



Human Welfare and Community Action Commission

AGENDA

Wednesday, June 19, 2019

7:00 PM

South Berkeley Senior Center, 2939 Ellis St.

Berkeley, CA 94703

Preliminary Matters

1. Roll Call
2. Public Comment

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

1. Community Action Plan Public Hearing and Approval of the 2019 Draft Community Services Block Grant Community Action Plan and Needs Assessment (Attachment A)
2. Approve Minutes from the 5/15/2019 Regular Meeting (Attachment B)
3. CA Department of Community Services and Development On-Site Monitoring Report – (Attachment C)
4. Review City Of Berkeley Funded Agency Program And Financial Reports — Staff (Attachment D)
 - a. J-Sei – Senior Services

Other Discussion Items

5. Discuss possible recommendations to City Council relating to the City of Berkeley 1000 Person Plan to Address Homelessness (Attachment E) – Commissioner Sood
6. Discuss a City of Berkeley “Baby Bond” – Commissioner Sood
7. Update on West Berkeley Air Quality – Commissioner Bookstein
8. Update on the Closure of Alta Bates Hospital – Commissioner Omodele (Attachment F)
9. Review Latest City Council Meeting Agenda
10. Announcements
11. Future Agenda Items

Adjournment

Attachments

- A. 2019 Draft Community Services Block Grant Community Action Plan and Needs Assessment
- B. Draft Minutes of the 5/15/2019 Meeting
- C. CA Department of Community Services and Development On-Site Monitoring Report
- D. J-Sei – Senior Services Statement of Expense and Program Report
- E. City of Berkeley 1000 Person Plan to Address Homelessness Council Report
- F. Draft Council Report on the Closure of Alta Bates Hospital

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

Communications

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

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

Secretary:

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2020-2021 Community Action Plan

California Department of Community Services and Development

Community Services Block Grant



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Purpose

The Community Action Plan (CAP) serves as a two (2) year roadmap demonstrating how Community Services Block Grant (CSBG) agencies plan to deliver CSBG services. The CAP identifies and assesses poverty related needs and resources in the community and establishes a detailed plan, goals and priorities for delivering those services to individuals and families most affected by poverty. CSBG funds may be used to support activities that assist low-income families and individuals, homeless families and individuals, migrant or seasonal farm workers and elderly low-income individuals and families by removing obstacles and solving problems that block the achievement of self-sufficiency. Community Action Plans must comply with Organizational Standards and state and federal laws, as outlined below.

Compliance with CSBG Organizational Standards

As described in the Office of Community Services (OCS) [Information Memorandum \(IM\) #138 dated January 26, 2015](#), CSBG agencies will comply with implementation of the Organizational Standards. CSD has identified the Organizational Standards that provide guidance for the development of a comprehensive Community Needs Assessment. The following is a list of Organizational Standards that will be met upon completion of the CAP and CNA. This section is informational only, and narrative responses are not required in this section. Agencies are encouraged to utilize this list as a resource when completing Organizational Standards annually (Appendix A).

State Assurances

As required by the CSBG Act, Public Law 105-285, states are required to submit a state plan as a condition to receive funding. Information provided in the CAP by agencies is included in California's State Plan. Alongside Organizational Standards, the state will be reporting on [State Accountability Measures](#) in order to ensure accountability and improve program performance. The following is a list of state assurances that will be met upon completion of the CAP. This section is informational only, and narrative responses are not required in this section (Appendix B).

Federal Assurances and Certification

Public Law 105-285, s. 676(b) establishes federal assurances agencies are to comply with. CSD, in its state plan submission, provides a narrative describing how the agencies in California will comply with the assurances. By completing and submitting this Community Action Plan, your agency certifies that it will comply with all Federal Assurances and any other laws, rules, and statutes in the performance of the activities funded through this grant. [\(Federal Assurances can be found in the CSBG Act Section 676\)](#)

The following is a list of federal assurances that will be met upon completion of the CAP. This section is informational only, and narrative responses are not required in this section (Appendix C).

2020/2021 Community Action Plan Checklist

The following is a check list of the components to be included in the CAP. The CAP is to be received by CSD no later than June 30, 2019:

- Cover Page and Certification**
- Vision Statement**
- Mission Statement**
- Tripartite Board of Directors**
- Documentation of Public Hearing(s)**
- Community Needs Assessment**
- Community Needs Assessment Process**
- Community Needs Assessment Results**
- Service Delivery System**
- Linkages and Funding Coordination**
- Monitoring**
- Data Analysis and Evaluation**
- Appendices (Optional)**

DRAFT

**COMMUNITY SERVICES BLOCK GRANT (CSBG)
2020/2021 Program Year Community Action Plan
Cover Page and Certification**

Submission Date: June 30, 2019

Agency Contact Person Regarding the Community Action Plan:

Name:	Kristen Lee
Title:	Executive Director
Phone:	510-981-5427
Email:	kslee@cityofberkeley.info

Certification of Community Action Plan and Assurances

The undersigned hereby certify that this agency complies with the Assurances and Requirements of this FFY 2020/2021 Community Action Plan (CAP) and the information in this CAP is correct and has been authorized by the governing body of this organization.

Samuel Kohn		
Board Chair (printed name)	Board Chair (signature)	Date

Kristen Lee		
Executive Director (printed name)	Executive Director (signature)	Date

**Certification of ROMA Trainer
(If applicable)**

The undersigned hereby certifies that this organization's Community Action plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation).

N/A		
NCRT/NCRI (printed name)	NCRT/NCRI (signature)	Date

CSD Use Only:

Date CAP Received:	Date Accepted:	Accepted By:

Vision and Mission Statement

Enter narrative responses in the text box below. Text box will expand as narrative is entered. The boxes have been formatted to 12-point Arial font with 1.5 spacing. Do not alter the font or spacing. Answers must address the following:

1. Vision Statement

Provide your agency's Vision Statement below

The Vision of the City of Berkeley's Berkeley Community Action Agency (BCAA) is to have a responsive, caring and effective community services delivery system, which provides every resident with the basic prerequisites for a decent life and makes essential long-lasting connections among different constituencies and different neighborhoods. The ideal Berkeley will have: safe, decent and affordable housing, adequate nutritious food for all; primary medical care for all; education, including tutoring and mentoring, for all ages; full access to available City resources/programs which are appropriate with respect to age, family situation, ability, cultural/ethnic background and all other elements of diversity; opportunities to participate in decision-making with respect to the provision of community services; healthy community-based organizations which are fiscally viable, with active and effective boards and good administration; strong collaboration between the City and other levels of government (county, state, and federal) and between community based organizations to maximize resources and provide a holistic range of services to low-income residents specifically those at or below poverty level.

2. Mission Statement

Provide your agency's Mission Statement below:

The mission of the BCAA is to act as a facilitator for the community to assist low-income individuals, particularly those living at or below poverty level, respecting their own self-determination; and to improve the quality of life, reduce dependency, and achieve self-sufficiency through coordinated services providing employment, education, medical care, childcare, counseling, food, shelter, legal counseling and emergency services.

Tripartite Board of Directors

(Organizational Standards 5.1, 5.2, CSBG Act Section 676(b) (10))

Section 676B of the Community Services Block Grant Reauthorization Act of 1998 requires that, as a condition of designation, private nonprofit entities and public organizations administer their CSBG program through tripartite boards that *“fully participate in the development, planning, implementation, and evaluation of the program to serve low-income communities.”*

Enter narrative responses in the text box below. Text box will expand as narrative is entered. The boxes have been formatted to 12-point Arial font with 1.5 spacing. Do not alter the font or spacing. Answers must address the following:

1. Describe your agency’s procedures for establishing adequate board representation under which a low-income individual(s), community organization, religious organizations, or representative of low-income individuals that considers its organization or low-income individuals to be inadequately represented on the board (or other mechanism) of the agency to petition for adequate representation. Please place emphasis on the *low-income individuals* on your board.
(Organizational Standards 5.2, CSBG Act Section 676(b) (10))

The Board of the BCAA is made up of five (5) appointed representatives to represent public concerns, four (4) appointed representatives to represent community interests (business, education, and other community concerns), and six (6) elected representatives of low-income Berkeley residents. The BCAA holds elections every other November for low-income representatives. Notices recruiting elected representatives are mailed to residents assisted by the Berkeley Housing Authority and posted on the City’s website, and distributed to service providers. Interested candidates must obtain 10 signatures of residents of the target area to be nominated. Two slots on the Board are allocated for each of the three target areas. All of the representatives of the poor on the Board have knowledge of the needs in their community. The Board is diverse with regard to race, gender, age, disability and socio-economic groups.

2. Please describe how the individuals on your Advisory or Governing Board are involved in the decision-making process and participate in the development, planning, implementation and evaluation of programs funded under CSBG to meet the requirements listed above.
(Organizational Standard 5.1)

The individuals on the Board of the BCAA are involved in the decision-making process and participate in the development, planning, implementation, and evaluation of programs funded under CSBG in the following ways, as prescribed by Berkeley City Ordinance 3.78:

- Identify social welfare needs of the community and create a citizen awareness of these needs;
- Encourage improved standards of social welfare services, both public and private, and in so doing, encourage coordination and provide advice and assistance to organizations in the field of social welfare in the City; cooperate with regional organizations; encourage the development of programs designed to improve the social welfare of the community; within staff limitations, collect, maintain and interpret social welfare information and statistics for the use of citizen and organizations in the City;
- Identify social welfare standards made available by other social welfare agencies, provide public information with reference to such services, and within staff limitations, render a referral service;
- Advise the City Council on all matters affecting the social welfare of the community and its citizens;
- Render advice and assistance to other City boards and commissions, to City departments and to private agencies on matters of social welfare;
- Identify and study existing and potential areas of interracial friction and tension which are detrimental to the general welfare of the community, and to recommend corrective measures; to encourage and offer conferences and conciliation among groups and elements of the community who are seeking to arrive at voluntary solutions to such problems.

Documentation of Public Hearing(s)

[California Government Code 12747\(b\)-\(d\)](#) requires all agencies to conduct a public hearing in conjunction with their CAP. In pursuant with this Article, **agencies must prepare and present the completed CAP for public review and comment.** The public hearing process must be documented to include how the hearing was advertised and all testimony presented by the low-income and identify whether the concerns expressed by that testimony are addressed in the CAP.

The agency shall conduct at least one public hearing and provide for a public comment period.

Note: Public hearing(s) shall not be held outside of the service area(s)

The agency has made (or will make) the plan available for review using the following process:

Public Hearing

Date: June 19, 2019

Location: South Berkeley Senior Center, 2939 Ellis Street, Berkeley

Public Comment Period

Inclusive Dates for Comment: June 25, 2019

When and where was/will be the Public Hearing Notice(s) published or posted? List the dates and where below:

Date	Where (name of newspaper, website, or public place posted)
6/7/19	Berkeley Voice Newspaper
6/12/19	South Berkeley Senior Center, 2939 Ellis Street, Berkeley
6/12/19	City of Berkeley Old City Hall, 2134 Martin Luther King Jr. Way, Berkeley
6/13/19	Berkeley Public Library, 2090 Kittredge Street, Berkeley
6/13/19	Berkeley City Hall, 2 nd Floor, 2180 Milvia Street, Berkeley

***Submit a copy of published notice(s) with the CAP Application for documentation purposes**

Community Needs Assessment

Public law 105-285 requires the state to secure from each agency, as a condition to receive funding, a CAP which includes a Community Needs Assessment (CNA) for the community served. Additionally, state law requires each CSBG agency to develop a CAP that assess poverty-related needs, available resources, feasible goals and strategies, and that yields program priorities consistent with standards of effectiveness established for the program (*California Government Code 12747(a)*).

As part of the CNA process, each organization will analyze both qualitative and quantitative data to provide a comprehensive “picture” of their service area. To assist the collection of quantitative data, CSD has provided a link to a dashboard with the latest Census data with easily available indicators at the county level.

https://public.tableau.com/profile/benjamin.yeager#!/vizhome/Cap_Assessment/CAPData

The link gives agencies access to the five-year American Community Survey (ACS) data for every county in the state. By clicking on a county, the user will have access to quantitative data such as the poverty rate, median income information, and unemployment rate.

Helpful Resources		
United States Census Bureau Poverty Data click here	State of California Department of Justice Statistics by City and County click here	U.S. Department of Housing and Urban Development Homelessness Assistance click here
Employment Development Department Unemployment Insurance Information by County click here	California Department of Education Facts about California Schools Using DataQuest click here	California Department of Public Health Statistical Data click here
Bureau of Labor Statistics Labor Data click here	California Department of Finance Various Projections/ Estimates click here	Community Action Partnership Community Action guide to develop a CNA click here
A Comprehensive Community Needs Assessment (CCNA) Tool Statistical Data to assist CNA development click here		

Community Needs Assessment Process

(Organizational Standards 1.1, 1.2, 1.3, 2.2, 3.2, 3.3, 3.4, 3.5)

The CNA captures the problems and conditions of poverty in the agency's service area based on objective, verifiable data and information gathered through various sources. Identified problems and conditions must be substantiated by corroboration through public forums, customer questionnaires, surveys, statistical data, evaluation studies, key informants, and/or other reliable sources. The CNA should be comprehensive and serve as the basis for the agency's goals, and program delivery strategies as reported on the CSBG Annual Report. The CNA should describe local poverty-related needs and be used to prioritize eligible activities offered to low-income community members over the next two (2) years.

Please indicate which combination of activities were used in completing the CNA, including when and how these activities occurred in the spaces below. If the activity was not used, please type N/A or Not Used.

Focus Groups	N/A
Asset Mapping	The BCAA used City reports and research to inform the CNA.
Surveys	Data and information from the City of Berkeley that the BCAA used to inform the CNA were developed with the help of community surveys.
Community Dialogue	Community dialogue was achieved during public hearings.
Interviews	N/A
Public Records	The BCAA used different City information resources, such as the City of Berkeley 2018 Health Status Report, the City of Berkeley Strategic Plan, and information from the City's robust 2018/2019 request for proposal process for community agency funding to inform the CNA.

Date of most recent completed CNA:

6/13/19

Date CNA approved by Tripartite Board (most recent):

(Organizational Standard 3.5.)

TBD

Your responses to the questions below should describe how the agency ensures that the CNA reflects the current priorities of the low-income population in the service area, beyond the legal requirements for a local public hearing of the CAP. Please be specific.

Enter narrative responses in the text box below. Text box will expand as narrative is entered. The boxes have been formatted to 12-point Arial font with 1.5 spacing. Do not alter the font or spacing.

1. For each key sector of the community listed below, summarize the information gathered from each sector and how it was used to assess needs and resources during the needs assessment process (or other planning process throughout the year). These sectors should include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.
(Organizational Standard 2.2)

The City conducted public hearing(s) on community needs during the 2018/2019 community agency funding process on April 23, 2018 and October 17, 2018. All organizations and individuals were welcome to provide comments on community needs during those hearings and to provide written comments on community needs.

Community-Based Organizations: The City of Berkeley partners with community-based organizations to provide essential services to residents. These organizations gather client satisfaction, outcome, and demographic data and provide that information to the City on a quarterly basis as part of their contract requirements. The City uses this information to help guide funding priorities, including those programs that provide services to the low-income population.

Faith-Based Organizations: As with the community-based organizations, faith-based organizations that contract with the City to provide services, such as free meals, provide their client satisfaction, outcome, and demographic data as part of their contract requirement.

Private Sector: The City gathers information from the private sector in various different ways, including community meetings and program collaboration.

Public Sector: Departments within the City provide different information gathered from a variety of resources that inform the planning process throughout the year. The City also partners with Alameda County and neighboring jurisdictions to share information and resources.

Educational Institutions: The City collaborates with Berkeley Unified School District on a youth programs, including Berkeley's 2020 Vision: Equity in Education, which is a collective impact initiative that works towards eliminating racial disparities in academic achievement in Berkeley's public schools.

2. Describe the causes and conditions that contribute to poverty affecting the community in your service area.
(Organizational Standard 3.4)

Two community needs were identified in assessments performed in Berkeley in recent years: services for the disabled, and health care services.

In 2018, The City of Berkeley Public Health Department released their Health Status Report (accessible here:

https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Public_Health/2018-health-status-report-berkeley.pdf) which identified inequities in health and the importance of prevention for Berkeley residents. The health inequities identified in the report include the poverty level as it relates to race/ethnicity, the geographic element of poverty within the City, the rate of uninsured people within the City, and others.

During the RFP process, the City received proposals for health-related programs, including LifeLong Medical Care's applications for geriatric primary care health services at the Over 60 Health Center to low-income, elderly Berkeley residents; access to delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents; and supportive services and housing to the chronically homeless population in Berkeley, most of whom have active mental health and substance use issues, as well as poor physical health.

CSBG currently funds LifeLong Medical Care to support the delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents of Berkeley at the LifeLong Ashby and LifeLong West Berkeley Health Centers. LifeLong services are designed to remove barriers to care and reduce health disparities for typically underserved populations who are

at the greatest risk for poor health outcomes. Funding will also support the provision of acupuncture detox services for Berkeley residents living with substance use disorders.

Low-income Berkeley residents require accessible and culturally responsive health services for optimal health. Social determinants of health and barriers result in persistent health disparities that disproportionately impact low-income residents. According to the City of Berkeley Health Status Report 2018, African American residents experience higher rates of poverty compared to other Berkeley residents, and worse health outcomes. For example, African Americans and Latinos have the highest proportions of obese and overweight children in Berkeley; and African Americans experience substantially higher rates of poorly controlled asthma, diabetes, and hypertension.

LifeLong's primary care and acupuncture detox services target low income, uninsured and underinsured Berkeley residents. This population is more racially and ethnically diverse than the general population. For example, while income levels have increased in Berkeley overall, for African American residents there has been a slight decrease. LifeLong health centers are also located in areas with higher rates of low-income residents and people experiencing homelessness: West Berkeley and South Berkeley. Services are designed to meet the needs of low-income residents, with an emphasis on chronic disease prevention and management, and early detection and intervention, and strategies to address social determinants of health (such as food insecurity, housing instability or social isolation). The target population of the Acupuncture program is low income adults with chemical dependency issues. Within this population, many are homeless and/or are living with mental health needs.

To address opioid overdose hospitalizations (higher in Berkeley than in Alameda County as a whole) and other needs related to substance use disorders, LifeLong offers an acupuncture clinic; the only program of its kind that is accessible to low income Berkeley residents free of charge using a harm reduction model. Acupunc

According to the American Community Survey from 2017, 9% of the County of Alameda population reported having a disability. There are significant disparities between the disabled and non-disabled population. In Alameda County in 2017, 19% of individuals with a disability lived below 100 percent of the poverty level, compared to 8% of the non-disabled population. Additionally, 43% of people

with disabilities have incomes that are less than 200% of the Federal poverty level, compared with 26% for the non-disabled population. The median earnings for people with disabilities is approximately \$25,000, whereas the non-disabled population earns over \$50,000 per year. Among the homeless population for the City of Berkeley, 25% reported having a physical disability. The disabled population is more than twice as likely to visit hospital emergency rooms, smoke, have high blood pressure and diabetes, and more than 6 times more likely to have heart disease. Berkeley voters concerned about the welfare of disabled Berkeley residents continue to support funding for emergency services and case management, attendant care, accessible transportation, wheelchair repair, and assistive device repair for severely physically disabled persons in Berkeley.

3. Describe your agency's approach or system for collecting, analyzing, and reporting customer satisfaction data to the governing board.
(Organizational Standard 1.3)

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

4. Describe how your agency collected and included current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for your service area.
(Organizational Standard 3.2)

The BCAA gathered current data specific to poverty through American Community Survey data, City of Berkeley reports and research, and the City of Berkeley Community Agency Request for Proposal process, which provides insight into where community agencies and nonprofits see the most need in the community.

5. Briefly summarize the type of both qualitative and quantitative data collected and analyzed as part of the needs assessment process.
(Organizational Standard 3.3)

The City of Berkeley used quantitative data from multiple sources, including the American Community Survey (ACS), data provided by nonprofit agencies through City Data Services (CDS), the 2018 Berkeley Health Status Report, the City of Berkeley Request for Proposal application process, and other low-income and poverty-related City reports and research. Qualitative data was gathered through public hearings, CDS reports, request for proposal applicants, and the 2018 Berkeley Health Status Report.

In 2018, the City of Berkeley published its Health Status Report, which included a deep analysis of the health of City residents, including data related to poverty and how it impacts the quality of life and health for different ages, genders, and races/ethnicities. This report was produced by the City of Berkeley Public Health Division, and it was informed by a series of community engagement events, focus groups, and research. This research was critical for the CNA, as it had the most up-to-date research and information on the health and quality of life concerns for City of Berkeley residents.

6. Describe how the agency analyzes information collected from low-income individuals as part of the community needs assessment process.
(Organizational Standard 1.1, 1.2)

The agency reports that are reviewed by the City contract monitor include a breakdown of client income levels, demographic data, and performance measurement data. This information, along with the narrative explanation provided by the agency, is collected and analyzed on a quarterly basis. The contract monitor may request more information from the agency if any of the data is unclear, and amend the report as needed.

Community Needs Assessment Results

(Organizational Standard 3.4, 4.2, 4.3, CSBG Act Section 5.76(b)(12))

Utilize the table below to list the needs identified in your Community Needs Assessment. If additional space is needed, insert a new row.

Needs Table

Needs Identified	Integral to Agency Mission (Yes/No)	Currently Addressing (Yes/No)	Agency Priority (Yes/No)
Reducing Health Disparities	Yes	Yes	Yes
Emergency Services for the Severely Disabled	Yes	Yes	Yes

Needs Identified: list the needs identified in your most recent Needs Assessment.

Integral to Agency Mission: indicate yes/no if the identified need aligns with your agency mission.

Currently Addressing: indicate yes/no if your agency is already addressing the identified need.

Agency Priority: indicate yes/no if the identified need will be addressed either directly or indirectly.

For needs marked “no” in “Agency Priority”, please describe how the gap was identified, (CNA, surveys, focus groups, etc.) and why the gap exists (Federal rules, state rules, lack of funding/resources, etc.) Explain how your agency plans to coordinate services and funding with other organizations to address these service gaps. Include how you ensure that funds are not used to duplicate services. If you will not be coordinating services to address the service gaps, please explain why.

(CSBG Act Section 676b(3)(B),(5), State Assurance 12760)

N/A

Refer to Needs Table. For needs marked “yes” in “Agency Priority”, please stack rank according to priority, and complete the table below. If additional space is needed, insert a new row.

Priority Ranking Table

Agency Priorities	Description of programs/services /activities	Community/Family & Individual	Indicator/Service Category (CNPI, FNPI, SRV)
1. Reducing Health Disparities	Integrated primary care and behavioral health services to low-income, uninsured and underinsured residents of Berkeley	Family/Individual	FNPI
2. Emergency Services for the Severely Disabled	(a) Emergency attendant, wheelchair adjustments, and transportation services to	Family/Individual	FNPI

	Berkeley residents who are severely physically disabled, as well (b) maintains a voluntary disaster registry of Berkeley residents, and (c) provides case-management to help clients with the recruitment, selection, training, and retention of quality attendants, resulting in an increase in client participation in services related to disability and a decreased reliance on emergency services.		
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Agency Priorities: Stack rank your agency priorities with the top priority ranking #1.

Description of programs/services/activities: Briefly describe the program, service or activity that your agency will directly provide to address the need. Identify the number of clients to be served or the number of units offered, including timeframes for each.

Community/Family & Individual: Identify if the need is community, or family/individual level.

Indicator/Service Category (CNPI, FNPI, SRV): Indicate which indicator or service will be reported in annual report.

Refer to the Priority Ranking Table. Complete the table below to identify the reporting strategies for each Indicator/Service Category as identified in the Priority Ranking Table. If additional space is needed, insert a new row.

Reporting Strategies Table

Indicator/ Service Category (CNPI, FNPI, SRV)	Measurement Tool	Data Source, Collection Procedure, Personnel	Frequency of Data Collection and Reporting
FNPI	City Data Services	LifeLong Medical Care enters their performance and outcome data into CDS. The contract monitor for LifeLong reviews this data, following up with LifeLong if there are any questions about their performance or outcome targets.	LifeLong submits bi-yearly performance reports and quarterly statement of expense reports.
FNPI	City Data Services	Easy Does It (EDI) enters their performance and outcome data into CDS. The contract monitor for EDI reviews this data quarterly, following up with EDI if there are any questions about their performance or outcome targets.	EDI submits quarterly performance reports and quarterly statement of expense reports.

