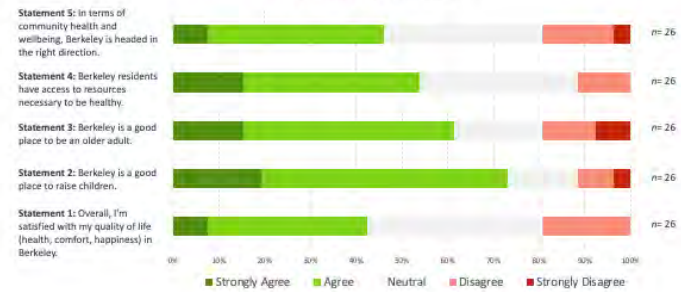
LGBTQIA+ Responses to the Sentiment Statements



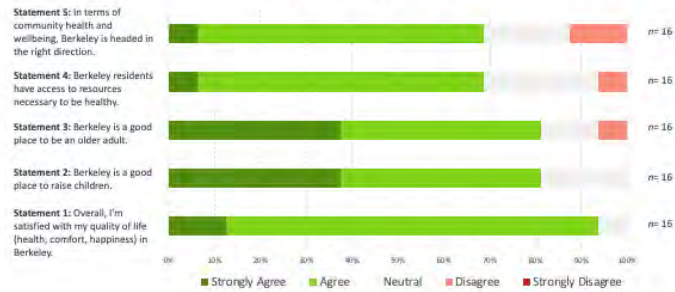
South and West Berkeley Responses to the Sentiment Statements



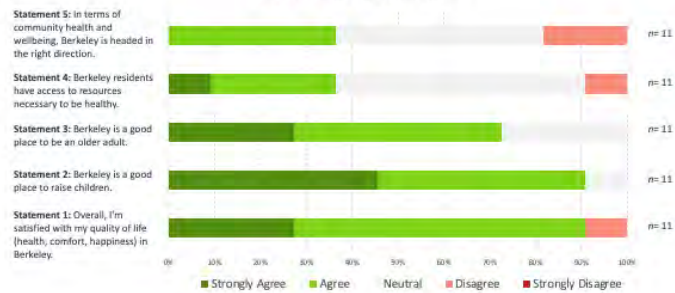
Black/ African-American Responses to the Sentiment Statements



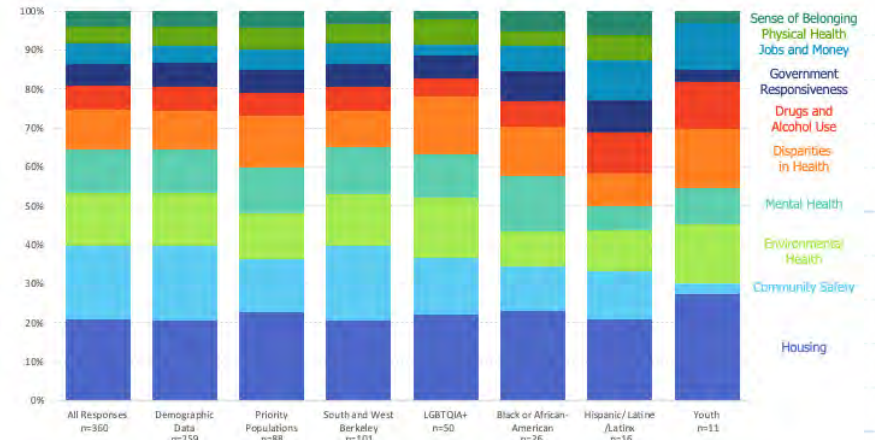
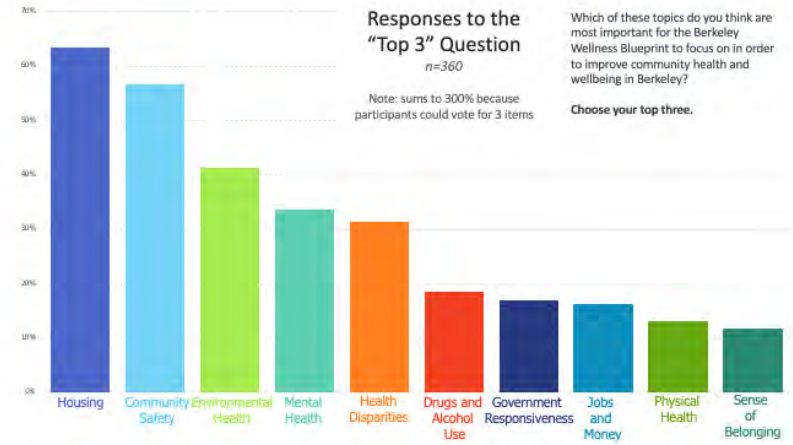
Hispanic/ Latine/ Latinx Responses to the Sentiment Statements



Youth Responses to the Sentiment Statements



Responses to the "Top 3" Question





BERKELEY WELLNESS BLUEPRINT

COMMUNITY HEALTH IMPROVEMENT PLAN

SEPTEMBER 2025

ACKNOWLEDGEMENTS

The development of this Berkeley Community Health Improvement Plan (CHIP) was made possible through the dedication, expertise, and collaboration of many individuals and organizations committed to advancing health and equity. Community members, advisory groups, commissions, community-based organizations, and city staff offered their insight, shared lived experiences, and contributed to shaping this vision for a healthier, more equitable Berkeley.

