Human Welfare and Community Action Commission

AGENDA

Wednesday, November 18, 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/1659670816** 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: 165 967 0816**. 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.

Berkeley Community Action Agency Board Business

4. Approve minutes from the 10/21/2026 regular meeting (Attachment A) – All

5. Election of low-income representatives – All

6. Review City funded agency program and financial reports (Attachment B) - Staff
    a. Bay Area Outreach and Recreation Program (BORP) – FY26 Q4 Reports

Discussion Items

7. Discussion and possible action: A Solidarity Grocery for Southside Berkeley - Commissioner Herzer-Baptiste (Attachment C)

8. Discussion and possible action: Referral to Gun Violence Intervention and Prevention Program (GVIPP) - Commissioner Herzer-Baptiste (Attachment D)

9. Discussion and possible action: Referral to Non-Medical Barriers to Care for Low-Income Residents - Commissioner Herzer-Baptiste (Attachment E)

10. Discussion and possible action: Preparation for City Services for 2026- 2027 Transition Commissioner Herzer-Baptiste (Attachment F)

11. Discussion and possible action to draft a City Council Report regarding funding opportunities for the Berkeley Community Physical Therapy Clinic which serves Medicaid members in Berkeley - Commissioner Huchting

12. Discussion and Possible Action: Form and Appoint Members to an Ad Hoc Committee focused on Community Impacts and Funding for Unhoused and Low-Income Residents – Commissioner Herzer-Baptiste

13. Announcements

14. Future Agenda Items

15. Adjournment

Attachments

A. Draft minutes of the 10/21/26 regular meeting
B. Community Agency Program and Financial Reports
C. A Solidarity Grocery for Southside Berkeley
D. Draft Report: Permanent Community Violence Intervention Program and Public Outcomes Reporting
E. Draft Report: Reducing Non-Medical Barriers to Care for Low-Income Residents
F. Draft Report: Preparing City Services for the 2026-27 Health Coverage Transition

Notices

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 Health, Housing, and Community Services located at 2180 Milvia Street, Berkeley, CA 94704.

COMMUNICATION ACCESS INFORMATION:



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 ada@berkeleyca.gov, (510) 981-6418 (V), or (510) 981-6347 (TDD) at least three business days before the meeting date. Attendees at public meetings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs.

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I hereby certify that the agenda for this meeting of the Berkeley City Commission was posted at the display case located near the walkway in front of the Maudelle Shirek Building, 2134 Martin Luther King Jr. Way, as well as on the City's website, on 11/12/26

Kat Larrowe, Secretary
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ATTACHMENT A

Human Welfare and Community Action Commission

DRAFT MINUTES
Wednesday, October 21, 2026
6:30 PM
Berkeley City Hall – Cypress Room – 2180 Milvia Street
Berkeley, CA 94704

Preliminary Matters

1. Roll Call: 6:35
   a. Meeting Start Time: 6:40 PM
   b. Present: Herzer-Baptiste, Huchting, Lippman, and Sol.
   c. Absent: Gelsinger, (unexcused)
   d. Quorum: 3 (Attended: 4)
   e. Staff Present: Kat Larrowe and Cynthia McClellan
   f. Number of Public Present: 3

2. Agenda Approval
   Action: M/S/C (Herzer-Baptiste/Huchting) Approve agenda as written and move item #5 after item #7, postpone item #15 to November meeting
   Vote: Ayes: Herzer-Baptiste, Huchting, Lippman, and Sol. Noes: None; Abstain: None; Absent: Gelsinger

3. Public Comment on Non-Agenda Matters: 1

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

4. Presentation and Discussion: Agnes Cho, Senior Policy Advisor on Housing, Homelessness and Healthcare to Alameda County Supervisor Nikki Fortunato Bas with follow-up discussion
   No action taken

5. Discussion and possible action regarding an Opposition Letter regarding the Surveillance Software Company contracts' proposals (RFPs) to City Council (Attachment E) - Commissioner Huchting
   Action: M/S/C (Lippman/Herzer-Baptiste): Approve Surveillance Opposition Letter to be sent be Council/Mayor with editorial changes made in the meeting, "add January 2025 on page 2" and correct any typographical errors
   Vote: Ayes: Herzer-Baptiste, Huchting, Lippman, and Sol. Noes: None; Abstain: None; Absent: Gelsinger

6. Presentation on Co-Housing: Jack Sawyer (via Zoom)
   No action taken

7. Presentation from the Cycling Without Age documentary (on screen): Commissioner Sol https://www.pedalbornpictures.com/projects/cyclingwithoutage
   No action taken

Berkeley Community Action Agency Board Business

8. Approve minutes from the 09/16/2026 regular meeting (Attachment A) – All
   Action: M/S/C (Herzer-Baptiste/Lippman/): Approve minutes from September 16, 2026, with the amendment Commissioner Taj Herzer-Baptiste was present (originally marked as unexcused-arrived late)
   Vote: Ayes: Herzer-Baptiste, Huchting, Lippman, and Sol. Noes: None; Abstain: None; Absent: Gelsinger

9. Election of low-income representatives – All
   No action taken

10. Adopt 2027 Commission Meeting Dates (Attachment B) – All
    Action: M/SC (Herzer-Baptiste/Sol) Approve 2027 Commission Meeting Dates calendar as written
    Vote: Ayes: Herzer-Baptiste, Huchting, Lippman, and Sol. Noes: None; Abstain: None; Absent: Gelsinger

11. Discussion and Possible Action: Information Report for Submission of 2025 – 2030 HWCAC Strategic Plan to City Council (Attachment C) – Staff
    Action: M/S/C (Herzer-Baptiste/Sol) Approve submission of the Information Report to Council
    Vote: Ayes: Herzer-Baptiste, Huchting, Lippman, and Sol. Noes: None; Abstain: None; Absent: Gelsinger

12. City of Berkeley funded agency program and financial reports (Attachment D) — Staff
    a. Review Bay Area Outreach and Recreation Program (BORP) – FY26 Q4 Reports
    No action taken

Other Discussion Items

13. Discussion of the Police Accountability Board's audit process (update from the Police Accountability meeting) - Commissioner Sol
    No action taken

14. Discussion and possible action to draft a City Council Report regarding funding opportunities for the Berkeley Community Physical Therapy Clinic which serves Medicaid members in Berkeley - Commissioner Huchting
    No action taken

15. Discussion and Possible Action: A Solidarity Grocery for Southside Berkeley Presentation and Recommendation to City Council (Attachment F) – Commissioner Herzer-Baptiste
    No action taken

16. Discussion and Possible Action: Form and Appoint Members to an Ad Hoc Committee focused on Community Impacts and Funding for Unhoused and Low-Income Residents – Commissioner Herzer-Baptiste
    No action taken

17. Discussion and Possible Action: Bicycle Aggression-Commissioner Sol
    No action taken

18. Discussion and Possible Action: Mayor's Town Hall on Homelessness – Commissioner Sol
    No action taken

19. Discussion and Possible Action: Safety and ADA Issues – Commissioner Sol
    No action taken

20. Announcements
    No action taken

21. Future Agenda Items
    No action taken

22. Adjournment
    Action: M/S/C (Huchting/Herzer-Baptiste) Adjourn meeting at 8:33pm
    Vote: Ayes: Herzer-Baptiste, Huchting and Sol. Noes: None; Abstain: Lippman; Absent: Gelsinger

Attachments
A. Draft minutes of the 09/16/2026 regular meeting
B. 2027 Commission Meeting Dates
C. Information Report for 2025 – 2030 HWCAC Strategic Plan
D. Community Agency Program and Financial Reports
E. Draft Opposition to Surveillance Software Companies Letter to City Council
F. A Solidarity Grocery for Southside Berkeley Presentation

Supplemental Attachment
G. District 5 Measure W Overview Presentation

Approved: _____
Cynthia McClellan, Secretary

Attachment B

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CITY OF BERKELEY
COMMUNITY AGENCY STATEMENT OF EXPENSE
04/01/2026 TO 06/30/2026

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

Agency Name: Bay Area Outreach & Recreation Program (BORP) Contract #: 32500026

Program Name: Recreational Services for Disabled PO #: 22000504

Funding Source : General Fund

Expenditure Category	Staff Name	Approved Budget	Budget Mod Q4	Revised Budget	Jul-Sep 2025	Oct-Dec 2025	Jan-Mar 2026	Apr-Jun 2026	Total Expenditure	Budget Balance
Program Manager - Youth & Adult Sports	Molly Bloom	$5,300.00		$5,300.00	$1,250.00	$1,350.00	$1,350.00	$1,350.00	$5,300.00	$0.00
Program Manager - Adventures & Outings	Lori Gray	$3,028.00	$20.00	$3,048.00	$762.00	$762.00	$762.00	$762.00	$3,048.00	$0.00
Program Director - Adaptive Cycling	Leo Siecienski	$5,850.00		$5,850.00	$1,462.50	$1,462.50	$1,638.00	$1,287.00	$5,850.00	$0.00
Program Manager - Adaptive Cycling	Noah Schaefer	$4,680.00	$-79.20	$4,600.80	$900.00	$1,350.00	$1,393.20	$957.60	$4,600.80	$0.00
Program Manager - Fitness	Cynthia Noonan	$3,840.00		$3,840.00	$960.00	$960.00	$960.00	$960.00	$3,840.00	$0.00
Program Manager - Kayaking	Mia Feldbaum	$3,432.00	$207.00	$3,639.00	$957.00	$990.00	$1,008.00	$684.00	$3,639.00	$0.00
Program Associate - Sports & Fitness	Jorge Macias	$3,850.00	$36.56	$3,886.56	$952.56	$952.56	$990.72	$990.72	$3,886.56	-$0.00
Taxes/Benefits		$5,920.00	$-146.14	$5,773.86	$1,272.95	$1,470.96	$1,619.39	$1,410.56	$5,773.86	-$0.00
Office Supplies		$100.00	$6.91	$106.91	$106.91	$0.00	$0.00	$0.00	$106.91	$0.00
Program Expense		$1,680.00	$280.67	$1,960.67	$853.05	$711.04	$271.58	$125.00	$1,960.67	$0.00
Rent		$5,200.00	$-353.50	$4,846.50	$975.00	$2,292.00	$1,579.50	$0.00	$4,846.50	$0.00
Communications		$720.00		$720.00	$180.00	$180.00	$180.00	$180.00	$720.00	$0.00
Insurance		$1,200.00		$1,200.00	$700.00	$500.00	$0.00	$0.00	$1,200.00	$0.00
Utilities		$1,200.00	$27.70	$1,227.70	$535.45	$506.91	$126.71	$58.63	$1,227.70	-$0.00
Indirect Costs		$4,592.00		$4,592.00	$1,200.00	$1,200.00	$1,200.00	$992.00	$4,592.00	$0.00
TOTAL		$50,592.00	$0.00	$50,592.00	$13,067.42	$14,687.97	$13,079.10	$9,757.51	$50,592.00	$-0.00

Advances Received	$50,592.00
Underspent/(Overspent)	$0.00

Attachment B

Total Current Year (FY 2026) Allocation

Expenditure Category	Staff Name	Approved Budget	Budget Mod Q4	Revised Budget	Jul-Sep 2025	Oct-Dec 2025	Jan-Mar 2026	Apr-Jun 2026	Total Expenditure	Budget Balance
Communications		$720.00		$720.00	$180.00	$180.00	$180.00	$180.00	$720.00	$0.00
Indirect Costs		$4,592.00		$4,592.00	$1,200.00	$1,200.00	$1,200.00	$992.00	$4,592.00	$0.00
Insurance		$1,200.00		$1,200.00	$700.00	$500.00	$0.00	$0.00	$1,200.00	$0.00
Office Supplies		$100.00	$6.91	$106.91	$106.91	$0.00	$0.00	$0.00	$106.91	$0.00
Program Associate - Sports & Fitness	Jorge Macias	$3,850.00	$36.56	$3,886.56	$952.56	$952.56	$990.72	$990.72	$3,886.56	$0.00
Program Director - Adaptive Cycling	Leo Siecienski	$5,850.00		$5,850.00	$1,462.50	$1,462.50	$1,638.00	$1,287.00	$5,850.00	$0.00
Program Expense		$1,680.00	$280.67	$1,960.67	$853.05	$711.04	$271.58	$125.00	$1,960.67	$0.00
Program Manager - Adaptive Cycling	Noah Schaefer	$4,680.00	$-79.20	$4,600.80	$900.00	$1,350.00	$1,393.20	$957.60	$4,600.80	$0.00
Program Manager - Adventures & Outings	Lori Gray	$3,028.00	$20.00	$3,048.00	$762.00	$762.00	$762.00	$762.00	$3,048.00	$0.00
Program Manager - Fitness	Cynthia Noonan	$3,840.00		$3,840.00	$960.00	$960.00	$960.00	$960.00	$3,840.00	$0.00
Program Manager - Kayaking	Mia Feldbaum	$3,432.00	$207.00	$3,639.00	$957.00	$990.00	$1,008.00	$684.00	$3,639.00	$0.00
Program Manager - Youth & Adult Sports	Molly Bloom	$5,300.00		$5,300.00	$1,250.00	$1,350.00	$1,350.00	$1,350.00	$5,300.00	$0.00
Rent		$5,200.00	$-353.50	$4,846.50	$975.00	$2,292.00	$1,579.50	$0.00	$4,846.50	$0.00
Taxes/Benefits		$5,920.00	$-146.14	$5,773.86	$1,272.95	$1,470.96	$1,619.39	$1,410.56	$5,773.86	$0.00
Utilities		$1,200.00	$27.70	$1,227.70	$535.45	$506.91	$126.71	$58.63	$1,227.70	$0.00
TOTAL		$50,592.00	$0.00	$50,592.00	$13,067.42	$14,687.97	$13,079.10	$9,757.51	$50,592.00	$0.00

Total Carryover (FY 2025) Allocation

Expenditure Category	Staff Name	Approved Budget	Budget Mod Q4	Revised Budget	Jul-Sep 2025	Oct-Dec 2025	Jan-Mar 2026	Apr-Jun 2026	Total Expenditure	Budget Balance
				$0.00					$0.00	$0.00
TOTAL		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Reason For Current Budget Modification:
Minor adjustments were made in staff and taxes/benefits line items due to normal small fluctuations in employee hours. Minor adjustments in office supplies, program expenses, facility rent and utilities were due to normal small variances in these line items. All line item variations were under 10%.