Indicator/Service Category: Refer to Indicator/Service Category in last column of the Priority Ranking Table.

Measurement Tool: Identify the type of tool used to collect or measure the outcome.

Data Source, Collection Procedure, Personnel: Describe the source of data, how it is collected, and staff assigned to the task(s). Be specific and provide detail for activity both internal and external to the agency.

Frequency of Data Collection and Reporting: Describe how often data is collected and reported internally and externally. Include documentation available.

Service Delivery System

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

Enter narrative responses in the text box below. Text box will expand as narrative is entered. The boxes have been formatted to 12-point Arial font with 1.5 spacing. Do not alter the font or spacing.

1. Describe the overall Service Delivery System for services provided with CSBG funds and describe how your agency's services enhance and/or differ from those offered by other providers, i.e. bundled services— please include specific examples.

LifeLong provides a full range of integrated primary, preventive, dental, mental health, and substance abuse services for people of all ages. With a focus on providing health care access for low-income community, LifeLong makes it a priority to serve populations who experience access barriers, including older adults, people with HIV, homeless individuals and people experiencing mental health and substance use disorders and/or language and cultural barriers. In 2018, LifeLong served a total of 61,444 unduplicated patients in over 310,801 encounters.

LifeLong operates 16 primary care health centers (3 in Berkeley), 3 dental clinics (1 in Berkeley) and 2 mobile dental vans. In addition, LifeLong provides urgent/immediate care services school health services, and a supportive housing program, all with sites in Berkeley.

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

LifeLong's intake process includes benefits eligibility screening and enrollment assistance, as well as new patient registration that includes key information on LifeLong's payment policies, LifeLong's

Notice of Privacy Practices and a patient's rights and responsibilities as well as Advance Health Care Directive resources.

2. Please describe the agency's service delivery system. Include a description of your client intake process or system. Also specify whether services are delivered via direct services or subcontractors, or a combination of both.

LifeLong's Access to Primary Care and Acupuncture for the Uninsured services are funded by CSBG funds. These services target low income, uninsured and underinsured Berkeley residents, and are designed to address health disparities and improve community wellness. There is an emphasis on chronic disease prevention and management, early detection and intervention, and strategies to address social determinants of health (such as food insecurity, housing instability or social isolation). CSBG dollars support staff salaries that are integral to the service delivery model.

3. Please list your agency's programs/services/activities funded by CSBG, including a brief description, why these were chosen, how they relate to the CNA, and indicate the specific type of costs that CSBG dollars will support (examples: staff salary, program support, case mgmt., T/TA, etc.)

CSBG funds LifeLong Medical Care for the delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents of Berkeley at the LifeLong Ashby and LifeLong West Berkeley Health Centers. LifeLong was chosen to receive funding to address health disparities for Berkeley residents, as supported by the data in the CNA. The type of costs that CSBG dollars support include staff salary and program support.

Linkages and Funding Coordination

(Organizational Standards 2.1-2.4)

(CSBG Act Section 676b(1)(B), (1)(C), (3)(C), (3)(D), (4), (5), (6), (9))

(State Assurance 12747, 12760, 12768)

Enter narrative responses in the text box below. Text box will expand as narrative is entered. The boxes have been formatted to 12-point Arial font with 1.5 spacing. Do not alter the font or spacing. Answers must address the following: (please be specific)

1. Describe how your agency coordinates funding with other providers in your service area. If there is a formalized coalition of social service providers in your service area, please list the coalitions by name, who participates, and methods used by the coalition to coordinate services/funding.
(Organizational Standard 2.1, CSBG Act Section 676(b)(1)(C),(3)(C))

The BCAA funds community agencies to provide a variety of services to low-income Berkeley residents. These services include: childcare, disability, employment training, health, homeless, housing rehabilitation, legal/advocacy/fair housing, senior and youth services.

2. Provide information on any memorandums of understanding and/or service agreements your agency has with other entities regarding coordination of services/funding.
(Organizational Standard 2.1)

LifeLong has numerous MOUs, service agreements and funding contracts with governmental and nongovernmental entities. For example, LifeLong is funded by the Alameda County Office of HIV Care to provide integrated HIV primary care and medical case management services. We also receive funding from both the Alameda County Area Agency on Aging and the City of Oakland to provide older adult services to low income older adults. As a federally qualified health center, LifeLong receives federal funding from the Health Resources and Services Administration. Partnerships with Kaiser, Sutter and other healthcare entities further support coordination of services, and enhance LifeLong's ability to expand access to integrated care via partnership and funding agreements.

3. Describe how your agency utilizes information gathered from key sectors of the community:
 - a. Community-Based
 - b. Faith-Based
 - c. Private sector (local utility companies, charitable organizations, local food banks)
 - d. Public Sector (social services departments, state agencies)

e. Educational Institutions (local school districts, colleges)
Describe how your agency will coordinate and partner with other organizations in your service area.(Organizational Standard 2.2, CSBG Act Section 676(b)(3)(C), (9))

LifeLong maintains a patient-majority board of directors to ensure community/consumer input and oversight. LifeLong also convenes a Patient Voice Collaborative (PVC) which is a diverse group of patients, providers, and staff who meet monthly to discuss ways to improve LifeLong's delivery of care. They develop tools and update methods for systematically collecting and evaluating patient experience data. Additionally, LifeLong reviews needs assessments and participates on planning commissions (for example, the Oakland Transitional Grant Area Planning Council and the Senior Services Coalition of Alameda County) and collaborates with numerous community based organizations via referral and partnership on service offerings. LifeLong collaborates extensively with area service providers as an active member of the Alameda Health Consortium (AHC), the regional association of community health centers in Alameda County, the Community Health Center Network (CHCN), a non-profit Medi-Cal managed care organization, as well as the California Primary Care Association (CPCA), the statewide organization representing the interests of California community health centers and their patients. LifeLong also partners with UC Berkeley, UC San Francisco and other educational institutions to train interns, develop programs and best practices.

4. Describe how services are targeted to low income individuals and families and indicate how staff is involved, i.e. attend community meetings, I&R, etc. Include how you ensure that funds are not used to duplicate services.
(CSBG Act Section 676(b)(3)(C), 676(b)(9), State Assurance 12760)

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

5. If your agency is a Migrant and Seasonal Farmworker (MSFW) agency, describe how you will coordinate plans and activities with other agencies funded by the department to avoid duplication of services and to maximize services for all eligible beneficiaries. If your agency is not a MSFW, please mark N/A.
(State Assurance 12768)

N/A

6. Describe how your agency will leverage other funding sources and increase programmatic and/or organizational capacity. Describe your agency's contingency plan for potential funding reductions.
(State Assurance 12747)

LifeLong has developed diverse funding streams to ensure stability of the organization and minimize disruption due to any potential funding reductions. With a goal of maintaining 90 days of cash on hand, LifeLong currently has 117 days of cash on hand. Development personnel focus on cultivating donors for many of LifeLong's programs and services, and a strategic planning and grants team continuously seeks and manages private, corporate, government funding. LifeLong's strategic plan also includes expanding geographic and programmatic access to services. With growth comes increased revenue sources and a continued emphasis on infrastructure development. LifeLong also leverages resources by utilizing new technologies such as telehealth to enhance the access to services and making judicious use of resources.

7. Describe how your agency communicates its activities and its results to the community, including how the number of volunteers and hours are documented.
(Organizational Standard 2.3, 2.4)

LifeLong maintains a comprehensive website (www.lifelongmedical.org), a widely distributed annual report, and an active social media presence (Facebook, Twitter, Instagram, etc.) to communicate activities and impact to the community. Events and services are also widely publicized in newspapers (Berkeleyside, Berkeley Times), on-line (social media), by radio (public service announcements, segments with local broadcasters), as well as distribution of flyers, brochures. Volunteer activities and hours are coordinated and documented as a function of LifeLong's Human Resources department.

8. Describe how your agency will address the needs of youth in low-income communities through youth development programs and promote increased community coordination and collaboration in meeting the needs of youth. Describe how your agency will contribute to the expansion of innovative community-based youth development programs that have demonstrated success in preventing or reducing youth crime, such as: programs for the establishment of violence-free zones that would involve youth development and intervention models like youth mediation, youth mentoring, life skills training, job creation, and entrepreneurship programs.
(CSBG Act Section 676(b)(1)(B))

The City's YouthWorks program introduces Berkeley youth to the world of work by operating Summer and Winter Youth Employment Programs; assessing skills to match youth with appropriate jobs; conducting job-readiness workshops and training; and collaborating with community agencies that provide youth services. YouthWorks also operates an extended program for Transition-Age Youth (TAY), providing a bridge for them while they upgrade their skills, attend community college or obtain their GED. YouthWorks participants are paid with City General Funds.

Berkeley's 2020 Vision: Equity in Education is a collective impact initiative that works towards eliminating racial disparities in academic achievement in Berkeley's public schools, with four core institutional partners: the City of Berkeley, Berkeley Unified School District, Berkeley City College and the University of California - Berkeley (UC Berkeley). The City of Berkeley provides in \$1.2 million in contract awards to community agency programs that are implementing a wide range of youth-based programs that support this initiative's 6 priorities: Kindergarten Readiness, 3rd Grade Reading Proficiency, 8th Grade Math Proficiency, School Attendance and Health; and College and Career Readiness. Over 50 community programs are aligned with Berkeley's 2020 Vision's collective action efforts to ensure that all young people in Berkeley grow up with equitable opportunities to achieve high outcomes and realize their full potential.

9. Describe how your agency will provide employment and training activities. If your agency uses CSBG funding to provide employment and training services, describe the coordination of employment and training activities as defined in Section 3 of the Workforce and Innovation and Opportunity Act [29 U.S.C. 3102]. (CSBG Act Section 676(b)(5))

The City of Berkeley funds several employment programs aimed at helping low-income and disabled people re-enter the workforce through training and job placement support. Additionally, the city has enacted local hire policies, such as the First Source Ordinance and the Community Workforce Agreement to promote local hiring for both private and public construction projects.

Community agencies that receive funding for employment and training activities include:

- Multicultural Institute: Serves day laborers, providing G.E.D. preparation in Spanish, vocational E.S.L., job referrals and placements, connecting day laborers with employers in the community, and health-screening for laborers.

- Inter-City Services, Inc.: Targets low- and moderate-income South and West Bay residents aged 18 and older. Provides job training, G.E.D. preparation and job placement assistance.
- The Bread Project: Promotes self-sufficiency by providing culinary training and job placement assistance to low-income individuals.
- Rising Sun Center for Opportunity (formerly Rising Sun Energy Center): Provides Green Energy Training Services(GETS) a pre-apprenticeship training program in the building and construction trades, . The program includes eco-literacy hands-on and classroom training and job placement for individuals with multiple barriers to employment.
- Biotech Partners: Operates the Biotech Academy, which seeks to help underserved “at-risk” youth at risk of not graduating from high school successfully navigate the world of work, school, and life while specifically training them for technical positions in bioscience, including biotechnology, healthcare, environmental and green technologies.

10. Describe how your agency will provide emergency supplies and services, nutritious foods, and related services to counteract conditions of starvation and malnutrition among low-income individuals.
(CSBG Act Section 676(b)(4))

The City of Berkeley Office of Emergency Preparedness within the City’s Fire Department has a Community Emergency Supply Program. This program awards qualified neighborhood groups with a free cache of emergency supplies, including a storage shed, generator, and much more. In recent years the Fire Department has revised this program to reduce barriers to participation by low income households.

During non-emergency periods, the City of Berkeley funds multiple church and non-profit groups to provide breakfast, lunch and dinner almost every day of the week to low-income individuals and families. One example is McGee Avenue Baptist Church, funded in FY19 \$17,035 in City General Funds to provide a hot nutritious lunch Monday, Wednesday and Friday.

11. Describe how your agency will ensure coordination between antipoverty programs in each community in the State, and ensure where appropriate, that the emergency energy crisis

intervention programs under title XVI (relating to low-income home energy assistance) are conducted in the community.
(CSBG Act Section 676(b)(6))

The City of Berkeley works with EveryOne Home, Alameda County Behavioral Health Care Services and Social Service Agency to implement the Berkeley Coordinated Entry System (CES) for homeless services and will participate in EveryOne Home's ongoing implementation of its Coordinated Entry System throughout the county. These efforts have led to the standardization of screening, intake and assessments protocols across the Continuum of Care to better match people who are homeless with the best fit available housing solution.

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

The City of Berkeley will align much of this funding (as appropriate) to support our city-wide equity initiative, Berkeley's 2020 Vision. 2020 Vision's efforts support children and youth, and their families. 2020 Vision's approach spans from early childhood (kindergarten readiness) through successful transition to college and career. We are proud that our City Council has designated a significant allocation of general fund dollars to support the goals of Berkeley's 2020 Vision, which also align closely with many of the Community Services Block Grant (CSBG) priorities. With the combined local and federal support the City of Berkeley is well positioned to support our most vulnerable populations.

Monitoring

(CSBG Act Section 678D(a)(1)(B))

1. Describe your agency's specific monitoring activities and how they are related to establishing and maintaining the integrity of the CSBG program, including your process for maintaining high standards of program and fiscal performance.

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

2. If your agency utilizes subcontractors, please describe your process for monitoring the subcontractors. Include the frequency and type (i.e., onsite, desk review, or both)

Agencies that receive federal or state funding submit quarterly outcome reports. Agencies that are funded by the City submit either quarterly or semi-annual outcome reports, as determined by the City. The City also performs on-site monitoring yearly.

3. Describe how your agency ensures that cost and accounting standards of the Office of Management and Budget (OMB) are maintained.
(CSBG Act Section 678D(a)(1)(B))

The City follows all OMB procedures and requires that the agencies that receive CSBG funding follow these same procedures. There is an independently elected auditor for the City as well as yearly single audits carried out by an independent firm. The City of Berkeley monitors its agencies to ensure compliance to contractual terms and goals.

Data Analysis and Evaluation

(Organizational Standards 4.3, 4.4)
(CSBG Act Section 676(b)(12))

1. Describe your methods for evaluating the effectiveness of programs and services, including the frequency of evaluations.
(Organizational Standard 4.3)

In addition to requiring either quarterly or semi-annual performance and outcome reports, BCAA staff periodically monitor agencies to ensure the fidelity of financial record keeping and the recording and provision of direct services to clients. BCAA staff also consult with CSBG-funded programs to gather anecdotes for the year-end CSBG reports.

2. Describe how your agency ensures that updates on the progress of strategies included in your CAP are communicated to your board annually.
(Organizational Standard 4.4)

The BCAA provides updates to the HWCAC at each meeting when they review performance and financial reports from community agencies. During the request for proposal period every two years, the HWCAC has done an in-depth review of the applications from community agencies, which includes performance history and targets, program background, and the current financial health of the agency. The City is currently working on publishing agency performance in an online performance management tool, as well as refining and standardizing performance targets across agencies in order to provide a clearer picture of the progress of the strategies included in the CAP.

3. Provide 2-3 examples of changes made by your agency to improve service delivery to enhance the impact for individuals, families, and communities with low-incomes based on an in-depth analysis of performance data.
(CSBG Act Section 676(b)(12))

In 2018 there was emphasis on outreach and enrollment in health coverage, providing accurate information and assistance regarding resources available to undocumented residents and others who are reluctant to seek care. LifeLong also offered health education in community settings on topics such as asthma management, diabetes management, colorectal cancer screening and other important topics.

In 2018 LifeLong expanded substance use services including treatment for opioid use disorders, with Medication Assisted Treatment now provided at all 3 of LifeLong's primary care sites in Berkeley.

LifeLong implemented open access scheduling to reduce wait times for appointments, increase access to same-day visits and other adjustments to appointment scheduling to increase access to services. They also improved oral health integration by making and tracking referrals to dental services for primary care patients.

LifeLong addressed food insecurity by providing fresh produce giveaways in collaboration with the Alameda County Food Bank and other community partners. LifeLong also provides healthy cooking classes and nutrition education designed to be affordable on a limited budget.

Appendix A

Organizational Standards

MAXIMUM FEASIBLE PARTICIPATION

CATEGORY ONE: CONSUMER INPUT AND INVOLVEMENT

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

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

Standard 1.3 The organization/department has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.

CATEGORY TWO: COMMUNITY ENGAGEMENT

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

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

Standard 2.3 The organization/department communicates its activities and its results to the community.

Standard 2.4 The organization/department documents the number of volunteers and hours mobilized in support of its activities.

CATEGORY THREE: COMMUNITY ASSESSMENT

Private Agency - Standard 3.1: Organization conducted a community assessment and issued a report within the past 3-year period.

Public Agency - Standard 3.1: The organization/department conducted a community assessment and issued a report within the past 3-year period, if no other report exists.

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

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

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

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

VISION AND DIRECTION

CATEGORY FOUR: ORGANIZATIONAL LEADERSHIP

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

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

Standard 4.4: The tripartite board/advisory body receives an annual update on the success of specific strategies included in the Community Action Plan.

CATEGORY FIVE: BOARD GOVERNANCE

Standard 5.1: The organization's/department's tripartite board/advisory body is structured in compliance with the CSBG Act

Standard 5.2: The organization's/department's tripartite board/advisory body either has:

1. Written procedures that document a democratic selection process for low-income board members adequate to assure that they are representative of the low-income community, or
2. Another mechanism specified by the State to assure decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs.

Appendix B

State Assurances

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

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

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

Appendix C

Federal Assurances and Certification

CSBG Services

676(b)(1)(A) *The State will assure "that funds made available through grant or allotment will be used –*

(A) to support activities that are designed to assist low-income families and individuals, including families and individuals receiving assistance under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.), homeless families and individuals, migrant or seasonal farm workers and elderly low-income individuals and families, and a description of how such activities will enable the families and individuals—

- (i) to remove obstacles and solve problems that block the achievement of self-sufficiency, (including self-sufficiency for families and individuals who are attempting to transition off a State program carried out under part A of title IV of the Social Security Act);*
- (ii) secure and retain meaningful employment;*
- (iii) attain an adequate education, with particular attention toward improving literacy skills of low-income families in the communities involved, which may include carrying out family literacy initiatives;*
- (iv) make better use of available income;*

- (v) *obtain and maintain adequate housing and a suitable environment;*
- (vi) *obtain emergency assistance through loans, grants or other means to meet immediate and urgent family individual needs; and*
- (vii) *achieve greater participation in the affairs of the communities involved, including the development of public and private grassroots partnerships with local law enforcement agencies, local housing authorities, private foundations, and other public and private partners to;*
- (I) *document best practices based on successful grassroots partnerships with local law enforcement agencies, local housing authorities, private foundations, and other public and private partners to;*
- (II) *strengthen and improve relationships with local law enforcement agencies, which may include participation in activities such as neighborhood or community policing efforts;*

Needs of Youth

676(b)(1)(B) *The State will assure “that funds made available through grant or allotment will be used-*

(B) to address the needs of youth in low-income communities through youth development programs that support the primary role of the family, give priority to the prevention of youth problems and crime, and promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs that have demonstrated success in preventing or reducing youth crime, such as--

- (i) programs for the establishment of violence-free zones that would involve youth development and intervention models (such as models involving youth mediation, youth mentoring, life skills training, job creation, and entrepreneurship programs); and*
- (ii) after-school child care programs;*

Coordination of Other Programs

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

Eligible Entity Service Delivery System

676(b)(3)(A) *a description of the service delivery system, for services provided or coordinated with funds made available through grants made under section 675C9(a), targeted to low-income individuals and families in communities within the State*

Eligible Entity Linkages – Approach to Filling Service Gaps

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

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

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

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

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

Eligible Entity Emergency Food and Nutrition Services

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

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

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

State Coordination/Linkages and Low-income Home Energy Assistance

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

Coordination with Faith-based Organizations, Charitable Groups, Community Organizations

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

Eligible Entity Tripartite Board Representation

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

Eligible Entity Community Action Plans and Community Needs Assessments

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

State and Eligible Entity Performance Measurement: ROMA or Alternate system

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

Appendices (Optional)

Appendix A: Community Needs Survey Report

Appendix B: Public Hearing Comments

COMMUNITY NEEDS ASSESSMENT

Community Needs Assessment Background and Data Collection Method

The Berkeley Community Action Agency's (BCAA) Community Needs Assessment is informed by the 2018 City of Berkeley Health Status Report, the City of Berkeley Strategic Plan, and the City of Berkeley Request for Proposals (RFP) for community agency funding.

The Health Status Report is a comprehensive analysis of health and quality of life for Berkeley residents, including analysis of current poverty levels. This report was informed by a series of community engagement events, as well as the American Community Survey, the Alameda Countywide Homeless Count and Survey Report, Berkeley Unified School District data, the California Health Interview Survey, the City of Berkeley Public Health Division Vital Statistics Office, and others.

The Strategic Plan was a two-year process of gathering input from the community, City Council, and City staff.

The following steps were taken to inform the strategic planning process:

- 24 listening sessions with staff in every department and at all levels of the organization;
- Input from over 660 staff members at a June 23, 2016 staff event;
- Over 740 comments on Berkeley Considers, the City's online forum;
- Council work sessions on January 31, 2017 and September 16, 2017;
- A half-day session on November 17, 2017 that involved all City of Berkeley department directors, division managers and senior staff.¹

The RFP process is a robust, 9-month community process that includes two public hearings, to allocate City funding to community agencies in four service areas—Anti-Poverty Services (reviewed by the Human Welfare

¹ City of Berkeley. *CITY OF BERKELEY 2018-2019 STRATEGIC PLAN*. Compiled by Timothy Burroughs. CA: City of Berkeley, 2018. 1-37.

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and Community Action Commission), Berkeley's 2020 Vision (reviewed by the Children and Youth Services, overseen by the Children, Youth and Recreation Commission), the Homeless Services Commission, and the Housing, Public Services and Public Facility Improvements Commission (reviewed by the Housing Advisory Commission).

The City received a total of \$21 million in community agency funding requests—over double the amount available, resulting in an \$11 million dollar gap from available to requested funds. The RFP applications provided insight into where community agencies and nonprofits see the most need through their program data and funding request narratives.

City of Berkeley Demographics

	City of Berkeley	Alameda County	California
Age			
Under 5 years	4%	5.9%	6.3%
5 to 17 years	10.1%	15.2%	16%
18 to 64 years	75.7%	65%	62.6%
65 years and over	10.2%	14%	14.5%
Race/Ethnicity			
White	54%	31%	37%
African American	8%	11%	6%
American Indian	0.5%	1%	1%
Asian	19%	31%	15%
Pacific Islander	0.5%	1%	0.5%
Hispanic or Latino	11%	22%	39%
Two or more races	7%	5%	3%
People with Disabilities (under 65 years)	5.9%	6.1%	6.9%
People Without Health Insurance	8.1%	5.8%	5.7%

Key Findings

Health Inequities in Berkeley

Residents of Berkeley generally enjoy high levels of health, education, employment and income. Yet a significant portion of Berkeley residents are living in poverty. The Berkeley poverty rate is approximately 20%, which is double that of Alameda County (10%). Below is an overview of resident health across ages and demographics.

Sociodemographic Characteristics & Social Determinants of Health	Pregnancy & Birth	Child & Adolescent Health	Adult Health	Life Expectancy & Mortality
Families headed by a White householder earn 3.4 times more than African American families, 1.9 times more than Latino families, and 1.4 times more than Asian families.	The risk of an African American mother having a LBW baby is 2.5 times higher than the risk for White mothers.	African American children (under 18) are 7 times more likely, Latino children are 5 times more likely, and Asian children are 2 times more likely than White children to live in poverty.	African Americans are 3 times more likely than Whites to be hospitalized due to coronary heart disease.	African Americans are 2.3 times more likely to die in a given year from any condition compared to Whites.
The proportion of families living in poverty is 8 times higher among African American families, 5 times higher among Latin families and 3 times higher among Asian families, compared to White families.	The risk of an African American mother having a premature baby is 2 times higher than the risk for White mothers.	African American high school students are 1.4 times more likely than White students to drop out of high school.	African Americans are 34 times more likely than Whites to be hospitalized due to hypertension.	African Americans are 2.0 times more likely than Whites to die of cardiovascular disease.
African Americans are 2.8 times less likely, Latinos are 1.6 times less likely and Asian children are 1.1 times less likely than Whites to have a bachelor's degree or higher.	The teen birth rate among African Americans is 9 times higher, and among Latinas is 3 times higher than the rate among White teens.	The asthma hospitalization rates for children under 5 for African American children is 10 times higher, and for Latino children is 2.8 times higher than the rate among White children.	African American women are 1.5 times more likely than Whites to be diagnosed with breast cancer.	African Americans are 1.8 times more likely than Whites to die of cancer.