STAFF CONTRIBUTORS

Berkeley Health, Housing, and Community Services Department (HHCS)

Tanya Bustamante, Deputy Director

Janice Chin, Director, Public Health Division

Kellie Knox, Future of Public Health Coordinator

Patricia Zialcita, Supervising Epidemiologist

Catherine Roseman, Community Services Specialist III

JSI Research & Training Institute

Corina Pinto, Co-Project Director

Jeremy Cantor, Co-Project Director

Deanna Lewis, Project Manager

Alison Salomon, Technical Advisor

Hannah Young, Analyst



LAND ACKNOWLEDGEMENT

The City of Berkeley recognizes that the community we live in was built on the territory of xučyun (Huchiu (Hooch-yoon)), the ancestral and unceded land of the Chochenyo (Cho-chen-yo)-speaking Ohlone (Oh-low-nee) people, the ancestors and descendants of the sovereign Verona Band of Alameda County. This land was and continues to be of great importance to all of the Ohlone Tribes and descendants of the Verona Band. We acknowledge and honor the original inhabitants of Berkeley, the documented 5,000-year history of a vibrant community at the West Berkeley Shellmound, and the Ohlone people who continue to reside in the East Bay. We recognize that Berkeley's residents have and continue to benefit from the use and occupation of this unceded stolen land since the City of Berkeley's incorporation in 1878. As stewards of the laws regulating the City of Berkeley, it is not only vital that we recognize the history of this land, but also recognize that the Ohlone people are present members of Berkeley and other East Bay communities today. The City of Berkeley will continue to build relationships with the Lisjan Tribe and to create meaningful actions that uphold the intention of this land acknowledgement.

HHCS MISSION STATEMENT

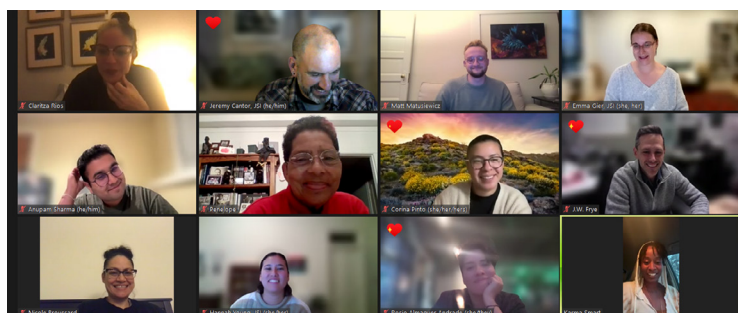
The mission of the Health, Housing, and Community Services department is to enhance community life and support housing, health, and wellness for all. Our vision is for all residents of Berkeley to be affordably housed, enjoy their best possible health, and receive the support they need to lead satisfying and productive lives.



COMMUNITY STEERING COMMITTEE

Conducting a Community Health Improvement Plan requires continued engagement with community, which came through working with the Community Steering Committee (CSC) to co-design not only this report but the process as a whole.

The members of the CSC brought such curiosity, creativity, and commitment throughout the CHA and CHIP process, ensuring that it was in fact a community-led project. With representation, accountability, and belonging being major themes in our project meetings, our work and relationship with the CSC has shifted our understanding of how to make community engagement meaningful for both city processes and community members.



"[I] want people to experience a healthy environment and feel safe, seen, and heard. [I] want people to treat community with respect, take care of it so we can live healthier lives."

- ISABELLA LEDZEMA

"People [should] feel listened to. A lot of times... people say they are excited to give feedback but when I've done it in the past it hasn't gone anywhere or it becomes something that's not something that my feedback was placed into and made an impact." - MATT MATUSIEWICZ

"Something isn't going to be different unless we do something different...the status quo is not working...this plan...is a step towards transformation, towards something different, towards true community power." - PENELOPE COLLINS

"CHAs/CHIPs can be used to uplift and articulate community concerns and needs and be used as a tool...what can I do to further that advocacy? My advocacy depends on the systems and my engagement with them." - MICHAEL FREEMAN

"What active roles can community members have...? Making the community voice more tangible [and] leaning into community voice as a principle." - JW FRYE

"I think what frustrates community members is when they hear about a project...it feels like the government is already starting on it without acknowledging community feedback..." - KATI KHOV

"What we want people to do is stay energized - hold people accountable." - CLARITZA RIOS

"This is one of the important times where this [CHIP] can be leveraged to do good with and for the community. It is about the people, because that's where the power is." - MICHAEL RODRIGUEZ



Health, Housing and
Community Services Department
Office of the Director

Dear Community,

I am thrilled to share the Health, Housing, and Community Services Department's (HHCS) Community Health Improvement Plan (CHIP). I have been excited to witness the process of developing this plan. Our staff have worked closely with the Community Steering Committee (CSC) to identify broad goals and activities that will help guide our work over the next few years, and will initiate a cycle of long-term assessment, planning, and implementation.

The CHIP is not a strategic plan for either the HHCS Department, or our Public Health Division. Rather, it is a vision for improving the health of our community citywide. We remain committed to working with leaders across other City departments to advance the goals, objectives and strategies outlined in this plan.

The development of this plan is centered on the community's voice and leadership. Throughout 2024 and into 2025, residents shaped this plan through listening sessions, interviews, a citywide survey, and participation on the CSC. We remain committed to continuing to engage the community in implementation and moving toward more active partnership.

I want to extend a heartfelt thank you to every member of the CSC for their dedication and leadership. I have been honored to witness firsthand this truly unique process wherein community members were not only providing input but also actively shaping decisions and the final product.

Our focus now shifts to the critical challenge of using this plan to deliver measurable results and improve the health of our city. I am committed to this work and look forward to our continued partnership. I acknowledge that these are difficult times given federal and state policy changes, but we remain determined to work collaboratively to make Berkeley healthy and welcoming for everyone.

Sincerely,

A handwritten signature in blue ink that reads "Scott Gilman".

Scott Gilman

Director of Health, Housing, and Community Services

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Introduction

The Berkeley Wellness Blueprint (BWB) is an initiative, launched in 2023, to improve community health in Berkeley. The process started with a landscape scan, which developed an overview of the health status of residents, capacity of organizations and available resources. It then proceeded to a Community Health Assessment (CHA), which used data and community perspectives to identify health priorities. The next stage is this Community Health Improvement Plan (CHIP), which outlines steps toward solutions.

The City of Berkeley Health, Housing and Community Services (HHCS) Department, with Future of Public Health funding from the State of California, engaged JSI Research & Training Institute (JSI) to lead this initiative. A Community Steering Committee (CSC, Appendix A) has overseen the process and played a central role in ensuring the CHA/CHIP remain focused on the community's perspective. This CHIP reflects carefully considered approaches to improve health, safety, and equity in Berkeley at this moment based on recently collected data. It also attempts to align with priorities from other public sector departments and jurisdictions (see Appendix B).