Upload of Resumes for New Staff (required):

Attachment B

- [x] 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.
- [x] All federal and state taxes withheld from employees for this reporting period were remitted to the appropriate government agencies. Furthermore, the employerï¿½s share or contributions for Social Security, Medicare, Unemployment and State Disability insurance, and any related government contribution required were remitted as well.

Prepared By: Julie Yates Email: jay@borp.org Date: 08/31/2026

Authorized By: Julie Yates Email: jay@borp.org
Name of Authorized Signatory with Signature on File

Approved By:	**Examined By:**	**Approved By:**
Kat Larrowe 09/01/2026	_____	_____
Project Manager Date	CSA Fiscal Unit Date	CSA Fiscal Unit Date

Budget Modification Approved By:
Brittany Carnegie 10/06/2026

Initially submitted: Aug 31, 2026 - 15:43:32

ATTACHMENT B

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: Recreational Services for Disabled
Agency: Bay Area Outreach & Recreation Program (BORP)

City of Berkeley
Community Agency
CLIENT CHARACTERISTICS REPORT

Contract No: **32500026**

This Report Due: **July 15, 2026**

Agency:	Bay Area Outreach & Recreation Program (BORP)	Period of:	**2nd Half 2026**
Program:	Recreational Services for Disabled	Prepared By:	Emily Seelenfreund
Phone:	510-225-7031	E-mail:	emily@borp.org

1. CLIENT SUMMARY - Unduplicated Count

	1st Half	2nd Half (New Participants Only)	FY 2026 (7/1/25 - 6/30/26)
A. Total New Clients Served by the Program who live in Berkeley and/or Attend Berkeley Schools	178	26	204
B. Total New Berkeley Clients Served for Whom You Were Able to Gather Statistics on Age, Race/Ethnicity, and Income	86	22	108
C. Total New Berkeley Clients Served for Whom You Were **NOT** Able to Gather Statistics on Age, Race/Ethnicity, and Income	92	4	96

2. DEMOGRAPHIC DATA

RACE - Unduplicated Count	1st Half		2nd Half (New participants only)		FY 2026 (7/1/25 - 6/30/26)	
Single Race Categories	Non-Hispanic	Hispanic Ethnicity	Non-Hispanic	Hispanic Ethnicity	Non-Hispanic	Hispanic Ethnicity
American Indian/Alaskan Native	0	1	0	0	0	1
Asian	18	0	2	0	20	0
Black/African American	10	0	1	0	11	0
Native Hawaiian/Pacific Islander	45	12	0	0	45	12
White	0	0	15	1	15	1
Combined Race Categories						
Black/African American & Other Combined Race Categories	0	0	0	0	0	0
Hispanic & Other Combined Race Categories	0	0	0	3	0	3
TOTALS	73	13	18	4	91	17
TOTAL SERVED	86		22		108	

3. INCOME LEVEL

View AMI Table

Income Level - Unduplicated Count	1st Half	2nd Half (New participants only)	FY 2026 (7/1/25 - 6/30/26)
Poverty	2		2
Poverty to 30% of AMI (Ex. Low)	14	4	18
31-50% of AMI (Low)	58	14	72
51-80% of AMI (Moderate)	4	2	6
Above 80% of AMI	8	2	10
TOTALS	86	22	108

4. AGE

Age - Unduplicated Count	1st Half	2nd Half (New participants only)	FY 2026 (7/1/25 - 6/30/26)
Under 5	0	0	0
5-12	2	0	2
13-17	2	0	2
18-24	2	1	3
25-34	13	3	16
35-44	16	3	19
45-54	6	2	8
55-64	13	5	18

ATTACHMENT B

65+	32	8	40
TOTALS	86	22	108

5. OTHER CHARACTERISTICS

Other Characteristics - Unduplicated Count	1st Half	2nd Half (New participants only)	FY 2026 (7/1/25 - 6/30/26)
Female	39	11	50
Male	44	11	55
Other	2	0	2
Disabled	86	22	108
Homeless	0	0	0
Chronically Homeless	0	0	0
Female Head of Household	0	0	0

6. SERVICE MEASURES

	Annual Goal		1st Half		2nd Half			Served Year-to-Date FY 2026		Projected vs Actual	
Service Measures	UOS: Projected	Projected New Participants	UOS:	New Participants	UOS:	Continuing Participants	New Participants	UOS: Total	Total New Participants	%	% New Participants
Client Sessions	1,224	80	1,120	86	807	40	22	1,927	108	157 %	135%

Service Measure Definitions:

Client Sessions	1224	80	Clients accessed previously inaccessible services	80
Client Sessions			Clients demonstrate improved functioning	50
Client Sessions			Participants achieved enhanced skills or knowledge	50
Client Sessions	BORP provides a multitude of sports and recreation activities for Berkeley clients with disabilities. Estimated annual participant sessions (UOS) to be delivered for each activity is shown below. Adaptive Cycling & Kayaking at Aquatic Park, open hours Th and Saturday 10am-4pm and Tuesday evenings			

1st Half Narrative (click to view)

2nd Half Narrative

Continued weekly sports/rec programs (kayaking, cycling, power soccer, pickleball, in-person fitness classes, wheelchair basketball, goalball, rugby); 22 new, 40 continuing participants. Programs took place at James Kenney, Berkeley Adult School, BORP Cycling/Kayaking Center (Aquatic Park), and Ed Roberts Campus. BORP also launched an adaptive micromobility loan program from the Ed Roberts Campus.

You have 599 characters left.

7. OUTCOMES

	Outcomes	Annual Goal	1st Half Achieved Outcome	2nd Half Achieved Outcome	Achieved Outcome FY 2026 (7/1/25 - 6/30/26)	% Achieved Outcome of Annual Goal	% Achieved Outcome of Total Served
1	Clients accessed previously inaccessible services	80	86	22	108	135%	53%
1	Clients demonstrate improved functioning	50	86	22	108	216%	53%
1	Participants achieved enhanced skills or knowledge	50	86	22	108	216%	53%

1st Half Narrative (click to view)

2nd Half Narrative

22 new participants achieved outcomes. 'Great for my mental health.' 'It has been an amazing thing to be a part of and support for many years.'

You have 857 characters left.

ATTACHMENT B

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	0	0	1	5	46	0	0	52
	Prior Periods	0	0	0	0	0	0	0	0
	Total	0	0	1	5	46	0	0	52
	% of Total	0%	0%	2%	10%	88%	0%	0%	100%
2. This program's staff treated me with respect.	This Period	0	0	0	5	44	1	0	50
	Prior Periods	0	0	0	0	0	0	0	0
	Total	0	0	0	5	44	1	0	50
	% of Total	0%	0%	0%	10%	88%	2%	0%	100%
3. This program helped me make progress towards my goals.	This Period	0	0	3	10	36	4	0	53
	Prior Periods	0	0	0	0	0	0	0	0
	Total	0	0	3	10	36	4	0	53
	% of Total	0%	0%	6%	19%	68%	8%	0%	100%
4. This program met my needs.	This Period	0	0	2	12	35	2	0	51
	Prior Periods	0	0	0	0	0	0	0	0
	Total	0	0	2	12	35	2	0	51
	% of Total	0%	0%	4%	24%	69%	4%	0%	100%
Additional Questions:									
5. Additional comments from consumers completing the survey									

Select any additional questions (10 Max)

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

Report Submitted by: Emily Seelenfreund Date: 07/29/2026 Accepted by: Kat Larrowe Date: 09/01/2026

Report modified by:

Initially submitted: Jul 29, 2026 - 17:39:10

City Data Services - San Mateo, CA
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ATTACHMENT

Feasibility Study Framework & Model Comparison

Southside Solidarity Grocery · companion to the HWCAC referral and CHC report

Purpose

This framework sets out the questions a City Manager feasibility study should answer, so that the study is actionable and scoped from the outset. It expands the six study areas named in the Recommendation, offers a comparison of food-access models, and proposes decision criteria. It is a starting point for staff, not a constraint on their analysis.

Study questions by domain

1. Siting and premises

- Where in or near Southside can the store be located, and is City-owned or leasable space available?
- What size and layout fit the projected caseload, with proximity to students, seniors, and transit?
- What build-out, licensing, and food-safety requirements apply?

2. Eligibility design (broader than CalFresh)

- Which qualifying doors unlock the deep discount (SNAP, Medi-Cal, WIC, financial aid, student status, an income threshold, or caseworker referral)?
- How is eligibility verified simply, using existing enrollment rather than a new bureaucracy, and is access time-limited?
- How broad should eligibility be to reach the SNAP-excluded — students, immigrants, and the near-threshold?

3. Cooperative structure and SNAP authorization

- Adapt or scale an existing cooperative (e.g., the Berkeley Student Food Collective) or charter a new nonprofit?
- Which FNS retailer-authorization pathway applies (nonprofit food-buying cooperative), and can staple-stocking, Criterion B, or the "need for access" provision be met?
- How is the subsidized price kept available to every eligible shopper so the store complies with SNAP equal-treatment rules (7 CFR 278.2(b))?

4. Partnerships and supply

- Can the Berkeley Food Network supply and/or operate the store, and the Alameda County Community Food Bank provide regional sourcing?
- Can SB 1383 recovered food and Double Up / Market Match incentives be stacked to deepen affordability?
- How are UC Berkeley Basic Needs and City/County social workers integrated for referrals and on-site benefits navigation?

5. Funding and sustainability

- What are realistic startup and annual operating costs, and what subsidy depth (toward 10–30% of retail) is sustainable?
- What share can CSBG, grants, philanthropy, and in-kind contributions (space, inventory) cover so the pilot needs no General Fund appropriation?
- What revenue do SNAP/EBT sales contribute, and how is the model insulated from federal volatility?

6. Coordination, scale, and non-duplication

- How does the store complement — rather than duplicate — the Berkeley Food Network, soda-tax nutrition programs, Market Match, and SB 1383?
- Should Berkeley pursue a single Southside store or a citywide hub-and-spoke built on the Berkeley Food Network's existing pantry footprint?
- What governance preserves cooperative, member-voice decision-making while adding institutional partners?

Model comparison

How a solidarity grocery differs from the models Berkeley already has — and why it fills a distinct niche rather than duplicating them.

Dimension	Solidarity grocery (proposed)	Student Food Collective (today)	Emergency food / BFN pantry	Market grocer (post-zoning)
Primary reach	Low-income residents & students in precarity	Campus & general public	Households in acute need	General shoppers
Price to shopper	~10–30% of retail (deep subsidy)	~10% member discount; pay-it-forward	Free	Full retail
Eligibility	Means-tested, referral-based	Open; membership optional	Need-based / self-attested	None
Accepts SNAP/EBT	Yes (by design)	Yes	N/A	Yes
Dignity & choice	High — self-service retail	High — self-service retail	Lower — pre-packed	High

Dimension	Solidarity grocery (proposed)	Student Food Collective (today)	Emergency food / BFN pantry	Market grocer (post-zoning)
Benefits navigation	Built in (on-site)	Limited	Via referral	None
Typical funding	CSBG / grants / in-kind	Member & volunteer labor	Grants / donations	Private / market
Permanence	Permanent program	Ongoing (small scale)	Ongoing (demand-driven)	Market-dependent

Decision criteria & success metrics

- Households and individuals served, and the share who are otherwise SNAP-excluded (students, immigrants, near-threshold).
- Effective price to shoppers (progress toward 10–30% of retail) and SNAP benefit stretch.
- General Fund exposure (target: none), with the subsidy carried by CSBG, grants, and in-kind contributions.
- Secured partner commitments (food bank supply, operator, site) before any pilot launch.
- Projected food-security and diet-related health impact for the populations served.

Comparable models to examine

L'EPSO (Montpellier) — general-population social grocery, ~140 referred families weekly at 10–30% of cost; **Rayon 34** (Montpellier) — student-focused social grocery in city-provided premises; and the **Berkeley Student Food Collective** — the local nonprofit co-op whose model could be adapted or scaled. France's épiceries sociales operate within a national network (ANDES) that does not map onto Berkeley one-to-one; the design, not the structure, is what transfers.

Sources

• Berkeley Food Network, “Access to Healthy Food in Berkeley,” discussion-item presentation to the Health, Life Enrichment, Equity & Community Committee (January 28, 2026).

• City of Berkeley, Ordinance No. 7,996–N.S., Telegraph Avenue Commercial (C-T) District alcohol-sales amendment (adopted January 20, 2026).

• City of Berkeley, City Council action adopting a food-security RFP and allocating $200,000 in FY2024–25 and FY2025–26 (adopted June 25, 2024).

• City of Berkeley, City Council Referral Prioritization Results (2024, 2025, 2026), re: Food Utility and Access Resilience Measure (FARM), referral DMND0004109.

• Alameda County Community Food Bank, food-insecurity and distribution estimates (2025).

• University of California, systemwide student food-insecurity data; UC Berkeley Basic Needs reporting (2025).

• California Department of Social Services, estimates of H.R. 1 (2025) SNAP funding reductions to California; ABAWD work-requirement implementation (effective June 1, 2026).

• California Legislature, AB 2299 and AB 2213 (2025–26, held in committee) and SB 1077 (2025–26, vetoed September 18, 2026).