Source: 2018 City of Berkeley Health Status Report²

² City of Berkeley. City of Berkeley Public Health Division. *City of Berkeley Health Status Report 2018*. By Lisa B. Hernandez, José A. Ducos, Alvan Quamina, and Rebecca L. Fisher. Berkeley, CA: City of Berkeley Public Health Division, 94704. 1-136.

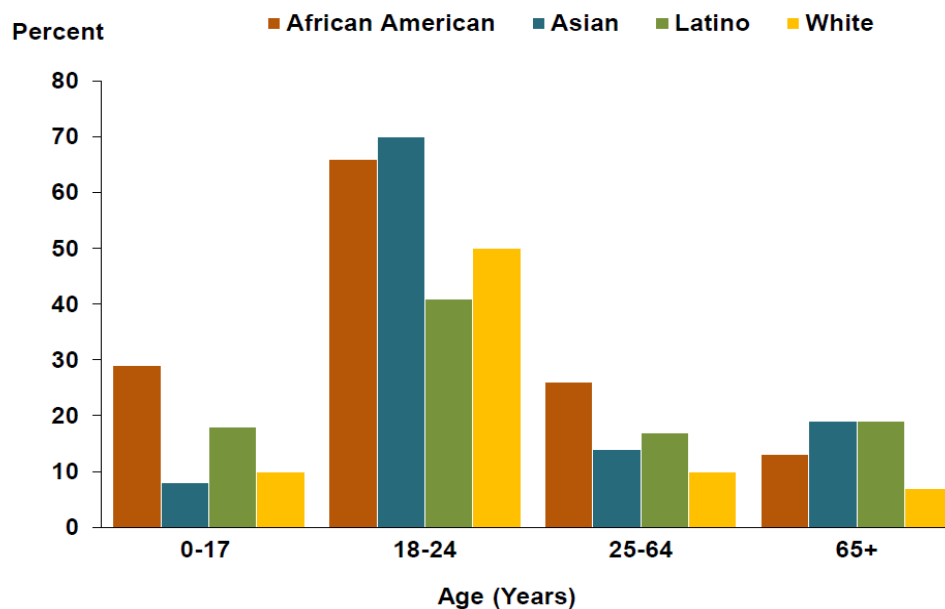
City of Berkeley Community Action Plan, 2019
Appendix A

During the RFP process, the City received proposals for health-related programs, including geriatric primary care health services at the Over 60 Health Center to low-income, elderly Berkeley residents; access to delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents; and supportive services and housing to the chronically homeless population in Berkeley, most of whom have active mental health and substance use issues, as well as poor physical health.

Income and Poverty

In Berkeley the median family income is \$118,190. The median household income is \$66,237, which is influenced by the large population of low-income university students Berkeley.³

Percent of Population Below the Federal Poverty Level by Age and Race/Ethnicity, Berkeley, 2011-2015



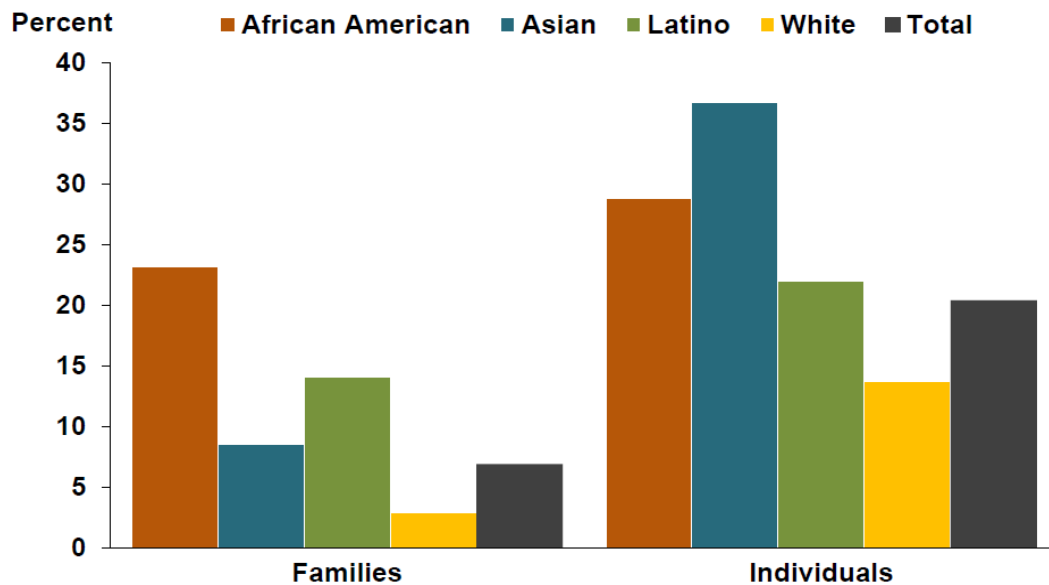
Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; U.S. Census, ACS 2011-2015

³ Ibid., 6.

City of Berkeley Community Action Plan, 2019
Appendix A

Approximately 7% of Berkeley families live below the federal poverty level. Poverty rates vary drastically by race/ ethnicity. Compared to White families, the proportion of families living in poverty is 8 times higher among African American families, 5 times higher among Latino families and 3 times higher among Asian families.⁴

Percent of Families and Individuals below Federal Poverty Level in the Past 12 months by Race/Ethnicity in Berkeley, 2011-2015



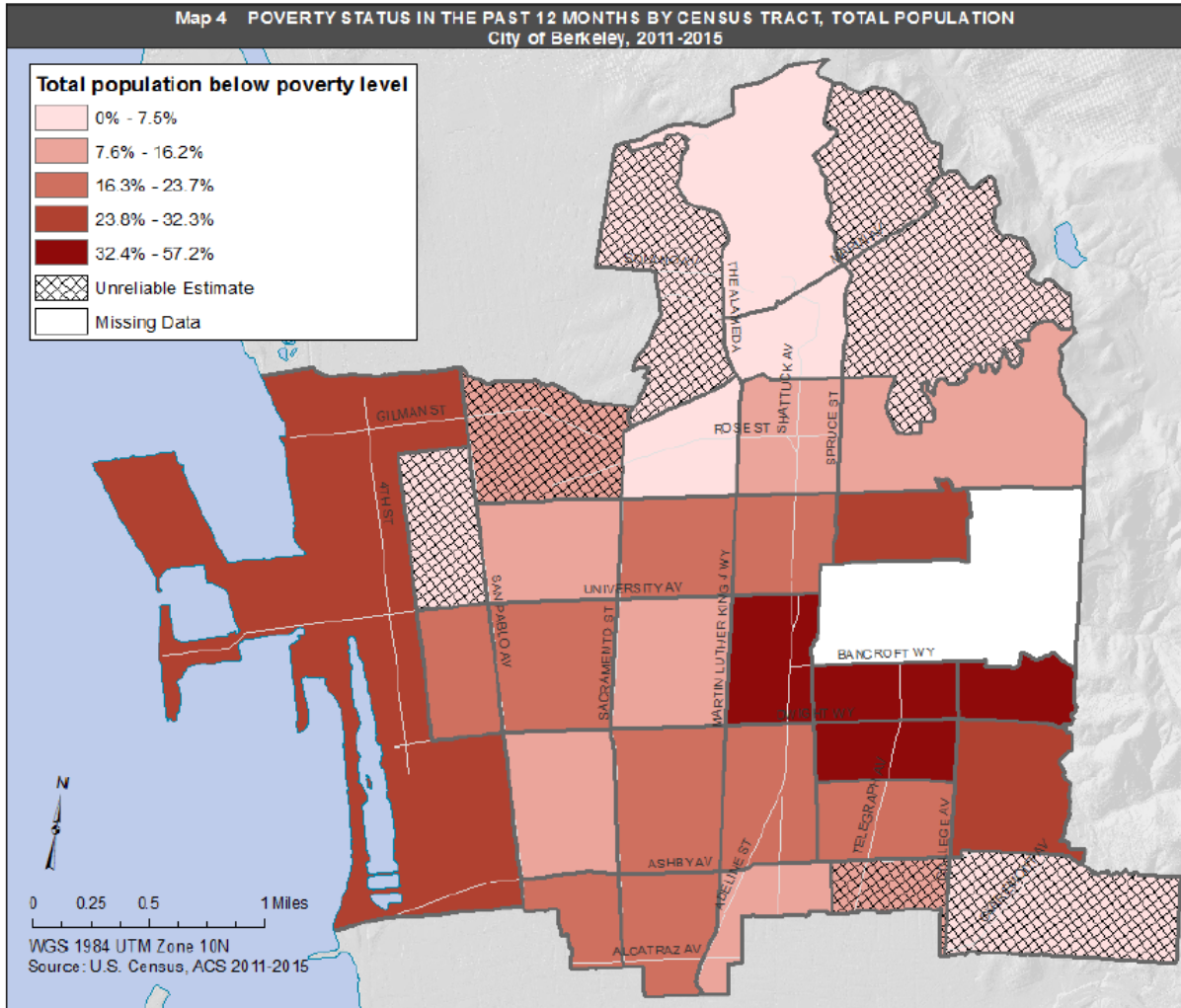
Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; U.S. Census, ACS 2011-2015

Poverty status is also unequally distributed by geographic areas in Berkeley. This distribution also corresponds with areas with high concentrations of African Americans and Latinos. Except for census tracts predominantly populated by students around the University Campus, census tracts in South and West Berkeley show the highest rates of poverty in Berkeley.⁵

⁴ Ibid., 11.

⁵ Ibid., 12.

**City of Berkeley Community Action Plan, 2019
Appendix A**



Source: 2018 City of Berkeley Health Status Report⁶

At the individual level, about 20% of all Berkeley residents live below the federal poverty level, which is strongly influenced by the large university student population in Berkeley. The Asian population has the highest rate of individual poverty, reflecting the large Asian student population. Although college students commonly have very low income during their limited student years, they are less likely to live in poverty throughout their adult lives than those who do not attend college. Poverty rates also vary by age. The proportion of individuals living in poverty is highest among those 18–24 years old, and the rates are lowest

⁶ Ibid., 9.

City of Berkeley Community Action Plan, 2019**Appendix A**

among those 0–17 and those 65 and older. For African Americans over the age of 65, the poverty rates decrease substantially compared to those age 64 and under.⁷

Community Health

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

Some of the services that the Public Health Division provides include:

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

Health insurance coverage is an important determinant of access to health care. Uninsured children and nonelderly adults are substantially less likely to have a usual source of health care or a recent health care visit than their insured counterparts. The majority (52%) of persons under age 65 who have health coverage, have coverage through private employer- sponsored group health insurance. The percentage of uninsured in

⁷ Ibid., 11.

City of Berkeley Community Action Plan, 2019**Appendix A**

Berkeley (7%) is lower than in Alameda County (10%). In 2009–2011, the rate was 9% and 13% in Berkeley and Alameda County respectively. The recent decrease in uninsured rate may reflect the impact of the Affordable Care Act expanding health care coverage. The percentage of uninsured varies by race/ethnicity, as well as by age and education. People of color are at higher risk of being uninsured than non-Hispanic Whites. The percentage of uninsured is higher among African American, Latino, and Asians compared to Whites.⁸

In terms of economic disparities for the disabled population, 1 in 5 people with disabilities live in poverty in Alameda County, while only 1 in 10 people without disabilities live in poverty. People with disabilities tend to have higher rates of high blood pressure, heart disease, diabetes, obesity, asthma, and psychological distress than those living without disabilities. The majority of the disabled population in Alameda County are older (≥ 65 years of age), with more women with any disability than men, and African Americans and American Indian/Alaskan Natives being the highest percentages of people with a disability.⁹

Recommendations

The health inequities and need in the City of Berkeley were clear throughout the community needs assessment process. As a result, the City chose to support the delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents of Berkeley at the LifeLong Ashby and LifeLong West Berkeley Health Centers. LifeLong services are designed to remove barriers to care and reduce health disparities for typically underserved populations who are at the greatest risk for poor health outcomes. Funding will also support the provision of acupuncture detox services for Berkeley residents living with substance use disorders. Funding will also support the provision of acupuncture detox services for Berkeley residents living with substance use disorders.

⁸ Ibid., 19.

⁹ Davis, Muntu, and Sandi Soliday. *Persons with Disabilities in Alameda County*. Alameda County Public Health Department. County Board of Supervisors' Health Committee. April 23, 2017. Accessed June 12, 2019. http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_4_23_18/HEALTH_CARE_SERVICES/Regular_Calendar/Persons_with_disabilities_Alameda_County_H_4_23_18.pdf.

City of Berkeley Community Action Plan, 2019
Appendix A

Berkeley voters concerned about the welfare of disabled Berkeley residents continue to support funding for emergency services and case management, attendant care, accessible transportation, wheelchair repair, and assistive device repair for severely physically disabled persons in Berkeley.

PUBLIC HEARING COMMENTS

PY19 City of Berkeley Annual Action Plan – Citizen Participation Outreach

Mode of Outreach	Target of Outreach	Summary of Response/ Attendance	Summary of Comments Received	Summary of Comments Not Accepted and Reasons
Email	EveryOne Home – Alameda County Homeless Continuum of Care	N/A	N/A	N/A
Email	Local Businesses	N/A	N/A	N/A
Email	Local Affordable Housing Developers	N/A	N/A	N/A
Email	Faith-based Organizations	N/A	N/A	N/A
City of Berkeley News Page	Email to list serve	One email received.	One: Services for affordable housing should include help or assistance for property taxes for low-income people, especially for older, single homeowners without enough space to rent rooms or part of their houses. Their also should be more info available for people who might need assistance with that.	
Mailer to BHA residents	Public Housing Residents	Fall 2018: 20 persons	Attendees at the public hearing suggested improvements in the following areas: improving the	N/A

City of Berkeley Community Action Plan, 2019
Appendix B

Flyers at Recreation Centers	South & West Berkeley (NSA)	in attendance at	homeless services website, strategies and solutions for vehicular dwellers, Section 8 (Berkeley Housing Authority) customer services and assistance with landlord communications, partnerships with health and housing providers, welcoming ex-offenders back into the community, pedestrian safety and fair housing/housing discrimination education.
Flyers at Affordable Housing Development	Residents of Affordable Housing	10/17/2018 Commission Hosted Public Hearing.	
Flyers distributed to over 50 non-profit agencies serving low-income people	Low-income Population, including seniors and persons with disabilities		
Flyers at two Berkeley Senior Centers	Seniors	Spring 2019: One phone call. Seven emails received. Large attendance at 4/23/19 City Council Public Hearing, including 27 public comments.	Regarding coordination with Housing and Mental health services. Emails in support of two specific programs, one for support services for formerly homeless persons living in subsidized housing, and the second for services for the deaf and disability community. Included testimony from twenty seven individuals concerned about services for low-income persons including: housing rehabilitation for homeowners, deaf and disability related services especially for homeless persons, health care and supportive services for formerly homeless persons, general homeless services, legal services for survivors of domestic violence, programming for youth graduating from Berkeley High School, and more transparency around monitoring agencies and the City's budget process.



Human Welfare and Community Action Commission

DRAFT MINUTES

Wednesday, May 15, 2019

7:00 PM

South Berkeley Senior Center, 2939 Ellis St.
Berkeley, CA 94703

Preliminary Matters

1. Roll Call: 7:12PM
Present: Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Bookstein, Deyhim, Romo
Absent: Smith, Holman
Quorum: 6 (Attended: 7)
Staff Present: Mary-Claire Katz, Rhianna Babka
Public Present: Kelly Glossup, Kimberly Thomas, Andy Katz
2. Public Comment

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

Action: M/S/C (Dunner/Romo) to discuss agenda item number 4 before agenda item number 1.

Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Bookstein, Deyhim, Romo; Noes – None; Abstain – None; Absent – Smith, Holman.

1. Approve Minutes from the 4/17/2019 Regular Meeting (Attachment A)
Action: M/S/C (Sood/Dunner) to approve the 4/17/2019 minutes with edits.
Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Bookstein, Deyhim, Romo; Noes – None; Abstain – None; Absent – Smith, Holman.
2. Election of Vice Chair
Action: M/S/C (Dunner/Deyhim) to elect Denah Bookstein as Vice Chair.
Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Bookstein, Deyhim, Romo; Noes – None; Abstain – None; Absent – Smith, Holman.
3. Review City Of Berkeley Funded Agency Program And Financial Reports — Staff (Attachment B)
 - a. Bonita House – Creative Wellness Center (CWC)
Commissioners reviewed and discussed the Program and Financial Reports for Bonita House.

Other Discussion Items

4. Presentation and discussion by Kelly Glossup from the Alameda County Sheriff's Office on the topic of Positive Behavior Support
Kelly Glossup presented her experience using Positive Behavior Support as a Youth and Family Services Bureau Manager with the Alameda County Sheriff's Office. Kimberly Thomas, a client, presented her experience working with Kelly.

Action: M/S/C (Dunner/Kohn) for Commissioners Dunner and Bookstein to form a subcommittee for Positive Behavior Support.

Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Bookstein, Deyhim, Romo; Noes – None; Abstain – None; Absent – Smith, Holman.

5. Discuss Budget Review Subcommittee Set-Up – Commissioner Sood

Action: M/S/C (Dunner/Deyhim) for Commissioners Sood and Deyhim to form a budget review subcommittee to review those budget items that relate to low-income communities.

Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Bookstein, Deyhim, Romo; Noes – None; Abstain – None; Absent – Smith, Holman.

Action: M/S/C (Kohn/Dunner) to extend the meeting to 9:15PM.

Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Bookstein, Deyhim, Romo; Noes – None; Abstain – None; Absent – Smith, Holman.

6. Discuss possible recommendations to City Council relating to the City of Berkeley 1000 Person Plan to Address Homelessness (Attachment C) – Commissioner Sood

Commissioner Sood asks the commissioners to review the 1000 Person Plan to Address Homelessness for the next meeting. Commissioner Omodele asks the commissioners to review the report submitted to Council from the HWCAC titled “Path to End Homelessness” for the next meeting.

Action: M/S/C (Dunner/Omodele) to extend the meeting to 9:20PM.

Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Bookstein, Deyhim, Romo; Noes – None; Abstain – None; Absent – Smith, Holman.

7. Discuss a City of Berkeley “Baby Bond” – Commissioner Sood
Continued to the 6/19/2019 meeting.

8. Update on West Berkeley Air Quality – Commissioner Bookstein
Continued to the 6/19/2019 meeting.

9. Update on the Closure of Alta Bates Hospital – Commissioner Omodele (Attachment D)

Public comment from Andy Katz regarding the closure of Alta Bates Hospital, requesting that the HWCAC remove this item from the agenda because the Community Health Commission is working on this topic.

10. Review Latest City Council Meeting Agenda
Continued to the 6/19/2019 meeting.

11. Announcements
None.

12. Future Agenda Items

Discuss 2018 City of Berkeley Health Status Report data from a socioeconomic perspective – Commissioner Sood.

Adjournment

Adjourned at 9:25PM

Attachments

- A. Draft Minutes of the 4/17/2019 Meeting
- B. Bonita House – Creative Wellness Center Program Report and Statement of Expense
- C. City of Berkeley 1000 Person Plan to Address Homelessness Council Report
- D. Draft Council Report on the Closure of Alta Bates Hospital

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

Communications

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

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

Secretary:

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

Mailing Address:

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



LINNÉ K. STOUT
DIRECTOR

State of California-Health and Human Services Agency
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833
Telephone: (916) 576-7109 | Fax: (916) 263-1406
www.csd.ca.gov



GAVIN NEWSOM
GOVERNOR

May 21, 2019

Samuel Kohn, Advisory Board Chair
City of Berkeley Department of HHCS
Berkeley Community Action Agency
2180 Milvia Street, 2nd Floor
Berkeley, CA 94704

Dear Mr. Kohn:

SUBJECT: On-Site Monitoring Report Number C-19-002

During the week of March 25-26, 2019, the Department of Community Services and Development (CSD) conducted a Community Services Block Grant Program (CSBG) on-site monitoring visit at the Berkeley Community Action Agency. Review of the appropriate documents provided CSD the opportunity to analyze the administrative and programmatic operations for CSBG Contract 18F-5001, 18F-5001 Discretionary, & 19F-4001.

Enclosed for your reference is the On-site Monitoring Report. If you have any questions regarding this report, please call me at 916-576-4372 or kwalker@csd.ca.gov.

Sincerely,

Katie Walker,
Field Representative

c: Leslie Taylor, Manager
CSBG Field Operations

Samuel Kohn, Berkeley CAA
Board Chair



Agency Information

Agency Name Berkeley Community Action Agency
 Agency Type Community Action Agency-Public
 Report # C-19-002
 CSD/Field Representative Kathleen Walker
 Date Report Completed May 3, 2019

Contracts Reviewed	Contract #	Program Term	Amount	Contract Type
	18F-5001	1/1/18- 12/31/18	\$269,935	CSBG
	18F-5001	6/15/18- 5/31/19	\$35,000	Discretionary
	19F-4001	1/1/19-12/31/19	\$265,860	CSBG

Entrance Conference

Purpose of Visit The purpose of this visit was to monitor statutory and contractual requirements under the Community Services Block Grant (CSBG) for financial accountability and programmatic compliance in accordance with Federal and State laws and the Department of Community Services Development (CSD) policy.

Date of Entrance Conference March 25, 2019

The following persons were present during the Entrance Conference:

- Mary-Claire Katz, Housing and Community Services
- Rhianna Babka, Housing and Community Services
- Jeffrey Glover, Associate Management Analyst
- Katie Walker, CSD Field Representative

The following items were discussed:

- Monitoring Overview
- CSD Updates
- CSBG Advisory Committee Meeting
- Organizational Standards
- 2020-2021 Community Action Plan
- Expenditure spending trend report

Administrative Review

Board Composition According to the agency’s bylaws dated July 21, 2010, the Tripartite Board is composed of 15 members: 5 from the public sector, 5 from the private sector, and 5

from the low-income sector. The board roster dated March 20, 2019 indicates that there are currently 5 board vacancies: 1 in the public-sector since March 2019; 3 in the low-income sector – November 2016, November 2018 & March 2016; and 1 in the private sector since March 2018. In addition, the board is out of compliance with its bylaws (Rev. 7/2010), wherein it states the board will have fifteen (15) members.

At the time of this review, noncompliance with the Tripartite Board structure was identified in the 2016 On-Site Review and became Findings in the Desk Review dated June 8, 2018. Also, in June 8, 2018 CSD did issue a corrective action notice to Berkeley Community Action requesting documentation that the Tripartite Board noncompliance be resolved and provide quarterly reports showing the efforts it has been making to fill the vacancies.

Board Minutes

Berkeley Community Action Agency submits approved board minutes to CSD no later than thirty days after the minutes are approved.

A review of the board minutes from November 28, 2018, January 16, 2019, and February 20, 2019 indicates that a quorum was met for each meeting. The information contained within the board minutes provided the Field Representative with sufficient information to determine the board's involvement in the development, planning, implementation, and evaluation of the program.

Fiscal Review

Advance Payment

The Field Representative was presented documentation that demonstrates that the agency does retain the advance payment in an interest-bearing account. (45CFR 75.305 (b)(8))

Expenditure Progress

Contract Number 18F-5001

Based on the agency's 3-year spending trend and EARS bimonthly reports from January 2018 through December 2018 indicates 100% or \$269,935 of \$269,935 has been expended.

Contract Number 18F-5001 Discretionary

A review of agency's EARS bimonthly reports from June 2018 through February 2019 indicate 0% of \$35,000 has been expended and is on track to fully expend the contract funds by the end of the contract term.

Contract Number 19F-4001

Based on the agency' spending trend and EARS bimonthly reports from January 2019 through February 2019 indicates 5.10% of \$265,860 has been expended. The agency is on track to fully expend the contract funds by the end of the contract term.

Line Item Expenditure Review

Contract Number 18F-5001

Based upon the CSBG allocation, the Field Representative sampled 6 expenditure transactions from costs reported in EARS:

Contract Number	Report Period	Section (Program Admin)	Line Item	Amount
18F-5001	9/1/18-10/31/18	Program	Subcontractor Payroll	\$4,524.00
18F-5001	9/1/18-10/31/18	Program	Subcontractor Payroll	\$890.00
18F-5001	9/1/18-10/31/18	Program	Subcontractor Payroll	\$1,807.00
18F-5001	9/1/18-10/31/18	Program	Subcontractor Payroll	\$3,849.00
18F-5001	9/1/18-10/31/18	Program	Subcontractor Payroll	\$2,242.00
18F-5001	11/1/18-12/31/18	Admin	Operating Expenses	\$93.34

The Field Representative reviewed the general ledger, subcontractor invoices, agency checks, travel expenses and intake forms, and verified that the documentation supported the transactions sampled from expenditures reported in (EARS). The Field Representative did not review expenditures for contract 19F-4001 as no (EARS) reimbursements were submitted at the time of the review.

