

Councilmember Ben Bartlett
City of Berkeley, District 3

SUPPLEMENTAL AGENDA MATERIAL BERKELEY CITY COUNCIL MEETING

For Supplemental Packet 2

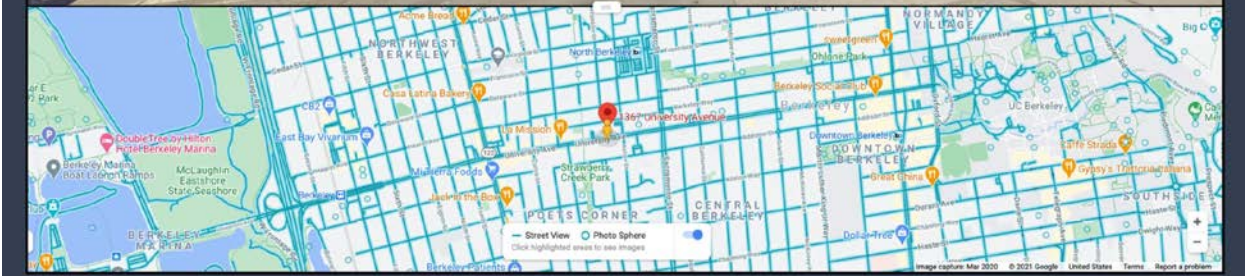
Meeting Date: February 23, 2021

Item Number: 26

Item Description: “Step Up Housing” Initiative: Allocation of Measure P Funds to Lease and Operate a New Permanent Supportive Housing Project at 1367 University Avenue

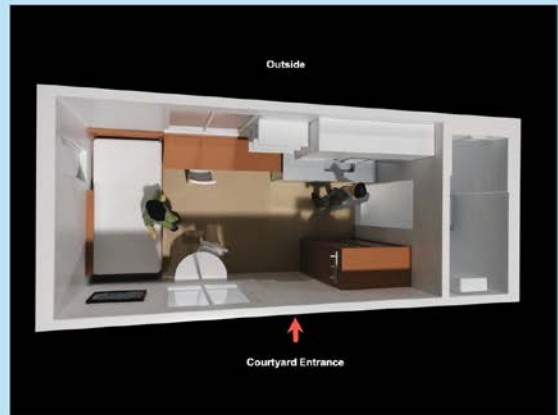
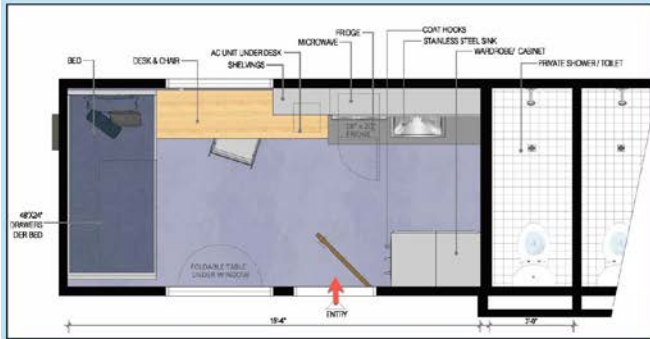
Submitted by: Councilmember Ben Bartlett

Amendment would make the following additions to the referral:
Attachments of photos regarding Step-Up Housing Design, details from BOSS, and letter to Alameda County Supervisor Keith Carson.











CITYSPACE Studio — Prototype Model Unit — Available for Touring 2021 — Post COVID



Video of Construction Process

<https://vimeo.com/385643364>

<https://vimeo.com/385643364>

RESOLUTION NO. 69.586-N.S.

ALLOCATING APPROXIMATELY \$800,000 ANNUALLY FOR 10 YEARS AND A ONE-TIME AMOUNT OF APPROXIMATELY \$32,975 OF MEASURE P FUNDS TO LEASE AND OPERATE THE NEW PERMANENT SUPPORTIVE HOUSING PROJECT FOR THE HOMELESS AT 1367 UNIVERSITY AVE.

WHEREAS, the City Council passed unanimously the original Step Up Housing Initiative introduced by Councilmember Bartlett on February 14, 2017; and

WHEREAS, Measure P was passed by Berkeley voters in November 2018 to raise the transfer tax on roughly the top-third of properties from 1.5% to 2%, and allocate those funds towards various homeless services, including permanent housing, supportive services, and navigation centers; and

WHEREAS, Measure P designated the Homeless Services Panel of Experts to advise the Council on expenditures for homeless services; and

WHEREAS, in December 2019 the Homeless Services Panel of Experts published their recommendations for initial allocations under Measure P, including highlighting permanent housing as the City's top priority and recommending 30% of Measure P funds be allocated to permanent housing; and

WHEREAS, the City Council approved on June 30, 2020 Measure P allocations for FY 2020-21 that included \$2.5 million for permanent housing subsidy; and

WHEREAS, the Berkeley Zoning Adjustments Board approved the permanent supportive housing development project at 1367 University on July 9, 2020.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that it approves the following for the project at 1367 University Ave:

- A reservation of approximately \$32,975 in Measure P funds for start-up costs associated with the project.
- A reservation of approximately \$900,000 in ongoing funds annually for 10 years for the leasing and operation of the proposed project, with funding adjusted annually based on the Consumer Price Index for Oakland-Hayward-Berkeley, CA.
- In the event BOSS is unable to perform its function as the service provider, an alternative qualified service provider may operate the project with the review and approval of the City Manager, or her designee.
- Further, the City's commitment is contingent upon the funding of the balance of the project.

BE IT FURTHER RESOLVED that the City Manager, or her designee, is hereby authorized to execute all original or amended documents or agreements to effectuate this action; a signed copy of said documents, agreements, and any amendments will be kept on file in the Office of the City Clerk.

The foregoing Resolution was adopted by the Berkeley City Council on October 13, 2020 by the following vote:

Ayes: Bartlett, Davila, Droste, Hahn, Harrison, Kesanwani, Robinson, Wengraf, and Arreguin.

Noes: None.

Absent: None.

Attest: 
Mark Numainville, City Clerk


Jesse Arreguin, Mayor

CITYSPACE

Studios®

1367 University

1367 University Avenue
Berkeley, CA 94702

Overview

Exteriors

Interiors

Neighborhood

Brochure

Video

Public Hearing Documents

**Simplicity is the
ultimate sophistication**

- Leonardo da Vinci



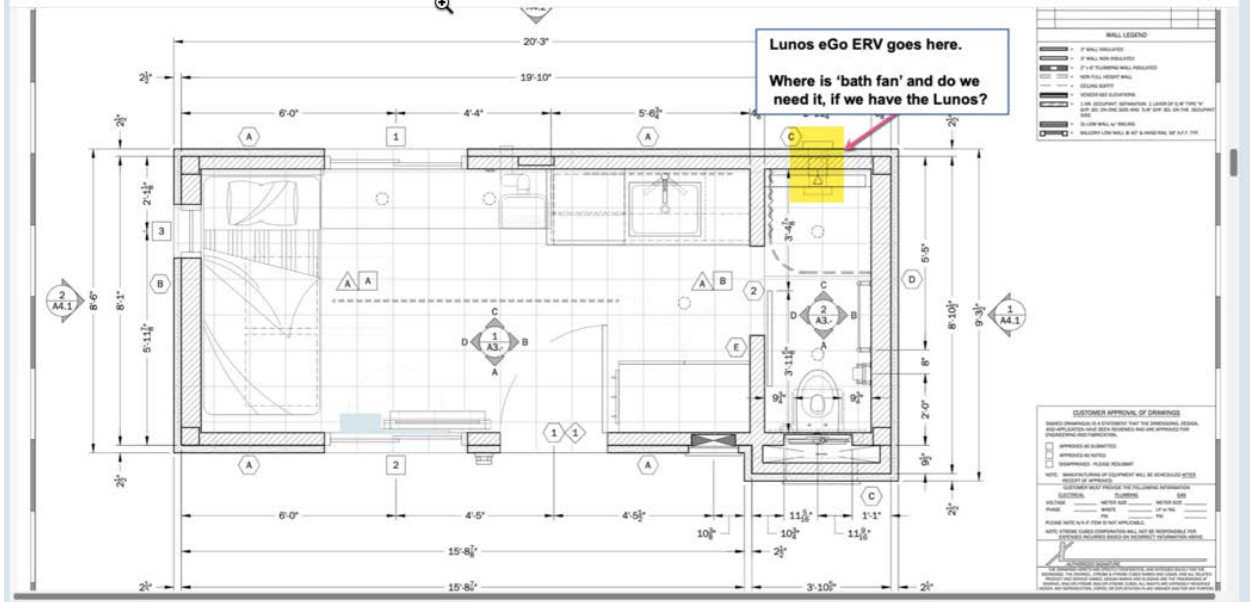
CITYSPACE® Studios at 1367 University Avenue is a 40 unit project that will be built using prefab modular construction. This is an *Affordable by Design®* project, and the project particulars are:

- Lot size: 5,227 SF
- Project size: 11, 775 SF
- 4 Stories, 45 ft
- Individual furnished studios
- Private baths & showers
- Private courtyard & community space
- Community kitchen, laundry, & social space
- Natural light & ventilation
- LED Lighting
- Stainless Steel Energy Star appliances
- Engineered soundproofing & ventilation
- Direct access to outdoor open space
- Permanent on-site management & staff
- Secured entrance & 24/7 security





19060 City Space ProtoType CD Rev-B.pdf
Ernst Wiegand Feb 7th at 9:19 AM









Step-Up Housing, 1367 University Ave. Berkeley (39 studios, community room, two offices)



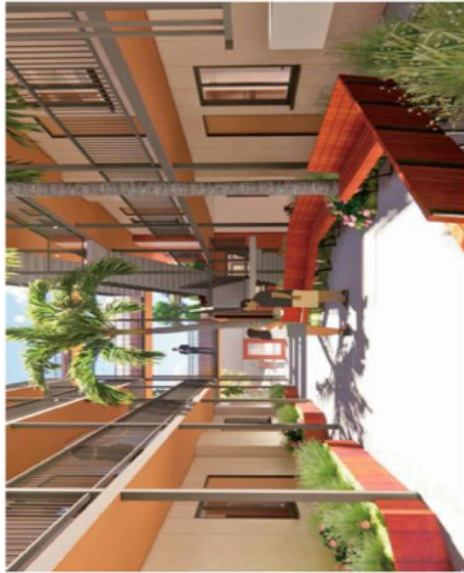
1367 University Ave. entrance

PROJECT SUMMARY

Name & location: Step-Up Housing, 1367 University Ave. (at Acton)
 Target Population: Homeless, low-income, single adults
 Number of Units: 39 studios, with community room, and mgmt. offices
 Service Provider: BOSS 24/7 presence on-site
 Services: Case management, health/mental health/employment referrals.
 On-site peer support/socialization and life-skills activities.

GOALS/SERVICES

- Get 39 individuals off the streets and into stable housing
- Provide safe and supportive environment for training & assistance
- Improve participants overall health by connecting them to primary care, mental health resources, substance abuse recovery services and socialization/peer support
- Reduce participant hospitalizations and use of emergency response systems
- Improve participant mental health status and daily functioning
- Support participants in increasing income and managing finances
- Support participants to obtain employment
- Increase meaningful activity and decrease social isolation among participants
- Organize on-site support groups, learning workshops, social activities, community meals and service visits by outside providers
- Manage an on-site food pantry in collaboration with Alameda County Community Food Bank



Interior courtyard and community space

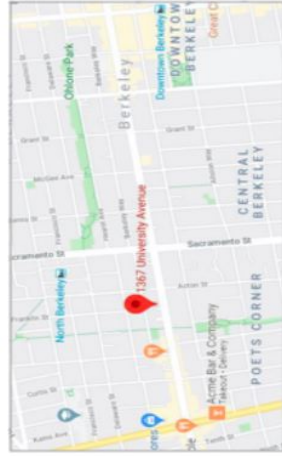
LOCATION

The Step-Up Housing project by BOSS is centrally located, close to stores, offices, and transit. It has a Walkscore of 90/100 ("Walker's Paradise") and a Bikescore of 98 ("Biker's Paradise"). Residents will not need a car for daily errands, and will have easy access to BART and AC Transit.

THE HOUSING

The Step-Up Housing will consist individual studios, community space, outdoor areas, and management offices for BOSS. The project will include:

- 39 individual studios, fully furnished
- Private bath and showers for each studio
- Engineered soundproofing and HVAC for all spaces
- Direct access in each unit to outdoor space
- Private outdoor courtyard and community space
- Community kitchen, laundry, and social space
- Two private offices for support staff and client services
- Permanent on-site property management and support staff (BOSS)
- Secured entrance and 24/7 security
- Modular units. Construction time: 16 weeks



Project Location: 1367 University Ave. Berkeley (at Acton)

FOR FURTHER INFORMATION

Donald Frazier
 BOSS
 510.649.1930 x 1012
 dfrazier@self-sufficiency.org

Patrick Kennedy
 Panoramic Interests
 415.701.7001
 Patrick@panoramic.com



EXECUTIVE DIRECTOR

Donald Frazier

BOARD OF DIRECTORS

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To: Supervisor Keith Carson, Alameda County Board of Supervisors
Mayor Jesse Arreguin, City of Berkeley

From: Donald Frazier, Executive Director 

Date: August 25, 2020

Re: Funding request for new Step-Up Supportive Housing in Berkeley

As you know, on July 9, 2020, the Berkeley Zoning Adjustments Board (ZAB) approved the CITYSPACE Studios project, a 39-unit development at 1367 University Ave. In addition to the studios, the project has a community room/kitchen/laundry and two offices to provide management and supportive services.