• Berkeley Student Food Collective, organizational and program information (foodcollective.org), 2026.

• City of Berkeley, Sugar-Sweetened Beverage Product Panel of Experts (SSBPPE) grant allocations, FY2026–FY2027.

Figures should be re-verified against the latest source releases before publication. Per the City's attachment guidance, legislative documents are cited by date, type, and title; web links are omitted.

A PROPOSAL FOR CITY COUNCIL

A Solidarity Grocery for Southside

The equity companion to Berkeley's Telegraph food-access strategy

Presented to the Human Welfare & Community Action Commission

Taj Herzer-Baptiste, Commissioner · [Meeting date]

THE PROBLEM

Southside has a food-access gap the market alone won't close

Council already acted on the supply side.

In January 2026 Council adopted a zoning amendment (Ord. 7,996-N.S.) lifting the alcohol-sales ban in the Telegraph Commercial district. The stated goal: Southside lacks a full-service grocery store, and the old rule deterred grocers from locating there.

But a market-rate grocer answers availability — not affordability.

For low-income residents, students, and seniors, a new store on Telegraph does not by itself make food reachable on a tight budget.

THE STRATEGY SO FAR

Zoning change (done)

Removed a barrier so a private grocer will consider Telegraph.

What it reaches

General shoppers who can pay retail prices.

What it misses

Households in precarity — the affordability layer.

THE MODEL

The épicerie sociale: a grocery store, not a food line

A French social-welfare model: a subsidized, self-service store where eligible shoppers choose their own groceries and pay a small fraction of retail. It preserves dignity and choice, and pairs food access with a social-work touchpoint.

1

Retail, not relief

Shoppers browse and pay — no pre-packed parcels.

2

10–30% of price

Clients pay a small share of the supermarket cost.

3

Referral-based

Social workers screen and refer; access is time-limited.

4

Food + support

A social counselor connects shoppers to other help.

WHY IT WORKS FOR PRECARITY

The same groceries, at a reachable price

At Montpellier's social groceries, shoppers pay only a fraction of retail — the affordability layer a market store can't provide.

15–30%

of real cost is what students pay at Rayon 34, Montpellier's youth-focused social grocery.



PROOF OF CONCEPT

Montpellier runs a network of social groceries

GENERAL

L'EPSO

- ~140 referred families shop weekly, self-service
- Prices set at 10–30% of supermarket cost
- City & county social workers handle referrals
- Supplied via the Hérault food bank

STUDENTS

Rayon 34

- Opened 2025 for students in precarity
- City provides the 90 m² premises; food bank runs it
- Motivated by ~1 in 3 young people skipping meals
- Groceries at 15–30% of real cost

THE BERKELEY FIT

It completes the strategy Council already started

ZONING CHANGE · ADOPTED

Market grocer for the general population

Answers availability. Reaches shoppers who can pay retail.

SOLIDARITY GROCERY · PROPOSED

Affordability layer for households in precarity

Answers affordability. Reaches students, seniors, low-income residents.

Berkeley already has the ingredients

Local precedent

Berkeley Student Food Collective, a co-op grocery at 2440 Bancroft.

Supply partner

Alameda County Community Food Bank for sourcing.

Access rails

Ecology Center CalFresh / Market Match; Berkeley Food Network.

HOW THE CITY SHOWS UP

A low-exposure role: enabler, not operator

Montpellier's city government does not run the stores. It convenes and enables — which keeps the financial and operational risk off the General Fund.

1

City

Provides or brokers a space; convenes partners; refers via social workers.

2

Food bank

Sources and supplies inventory at low or no cost.

3

Nonprofit operator

Runs day-to-day operations, staffing, and the social-work function.

Berkeley analogue: the City lends siting help and a referral pipeline; a food bank and a community operator do the rest.

PAYING FOR IT

Fundable without a General Fund ask

HWCAC already weighs anti-poverty allocations. That gives the commission a natural, credible funding argument to bring to Council.

CSBG

Frame a pilot as a Community Services Block Grant–eligible anti-poverty program — HWCAC's core remit.

Grants & philanthropy

Foundation and food-security grants; a startup-cost model like Montpellier's.

In-kind partnership

Food-bank inventory and a donated or low-cost space cut the cash need.

THE ADVISORY PATH

How HWCAC moves this to Council

1

Adopt a recommendation

Agendize, then adopt a short commission report by roll-call vote so it transmits as an official communication.

2

Refer for feasibility

Ask Council to refer to the City Manager: siting, eligibility design, operator, and funding.

3

Pair with Health

A companion item from the Community Health Commission frames food access as health and signals consensus.

4

Attach the money

Name CSBG / grant pathways so it arrives as a fundable pilot, not a General Fund request.

Timing note: the zoning ordinance is closed and Councilmember Lunaparra is not seeking reelection — so this needs a carrying councilmember and a fresh HWCAC-initiated referral, not an amendment to her item.

THE ASK

Recommended motion & next steps

DRAFT MOTION

"That HWCAC recommend Council refer to the City Manager a feasibility study for a subsidized 'solidarity grocery' serving Southside and student populations — modeled on Montpellier's épiceries sociales — as the affordability companion to the adopted Telegraph grocery zoning change, and identify CSBG and grant funding pathways."

IMMEDIATE STEPS

- Circulate a one-page concept memo to commissioners
- Agendize as an action item for the next meeting
- Coordinate a companion item with CHC
- Line up a carrying councilmember for the referral

ADAPT, DON'T COPY

A design to adapt — not a program to import

France's model leans on national structures (the ANDES network and mandated municipal social-action offices) that don't map onto Berkeley one-to-one.

What is portable is the design: a dignity-preserving retail format, referral-based eligibility, and food bundled with case management — delivered through Berkeley's existing food-bank and CalFresh infrastructure.

Availability was step one. Affordability is the commission's to carry.

Human Welfare and Community Action Commission

ACTION CALENDAR
[Council meeting date]

To: Honorable Mayor and Members of the City Council

From: Human Welfare and Community Action Commission

Submitted by: Catherine Huchting, Chairperson, Human Welfare and Community Action Commission

Subject: Referral to the City Manager: Feasibility Study for a Subsidized "Solidarity Grocery" (Épicerie Sociale) Serving Southside and Student Populations

RECOMMENDATION

Refer to the City Manager to conduct a feasibility study for a subsidized "solidarity grocery"—modeled on the French épicerie sociale, in which eligible, referred shoppers purchase groceries at a fraction of retail price—serving Southside residents and students, as the affordability companion to the Telegraph Commercial District grocery zoning change adopted by Council in January 2026 (Ordinance No. 7,996–N.S.). The study should evaluate: (1) site identification in or near Southside; (2) means-tested eligibility designed to be broader than CalFresh so as to reach students, immigrants, and residents just above federal thresholds; (3) a nonprofit cooperative operating structure capable of federal SNAP/EBT authorization, including whether to adapt or scale an existing Berkeley cooperative such as the Berkeley Student Food Collective; (4) partnership with the Berkeley Food Network, the Alameda County Community Food Bank, and existing local food-access programs; (5) Community Services Block Grant (CSBG), grant, and in-kind funding pathways sufficient to allow any pilot to proceed without a General Fund appropriation; and (6) coordination with the City's existing food-access efforts—including the Berkeley Food Network contract, sugar-sweetened-beverage-tax (Healthy Berkeley) nutrition grants, the Market Match produce-incentive program, and the City's SB 1383 edible-food-recovery program—to ensure the pilot complements rather than duplicates current programs.

SUMMARY

Council's January 2026 zoning change cleared the way for a market-rate grocer to locate on Telegraph, addressing the availability of food in Southside. It does not address affordability for the low-income residents and students who are most food-insecure. A solidarity grocery—a subsidized, self-service, referral-based store paired with a social-work touchpoint—is a proven model (operating in Montpellier, France, and reflected locally in the Berkeley Student Food Collective) that fills that affordability gap. The need is acute and growing: roughly one in four Alameda County residents is food-insecure, federal H.R. 1 cuts to CalFresh are now taking effect, and California's 2026 attempts to backfill those cuts did not become law. This item asks only for a feasibility

study, financed by existing staff time, with any resulting pilot designed to proceed through CSBG, grant, and in-kind funding rather than the General Fund.

FISCAL IMPACTS OF RECOMMENDATION

The recommendation commits no funds and would be carried out using existing staff time. Any future pilot is intended to be financed through Community Services Block Grant (CSBG) allocations, external and philanthropic grants, and in-kind partnerships (donated inventory and space), rather than through the General Fund. The feasibility study would quantify startup and operating costs and confirm the availability of these non–General Fund sources before any appropriation is sought.

CURRENT SITUATION AND ITS EFFECTS

The proposed Southside solidarity grocery advances the Strategic Plan goal to champion and demonstrate social and racial equity.

Food insecurity in Berkeley and Alameda County is widespread and worsening. The Alameda County Community Food Bank estimates that roughly one in four county residents is experiencing or at risk of hunger, and approximately 179,000 residents received CalFresh benefits as of March 2025. Among UC Berkeley students, systemwide University of California data indicate that 39 percent of undergraduates and 23 percent of graduate students experience food insecurity, and the campus reported in November 2025 that nearly 17,000 students lack reliable access to food.

The strain is documented locally. In a January 28, 2026 presentation to the Council's Health, Life Enrichment, Equity and Community Committee, the Berkeley Food Network—the City's contracted food-security provider and the largest direct food-assistance organization in the region—reported that its 9th Street pantry now serves more than 1,400 households each week, reaching more than 2,700 Berkeley households (over 5,600 individuals) annually, with neighborhood pop-up pantries serving roughly 600 additional households per month at senior-housing sites, schools, and the South Berkeley Senior Center, and home grocery delivery that has grown from 20 households in 2022 to about 120 today. Demand has reached record levels: during recent federal CalFresh (SNAP) payment delays, single-day pantry visits peaked at 823 households. The Network identified anticipated Berkeley pantry closures, rising grocery and healthcare costs, reduced CalFresh funding and new H.R. 1 work requirements, and the targeting of immigrant communities as converging pressures on local food access.

Council has already acted on the supply side. In January 2026 it adopted Ordinance No. 7,996–N.S., lifting the alcohol-sales prohibition in the Telegraph Commercial district on the stated finding that Southside lacks a full-service grocery store and that the prohibition deterred grocers from locating there. That change addresses the availability of a market-rate grocer. It does not, by itself, make food affordable for low-income residents, students, and seniors on constrained budgets.

The affordability gap is widening because of federal action that state law has not offset. Federal H.R. 1 (enacted July 2025) is estimated to reduce SNAP funding nationally by roughly $187 billion and, by California Department of Social Services estimates, to cut federal SNAP funding to California by at least $2.3 to $5.1 billion annually. Narrowed noncitizen eligibility took effect in California in approximately April 2026, and expanded work-requirement (ABAWD) time limits began on June 1, 2026, placing an estimated 300,000 to 660,000 Californians at risk of losing CalFresh. California's 2026 legislative attempts to cushion these cuts did not become law: Assembly Bill 2299 (the California Antihunger Response and Employment Training Act) was held in Senate Appropriations; Assembly Bill 2213, which would have revived the California Healthy Food Financing Initiative to fund food cooperatives, independent grocers, and food-desert projects, was held under submission; and Senate Bill 1077, providing for emergency CalFresh issuance during federal shutdowns, was vetoed on September 18, 2026. The net effect is that availability is improving through local zoning while the affordability safety net is contracting—strengthening the case for a locally controlled, grant-funded backstop.

At the November 18, 2026 meeting, the commission took the following action:
Action: M/S/C ([Commissioner #1 Last Name]/[Commissioner #2 Last Name]) to refer to the City Manager a feasibility study for a subsidized "solidarity grocery" (épicerie sociale) serving Southside and student populations, as set out in the Recommendation above.
Vote: Ayes – [Ayes by last name]; Noes – [None]; Abstain – [None]; Absent – [None].

BACKGROUND

The épicerie sociale ("social grocery") is a European social-welfare model: a subsidized, self-service grocery store in which referred, means-tested shoppers choose their own groceries and pay roughly 10 to 30 percent of the retail price. The format preserves dignity and choice—there are no pre-packed parcels—and pairs food access with a social-work touchpoint that connects shoppers to benefits and other services. The City of Montpellier, France operates a network of them: L'EPSO serves about 140 referred families each week at 10 to 30 percent of supermarket cost, with city and county social workers handling referrals and the regional food bank supplying inventory; Rayon 34, opened in 2025, serves students in city-provided premises, is operated by the regional food bank, and prices groceries at 15 to 30 percent of real cost.

A Berkeley effort would build on existing local infrastructure. The Berkeley Food Network—the City's contracted food-security provider, which in FY2025 sourced roughly 2.4 million pounds of food and supplies some 30 Berkeley community organizations (growing toward 45 in FY2026) while running CalFresh outreach—is a natural supply and operating partner. The Berkeley Student Food Collective—a nonprofit, member-run cooperative grocery at 2440 Bancroft Way, founded in 2010, open to the public, with roughly 150 members per term—is both a local precedent and a potential advisor or operating partner: it accepts SNAP/EBT, runs a "Double Up" incentive that matches

EBT spending on California-grown produce, and uses a member discount and a “pay-it-forward” subsidy to lower prices, demonstrating locally that a nonprofit cooperative can combine SNAP authorization with price subsidies. The Alameda County Community Food Bank offers a regional sourcing partner; the Ecology Center’s CalFresh and Market Match programs provide access rails; and UC Berkeley’s Basic Needs Center already reaches thousands of students who could be referred.