However, conditions locally and externally can shift quickly, posing challenges to the relevance of CHA/CHIPs. For example, CHA/CHIP processes lost their momentum and relevance when the COVID-19 pandemic upended all aspects of life in March 2020. Significant shifts have occurred during the development of this CHA/CHIP due to funding cuts, executive orders, and dramatic changes in priorities at the federal and state level.

CHIP DEFINED

A community health improvement plan (or CHIP) is a long-term, systematic effort to address public health priorities based on data and community input.

The Public Health Accreditation Board (PHAB) states that “A community health improvement planning process involves an ongoing collaborative, community-wide effort to identify, analyze, and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process. A plan is typically updated every three to five years.” PHAB adds that CHIPs should “not be limited to issues clarified within traditional public health or health services categories, but may include environmental, business, economic, housing, land use, and other community issues directly affecting the public’s health.”

Our process has followed that description, taking a broad perspective on health and reflecting the voices and input of community stakeholders.

Given these rapidly shifting conditions, and the Berkeley Wellness Blueprint's intention to initiate a long-term planning cycle, the focus of this CHIP is to emphasize the guiding principles and overarching goals that emerged from our community-engaged process. These key elements go beyond the current moment and should guide collaborative action moving forward. Specific objectives and strategies that could advance the goals and principles were identified through discussions with community members and city staff (see Improvement Planning, page 12). However, these strategies should not be viewed as prescriptive but rather a starting place that will require review and refinement. Words and reports on their own do not create change, especially when there is not a requirement or dedicated funding. An engaged, accountable process co-owned by government and community is the clear path toward having an impact.

This report is intended for Berkeley community members, community-based organizations, and City of Berkeley staff and elected officials to encourage collaboration in advancing health, equity and wellness in Berkeley.

WHAT THIS MEANS FOR YOU

For Community Members: This Blueprint is an acknowledgement that your voice, your experience, and your wellbeing are the ultimate measure of a thriving Berkeley. It reflects an intention to address systemic barriers you have identified and to shift from a top-down model to one of co-ownership, where your insights directly shape the decisions that affect your life and your neighborhood.

For Community-Based Organizations: This document validates the essential role you play as trusted leaders and service providers. It is a strategic tool for the resources your communities need and a starting place for building stronger, more impactful coalitions with the City and other partners. The plan's emphasis on expanding the community-connected workforce and expanding and streamlining funding opportunities is a direct response to the needs you have articulated.

For City Staff: This Blueprint is your guide for embedding health and equity into the fabric of city operations. It provides a clear mandate for interdepartmental and interdivisional collaboration to address the root causes of health disparities, from housing instability to air quality. It is a tool to help align your work with community-defined priorities and guidance to measure the real-world impact of your efforts.

For City Officials: This Blueprint is a reflection of the priorities, concerns, and aspirations of your constituents. It underscores how systemic and policy decisions shape the health and well-being of the community, and provides an approach for making informed choices that advance equity. It calls for continued collaboration with community members, City staff, and Community-Based Organizations (CBOs) to ensure that policies and resources support the community priorities. It offers both a vision and measurable benchmarks to help track progress on the issues that matter most to the people you serve.

GUIDING PRINCIPLES

Four principles emerged from review of the CHA data, identified health priorities, and discussions about the desired approach for the BWB. These principles guided the identification of the objectives, strategies, and actions that follow and should be applied when making health-related policy and practice decisions in Berkeley.

1. Balance ambition with feasibility: The purpose of this document is to chart a course toward implementation, and to avoid producing a static document that sits on a shelf. The reality is that the CHA/CHIP process does not have built in resources or authority. Its power will only come from buy-in from stakeholders, and the ideas must be adaptable as conditions change in Berkeley and beyond.

2. Cultivate Cross-sector work: Many of the drivers of wellness and health equity are outside the purview of Public Health. Communities are complex and interdependent and taking on any substantial priority in one area is going to require collaboration in terms of making policy, sharing resources, and working toward the same metrics and measures. In Berkeley, at any given time, there are multiple planning processes, commission meetings, and policy debates happening. Figuring out better ways to collaborate and solve problems in multiple sectors at once is crucial.

3. Emphasize prevention: Creating better balance between crisis response and prevention is crucial for addressing root causes. There will always be a need for services to address individual needs, and those services should be affordable and truly accessible for all people. However, the need for services can overwhelm efforts to focus on preventing problems in the

first place. Prevention is hard to see in action, due to the long time horizons and challenges demonstrating something that doesn't happen, but is often more efficient and reduces suffering. Typically governments spend <4% of their health resources on prevention; even a modest increase can have significant long-term benefits.

4. Establish a long-term cycle: This CHIP is a step in a longer-term cycle of assessment, planning, and implementation. The goal of this process is to develop the capacity for sustained cooperative problem-solving around health, safety, and equity priorities. California now requires public health departments and Medi-Cal health plans to collaborate on assessment and planning processes every three years. This presents an opportunity to rebuild trust and achieve impacts through sustained effort.

FIGURE 1: Health and Wellness Improvement Process



Assessment

The Community Health Assessment (CHA) is the foundation of the Berkeley Wellness Blueprint. Drawing on input from hundreds of community members, city staff, and local organizations through focus groups, interviews, and a citywide survey, the CHA reflects the priorities, concerns, and lived experiences of Berkeley's diverse communities. In summary, the CHA elevated four priority health topics and resulted in six key insights. Readers are encouraged to explore the [full CHA](#) for the data and stories that shaped this CHIP.