BOSS is requesting funding from the City of Berkeley and Alameda County to lease the entire new development long term and operate permanent Step-Up Supportive Housing for the homeless. (See enclosed **Step-Up Supportive Housing Funding Proposal**.)

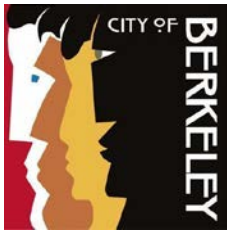
The project, which will be built using prefab modules, has widespread support, and the ZAB approved it unanimously. One commissioner, Denise Pinkston, called it "a mini-urban miracle" and *Berkeleyside*, the local paper, said "it could be a model for the state." (July 10, 2020.)

The benefits of the project include:

- Taking 39 people off the streets immediately and providing supportive services.
- Fulfilling the #1 Recommendation for General Fund Allocations Associated with Measure P: "Permanent Housing Subsidies and Services." (December 3, 2019 letter from Homeless Services Panel of Experts to Mayor and City Council.)
- Incorporating a short construction time (less than 6 months), which means building and services could be operational within twelve months of receiving a funding commitment.
- Providing a highly visible location on the busiest street in Berkeley, where the City and County could showcase their efforts to address the homeless crisis.

BOSS is ready to move forward – we appreciate your prompt attention. Thank you for your consideration.

Cc: Colleen Chawla, Agency Director, Alameda County HCSA
Lori Cox, Agency Director, Alameda County SSA
Dee Williams-Ridley, City Manager, City of Berkeley
Paul Buddenhagen, Deputy City Manager, City of Berkeley
Ben Bartlett, Councilmember, City of Berkeley
Rashi Kesarwani, Councilmember, City of Berkeley
Robert Ratner, Housing Services Director, Alameda County HCSA



Councilmember Ben Bartlett
City of Berkeley, District 3

SUPPLEMENTAL AGENDA MATERIAL BERKELEY CITY COUNCIL MEETING

For Supplemental Packet 2

Meeting Date: February 23, 2021

Item Number: 26

Item Description: “Step Up Housing” Initiative: Allocation of Measure P Funds to Lease and Operate a New Permanent Supportive Housing Project at 1367 University Avenue

Submitted by: Councilmember Ben Bartlett

Amendment would make the following additions to the referral:
Attachment of Kaiser Foundation Hospitals Northern California Region - Grant Award Letter for Grant Number 118767 - Building Opportunities for Self-Sufficiency (BOSS)



**Kaiser Foundation Hospitals
Northern California Region**

12/22/2020

Donald Frazier
Executive Director
Building Opportunities for Self-Sufficiency (BOSS)
1918 University Avenue, Suite 2A
Berkeley, California 94704

Re: Grant Award Letter for Grant Number 118767

Dear Donald Frazier:

On behalf of Kaiser Permanente's Northern California Community Benefit Programs, we are pleased to inform you that a grant in the amount of \$500,000.00 has been awarded to Building Opportunities for Self-Sufficiency (BOSS) ("Grantee"). The purpose of these funds is to support the BOSS Step Up Permanent Supportive Housing (the "Grant").

Kaiser Permanente has a 70-year history and our mission includes improving the health of the communities we serve. As a nonprofit integrated healthcare delivery organization, we make investments in our communities. We believe in supporting organizations like yours that make a difference in people's lives.

Grant Period

Start Date: 1/1/2021

End Date: 12/31/2022

Grant Reporting

Instructions for submitting report will be provided 30 days prior to the due date.

Final Report Due Date: 1/30/2023

Please review the enclosed Grant Agreement (pages 1-4) and Communications Guidelines (page 5) which describe the terms and conditions of your grant.

If you have questions or require additional information, please contact your grant manager, **Kathryn Boyle** at kathryn.f.boyle@kp.org.



**Kaiser Foundation Hospitals
Northern California Region**

Sincerely,

Carrie Owen Plietz
President, Northern California Region

12/29/2020
Date

ACCEPTED AND AGREED

DocuSigned by:
Donald Frazier
D311C058BA1947B...
Donald Frazier
Executive Director

12/29/2020
Date

Kaiser Foundation Hospitals, Northern California Region
- Grant Agreement -

In addition to the specific terms of the Grant Award Letter for Grant Number 118767, Kaiser Foundation Hospital's ("KFH") award of this Grant, managed by the KFH Northern California Community Benefit Programs Division, is contingent upon Grantee's compliance with the following terms and conditions, and Grantee agrees to all these terms and conditions. Together, the Grant Award Letter and these terms and conditions are "the Agreement."

1. Tax-Exempt Status

Grantee is a (i) tax-exempt organization currently recognized by the Internal Revenue Service ("IRS") as a public charity described in section 501(c)(3), (8), (10) or (19) or 501(k) or 509(a)(1), (2), or (3) of the Internal Revenue Code of 1986, as amended (the "Code") or (ii) a local, state or federal government agency. If Grantee is a public charity as described in (i), then Grantee represents and warrants that

- Grantee's tax-exempt status under the Code has not been revoked or modified since the issuance of the IRS determination letter provided to KFH and shall not be revoked or modified during the term of this Grant; and
- there is no issue presently pending before any office of the IRS that could result in any proposed changes to Grantees' tax-exempt status under the Code; and
- Grantee shall immediately notify KFH if Grantee's tax-exempt status is revoked, suspended or modified during the term of this Grant.

2. Expenditure of Funds

This Grant must be used for the project identified in the Grant Award Letter, as described in the Grantee's proposal and related correspondence, and may not be expended for any other purposes without KFH's prior written approval. If the Grant is intended to support a specific project or to provide general support for a specific period, any portion of the Grant unexpended at the completion of the project at the end of the period shall be returned immediately to KFH, unless otherwise agreed by KFH in writing. Grantee may not expend any Grant funds for any purpose that is not charitable or educational, for any political or lobbying activity, or for any purpose other than one specified in Section 170(c)(2)(b) of the Code. Grantee must obtain prior written approval from KFH for changes to budgetary allocations that amount to 10% or more of the total budget of the Grant award or for changes to the Grant period.

Grantee may not use any portion of this grant in connection with the enrollment of individuals in any Qualified Health Plan or non-Qualified Health Plan. If Grantee serves as a Certified Enrollment Entity or Navigator funded by the California Health Benefit Exchange (Covered California), Grantee will fully comply with any applicable state and federal statutes, regulations, and sub-regulatory guidance requiring disclosure of receipt of this funding to Covered California and consumers receiving application assistance from Grantee's personnel.

3. No Assignment or Delegation

Grantee may not assign, or otherwise transfer, its rights or delegate any of its obligations under this Grant without prior written approval from KFH.

4. Records and Reports

Grantee is required to keep a record of all receipts and expenditures relating to this Grant and to provide KFH with written reports summarizing the progress made, as detailed on KFH's reporting requirements outline. KFH may also require additional interim reports. Grantee's reports should describe its progress in achieving the purposes of the Grant and include a detailed accounting of the uses or expenditure of all Grant funds. Grantee also agrees to provide any other information reasonably requested by KFH. If Grantee

**Kaiser Foundation Hospitals, Northern California Region
- Grant Agreement -**

obtains any audited financial statements covering any part of the Grant period, Grantee shall provide a copy to KFH as well. Grantee is required to keep the financial records with respect to this Grant, along with copies of any reports submitted to KFH, for at least four years following the year in which all Grant funds are fully expended.

5. Required Notification

Grantee is required to provide KFH with immediate written notification of: (1) any changes in its tax-exempt status; (2) its inability to expend the Grant for the purposes described in the Grant Award Letter; (3) any expenditure from this Grant made for any purpose other than those for which the Grant was intended; (4) any modification of the budget, Scope of Work of timeline; and (5) any significant changes in Grantee's leadership or staffing.

6. Reasonable Access for Evaluation

Grantee is expected to actively participate in the evaluation of Kaiser Permanente's Community Benefit Program, including KFH's evaluation of Grantee's project within that program. At KFH's request, Grantee will permit KFH and its representatives to conduct site visits and have reasonable access during regular business hours to Grantee's files, records, accounts, personnel and clients or other beneficiaries for the purpose of making financial audits, verifications or program evaluations as KFH deems necessary or appropriate concerning this Grant award.

7. Publicity

Whenever possible, Grantee shall obtain KFH's prior written or oral consent of any proposed publicity concerning this Grant prior to the release of such publicity. When acknowledging this Grant, Grantee will incorporate the following text: "*The project is supported by Kaiser Permanente Northern California Community Benefit Programs.*"

KFH may include information regarding this Grant, including the amount and purpose, photographs provided by Grantee, Grantee's logo or trademark, or other information or materials about Grantee's organization and activities, in KFH's periodic public reports, newsletters, online channels, and news releases.

8. Right to Modify or Revoke Payments

Payments made under this Grant are contingent upon Grantee's compliance with the terms of this Agreement. KFH reserves the right to discontinue, modify or withhold any payments to be made under this Grant award or to require a total or partial refund of any Grant funds if, in KFH's sole discretion, such action is necessary: (i) because Grantee has not fully complied with the terms and conditions of this Grant, including without limitation, Grantee's loss of tax-exempt status or Grantee's use of Grant funds for purposes other than those designated; (ii) to protect the purpose and objectives of the Grant or any other charitable activities of KFH or the Kaiser Permanente Medical Care Program; or (iii) to comply with the requirement of any law, regulation, or regulatory agency policy applicable to Grantee, KFH or this Grant.

9. Termination

KFH may terminate this Grant for convenience upon 30 days' written notice to Grantee and may terminate this Grant immediately for the reasons specified in Section 8 or for Grantee's engagement in willful misconduct or negligence.

10. Independent Contractors

**Kaiser Foundation Hospitals, Northern California Region
- Grant Agreement -**

With respect to administration of this Grant, the parties understand and agree that each is at all times acting and performing as an independent contractor with respect to the other. Except as expressly set forth in this Agreement, neither party, nor any of its employees, shall be construed to be the agent, employee or representative of the other for any purpose, or liable for any acts or omissions of the other.

11. Compliance

Grantee shall (i) maintain, in full force and effect, all required governmental or professional licenses and credentials for itself, its facilities and its employees and all other persons engaged in work in conjunction with this Grant, and (ii) perform its duties and obligations under this Agreement according to industry standards and in compliance with all applicable laws. As an organization with numerous contracts with the federal government, KFH and its affiliates are subject to various federal laws, executive orders and regulations regarding equal opportunity and affirmative action. This Section constitutes notice that Grantee may be required to comply with the following Federal Acquisition Regulations (each a "FAR") at 48 CFR Part 52, which are incorporated herein by reference: (a) Equal Opportunity (April 2002) at FAR 52.222-26; (b) Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans (Sept. 2006) at FAR 52.222-35; (c) Affirmative Action for Workers with Disabilities (June 1998) at FAR 52.222-36, and (d) Utilization of Small Business Concerns (May 2004) at FAR 52.219-8. In addition, Executive Order 13495 concerning the obligations of federal contractors and subcontractors to provide notice to employees about their rights under Federal labor laws, or its successor, shall be incorporated herein by reference.

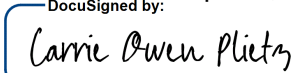
12. Miscellaneous

This Agreement shall be governed by the laws of the State of California. This Agreement may be executed in one or more counterparts, each of which shall be deemed to be one and the same instrument. Grantee may not assign any right, duty or obligation under this Agreement without prior written approval from KFH. Any change of ownership or control of Grantee shall be deemed an assignment. This Agreement shall be binding upon and inure to the benefit of the parties and their respective, permitted successors and assigns. This Agreement, including any exhibits and attachments (all of which are incorporated into this Agreement by this reference), is the entire agreement of the parties with respect to the subject matter herein, and supersedes any and all other agreements, promises, negotiations or representations, whether oral or written. This Agreement, including exhibits and attachments, may not be amended except in a writing signed by each party.

ACCEPTED AND AGREED by duly authorized officers of KFH and Grantee:

KFH:

Kaiser Foundation Hospitals, Northern California

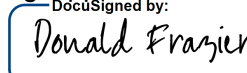
DocuSigned by:
Carrie Owen Plietz
By: 
Carrie Owen Plietz
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Title: President, Northern California Region

Date: 12/29/2020

Grantee:

Building Opportunities for Self-Sufficiency (BOSS)

DocuSigned by:
Donald Frazier
By: 
Donald Frazier
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Title: Executive Director

Date: 12/29/2020

Kaiser Foundation Hospitals, Northern California Region – Communications Guidelines –

Congratulations on your Kaiser Permanente Northern California Region grant. We appreciate the opportunity to partner with you and to help others learn about your important work. Please review the information below concerning communications and publicity and contact your grant manager if you have any questions.

How to acknowledge your grant. To make it easy to communicate about your grant, we have prepared language describing our partnership. This language can be used for newsletters, websites, or other communications. ***Please use this description when acknowledging your Kaiser Permanente grant.***

Short credit:

The project is supported by Kaiser Permanente Northern California Community Benefit Programs.