Accepting SNAP is both feasible and strategic, and it shapes the design. Under federal equal-treatment rules (7 CFR 278.2(b)), a SNAP-authorized store must accept benefits at the same prices and terms as cash and may not single out SNAP users; accordingly, the subsidized price must be available to every eligible shopper rather than tied to SNAP status. A nonprofit food-buying cooperative is a federally recognized retailer-authorization pathway that reconciles referral-based, means-tested access with SNAP participation, and the Berkeley Student Food Collective already operates on this footing in Berkeley today. Designing eligibility more broadly than CalFresh—qualifying shoppers who are students (who are largely SNAP-ineligible), immigrants excluded under federal rules, or residents just above federal income thresholds—ensures the store reaches precisely the populations the federal program leaves out, while SNAP acceptance lets benefits stretch further for those who have them.

Council has previously recognized the need for local food-security infrastructure. The Berkeley Food Utility and Access Resilience Measure (FARM) referral (referred June 27, 2023) ranked as high as seventh among all Council referrals in the 2024 prioritization before lapsing from the active referral list in January 2026. This item carries that intent forward in a leaner, more targeted, and fundable form.

Adapting and scaling the Berkeley Student Food Collective model. The Berkeley Student Food Collective shows that a nonprofit, member-run grocery can operate in Berkeley, accept SNAP/EBT, and build modest affordability tools. Its current tools, however, are shallow relative to the solidarity-grocery model: a roughly 10 percent member discount, a voluntary “pay-it-forward” subsidy, and an EBT produce match make food somewhat cheaper for an open, largely campus-based clientele, whereas an épicerie sociale delivers a deep, reliable subsidy—shoppers paying roughly 10 to 30 percent of retail—to referred, means-tested households. Matching that model at a Southside or citywide scale would require expanding the Collective’s approach along several dimensions:

- **Deepen the subsidy.** Move from a modest member discount and voluntary contributions to a structured sliding scale in which eligible shoppers pay roughly 10 to 30 percent of retail, underwritten by grants, CSBG, and food-bank sourcing rather than member donations.
- **Add a means-tested, referral-based tier.** Retain open public access, but layer in referral-based eligibility—students, CalFresh/Medi-Cal/WIC recipients, financial-aid recipients, or caseworker referrals—that unlocks the deep discount,

while keeping the subsidized price available to everyone who qualifies so the store stays SNAP-compliant.

- **Integrate benefits navigation.** Pair the store with an on-site social-work and CalFresh/Medi-Cal enrollment function—potentially drawing on the Berkeley Food Network's existing outreach—so it becomes an access point for services, not only groceries.
- **Stabilize staffing and supply.** Add a paid operating core for reliable hours, food safety, and EBT compliance, layered with the cooperative's volunteer base, and secure food-bank-scale sourcing (Berkeley Food Network, Alameda County Community Food Bank) to make deep discounts financially viable.
- **Site and scale for the target population.** Locate a store to serve Southside residents and students together rather than a campus storefront alone.

Two structures merit study. A solo Southside store would be a single subsidized, cooperatively governed storefront—closest to Montpellier's L'EPSO, with a student focus akin to its Rayon 34 site. A citywide approach would be a hub-and-spoke: one central solidarity grocery supplying satellite and pop-up points that build on the Berkeley Food Network's existing neighborhood-pantry and senior-site footprint, extending reach without multiplying storefront overhead. Either structure can preserve the cooperative, member-voice governance that distinguishes the Collective while adding the institutional partners—City as enabler, food bank as supplier, nonprofit operator—needed for durability.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

A neighborhood grocery in a dense, transit-rich area reduces vehicle trips for routine food shopping and improves walkable access to fresh food. Sourcing through the regional food bank and surplus- and recovered-food channels diverts edible food from the waste stream, advancing the City's zero-waste and climate goals. Any site build-out would be expected to meet the City's applicable green building and energy standards.

RATIONALE FOR RECOMMENDATION

The zoning change addressed supply; the affordability gap remains and is widening as federal cuts take effect and state backfill measures have failed to become law. A solidarity grocery is a proven, dignity-preserving response that Berkeley is well positioned to adapt given its existing cooperative-grocery precedent and food-access infrastructure. The municipal role can remain low-exposure—the City convenes and enables (siting assistance and a referral pipeline) while a food bank and a nonprofit operator run the store—and the model is designed to be funded without a General Fund appropriation. A feasibility study is the prudent, low-cost next step to test these assumptions before any commitment of resources. A companion report from the Community Health Commission, framing food access as a public-health priority, is anticipated for its December 3, 2026 meeting.

Related City efforts, and why this is not duplicative. The City's current food-access measures address adjacent but distinct needs: the Berkeley Food Network contract funds emergency and charitable food distribution; sugar-sweetened-beverage-tax grants fund nutrition education, gardens, and sugary-drink reduction, and are earmarked to those purposes rather than food retail; the Market Match program offers a produce-only incentive at farmers' markets and is itself threatened by 2026 state budget reductions; the City's SB 1383 program recovers surplus edible food; and the Telegraph zoning change addresses the availability of a market-rate grocer. None provides a permanent, means-tested, dignity-based subsidized grocery. The food-related Council referrals that came closest—the Food Utility and Access Resilience Measure (FARM) and earlier referrals on plant-based food purchasing and the Good Food Purchasing Program—have all lapsed from the active referral list. This item fills that gap and is designed to knit the existing efforts together: food-bank and recovered-food supply, EBT and produce-incentive stacking at the register, and a zoning-enabled Southside site.

ALTERNATIVE ACTIONS CONSIDERED

- Rely on the market-rate grocer attracted by the zoning change alone. Rejected: a market store addresses availability but not affordability, and would not reach the most price-sensitive residents and students.
- Expand emergency food and pantry capacity only. Rejected: emergency food does not provide the dignity, choice, or stable grocery access of a retail model, and pantries face the same demand surge from federal cuts.
- Establish a City-operated municipal grocery. Rejected at this stage: direct municipal operation carries substantially higher financial and operational exposure than the enabler model recommended here.
- Take no action. Rejected: the food-access gap is documented and widening, and the window created by the Telegraph zoning change favors acting now.

CITY MANAGER

The City Manager [TYPE ONE] concurs with / takes no position on the content and recommendations of the Commission's Report. [OR] Refer to the budget process.

CONTACT PERSON

Taj Herzer-Baptiste, Commissioner, Human Welfare and Community Action Commission, (510) ___-____

Attachments:
1: Feasibility Study Framework & Model Comparison (Human Welfare and Community Action Commission, November 2026)
Referenced legislative document: Ordinance No. 7,996–N.S., Amendments to Berkeley Municipal Code Title 23 (Zoning), Section 23.204.020, to Allow the Retail Sale of Alcohol in the Telegraph Avenue Commercial (C-T) Zoning District (adopted January 20, 2026).

Referenced: Berkeley Food Network, “Access to Healthy Food in Berkeley,” discussion-item presentation to the Health, Life Enrichment, Equity and Community Committee (January 28, 2026); and the City Council action adopting a food-security Request for Proposals and allocating $200,000 in FY2024–25 and $200,000 in FY2025–26 from the General Fund (adopted June 25, 2024).

Human Welfare and Community Action Commission

ACTION CALENDAR
[Council meeting date]

To: Honorable Mayor and Members of the City Council

From: Human Welfare and Community Action Commission

Submitted by: Catherine Huchting, Chairperson, Human Welfare and Community Action Commission

Subject: Permanent Community Violence Intervention Program and Public Outcomes Reporting

RECOMMENDATION

Refer to the City Manager and the FY 2028 mid-cycle budget process to:

1. Identify ongoing funding to continue the community violence intervention services of the Gun Violence Intervention and Prevention Program (GVIPP), currently provided under contract by Live Free USA, after the Byrne State Crisis Intervention Program grant ends on July 31, 2027.

2. Return to Council with options for a permanent, non-police violence prevention function within the City Manager's Office or the Department of Health, Housing, and Community Services, informed by the Oakland Department of Violence Prevention and scaled to Berkeley's needs, including whether to add gender-based violence services and support for families after homicides through community-based contracts.

3. Publish shooting incident data and GVIPP outcome measures on the Berkeley Police Department Transparency Hub, including gunfire incidents by Council district, participants served, conflicts mediated, and re-injury rates.

4. Formalize regional coordination on shooting reviews and referrals with the City of Oakland Department of Violence Prevention and the Alameda County Office of Violence Prevention.

FISCAL IMPACTS OF RECOMMENDATION

The GVIPP pilot was funded at $1,000,000 per year from the General Fund for July 2024 through July 2026, supplemented by a $1,000,000 Byrne State Crisis Intervention Program grant from the Board of State and Community Corrections for August 2025 through July 2027, of which $417,220 expands Live Free USA services. Continuing core outreach services at the pilot level would require approximately $1,000,000 per year after the grant ends. The Commission recommends that state funding, including the

California Violence Intervention and Prevention (CalVIP) grant program, be pursued for expansion rather than relied on for core services.

CURRENT SITUATION AND ITS EFFECTS

Berkeley's gun violence program has operated as a pilot and, as of January 2026, City staff reported no secured long-term funding source. Staff also reported that recent changes in federal grant requirements have added constraints for cities with sanctuary policies, including Berkeley. Remaining grant funding ends July 31, 2027.

Shootings in Berkeley have declined during the pilot period: 35 in 2023, 31 in 2024, and 15 in 2025, according to Berkeley Police Department data as compiled by local reporting. Gunfire remains concentrated in South and West Berkeley and within a small network of individuals at highest risk. The decline also mirrors regional and national trends, so a formal evaluation is needed to assess the program's contribution. The Transparency Hub does not currently publish shootings or violence intervention outcomes data.

Making community violence intervention permanent advances the Strategic Plan goal to create a resilient, safe, connected, and prepared city.

At the [Insert meeting date] meeting, the commission took the following action:

Action: M/S/C ([Commissioner #1 Last Name]/[Commissioner #2 Last Name]) to [Insert text of motion].
Vote: Ayes - [Ayes by last name]; Noes - [Noes by last name, or "None"]; Abstain - [Abstentions by last name, or "None"]; Absent - [Absences by last name, or "None"].

BACKGROUND

Council funded program design in 2021 and staffing in 2022. A 2022 analysis by the Berkeley Police Department and the UC Berkeley Goldman School of Public Policy recommended a multi-pronged approach that included focused outreach to the small, interconnected network at the center of local gun violence.

On June 25, 2024, Council authorized a two-year, $2,000,000 contract with Live Free USA for custom notification and street outreach services, with the National Institute for Criminal Justice Reform conducting shooting reviews and designing notifications. On July 29, 2025, Council accepted a $1,000,000 Byrne State Crisis Intervention Program grant to fund a temporary Crime Analyst in the Police Department and to expand Live Free USA's life coaching, crisis stabilization, and training services.

The City of Oakland's Department of Violence Prevention, established in 2017, is a full City department that funds community-based organizations to address gun violence, intimate partner violence, commercial sexual exploitation, and community trauma, and maintains its own research, evaluation, and grants functions. Oakland reports that homicides and shootings fell 49% in the two years after it renewed its violence reduction

strategy in early 2024. Oakland's experience also shows the risk of relying on a single grant: its state CalVIP grant expired in early 2026 and its renewal was not funded.

The Commission advises Council on community social welfare needs under Berkeley Municipal Code Chapter 3.78. At its [Insert meeting date] meeting, the Commission received a presentation from City staff and Live Free USA on GVIPP results and funding status.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS
There are no identifiable environmental sustainability or climate impacts associated with this recommendation.

RATIONALE FOR RECOMMENDATION
Gun violence in Berkeley is concentrated among a small number of people and places, which is the population community violence intervention is designed to reach. Letting services lapse when the grant ends would lose trained outreach staff and their relationships with participants, just as shootings reach a near-decade low. A small, permanent program sized to Berkeley's needs, with public outcome reporting, would protect those gains, allow evaluation, and position Berkeley for state expansion funding.

ALTERNATIVE ACTIONS CONSIDERED
- **Take no action.** The pilot would end with its grant, risking lost outreach capacity and a rebound in shootings.
- **Create a full department modeled directly on Oakland.** Berkeley's level of violence and budget do not warrant a department of that scale.
- **Move the program into the Police Department.** Intervention relies on credible messengers and community trust that work best outside law enforcement.

CITY MANAGER
[To be completed by staff: The City Manager concurs with / takes no position on the content and recommendations of the Commission's Report. OR Refer to the budget process. OR See companion report.]

CONTACT PERSON
Kathryn Larrowe, Commission Secretary, Health, Housing, and Community Services, (510) 981-5555

Attachments:
1: Contract: Live Free USA for Gun Violence Intervention and Prevention Program (Council meeting of June 25, 2024, Item 13)
2: Grant Award: Byrne State Crisis Intervention Program (Special Council meeting of July 29, 2025, Item 1)
3: Reimagining Public Safety: Gun Violence Intervention and Prevention Program Update (staff presentation, November 18, 2024)

ATTACHMENT E

CITY OF BERKELEY · HUMAN WELFARE AND COMMUNITY ACTION COMMISSION

Care Access Is an Anti-Poverty Issue



Barriers low-income residents face in getting care, and six actions for the City

Draft for discussion · November 2026 · Presented by Commissioner Taj Herzer-Baptiste

OVERVIEW

The referral at a glance

1 **Measure the barriers**
Add them to the next CSBG Community Needs Assessment

2 **Connect to what exists**
Navigation for rides, financial aid, transit discounts, sick leave

3 **Keep residents covered**
Medi-Cal outreach and renewal help before January 1, 2027

4 **Fit care to working lives**
Evening, weekend, and walk-in care; sites near transit

5 **Close digital and language gaps**
Telehealth space and language access

6 **Track results**
Care-access measures in anti-poverty program reports

Most of this uses benefits, programs, and contracts that already exist. Report back to Council within nine months.

THE PROBLEM

Getting care means passing six gates

Time off

Can I miss a shift?

→

A way there

Can I get there?

→

Paying

Can I afford it?

→

Coverage

Am I still covered?