PRIORITY HEALTH TOPICS AS DEFINED IN THE COMMUNITY HEALTH ASSESSMENT

Housing

Being able to live in a place that is safe, affordable, and stable

Environmental Health

Being safe from things like pollution and wildfires, having clean air, water, and land, having access to parks and green spaces, and dealing with the effects of climate change

Behavioral Health

How common mental health [and substance use] problems are (like depression, anxiety, loneliness and stress), and if people can get the care they need

Community Safety

How often people get hurt or experience violence and whether everyone feels safe in all areas of Berkeley

INSIGHTS

- 1. There is a lot to be proud of when it comes to wellness in Berkeley.** Residents expressed pride in Berkeley's values of justice and equity. Additionally, the city's natural beauty, parks, and walkable neighborhoods contribute to well-being and were frequently named as sources of joy, health, and connection.
- 2. Diversity is highly valued and racism is deeply rooted.** Residents celebrate Berkeley's racial and diversity. At the same time, many recognize that racism—both structural and interpersonal—continues to affect access to opportunity, safety, and health outcomes for communities of color.
- 3. Health is connected to where people live.** Neighborhood conditions, such as housing affordability, access to healthy food, safety, and environmental quality, significantly influence health and life expectancy. South and West Berkeley face greater health challenges compared to other parts of the city.
- 4. More transparency and collaboration are needed to increase trust and effectiveness of health improvement efforts.** Community members expressed a desire for more inclusive, open, and accountable systems—particularly between the city and historically marginalized communities. Building trust requires shared power, clearer communication, and sustained collaboration.
- 5. Berkeley is becoming a more difficult place for people to afford to live well.** Rising housing costs, economic inequality, and displacement are making it harder for residents—especially low-income families and people of color—to remain in Berkeley and thrive. This has ripple effects on health, stability, and belonging.
- 6. Connection and safety are essential for supporting mental and physical well-being.** People emphasized the importance of feeling safe, connected, and seen in their communities. The need for mental health resources, safe public spaces, and stronger social connections will foster both individual and collective health.

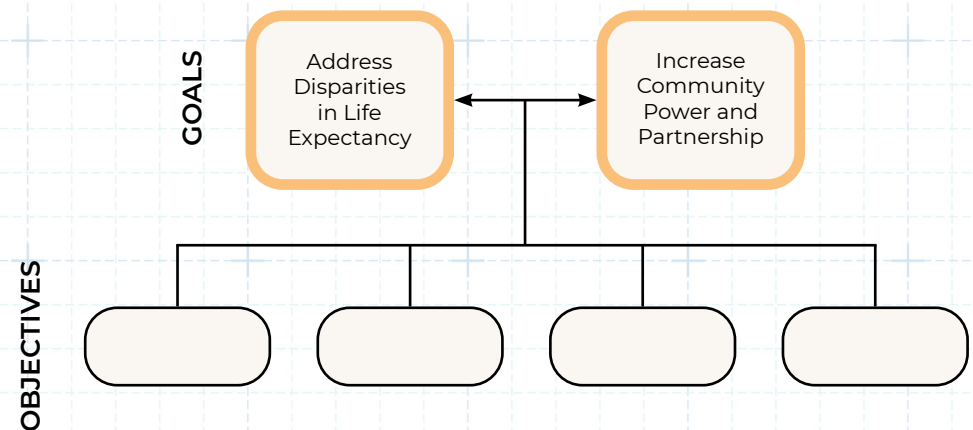
Improvement Planning

What community members see as necessary for a thriving Berkeley.

After reviewing the data and having many conversations with community stakeholders, two goals stood out both for their universality and potential impact: addressing disparities in life expectancy and increasing community power and partnership.

It's important to note that these two goals are extremely complex and difficult to influence, and they are shaped in large part by policies and systems beyond the city's control (such as historic and structural racism and US economic policy). This emphasizes the need to prioritize cross-sector work, balance ambition with feasibility, and establish a cycle that continues to evaluate and assess progress and next steps in order to have a long-term impact (see Guiding Principles, page 9).

FIGURE 2: CHIP Goals



GOAL 2: INCREASE COMMUNITY POWER AND PARTNERSHIP

Across Berkeley, community members and leaders have expressed a lack of trust in local government, citing persistent issues with transparency, resource allocation, and accountability. Importantly, this frustration is with systemic barriers—not the individuals working within these systems. There is broad recognition that local government is made up of passionate, dedicated people committed to serving their communities. Local government needs to become more accessible and collaborative, truly meeting communities where they are. This requires institutions to critically examine their structures and ask: ‘Who is this working for? And who is being left behind—particularly those most impacted by health disparities?’

“A lot of requests are for the community to ‘tell us your story’ and then in return, they feel like they don’t get anything so...there’s a feeling of hopelessness. If you’re gonna promise people things, at the very baseline deliver on that promise.”

-Community Interview Participant

5 STEPS TOWARD BUILDING COMMUNITY PARTNERSHIPS

Commit to equity and centering community: Begin with clear statements expressing dedication and action steps to improving health and equity outcomes and being truly community-centered and community-led.

Focus on building trust: Relationships between city staff, community members, and leaders of local organizations and businesses need to be based on trust and shared interest not just a consideration of the loudest voices. Utilize informal spaces for problem solving, establish a shared understanding of government functions, and create mechanisms for public accountability.

Establish accessible and consistent communication: Design communication and information management approaches that facilitate high levels of engagement and transparency. The goal is to determine approaches that are easy to use and bidirectional, for rapid feedback and shared understanding.

Cultivate community ownership and capacity: Actively engage community stakeholders throughout processes. This includes having multiple roles for community members including providing input, making decisions, signing off on final products, and fair compensation for time spent. Build in time for individualized support (e.g., office hours, coaching) and create opportunities for participants from different sectors and groups wrestling with similar challenges to connect and troubleshoot collaboratively. Community steering committees play a central role in guiding this.

Implement a process with continuous feedback and adaptation: Incorporate flexibility and responsiveness to the needs of participants and solicit feedback to monitor progress and identify emerging issues. Make the schedule for review and feedback clear from the outset.

OBJECTIVES

From January–May 2025, collaborative workgroups of Community Steering Committee (CSC) members and city staff, with facilitation from JSI, reviewed the CHA data and existing Berkeley policies, resources and initiatives. From the four priority health topics that were identified (housing, environmental health, behavioral health, and community safety) each workgroup established a single, high-level objective. Each of those objectives is intended to apply to the entire City of Berkeley with an emphasis on priority populations.

These four priority health topics are interconnected and require shared responsibility beyond public health: they are in alignment with strategic priorities across other agencies and across Alameda County, the state and the country. For more on this see Appendix B.