Equipment Validation Review Not Applicable

Programmatic Review

Program Reports A review of the most recent CSBG Annual Report Module 2 - 4 indicates the reports have been submitted timely by the agency.

Program Performance A review of the agency’s most recent CSBG Annual Report Modules 2 – 4 shows that the agency achieved the following results:

Family Domains (Module 4)	Indicator	Targets/Actual Results
Health and Social/Behavior Development	FNPI 5g Individuals with disabilities who Maintained an independent living situation	50/133 Individuals
Health and Social/Behavior Development	SRV 5b Health Services Screening and Assessments	8258 Individuals -

Health and Social/Behavior Development	FNPI 5b Individuals Who demonstrated improved physical health & well-being	1098/1459 ATTACHMENT C
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Organizational Standards Review

The Field Representative has reviewed the Organizational Standards assessment for program year 2018 and determined that the state assessment for the agency is currently at 100%. This assessment was incorrect as the vacancies had not been filled. The Organizational Standards for 2019, section 5 for Board Governance will reflect not met if current board vacancies are not filled. Agency will be required to submit a Technical Assistance Plan.

Subcontractor Review

The Field Representative assessed the contractor requirements, which include verification of the Excluded Parties List System (EPLS), submission of the CSD 163 form, monitoring policy, and procurement. The assessment determined that the agency is in compliance.

Site Visit

The Field Representative conducted a site visit while conducting the agency Onsite visit. The program visited was:

Program Name:	Lifelong Medical Care
Address:	2344 Sixth Street, Berkeley, CA 94710
Phone Number:	1-510-981-4177
Contact Name:	Deborah Workman

Delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents of Berkeley at LifeLong Ashby Health Center and LifeLong Medical Care in West Berkeley.

Client File Review

The Field Representative conducted a client file review of 9 clients who received services as reported in the National Performance Indicators. The review was a sampling of the clients served for Indicators: FNPI 5g, SRV 5b and FNPI 5b. The electronic client files contained the applicable documentation to demonstrate the client met the income eligibility for services.

Safeguards of Client Files

The Field Representative verified the agency has safeguards in place to protect Electronic client information including physical security measures, administrative controls, and technical controls.

Exit Conference

Date of Exit Conference March 26, 2019

The following persons were present during the Exit Conference:

- Mary-Claire Katz, Housing and Community Services
- Rhianna Babka, Housing and Community Services
- Katie Walker, CSD Field Representative

The following items were discussed:

- Highlights of On-site Visit
- Monitoring Report Timeline
- CSBG Contract
- Annual Report
- Organizational Standards
- Board Vacancies
- Bylaws Revision
- Training and Technical Assistance

Finding(s)

Findings (s): #1 Long-Term Board Vacancies

Berkeley Community Action Agency's board roster dated March 20, 2019 indicates that there are currently 5 board vacancies: 1 in the public-sector since March 2019; 3 in the low-income sector – November 2016, November 2018 & March 2016; and 1 in the private sector since March 2018.

At the time of this review, noncompliance with the Tripartite Board structure was identified in the 2016 On-Site Review and became Findings in the Desk Review dated June 8, 2018. Also, on June 8, 2018 CSD issued a corrective action notice to Berkeley Community Action, requesting documentation that the Tripartite Board noncompliance be resolved and provide quarterly reports showing the efforts it had been making to fill the vacancies.

Findings (s): #2 Low Income Sector Vacancies

Since there are currently 5 vacancies, with 3 in the low-income sector, this also indicates that there continues to be an underrepresentation in the low-income sector which is a critical component for meeting the tripartite structure required under the CSBG IM #82 Tripartite Boards. For public agencies the law requires that a minimum of one-third tripartite board membership be comprised of representatives of low income individuals and families who reside in areas served.

Corrective Action

Berkeley Community Action Agency shall establish a specific time frame to comply with the Tripartite Board requirements in accordance with Section 676B of the CSBG statute, to ensure timely corrective action to meet the Tripartite Board requirements in the CSBG Act.

Also, a written response to this report on strategies being utilized and efforts being made to fill the vacancies, must be submitted to CSD/Field Operations no later than August 30, 2019.

Response/Resolution Due Dates

All board vacancies must be filled by December 31, 2019.

As vacancies are filled, Berkeley Community Action Agency shall submit to CSD an updated CSD 188 board roster.

Training and Technical Assistance:

Additionally, CSD recommends that the agency receive training and technical assistance in updating their 2010 Bylaws to address the advisory Boards rolls and responsibilities specific to CSBG funding and their requirement of a 15 member board. CSD will coordinate available training and resources to assist the agency with their Bylaws and potential Strategies necessary to achieve a full Board.

Observation(s)

Observation(s):

(No Observations identified during this on-site review.)

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

Contract No: 010585

Agency: J-Sei
Program: Senior Services
Phone: 510-654-4000

Period of: **FY 2018**
Report Prepared By: Diane Wong
E-mail: diane@j-sei.org

ANNUAL ACCOMPLISHMENTS:

Provide a short summary of your FY annual accomplishments:

J-Sei has settled into the new facility and program expansion continued in this fiscal year. In particular the home delivered Japanese hot lunch program has expanded by approximately 30% and the senior center education program almost tripled. For the home delivered meal program, J-Sei added Friday as a day of service thus growing the program from a four-day-a-week to a five-day-a-week offering. The seniors have benefited from the additional day of nutrition and frozen weekend meals are delivered on either Thursday or Friday. To keep up with the growing program, J-Sei hired a new half-time employee to manage the hands-on home delivered and congregate meal production overseeing the volunteers and kitchen duties. This added capacity will help us perform all of the necessary administrative and management duties associated with this busy program.

The nutrition program is now led by Tara Kawata, MSW, Senior Services Manager. Ms. Kawata has extensive experience running congregate and home delivered senior meal programs and friendly visitor programs that were three times the size of J-Sei. J-Sei looks forward to her leadership to further strengthen the nutrition programs while finding additional ways to meet the health needs of older adults. Her past experience and skills will be a tremendous benefit to J-Sei.

In an effort to deliver needed nutrition to older adults, J-Sei is planning to implement a free food pantry in our facility. This modest pantry with food from the Alameda County Food Bank, will be used by volunteer home delivered meal drivers who will bring groceries to clients who cannot easily shop for themselves or who cannot afford to purchase enough food. Seniors that come on site will also be able to select items from the food pantry for their home use.

Education programs have been the most rapidly expanded service area with 82% increase in senior attendance. Programs that have been offered cover wellness, health, creativity, socialization and culture. All classes and events are offered on a donation only basis so that no one is denied access. A sampling of educational programs include:

Yoga
Intergenerational Dance
Healthy Japanese Cooking
Disaster Preparedness
Reiki
Strength and Balance
Sashiko
Japanese American Literature
Nikkei Memoirs
Negotiating Multi-ethnic and Cultural Identities
Okinawan Culture
Art Shows

Additional caregiver programs have also been recently implemented. One weekly caregiver support group and quarterly sessions led by a therapist has allowed family members to more deeply discuss challenges. In the near future, evidence based pain management and chronic illness programs will be implemented in partnership with DayBreak. More activities for men will also be designed.

List below any fiscal year programmatic and administrative problems encountered and status:

J-Sei programs have not encountered any problems and has held steady or grown. J-Sei's interim Nutrition Coordinator finished his 9-month term and has been replaced by Tara Kawata. This staff change should not cause any hardships for the agency or services.

The board of directors just completed the strategic plan for 2018-2023 and the goals and direction are very

consistent with services that we envision for the City of Berkeley grant and residents. For the next five years, we will work to implement expanded wellness and caregiver programs, improve community outreach, maximize the use of our building, and strengthen financial solvency.

Thank you to the City of Berkeley for allowing us to make such a positive impact on the older adults and caregivers in the community. We greatly rely on and appreciate the city's support.

Date Signed 07/02/2018

Approved By Mary-Claire Katz

Date Signed 07/02/2018

Initially submitted: Jul 2, 2018 - 12:29:06

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**CITY OF BERKELEY
COMMUNITY AGENCY STATEMENT OF EXPENSE
01/01/2019 TO 03/31/2019**

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

Agency Name: **J-Sei** Contract #: **010585**
 Program Name: **Senior Services** PO #: **115081**
 Funding Source : **General Fund**

Expenditure Category	Staff Name	Approved Budget	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Total Expenditure	Budget Balance
Senior Services Manager	Tara Kawata	\$5,000.00	\$1,250.00	\$1,249.00	\$1,250.00		\$3,749.00	\$1,251.00
Case Manager Bilingual	Miyuki Iwata	\$3,845.00	\$962.00	\$961.00	\$962.00		\$2,885.00	\$960.00
TOTAL		\$8,845.00	\$2,212.00	\$2,210.00	\$2,212.00		\$6,634.00	\$2,211.00

Advances Received **\$6,634.00**
 Underspent/(Overspent) **\$0.00**

Explain any staffing changes and/or spending anomalies that do not require a budget modification at this time:

Upload of Resumes for New Staff (required): [Go to Document Upload page](#)

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

Prepared By: **Diane Wong**, Email: diane@j-sei.org, suzanne@j-sei.org Date: **05/01/2019**
 Authorized By: **Diane Wong** Email: diane@j-sei.org
 Name of Authorized Signatory with Signature on File

Approved By: Mary-Claire Katz 05/01/2019 Project Manager Date	Examined By: _____ CSA Fiscal Unit Date	Approved By: _____ CSA Fiscal Unit Date
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Initially submitted: May 1, 2019 - 15:36:26



Office of the City Manager

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ACTION CALENDAR
 March 26, 2019
 (Continued from February 26, 2019)

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Kelly Wallace, Interim Director, Health, Housing & Community Services Department

Subject: Referral Response: 1000 Person Plan to Address Homelessness

SUMMARY

On any given night in Berkeley, there are nearly 1,000 people experiencing homelessness. The City of Berkeley has implemented a number of programs to respond to this crisis, but data from the homeless point-in-time count indicate that, for the past several years, homelessness has nonetheless steadily increased. To understand the resources and interventions required to end homelessness in Berkeley--both by housing the currently unhoused population and by preventing inflow of future homelessness--the City Council asked staff to create a 1000 Person Plan on April 4, 2017. This report responds to that referral.

While all homeless people lack stable housing, not everyone needs the same level of support to obtain housing. To end homelessness in Berkeley, the city needs targeted investments in a variety of interventions, ensuring every person who experiences homelessness in Berkeley receives an appropriate and timely resolution according to their level of need (i.e., a homeless population of size “functional zero”). HHCS staff analyzed ten years of administrative homelessness data to understand the personal characteristics of people experiencing homelessness in Berkeley, how they are interacting with homeless services in Berkeley, and the factors most predictive of exiting homelessness without eventually returning back to the system.

From these analyses, HHCS staff estimate that over the course of a year, nearly 2000 people experience homelessness in Berkeley. This population has been growing because the population is increasingly harder to serve (longer histories of homelessness and more disabilities) and because housing is too expensive for them to afford on their own.

The types and sizes of all interventions to help Berkeley reach “functional zero” by 2028 are described in this report. To end homelessness for 1000 people in Berkeley, the original referral directive from City Council, the city will need up-front investments in targeted homelessness prevention, light-touch housing problem-solving, rapid

rehousing, and permanent subsidies, with a cost of \$16 - \$19.5 million up front and an annual ongoing expense of between roughly \$12 – 15 million. These analyses suggest, though, that a 1000 Person Plan will not address the entire homeless population in Berkeley, but rather a portion of it. To end homelessness for all who experience it in Berkeley over the coming ten years, staff estimate an annual expense of between \$17 and \$21 million in year one, growing annually to a total expense of between \$31 and \$43 million by 2028. Staff recommend four strategic goals for the Council to consider in moving Berkeley's current system more rapidly towards a goal of functional zero.

These projected costs are in addition to Berkeley's current general fund expenditures on homeless services. Detailed analyses and cost estimates supporting staff's conclusions and recommendations are included as Attachment 1.

CURRENT SITUATION AND ITS EFFECTS

Overview of homelessness in Berkeley

Most homeless services experts agree that the HUD Point-in-Time (PIT) count actually undercounts the number of people experiencing homelessness in a community. If Berkeley's estimated homeless population size of 972 is based on a single night of data, that number will have missed anyone who lost their housing the next night, or who ended their homelessness the night before. This static, one-night number provides insufficient data to plan for a budgetary response to homelessness over the course of several fiscal years.

To address this, HHCS staff obtained 42,500 individual records from the county's Homeless Management Information System (HMIS), HUD's standardized homeless database where information on every person touching the service system in Berkeley is recorded. These records date to 2006, the first year Berkeley programs began participating in HMIS, and represent the most comprehensive data source available for such a project. Using these data, staff found:

- Over the course of a year in Berkeley, nearly 2000 people experience homelessness of some duration. This number has been steadily growing at an average rate of 10% every 2 years and is highly disproportionate in its racial disparity: since 2006, 65% of homeless service users in Berkeley identify as Black or African American, compared to a general population of less than 10%.
- Despite this growing population, Berkeley's homeless services beds¹ have been serving fewer unique households over time—even after accounting for the change in system bed capacity over time. The average number of unique individuals served per system bed has dropped from a high in 2011 of over 5 to under 3 by 2017.

¹ This includes emergency shelter, transitional housing, and rapid rehousing programs.

- The same individuals appear to be cycling in and out of homelessness in Berkeley. When looking only at clients who have used the system multiple times we find that the average number of times these individuals return back to homeless services has been increasing 9% year over year, and has increased 160% since 2006 (from 1.4 previous entries in 2006 to 3.5 in 2017). Moreover, these homeless people are finding it harder to exit those beds to permanent housing year over year; the average number of days they are spending in homeless services beds has been increasing an average of 13% year over year, from just under 1 month in 2006 to just under 3 months in 2017.
- The likelihood of returning back to homelessness in Berkeley after previously exiting the system for a permanent housing bed is increasing over time, irrespective of personal characteristics or the type of service accessed. Importantly, among those who previously exited the system to permanent housing in the past but eventually returned, the largest percentage of those exits had been to unsubsidized rental units. None of this is surprising given the extreme increase in the East Bay's rental housing costs over the past several years, and the volatility that creates for poor and formerly homeless people struggling to make rent.
- A comprehensive regression analysis found that having any disability (physical, developmental, substance-related, etc.) is by far the single largest reason a person is unlikely to exit homelessness to housing and subsequently not return back to homelessness.² Unfortunately, the percentage of homeless Berkeleyans self-reporting a disability of any kind has increased greatly, from 40% in 2006 to 68% by 2017--meaning the population is increasingly comprised of those least likely to permanently end their homelessness with the services available.
- Per Federal mandate, all entities receiving HUD funding for homeless services are required to create a Coordinated Entry System (CES) that prioritizes limited housing resources for those who are most vulnerable. However, Berkeley's Federal permanent supportive housing (PSH) budget, which supports housing for 260 homeless people, can place only about 25-30 new people every year. To help alleviate this lack of permanent housing subsidy, Berkeley experimented with prioritizing rapid rehousing for its highest-needs individuals at the Hub. We found that rapid rehousing can be used as a bridge to permanent housing subsidies, but, used alone, cannot prevent some of the highest needs people from returning to homelessness.

² We regressed all final permanent exits from Berkeley's homeless services system (i.e., an exit to permanent housing with no eventual return back to the system at some point thereafter) on a variety of personal characteristics, controlling for type of service accessed and year of enrollment in that project. Those reporting any disability were over 730% less likely to permanently exit the system. Race and gender had no discernable pattern of effects on outcomes.

Staff conclude from these findings that **the system has not created sufficient permanently subsidized housing resources to appropriately service a Coordinated Entry System**, and has instead relied on rapid rehousing to exit them from the system. Overreliance on rapid rehousing with high needs individuals in a tight housing market—all of which we found evidence for in these data—is a strategy that is tenuous in the long-run, as HHCS has previously explained in an April 2018 Information Report.³

Overview of a Homelessness Response Plan

In offering a response to this situation, HHCS staff offers the following:

- First, even with a fully-funded system, some people will continue to experience housing crises over time, and some of those people may lose their housing as a result. What can be designed, however, is a homelessness response system that renders homelessness brief, rare, and non-recurring: that is, a system that quickly triages each person based on their need and assigns them to an appropriate level of support to resolve their housing crisis as quickly as possible. A homeless population of ‘zero’ on any given night cannot be planned for, but a homeless population of ‘functional zero’ can: in other words, if the system’s capacity to resolve homelessness is greater than the rate at which people are becoming homeless over time, then long-term, chronic episodes of homelessness can be eliminated.
- Second, while every homeless person lacks permanent housing, not everyone needs the same level of support to obtain and retain new housing. A “right-sized” system offers the right amount of a variety of interventions, ranging from targeted homelessness prevention, to light-touch, one time assistance like housing problem solving assistance, to rapid-rehousing, to permanently subsidized housing.
- Third, not all permanent housing subsidies are the same. Some high-needs individuals require a deep subsidy (whereby they pay 30% of their income, whatever that may be, towards rent, with subsidy to cover the rest). However, many others would be able to remain permanently housed with a shallow subsidy (for example, \$600 per month). In projecting costs, we offer two permanent subsidy options for Council to consider: an option with 100% deep subsidies for everyone who needs ongoing support, and an option that has some subsidy variation.⁴

³ See: https://www.cityofberkeley.info/Clerk/City_Council/2018/04_Apr/Documents/2018-04-24_Item_39_Rapid_Rehousing_What_it_Can.aspx

⁴ Specifically, we assume that 1/3 will receive set-aside access to below market-rate (BMR) affordable units already subsidized for those at 50% AMI; 1/4 will receive market-rate apartments with subsidies covering 50% of the rent; 1/5 will receive a flat subsidy of \$600 per month; and 1/4 will receive permanent

Addressing homelessness for 1000 people in Berkeley—the 1000 Person Plan

To permanently end homelessness for 1000 people in Berkeley, we estimate that the resources outlined below will be required. Detailed information on calculations, assumptions, and cost projections are available in Attachment 1.

Inventory - slots needed	
Targeted homeless prevention slots	295
Light touch, no financial assistance slots	211
Rapid Rehousing slots	211
Permanent Supportive Housing (PSH) slots	218
Permanently subsidized housing (PH) slots	361
Outreach (FTE)	11
Cost (all line items assume 20% nonprofit admin expenses and associated city staff costs)	
Targeted homeless prevention slots	\$1,326,230
Rapid Rehousing slots	\$2,000,112
PH + PSH subsidies and case management -- 100% deep subsidies*	\$15,347,297
PH + PSH subsidies and case management -- with subsidy variation*	\$11,891,616
Outreach costs	\$891,000
TOTAL ANNUAL COST -- 100% deep subsidies	\$19,564,639
TOTAL ANNUAL COST -- with subsidy variation	\$16,108,958

* Represents an ongoing annual expense

This amounts to an up-front expense ranging from roughly \$16 - \$19.5 million up front, with an annual ongoing expense of between roughly \$12 – 15 million for permanent subsidies.

A plan for solving homelessness for 1,000 people, the original Council referral, does not transform Berkeley's homeless system into a system that achieves "functional zero". To achieve functional zero, more resources would be needed as outlined below.

Ending all homelessness in Berkeley – A plan for Functional Zero by 2028

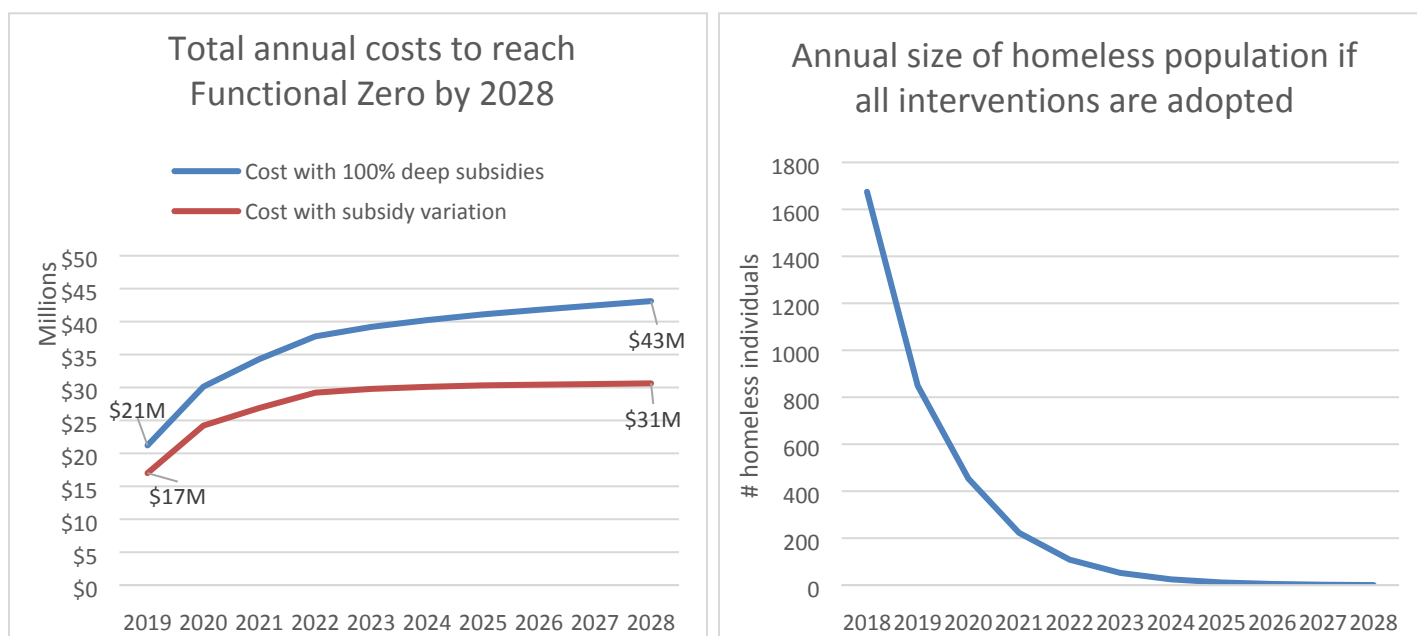
A plan to sustainably end homelessness in Berkeley within 10 years would require:

- An investment in targeted homelessness prevention of roughly \$1.5M annually;

subsidy in market-rate apartments at 30% of their income. These proportions align with those used in the 2018 EveryOne Home Strategic Plan update.

- An investment in light-touch, housing problem-solving for rapid rehousing of roughly \$2M in year one, shrinking to roughly \$700,000 by 2028;
- An investment in permanently subsidized housing of:
 - \$17M in year one, growing to \$42M annually by 2028, for 100% deep subsidies;
 - \$13M in year one, growing to \$29M by 2028, for a varied approach to permanent subsidy.

This amounts to a total annual expense—and corresponding effect on the homeless population—as follows:



Detailed information on calculations, assumptions, and cost projections are available in Attachment 1.

Since this option requires an investment of substantially more resources than currently available, staff propose the following 5-year goals as a starting point.

Strategic Goals for Addressing Homelessness in Berkeley

Given the complexity and cost of homelessness in Berkeley, staff recommend that Council prioritize the following strategic goals over the following 5 years:

1. *Transform Berkeley’s shelter system into a housing-focused, low-barrier Navigation System.* Staff project that this can be accomplished with \$4.8 million in

2019, growing annually with costs of living to reach \$5 million annually by 2023. To be maximally successful, this strategy relies on increased County and State funding for permanent housing subsidies. We believe, however, that shelters could improve housing outcomes with additional financial resources. Navigation centers, which are open 24 hours and allow more flexibility for clients, are more appealing to Berkeley's highest-needs street homeless population.

2. *Reduce chronic homelessness by 50% by 2023.* Staff project a total annual cost of \$1.3 million beginning 2019, growing to \$5.1 million annually in 2023 and beyond, to fund both deep and shallow permanent housing subsidies.
3. *Enhance the efficacy of homeless prevention resources with pilot interventions specifically targeted to need.* Staff project that this can be accomplished with \$1.45 million in 2019, growing with costs of living to reach \$1.52 million annually by 2023. For reasons detailed in the report, we recommend Council adopt this goal only after making progress on goals 1 and 2. Ideally, this would be funded by Alameda County, given the regional nature of housing and homelessness.
4. *Continue to implement changes to Berkeley's Land Use, Zoning, and Development Review Requirements for new housing with an eye towards alleviating homelessness.* If present economic trends continue, the pace with which new housing is currently being built in Berkeley will likely not allow for a declining annual homeless population. Berkeley should continue to streamline development approval processes and reform local policies to help increase the overall supply of housing available, including affordable housing mandated by inclusionary policies.