→

Language and trust

Will they understand me?

→

Caregiving

Who watches my kids?

A clinic down the street helps only if a resident can pass every gate.

Clinic capacity is the Community Health Commission's focus. The gates are about income, work, and family, which is HWCAC's territory.

WHO CARRIES THE BARRIERS

Berkeley's gaps fall along income lines

17%

of Berkeley residents live in poverty

Nearly double the Alameda County rate

$52,125

median income of African American households

About half the citywide median of just under $105,000

13 years

life expectancy gap between census tracts

91 years in a Berkeley Hills tract; 78 in a South or West Berkeley tract

The six gates are hardest to pass with the least income to absorb a missed shift, a fare, or a bill.

Sources: City of Berkeley draft 2026–2027 Community Needs Assessment (ACS 2023); 2025 Community Health Assessment, Berkeley Wellness Blueprint (life expectancy data 2019–2023)

GATE 1 · TIME AND WORK

A missed shift costs about $157

$157

pre-tax pay for one eight-hour shift at Berkeley's minimum wage of $19.61, in effect since July 1, 2026

Calculated: 8 hours × $19.61

Paid sick leave helps, with limits

One hour per 30 hours worked, capped at 48 hours for employers under 25 workers and 72 hours for larger employers; enforced by the City's Labor Standards and Enforcement Program

Many sites keep daytime hours

LifeLong's Berkeley urgent care posts hours of 9 a.m. to 5 p.m., Monday to Saturday

Evening and weekend care protects pay

After-hours care lets hourly workers keep their shift (Action 4)

Sources: City of Berkeley, Workforce Standards and Enforcement (minimum wage and Paid Sick Leave Ordinance); LifeLong Medical Care location page (accessed November 2026)

GATES 2 AND 3 · GETTING THERE AND PAYING

Help exists if residents know to ask

Rides to care

Alameda Alliance covers rides to appointments and pharmacy trips at no cost for Medi-Cal members; medical transportation is booked three business days ahead

Transit discount

Clipper START cuts BART fares 50% for adults 19 to 64 at or below 200% of the federal poverty level; accepted by more than 20 operators

Hospital financial assistance

California hospitals must offer financial assistance to patients with incomes up to 400% of the federal poverty level (AB 1020)

Medical debt protection

Since January 1, 2025, medical debt may not be reported to credit bureaus (AB 2297, SB 1061)

Sources: Alameda Alliance for Health transportation handout; BART, Clipper START; HCAI Hospital Fair Billing Program; KFF Health News (Sept 2024)

GATE 4 · COVERAGE

Medi-Cal changes add paperwork barriers

Jan 1, 2026

New full-scope enrollment closes for adults without satisfactory immigration status

Oct 1, 2026

Federal eligibility narrows for certain immigration statuses; state coverage continues through June 30, 2027

Jan 1, 2027

Work requirements: 80 hours a month for adults 19 to 64, with exemptions

Mar 1, 2027

Six-month renewals for some adults replace annual renewals

Oct 1, 2028

Small copays for some adults, capped at 5% of household income

1.1 million

Californians projected to lose Medi-Cal under the work requirement by 2029–30, many for procedural reasons rather than ineligibility (DHCS estimate)

Sources: DHCS, Tracking Federal Impact: Medi-Cal Eligibility (updated September 2026); CHCF, H.R. 1 work requirement (June 2026); California Today (2026)

GATES 5 AND 6 · LANGUAGE, TRUST, AND CAREGIVING

Barriers beyond cost and distance

Language

6.4% of Berkeley residents age 5 and older have limited English proficiency

Trust

Residents describe discrimination and engagement without follow-through

Digital access

Telehealth needs a device, a data connection, and a private place to talk

Caregiving and housing

Housing costs force families to choose among housing, utilities, food, and medicine

"If you don't have secure housing and food, you can't have good mental health." Berkeley focus group participant

Source: City of Berkeley 2025 Community Health Assessment (Berkeley Wellness Blueprint), except digital access

THE DATA GAP

What the City's data misses

2025 Community Health Assessment

Covers

- Cost of basic necessities, including food, transportation, and health care
- Hard-to-navigate systems; discrimination and trust; housing
- Limited English proficiency (6.4%)

Not measured as barriers to care

Transportation, work schedules, childcare, digital access

Draft 2026–2027 Community Needs Assessment

Covers

- Poverty (17%) and income by race
- Uninsured rate (3% of residents under 65)
- Need for health care and housing

Not addressed

Childcare, digital access, and language; transportation appears only as a service for residents with disabilities

Neither measures work schedules, transportation, childcare, or digital access as barriers to care. **Action 1 fixes that.**

Sources: City of Berkeley 2025 Community Health Assessment; draft 2026–2027 Community Needs Assessment (both reviewed by HWCAC on June 17, 2026)

WHY HWCAC

Why this belongs at HWCAC

Federally mandated tripartite board
Advises Council on CSBG funds and reviews program performance and compliance

Elected low-income representatives
Six of the Commission's fifteen members

Community Action Program
CSBG funds activities chosen through the City's Community Agency RFP: $327,299 in each of 2024 and 2025

Needs assessment and action plan
The Commission reviewed both on June 17, 2026

Federal CSBG funding is not secure

The FY2026 President's budget proposed $0 for CSBG, down from $804.3 million in FY2025.

So these actions lean on benefits, programs, and contracts that already exist.

Sources: Berkeley Municipal Code 3.78.010; Council report, Revenue Contract: 2026 CSBG (Dec 2, 2025); HWCAC minutes (June 17, 2026); ADvancing States FY2026 budget analysis

THE REFERRAL

Six actions for the City

Refer to the City Manager, with a report back to Council within nine months

1. **Measure the barriers**
   Add them to the next CSBG Community Needs Assessment
2. **Connect to what exists**
   Navigation for rides, financial aid, transit discounts, sick leave
3. **Keep residents covered**
   Medi-Cal outreach and renewal help before January 1, 2027
4. **Fit care to working lives**
   Evening, weekend, and walk-in care; sites near transit
5. **Close digital and language gaps**
   Telehealth space and language access
6. **Track results**
   Care-access measures in anti-poverty program reports

ACTIONS 1 AND 6

Measure the barriers, track results

1 Measure the barriers

- Add work schedules and lost wages, transportation, cost and medical debt, coverage, language, digital access, and caregiving to the next CSBG Community Needs Assessment and Community Action Plan
- Coordinate with any urgent and non-emergency care baseline Council directs

Why: Builds the evidence for future funding decisions

6 Track results

- Add care-access measures to outcome reports for CSBG- and City-funded anti-poverty programs
- Possible measures: residents helped to renew Medi-Cal, rides arranged, financial assistance applications filed

Why: Shows what works before the next funding cycle

ACTIONS 2 AND 3

Connect residents, keep them covered

2 Connect residents to what exists

Navigation through City-funded community agencies

- Medi-Cal rides to appointments
- Hospital financial assistance and debt protections
- Clipper START transit discounts
- Paid sick leave rights

3 Help residents keep coverage

Before January 1, 2027 (work rules) and March 1, 2027 (six-month renewals)

- Coordinate with Alameda County Social Services Agency
- Work with Alameda Alliance for Health
- Partner with community agencies on renewal help
- The County decides eligibility; the City's role is outreach

Timing matters: outreach should start before the work rules take effect on January 1, 2027.

ACTIONS 4 AND 5

Reach residents after hours and online

Action 4
Fit care to working lives

- Use City funding agreements and partnerships to expand evening, weekend, and walk-in care
- Weigh transit access and closeness to low-income neighborhoods in any City-supported site

Action 5
Close digital and language gaps

- Evaluate private telehealth space with devices at libraries and community centers
- Language access in City-funded care navigation

Cost: evaluation only; any build-out or new service goes to the budget process or the next Community Agency funding cycle.

AFTER THE REPORT BACK

Longer-term options

Next Community Agency RFP

Prioritize care-access navigation and evening and weekend service in the next funding cycle

Community health worker network

Build one through community agencies, drawing on Medi-Cal's coverage of community health worker services

Care-access standard

Set expectations for hours, transit, and language at any City-supported clinic site, with the Community Health Commission

FISCAL IMPACT AND NEXT STEPS

Low cost, and paired with CHC

Fiscal impact

- Staff time in Health, Housing & Community Services and other departments as assigned
- Measuring and tracking fit existing CSBG administration and the needs assessment cycle
- Navigation and outreach can be evaluated within existing agency contracts
- New costs go to the budget process or the next Community Agency cycle

1. **HWCAC vote**
   Next regular meeting
2. **City Council**
   Consent Calendar referral
3. **City Manager**
   Assigns the work
4. **Report back**
   Within nine months

Companion: Community Health Commission referral on clinic capacity

FOR THE COMMISSION

Questions for discussion

1. Which barriers should the next Community Needs Assessment measure first?
2. Which community agencies are best placed to add care-access navigation?
3. Should HWCAC invite Alameda Alliance for Health or County Social Services to present before January 1, 2027?
4. How should this item move alongside the Community Health Commission’s referral?

Human Welfare and Community Action Commission

CONSENT CALENDAR
[Meeting Date (MM dd, yyyy)]

To: Honorable Mayor and Members of the City Council

From: Human Welfare and Community Action Commission

Submitted by: Catherine Huchting, Chairperson, Human Welfare and Community Action Commission

Subject: Referral: Reducing Non-Medical Barriers to Care for Low-Income Residents

RECOMMENDATION

Refer to the City Manager to take the following actions to reduce the non-medical barriers that keep low-income residents from getting timely care, and to report back to Council within nine months:

1. **Measure the barriers.** Include barriers to care for low-income residents (work schedules and lost wages, transportation, cost and medical debt, loss of coverage, language, digital access, and caregiving) in the City's next Community Services Block Grant (CSBG) Community Needs Assessment and Community Action Plan, and coordinate with any assessment of urgent and non-emergency care access that Council directs.
2. **Connect residents to benefits and protections that already exist.** Evaluate adding care-access navigation to City-funded community agency programs, including help using Medi-Cal transportation to appointments, hospital financial assistance and medical debt protections, Clipper START transit discounts, and paid sick leave under the Berkeley Paid Sick Leave Ordinance.
3. **Help residents keep their coverage.** Coordinate with the Alameda County Social Services Agency, Alameda Alliance for Health, and community partners on outreach and renewal assistance before federal Medi-Cal work requirements take effect on January 1, 2027 and six-month renewals begin on March 1, 2027.
4. **Fit care to working lives.** Evaluate how City funding agreements and partnerships can expand evening, weekend, and walk-in access to care for low-income residents, and weigh transit access and proximity to low-income neighborhoods in any City-supported care site.
5. **Close digital and language gaps.** Evaluate private telehealth space with devices at City facilities, such as libraries and community centers, and language access in City-funded care navigation.
6. **Track results.** Add care-access measures to outcome reporting for CSBG-funded and City-funded anti-poverty programs.

SUMMARY

The Human Welfare and Community Action Commission recommends that Council refer to the City Manager six actions to reduce the non-medical barriers that keep low-income residents from getting timely care. Whether a resident gets care depends on time off work, transportation, cost, coverage, language, and caregiving as much as on whether a clinic exists. Berkeley's poverty rate is 17 percent, nearly double the county's, and life expectancy differs by 13 years between a Berkeley Hills census tract and a South or West Berkeley tract.

The City's 2025 Community Health Assessment and draft 2026–2027 Community Needs Assessment do not measure work schedules, transportation, childcare, or digital access as barriers to care, and federal Medi-Cal changes beginning in 2027 will add paperwork barriers. The recommended actions rely mainly on benefits, programs, and contracts that already exist.

FISCAL IMPACTS OF RECOMMENDATION

The recommendation requires staff time in the Health, Housing & Community Services Department and in other departments as the City Manager assigns. Measuring barriers (Item 1) and tracking results (Item 6) fit within existing CSBG administration and the Community Needs Assessment cycle. Navigation (Item 2) and coverage outreach (Item 3) can be evaluated within existing community agency contracts. Any new program costs, such as navigation staff or telehealth space, would be referred to the budget process or the next Community Agency funding cycle.

The recommendation does not depend on new federal funds. That matters because the FY2026 President's budget proposed eliminating CSBG. Berkeley's CSBG award was $327,299 in each of 2024 and 2025.

CURRENT SITUATION AND ITS EFFECTS

Getting care takes more than a clinic nearby. A resident also needs time off work, a way to get there, the means to pay, active coverage, communication in a language they understand, and someone to look after children or relatives. For low-income residents, each step can be a barrier, and together they push urgent needs into emergency rooms or leave them untreated.

These barriers fall hardest on residents with the fewest resources. Berkeley's poverty rate is 17 percent, nearly double that of Alameda County. African American households have a median income of $52,125, about half the citywide median of just under $105,000. Average life expectancy is 91 years in a Berkeley Hills census tract and 78 years in a South or West Berkeley tract, a 13-year gap.

The City's data does not yet measure the barriers themselves. The 2025 Community Health Assessment reports the high cost of basic necessities, including food, transportation, and health care, and systems that are hard to navigate. The draft 2026–2027 Community Needs Assessment finds the need for health care clearly supported by

the data. Neither measures work schedules, transportation, childcare, or digital access as barriers to care. The Commission reviewed both documents at its June 17, 2026 meeting.

New pressures are coming. Federal Medi-Cal work requirements take effect January 1, 2027 for adults ages 19 to 64, and six-month renewals begin March 1, 2027. The California Department of Health Care Services projects that 1.1 million Californians could lose coverage under the work requirement by 2029–30, many for procedural reasons. Federal eligibility for certain immigrants narrowed on October 1, 2026.

The Commission is the federally mandated tripartite advisory board for Berkeley's CSBG funds, and six of its fifteen members are elected representatives of low-income residents. Barriers to care for low-income residents fall within its charge to advise Council on social welfare needs and to assist in administering the Community Action Program. The Community Health Commission is considering a companion referral on urgent and non-emergency care capacity; this referral addresses whether low-income residents can use that capacity.