Longer credit:

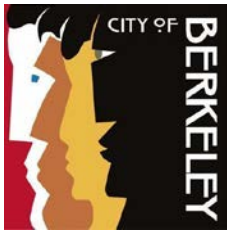
About the Kaiser Permanente Northern California Community Benefit Grants Program

Kaiser Permanente's community involvement uniquely pairs grant funding with 70 years of clinical expertise, medical research, and volunteerism to support prevention-focused, evidence-based programs that are expanding access to care and creating healthy environments. Kaiser Permanente recently awarded Building Opportunities for Self-Sufficiency (BOSS) a \$500,000.00 grant that will help more people in this community get access to the resources they need to lead a healthy life. For more information about Kaiser Permanente's work in the community, visit about.kaiserpermanente.org/community-health.

Logo. If you would like to use a Kaiser Permanente logo, please contact your grant manager. Tell them your preferred file type (JPEG or EPS) and color (blue or black). As a nonprofit organization, the Kaiser Permanente logo cannot be used on materials that imply endorsement of legislation or a candidate.

Promoting your Kaiser Permanente grant. Your new grant is an excellent time to tell the story of your important work—to your partners, the community, and the media. There are many ways to communicate, including via a press release, newsletter, Web site, social media, and donor communications. If you are interested in doing outreach or promotion, our communications team may be available to help. Please contact your grant manager to discuss this further.

Collecting stories about your work. Personal stories and testimonials are particularly effective ways to illustrate the value of your work—for fundraising, donor and board communications, and grant reports. The reporting requirements for this grant include capturing and relaying at least one story about your work, but we also appreciate your sharing stories with us at any point.



Councilmember Ben Bartlett
City of Berkeley, District 3

SUPPLEMENTAL AGENDA MATERIAL BERKELEY CITY COUNCIL MEETING

For Supplemental Packet 2

Meeting Date: February 23, 2021

Item Number: 26

Item Description: “Step Up Housing” Initiative: Allocation of Measure P Funds to Lease and Operate a New Permanent Supportive Housing Project at 1367 University Avenue

Submitted by: Councilmember Ben Bartlett

Amendment would make the following additions to the referral:
Attachment of Homeless Services Panel of Experts – Recommendations for Allocations of FY 19/20 Measure P Funds 12/3/2019



Homeless Services Panel of Experts

27a

ACTION CALENDAR

December 3, 2019

(Continued from November 19, 2019)

To: Honorable Mayor and Members of the City Council
From: Homeless Services Panel of Experts
Submitted by: Katharine Gale, Chairperson
Subject: Recommendations for Allocation of FY19/20 Measure P Funds

RECOMMENDATION

Approve recommendations for the allocation of FY19/20 General Funds at least commensurate with resources accrued to date from the passage of Measure P. Refer to the City Manager to produce data regarding the percentage of those transported with County Emergency Mental Health Transport who are homeless, and other sources that could be used to cover this cost.

SUMMARY

The Homeless Services Panel of Experts recommends that the City allocate general funds to a variety of critical activities including permanent housing, shelter, supportive services and other program types to address the current crisis of homelessness in Berkeley. The recommended priority order, percentages, types of activities and subpopulation considerations are included as Attachment 1 to this report.

FISCAL IMPACTS OF RECOMMENDATION

Recommendations covered by this report allocate general fund resources for homeless housing and services in an undetermined amount to be at least commensurate with those raised to date under the transfer tax authorized under Measure P (minus those previously allocated by Council).

CURRENT SITUATION AND ITS EFFECTS

Homeless is increasing in the City of Berkeley and throughout the Bay Area. Between 2017 and 2019 homelessness in Berkeley at a point-in-time has risen by 13%, affecting more than 1,100 people on any given night. Recognizing the need for additional housing and services and for humane measures to address the impacts of homelessness, the Voters of Berkeley passed Measure P in November 2018 which collects a specified transfer tax with the intention to use these additional funds to address homelessness in the City of Berkeley.

Measure P established a Homeless Services Panel of Experts to advise the City Council. The Panel consists of nine members with a deep level of expertise in areas relevant to homelessness, including persons with extensive professional and/or lived experience with homelessness. The Panel began meeting in May 2019. Katharine Gale and Yesica Prado are the elected chair and vice-chair of the Panel.

Addressing homelessness is a Strategic Plan Priority Project, advancing the City's goal to create affordable housing and supportive services for our most vulnerable community members.

Process

This report provides the Panel's first recommendations for initial investments from General Funds to increase and improve housing and services to address homelessness in Berkeley. In order to develop these recommendations, the Panel first adopted a Purpose Statement (attached). The Panel reviewed all of the referrals made to us since the Measure's passage in light of our adopted statement. This included the funding requests and referrals included in the January 2019 Measure P Informational report to Council as well as additional referrals, formal and informal, sent to the Panel since that time. We also considered information we were presented by City staff regarding current City of Berkeley investments, local and regional strategies, the 2019 Point-in-Time Count, and the 1,000 Person Plan.

A Mission and Budget Subcommittee of the Panel meet and categorized the referrals we received by areas of investment (permanent housing, shelter, etc.) and proposed initial percentages to each area, as well as a process to determine the final recommendations. The full Panel reviewed the investment areas, added additional activities/program types to the areas, prioritized the program types within each area, and made recommended adjustments to the percentages, resulting in the recommended allocations attached to this report. Our recommendation regarding shelter and temporary accommodations includes the potential to use funds to support sanctioned encampments if approved by a Council policy and we encourage the City to give consideration to this approach.

The Panel also adopted subpopulation priorities within the key investment areas of permanent housing subsidies, and flexible housing subsidies. These include establishing a \$500,000 set-aside for permanent housing subsidies for homeless families with children. This also includes a recommended 20% set-aside for families and transition-age youth in flexible housing subsidies, using the McKinney-Vento (i.e. Berkeley Unified School Districts) definition of homelessness, though not limited to families with school-age children.

As stated above, the actual amount of funding to be allocated has yet to be determined. The agreed upon order of priority and percentages is included as Attachment 1. The Panels' priorities within each area are expressed in the order of activities. We

recommend that higher ranked activities be given a greater priority for resources, but we recognize that some activities we have recommended may be funded using other resources at the City's disposal. Activities left out of our table, such as Public Works street cleaning, and general street outreach, were not recommended for funding from Measure P at this time.

Objection to Full Funding for Emergency Mental Health Transport

The Panel notes that the amount available for us to allocate was reduced by nearly \$1.5 million in FY19/20 based on commitments recommended previously by the City Manager for City staff and for Mental Health Emergency Transport. We understand that FY19/20 funding is already committed but we wish to express our strong objection to the pre-allocation of \$2.4 million in FY20/21 Measure P-generated funding to fully cover these transportation costs. Measure P was passed by the voters of Berkeley to address the crisis of homelessness; while some people who experience homelessness may require emergency mental health transportation, this service is not limited to people who are homeless and was not budgeted with consideration that most people who will be transported will be people who are housed. In addition, this service does not result in greater housing or shelter for people who are homeless and we believe is not consistent with the purpose of Measure P. ***We recommend the Council refer to the City Manager to produce information regarding the percentage of those transported who are homeless and other potential sources to cover this expense.*** We hope to make recommendations for next year's investments with consideration to this.

Next Steps

The HSPE recognizes that it was established not only to make recommendations about investment amounts but also to advise on methods and practices. A companion letter will be sent to Council to accompany this report with additional recommendations and considerations for how to ensure Berkeley's programming is consistent with best practices.

Future work of the Panel will include developing an Action Plan for the coming year, and coordinating with Measure O to plan for future developments. Future work may include recommendations regarding establishing a goal of ending family homelessness or other City-wide goals.

BACKGROUND

Measure P was passed by the voters of Berkeley in 2018. The Homeless Services Panel of Experts began meeting in May of 2019. To guide our work, in August 2019 we have adopted a Statement of Purpose. This Statement is provided as Attachment 2 to this report and is a guide to the recommendations made in this Report.

At their September 4, 2019 regular meeting, the Homeless Services Panel of Experts took the following action regarding these recommendations:

Action: M/S/C Sutton/Trotz to adopt Budget A as amended:

- (i) Re-prioritize item #2 (Permanent Housing) as item #1 (and vice-versa), and within the Permanent Housing category:
 - a. Replace “permanent supportive housing” with “permanent housing”;
 - b. Strike the language under “Additional considerations”;
 - c. Add “establish a minimum set-aside of \$500,000 for homeless families in this category”; Note that Transition-Age Youth should be included in funding for adults.
- (ii) Remove the recommended dollar amounts in each funding category, replacing them with percentage allocations, and change the allocations to each category as follows:
 - a. #1 – Permanent Housing: 30%
 - b. #2--Shelter and Temporary Accommodations: 30%
 - c. #3--Immediate Street Conditions and Hygiene: 14%
 - d. #4--Supportive Services: 14%
 - e. #5--Short/Medium Term Housing Subsidies: 10%
 - f. #6--Infrastructure: 2%.
- (iii) Within Category #2 (Shelter and Temporary Accommodations),
 - a. Add “City should ensure there is a focus on families living on the street”;
 - b. Remove “Support sanctioned encampments” as a specific line-item, and instead add reference to sanctioned encampments as a possible modality in line-item #1 (Expand shelter capacity), with the language “if the City should adopt such a policy”;
 - c. Add language in the report to reflect that City should study the potential for sanctioned encampments as a form of shelter expansion and if it adopts such a policy these funds could be used to support that modality.
- (iv) Within Category #3 (Immediate Street Conditions and Hygiene):
 - a. Add “storage units” to the “lockers” item;
 - b. Add “including for encampments” to the “Toilets and Hygiene Stations” item.
- (v) Within Category #5 (Short/Medium Term Housing Subsidies), remove the language on additional considerations and replace with:
 - a. Establish a 20% set-aside for families and youth (including transition-aged youth).
 - b. Use the McKinney-Vento definition of “homelessness” as an eligibility criterion, without limiting to BUSD-enrolled households to ensure coverage of families with children under school age.

Vote: Ayes: Carrasco, cheema, Gale, Jordan, Metz, Patil, Prado, Sutton, Trotz.
Noes: None. *Abstain:* None. *Absent:* None.

ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental costs or opportunities associated with these recommendations; the determination regarding how to invest in shelter expansion activities may require environmental consideration.

RATIONALE FOR RECOMMENDATION

The exact amount of funds that will be generated by Measure P are unknown at this time, and additional State and local funds may become available to the City to cover similar cost areas to address homelessness as those recommended by the Panel. Thus, the Panel is recommending key categories for investment, relative priorities expressed as percentages, and priorities within each of these areas. City staff and Council are encouraged to use these recommendations to determine the specific investments within each area.

ALTERNATIVE ACTIONS CONSIDERED

The HSPE considered various options for allocating resources to families and Transition Age Youth (TAY) including allocating resources based on each population's percentages in the Point in Time (PIT) count, establishing a specific priority for unsheltered families, and adopting a significant percentage of housing resources for families. The HSPE ultimately adopted and recommends a specific set-aside in the first allocation of at least \$500,000 of funding for permanent housing for families and a 20% percent set-aside in flexible subsidies for families and transition age youth.

CITY MANAGER

See Companion Report.

CONTACT PERSON

Peter Radu, Homeless Services Coordinator and Secretary to the Homeless Services Panel of Experts, HHCS, (510) 981-5435.

Attachments:

- 1: Recommendations for First Year Measure P Allocations - By Category and Activity
- 2: Homeless Services Panel of Experts Statement of Purpose

**ATTACHMENT 1:
Recommendations for General Fund Allocations Associated with Measure P - By
Category and Activity**

Because the total amount of funding available is unknown, recommendations are based on a percentage of funding to each category. Within investment areas, activities are listed in the order they were prioritized and we generally recommend higher priority be given to these activities over those that are listed further down in higher priority categories. Additional considerations and recommendations include subpopulation priorities and service types considered within each activity.

Investment Area and Sub-Category Activities listed in Priority Order	Percent	Additional Considerations/ Recommendations
<p>1. PERMANENT HOUSING</p> <p>Permanent Housing Subsidies and Services</p>	30%	Establish a minimum set-aside of \$500,000 for homeless families in this category. Transition-age youth should be included in funding for Adults.
<p>2. SHELTER & TEMPORARY ACCOMMODATIONS</p> <p>1. Expand Shelter Capacity</p> <p>2. Invest in improving existing shelter capacity</p>	30%	<p>1. Adding new sheltering capacity may include the development of dedicated RV parking, use of tiny houses, or other means to increase shelter capacity. If the City should adopt a policy approving sanctioned encampments then this use would also be included. City should ensure there is a focus on meeting needs of any families living on the street.</p> <p>2. Increase services and housing connections in existing shelters so that they are able to function as Navigation Centers.</p>
<p>3. IMMEDIATE STREET CONDITIONS & HYGIENE</p> <p>1. Toilets and Hygiene Stations, including for encampments</p> <p>2. Lockers and Storage Units</p>	14%	Note: These funds were not recommended for general clean-up and other Public Works functions and should be spent on activities that directly benefit homeless people.