We project that the annual costs of achieving all these goals (with the exception of goal #4, which cannot be quantified at this time) is \$7.8 million in year one, growing to \$12.7 million annually by 2023. Detailed information on calculations, assumptions, and cost projections are available in Attachment 1.

BACKGROUND

On April 4, 2017, Council voted unanimously to take the following action: "Refer to the City Manager the creation of a 1,000 Person Plan to address the homeless crisis in Berkeley as described in the attached Pathways Project report, including prevention measures and a comprehensive approach that addresses the long-term needs of the City's approximately 1,000 homeless individuals. The plan should include the assessment, development and prioritization of all homeless housing projects currently underway; all homeless housing referrals from Council; housing and service opportunities that may be proposed by the City Manager; and a comprehensive plan to purchase, lease, build or obtain housing and services for Berkeley's homeless. The 1,000 Person Plan shall be presented to the City Council by the end of 2017 and include a preliminary budget and proposed sources of income to fund capital and operational needs over a 10-year period."

ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental effects associated with strategic goals #1, 2, and 3 recommended in this report. The adoption of strategic goal #4 may have potentially significant environmental impacts, such as the reduction in vehicle emissions as commuters have access to denser housing along public transit corridors, case managers have less distance to travel when performing home visits to their formerly homeless clients, etc. Precise effects depend on specific actions taken.

POSSIBLE FUTURE ACTION

The City may consider adopting one or more of the four strategic goals outlined above.

FISCAL IMPACTS OF POSSIBLE FUTURE ACTION

True costs of all four goals are unknown, but staff estimate that the 5-year strategic goals 1-3 will cost \$7.8 million in year one, growing to \$12.7 million annually by 2023.

CONTACT PERSON

Peter Radu, Homeless Services Coordinator, HHCS, 510-981-5435.

Attachments:

1: Analyses, assumptions, and cost projections.

Attachment 1: Analyses, Assumptions, and Cost Projections Supporting the 1000 Person Plan Referral Response

To perform these analyses, HHCS has over the past several months:

- Obtained 42,500 individual records from the county's Homeless Management Information System (HMIS), HUD's standardized homeless database where information on every person touching the service system in Berkeley is recorded. These records date to 2006, the first year Berkeley programs began participating in HMIS, and represent the most comprehensive data source available for such a project.
- Partnered with an intern from the UC Berkeley Goldman School of Public Policy to perform intensive data preparation and preliminary analyses.
- Aligned analytical methods with EveryOne Home (Alameda County's collective impact organization to end homelessness) and the City of Oakland, which have both undertaken similar sets of analyses, to ensure comparability to other strategic plans to address homelessness in the East Bay.

This attachment is structured in three parts.

- **Part I** presents comprehensive analyses of Berkeley's Homeless Services System using HMIS data, finding that homeless services users in Berkeley are generally getting more disabled and experiencing more spells of homelessness, exacerbating two problems: (i) they are remaining in shelter and transitional housing, finding it increasingly difficult to exit; and (ii) they are returning to homelessness with increasing frequency for lack of permanently affordable housing options in the greater Bay Area housing market. It draws the conclusion that the greatest need to end homelessness in Berkeley is permanently subsidized, affordable housing.
- **Part II** uses the analytical findings from Part I to present a model for reaching "functional zero" in Berkeley by 2028. We argue that to permanently render homelessness brief, rare, and non-recurring in Berkeley, the city should invest in the following five types of interventions:
 1. Targeted homeless prevention;
 2. Light-touch interventions with no financial assistance;
 3. Rapid Re-housing;
 4. Permanent Supportive Housing; and
 5. Permanently subsidized housing without services.

Using intervention types and analytical methods that closely align with those used by EveryOne Home and the City of Oakland, we project that the total annual cost of these interventions is between \$17 and \$21 million in year one, growing annually to a total annual cost of between \$31 and \$43 million by 2028, to reach "functional zero."

Much discussion has been given to the concept and costs associated with housing 1000 people in Berkeley. Using the same analytical methods, we estimate that permanently ending homelessness for 1000 people in Berkeley (i.e., the number sleeping on our streets on any given night) will require ongoing costs of between \$16 and \$20 million annually. This does not account for future inflow of newly homeless people into Berkeley so will not permanently address homelessness in Berkeley.

All projected costs are in addition to Berkeley's current general fund contribution to homeless services.

- **Part III** presents strategic recommendations for the Council. Given the complexity and cost of homelessness in Berkeley, staff recommend that Council prioritize the following strategic goals over the following 5 years:
 1. *Transform Berkeley's shelter system into a housing-focused, low-barrier Navigation System.* Staff project that this can be accomplished with \$4.8 million in 2019, growing annually with costs of living to reach \$5 million annually by 2023. To be maximally successful, this strategy relies on increased County and State funding for permanent housing subsidies.
 2. *Reduce chronic homelessness by 50% by 2023.* Staff project a total annual cost of \$1.3 million beginning 2019, growing to \$5.1 million annually in 2023 and beyond.
 3. *Enhance the efficacy of homeless prevention resources with pilot interventions specifically targeted to need.* Staff project that this can be accomplished with \$1.45 million in 2019, growing annually with costs of living to reach \$1.52 million annually by 2023. For reasons detailed in the report, we recommend that Council adopt this goal only after making progress on goals 1 and 2. Ideally, such an effort would be funded by Alameda County, given the regional nature of housing and homelessness.
 4. *Continue implementing changes to Berkeley's Land Use, Zoning, and Development Review Requirements for new housing with an eye towards alleviating homelessness.* If present economic trends continue, the pace with which new housing is currently being built in Berkeley will likely not allow for a declining annual homeless population. Berkeley should continue to streamline development approval processes and reform local policies to help increase the overall supply of housing available.

We project that the annual costs of achieving all these goals (with the exception of goal #4, which cannot be quantified at this time) is \$7.8 million in year one, growing to \$12.7 million annually by 2023.

Part I - Overview of Berkeley's Homeless System Performance

Finding 1: Our homeless population is growing—and it is bigger than we thought.

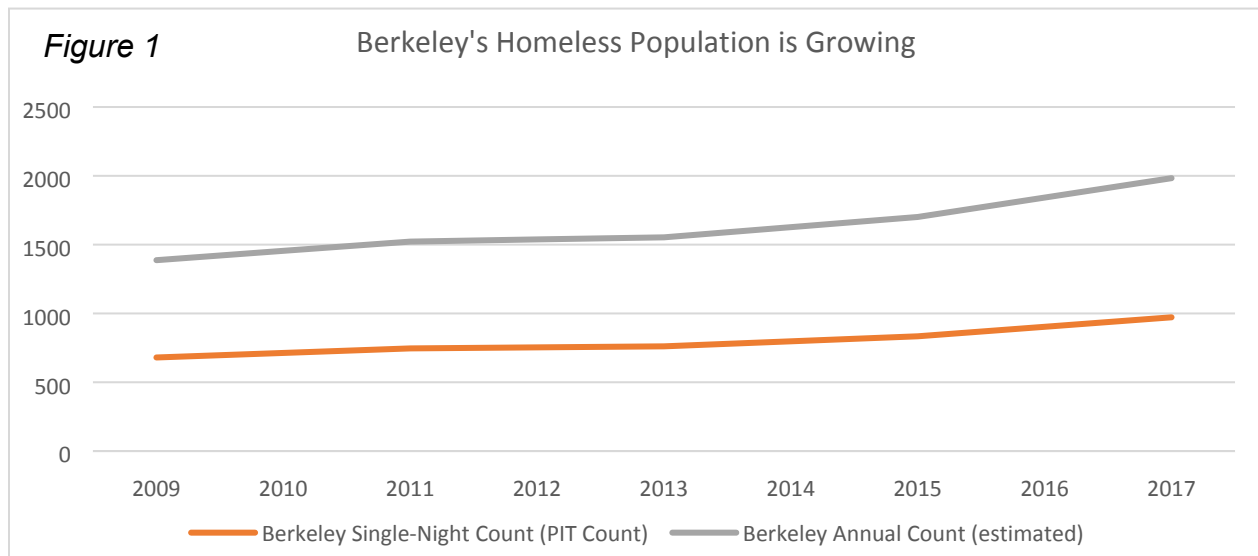
Most homeless services experts agree that the HUD Point-in-Time (PIT) count actually undercounts the number of people experiencing homelessness in a community. If Berkeley’s estimated homeless population size of 972 is based on a single night of data, that number will have missed anyone who lost their housing the next night, or who ended their homelessness the night before. If people flow in and out of homelessness every day, then utilizing a static, single-night estimate of the population size as the baseline will underestimate the true annual need from a resources perspective (and thus annual costs from a budgetary perspective). Simply put, a plan to house 1000 people will not end Berkeley’s homeless crisis, but rather end a portion of it.

With this in mind, estimating the *annualized* homeless population size in Berkeley—and quantifying how it changes over time—is the first step towards “right-sizing” the system. Projecting the correct number of housing subsidies to fund in a budget year, for example, should be based on the estimated number of people who actually need to be served over the course of that budget year.

	2009	2011	2013	2015	2017
<i>Single-Night Count (from point-in-time data)</i>	680	746*	761*	834	972
<i>Annual homeless pop. (estimated)</i>	1387	1522	1553	1701	1983
<i>Percent change from previous count</i>		10%	2%	10%	17%

* Estimated from Alameda County counts; Berkeley-specific data are not available.

HHCS estimates that, over the course of 2017 (the last year for which data are available), as many as 1,983 people experienced homelessness in Berkeley.¹ As indicated in Figure 1, this annual population has been increasing at an average rate of roughly 10% every two years, with the largest gains occurring between 2015 and 2017:



¹ This number was obtained by estimating a “multiplier” to translate the single-night estimate into an annual estimate. Our estimated multiplier of 2.04 is within the range expected by homeless system experts. The specific methodology used for estimating the multiplier is available upon request.

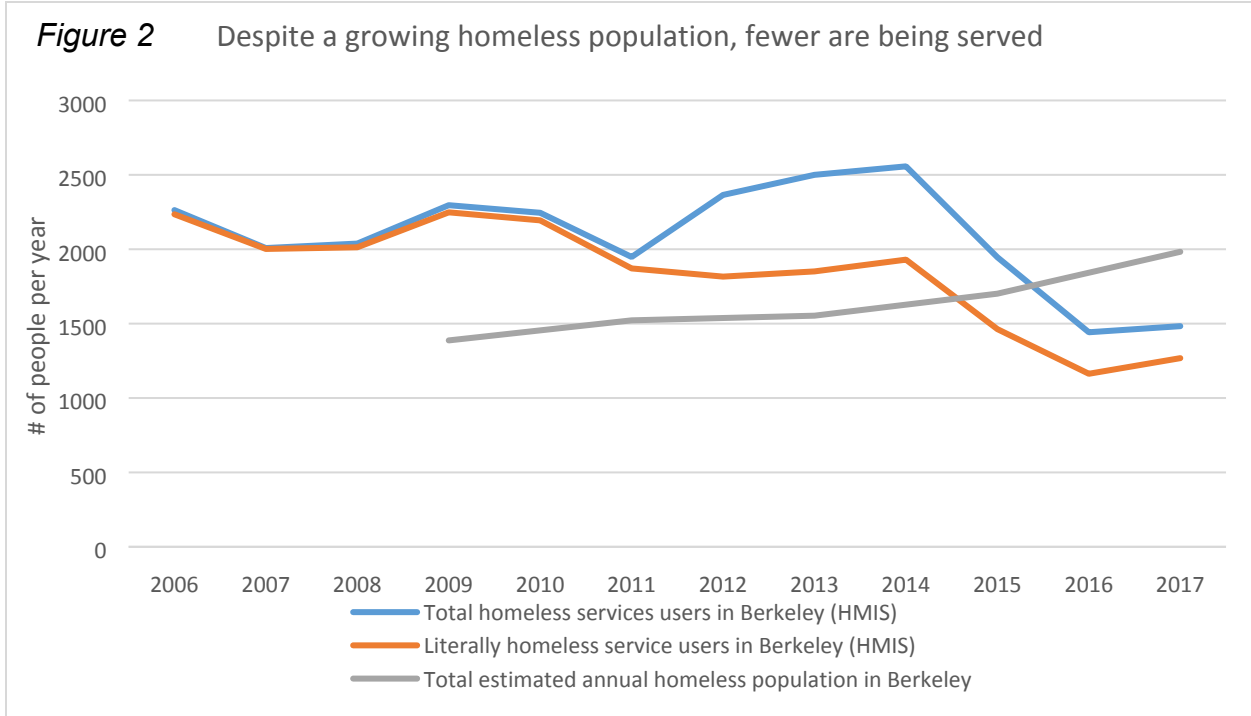
HHCS has previously reported on staggering racial disparities in the homeless services system.² Whereas people identifying as Black or African-American constitute less than 10% of Berkeley's general population, for example, they represent 50% of the single-night homeless population. These analyses reveal that the disparity among service users is even worse: since 2006, 65% of homeless service users in Berkeley identify as Black or African American. This large difference in Black individuals between the point-in-time count and service utilization count suggests that Black Berkeleyans are more likely to seek help from the system if they lose their housing, though this cannot be confirmed from the data available.

Finding 2: Despite a growing population, our system is serving a progressively smaller percentage of the literally homeless population.

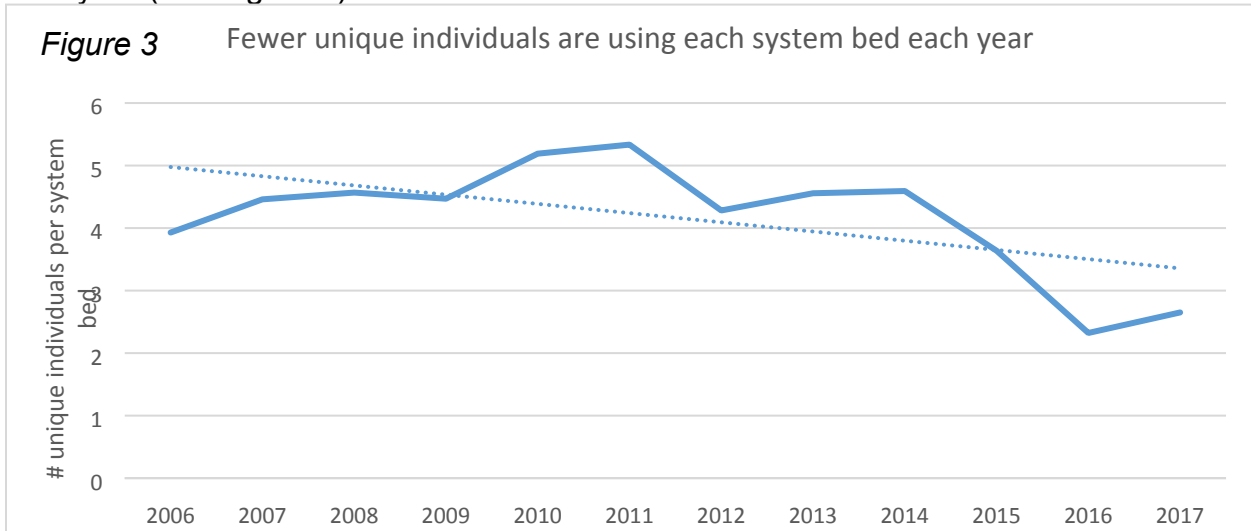
Despite a growing homeless population size, the number of people actually using homeless system services each year in Berkeley (such as shelters, drop-in centers, or rapid rehousing subsidies) has not kept pace with this growth since 2015. Our analysis of HMIS data finds that, between 2011 and 2014, the homeless services system served a large population that was not “literally homeless” upon entry—in other words, people who reported staying with friends or family the night before, or coming from their own housing. Filtering for only those users who came from literal homelessness when entering the system, we find evidence that, **since 2014, the homeless services system is serving a smaller portion of the overall homeless population (see Figure 2).**³

² See: https://www.cityofberkeley.info/Clerk/City_Council/2017/07_Jul/Documents/2017-07-25_Item_53_2017_Berkeley_Homeless.aspx

³ In 2014, Berkeley's drop-in centers largely stopped entering new data in HMIS. When isolating the effects of drop-in data, we find that since that time 45% of the discrepancy between literally and non literally homeless users is attributable to drop-in center clients—in other words, 45% of non literally homeless people who used homeless services did so at Berkeley's drop-in centers. Importantly, removing drop-in data altogether has no impact on the trend of overall declining system usership.



This drop in overall service users does not appear to be a function of a decline in the system’s bed inventory over time. Between 2006 and 2017, the number of beds in Berkeley’s system (shelter, transitional housing, and rapid rehousing slots) changed, on average, less than 1% year over year. When controlling for the number of beds in the system, we actually find that fewer unique individuals are using any given bed year over year (see Figure 3).



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<i>Total Beds - RRH, ES, TH</i>	294	296	296	296	284	254	284	255	265	276	273	269

Of note, both of the graphs above indicate that, beginning in 2016, trends began to reverse. In 2016, Berkeley began implementing its Coordinated Entry System (CES). These trends indicate that CES has had the discernable effect of serving a rising number of literally homeless people (rather than serving people who could resolve their homelessness with other options, like returning back to family), as was the system's intention.

Finding 3: The same people appear to be cycling in and out of the homeless system in Berkeley

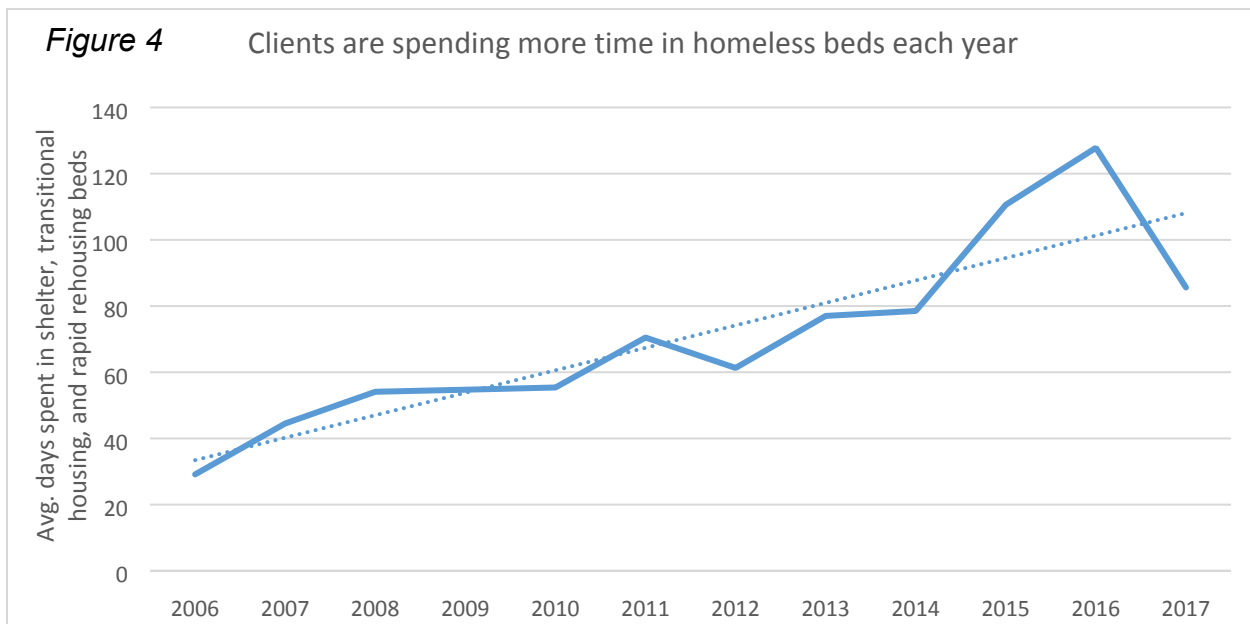
What explains this drop in service utilization over time? There are two reasons why fewer unique individuals might be using any given bed each year:

- Hypothesis 1: Different users might be getting increasingly “stuck” in the system over time--finding it more and more difficult, for example, to exit a shelter bed for housing.
- Hypothesis 2: Alternatively, the same, repeat individuals might be cycling through the system more and more over time, thus reducing access to the system for other, “new” users.

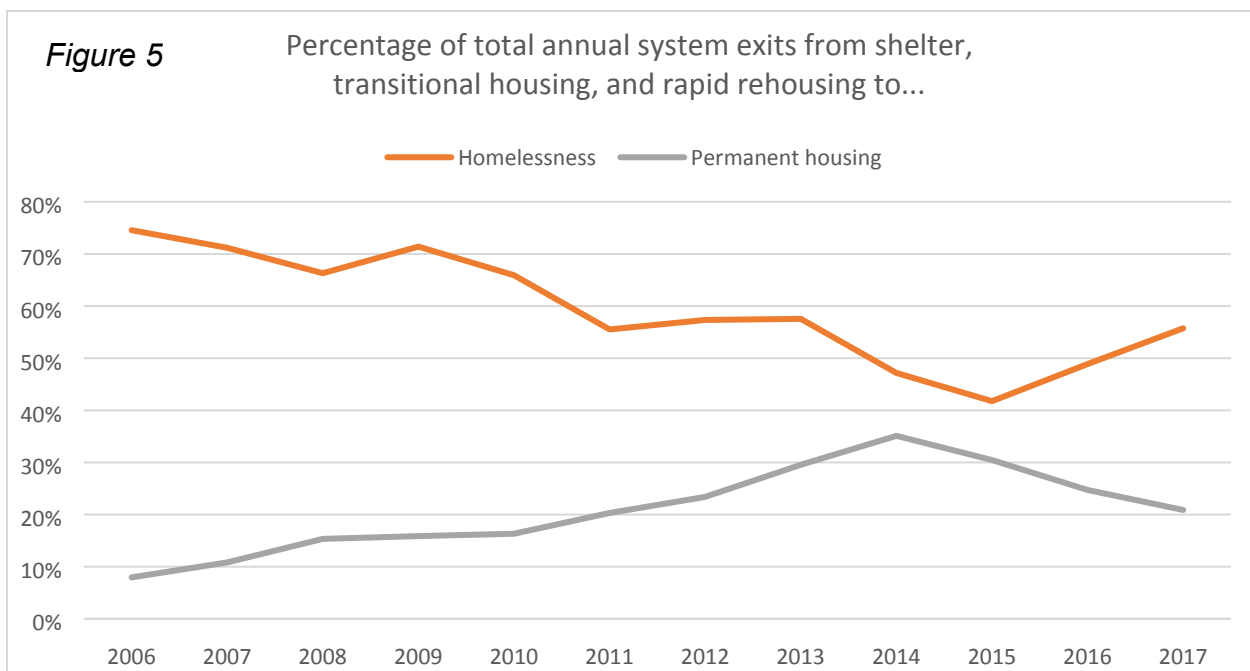
This is a critical distinction with divergent policy solutions: the first hypothesis implies that the system lacks resources to quickly “exit” people from homelessness (for example, rapid rehousing subsidies to create “flow” through system beds). The second hypothesis instead implies that the system lacks *permanency* of exits for clients—even if someone previously exited the system to housing, they may be returning to homelessness with greater frequency over time for lack of permanent affordability in the housing market.

Our analysis of the data provides some support for both hypotheses. First, as indicated in Figure 4, the average number of days individuals are spending in homeless services beds has been increasing an average of 13% year over year, from just under 1 month in 2006 to just under 3 months in 2017. Berkeley's shelters only removed length-of-stay limits in 2016 (well after this trend emerged), meaning that the increase cannot be attributed to this policy shift alone (see footnote⁴ for more on the dip in 2017):

⁴ Note that, beginning with the initiation of Coordinated Entry in 2016, the upward trend of time spent in homeless beds sharply reversed. There are two potential explanations for this trend reversal: either (i) the average shelter stay length decreased as high-needs individuals, for whom CES began reserving beds, chose not to remain in shelter for long; and/or (ii) CES began prioritizing the longest-term homeless people for housing first, thus helping move some very long-term stayers out of system beds and into housing. Unfortunately, the data available cannot reliably determine which explanation is driving the trend.