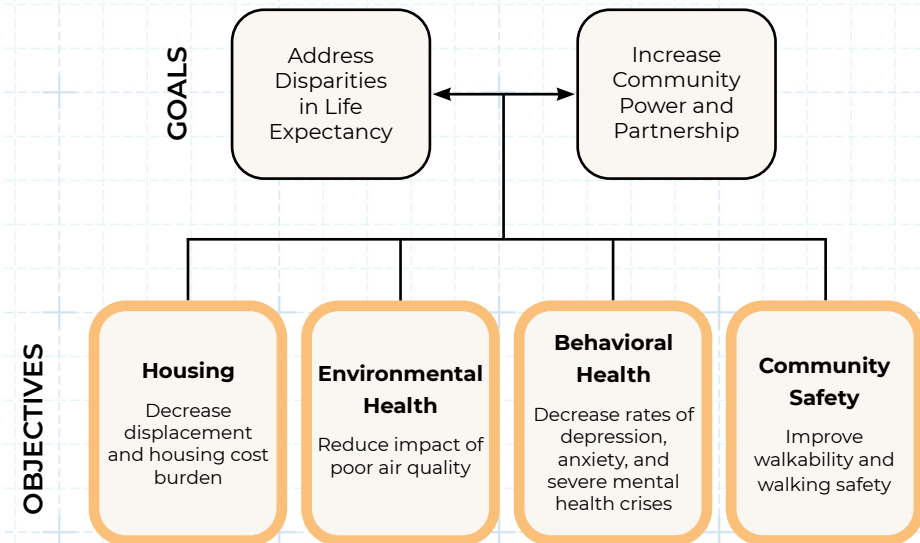
PRIORITY POPULATIONS

Based on the data review and input from stakeholders during the landscape scan and CHA phases of this project, an extra emphasis was placed on these populations.

- Black/African American people
- Latine/Latinx/Hispanic people
- LGBTQIA+ people
- Residents of South and West Berkeley
- Youth

That does not mean that improving the health of other people and populations is not important, a both/and approach is necessary.

FIGURE 4: CHIP Goals and Objectives



High-Level Monitoring

In order to track progress on the four health topic objectives, both **high-level** and **incremental-performance measures** should be collected. High-level monitoring measures track the big-picture results and are outlined in the table below. These measures came out of the CHA process and were identified by the community and the CSC as proxies for the four priority objectives. Because these measures are tied to complex issues, changing them will require effort beyond the capacity and resources of HHCS and will likely take place over a longer time frame than the three-year CHA/CHIP process. Despite those difficulties, progress on these measures should continue to be part of data collection and analysis in order to maintain connection with the issues that identified as most important for improving health, equity, and wellbeing. Incremental performance measures are shorter-term improvements that track incremental change towards the health topic objectives. See Appendix C for details on how performance measures fit into action planning for this CHIP.

TABLE 1: Health Topic Objectives & High Level Measures

OBJECTIVES	Housing Decrease displacement and housing cost burden	Environmental Health Reduce impact of poor air quality	Behavioral Health Decrease rates of depression, anxiety, and severe mental health crises	Community Safety Improve walkability and walking safety
HIGH-LEVEL MEASURES	<ul style="list-style-type: none"> • Increase the number/percentage of affordable units of housing • Decrease housing cost burden 	<ul style="list-style-type: none"> • Decrease asthma-related hospitalizations and ED visits among youth • Decrease adult asthma prevalence by Census Tract • Decrease school days missed due to asthma 	<ul style="list-style-type: none"> • Decrease mental health-related hospitalizations and ED visits for severe conditions • Increase use of 988 line by Berkeley residents to access support • Increase utilization of low-cost or free prevention and treatment services 	<ul style="list-style-type: none"> • Decrease pedestrian injuries/deaths • Improve Walkability index score



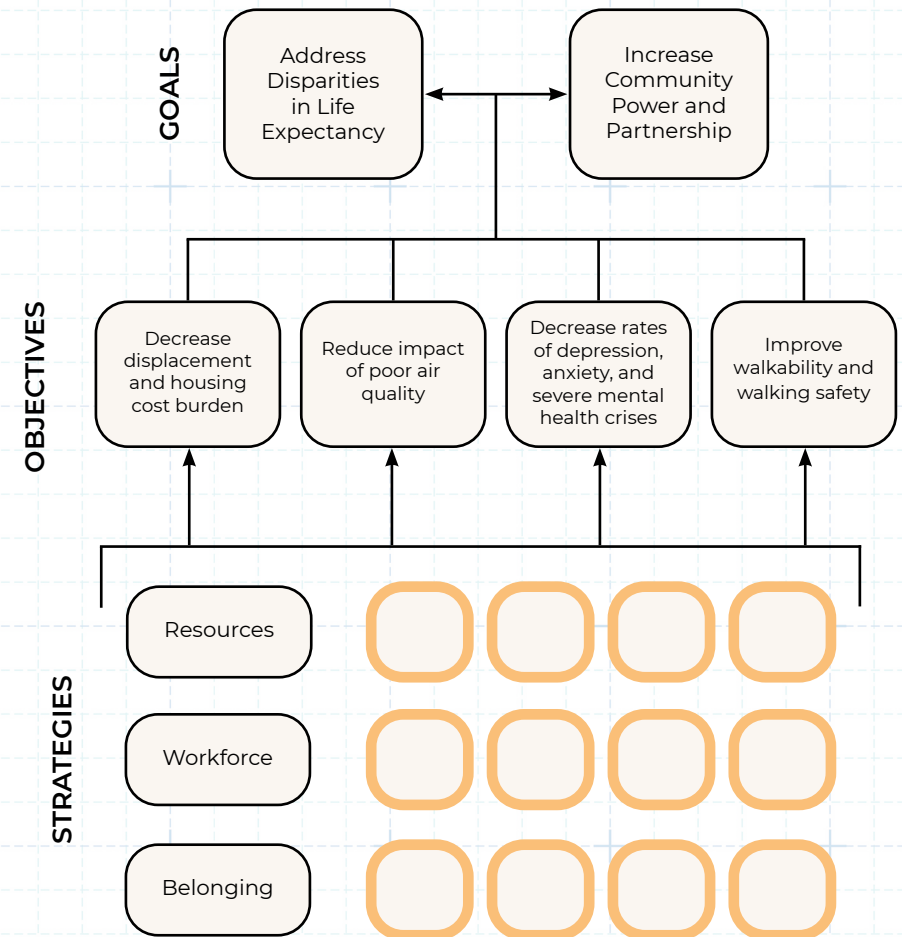
STRATEGIES

When discussing strategies to advance the health topic objectives, three key categories consistently emerged: resources, workforce, and belonging. For strategies to succeed, they must to maximize resources, expand the community-connected health workforce, and foster a sense of belonging. These categories highlight the interconnected nature of the health topics and present an opportunity for City of Berkeley departments and community partners to work together on shared underlying issues.