Investment Area and Sub-Category Activities listed in Priority Order	Percent	Additional Considerations/ Recommendations
<p>4. SUPPORTIVE SERVICES</p> <p>1. Health Care services</p> <p>2. Employment and Income Development Activities</p> <p>3. Substance Use Treatment</p>	14%	<p>1. Health care services dedicated to people experiencing homelessness which may include street medicine.</p> <p>2. Activities may include job development and support as well as benefits advocacy and other services to improve incomes.</p> <p>3. Substance use treatment services dedicated for persons who are experiencing homelessness.</p>
<p>5. FLEXIBLE HOUSING SUBSIDIES</p> <p>Flexible housing subsidies may include prevention, diversion and/or rapid resolution support.</p>	10%	Establish a 20% set-aside for homeless families and transition-age youth, using the McKinney-Vento definition of homelessness.
<p>6. INFRASTRUCTURE</p> <p>1. Training ~80%</p> <p>2. Evaluation ~20%</p>	2%	<p>1. Use resources in this category for training for Berkeley community-based organizations working with people who are homeless.</p> <p>2. Use resources in this category to ensure that the experiences of service users are captured and considered in performance evaluation.</p>
TOTAL	100%	

ATTACHMENT 2:
Homeless Services Panel of Experts Mission/Purpose Statement
(adopted August 14, 2019)

The Voters of Berkeley passed Measure P to generate additional General Funds to use to address the crisis of homelessness. The Homeless Services Panel of Experts created by the Measure was established to “make recommendations on how and to what extent the City should establish and/or fund programs to end or prevent homelessness in Berkeley and provide humane services and support.”

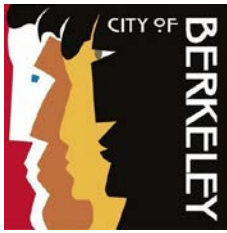
We understand the current crisis of homelessness requires investments in prevention, health services and permanent housing which we know to be the solution to homelessness, as well as in shelters, supports and other temporary measures that get people immediately out of the elements. We will seek to strike a balance between these needs in our recommendations.

We will consider currently unmet needs, gaps and opportunities, best practices and currently available data on outcomes. We will make recommendations for increased local investment, including program types, target populations and geographic areas as appropriate. We will seek to consider the best use of these investments in the context of other available Federal, State and local funding. In general, we will not make recommendations on the specific agencies to receive funding, nor run our own proposal process, recognizing this as a role for staff and the Council. We will request updates on the performance of Measure P investments and the homeless service system overall, including the experience of service users, and use this information to inform future recommendations and provide oversight.

We recognize that homelessness is a regional issue and requires a regional approach, including recognizing that people from Berkeley may live in other places and remain connected to Berkeley services.

To ensure Measure P funding recommendations further efforts to create more housing for people experiencing homelessness in Berkeley, we will coordinate with the Measure O panel to ensure that very low cost housing is connected to services and operating support so that it can successfully targeted to people who are homeless.

We will meet as needed to fulfill this Mission, and to make recommendations to the City Council at least annually.



Councilmember Ben Bartlett
City of Berkeley, District 3

SUPPLEMENTAL AGENDA MATERIAL BERKELEY CITY COUNCIL MEETING

For Supplemental Packet 2

Meeting Date: February 23, 2021

Item Number: 26

Item Description: “Step Up Housing” Initiative: Allocation of Measure P Funds to Lease and Operate a New Permanent Supportive Housing Project at 1367 University Avenue

Submitted by: Councilmember Ben Bartlett

Amendment would make the following additions to the referral:
Attachment of Building Opportunities for Self-Sufficiency (BOSS) Step-Up Supportive Housing Funding Proposal



Building Opportunities for Self-Sufficiency™

housing, health, income & justice: turning lives around

STEP-UP SUPPORTIVE HOUSING

FUNDING PROPOSAL



Figure 1 - Front view of 1367 University Ave

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OVERVIEW OF PROJECT

PROPOSED New **Supportive Housing** in Berkeley

NAME/LOCATION: Step-Up Housing, 1367 University Avenue (at Acton)

TARGET POPULATION: People experiencing homelessness

NUMBER OF UNITS: 39

PARTNERS: BOSS (service provider), Panoramic Interests (owner/developer)

SERVICES AMENITIES: Onsite case management, mental health, employment/benefits, on-site peer support/socialization and life skills activities

BOSS is requesting \$1,844,515 per year over 10 years to support 39 new housing units in the City of Berkeley. See Exhibit A for detailed budget.

City of Berkeley: \$900,000
County of Alameda: \$944,515

BOSS is also requesting \$32,975 as a one-time allowance for start-up costs from the City of Berkeley. See Exhibit B for the Start-up Budget.

These units will be available to people experiencing homelessness, with on-site services to support housing retention. The program is located on a major public transportation corridor (University Avenue), close to multiple amenities and service provider offices.

Provider & Partner Backgrounds

BOSS. BOSS was founded in Berkeley in 1971 to serve severe and persistent mentally ill homeless individuals and their families, and since that time has expanded to serve over 3,000 families and individuals per year across Alameda County, including persons experiencing homelessness, mental illness, former incarceration/justice system involvement, domestic or community violence, unemployment, and other crises. BOSS has 49 years of experience serving the target population, and 45 years of experience operating emergency, transitional and permanent housing programs – including activation/implementation; managing daily operations & on-site services; neighborhood relations; and property management.

Panoramic Interests. Panoramic has been building high density infill development projects in the Bay Area since 1990. Its work in downtown Berkeley and San Francisco includes 15 projects, adding more than 1,000 new units of housing, and 100,000 square feet of commercial space. From 1998-2004, Panoramic built seven new mixed-use apartment buildings in downtown Berkeley, becoming the largest private landlord of UC Berkeley students.

DESCRIPTION OF HOUSING

The Step-Up Supportive Housing development will consist of modular units that are a specialty of Panoramic Interests. The site will include:

- Individually furnished studios
- Private bathrooms with showers
- Engineered soundproofing and ventilation
- Direct access to outdoor open space
- Private courtyard and community space
- Community kitchen, laundry and social space
- Permanent on-site property management and support staff (BOSS)
- Secured entrance and 24/7 security

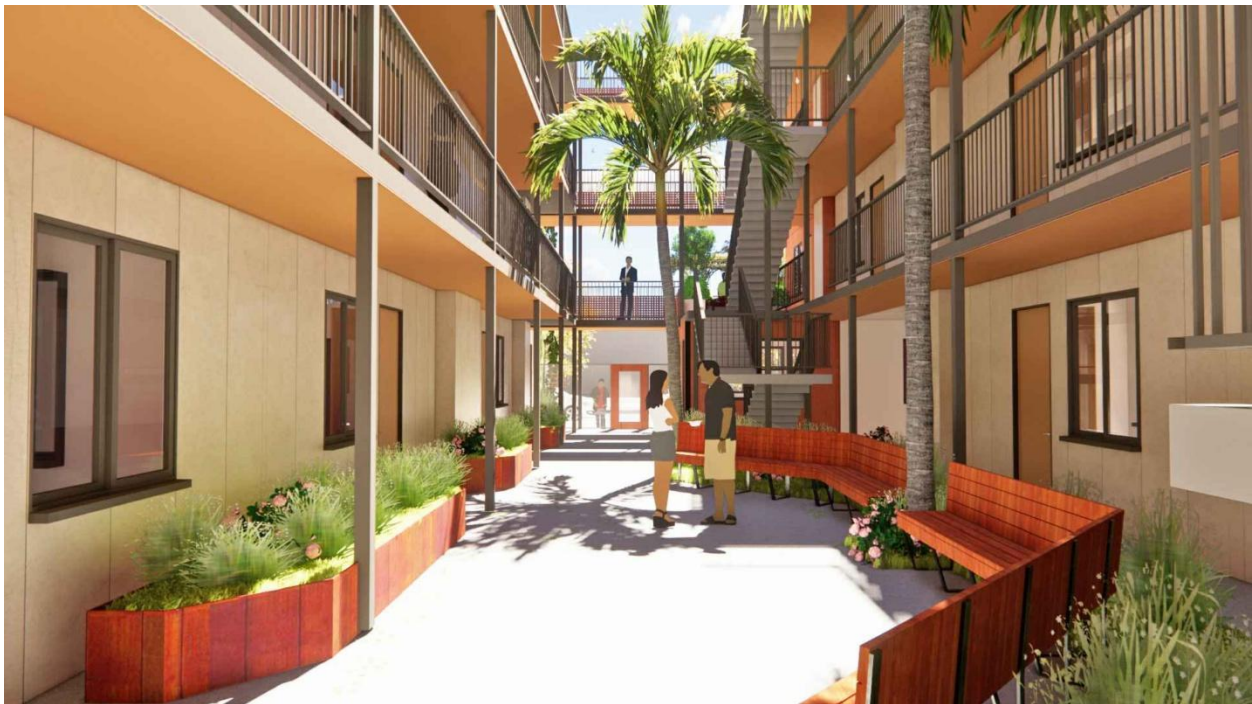


Figure 2 - Looking south toward University Ave showing the secure entryway



Figure 3 - Looking north toward Berkeley Way, highlighting the garden courtyard and seating

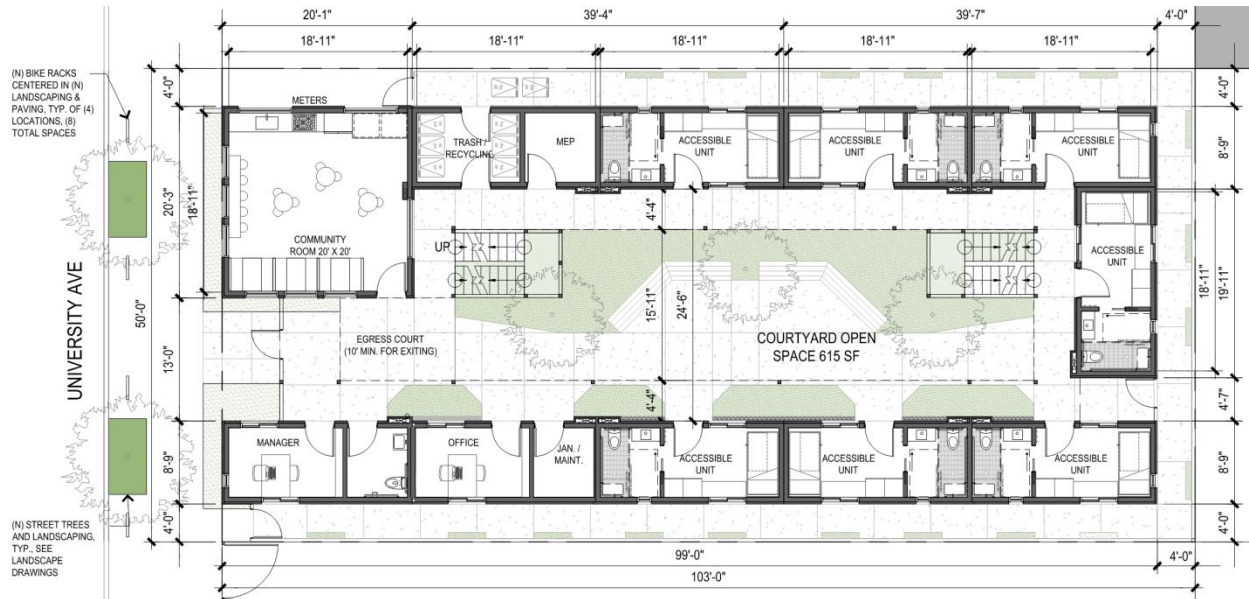


Figure 4 - Floorplan at garden level. ADA accessible studio apartments, 2 offices for supportive services and community room for meeting, meals and laundry.

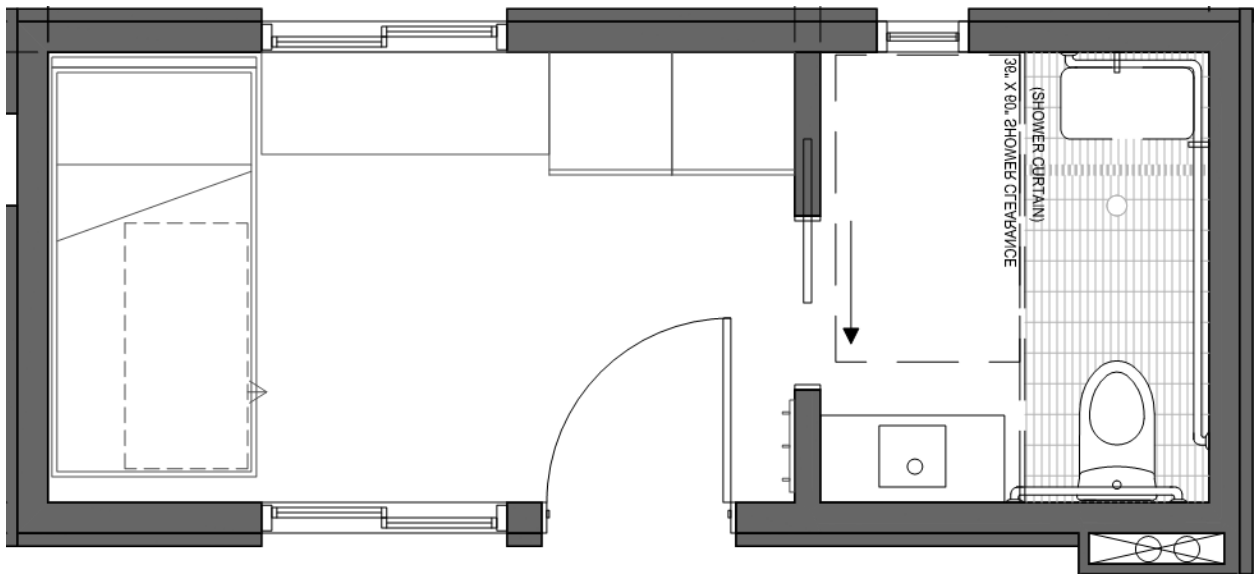


Figure 5 - Unit plan showing a typical furnished ADA apartment on the garden level

Location

Within walking distance of the property there are grocery stores, restaurants, cafes, service providers and city offices. The project receives a rating of 90/100 for 'Walker's Paradise' (daily errands that do not require a car) and a 98/100 for 'Biker's Paradise'. The University Avenue corridor is a main thoroughway for AC Transit and close to both the Downtown and North Berkeley BART stations.