Reducing barriers to care for low-income residents advances the Strategic Plan goal to champion and demonstrate social and racial equity.

At the [Insert meeting date] meeting, the commission took the following action:

Action: M/S/C ([Commissioner #1 Last Name]/[Commissioner #2 Last Name]) to approve and forward to the City Council the recommendation to refer to the City Manager actions to reduce non-medical barriers to care for low-income residents. Vote: Ayes - [Ayes by last name]; Noes - [Noes by last name, or "None"]; Abstain - [Abstentions by last name, or "None"]; Absent - [Absences by last name, or "None"].

BACKGROUND

Time and work. Many low-income residents work hourly jobs. At Berkeley's minimum wage of $19.61, effective July 1, 2026, a missed eight-hour shift costs about $157 before taxes. The Berkeley Paid Sick Leave Ordinance requires one hour of paid sick leave for every 30 hours worked, which employers with fewer than 25 employees may cap at 48 hours and larger employers at 72 hours; the City's Labor Standards and Enforcement Program enforces it. Daytime hours compound the problem: LifeLong Medical Care's Berkeley Immediate/Urgent Care, a community health center site, posts hours of 9:00 a.m. to 5:00 p.m., Monday through Saturday.

Transportation. Alameda Alliance for Health covers rides to medical appointments and pharmacy trips at no cost for its Medi-Cal members, by car, taxi, or public transit, and covers medical transportation, booked at least three business days ahead, for members who cannot use those options. Clipper START gives Bay Area adults ages 19 to 64 with incomes at or below 200 percent of the federal poverty level a 50 percent discount on

BART fares and is accepted by more than 20 transit operators. Both require residents to know about and enroll in them.

Cost and medical debt. California hospitals must offer financial assistance to patients with incomes up to 400 percent of the federal poverty level (AB 1020, 2021), and since January 1, 2025 may not report medical debt to credit reporting agencies (AB 2297 and SB 1061, 2024). Hospital screening for presumptive eligibility for financial assistance begins July 1, 2027 (AB 1312). These protections help only when residents know to ask for them.

Coverage. The Alameda County Social Services Agency determines Medi-Cal eligibility; the City's role is outreach and help through partners. Federal law (H.R. 1, 2025) adds work requirements of 80 hours a month for adults ages 19 to 64 starting January 1, 2027, with exemptions, and six-month renewals for some adults starting March 1, 2027. Federal eligibility for certain immigration statuses ended October 1, 2026, with state-funded coverage continuing through June 30, 2027, and new full-scope enrollment closed on January 1, 2026 for adults without satisfactory immigration status.

Language, trust, and digital access. About 6.4 percent of Berkeley residents age 5 and older have limited English proficiency. Residents in the Community Health Assessment described discrimination and engagement without follow-through as reasons for lost trust. Telehealth can save a trip and a lost shift, but it requires a device, a data connection, and a private place to talk.

Caregiving and housing. Parents and family caregivers may be unable to leave children or relatives to attend appointments. The Community Health Assessment found that housing costs force families to choose among housing, utilities, food, and medicine.

The Commission and CSBG. The Commission acts as the federally mandated tripartite advisory board for CSBG funding: it reviews program performance and compliance and advises Council, which makes all final funding decisions. CSBG funds activities selected through the City's Community Agency RFP process and supplements General Fund anti-poverty spending on disability and senior services, medical care, childcare, and homeless services (Staff Report, "Revenue Contract: 2026 Community Services Block Grant," Council meeting of December 2, 2025). The FY2026 President's budget proposed eliminating CSBG, which received $804.3 million nationally in FY2025.

Companion referral. The Community Health Commission is considering a referral on urgent and non-emergency care capacity, including a Public Health Division baseline of low-acuity care, City property and zoning for clinics, federal shortage designations, and growth through existing community health centers. The two referrals are designed to work together.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS
Transit discounts, Medi-Cal rides, care sited near transit, and telehealth can reduce vehicle trips and emissions, and telehealth space in existing City facilities avoids new construction. The referral itself has no direct environmental impact.

RATIONALE FOR RECOMMENDATION
Use what already exists. Rides, financial assistance, debt protections, transit discounts, and paid sick leave are already available. Navigation through trusted community agencies helps residents use them at little added cost.

Measure what is missing. The City's assessments do not yet measure the barriers that matter most to low-income residents. Adding them to the next Community Needs Assessment builds the evidence for future funding decisions.

Act before coverage losses. Medi-Cal work requirements begin January 1, 2027. Outreach and renewal help work best before residents lose coverage, not after.

Fits the Commission's mandate. The Commission advises Council on social welfare needs and oversees CSBG, and its elected low-income representatives bring direct knowledge of these barriers.

ALTERNATIVE ACTIONS CONSIDERED
Leave care access to the health system. More clinic capacity alone does not remove barriers of time, cost, transportation, coverage, or language. This referral complements, rather than duplicates, the Community Health Commission's work on capacity.

Create a new City-run navigation program. A new program would cost more and take longer. Community agencies already serve low-income residents and can add navigation through existing contracts.

Information report only. An information report would raise awareness but would not direct staff to measure the barriers or evaluate solutions.

Wait for the next assessment cycle. Without Council direction, the next Community Needs Assessment may again omit these barriers, and the Medi-Cal changes begin before it would be complete.

CITY MANAGER
The City Manager [TYPE ONE] concurs with / takes no position on the content and recommendations of the Commission's Report. [OR] Refer to the budget process.

CONTACT PERSON
Kathryn Larrowe, Commission Secretary, Health, Housing & Community Services Department, (510) 981-5555

Human Welfare and Community Action Commission

ACTION CALENDAR
[Council meeting date, to be scheduled by the City Clerk]

To: Honorable Mayor and Members of the City Council

From: Human Welfare and Community Action Commission

Submitted by: Catherine Huchting, Chairperson, Human Welfare and Community Action Commission

Subject: Referral to the City Manager: Preparing City Services for the 2026–27 Health Coverage Transition

RECOMMENDATION

Refer to the City Manager to report back to the City Council, with copies to the Human Welfare and Community Action Commission and the Community Health Commission, within 120 days on the anticipated and observed effects of the 2026–27 health coverage transition on City-operated and City-funded services. The report should address the following, to the extent information is available, and should state which elements cannot be addressed:

- Exposure: the best available estimate of Berkeley residents enrolled in Medi-Cal expansion coverage and in Covered California plans, any Berkeley- or Alameda County-specific projection of coverage loss, and the neighborhoods and populations most exposed.
- Service capacity: current and projected uninsured and self-pay use of the West Berkeley Family Wellness Center and other City-operated or City-funded clinical service points; sliding-scale and charity care capacity at those sites; the ability of City-funded behavioral health, substance use, and harm reduction providers to keep serving clients who lose coverage; and any expected change in City costs from increased uncompensated demand.
- Emergency medical services: baseline and trend data on Berkeley Fire Department EMS transport volume and, where available, payer mix; the indicators staff would use to detect a coverage-related shift in 911 use, and whether they are tracked now; and coordination with receiving emergency departments on uncompensated volume while the future of acute care capacity for Berkeley residents remains unresolved.
- Connection and referral: what City staff at points of contact (clinics, EMS, shelters, senior centers, and food distribution sites) can do to connect a resident who has lost coverage to Alameda County eligibility staff, Covered California

navigators, or presumptive eligibility; whether frontline staff have been briefed on the January 1, 2027 changes and the exemption categories; and whether City contracts with community-based organizations include enrollment assistance.
- Food security: the expected effect of CalFresh changes on Berkeley Food Network and pantry demand, and whether food distribution points can also serve as places to identify coverage loss and make referrals.
- Monitoring: a small set of indicators by which staff, the commissions, and Council can tell during 2027 whether coverage loss is affecting Berkeley, and how much, including indicators that would show if expected effects are not occurring.

SUMMARY

Three changes to health coverage converge on Berkeley residents over the next several months. Enhanced federal premium tax credits for marketplace coverage expired at the end of 2025. Medi-Cal work and community engagement requirements and six-month eligibility redeterminations begin January 1, 2027. CalFresh eligibility is also changing.

Medi-Cal eligibility is administered by Alameda County, and marketplace enrollment by Covered California. This referral does not ask the City to take on either function, and it does not ask Council to take a position on federal policy. It asks a narrower operational question: when some Berkeley residents lose or downgrade coverage, what happens to the services the City itself operates, funds, or depends on, and is the City prepared?

The Commission recommends a staff report within 120 days. That timing puts findings in front of Council in time for the FY 2028 budget process, so that any capacity gap can be addressed in the budget rather than mid-year.

FISCAL IMPACTS OF RECOMMENDATION

The referral requires staff time to compile information the Department of Health, Housing and Community Services, the Fire Department, and City-funded partners largely already hold. No appropriation is requested. If the report identifies a capacity gap that needs funding, any recommendation would come to Council separately through the FY 2028 budget process.

Not acting may carry costs. When residents lose coverage, demand for care does not fall. It shifts toward uncompensated care at City and City-funded sites and toward emergency response, often later and at higher cost.

CURRENT SITUATION AND ITS EFFECTS

Enhanced premium tax credits for marketplace coverage expired at the end of 2025. The Kaiser Family Foundation (KFF) estimates that premiums more than doubled for the average marketplace enrollee in 2026. In a KFF survey fielded February–March 2026, about 9 percent of people enrolled in a marketplace plan in 2025 reported being uninsured, and more than half of those who re-enrolled said they had cut or planned to cut spending on food, clothing, or other basics to afford health costs. Covered California

allocated about $190 million in state funds to replace part of the lost subsidies for lower-income enrollees in 2026, compared with about $2.5 billion in federal enhanced subsidies California enrollees received in 2025.

Under federal legislation enacted in 2025 (H.R. 1), Medi-Cal work and community engagement requirements of 80 hours per month for expansion adults ages 19 to 64, and eligibility redeterminations every six months, must take effect no later than December 31, 2026. The California Department of Health Care Services (DHCS) will apply them beginning January 1, 2027 to new applicants, and to current members at their renewals during 2027. DHCS estimates up to 1.8 million disenrollments statewide, with full implementation by June 2028. Exemptions include people who are pregnant or postpartum, caring for a child 13 or younger, disabled, or medically frail, a category that includes people with substance use disorders and disabling mental health conditions. DHCS plans to verify compliance using wage, tax, and other data it already holds where possible, which could reduce coverage loss. The federal Centers for Medicare & Medicaid Services issued an interim final rule with implementation detail in June 2026.

The Commission notes that projections in this area have often overstated near-term effects, that California's implementation choices are not final, and that litigation remains possible. The purpose of this referral is not to forecast a number. It is to make sure City services are not caught unprepared if mid-range estimates prove roughly correct.

Preparing City services for the 2026–27 health coverage transition advances the Strategic Plan goal to champion and demonstrate social and racial equity.

At the November 18, 2026 meeting, the commission took the following action:

Action: M/S/C ([Commissioner #1 Last Name]/[Commissioner #2 Last Name]) to recommend that the City Council refer to the City Manager a report, due within 120 days, on the effects of the 2026–27 health coverage transition on City-operated and City-funded services, as described in this report.

Vote: Ayes - [Ayes by last name]; Noes - [Noes by last name, or "None"]; Abstain - [Abstentions by last name, or "None"]; Absent - [Absences by last name, or "None"].

BACKGROUND

Under Chapter 3.78 of the Berkeley Municipal Code, the Human Welfare and Community Action Commission advises the Council on the social welfare needs of Berkeley residents and assists in administering the City's Community Action Program, serving as the board of the Berkeley Community Action Agency. Health coverage, food assistance, and the services low-income residents depend on fall squarely within that charge. The Commission's low-income representatives bring direct knowledge of how benefit changes reach households.

Coverage loss affects City services in five ways:

- City-operated and City-funded service points absorb the shift. The West Berkeley Family Wellness Center, Public Health Division clinical services, school-based health centers, and City-funded community providers are where uninsured residents seek care.
- EMS becomes the default access point. People who delay care tend to seek it later and sicker, and more often through 911. Fire Department transport volume, ambulance turnaround, and emergency department boarding are all affected by coverage status, and are measurable, local indicators.
- Acute care uncertainty compounds the problem. Sutter Health withdrew its proposed Emeryville replacement hospital on October 30, 2026, leaving the future of acute care capacity for Berkeley residents unresolved. A coverage-driven rise in uncompensated emergency demand during that uncertainty is a harder planning problem than either one alone.
- Behavioral health and substance use services are directly affected. People with substance use disorders and disabling mental health conditions are exempt from work requirements, but only if the exemption is identified. City-funded behavioral health and harm reduction providers are well placed to notice when clients lose coverage they should have kept.
- Food and health arrive together. Demand at the Berkeley Food Network and pantries is an early sign of household financial stress that will also show up as delayed care.

The Commission scoped this referral to City-operated and City-funded services, because Medi-Cal and CalFresh eligibility are Alameda County Social Services functions.

The Community Health Commission is scheduled to consider a parallel referral on the same subject at its December 3, 2026 meeting. The two recommendations are consistent. The Human Welfare and Community Action Commission brings the perspective of low-income residents, food security, and the Community Action Program; the Community Health Commission brings the public health and health services perspective. Council may wish to consider the two together.

Sources consulted: Kaiser Family Foundation, survey of 2025 marketplace enrollees (fielded February 12 – March 2, 2026) and analysis of 2026 marketplace premium changes; Covered California, 2026 state premium assistance allocation, as reported by CNN (December 2025); National Association of Counties, Federal Reforms to Medicaid Financing: What Counties Should Know; California Department of Health Care Services, Tracking Federal Impact: Medi-Cal Eligibility; California Department of Health Care Services, Implementation Plan for New Federal Eligibility and Enrollment Changes under H.R. 1 (January 29, 2026); California Health Care Foundation, Medi-Cal in the H.R. 1 Era; Berkeley Municipal Code Chapter 3.78. Full figures and sources appear in Attachment 1.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS
There are no identifiable environmental sustainability or climate impacts associated with this referral.