TABLE 2: Strategy Categories

CATEGORY	DEFINITION
Resources	Maximize state and local resources. Across topics there are opportunities to draw down additional resources and to increase the impact of current funding. In particular, the city could play a key role convening leaders from community organizations to create strategic networks and build capacity to receive funding.
Workforce	Expand the community- connected health workforce. There are a number of new or underutilized reimbursable classifications (community health workers, doulas, violence prevention specialists, etc.) that could serve to improve health and safety through connections outside clinic walls while also creating positive career pathways. However, the value of a community connected workforce is undermined if individuals can't afford to live Berkeley.
Belonging	Foster community connection. Community members believe that Berkeley is thriving when it's a place that fosters community connection —where people are seen, heard, respected, and valued not only when they received services, but by their neighbors and in gathering spaces. It's also more than a personal experience but a public health necessity that strengthens mental health and community resilience.

FIGURE 5: CHIP Goals, Objectives, and Strategies



Workgroups identified one strategy in each category to advance in the next three years, laying the groundwork for the implementation part of the cycle. Given funding and policy uncertainty, these ideas reflect current thinking about “how” to improve the overarching goals and health topic objectives in alignment with the principles described above. City staff and community members will need to collaborate to modify this approach based on changing conditions and opportunities and to maintain accountability to each other and this process. See Appendix C for an initial set of potential activities to advance these strategies.

TABLE 3: Strategies by Health Topic

	Housing	Environmental Health	Behavioral Health	Community Safety
Resources	Provide assistance for CBOs to participate in housing-related funding opportunities.	Deepen partnerships between Housing and Community Services and the Office of Energy and Sustainable Development to facilitate the process of creating green residential buildings.	Facilitate regular convenings to improve collaboration and data-sharing between organizations.	Prioritize bike/pedestrian infrastructure investments in areas with the greatest need, based on equity, safety, and community health indicators.
Workforce	Expand youth internship opportunities across educational institutions and CBOS, that support building and renovating housing.	Expand community outreach and implementation of tree-planting initiatives in South and West Berkeley.	Implement targeted hiring initiatives and leverage training programs to ensure representation of priority populations.	Grow the network of alternative responders and violence prevention specialists to strengthen safety and social connection.
Belonging	Enhance outreach, application assistance, and education campaigns to increase participation in Housing Preference application for displaced community members and their families.	Identify regions with frequent air quality related school absences and work with those communities to develop practical solutions.	Train youth mentors and implement evidence-based mental health curricula, with a focus on improving students’ sense of safety and belonging.	Increase neighborhood interaction and engagement.



Implementation

The implementation of the CHIP, and preparation for the next assessment, will occur across 3 phases over the next 3-5 years. This phased approach establishes accountability and oversight at the beginning with a set of formative steps, then moves to a focus on taking action. Throughout these phases there are reminders to review and revise the approach and to communicate out to stakeholders. Without a clear implementation process, all of the momentum built up during the CHA and CHIP processes can dissipate. The result would be both a lost opportunity to address priority health and equity concerns and also eroded trust among the stakeholders who provided time and good faith effort.

PROCESS

SEPTEMBER 2025 - MARCH 2026

Phase 1: Preparation

- Identify a staff lead and allocate dedicated time for the implementation of each Health Topic Objective.
- Confirm and meet with 4 CSC members to continue their role as stewards of the process, with an emphasis on co-leading the CHIP objectives implementation meetings.
- Hold a planning and design meeting to engage staff from multiple city departments with community stakeholders to think creatively about how to advance the CHIP goals and objectives.
- Put together advisory group for each of the 4 health topics include at least 1 staff member, 1 community organization, 1 community member
- Adequately compensate community members supporting CHIP planning implementation and evaluation.

APRIL 2026 - MARCH 2028

Phase 2: Action

- Schedule a minimum of quarterly meetings with advisory teams.
- Set a regular schedule for reporting back to the community on progress of CHIP objectives (minimum every 6 months).
- Confirm performance measures for each health topic area, people responsible for tracking each measure and build measures into city systems, such as results-based accountability and other departmental metrics.
- Midpoint assessment: review of strategies and measures, government funding and decision making processes, name opportunities to improve collaboration. Share findings with the community.
- Identify new and existing programs that can contribute to addressing health topic objectives.
- Publish annual progress report with progress updates on measures and community power and partnership initiatives.

APRIL 2028 - AUGUST 2028

Phase 3: Refresh

- Identify potential Steering Committee.
- Plan next CHA/CHIP cycle.
- Institutionalize successful efforts and systems changes.
- Confirm and communicate community engagement opportunities for next CHA/CHIP.

Conclusion

The Berkeley Wellness Blueprint is more than a report; it is a commitment to a different way of working together to build a healthier, more equitable city.

It is a starting point, born from the voices and experience of the Berkeley community, that provides a shared direction and a framework for accountability. The overarching goals of closing the staggering gap in life expectancy and building genuine community power will not be achieved by this document alone. Success requires sustained, collective action. The power of this plan will only be unlocked through the dedicated efforts of residents, city staff and officials, and community-based organizations working in partnership.

Call to Action

For Community Members: Stay involved and hold decision-makers accountable. Participate in the public meetings where progress will be reported. Share your experience to help refine these strategies. This is your plan: your continued engagement will ensure it leads to the tangible, lasting change you desire to see in your community.

For Community-Based Organizations: Use this Blueprint as a foundation for partnership and advocacy. Participate actively in the convenings and capacity-building opportunities proposed in the plan to strengthen your networks and access new resources. Support community members to participate and raise their voices. Collaborate with the city to refine and implement the strategies, bringing your expertise to ensure initiatives are culturally responsive and effective.