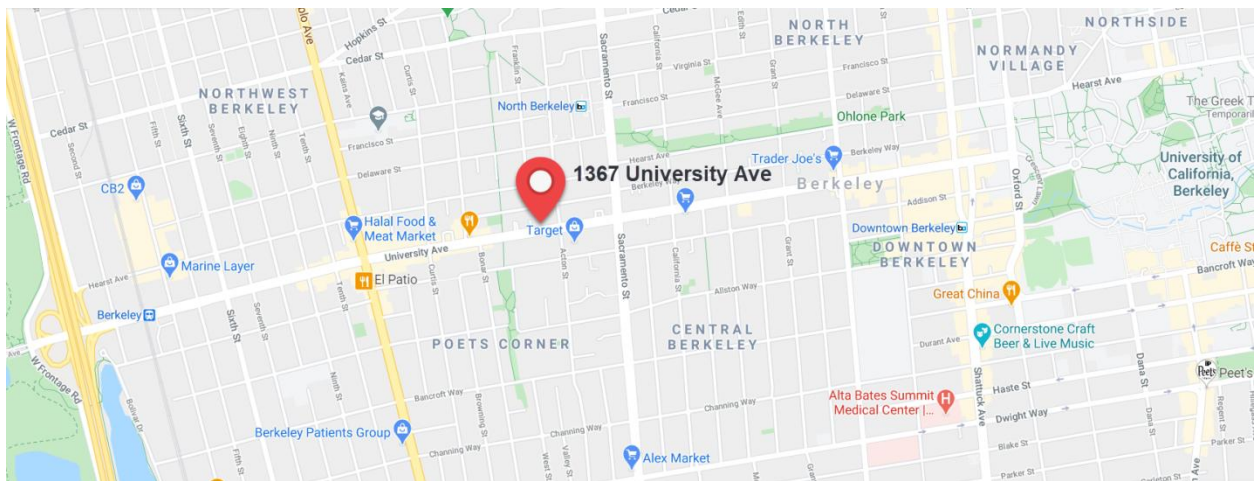


Figure 6 - 1367 University Ave in center of the City of Berkeley

SUMMARY OF SERVICES

BOSS will provide services for Step-Up Supportive Housing, utilizing our County-wide team of Operations Staff who respond promptly to facility issues. BOSS will have an on-site Case Manager at the program who will:

- Conduct Intake and Enrollment.
- Maintain detailed and up-to-date case files on all participants.
- Ensure that participants clearly understand the expectations of residency and have a copy of all pertinent documentation including grievance procedures.
- Communicate regularly with participants to assess needs and provide support.
- Connect participants to needed services (mental health, employment, education, legal) via referral, warm hand-off, or accompanying them to service providers where appropriate.
- Organize on-site support groups, learning workshops, social activities, community meals, and service visits by outside providers.
- Manage an on-site food pantry in collaboration with Alameda County Community Food Bank.
- Conduct unit inspections per agreed-upon schedule and/or as required by City mandates.

On-site service hours will be M-F, 9 am-5 pm. The Case Manager (or designated BOSS staff) will be on-call as needed for urgent issues that arise after hours. BOSS retains the right not to accept or to exit participants who significantly threaten violence, are violent, and/or require physical restraint.

Eligibility and Program Goals

Eligibility for Step-Up Supportive Housing will be limited to verified homeless people.

Step-Up Supportive Housing will add 39 urgently needed new affordable housing units to the City of Berkeley's stock. The program will:

- Get 39 individuals off the streets and into stable housing.
- Improve the ability of participants to retain safe and supportive living.
- Ensure that participants obtain and maintain health insurance coverage.
- Improve participants overall health by connecting them to primary care, mental health resources, substance abuse recovery services, and socialization/peer support.
- Reduce participant hospitalizations and utilization of emergency response systems.
- Improve participant mental health status and daily functioning.
- Support participants to increase monthly income and manage finances.
- Support participants to obtain employment.
- Increase meaningful activity as defined by the participant.
- Decrease social isolation among participants.

Financial Summary

It will cost \$1,844,515 annually to operate this facility, which includes all housing and operating expenses.

Sources	Monthly	Annually	Resident / Year
City of Berkeley	75,000	900,000	23,077
Alameda County	78,710	944,515	24,218
Other	-	-	-
Total Sources	153,710	1,844,515	47,295

Uses	Monthly	Annually	Resident / Year
Housing	54,600	655,200	16,800
Personnel	46,094	553,125	14,183
Program Operations	15,392	184,706	4,736
Property Operations	16,996	203,952	5,230
Administration Indirect	13,308	159,698	4,095
Contingency	7,320	87,834	2,252
Total Uses	153,710	1,844,515	47,295

Figure 7 - Sources and Uses

The majority of the expenses are for personnel to deliver supportive services, and program operations for the residents. The balance of the expense is for housing, property operations and administration. The operating budget is included as Exhibit A. BOSS requires that the funding allowance will increase annually with the Consumer Price Index for Oakland-Hayward-Berkeley, CA.

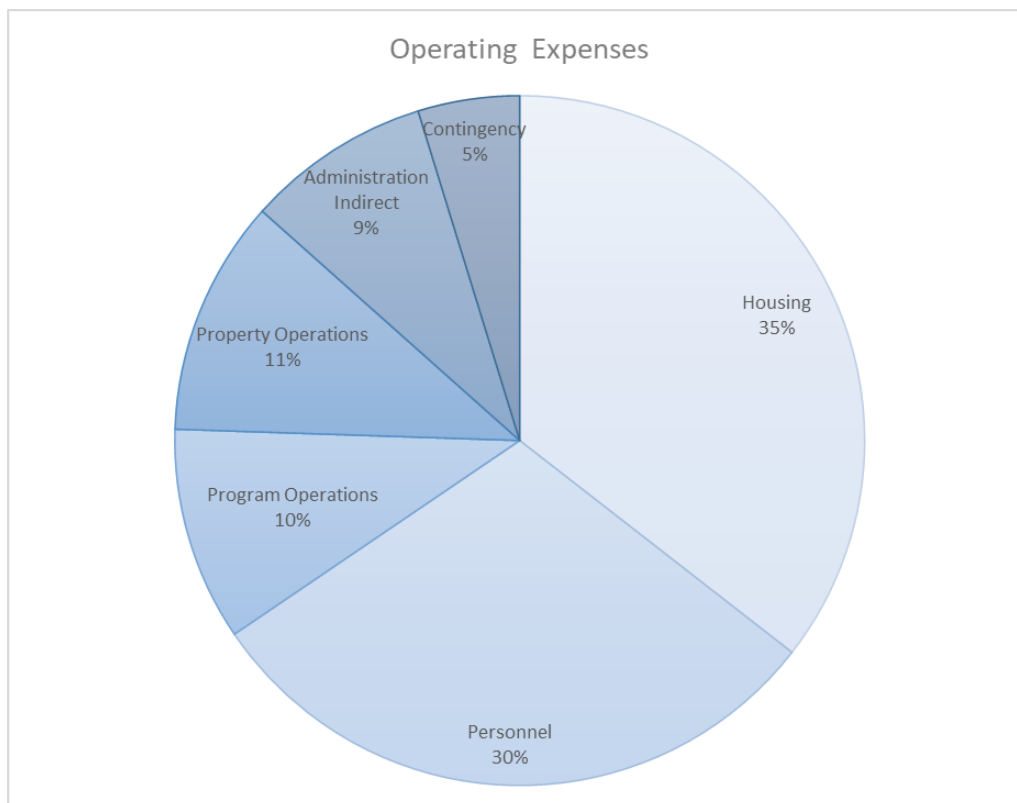


Figure 8 - Expense categories

The property will be staffed with **7 full-time employees**, as detailed below.

Personnel	Ann. Salary	FTE	Total
Program Manager	75,000	1.0	75,000
Housing Navigator	50,000	2.0	100,000
Wellness Director	80,000	0.5	40,000
Property Management	70,000	0.5	35,000
Cook	50,000	1.5	75,000
Maintenance Worker	55,000	0.5	27,500
Overnight Monitor	45,000	2.0	90,000
Total		7.0	442,500

Figure 9 - Staff budget

ORGANIZATIONAL DESCRIPTION AND CAPACITY

MISSION & VISION

Established in 1971, the mission of BOSS is to help homeless, poor, and disabled people achieve health and self-sufficiency, and to fight against the root causes of poverty and homelessness. BOSS serves over 4,000 families and individuals a year, helping them develop new skills, access needed resources, and rebuild their lives. Our vision is a society where there is safety and security, quality affordable housing and living wage jobs for all, homelessness and unemployment are temporary and brief, people with mental or physical ailments have ready access to services and support, and public and private entities work across boundaries and without prejudice to combine strengths for a seamless system of care.

WHO WE SERVE

BOSS utilizes empirical evidenced based approaches to address trauma, criminality, incarceration, poverty, racism, sexism, and violence focusing on the whole person and emphasizing a total change in lifestyle. BOSS serves all homeless people—families with children and single adults—and people at risk of becoming homeless, and provides programs and services for individuals reentering the community from jail or prison, people with co-occurring disorders and special needs: mental illness, substance abuse, physical or developmental disability, HIV/AIDS or chronic illness and survivors of violence. BOSS has key partnerships with the health care and social service systems designed to help the most vulnerable homeless people successfully exit institutions (hospitals, board and care homes, incarceration) and achieve stable living, steady income, linkages to community resources and civic engagement (BOSS' policy of hiring and training our target population with lived experience also supports this goal, infusing services with the insight of systems impacted individuals). BOSS has designed its service delivery model – Wellness & Empowerment – to serve the needs of vulnerable high-risk, in-risk/at-risk populations.

(NOTE: BOSS refers to the individuals we provide services to as 'residents': preference for this term stems from our focus on participation and partnership as core vehicles for personal and program change).

TYPES OF PROGRAMS

BOSS residents come to us from many sources—self-referral, word of mouth on the street, or referrals from other service providers, public agencies, courts, police, and hospitals. BOSS is a heavily used and relied upon program resource, due to the wide variety of programs we offer. Programs include both drop-in, outpatient and residential facilities:

Interim Housing

Permanent Supportive Housing

Supported Independent Living

Employment and Education services

Mental Health Services

Family and Child development services

Children's Learning Center

Housing Navigation/Stabilization

Reentry Programs & Services

Violence Prevention Programs & Services

Peer Support Services

Adult literacy classes

Community building/peer support

Grassroots organizing for social change

Emergency drop-in services and respite

Leadership development/Life skills education

EXTERNAL INVOLVEMENT

BOSS is committed to partnering whenever possible to help further our mission. BOSS works on a daily basis with fellow public government sources, service providers and referring agencies, housing developers and landlords, health care providers, and employers to help our residents achieve their goals. BOSS is also a member of external task forces, committees, commissions and social justice

organizations to work on shared goals of program planning and fighting the root causes of poverty and injustice.

BOSS encourages residents to get involved in organizing that affects their lives, whether by registering to vote, speaking before public hearings or commissions, serving on program planning committees, speaking publicly or writing about their experiences, or getting involved in their PTA, neighborhood association, or local faith institution.

GOVERNING BODY

The governing body of BOSS is the Board of Directors. The Board of Directors has full legal authority as established in the Articles of Incorporation approved by the Secretary of State's Office. The Board meets quarterly. Minutes of all meetings are kept on file at the BOSS Administrative Offices located at 1918 University Avenue, Suite 2A, Berkeley, CA 94704. The minutes are available to the public during normal working hours, upon written request.

NON-PROFIT

The Franchise Tax Board has approved the Bylaws and Articles of Incorporation. In addition, the organization submits annual reports to the Internal Revenue Service (IRS) and Charitable Trusts as required by law.

CHIEF EXECUTIVE

The Board of Directors of BOSS on January 1, 2013 appointed Donald Frazier as Executive Director.

The duties of the Executive Director include the following:

1. The Executive Director shall be responsible for the management and operation of the agency, including the performance and discharge of powers and duties and functions necessary to carry out the policies of the Board of Directors.
2. The Executive Director shall have the authority to establish management procedures and to delegate responsibilities applicable to employees of the agency.
3. The Executive Director shall act as liaison between BOSS, the community and public agencies.
4. The Executive Director is a direct report to the Board of Directors and other employees are direct reports to the Executive Director.