RATIONALE FOR RECOMMENDATION
The coverage changes are already underway, and the largest of them begins January 1, 2027. A staff report within 120 days of referral lets Council see both projected and early observed effects in time for the FY 2028 budget, which is the City's main tool for responding to any capacity gap.

The referral is limited to services the City controls. It asks staff to assess City-operated and City-funded services, not to second-guess Alameda County's administration of Medi-Cal or Covered California's administration of marketplace coverage.

The cost is low. The report draws on information staff and City-funded partners largely already hold, and it requests no appropriation.

The request includes indicators that would show if expected effects are not occurring. The Commission's aim is accurate planning, not a forecast of harm.

ALTERNATIVE ACTIONS CONSIDERED
The Commission considered and did not recommend the following alternatives:

- Take no action. The Commission rejected this because the effects on City services would surface first as unplanned demand at clinics and on EMS, after the budget is set.
- Request a report to the Commission only. The Commission concluded that Council direction better ensures staff time is allocated and that findings reach Council in time for the budget.
- Leave the matter to the Community Health Commission. The Commission concluded that parallel recommendations from two commissions with different mandates reinforce each other, and that the low-income and food security perspective of the Community Action Program belongs in the record.
- Adopt a position on federal health policy. Commissioners may hold views on federal policy, but combining them with an operational readiness request would invite the referral to be treated as advocacy rather than planning. Any such position is better brought separately.
- Ask the City to conduct Medi-Cal eligibility or enrollment work. The Commission rejected this because eligibility determination is an Alameda County function. The referral instead asks what City staff can do to connect residents to the county and to Covered California.

CITY MANAGER

The City Manager [concurs with / takes no position on] the content and recommendations of the Commission's Report. [OR] Refer to the budget process. [To be completed by the City Manager's Office.]

CONTACT PERSON
Kathryn Larrowe, Commission Secretary, Health, Housing and Community Services, (510) 981-5555

Attachments:

1: Companion Memorandum: Preparing City Services for the 2026–27 Health Coverage Transition (Human Welfare and Community Action Commission)

Human Welfare and Community Action Commission
Catherine Huchting, Chair
Kathryn Larrowe, Commission Secretary

Attachment 1

MEMORANDUM

To: Honorable Mayor and Members of the City Council

From: Human Welfare and Community Action Commission

Date: [Insert date of Commission action]

Subject: Companion Memorandum: Preparing City Services for the 2026–27 Health Coverage Transition

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Purpose of this memorandum

This memorandum is Attachment 1 to the Human Welfare and Community Action Commission's report, *Referral to the City Manager: Preparing City Services for the 2026–27 Health Coverage Transition*. The report itself is kept short to fit the City's commission report template. This memorandum provides the evidence, figures, and sources behind it.

It is written for two readers:

- **Councilmembers and their staff**, considering whether to make the referral.
- **City staff** preparing the 120-day report, as a guide to what each requested element is asking for and where the information is likely to come from.

The memorandum reflects public information available as of November 8, 2026. It takes no position on federal or state policy.

Why this is before the Human Welfare and Community Action Commission

Under Chapter 3.78 of the Berkeley Municipal Code, the Commission advises the Council on the social welfare needs of Berkeley residents and assists in administering the City's Community Action Program, serving as the board of the Berkeley Community Action Agency. The changes described here fall hardest on the low-income residents the Community Action Program exists to serve. They touch two of the most basic supports a household has, health coverage and food assistance, within the same twelve months.

The Community Health Commission is scheduled to consider a parallel referral at its December 3, 2026 meeting. The two recommendations are consistent. This Commission brings the perspective of low-income residents, food security, and the Community Action Program; the Community Health Commission brings the public health and health services perspective.

Executive summary

Between now and mid-2028, a large share of low-income Berkeley adults will face new hurdles to keeping health coverage and food assistance, and City services will absorb part of the impact. The main findings:

1. **The scale is large.** The state's Medi-Cal agency, the Department of Health Care Services (DHCS), estimates up to **1.8 million** disenrollments statewide, with full implementation by

June 2028. University of California researchers project **2.98 million** fewer Californians enrolled in Medi-Cal by 2028 once state budget changes are included. Alameda County had **476,073** Medi-Cal enrollees in January 2026, **28.9%** of its population.

2. **Most of it starts January 1, 2027.** DHCS will apply work requirements and six-month renewals to expansion adults starting with applications on January 1, 2027, and to current members as they renew during 2027. Losses build through 2027 rather than arriving on a single day.
3. **Some changes have already happened.** Undocumented adults who apply on or after January 1, 2026 qualify only for emergency Medi-Cal. Refugees, asylees, and several other humanitarian immigrant groups lost federally funded Medi-Cal on October 1, 2026. New Covered California sign-ups fell **32%** in 2026 after federal subsidies expired.
4. **Food assistance is shrinking at the same time.** The Legislative Analyst's Office (LAO) estimates about **665,500** Californians could be disenrolled from CalFresh under new work rules that began in June 2026.
5. **The safety net is already under strain.** Alameda County's health agency projects losses of **$70–120 million** for Alameda Health System in 2028 alone. The county's program for uninsured residents (HealthPAC) expects its costs to rise **3–4 times**.
6. **Berkeley has no local numbers yet.** No public source estimates how many Berkeley residents will lose coverage, or what that means for City clinics, EMS, or City-funded providers. The referral asks staff to fill that gap.
7. **Acute care is now less certain.** On October 30, 2026, Sutter Health dropped its plan for a full-service replacement hospital in Emeryville. That leaves Berkeley's future emergency and inpatient capacity unresolved at the same time uncompensated demand is expected to rise.

The coverage changes in detail

Three sets of changes overlap: the expiration of federal marketplace subsidies, the Medi-Cal provisions of the 2025 federal budget law (H.R. 1), and California's own Medi-Cal budget changes. The table summarizes them; the notes below explain the ones that matter most for City services.

Change	Who is affected	Effective	Source
Enhanced federal premium tax credits expire	Covered California enrollees, especially middle-income	January 1, 2026	Covered California
New full-scope Medi-Cal enrollment closed	Undocumented adults 19+ applying on or after this date (emergency Medi-Cal only)	January 1, 2026	Health Consumer Alliance
Federally funded Medi-Cal ends for humanitarian immigrant groups	Refugees, asylees, parolees, trafficking and domestic violence survivors, others; adults 21+, not pregnant	October 1, 2026	DHCS
Work and community engagement requirement	Expansion adults 19–64	January 1, 2027 (applied at each member's renewal through 2027)	DHCS
Six-month renewals	Expansion adults	January 1, 2027	DHCS

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Change	Who is affected	Effective	Source
Retroactive coverage shortened	Expansion adults: 1 month (was 3); others: 2 months	January 1, 2027	DHCS
Full dental ends; $30 monthly premium	Certain adult immigrants on state-funded Medi-Cal (premium for ages 19–59)	July 1, 2027	Health Consumer Alliance
Copayments up to $35 per service	Expansion adults above 100% of poverty; capped at 5% of income; essential services exempt	October 1, 2028	DHCS

Marketplace subsidies

Covered California's 2026 open enrollment ended with **1,927,371** plan selections, down from 1,979,504 in 2025. Renewals held up, rising 4%. New enrollment fell **32%**, and cancellations ran 32% above the prior year. The state spent **$190 million** to keep premiums near 2025 levels for **389,590** enrollees earning up to 165% of poverty, an average of $45 per month each. People above that line received no state help; renewal cancellations among middle-income enrollees doubled, from 11% to 22%. New sign-ups fell 39% among Latino enrollees and 34% among Black enrollees. About 20% of Covered California enrollees (391,680) live in the Greater Bay Area.

The Medi-Cal work requirement

Expansion adults ages 19 to 64 must show **80 hours a month** of work, community service, a work program, or at least half-time school, or income of at least **$580 a month**. At application, DHCS checks the month before applying. At renewal, a member must show compliance in any one month of the six-month period.

Many people are exempt, but some exemptions are automatic and others are not:

- **Group exemptions (no compliance check and no six-month renewals):** pregnant or up to 12 months postpartum; current and former foster youth under 26; aged, blind, or disabled, including SSI recipients; American Indians and Alaska Natives.
- **Individual exemptions (must be identified):** parents or caregivers of a child 13 or younger or of a person with a disability; veterans with a total disability rating; people released from incarceration within 90 days; people meeting CalFresh or CalWORKs work rules; people in drug or alcohol treatment; and the **medically frail**, which by statute includes substance use disorder, disabling mental disorder, significant disability, and serious or complex medical conditions.
- **Short-term hardship:** disaster declarations and high local unemployment apply automatically. Inpatient stays and travel for care require the member to ask.

DHCS plans to verify compliance from data it already holds where possible, including state wage records, IRS data, the Equifax Work Number, CalFresh and CalWORKs records, and Medi-Cal claims. People whose work or exemption does not show up in those records will have to report it. That group is likely to include gig workers, people paid in cash, and people whose qualifying condition is not documented in a claim. DHCS will publish more detail on the medically frail criteria later.

Scale

DHCS's January 2026 plan estimates up to **two million** members affected and up to **1.8 million** total disenrollments, some of them moving to Covered California. The LAO estimates about 3.5

million people will be subject to the work requirement after exemptions, with **1 to 2 million** disenrolled. The UC CalSIM team projects **2.98 million** fewer Medi-Cal enrollees by 2028 when state budget changes are added. That includes 1.87 million from work requirements, 270,000 from six-month renewals, 200,000 humanitarian immigrants, 550,000 from the enrollment freeze, and 95,000 from premiums. The CalSIM figures count loss of full-scope Medi-Cal, not new uninsurance, and represent the high end. The LAO separately estimates up to **2 million** more uninsured Californians.

CalFresh changes

CalFresh is changing on a parallel track, and it reaches many of the same households a few months earlier than Medi-Cal. The LAO's April 2026 summary:

Change	Detail	Effective	Estimated effect
Expanded work requirement	Adults 18–64 must work or train 20 hours a week; statewide waiver effectively ends	June 2026	About 845,000 subject after exemptions; about 665,500 disenrolled
Immigrant eligibility narrowed	Refugees, asylees, parolees, trafficking and domestic violence survivors lose federal eligibility	April 2026	About 72,000 lose benefits
Administrative cost shift	Federal share drops from 50% to 25%; counties go from 15% to 22.5%	October 2026	About $480 million a year state; $190 million a year counties
Benefit cost share tied to error rate	State pays up to 15% of benefits; California's error rate is nearly 11%	October 2027 (can be delayed to 2029)	Up to about $2 billion a year state

CalFresh and Medi-Cal exemptions do not line up exactly. CalFresh exempts people who are "medically unfit for work"; Medi-Cal's "medically frail" category is defined differently and DHCS has not yet published its full criteria. A person exempt from one program is not automatically exempt from the other. One link does help: a person who meets CalFresh work rules is exempt from the Medi-Cal requirement.

Why it matters for this referral. Losing food benefits strains household budgets, and people who cut food spending are also more likely to delay care. Food distribution sites are therefore an early-warning point. They are also a natural place to catch Medi-Cal coverage problems before they turn into missed care. This is why the referral asks whether Berkeley Food Network and pantry sites can serve as referral points.

Berkeley and Alameda County exposure

No public source yet estimates how many Berkeley residents will lose coverage; the closest figures are for Alameda County as a whole.

Measure	Figure	Source
Alameda County Medi-Cal enrollees	476,073 (28.9% of 1,649,199 residents), January 2026, preliminary	DHCS
Statewide Medi-Cal enrollees, for comparison	13,930,259 (35.4%)	DHCS
Alameda Alliance for Health membership trend	Expected 40,000 lower by June 2026 than June 2025; averaging 2,500 fewer	Alameda County Health

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Measure	Figure	Source
	members a month, about half from expansion adults	
Alameda Health System projected impact	$5–15M (2026), $40–70M (2027), $70–120M (2028)	Alameda County Health
Community Health Center Network projected loss	$27M (2026), rising to $40M a year (2027)	Alameda County Health
HealthPAC (county program for uninsured residents)	Costs expected to rise 3–4 times	Alameda County Health
Alameda County Behavioral Health	About $75M in program adjustments from state funding shifts	Alameda County Health

What the county figures say for Berkeley. Alameda County's Medi-Cal share is below the state's, and Berkeley's is likely lower still given its income profile and large student population. That does not mean Berkeley's exposure is small. Coverage loss will concentrate in the same West and South Berkeley neighborhoods that already show the city's worst health outcomes, and among people experiencing homelessness, people with behavioral health conditions, and immigrant residents. Those are the populations City services already serve most.

Where Berkeley-specific numbers could come from. Staff are better placed than the Commission to obtain these. Likely sources:

- **Alameda Alliance for Health** (the county's main Medi-Cal plan) and **Kaiser Permanente**, for member counts by Berkeley ZIP code.
- **Alameda County Social Services Agency**, for expansion-adult caseloads and renewal dates by ZIP code.
- **Covered California**, which publishes enrollment by ZIP code.
- **LifeLong Medical Care** and other community clinics serving Berkeley, for payer mix and uninsured visit trends.
- **The UC CalSIM team**, whose county-level 2028 projections could be scaled to Berkeley with local enrollment data.

Berkeley ZIP codes for these requests are 94702, 94703, 94704, 94705, 94707, 94708, 94709, and 94710.

How coverage loss reaches City services

Losing coverage does not reduce the need for care; it moves that care to settings where it is later, costlier, and less likely to be paid for. Five paths run through services the City operates, funds, or depends on.