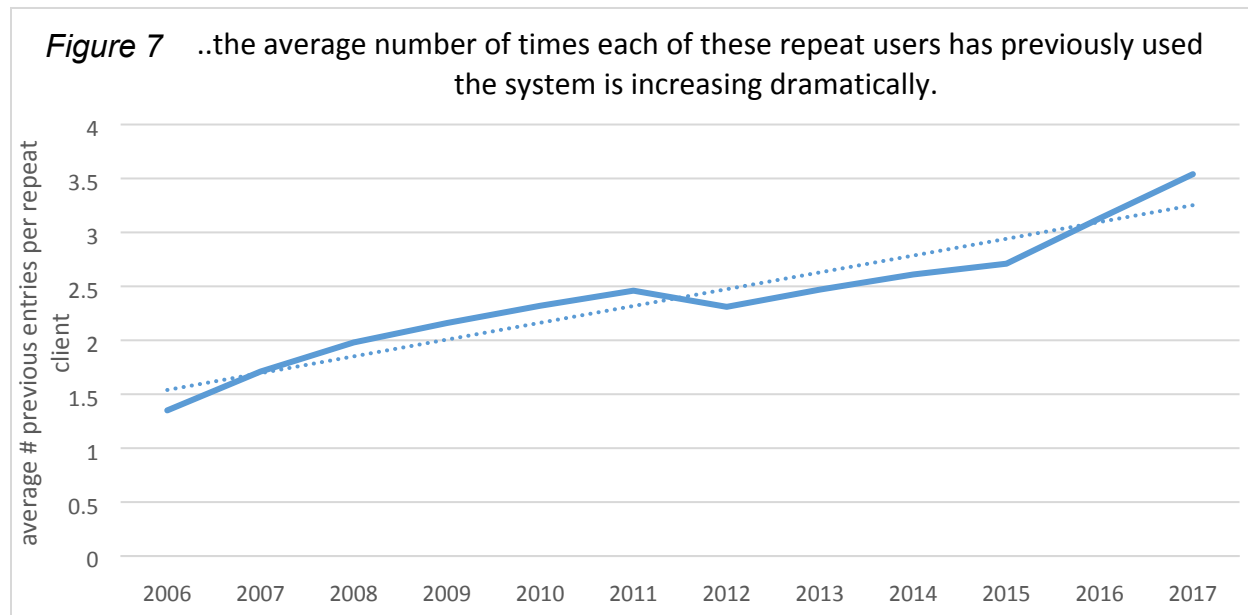
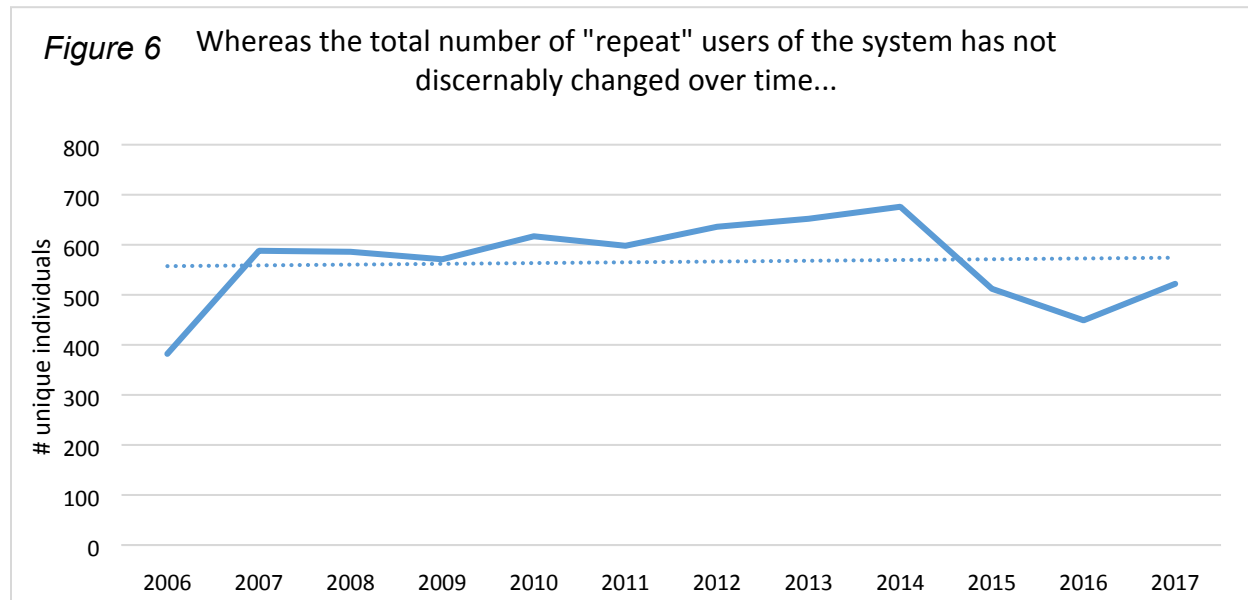
Moreover, in recent years, Berkeley has seen a reversal of an otherwise positive trend: since 2014, clients are increasingly likely to exit the system to homelessness, and less likely to exit to permanent housing destinations (see Figure 5)⁵:



Second, analyses demonstrate that the system is increasingly open to only a small pool of repeat consumers. As shown in Figure 6, the number of repeat consumers has remained relatively stable over time (with Coordinated Entry reversing a downward

⁵ Figure 5 includes exits from all system “beds” (including shelter, transitional housing, and rapid rehousing).

trend in 2016, indicating success in targeting long-term homeless people for services), but Figure 7 reveals that this pool of individuals is accounting for an increasingly large share of overall service use:



Overall, the average number of previous entries is increasing an average of 9% year over year, and has increased 160% since 2006—from 1.4 previous entries in 2006 to 3.5 in 2017. (These analyses account for shelter, transitional housing, and rapid rehousing beds only).

To summarize, these trends indicate that homeless people in Berkeley are generally finding that it is harder, and takes longer, to exit homelessness to permanent housing each year—and once they do exit, they seem increasingly likely to return back to the

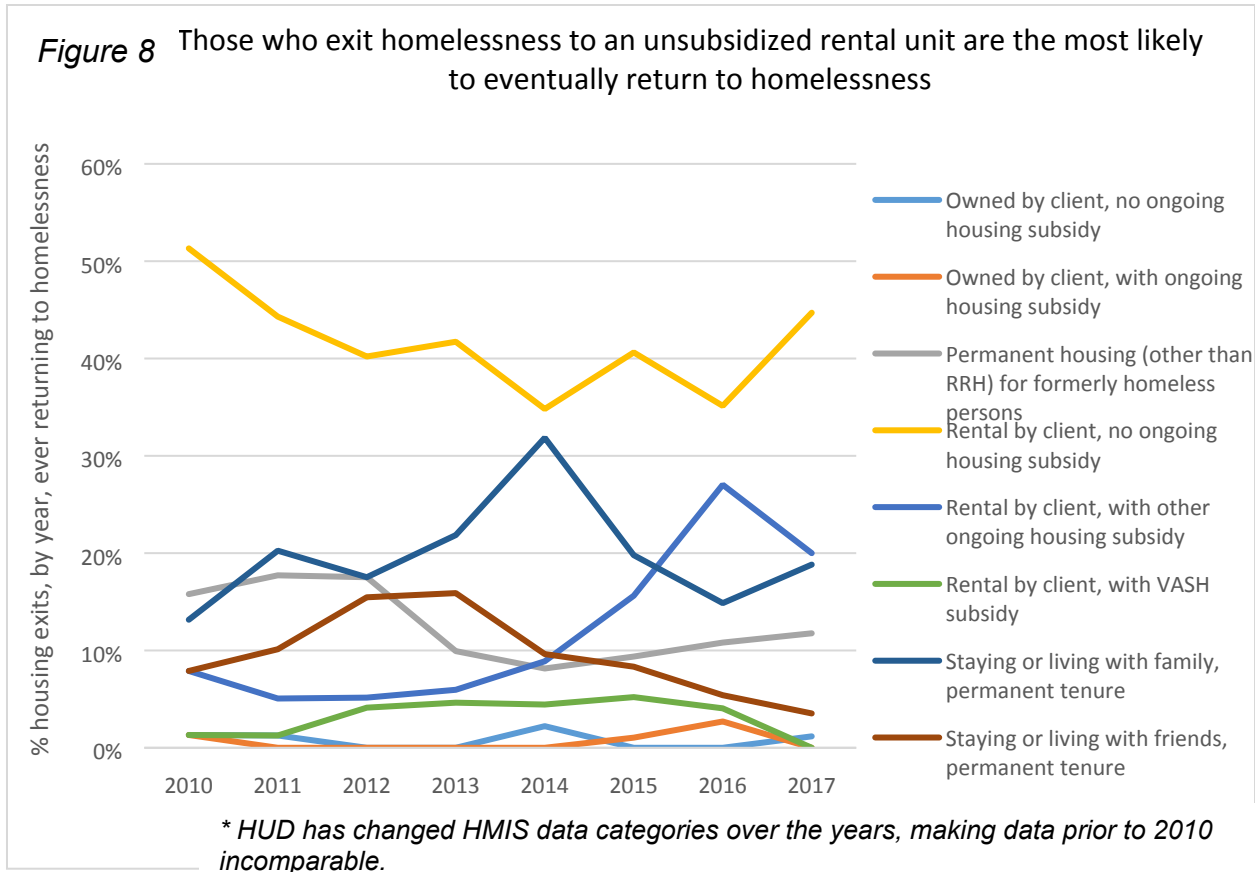
system over time. A regression analysis on the likelihood of exiting homelessness without eventually returning found that, relative to 2006, Berkeleyans were 16%, 19%, and 22% less likely to exit to housing without returning in 2015, 2016, and 2017, respectively—regardless of any personal characteristics, or the type of service they accessed.

None of this is especially surprising when viewed in light of the East Bay's dramatic uptick in rental prices and housing instability, at all income levels, over the past several years. Between January 2015 and December 2017, for example, average asking rents in Berkeley jumped 54% (from \$1,371 to \$2,113). Meanwhile, homeless Berkeleyans' incomes are increasingly unable to keep pace: in 2017, homeless people exited the system with an average of only \$628 in monthly income, with only 7% able to increase their income by any amount during their stay in the system (from an average of \$481 to an average of \$1,190), irrespective of the type of service accessed. Meanwhile, the average asking rent for a one bedroom apartment in Berkeley in 2017 was \$2,581;⁶ in Oakland over the same period, rent averaged \$2,285.⁷

This housing instability, and general inability for previously homeless people to afford rent on their own, is clearly reflected in the system data (Figure 8): among those who previously exited the system to permanent housing in the past but eventually returned, the largest percentage of those exits had been to unsubsidized rental units. **Without an intervention that focuses on creating permanent affordability in the housing market, all available evidence suggests that anything Berkeley does to address homelessness will not reduce it so long as present trends continue.**

⁶ See: <https://www.rentjungle.com/average-rent-in-berkeley-rent-trends/>

⁷ See: <https://www.rentjungle.com/average-rent-in-alameda-rent-trends/>



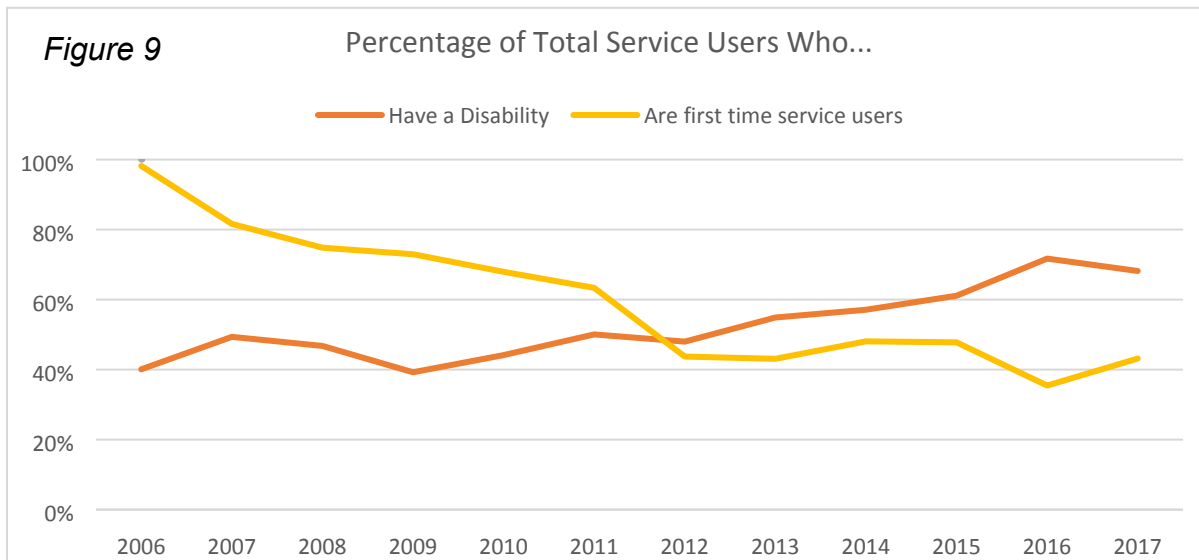
Finding 4: Berkeley’s homeless population is getting increasingly harder to serve

All of this begs the question: why are people getting stuck and cycling in and out of homelessness in Berkeley? For one, the data clearly suggest that, in part, the population is increasingly comprised of people who are very difficult to serve.

To isolate the effects of personal characteristics on likelihood of successfully exiting the system and not returning to homelessness, we partnered with an intern from the Goldman School of Public Policy to perform comprehensive system regression analyses. The table below summarizes a few predictive variables of interest in an analysis that controls for year and type of service accessed:

Characteristic	Effect on likelihood of successfully exiting from homelessness
Amt. total monthly income (per dollar)	No effect
Engagement in criminal activity	-5%
Having a disability (of any kind)	-733%

Overall, these analyses reveal that having any disability (physical, developmental, substance-related, etc.) is by far the single largest reason a person is unlikely to exit homelessness to housing and subsequently not return.⁸ Perhaps unsurprisingly, Berkeley’s homeless population is not only increasingly serving “repeat” consumers,⁹ but a greater proportion of people with a disability over time (see Figure 9):



Note that, in 2016, the percentage of first-time service users saw its single largest increase in the history of the database. By design, Coordinated Entry prioritizes homeless resources for the most vulnerable (those least likely to be able to access the system on their own). We believe that the success of this policy shift is reflected in these trends.

Finding 5: Coordinated Entry is unlikely to end homelessness in Berkeley without additional permanent subsidies.

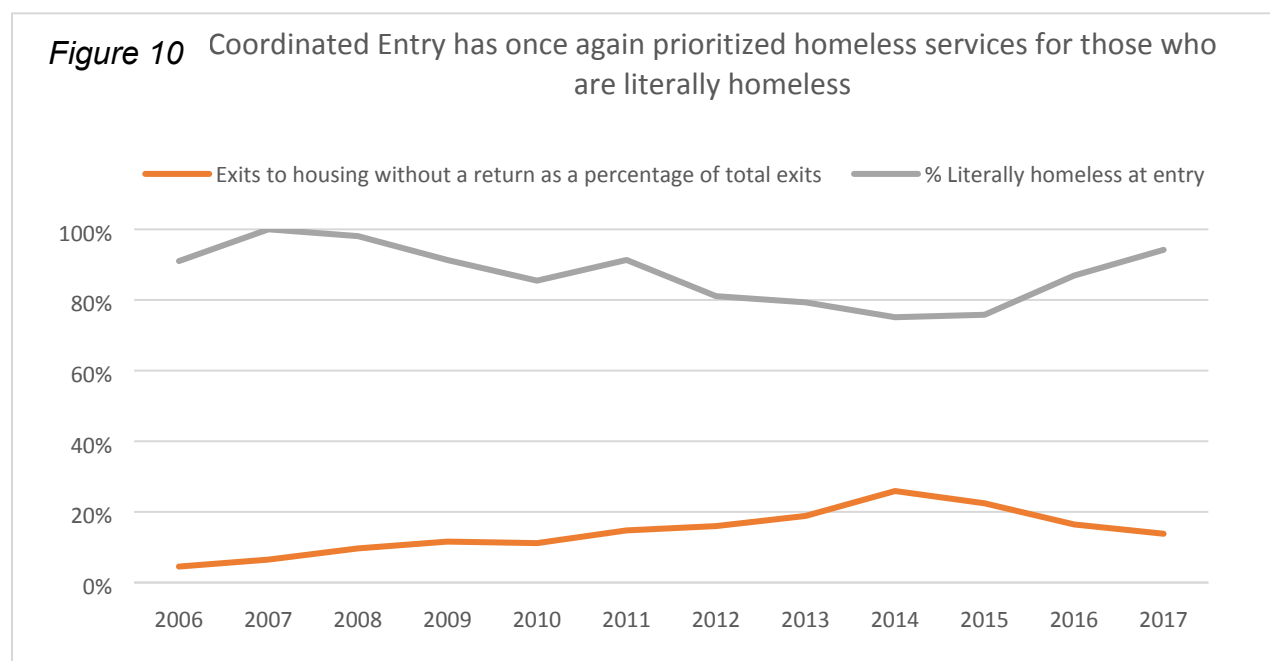
The previous analyses have found that, over the past 11 years, (i) fewer first-time homeless individuals are being served, (ii) more people with disabilities are entering, and (iii) fewer people are exiting to permanent housing—and fewer are likely to keep their housing once they leave. While much of this is undeniably the effect of a housing market that has become more supply-constrained, competitive, and expensive, some of it is also by design: beginning in 2016, our system began intentionally serving long-term and disabled homeless individuals first.

⁸ Surprisingly, race/ethnicity had no major effects on someone’s likelihood to exit homelessness without eventually returning, despite the documented disproportionality among people of color experiencing homelessness. We posit two potential explanations: (i) either the system is not regularly discriminating by race when sustainably exiting people to housing; and/or (ii) people of color previously served by the system but returning to homelessness are less likely to access services altogether, or more likely to simply relocate to other communities. The available data cannot be used to distinguish between these two potential explanations.

⁹ Note that 100% of clients were “first-time users” in 2006. This is because the database was initiated in 2006, meaning every instance of service use was necessarily someone’s first.

Per Federal mandate,¹⁰ all entities receiving HUD funding for homeless services are required to create a Coordinated Entry System (CES) that prioritizes limited housing resources for those who are most vulnerable (and therefore least likely to resolve their homelessness on their own). On January 4, 2016, Berkeley became the first jurisdiction in Alameda County to establish such a system. This fortunate timing affords these analyses two full years of data to explore the effects of CES on homelessness.

First, Figure 10 demonstrates that Coordinated Entry has restored homeless services for people who are actually literally homeless. Beginning in 2011, Berkeley's homeless services system began serving a significant number of people who were not actually literally homeless—i.e., they spent the previous night in their own rental unit or with friends and family. Unsurprisingly, these individuals likely drove a temporary spike in the percent of overall system exits to housing without an eventual return. Beginning in 2016, with the start of Coordinated Entry, the City's homeless services were restricted to literally homeless people. This change in priority to help literally homeless people who had been on the streets the longest and were disabled has had the trade-off of compromising system housing performance in a remarkably consistent fashion:

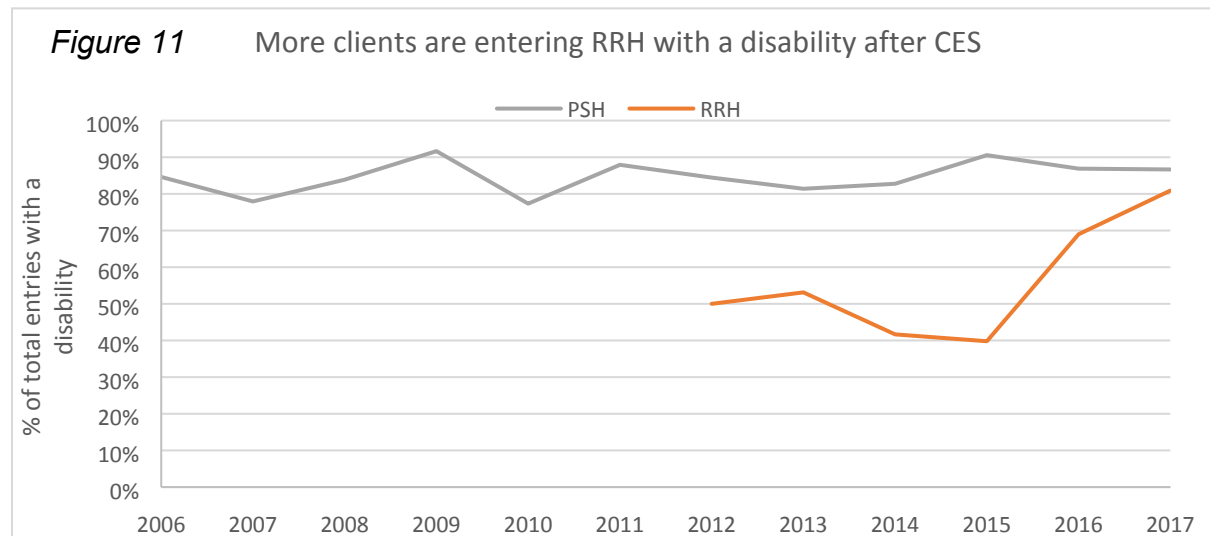


Additional analyses suggest not that Coordinated Entry is ineffective at housing high-needs homeless people in Berkeley, but rather that Berkeley has not had access to sufficient tools needed to implement this policy shift. Berkeley has roughly 260 permanent supportive housing (PSH) vouchers for homeless people. In any given year, only about 10% of these vouchers turn over for new placements, meaning that only 25-30 homeless individuals can be permanently housed, with ongoing deep rental subsidy,

¹⁰ See: <https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

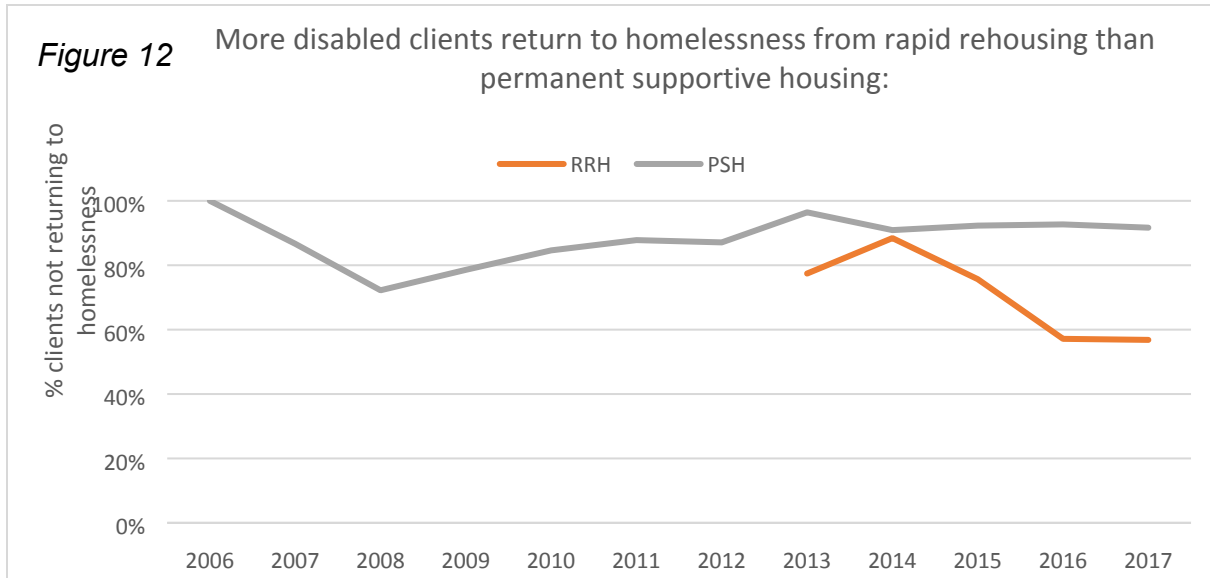
in any given year. Meanwhile, 27% of Berkeley's homeless population is chronically homeless—261 individuals *on any given night*.