AUTHORITY DESIGNEES

In the absence of the Executive Director, or designee will be responsible for all decisions regarding fiscal, personnel, and programmatic policies, and daily administrative oversight of BOSS.

EMERGENCY REPORTING REQUIREMENTS

In the case of reportable events, emergencies, and disclosures made by program residents regarding elder and/or child abuse, the Program Manager/Manager/Coordinator will report these events to his/her immediate supervisor who will transmit the information to the Deputy Director in order for an administrative decision and/or formal reporting process that may be carried out. When necessary, the Wellness Director will be the reporting party. Emergency reporting will include incidents of death, fire, or other disasters, harm to program residents or staff, theft automobile accidents, reports of elder or child abuse, duty to warn regarding HIV/AIDS or other communicable diseases.

PERSONNEL POLICIES

BOSS has an established Personnel Manual, reviewed and approved by the Board of Directors. The Personnel Manual details the Agency's procedures and practices with regard to hiring, promoting, performance reviews, and remunerating staff, affirmative action and non-discrimination. A copy of the Personnel Manual is given to all employees. All employees sign a statement acknowledging receipt of the personnel manual. The Policies of BOSS conform to existing local, State and Federal employment practice laws.

Employee Personnel records contain employment applications, employment confirmation information, job description, statement of good physical health signed by a physician, verification of TB test results, First Aid/CPR certification, standards of conduct, and non-discrimination documentation information for all employees. As applicable employees sign updated or new file documents.

FISCAL MANAGEMENT

The fiscal policies of BOSS are detailed in the agency's Fiscal Policies and Procedures Manual. The Board of Directors has designated the Executive Director and his designees as signatories of corporate checks. All checks must be signed by two of these designated individuals. An audit of the corporate fiscal records is conducted annually by an independent certified auditing firm. The audit spans the corporate fiscal year, July 1 -June 30.

The Board of Director approves the Annual Yearly Operating Budget in June before the start of the fiscal year. Copies of the budget and the most recent audit reports are filed in the Financial Manager's office.

EMPLOYEE SAFETY POLICY

BOSS maintains its facilities in order to assure the safety of its employees. If an injury occurs on the job, the employee is required to alert the immediate supervisor and seek medical attention. Medical attention must be obtained through the agency's **authorized physician/medical provider, Sutter Health, located at 5700 Telegraph Avenue, Oakland CA (510) 204-4455**, for assessment of medical needs unless a clear emergency is apparent. The agency's Deputy Director will be alerted in all situations. In the case of an emergency medical situation, which cannot be addressed at BOSS' authorized physician/medical provider, the employee would be seen at the emergency room at Alta Bates Hospital.

Injured employees will be given time off work to seek medical services. Appropriate Workers Compensation paperwork is to be completed by the employee within seventy-two (72) hours of the incident. In compliance with SB-198, Safety Precaution Regulations are insured via oversight monitoring and staff education provided by the Program Manager/Manager/Coordinator in coordination with the Facility Managers and Designated Safety Officers at all program sites. An incident report detailing the circumstances of the injury must be filed. These reports will be reviewed by the Executive Director to determine if any corrective action should be implemented.

PROPERTY MANAGEMENT

BOSS understands that as the master lease holder, that the rental policies developed must be documented and enforced. Policies will be put in writing and applied in a fair and equal manner to everyone who inquires about, makes application for, or occupies a unit in the Step-Up Supportive Housing property.

A Tenant Handbook will be created and utilized to convey specific rules and regulations not conveyed within the lease agreement. This document is also a means of providing helpful information to the tenants in the building. The BOSS Property Manager will manage tenant referral, screening and selection in accordance with funding source and program designation.

Entry Criteria

Program criteria are applicable to those individuals with primary problems related to homelessness and related risk factors. BOSS does not discriminate in the delivery of services due to race, religion, national origin, sex, sexual preference, HIV status, lack of address, disability or ability to pay.

The criteria are as follows:

- Identification of a history of homelessness and identified in the realignment housing program.
- Determination that services are needed.
- Absence of overtly aggressive-assaultive behavior likely to threaten security.
- Absence of overt debilitating psychosis, or other psychiatric/medical problems indicating services in a psychiatric/medical facility.
- A willingness to make a commitment to the program, and to abide by program rules and policies.
- Minimum age is eighteen 18 years of age.
- Program services are available to prospective residents with disabilities. In such cases where attendant and/or nursing care is required, it will be the responsibility of the resident's authorized representative to obtain, secure, and maintain provision of this service. The resident's authorized representative is also financially responsible for all costs incurred in regards to the provision and maintenance of their attendant and/or nursing care needs. The agency cannot provide nursing services similar to those obtained from a licensed skilled nursing facility.

SERVICE DELIVERY

RESIDENT RIGHTS

BOSS programs offer an opportunity for our residents to develop the skills necessary to maintain housing and self-sufficiency. BOSS does not discriminate on the basis of race, color, religion, HIV status, national origin, sex, sexual orientation, physical handicap, medical condition, age, marital status, or ancestry in our admission policy or in services offered to our residents. In cases where attendant and/or nursing care is required it will be the responsibility of the resident's authorized representative to obtain, secure, and maintain this service. The resident's authorized representative is responsible for all costs incurred in regards to attendant and/or nursing care needs.

Residents admitted to BOSS are given a Statement of Personal Rights which outlines the following:

- Notice of Privacy Practices Personal Protected information (PPI)
- Resident rights to humane treatment
- Grievance procedure
- Appeal process for discharge
- Program guidelines
- Access to resident chart

This document is also posted in a prominent place accessible to residents.

CONFIDENTIALITY

BOSS program services are delivered in compliance with 42 CFR Part 2 and HIPAA. A copy of the CFR 42 and HIPAA material is available to residents at the time of admission to a BOSS program and upon request. Confidentiality applies if:

- a. BOSS received federal money in any form; i.e. HUD, block grants, food stamps, etc.
- b. BOSS, or any of its components, provides diagnosis and/or prevention services for drug and alcohol issues.

With respect to child and elder abuse and/or neglect the law requires that we follow the more astringent state laws over federal laws. As always, per our admission agreement with the residents, BOSS will report these cases.

In the event that a subpoena is served or a bail bondsman comes to the program site they are to be referred to the Administration offices. Only the Executive Director, as the "custodian of records," or his Designee are authorized to accept subpoenas and deal with bail bonds persons. At no time are these people to be granted access to the facilities. In the absence of the Executive Director, the Deputy Director serves as custodian of records.

Whenever there is any contact with a Parole Officer, Probation Officer, Attorney, or other legal agent the following must occur:

- a. a file note must be prepared which outlines the date, time, issues discussed, and people involved; the disposition of the meeting or phone contact must also be outlined (what, if any, follow-up).
- b. if problematic in any way, a supervisor must be notified immediately.
- c. only the Program Manager/Coordinator is authorized to approve mail and phone contact with a legal agent

There is only one authorized Custodian of Records, the Executive Director. No one may copy or forward any resident/patient records without the approval or review of the Executive Director or designee. This includes medical records. Adherence to resident/patient confidentiality guidelines is legally required and professionally warranted. No rank (management position) or credentials (degree) absolves staff (employees, consultants, and living skill training residents) of this legal obligation.

BOSS is fully compliant with all federal regulations mandated by the Health Insurance Portability and Accountability Act.

CONSENT TO SERVICES

All residents read and sign an admission agreement whereby they consent to BOSS services. This is done as a routine part of the intake procedure.

CONSENT TO PARTICIPATE IN FOLLOW-UP

Residents are asked to sign a consent to participate in follow-up activities which stipulates the nature of the follow-up questions. A copy of this form is kept in the resident file.

RESEARCH

County departments and/or academic institutions may provide research and evaluation activities. Residents are asked to sign consent forms or wavier planned on a voluntary basis.

GRIEVANCE PROCEDURES

Residents are acquainted with the following grievance procedures to be exercised if they feel their rights have been violated. The procedures are sequential as listed below and all avenues must be pursued.

1. Conference with the resident's Case Manager or Primary Counselor.
2. Meeting with Program Manager/Coordinator. Prior to this meeting the grievance must be detailed in writing with specific time, date, and nature of the incident reported. This must be presented to the Case Manager or Primary Counselor for signature and given to the Program Manager/Coordinator.
3. If grievance is not resolved, request a meeting with the Executive Director or his Designee. This request should go through the Program Manager, who will document proceeding actions and reasons for such action.

Residents may, at any time, register a complaint if they feel their personal rights have been violated. Complaints should be directed to:

Alameda County Behavioral Health Care Services
By phone: 1-800-779-0787

Consumer Assistance For assistance with hearing or speaking, call 711, California Relay Service
Via US Mail: 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606
In Person: By visiting Consumer Assistance at Mental Health Association,
954-60th Street, Suite 10, Oakland, CA 94608

City of Berkeley
Housing, Health and Community Development
2180 Milvia, Berkeley, CA 94704
Attention: Complaint Manager/Coordinator

HOURS OF OPERATION

The BOSS Step-Up Supportive Housing hours of operation are 24 hours per day / 7 days per week, with primary business hours between 9am – 5pm Monday through Friday, at 1367 University Avenue, Berkeley, CA 94607.

ORIENTATION OF NEW RESIDENTS

Once a resident is accepted into the program, they receive a briefing from a counselor outlining the major rules and expectations. The new resident is matched and assigned to a Case Manager or Primary Counselor. An initial meeting is held as soon as feasible and the primary counselor begins the intake process with the new resident to facilitate their forming an effective working relationship and to give them a chance to establish a rapport.

PROGRAM SERVICES

Contractor will perform the following support services: screening, employment training, education preparation, permanent housing assistance and counseling that addresses, but not limited to, the following: substance abuse relapse prevention, community functioning, social relationships building, family reunification and emotional functioning.

Counseling and Other Therapeutic Services

All counseling, therapeutic and educational services are provided by trained personnel. Therapeutic services may include Counseling, Housing Assistance, Money Management Services, Relapse Prevention, Drug Education, Recovery Concepts, Anger Management, Grief and Loss, Family Dynamics, Communications and Self-esteem, Family Counseling, Conflict Resolution Counseling, Health Issues, Support Network Building, Sober Living and Spirituality.

Information and Referral Services

All BOSS programs provide information and referral services. The referral procedure is based on the particular needs of each resident. If during the course of a service episode a resident is found to be inappropriate for continued services at BOSS, a referral is made to an appropriate alternative program. Criteria used for determining the need for a referral may include, but is not limited to the following:

1. Resident has exhibited behavior which may require intensive psychiatric services.
2. Attempted suicide.
3. Physical conditions which may require hospitalization, particularly if diagnosis of an infectious disease has been made.
4. Resident is unwilling to follow program rules and/or who request a referral to another program.
5. Residents who require ancillary services not provided by the program.
6. Residents with non-ambulatory disabilities that require medical services.

The procedure for making referrals is outlined below:

1. Identification of the specific needs of the resident requiring a referral, and matching resident needs to the appropriate agency.
2. Insure that proper resident consent is obtained in writing to contact prospective (referral) agencies.
3. Refer residents back to original referring agency if resident was referred by probation, parole, a central intake unit, etc.
4. Telephone call to the identified agency to determine that resident meets admission criteria.

5. Provide the resident with the name, address and telephone number and name of contact person. If an appointment has been obtained, inform resident of the date and time of the appointment name of the staff person to ask for.
6. Contact referral agency to verify resident referral if time and other responsibilities permit.

A complete listing of referral agencies can be found onsite at facility location.

Medical Services

BOSS does not provide primary physical or mental health services. All residents are referred to healthcare provider who accepts Medi-Cal and/or HealthPAC. Residents admitted to BOSS programs who are uninsured referred to the appropriate county medical services locations to obtain medical insurance.

Medi-Cal is a health insurance program run by the state and federal government that primarily covers low-income children, parents, persons with disabilities, and seniors. Typically, BOSS residents who receive SSI/SSA are Medi-Cal insured.

The Health Program of Alameda County, also known as **HealthPAC** (and formerly known as CMSP or ACE), is a County program that provides affordable health care to uninsured people living in Alameda County. HealthPAC is not insurance and does not provide everything that insurance does. In order to be eligible for HealthPAC an individual must be an Alameda County resident and be between 0 and 200 percent of the Federal Poverty Level, and not be eligible for Medi-Cal. Services are provided through one of the 8 community-based clinics that are part of the network or through the Alameda Health Consortium. In order to enroll, people make an eligibility appointment at one of the clinics or at Health Care Services Agency and bring in identification, proof of residency, proof of income, and proof of citizenship if they have it. Citizenship is not a requirement of the program.

Medical Referrals

Residents will be referred for urgent care and/or emergency medical services for medical evaluation clearance if the following symptoms are observed:

- overt jaundice or unusual skin color
- a prolonged convulsion or repeated convulsions
- shock
- severe pain is reported
- blood loss occurs
- coma
- general disorientation
- difficult breathing
- prolonged vomiting or blood present in vomit
- hallucinations
- injury occurs
- when requested

SERVICE PLANNING

Each resident shall have a written service plan, which is established after a careful evaluation of the individual's service needs and problems to be addressed. The service plan is developed within 7 days from the date of admission.