1. City and City-funded clinics

Uninsured residents turn to sliding-scale and free care. In Berkeley that means the West Berkeley Family Wellness Center, Public Health Division clinical services, the school-based health centers at Berkeley High and Berkeley Technology Academy, LifeLong Medical Care's Berkeley sites, and other City-funded providers. Each uninsured visit is a visit no plan pays for. Community clinics across the county are already projecting losses: the Community Health Center Network expects $27 million in 2026 and $40 million a year from 2027.

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What to watch: uninsured and self-pay share of visits; sliding-scale capacity; wait times; whether clinics are turning patients away.

2. Emergency medical services

People without coverage tend to delay care until a problem becomes urgent, and then call 911 or go to an emergency department. That shows up in Berkeley Fire Department transport volume, time ambulances spend waiting to hand off patients at hospitals, and emergency department crowding. Ambulance transports also generate bills; a transport of an uninsured patient is less likely to be paid, which affects the City's EMS revenue.

What to watch: EMS call and transport volume; transports of patients with no insurance on file; low-acuity calls that suggest no other place to go; hospital handoff times.

3. Behavioral health and substance use services

People with substance use disorders and disabling mental health conditions are meant to be exempt from the work requirement as "medically frail." The exemption only works if it is identified and recorded. People in crisis, people without stable housing, and people who do not open mail are the least likely to complete paperwork. City-funded behavioral health, harm reduction, and homeless services providers are often the first to see a client lose coverage. They also stand to lose Medi-Cal revenue for that client. Alameda County Behavioral Health is already making about $75 million in program adjustments.

What to watch: clients losing coverage despite likely exemption; providers' Medi-Cal billing trends; treatment dropouts after a coverage loss.

4. Food security

CalFresh work rules began in June 2026, months before the Medi-Cal changes. Rising demand at Berkeley Food Network and pantries is likely to be the earliest local sign of household stress. Households that cut food spending also tend to postpone care.

What to watch: pantry visits and new households; CalFresh caseload in Berkeley ZIP codes.

5. Acute care capacity

Sutter Health announced on October 30, 2026 that it would build only outpatient services at its Emeryville site and look elsewhere for a full-service hospital. Alta Bates, which does not meet the state's 2030 seismic standards, has been slated for closure since 2016. Sutter now says it wants to keep Alta Bates open until a replacement opens, which would require changes to state law.

Rising uncompensated emergency demand during a period of acute care uncertainty is a harder planning problem than either alone. Without Alta Bates, the nearest full-service hospital for many Berkeley residents would be in Oakland or Richmond, which means longer ambulance transports and more time out of service for each Berkeley Fire unit.

What to watch: Sutter's timeline and state legislation; transport destinations and times.

Who controls what

The City does not decide who keeps Medi-Cal. It does decide how its own services prepare and how its staff connect residents to the agencies that decide. This division is why the referral is limited to City-operated and City-funded services.

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Entity	Controls	What the City can do
Federal government (CMS, USDA)	The rules in H.R. 1; the interim final rule on work requirements (June 2026); SNAP rules	Nothing directly; the Commission has kept federal policy positions out of this referral
State of California (DHCS, CDSS)	How rules are implemented: verification data, medically frail criteria, notices, state-only coverage for immigrants, CalFresh administration	Track DHCS guidance; share frontline findings through state channels
Alameda County Social Services Agency	Medi-Cal and CalFresh eligibility, renewals, notices, case management	Refer residents; ask for Berkeley caseload data; coordinate outreach
Alameda County Health	HealthPAC; county behavioral health; enrollment assistance (HIT Unit)	Refer uninsured residents to HealthPAC; coordinate on behavioral health clients
Medi-Cal plans (Alameda Alliance, Kaiser)	Member outreach, renewal reminders, care management	Ask for Berkeley member data; partner on outreach at City sites
Covered California	Marketplace enrollment and state premium subsidies	Refer residents to certified enrollment counselors
City of Berkeley	City clinics; Public Health programs; Fire Department EMS; contracts with community providers; frontline staff training; budget	Everything the referral asks about
Community providers (LifeLong, food bank, shelters, harm reduction)	Their own services and enrollment help, partly City-funded	Through City contracts: enrollment help, referral protocols, data sharing

The County's role is the reason the referral does not ask the City to run eligibility or enrollment. It asks what City staff can do to **hand off** a resident well, and whether City contracts pay community partners to help with enrollment.

A guide to the six report elements

For each element of the referral, this section explains what the Commission is asking, what a useful answer looks like, and where the information probably sits. It is guidance for staff, not a new requirement. The referral already allows staff to say when an element cannot be answered.

1. Exposure

The question: How many Berkeley residents are at risk, and who are they?

A useful answer: Counts of Berkeley Medi-Cal expansion adults and Covered California enrollees, by ZIP code where possible. When their renewals fall in 2027. A range for expected coverage loss, with its source. The populations most exposed: people experiencing homelessness, people with behavioral health conditions, immigrant residents, gig and cash workers.

Likely sources: Alameda Alliance for Health; Alameda County Social Services Agency; Covered California ZIP-code data; the UC CalSIM county projections; Berkeley Health Status Report and Community Health Assessment data.

2. Service capacity

The question: Can City and City-funded clinics absorb more uninsured patients?

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A useful answer: Current uninsured and self-pay visit share at each site, with a baseline from 2025. How much sliding-scale and charity care each site can provide. What happens to wait times and costs if uninsured demand rises 10%, 25%, or 50%. The share of each City-funded behavioral health provider's revenue that comes from Medi-Cal.

Likely sources: West Berkeley Family Wellness Center and Public Health clinic billing records; school-based health center data; City contract reports from community providers; LifeLong Medical Care.

3. Emergency medical services

The question: Is coverage loss showing up in 911 calls and ambulance transports?

A useful answer: Monthly EMS calls and transports for 2024–2026 as a baseline. Payer mix for transports, including the share with no insurance on file. A short list of indicators staff will track from January 2027 onward. How transport times would change if Alta Bates closes before a replacement opens.

Likely sources: Berkeley Fire Department records system and EMS billing contractor; Alameda County EMS Agency; receiving hospitals.

4. Connection and referral

The question: When City staff meet someone who lost coverage, can they help?

A useful answer: A simple inventory of each City point of contact (clinics, EMS, shelters, senior centers, libraries, food sites) and what staff there can do now. Whether staff have been trained on the January 2027 changes and the exemptions, especially "medically frail." Whether City contracts with community partners pay for enrollment help. A one-page referral pathway to County eligibility staff, HealthPAC, Covered California counselors, and the Health Consumer Alliance.

Likely sources: HHCS divisions; Fire Department; Library; contract managers; Alameda County Health's enrollment assistance (HIT) unit.

5. Food security

The question: Are food sites seeing more need, and can they double as referral points?

A useful answer: Pantry visits and new-household counts since June 2026. Whether food distribution partners could screen for coverage problems and refer people on, and what that would cost.

Likely sources: Berkeley Food Network; Alameda County Community Food Bank; City contract reports.

6. Monitoring

The question: How will the City know whether the expected effects are happening?

A useful answer: Five to eight indicators, each with a baseline, a data source, and a reporting interval. They should be able to show if expected harms are **not** happening, as well as if they are. One possible set:

Indicator	Source	Baseline
Medi-Cal enrollees in Berkeley ZIP codes	Alameda Alliance / County	2025 average

Indicator	Source	Baseline
Uninsured share of visits at City and City-funded clinics	Clinic billing	2025
EMS transports with no insurance on file	Berkeley Fire Department billing	2024–2025
Low-acuity 911 medical calls	Berkeley Fire Department records	2024–2025
New households at Berkeley Food Network	Food bank	First half of 2026
Behavioral health clients losing Medi-Cal	City-funded providers	First quarter 2027
HealthPAC enrollment among Berkeley residents	Alameda County Health	2025

Timeline

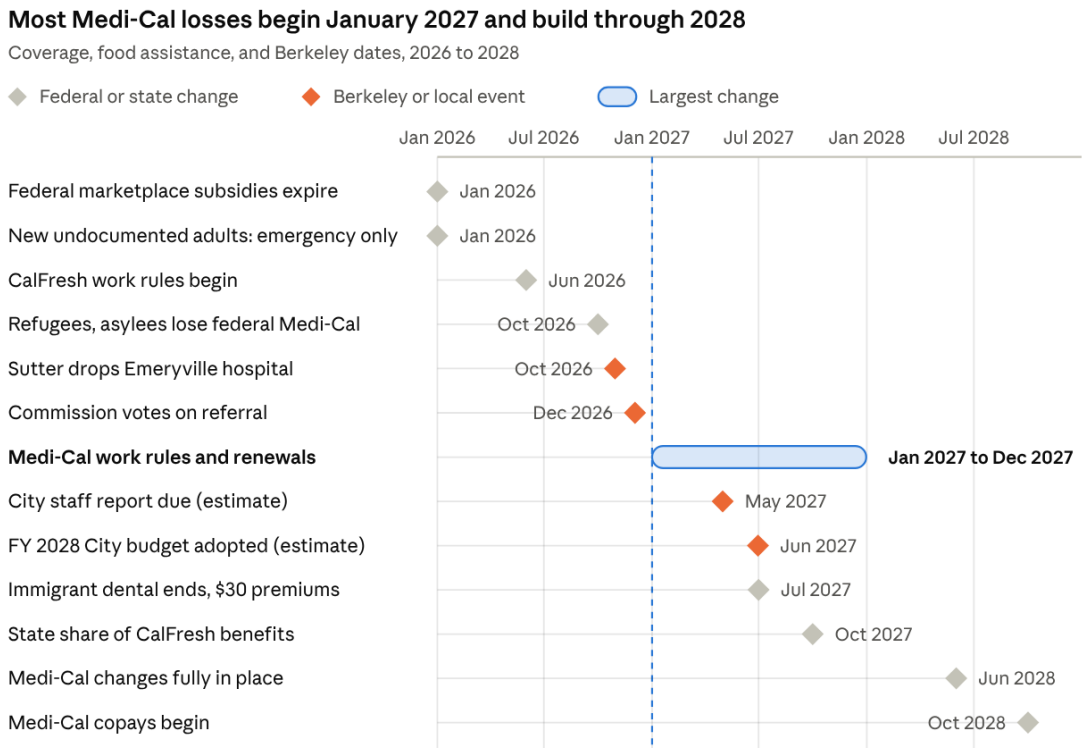


Figure 1. Key dates, 2026 to 2028

The Medi-Cal work rules start with applications on January 1, 2027, and apply to current members at their renewals during 2027, so losses build gradually rather than all at once. A 120-day staff report would land shortly before the FY 2028 City budget is adopted. The "City staff report due" and "budget adopted" dates are estimates; the report date assumes Council refers the item in January 2027. Not shown: the state's 2030 seismic deadline for Alta Bates.

Questions Council may ask, and suggested answers

"Isn't this the County's job?" Eligibility is the County's job, and the referral says so. The question here is what happens to City services when residents lose coverage, which only the City can answer. The referral asks the City to hand residents off to the County well, not to replace it.

"Isn't this a political statement about federal policy?" No. The referral takes no position on H.R. 1 or on state budget choices. It asks for operational planning.

"Why not wait to see what happens?" The FY 2028 budget is set in spring 2027, while losses are still building. Waiting means any capacity gap is found mid-year, after the budget is set. A 120-day report gives Council baseline numbers and early trends in time for the budget.

"How much will this cost?" The referral asks for a report, not a program, and requests no money. It draws on data staff and partners already hold. If the report finds a gap that needs funding, that would come to Council separately through the budget.

"Aren't these projections exaggerated?" They may be. Past projections have sometimes overstated near-term losses, and California's choices, such as using existing data to verify work, may reduce losses. That is why the monitoring element asks for indicators that would also show if expected effects are not happening. The goal is accurate planning, not alarm.

"Why is EMS in a health referral?" For many uninsured residents, 911 is the default way into care. EMS volume, ambulance handoff times, and transport billing are among the few local, City-controlled measures that will show a coverage shift. Acute care capacity also matters most to low-income residents who rely on 911 and have no regular source of care.

"Why 120 days?" It is long enough for staff to gather data and short enough to land before the budget is final. If Council refers the item in January 2027, the report would be due around May 2027.

"What about immigrant residents?" Immigrant adults face the earliest and largest changes, starting with the January 2026 enrollment freeze and the October 2026 loss of federal coverage for humanitarian immigrants. Fear of immigration enforcement also keeps some eligible people from using services. The exposure and connection elements are meant to capture both.

What is still uncertain

The direction of these changes is clear; their size and timing in Berkeley are not.

- **State implementation is still taking shape.** DHCS has not published full medically frail criteria or its noticing schedule, and the federal rule from June 2026 may be revised. How much DHCS can verify automatically from existing data will largely decide how many people lose coverage for paperwork reasons.
- **Estimates vary widely.** Statewide Medi-Cal loss estimates run from about 1 million (low end of the LAO range) to 2.98 million (UC CalSIM high end, including state changes). Loss of Medi-Cal is not the same as becoming uninsured; some people will move to job-based or Covered California coverage.
- **There are no Berkeley-specific estimates.** All local exposure figures in this memorandum are for Alameda County. Berkeley's share could be higher or lower than its population share.

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- **The state budget may change.** Dates for the immigrant dental and premium changes have already moved once, to July 2027. The 2027–28 state budget could move them again or change state-funded coverage.
- **Litigation is possible** on several provisions.
- **Acute care plans are open.** Sutter has not named a new hospital site, and the state law it wants in order to keep Alta Bates open past 2030 has not been introduced.

This memorandum relies on public sources as of November 8, 2026. Figures from presentations (such as the County's Community Partner Advisory Group slides) are projections made at the time and may since have been updated.

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