To alleviate this supply/demand mismatch, the City implemented a policy of prioritizing high-needs people not just for PSH, but also for rapid rehousing (RRH),¹¹ beginning in 2016. As a result, the percentage of RRH clients entering with disability had approached that of PSH by 2017 (see Figure 11):

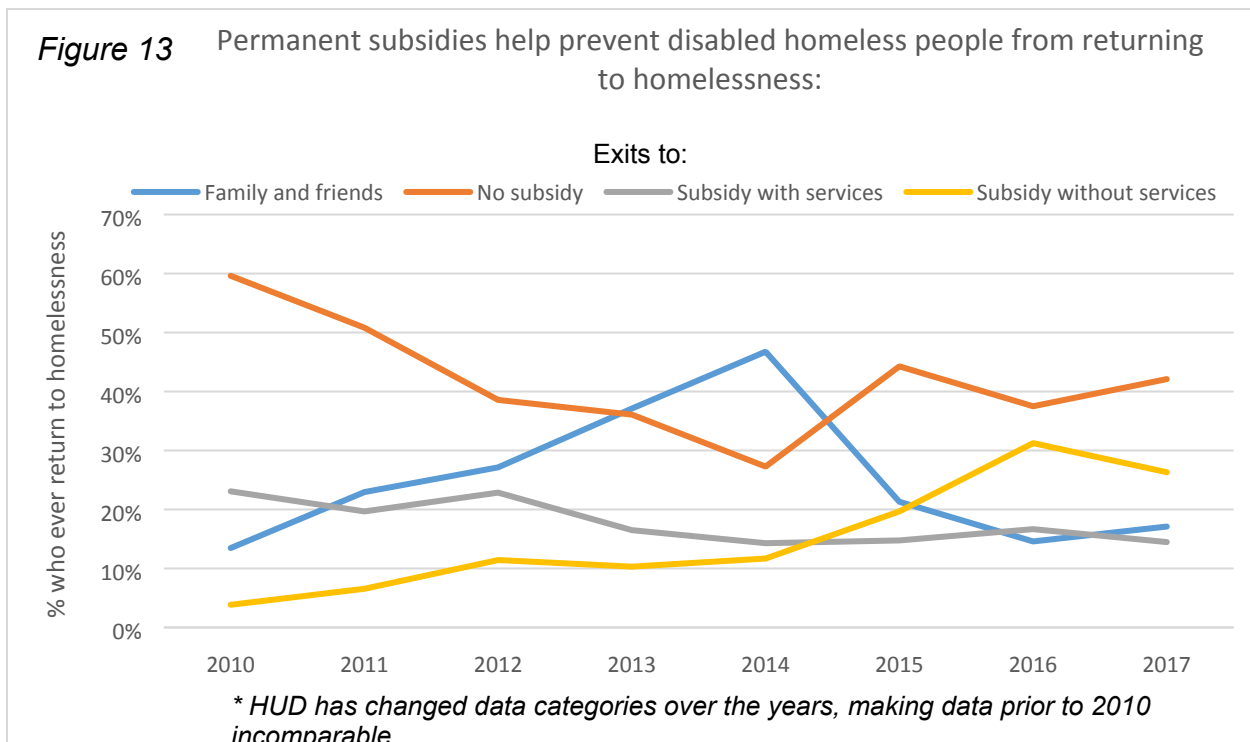


Given what we now know about the statistical effect of disability on housing success, this has had the predictable effect of reducing the percentage of clients who are able to ultimately keep their housing after the subsidy and intervention ends, from a pre-CES average of 81% to a post-CES average of 57%. Compare this to PSH homeless return rates, which were less than 9% in 2017:

¹¹ For more information on rapid rehousing as an intervention for homelessness, see: https://www.cityofberkeley.info/Clerk/City_Council/2018/04_Apr/Documents/2018-04-24_Item_39_Rapid_Rehousing_What_it_Can.aspx



In fact, among those who self-report a disability at exit, those exiting to housing with subsidies are consistently less likely to eventually return to homelessness than those who do not:



Conclusion: Berkeley’s homeless services system is not under-performing—rather, it lacks the tools appropriate for the population it serves.

These analyses demonstrate, with a level of rigor not previously undertaken within our system, that the performance of homeless services in Berkeley is declining over time

because it is suffering from a fundamental mismatch between client characteristics and appropriate resources. The homeless population has gotten larger over time, but fewer and fewer people are accessing the system as “repeat” clients cycle in and out of homelessness. In response, Berkeley has prioritized resources for those most in need through Coordinated Entry, and has seen tremendous success in restoring homeless services for those who are literally homeless and unable to access the system on their own. However, **is the system has not created sufficient permanently subsidized housing resources to appropriately service a Coordinated Entry System**, and has instead relied on rapid rehousing to exit them from the system. Overreliance on rapid rehousing with high needs individuals in a tight housing market is a strategy that is tenuous in the long-run, as HHCS previously explained in an April 2018 Information Report.¹²

Part II – Overview of Interventions and Costs Needed to Achieve “Functional Zero”

To reach “functional zero” in Berkeley (that is, a dynamic system where the number of people entering homelessness equals the number exiting homelessness each year), the City must right-size its system such that the appropriate number of resources are available, per year, to the right people who need them.

HHCS staff performed an analysis of system flow and trends, and projects that, if present trends continue (i.e., no additional resources but continuing rates of exits, returns, and system inflow), Berkeley will need resources for an additional 1,748 people beginning in 2019, and an additional 2,664 people by 2028. This need is above and beyond the total number the city’s current budget is projected to house each year:

Annual...	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Size of Homeless Population	2146	2233	2323	2416	2513	2615	2720	2830	2944	3062
<i>Of this population, estimated...</i>										
Newly homeless population	944	982	1022	1063	1106	1150	1197	1245	1295	1347
Returners & long-term homeless population	1202	1250	1301	1353	1408	1464	1523	1585	1649	1715
Exits to permanent housing	398	398	398	398	398	398	398	398	398	398
Number remaining homeless	1748	1835	1925	2018	2115	2217	2322	2432	2546	2664
<i>Of this population, estimated...</i>										
# not currently using services	410	430	452	474	496	520	545	571	597	625
# using services	1338	1404	1473	1545	1619	1697	1777	1861	1948	2039

The table above quantifies this estimate. A significant portion of the population consists of people who are new to the system (the “newly homeless population”). In other words, with present resources, we project that as many as 944 individuals will fall into homelessness for the first time in Berkeley in 2019—or roughly 17 people per week. The remainder will consist of previously homeless individuals returning to homelessness

¹² See: https://www.cityofberkeley.info/Clerk/City_Council/2018/04_Apr/Documents/2018-04-24_Item_39_Rapid_Rehousing_What_it_Can.aspx

and long-term homeless individuals not yet served. Not all of these individuals will have been last housed in Berkeley, but estimating the actual number last housed in Berkeley cannot reliably be accomplished with existing data sources.

If present funding trends continue (i.e., funding for the current system remains constant), we expect 398 permanent housing placements annually. Subtracting these placements from the annual homeless population yields an estimate of those remaining homeless, which contributes to the ensuing year's population growth. By calculating the difference between the annual estimated homeless population and the subset of those individuals who actually surface in our homeless system database, we estimate that just under 25% of the population annually will not utilize any homeless service and will require additional outreach resources to engage.

Not all of these individuals will need or benefit from the same type of intervention. While some will be unable to exit homelessness for good without the assistance of permanent supportive housing, others will benefit from time-limited, lighter-touch interventions like housing problem-solving conversations with appropriate referrals. To reach functional zero, staff estimate that, Berkeley will need to invest in the following five types of interventions:

1. Targeted homeless prevention;
2. Light-touch interventions with no financial assistance;
3. Rapid Re-housing;
4. Permanent Supportive Housing; and
5. Permanently subsidized housing without services

Below we describe each intervention, and their associated costs, in turn.

Targeted Homeless Prevention

One of the greatest uncertainties in a “functional zero” analysis is estimating the number of people who could have been prevented from entering homelessness in the first place.

- First, it is difficult to estimate the number that become “newly homeless” year over year. There is no database that registers an entry every time someone loses housing and enters homelessness. Moreover, HMIS data (the database used for this report) only tracks people who access services; with a limited number of shelter beds, we know that a growing percentage of people do not access services, anecdotally evidenced in part by the significant growth in homeless encampments.
- Second, not everybody experiencing homelessness in Berkeley was housed in Berkeley at the time they became homeless. For this population, Berkeley homeless prevention efforts would likely be impossible. Since homelessness is clearly such a regional issue, Alameda County must be the lead for an expanded prevention effort to be maximally successful.

- Third, the ability to accurately target homeless prevention resources to people who are actually going to become homeless remains quite low.¹³ Not every person who is at risk of becoming homeless actually goes on to experience homelessness. There are far more unstably housed people and people experiencing poverty than people experiencing homelessness in this country, making upstream prevention efforts difficult and often inefficient.

For these reasons, we found that approximately 221 (roughly 25%) of the estimated 873 people who became newly homeless in Berkeley in 2018 would have been amenable to homeless prevention interventions,¹⁴ at a cost of roughly \$1.3 million annually.¹⁵ These interventions would be targeted as much as possible using homeless risk screening tools and prioritized for people least likely to resolve their housing crisis on their own, and are therefore qualitatively different from broader eviction prevention efforts currently funded by the City of Berkeley.

We also predict that a small number of individuals who lose their permanent supportive housing and return to homelessness for preventable reasons, such as nonpayment of rent (no more than 10 on average each year) could be prevented with a modest additional investment (roughly \$130,000 in year one).

Figure 14 summarizes the annual investment needs for this intervention. The spike in 2021 results from preventing additional future returns to homelessness from new permanent interventions discussed below.

¹³ See: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.926.5184&rep=rep1&type=pdf>

¹⁴ We calculate this number from by multiplying (i) the percentage of people who, in 2016 and 2017, entered homelessness from living situations amenable to homelessness prevention, such as their own rental housing or from friends/family (25%); (ii) the percentage of Berkeleyans in the 2017 Point-In-Time Survey that reported being housed in Alameda County at the time they lost housing (76%), using this as a proxy for being housed in Berkeley for lack of more specific data; and (iii) the percentage of people who would likely actually have their housing successfully sustained by prevention efforts (75%), using data from Berkeley's Housing Retention Program. This methodology was also used by EveryOne Home and the City of Oakland.

¹⁵ This assumes an average grant size of \$5000 per recipient and 20% for administrative and nonprofit overhead expenses.



Light-touch Interventions with No Financial Assistance

Not everybody who becomes homeless requires a great deal of assistance to resolve their homelessness. Poor and unstably housed people are remarkably resilient and often able to resolve their homelessness on their own with no financial assistance. For example, 38% of system users in Berkeley between 2006 and 2017 touched the system only one time and never returned back to the system again. Of these, roughly 10% exited to unassisted permanent destinations, such as permanent accommodations with family or their own, unsubsidized housing.

From these numbers, we estimate that up to 10% of non-chronically homeless individuals in Berkeley would benefit from light-touch interventions with no financial assistance, such as a focused housing problem-solving conversation with trained staff.¹⁶ We believe this type of intervention could be built into the administrative expenses quantified in the rapid rehousing interventions described below.

Rapid Rehousing

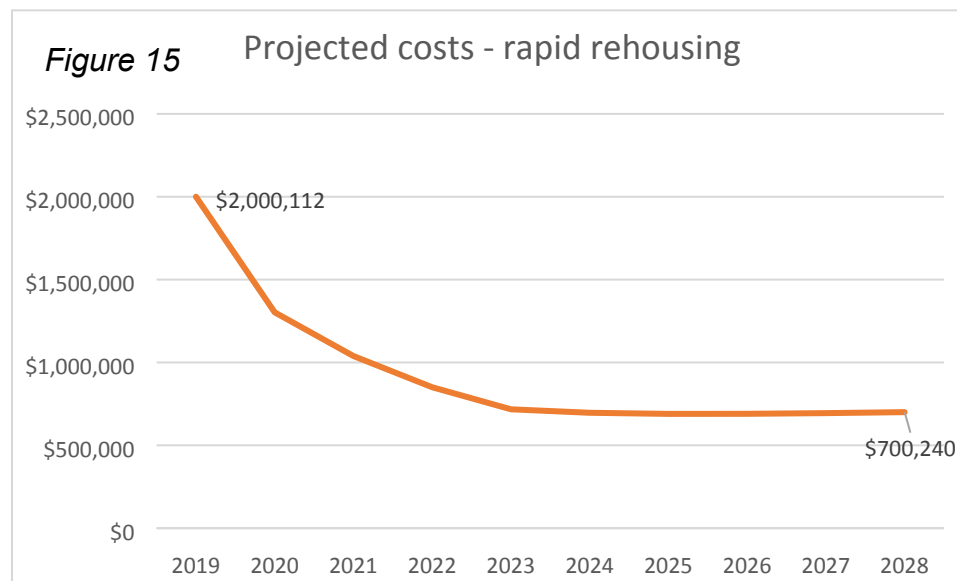
The 2017 point-in-time homeless count revealed that 94% of Berkeley's homeless population consists of single, unaccompanied adults. As we have previously reported to the Council,¹⁷ very little research exists on the long-term efficacy of rapid rehousing in ending homelessness among single adults, and while this intervention can be successful for this population, it must be carefully applied to people who are most likely to succeed with the short-term assistance it offers.

¹⁶ This proportion was used by the City of Oakland and EveryOne Home as well.

¹⁷ See: https://www.cityofberkeley.info/Clerk/City_Council/2018/04_Apr/Documents/2018-04-24_Item_39_Rapid_Rehousing_What_it_Can.aspx

From national literature, a highly important predictor of success is the ability to increase income over the course of the intervention.¹⁸ Locally, the analyses in this report reveal that the single largest predictor of returning to homelessness over the long-run is having a disability of any kind. Therefore, to estimate the proportion of individuals in Berkeley who are likely to benefit from rapid rehousing and not eventually return to homelessness, we examined the proportion of non-disabled individuals who had some capacity to increase their income (either they already worked or did not report a fixed disability income as their only source). From these numbers, we estimate that roughly 10% of the population is likely to permanently exit homelessness with a rapid rehousing intervention, with roughly half of that requiring only one-time assistance (e.g., assistance with security deposits) and the other half requiring up to several months of rental subsidy and case management. This translates into 211 rapid rehousing “slots” at an annual cost of \$2 million in year one, and shrinking to \$700,000 by 2028¹⁹ as the overall homeless population shrinks.

In comparison to the Hub and the STAIR Center’s budgets for rapid rehousing and administration, these estimates reveal that Berkeley actually needs little additional rapid rehousing investment, as this has been the greatest focus of subsidy expansion in recent years. Figure 15 summarizes the annual costs for this intervention through 2028.



¹⁸ Focus Strategies (2017). Valley of the Sun United Way Final Evaluation of the Rapid Rehousing 250 Program.

[http://kjzz.org/sites/default/files/RRH%20250%20Final%20Phase%20One%20Report%2006262017%20\(1\).pdf](http://kjzz.org/sites/default/files/RRH%20250%20Final%20Phase%20One%20Report%2006262017%20(1).pdf)

¹⁹ For one-time assistance costs, we relied on HMIS exit data finding that among those exiting to unassisted permanent destinations in 2016 and 2017, 55% exited to their own rental housing and 45% exit to family and friends; we assume \$3500 in average assistance for the former, plus an average travel or relocation voucher of \$250 for the latter. For those exiting with several months of assistance, we employ Hub data to estimate average rents and durations. Both estimates include associated staff and administrative expenses of 20%.

Permanent Supportive Housing and Permanently Subsidized Housing Without Services

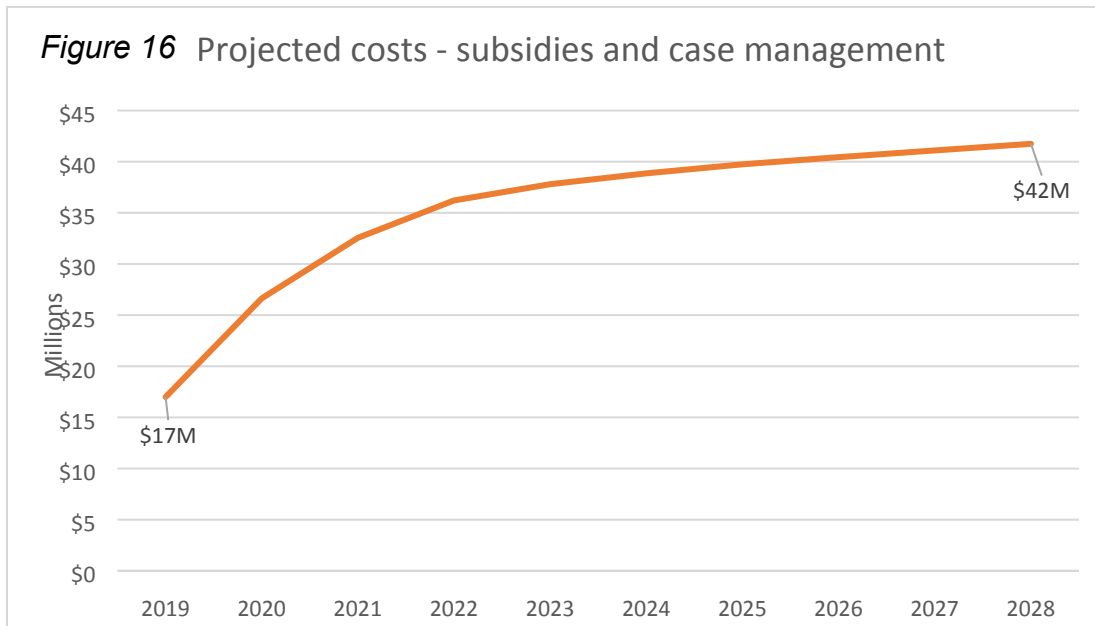
Part I of this report concludes that the single largest “missing piece” in Berkeley’s efforts to end homelessness is permanently subsidized, affordable housing. As rents rise while wages and fixed-income benefits stagnate, those who exit to unassisted permanent housing (for example, after a rapid rehousing intervention has ended) face ongoing risks of returning to homelessness in the face of ongoing housing market volatility. To reach functional zero in Berkeley, the single largest investment required will be in permanent rental subsidies for the majority of homeless people who are simply too poor—and do not have the capacity to increase their incomes—to make it on their own in Northern California’s tight, expensive housing market.

We distinguish between two types of permanent subsidies—those with supportive services, and those without. The former is traditionally reserved for the chronically homeless, but we believe that only 50% of chronically homeless people in Berkeley require ongoing case management. The rest—as well as the rest of the homeless population unable to benefit from prevention, light-tough, or rapid rehousing assistance—will simply need permanent rental subsidies. This translates to roughly 218 permanent supportive housing exits, and 440 permanent subsidy exits, in year 1 alone.

Figure 16 summarizes the annual costs²⁰ associated with this intervention through 2028. Note two important characteristics of the cost curve over time:

- First, the curve **increases over time** because permanent subsidies require a permanent fiscal outlay—as new individuals are housed each year, the overall fiscal commitment grows.
- Second, the curve **plateaus over time**. This is because (i) a large initial investment is required up front to address the currently homeless population, and (ii) as the portfolio of subsidies increases, a growing fraction of the need each year can be addressed with turnover.

²⁰ To calculate costs, we assume (i) apartments are rented at HUD rent-reasonableness rates for Berkeley (those data courtesy of the Berkeley Housing Authority); (ii) an average client income at SSI levels for 2018, with tenant rents at 30% of that amount; (iii) annual rent growths of 2% and annual program cost growths of 1%; and (iv) sufficient city staff and nonprofit administrative support to administer what amounts to 5 times the current Shelter Plus Care capacity in Berkeley.



Experimenting with Permanent Subsidy Variation

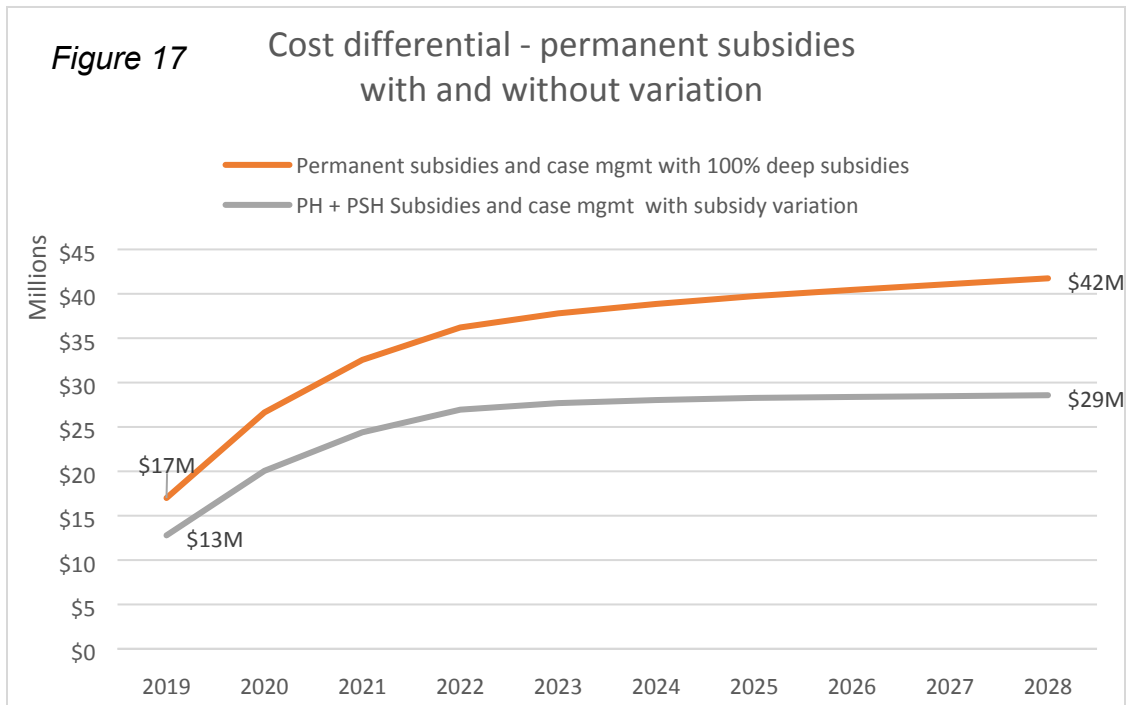
These cost estimates assume a “worst-case scenario” in which all individuals are housed at rents equaling 30% of their income, with subsidy to cover the difference. Emerging evidence suggests, however, that flat or shallow subsidies (for example, a fixed monthly subsidy of, say, \$600 per month) can prove extremely effective at helping formerly homeless people maintain their housing over time.²¹ If Berkeley were to pilot such an approach, yearly costs could be reduced. Following EveryOne Home’s recommendation, for example, we calculated the annual costs if:

- 1/3 of the population had set-aside access to below market-rate (BMR) affordable units already subsidized for those at 50% AMI;
- 1/4 of the population were housed in market-rate apartments with subsidies covering 50% of the rent;
- 1/5 of the population received a flat subsidy of \$600 per month (akin to the Basic Income experiment starting in Stockton in 2019²²); and
- 1/4 of the population received permanent subsidy in market-rate apartments at 30% of their income.