Purpose of Resident Service Plans

The end result of comprehensive resident information is the service plan, which calls for a careful assessment of resident strengths, needs, abilities and preferences; the formulation of a specific therapeutic action plan; and the application of the appropriate mix of available program or external resources. This approach is based on skilled and experienced staff, strong supervision, and program direction that support programmatic efforts.

In many cases, residents have multiple problems. The service plan determines the order in which the resident's problems will be addressed and identifies program resources as well as community resources that will be brought to bear on the individual constellation of resident strengths and problems. The service plan assures that the program will approach resident services in an organized fashion, by identifying problems, establishing goals, formulating intervention strategies, and tracking progress.

Programmatically, the service plan is a constructed blueprint identifying appropriate interventions on the part of the program and its staff to assist the resident in changing their behavior and lifestyle. Depending upon resident progress and other variables, this plan is continuously assessed and revised to meet current problems and needs.

Description of Service Plans

The service plan form is divided into the following sections:

Statement of Problem - This consists of a list of resident problems to be addressed during program involvement. A notation is made of the date each problem is identified. Each problem is numbered according to a fixed numbering system that links the problem with resident database.

Statement of Goals- For each problem a goal or set of goals that will ultimately resolve or diminish the problem is listed. Goals are classified as long term (180 days or more) or short term (90 days or less).

Action Plan - This documents the specific activity (group and individual counseling) that links the problem and the goal—i.e., the action plan. The staff member responsible for seeing that the plan is carried out is also noted.

Target and Actual Dates for Completion of Plans - These serve to remind staff members of when action should be initiated (e.g. a telephone call or an appointment with an outside service or with a member of the resident's family). These dates provide a means of estimating the average time for completion of activities.

Service Plan Procedures

A Service Plan is prepared, or at least initiated, as soon as any problem is identified. A tentative plan, as stated earlier, should be completed immediately after the initial intake. Problems are gathered from the assessment section of each of the previously discussed Data Base Forms. The case manager determines goals the resident will be able to attain (as a step) in resolving the problems.

The goal is stated in terms of measurable criteria of expected performance or behavior. Once each goal is established, the means of attaining that goal or action is planned. Problems are identified even though a goal or action plan cannot be developed immediately.

The service plan becomes a written “contract” between the resident and the program. Residents sign the service plans. This increases the resident’s commitment to programming. Behavioral tasks expected of the resident in order to complete established goals are explained.

PROGRESS NOTES

Progress Notes are kept to track the resident’s response to services in terms of the problems identified on the service plan. Also, progress notes provide documentary evidence that services were actually provided to the resident. Progress notes establish continuity in a complex bio-psychosocial therapeutic regimen, including maintenance of a feedback mechanism to the established service plan. The progress notes afford counselors the opportunity to reassess old information and to expand on the service plan. progress notes reflect important changes in the resident’s life that occur during services.

The progress notes afford counselors the opportunity to reassess old information and to expand on the service plan. Progress notes reflect important changes in the resident’s life that occur during program involvement. Where appropriate, information contained in the progress notes is used to revise or update the basic service plan.

Finally, progress notes serve as the primary tool for reviewing resident progress on the most current basis. A progress note is written after each counseling session or intervention or following any other service provided on behalf of the resident. In addition, other procedures for writing progress notes apply so that notes are organized and readily identifiable.

Each entry into the progress notes is numbered to correspond with the number of the Data Base Topic and the stated problem.

Each progress note reflects the type of service rendered, e.g., individual counseling, family counseling groups, or educational services.

Progress notes are written in BLUE ink, and signed and dated.

Progress notes written following a resident contact are structured in the DAP format:

D-Data: Data may be either subjective or objective. Subjective data include resident’s statements. Long statements are paraphrased. Subjective data are placed first to ensure that the resident’s point of view will be taken into consideration. Objective data include observations, usually about the resident’s behavior and appearance; for example, “The resident did not make eye contact during the interview—broke into tears.” Objective data may also include information such as dirty urine reports or information received from other counselors or outside agencies.

A-Assessment: The interpretive section of the progress notes includes the counselor’s analysis of and conclusions about the resident’s current situation. The assessment is based upon the subjective and objective findings, modified by the counselor’s review of the previous progress notes on the same subject and the current service plan.

P-Plan: The plan reflects appropriate changes in service plan. If, in the counselor's judgment, the original service plan for a problem should continue, no modification will be required on the service plan. If the counselor amends the goals, changes are noted on the service plan, including the date of the amendment.

If a new problem arises, this is added to the service plan, dated, with statements concerning the problem, the goal, and the proposed solution. On progress notes, the plan may be reflective of assignments and instructions given to the resident in attempts to address global issues (i.e. those that appear on the service plan) in a specific manner.

DISPOSAL AND MAINTENANCE OF RECORDS

CURRENT CASES

Current files will be stored under lock and key. Only authorized counseling staff will have access to these files.

CLOSED CASES AND AGENCY DISSOLUTION

Closed cases will be stored under lock and key for a period of five (5) years from the date they are officially closed. Disposal of closed cases will be done in accordance with prescribed procedures to guarantee continued maintenance of confidentiality. These will be shredded or have resident identifying information removed prior to throwing away.

In the event of dissolution of this agency all residents' records will be sent to the Alameda County Administrator for appropriate storage as defined in contractual Standards.

PROGRAM EVALUATION AND QUALITY ASSURANCE

POLICY AND AUTHORITY

BOSS is responsible for the operation of a quality assurance program that strives to monitor, protect and enhance the quality of resident care. The Board of Directors of BOSS charges the professional clinical staff, through the responsibilities of its management personnel, with the obligation of operating a quality assurance program. The Board of Directors further gives authority to the Executive Director to implement corrective action in accordance with quality assurance plan.

QUALITY ASSURANCE PROGRAM'S PURPOSE

1. The purpose of the quality assurance system is to provide an ongoing process that strives to monitor clinical performance and strives to enhance the quality of resident services provided. The quality assurance program is designed to meet the following objectives:
2. To strive to assure that all residents and significant others are treated with respect and dignity and that their rights are observed.
3. To integrate resident care monitoring and quality assurance activities and documentation of all services in order to identify potential resident care problems or related concerns;
4. To assess, as appropriate, problems in terms of performance criteria that reflect clinically sound, achievable practices.
5. To develop problem correction plans and monitor the implementation of corrective action.
6. To annually evaluate, and accordingly revised the quality assurance program.

ADMINISTRATION AND SCOPE OF THE QUALITY ASSURANCE PROGRAM

The Quality Assurance Program is administered by the Executive Director, the Deputy Director/Director of Programs, the Operations Director, and Program Manager/Coordinators with recommendations provided by counseling and other support staff. Quality Assurance Program focuses on quality of care areas concerning the process and outcome of care given in the direct clinical and support services. This includes:

- The resident management process; (admission procedures, service planning procedures, documentation of services provided; service and discharge plan reviews.

The provision of support services including, but not necessarily limited to:

- Counseling services
- Housing assistance services
- Vocational reinforcement skills development services
- The action for the control of infectious disease.

Findings of various programmatic monitoring activities related to, but not necessarily

- Resident care monitoring
- Utilization reviews

- ❑ Resident privilege recommendations
- ❑ In-service training

Program evaluation findings that relate to resident care concerns in the areas of:

- ❑ Fire drills
- ❑ Building and grounds maintenance
- ❑ Functional safety and sanitation
- ❑ Incident reports
- ❑ Smoking regulations
- ❑ Electrical maintenance
- ❑ Community and facility relations
- ❑ Maintaining the legal rights of the clinical staff and residents
- ❑ Maintaining the facility's policies and procedures in the performance of clinical duties
- ❑ Providing recommendations regarding continuing education needs of staff in accordance with the findings of salient quality assurance activities
- ❑ Providing recommendations regarding program evaluation issues in accordance with the findings of salient quality assurance activities.

It is the policy of the BOSS to conduct a 90-day review of records for the purpose of quality assurance and utilization review. The Program Manager/Coordinator ensures that the case files are up-to-date, complete and that services that are needed are rendered and documented.

This review provides feedback to the Case Manager for appropriate action. In addition to this review of records, there is a weekly case review conference which provides peer and supervisor consultation on difficult problems or cases.

Additionally, the Executive Director may conduct a review of a random sample of current resident files to evaluate services for management and program evaluation purposes. Funders may also conduct unannounced site visits. The facility condition and resident files are reviewed to ensure compliance with the State Health and Safety Code.

CLINICAL MANAGEMENT

Under direction from the Executive Director, if required, BOSS Wellness Director is responsible for oversight of all clinical services provided through all BOSS programs. Clinical management refers to the continued monitoring and evaluation of services. This activity takes place on many levels, ranging from the informal day-to-day activities routinely performed by the case manager to relatively formal and structured sessions. Clinical management coordinates available resources focused upon producing positive resident growth. Comprehensive planning in developing and monitoring service plans is the most effective way of coordinating and managing effective service delivery.

Case Review

After admission of new residents, a record review is conducted by the Program Manager/Manager/Coordinator to insure that all intake data has been fully documented.

The case manager's ongoing assessment of each resident depends upon the existence of complete, detailed data problem statement, service plan, and Progress Notes.

The case manager's perceptions of the resident's strengths and weaknesses are defined through continual review and updating of the record. Moreover, the service process is intended to induce

change in the resident; this change will be accompanied by shifts in the priority of problems and by the emergence of new problem areas to be addressed.

Individual service plans are established after a series of resident-counselor sessions. Often these planning sessions will include a three-way conference with the resident, the Case Manager and the Program Manager/Manager/Coordinator. The Deputy Director/Director of Programs or their Designee signs completed service plans. Further case reviews are conducted on an as needed basis, but at a minimum, once every 30 days. Weekly staff meetings allow for case reviews and a discussion of individual resident progress or problems. All staff members participate in these meetings and a consistent team approach to resident service is developed.

Supervisor Review

The Program Manager/Coordinator reviews service plans when they are developed, and conducts a review of all records, once every 90 days. This review serves two purposes: ensures that residents are provided with services consonant with their needs and the program's philosophy and these reviews provide supervisors with an opportunity to review counselor skills.

The goals established by the case manager and resident are examined by the Program Manager/Coordinator and evaluated for their appropriateness and objectivity. The proposed action plan is carefully reviewed for the following reasons:

- To see whether actions are appropriate to identify resident problems, background, presenting symptoms, and objectives.
- To determine whether target dates are realistic.
- To ascertain that every problem is matched by a goal and an action plan.
- To ensure that the action plan is consonant with program philosophy and objectives.
- To judge whether action plans are feasible in light of the program's resources (including its referral network.)

Finally, the Program Manager/Coordinator reviews progress notes with the following questions in mind:

- Do the progress notes correspond to problems identified in the service plan?
- Is there an evident relationship among resident problems, goals, action plans, and progress?
- Do progress notes reflect the provision of appropriate supportive services?
- Is information on the progress notes transferred to an evolving service plan?

AUTHORITY

The Board of Directors of BOSS Programs charges the Executive Director with the responsibility of administering an ongoing program evaluation system. This system is designed to identify and correct administrative problems and service delivery issues which may impede the program's ability to provide meaningful services to its residents in accordance with the mission of the program. The Executive Director instructs the Deputy Directors/Director of Programs, and Operations Director to implement the evaluation plan.

PURPOSE

The Program Evaluation System is designed to meet the following objectives:

- ❑ To strive to assure that there is an optimal utilization of professional staff to meet the service needs of residents.
- ❑ To strive to assure that the program is operated in a cost-effective manner,
- ❑ To strive to assure that the program meets accreditation, licensure and contract requirements.
- ❑ To systematically evaluate the administrative and programmatic directions of the program;
- ❑ To strive to assure that issues and problems are identified which may inhibit the ability of the program to provide meaningful services to its residents through ongoing data gathering activities allotting priority to those issues which bear directly on the appropriateness of services and facilities offered.
- ❑ To establish mechanisms for ongoing monitoring of corrective activities thus assuring the effectiveness of problem resolution.
- ❑ To present to the Board of Directors of BOSS Programs an annual statement of goals and objectives designed to address identified administrative issues and service problems.
- ❑ To establish mechanisms for a yearly review of the program evaluation system.

ORGANIZATION AND RESPONSIBILITIES

The Quality Improvement Plan is organized to permit participation in program evaluation activities by those professional staff members who are most sensitive to the impact of administrative policies and procedures and program objectives which may have influence on resident services.

The Executive Director of the agency monitors all program evaluation activities, serves as custodian of all program evaluation records and reports. The Executive Director works closely with Wellness Director and staff on program and policy issues which need to be revised or developed.

Goals, objectives, work plans and standards are established on an annual basis. These procedures include both program and resident goals. Staff of different service components prepares monthly statistical reports and service delivery summaries. Annual and semi-annual report may be required by the funders of BOSS programs. These reports provide monthly and six-monthly reviews of program services, number of residents served and progress towards accomplishing objectives. Regular conferences with agencies that refer residents to BOSS provide community feedback on the efficacy and credibility of the program. BOSS participates in provider and consumer coalitions to develop marketing strategies to increase Third Party revenues and to enhance cross referrals of residents.

Priorities for addressing problems are set by the Executive Director. An identified problem is given a high priority in accordance with the fiscal resources of the program concerned as well as those identified problems which, if not corrected, would inhibit the ability of the staff in providing services or result in a less than cost-effective operation of the program. Identified problems or administrative issues, which are chosen to be addressed, are highlighted in a report format with recommended goals and objectives to address stated problems.