For City Staff: Champion the objectives of this plan within your department. Proactively identify how the strategies outlined for housing, environmental health, behavioral health, and community safety can be integrated into your team's work plans and metrics. Take the lead in convening stakeholders for creative problem-solving and commit to transparent reporting to build and maintain community trust.

For City Officials: Endorse this Blueprint and use the goals, principles, and objectives to focus citywide attention and resources. Explicitly refer to the Blueprint when making policy and resource decisions and encourage other officials and staff to do the same. Support and participate in the convening of stakeholders to review progress and creatively solve problems, and use your visibility to highlight transparent reporting.

Appendix A: Community Steering Committee Members and Bios

Claritza Rios (she/her)	<p>Claritza is a physician from South Berkeley who has experience providing care in emergency, internal, and palliative medicine. She identifies as an immigrant Latina as well as a member of the LGBTQIA+ community who wants to be able to “slam doors open for people,” by being an agent of change towards health equity and becoming a voice for the oppressed. Claritza appreciates the importance of addressing health equity by tackling social determinants of health and advocating for better services and policies for her community.</p>
Matt Matusiewicz (he/him)	<p>Matt is a research analyst for the Division of Health Equity and Society in the Department of Medicine at the University of California, San Francisco. Drawing on his family’s experiences and strength, Matt is dedicated to advancing the health and well-being of low-income and immigrant communities. Since 2019, he has been heavily involved with East Bay Sanctuary Covenant/Santuario in Berkeley, working to enhance the health and welfare of asylum seekers through comprehensive social, legal, and health services. As a graduate from UC Berkeley with experience in health and social service provision focused on housing, homelessness, and immigration, Matt is committed to supporting the Steering Committee in its mission to shape impactful policies that improve the well-being of Berkeley’s residents.</p>
Penelope Collins (she/her)	<p>Penelope is a retired veterinarian who is currently on the Commission on Aging for the City of Berkeley and whose family has lived in Berkeley for generations. She currently lives in the South Berkeley house her grandparents built in 1929 and brings a deep understanding of Berkeley’s history with hopes it can help inform the development of realistic wellness goals for Berkeley residents. Penelope doesn’t want Berkeley to lose the magic she has experienced as a lifelong resident.</p>
Rosio Almaguer Andrade (she/they)	<p>Rosio works at Berkeley’s Ecology Center focusing on food systems and is currently getting their master’s in urban planning. They identify as a non-binary, Latinx first-generation college graduate who works with farmers market professionals as well as local government and community members to expand food access. Rosio views public health through the intersectional lens of food justice and urban planning and hopes the Community Steering Committee experience will give them the opportunity to continue their current avenue of work.</p>
Kaitlyn (Kati) Khov (she/they)	<p>Kati is a recently-graduated transfer student at UC Berkeley with a degree in urban studies who has experience in advocating for policy change and proposal writing. As a cancer survivor and member of the disabled and LGBTQIA+ communities, her goal for the Community Steering Committee is to work collaboratively to inform funding initiatives and development in disenfranchised communities. Kati’s highest priority is to serve local communities in highly exposed areas facing displacement.</p>
Michael Rodriguez (he/him)	<p>Michael is a physician and the Executive Director of the California Alliance for Academics and Communities for Public Health Equity and currently resides in Berkeley’s Oceanview neighborhood. As a bi-lingual, first-generation Latino American, he has experience providing health care for low income communities and people with mental illness.</p>

Appendix A: Community Steering Committee Members and Bios (cont)


Michai Freeman (she/her)	<p>Michai is the Systems Change Advocate at the Center for Independent Living where she works to reduce barriers to accessibility and inclusion in community and public programs. She identifies as black woman with a physical disability, with experience in disability and health education, as well as wellness delivery services. Michai feels it is essential for people with disabilities to be involved in the Berkeley Wellness Blueprint, especially when it comes to community engagement.</p>
JW Frye (he/him)	<p>J.W. is the Executive Director at Rebuilding Together East Bay Network where his work focuses on addressing health equity in housing and senior services through workforce development, opportunities for older adults, as well as intergenerational engagement and skill sharing. He believes there are ways to continue improving public health through uplifting the diverse lived experiences of Berkeley's residents. J.W. sees his background in public service as valuable to the Community Steering Committee to ensure any recommendations are informed by community members.</p>
Israel Nikodimos (she/her)	<p>Israel is a student at Berkeley High who has been involved in Berkeley's Youth Equity Partnership is a volunteer at UCSF children's hospital shadowing doctors and seeing what it means to be heavily involved in medicine. She has participated in a numerous amount of services that help benefit her community such as black student union president and student council as well as read and reviewed grants to help fund local programs that benefit young children.</p>
Isabella Ledezema (she/her)	<p>Isabella is a student at Berkeley High and is involved with Berkeley's Youth Equity Partnership with experience presenting deliverables to the city and school district. She is excited to be part of action oriented work to impact community health.</p>

Appendix B: Alignment with Local, State, and National Priorities

	Planning Documents		
Health Topic Objectives	City/County	State	National
Housing	2024 Alameda County 10 Year Housing Plan 2022-2025 Alameda County Community Health Assessment Berkeley Housing Element Update	California Health and Human Services Agency (CalHHS) Program Priorities (2024-2025) California Statewide Housing Plan (2022)	Healthy People 2030 Objectives Department of Housing and Urban Development Strategic Plan (2022-2026) CMS Rescission of Guidance on Health-Related Social Needs (2025)
Environmental Health	General plan EJ Element update (2026) By Climate Action Plan update (2025)	California Department of Public Health Strategic Plan 2025-2030 California State of Public Health Report (2024)	Healthy People 2030 Objectives CDC National Center for Environmental Health Strategic Framework (2024)
Behavioral Health	2022-2025 Alameda County Community Health Assessment Mental Health Services Act (MHSA) Annual Update 2025-2026	California Youth Behavioral Health Initiative California Department of Public Health Strategic Plan 2025-2030 Behavioral Health Services Act Population-Based Prevention Program Guide - Phase 1	Healthy People 2030 Objectives SAMHSA Strategic Plan (2023-2026)
Community Safety	Berkeley Reimagine Public Safety Task Force 2022-2025 Alameda County Community Health Assessment	California Department of Public Health Strategic Plan 2025-2030 California State of Public Health Report (2024) California Violence Intervention and Prevention Program (CalVIP)	Healthy People 2030 Objectives 2022-2026 U.S. Department of Transportation Strategic Plan