Piloting such an approach to subsidy variation is predicted to have the cost differential effects depicted in Figure 17:

²¹ See: <https://www.urban.org/sites/default/files/publication/22311/413031-A-Proposed-Demonstration-of-a-Flat-Rental-Subsidy-for-Very-Low-Income-Households.PDF>

²² See: <https://www.nytimes.com/2018/05/30/business/stockton-basic-income.html>



Capital Expenses

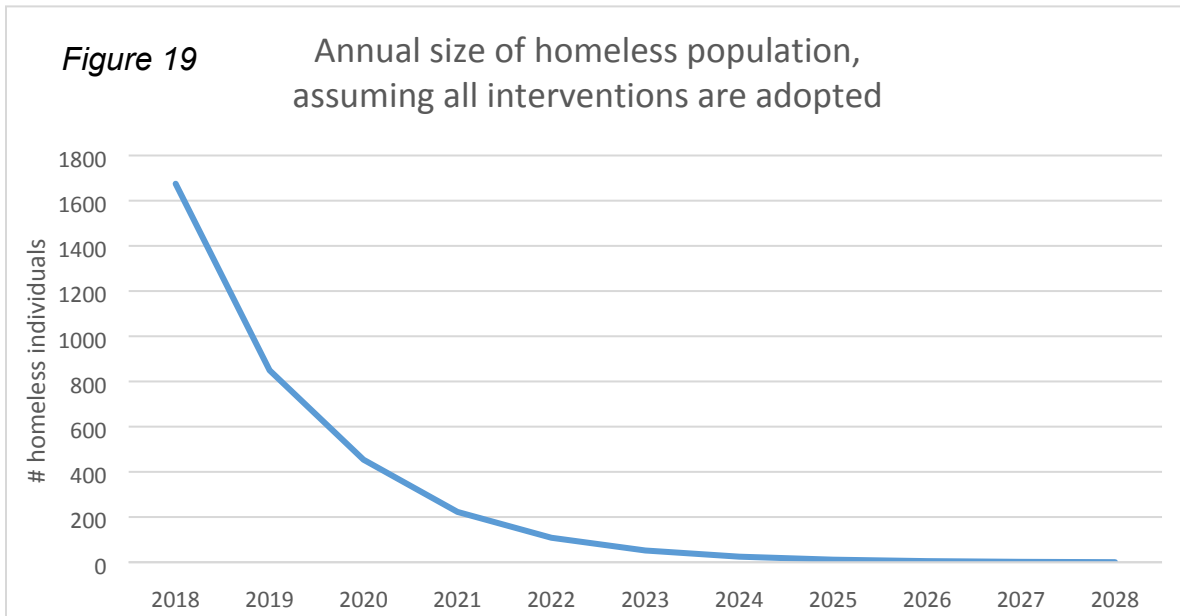
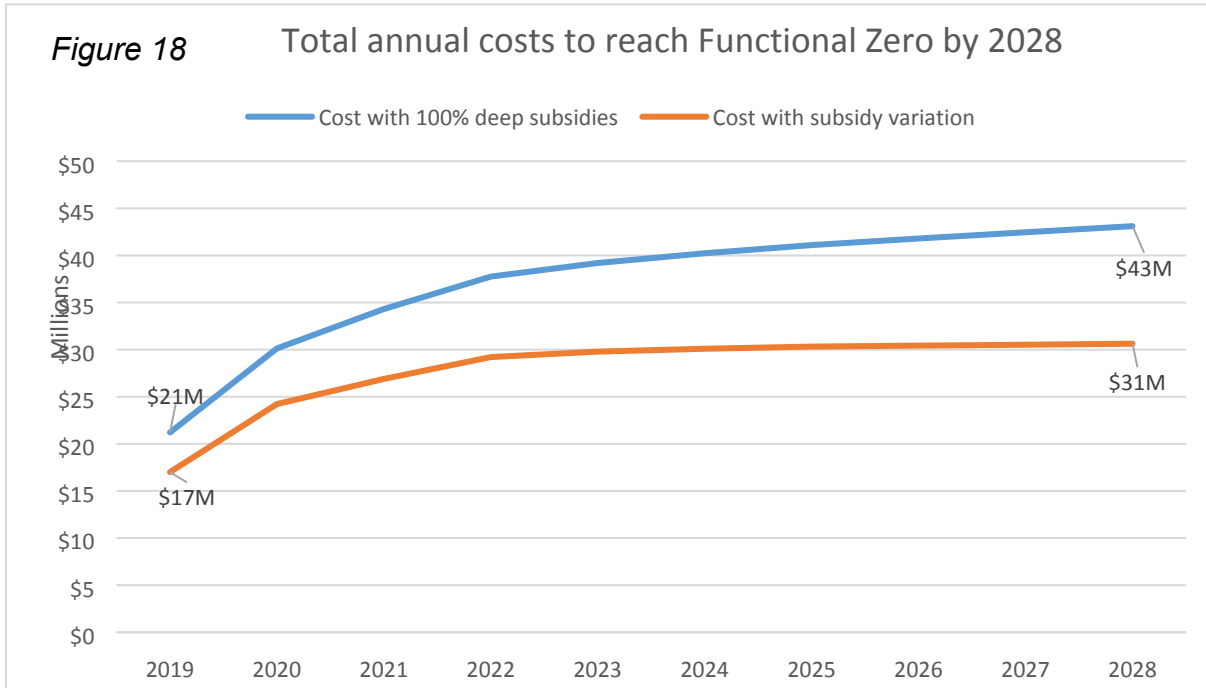
The permanent subsidy expenses calculated above simply account for operating subsidy expenses; they do not account for capital costs to build new units. With vacancy rates in the greater Bay Area at historic lows as construction of all types of housing lags behind projected need—and as other Bay Area jurisdictions compete with one another for a shrinking pool of naturally-occurring affordable housing for their respective homeless populations—there are simply not enough units in the rental market to make an approach that relies solely on scattered-site, tenant-based subsidies viable. Some new construction, of 100% affordable projects and/or market-rate projects that take advantage of inclusionary zoning policies, will have to be a part of this solution over the long-run.

At the time of writing, the outcome of Measure O, the City’s Affordable Housing Bond Measure, is unknown. If the measure passes, City officials must decide how to use the proceeds. If the City opts to utilize all of the \$135 million in bond funds to construct new affordable housing, staff estimate that this one-time infusion of funds would result in approximately 450-750 new affordable housing units (at a City subsidy rate of \$150,000-250,000 development cost per unit), with approximately 20% (or 90-150) of those units affordable to the homeless population. If other types of more costly housing are desired, the net new units would be fewer.

Total Expenses and Effects on Homelessness in Berkeley

The types and sizes of the interventions above are designed to help Berkeley reach “functional zero” by 2028. If each is adopted, it would come at an estimated annual expense of between \$17 and \$21 million in year one, growing annually to a total annual

budget obligation of between \$31 and \$43 million by 2028. Figure 18 depicts how annual expenses change over time, while Figure 19 depicts associated annual decreases in homelessness:



1000 Person Plan to Address Homelessness in Berkeley

To permanently end homelessness for 1000 people in Berkeley, we estimate that the resources outlined below will be required.

<u>Inventory - slots needed</u>	
Targeted homeless prevention slots	295
Light touch, no financial assistance slots	211
Rapid Rehousing slots	211
Permanent Supportive Housing (PSH) slots	218
Permanently subsidized housing (PH) slots	361
Outreach (FTE)	11
<u>Cost (all line items assume 20% nonprofit admin expenses and associated city staff costs)</u>	
Targeted homeless prevention slots	\$1,326,230
Rapid Rehousing slots	\$2,000,112
PH + PSH subsidies and case management -- 100% deep subsidies*	\$15,347,297
PH + PSH subsidies and case management -- with subsidy variation*	\$11,891,616
Outreach costs	\$891,000
TOTAL ANNUAL COST -- 100% deep subsidies	\$19,564,639
TOTAL ANNUAL COST -- with subsidy variation	\$16,108,958

* Represents an ongoing annual expense

This amounts to an up-front expense ranging from roughly \$16 - \$19.5 million up front, with an annual ongoing expense of between roughly \$12 – 15 million for permanent subsidies.

Part III – Strategic Goals and Recommendations

In the event the City is unable to finance the functional zero or 1000 person plan costs estimated above, staff offer the goals below as more realistic alternatives for Berkeley's budget and capacity. They are strategically designed to maximize potential federal drawdowns over time, and to recognize the role that Alameda County must play as a collaborative partner in the effort.

1. Transform Berkeley's shelter system into a housing-focused Navigation

System. The functional zero analyses in Section I reveal that shelter users in Berkeley are (i) getting “stuck” in beds for lack of access to housing exits, and (ii) with Coordinated Entry, increasingly coming from a long-term and disabled homeless population. Berkeley's traditional year-round shelters have an average annual budget of \$640,000—little more than 25% of the STAIR Center's budget. However, any shelter can be turned into a Navigation Center with sufficient staffing and flexible funding. To help move Berkeley's shelter system from one that is focused on *respite* to one that is focused on *flow* from the streets into housing, we recommend bolstering shelter budgets so they all reflect the priorities of the STAIR Center.

Achieving this goal will require an additional \$4.8M in total new funding for shelters, growing annually with inflation/costs of living. This funds:

- New navigators, peer site monitors, and management at each shelter at highly competitive salaries to attract and retain top talent;
- Flexible subsidies and one meal a day for each bed;
- Overhead and training support for shelter staff.

Staff believe that this goal is appropriate and achievable for Berkeley given its position as a relatively small jurisdiction within Alameda County. Berkeley's general funds and powers of taxation are insufficient to generate the revenue needed to fund permanent subsidies at the numbers calculated in Section II of this report. Thus, Berkeley can provide the low-barrier, service rich navigation centers to help transition unhoused residents from the streets and into housing, but Alameda County administers increasing levels of State funding for homelessness (such as California Whole Person Care and various revenues stemming from California SB 850) and must take the lead in piloting permanent operating subsidies for its homeless population. Homelessness does not respect arbitrary jurisdictional boundaries within Alameda County; stronger county investment in permanent housing support is imperative for this local investment strategy to be maximally effective.

Even without sufficient permanent affordable housing to create “flow,” there are still tangible benefits to investing in lower-barrier shelter models. As staff highlighted in a recent evaluation of the STAIR Center's opening,²³ lower barriers generally mean that higher-needs individuals are more willing to use shelter, addressing the “meanwhile” problem of very disabled and chronically homeless people sleeping on the streets.

- 2. Reduce chronic homelessness by 50% by 2023.** In the event the County cannot provide new permanent subsidies, Berkeley has a robust federally funded Shelter Plus Care program with extensive expertise in the administration of permanent subsidies for chronically homeless individuals, and already funds a small number of permanent subsidies for chronically homeless people through the Square One program. By expanding Square One to 54 new vouchers in 2019 and 222 total vouchers by 2023, we calculate that Berkeley, on its own, can achieve the goal of reducing chronic homelessness by 50% by 2023.

Increased funding for subsidies and staff can also help leverage Federal support over time, as HUD funds are increasingly tied to measurable reductions in yearly homeless counts. Tackling chronic homelessness is an effective way to bring overall homeless counts in Berkeley down, as Berkeley's rate of chronicity (27%) far exceeds the national average (roughly 15%).

²³ See: https://www.cityofberkeley.info/Clerk/City_Council/2018/10_Oct/Documents/2018-10-09_WS_Item_01_An_Evaluation_of_the_Pathways.aspx

Achieving this goal will require:

- An additional \$1.3M in funding in year 1, growing to \$5.1M annually by 2023.
 - Administrative, staff, and services costs total \$370k in year 1, and \$1M annually by 2023.
 - Subsidy expenses total \$900k in year 1, and \$3.9M annually by 2023.
- New and existing below market-rate unit set-asides for chronic homelessness.

- 3. Enhance the Accuracy of Homeless Prevention Interventions by Targeting to Need.** Our ability to accurately target homeless prevention resources to people who are actually going to become homeless remains low.²⁴ Most people who are unstably housed in this country do not become homeless; our functional zero analyses necessarily assume that large numbers of people cannot be prevented, even with additional resources. For these reasons, discussed in more detail in Section II, we do not recommend focusing on homeless prevention at this time. Instead, we strongly recommend (i) targeting all prevention funds to those who are previously homeless and at risk of returning from rapid rehousing or permanent supportive housing interventions, and/or (ii) piloting a new, targeted approach to homeless prevention that prioritizes applicants based on imminent homelessness and relative level of need, and lowers barriers to receiving aid (such as certain documentation requirements).

Achieving this goal will require an additional \$1.5M annually through 2023, growing annually with inflation/costs of living. This funds:

- Flexible funds for keeping previously homeless people housed;
- Administration and flexible funds for a pilot Coordinated Entry approach to prevention that prioritizes based on need.

- 4. Continue to implement changes to Berkeley's Land Use, Zoning, and Development Review Requirements.**

Even if Council funds sufficient scattered-site housing subsidies, there is not enough available housing stock to utilize them--all Bay Area cities are competing for the same limited supply for their own homeless populations. Staff believes new housing construction will have to be part of any long-term plan to end homelessness in Berkeley.

An emerging body of research links high housing costs and low vacancy rates—and therefore, high rates of homelessness²⁵—to land use and development regulations that restrict the creation of new housing of all income levels.²⁶ For example, a 2015

²⁴ See: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.926.5184&rep=rep1&type=pdf>

²⁵ See: http://urbanpolicy.berkeley.edu/pdf/qrs_restat01pb.pdf

²⁶ See, for example, <https://lao.ca.gov/reports/2015/finance/housing-costs/housing-costs.pdf>

report from the bipartisan California Legislative Analyst's Office²⁷ found that urban density is growing at a slower rate in Coastal California relative to comparable metro areas nationally, in part because California's local governments (i) impose slow and cumbersome project review standards (each additional layer of independent review was associated with a 4 percent increase in a jurisdiction's home prices); (ii) impose growth controls, such as limiting height and densities via zoning regulations (each additional growth control policy a community added was associated with a 3 percent to 5 percent increase in home prices); and (iii) use CEQA and other design review processes to regulate housing construction (only 4 other states impose similar review standards). Such local policy decisions, the report concludes, are worsening California's income inequality, increasing poverty rates, increasing commute times, and forcing lower-income residents into crowded living situations.

Between 2014 and 2016, San Francisco and San Jose were the second and fourth highest performing metro economies in the world, respectively, as measured by employment and GDP growth per capita.²⁸ Berkeley—caught in the middle of these two global economic powerhouses—will likely continue to experience housing shortages as wealth accumulates amidst an inelastic housing supply.

Because similar pressures are emerging in other metro areas, Federal funders of affordable housing and homeless services are beginning to take note:

- For the first time, the US Interagency Council on Homelessness' new Federal Strategic Plan to Prevent and End Homelessness, released in July of 2018, recommends that local governments begin *“Examining and removing local policy barriers that limit housing development in the private market and have adverse impacts on housing affordability.”*²⁹
- HUD has begun a stakeholder engagement process to reform enforcement of the Fair Housing Act by tying federal grants to less restrictive local residential zoning regulations.³⁰

With this in mind, the pace with which new housing is currently being developed in Berkeley will likely not accommodate a declining annual homeless population over time. Staff recommends that Council heed the emerging funding pressures noted above and continue the difficult process of examining how local land use restrictions can be reformed with a specific eye towards alleviating homelessness.

Costs and Impacts of Strategic Goals and Recommendations

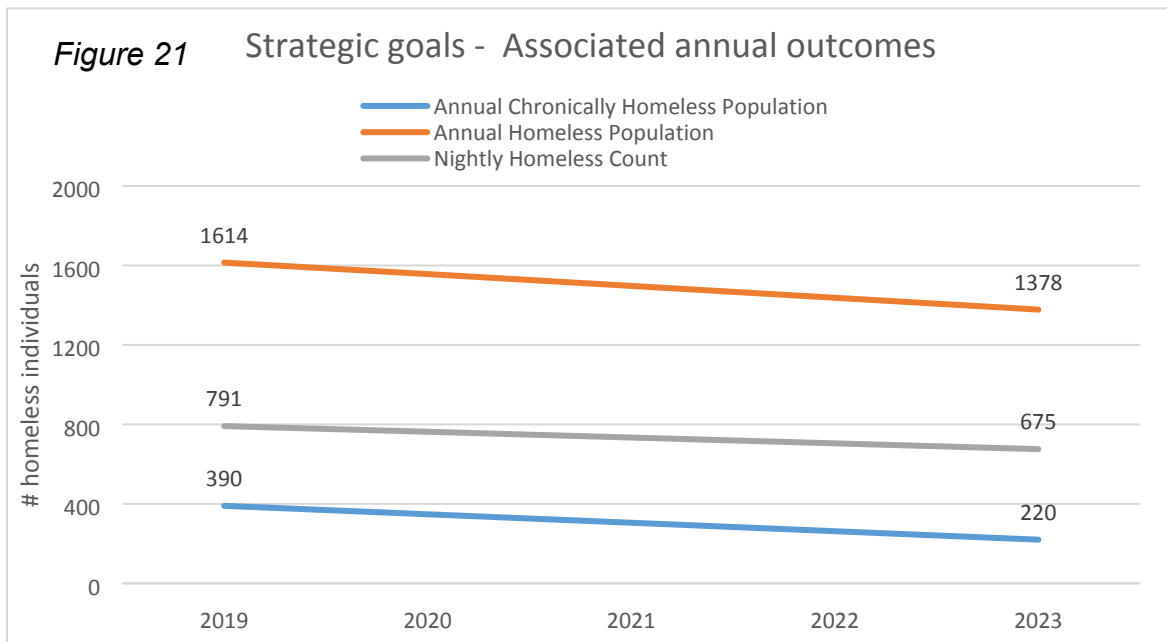
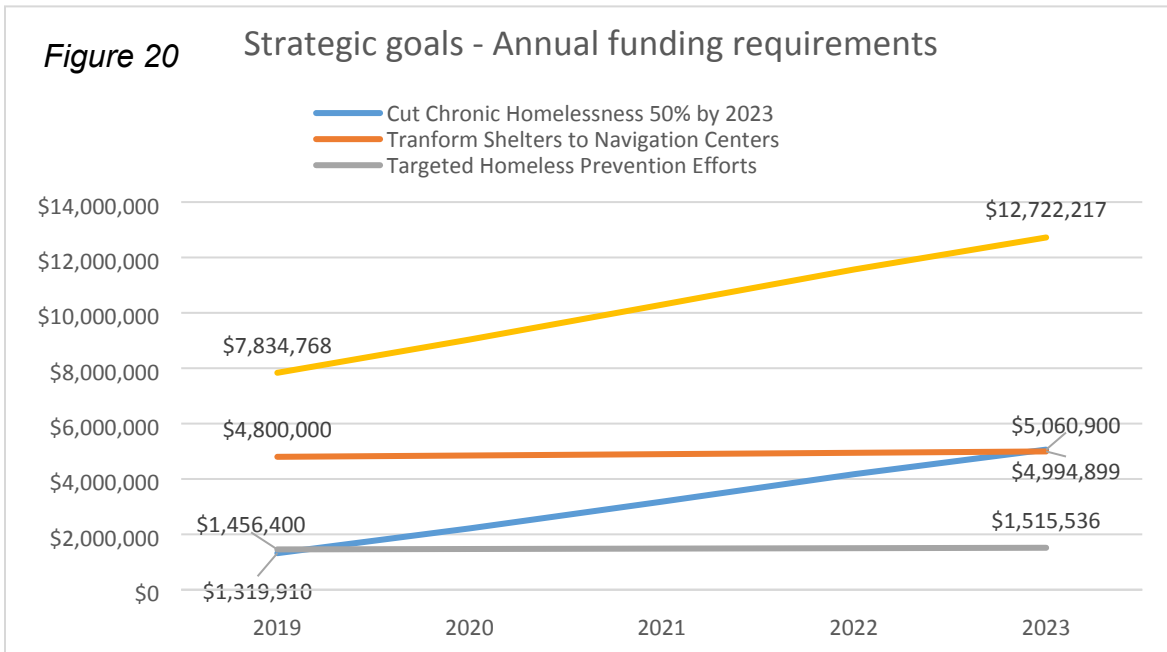
²⁷ See: <https://lao.ca.gov/reports/2015/finance/housing-costs/housing-costs.pdf>

²⁸ See: <https://www.brookings.edu/research/global-metro-monitor-2018/>

²⁹ See p. 20: https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf

³⁰ See: <https://www.wsj.com/articles/hud-moves-to-shake-up-fair-housing-enforcement-1534161601>

Figure 20 summarizes the annual costs associated with strategic recommendations #1, 2, and 3 above, while Figure 21 highlights the relative impact these goals would have on the city’s homeless population through 2023.



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Human Welfare and Community
Action Commission

January 2018
ACTION CALENDAR

To: Denah Bookstein, Chairperson, HWCAC & Human Welfare and Community Action
Commissioners

From: Remi Omodele

Submitted by:

Subject: Imminent Closure of the Alta Bates Summit Hospital

RECOMMENDATION

Direct Council to:

Seek alternative ways to keep the hospital functioning fully. Running the hospital as a City or County or Teaching hospital or all three should be weighed seriously.

Berkeley citizens' full awareness of the state of Alta Bates is critical. As such, actively and rigorously engage the citizens to mount a robust opposition to Summit Organization's proposed closure of the hospital.

Device effective means to inform each district about the full implications of such closure, and ultimately, rally Berkeley districts against the closure.

RATIONALE FOR RECOMMENDATION

Berkeley citizens need to be adequately informed, and in a timely manner, of crucial developments in matters as critical as the closure of the only major hospital in the City.

If you were one of the few visitors to Sen. Nancy Skinner's website as SB 00687\Health facilities awaited Governor Brown's signature, you were asked to "send a message to let Brown know how you feel..." One wonders now how many visited or responded.

Perhaps more egregious is Berkeley's overall obliviousness to the developments at the Alta Bates. A shocked neighbor sent out the following memoranda in October, 2017: "We were surprised when the BFD paramedics said they had to take [x] to either Summit or Kaiser in Oakland. Alta Bates is much closer. So why not there?"

Shorter commute to care center and easier access to care when most needed can save lives. Berkeley, with a huge population of college students and elderly citizens, needs a hospital.

From 1996 to 2009, according to Sen Skinner, California experienced a 12% reduction in hospital emergency departments despite a 27% increase in visits. According to Interim Fire

Chief, Dave Brannigan, "Sutter Health closed the heart catheter lab at Alta Bates many years ago, and they allowed their "Stroke Center" qualification to expire about two years ago." Why does Berkeley tend to stand by helplessly as these events unfold?

Alta Bates Hospital has been in Berkeley for many decades. Named for a female nurse, it started out as a stand-alone non-profit hospital. How and why did Sutter acquire this institution apparently without our City's intervention? Why did Berkeley allow Sutter--an absentee purchaser with a history of closing down hospitals it deems unprofitable--to take over this vital resource so effortlessly? Why do the citizens of Berkeley tend to be ill-informed or uninformed--even now--about these circumstances? Is it actually true that Sutter--which is rumoured to have accumulated about \$2 billion from the Alta Bates deal--cannot afford to finance the retrofit mandated by the State of California? Is the closure of Alta Bates really the best solution available or inevitable?

FISCAL IMPACTS OF RECOMMENDATION

Taxation (in addition to grants from philanthropists and departments of education)

CURRENT SITUATION AND ITS EFFECTS

It is encouraging to see that Ms Kate Harrison recently rallied her district and other Berkeley citizens to a "Stroller Brigade" to help stop the closure of the Alta Bates Medical Center. Similarly, the California Nurses Association deserves credit. These are some of the forms of activism that may save the hospital.

For a while, many believed that Senator Nancy Skinner's SB 687 would be signed into law by Governor Edmund G. Brown. If signed, the law would have directed the Attorney General to consider the impacts the closure would have on the accessibility of necessary health care services. Such consideration or intervention would most likely have deterred the closure, but (although it passed both houses) the Governor declined (on Oct 14, 2017) to sign the bill.

So the risks feared by the Mayor, Council and the citizens of Berkeley remain. According to Senator Skinner, "studies evaluating the impacts of hospital closures show that loss of hospital emergency departments increase the risk of death by 15% for patients who suffer a stroke or heart attack. The farther you live from an emergency room the more your life is at risk." As Jon Fischer (President of Berkeley Firefighters Association, IAFF Local 1227) states, "California already has the fewest emergency room services per capita in the nation. Further emergency room closures put patients and first responders at needless risk," Similarly, Sen Skinner adds: "The 2015 closure of San Pablo's Doctors Medical left over 200,000 residents in West Contra Costa County with only one full service hospital, the 50 bed Kaiser Richmond facility. While northern Alameda County residents fare better, Berkeley's Alta Bates hospital closure in 2030 will leave residents along the I-80 corridor from Rodeo to Emeryville in a virtual hospital desert". Dr. Larry Stock MD FACEP (President of the California Chapter of American College of Emergency Physicians) also states, based on his and his colleagues' experience, that "As emergency physicians, we know the people we care for are in serious need of our services. It's not just our day-to-day experience, research confirms higher mortality for people when an ER closes and that those who are most at-risk are those who are most vulnerable – the poor, the underinsured, the very sick".

BACKGROUND

Even as SB 687 moved to the desk of Governor Brown, the Summit Organization continued to wind down Alta Bates. According to our Interim Fire Chief, Dave Brannigan, "Sutter Health closed the heart catheter lab at Alta Bates many years ago and they allowed their "Stroke Center" qualification to expire about two years ago."

Although it is true that many patients with significant physical trauma have always gone to Highland, Eden, St. Francis in San Francisco, Kaiser or Children's in Oakland, for proximity and quality care, Alta Bates has been Berkeley's hospital of choice. Even for neonatal emergencies for both the newborn and mother, Alta Bates is overwhelmingly considered by most Berkeley citizens as the City's first choice.

ENVIRONMENTAL SUSTAINABILITY

Alta Bates has existed in its current location since the early 1900s with no environmental sustainability issues.

ALTERNATIVE ACTIONS CONSIDERED

Council should seriously consider other methods to keep the hospital in Berkeley. San Francisco's Chinese Hospital--a hospital in San Francisco's Chinatown and perhaps the only Chinese hospital in the US--provides a solid model. Operating the Chinese Community Health Plan which serves the elderly, poor and immigrants from China in the San Francisco area, the hospital staff render services to a diverse body of patients who use Mandarin, Cantonese, Taishanese and other Asian languages. In these ways, it provides an alternative to San Francisco General Hospital particularly for patients with socio-economic and language barriers, thus proving that any town can use more, not fewer, hospitals.

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