Appendix C: Potential Activities & Accountability

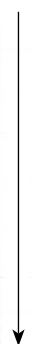
The health topic workgroups identified a set of potential implementation activities and policy changes that would advance each strategy. The expectation is not that all of these actions will be taken but rather that city staff and community members will meet during Phase I of Implementation to review and prioritize the activities based on evolving conditions. Additionally, at that point, timelines and performance measures will be set for the prioritized actions. The performance measures will be selected based on alignment with Results-Based Accountability (RBA) measures that HHCS and other city departments are establishing as well as other easy to collect measures that can serve to monitor progress.

Housing				
Strategy	Activities/Policy Changes	Timeline	Performance Measures	Leads/Responsible Parties
<p>Resources: Provide assistance for CBOs to participate in housing-related funding opportunities.</p>	<ul style="list-style-type: none"> • Share learnings from successful housing initiatives (i.e. Co-op model) • Convene housing focused and housing adjacent CBOs to build capacity and provide technical assistance around CalAIM participation • Create a single application for CDBG funding in housing creation, preservation and workforce 	<p><i>To be filled out during phase 1 of Implementation.</i></p> 		
<p>Workforce: Expand youth internship opportunities across educational institutions and CBOS, that support building and renovating housing.</p>	<ul style="list-style-type: none"> • Improve and streamline communication to increase participation around Housing related internships (i.e. councilmember Lunapara's and Mayor Ishii's internships) • Expand internship opportunities to support building and renovating housing • Inventory and collate physical sites and assets being leveraged for housing related workforce development 			
<p>Belonging: Enhance outreach and application assistance to increase participation in Housing Preference application for displaced community members and their families.</p>	<ul style="list-style-type: none"> • Evaluate applications to gauge percent of applicants and awardees who are facing displacement or have been displaced • Collaborate with CBOs working with target community to increase awareness 			

Appendix C: Potential Activities & Accountability (cont)

Environmental Health				
Strategy	Activities/Policy Changes	Timeline	Performance Measures	Leads/Responsible Parties
<p>Resources: Strengthen partnerships to facilitate the process of creating green residential buildings.</p>	<ul style="list-style-type: none"> Collaborate with the Office of Energy and Sustainable Development to implement Section 4.1 of the Berkeley Existing Buildings Electrification Strategy to transition existing residential buildings into green buildings Work with developers contracted for new residential buildings to ensure they run on green energy 			
<p>Workforce: Expand community outreach and implementation of tree-planting initiatives in South and West Berkeley.</p>	<ul style="list-style-type: none"> Work with Parks and Recreation Department, recruit community members to discuss and decide how to reach more people with existing tree planting initiatives 			
<p>Belonging: Identify regions with frequent air quality related school absences and work with those communities to develop practical solutions.</p>	<ul style="list-style-type: none"> Cross-reference absenteeism data with poor air quality data to identify regional clusters impacted by exposure to poor air quality Create an advisory board/steering committee consisting of residents and communities in the identified regions to discuss how to move forward with reducing impacts of poor air quality 			

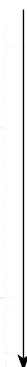
To be filled out during phase 1 of Implementation.



Appendix C: Potential Activities & Accountability (cont)

Behavioral Health				
Strategy	Activities/Policy Changes	Timeline	Performance Measures	Leads/Responsible Parties
<p>Resources: Facilitate regular convenings, service alignment, and data-sharing related to behavioral health services with measurable improvements in cross-organizational collaboration.</p>	<ul style="list-style-type: none"> Identify a coordinator to revive the School-Linked Health Program model. Map all organizations providing BH and adjacent services. Develop a charter for the collaborative group. 			
<p>Workforce: Implement targeted hiring initiatives and leverage training programs to ensure representation of priority populations in the behavioral health workforce.</p>	<ul style="list-style-type: none"> Form direct partnerships with community colleges, local cultural organizations and faith-based groups to create a pipeline for job applicants. Create structured, paid internship or apprenticeship programs. 			
<p>Belonging: Train youth mentors and implement evidence-based mental health curricula, with a focus on improving students' sense of safety and belonging.</p>	<ul style="list-style-type: none"> Launch a targeted recruitment campaign for mentors within specific neighborhoods and cultural communities. Organize structured, low-pressure events to allow potential mentors and mentees to interact Form a committee of students, teachers, and school counselors to review and select an evidence-based mental health curriculum 			

To be filled out during phase 1 of Implementation.



Appendix C: Potential Activities & Accountability (cont)

Community Safety				
Strategy	Activities/Policy Changes	Timeline	Performance Measures	Leads/Responsible Parties
<p>Resources: Prioritize bike/pedestrian infrastructure investments in areas with the greatest need, based on equity, safety, and community health indicators.</p>	<ul style="list-style-type: none"> • Convene cross-sector stakeholders in priority neighborhoods • Map revenue streams to support improved bike/ped safety and develop set of revenue recommendations • Identify aligned strategies in the General Plan update (2026) • Engage Reimagining Public Safety Task Force 	<p><i>To be filled out during phase 1 of Implementation.</i></p>		
<p>Workforce: Grow the network of alternative responders and violence prevention specialists to strengthen safety and social connection.</p>	<ul style="list-style-type: none"> • Provide housing assistance and support to violence prevention specialists • Create training and placement pipeline for community-connected workforce (CHWs, alternative responders, etc.) with BHS and BCC • Designate city point person to coordinate community-connected workforce • Expand school-area safety measures (crossing guards and pedestrian lamps) 			
<p>Belonging: Increase neighborhood interaction and engagement.</p>	<ul style="list-style-type: none"> • Reduce cost and process for block parties • Make use of public facilities easier and cheaper • Identify neighborhood “captains” who would get modest benefits from the city and be a local organizer and source of information • Set policy regarding encampments within 500 feet of schools 			