STAFF DEVELOPMENT AND TRAINING

BOSS has established a policy to continue to improve skills of its staff. Training and development of the staff is believed to be a continuous process. As the program develops new service delivery strategies, staff training occurs as a parallel initiative. Skilled staff in turn assists in planning, organizing and delivering the highest caliber of services, within the scope of resources. Each staff member participates in an annual job review evaluation, during the course of which, training objectives are developed. Training goals are specific to the identification of training needs and relate to job functions of the employees when training topics are identified for more than one staff member, a group training strategy is developed. Training and Development can be in-service, provided by management staff, professional development seminars provided through professional institutions and affiliates or through the use of consultants. Training is documented in employee personnel records. BOSS employees are offered approximately 40-60 hours of training annually.

ANNUAL TRAINING SCHEDULE

All BOSS Programs adhere to the Annual Staff Training Schedule. However, the sequential order, training date, and type of trainings may vary by facility.

Program Manager/Coordinators should dedicate and conduct (or facilitate) approximately two hours per month of training to BOSS staff supervised by them. This works out to approximately 40 hours per year of in-house staff training.

AGENCY-WIDE TRAINING ACTIVITIES

Agency-wide training activities may be accessed by all current BOSS staff. Staff members who are interested in attending annual training activities should inform their immediate supervisor. Training certificates will be provided to employees who attend training activities. Staff members are expected demonstrate the application of new knowledge obtained through BOSS training activities. This will be reflected in Monthly Supervision documentation by Program Manager/Manager/Coordinator.

BOSS STEP UP SUPPORTIVE HOUSING
STAFF TRAINING CALENDAR
Calendar Year 2021

JANUARY

1 No Training
8 OSHA Regulations
15 No Training
22 Cultural Competency
29 Psycho-Pharmacology of Addiction

FEBRUARY

5 Understanding Addiction (Part 1)
12 Understanding Addiction (Part 2)
19 Understanding Social Development
26 Understanding Trauma-Informed Services

MARCH

5 Grief Counseling
12 Psychological Effect of Abused Drugs
19 Medication Management
26 Resident De-Escalation Techniques

APRIL

2 Counseling Competencies Review
9 Individual Counseling Techniques
16 Service Planning Reviews
23 Maintaining Electronic Resident Records
30 Motivational Interviewing

MAY

7 Case Managing the PWA/PWHIV
14 Fire Drill, Safety/Evacuation Procedures
21 Curricula Delivery Techniques
28 Nurturing Esteem of Residents

JUNE

4 Resident Medical Needs Procedures
11 Precautions/Procedures for Communicable Disease Control
18 Contract Compliance Review
25 Program Goal Planning For FY 2020-2021

JULY

3 Program Performance Goals Review
10 Charting/Shift Notes/ Progress Notes
17 Intake Procedures
24 Group Facilitation Techniques
31 Medi-Cal Documentation Review

AUGUST

- 7 Understanding Referral Pathways
- 14 Resident Screening and Assessment
- 21 Understanding the Service Planning Process
- 28 Effective Documentation Techniques

SEPTEMBER

- 4 Discharge Planning
- 11 Counseling Dual Diagnosis Residents
- 18 OSHA Regulations
- 25 Developing Therapeutic Interventions

OCTOBER

- 2 Crisis Intervention Techniques
- 9 Drugs and Alcohol Withdrawals
- 16 Confidentiality
- 23 Understanding Homelessness
- 30 TBD

NOVEMBER

- 6 TBD
- 13 TBD
- 20 TBD
- 27 TBD

DECEMBER

- 4 TBD
- 11 TBD
- 18 TBD
- 25 No Training

UTILIZATION REVIEW

Utilization review may be viewed as a quality protection function which attempts to ensure that the resident is receiving an appropriate level of services in accordance with his or her presenting problems. In addition, utilization review activities monitor the delivery of services to ensure that the program's services are appropriately utilized. Utilization review activities primarily focus on four major areas:

- The appropriateness of residents admitted to program.
- The appropriateness of continuation of the initiated plan of care.
- The initiation and completion of timely discharge planning.
- The use of supportive services, such as:
 - Housing and shelter services
 - Therapeutic recreational services
 - Family therapy services
 - Crisis counseling services
 - Vocational rehabilitation services
 - Mental health services
 - Further educational services
 - Clinical consultation and evaluation services

The Utilization review activities also help to

- ❑ Assure the maintenance of quality resident care;
- ❑ Assure that rehabilitation services provided are necessary;
- ❑ To develop realistic length of stay (LOS) criteria;
- ❑ Assure that the implementation of ancillary services are effectively delivered and documented.
- ❑ Review the program's discharge planning process.

Criteria to be used in conducting utilization reviews include:

- ❑ Admission criteria
- ❑ A narrative description of the presenting problems
- ❑ Present clinical history
- ❑ Past clinical history
- ❑ Physical examination
- ❑ Drug use history
- ❑ Appropriateness of specific diagnostic studies
- ❑ Appropriateness of used ancillary services
- ❑ Care monitoring activities

A retrospective review of all individuals denied admission to the program is also beneficial. This review includes the number of patients denied admission; reasons for denial; and descriptions of the clinical conditions of the individual denied admission.

Utilization Review Committee guidelines are as follows:

1. Committee members will be on time to all meetings.
2. The Program Manager/Coordinator of the program designated for the URC on that date will bring their charts to the designated location.

3. In the event that a URC member cannot attend, an alternate will be selected.
4. If there is a conflict as to which standard to use for the URC audit, the more rigorous standard will be enforced.
5. The Program Manager/Coordinator is responsible to assure corrections are made to the chart within 48 hours by the case manager.
6. The Program Manager/Coordinator will sign the URC correction form after it is completed and will send a copy to the Deputy Director/Director of Programs.
7. The Deputy Director/Director of Programs will be responsible to ensure compliance with follow-up and will maintain the copy in the URC binder.
8. The URC meetings will take place at designated sites.
9. The committee members of the URC are designated by the Deputy Director/Director of Programs. All Program Manager/Coordinators have been appointed to the URC Committee.

**BOSS PROGRAMS
URC SCHEDULE | 2021**

JANUARY 2021	JULY 2021
FEBRUARY 2021	AUGUST 2021
MARCH 2021	SEPTEMBER 2021
APRIL 2021	OCTOBER 2021
MAY 2021	NOVEMBER 2021
JUNE 2021	DECEMBER 2021

DISCHARGE PLANNING REVIEW

Program services may be over-utilized when a resident is ready to move to a lesser level of care. Hindrances to this process of transfer may be as follows:

1. Discharge and aftercare plans have not been completed;
2. The primary case manager has gone on vacation;
3. A referral to a lesser level of care has not been made;
4. Other community resources have yet to be mobilized, etc.

To reduce occurrences of the before mentioned issues, the utilization review process monitors the clinical record for documentation that discharge planning is initiated as soon as a determination of the need for such an activity can be made. Generally, the utilization review assures that there is a date to review the record for discharge planning. If there is a clear need for discharge planning and there is no documentation in the record indicating that discharge planning has been initiated, the Program Manager/Coordinator notifies a designated person to ensure that the process is begun.

FACILITY MANAGEMENT

BOSS has a state license to provide Medi-Cal services at a number of its facilities. All BOSS facilities are to be maintained in clean, sanitary and safe conditions. All facilities are equipped with smoke detectors and fire extinguishers which are routinely serviced. BOSS is in compliance with zoning regulations and has a city permit for its operations. BOSS has an established disaster and building evacuation plan.

FIRE AND DISASTER EVACUATION PLAN

In the event of fire or a related emergency at the following locations:

- Acton & University Avenue

The staff on duty will adhere to the following procedures:

1. The staff will immediately notify the fire department by dialing 9-1-1.
2. The staff will evacuate all persons via the fire exits.
3. All staff and evacuated persons will gather at Acton & University. A census will be taken at this time to verify the evacuation of all residents and staff.
4. When all persons have been evacuated, staff will re-enter the building only when clearance is given by the fire department.
5. All staff and interns will be familiar with the Fire/Disaster Evacuation Plan, and will sign a statement to the effect that they are familiar with these procedures, which will be placed in their personnel folders.

The same procedures will apply in the event of earthquake or other unforeseen disaster. There are Evacuation Plans posted at the facility and exit diagram inclusive of emergency exits fire extinguishers and smoke detector locations. Fire Drills are conducted on a monthly basis.

FACILITY MAINTENANCE PLAN

Fire Alarm System

BOSS facilities utilize hard wired smoke detectors as an early warning system in each unit. These detectors are promptly tested each month at the time of fire drills.

Fire Extinguishers

The Fire Extinguishers located throughout the facility are to be serviced quarterly by appropriate vendor. Replace extinguishers as recommended by OFD Inspector.

Emergency Lighting

Large flashlights and spare batteries have been purchased. An ample supply of each is kept on hand in case of power failures. Each unit has a large flashlight.

Painting

Touch-up painting is done by BOSS or other maintenance personnel as needed throughout the year. The need for repainting is assessed annually in June.

Furniture

In general, individual items of furniture are replaced as necessary. Overall furniture replacement needs are assessed annually in June.

Inventory

All furniture, office supplies and business machines are reviewed quarterly and requests for replacement of items in poor condition made. Complete review and recommendations for purchase are developed in June each year.

Landscape

Building exterior and parking area are to be kept clean at all times. Residents remove debris from the parking lot areas every week night as part of their give-back chores.

First Aid

First Aid Kits are kept on the main office. First Aid Kits are replenished as needed. After each monthly fire drill an inventory is conducted and missing items replaced.

APPENDIX A: OPERATING BUDGET

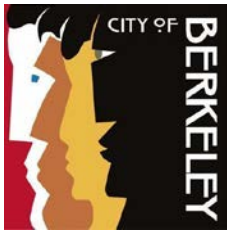
BUDGET DETAILS AND SOURCES/USES				
Address	1367 University Ave, Berkeley, CA			
Apartment type	Studio			
Number of apts.	39			
		Monthly	Annually	Resident / Year
Housing				
Master Lease	\$1,400 / Resident / Month	54,600	655,200	16,800
	Subtotal	54,600	655,200	16,800
Personnel				
Salaries		36,875	442,500	11,346
Fringe benefits	25%	9,219	110,625	2,837
	Subtotal	46,094	553,125	14,183
Program Operations				
Communications (phones, internet, network, IT)		3,112	37,345	958
Food for residents		5,338	64,058	1,643
Office supplies		1,708	20,500	526
Printer/scanner lease		500	6,000	154
Program supplies		1,250	15,000	385
Staff Travel		250	3,000	77
Transportation for residents		750	9,000	231
HMIS - administration (staff cost)		734	8,810	226
Staff Training		415	4,975	128
Special Participant Needs		1,335	16,018	411
	Subtotal	15,392	184,706	4,736
Property Operations				
Taxes (special assessments)		1,755	21,060	540
License fees		5	56	1
Sanitizing supplies		200	2,400	62
Janitorial		1,521	18,250	468
Pest control		500	6,000	154
PG&E (Gas/Electric)		2,145	25,740	660
Water		975	11,700	300
Garbage		858	10,296	264
Repairs and maintenance		1,625	19,500	500
Supplies		833	10,000	256
Security/surveillance/access control contract		600	7,200	185
Turnover cost		1,300	15,600	400
Fire/Liability Insurance		1,250	15,000	385
Replacement Reserve		2,083	25,000	641
Legal		1,138	13,650	350
Auditing		208	2,500	64
	Subtotal	16,996	203,952	5,230
Administration Indirect	10%	13,308	159,698	4,095
Contingency	5%	7,320	87,834	2,252
	Total	153,710	1,844,515	47,295
Sources				
		Monthly	Annually	Resident / Year
City of Berkeley		75,000	900,000	23,077
Alameda County		78,710	944,515	24,218
Other		-	-	-
	Total Sources	153,710	1,844,515	47,295
Uses				
		Monthly	Annually	Resident / Year
Housing		54,600	655,200	16,800
Personnel		46,094	553,125	14,183
Program Operations		15,392	184,706	4,736
Property Operations		16,996	203,952	5,230
Administration Indirect		13,308	159,698	4,095
Contingency		7,320	87,834	2,252
	Total Uses	153,710	1,844,515	47,295

APPENDIX B: START UP COSTS

	Unit Costs	Quantity	Total
Linens (fitted, flat, pillow case)	100	39	3,900
Pillow	30	39	1,170
Blanket	40	39	1,560
Towels	20	39	780
Face Towels	15	39	585
Toiletries	40	39	1,560
Office Desks	600	2	1,200
Office Chairs	400	2	800
Extra Security Camera	250	2	500
Kitchen Items	5,000	1	5,000
Groceries	2,250	1	2,250
Cleaning Supplies	1,500	1	1,500
Equipment	2,670	1	2,670
Wall and Miscellaneous Art	3,500	1	3,500
Office Equipment Kit (Excludes Printer)	6,000	1	6,000
Total			32,975

Staffing Detail

Personnel	Ann. Salary	FTE	Total
Program Manager	75,000	1.0	75,000
Housing Navigator	50,000	2.0	100,000
Wellness Director	80,000	0.5	40,000
Property Management	70,000	0.5	35,000
Cook	50,000	1.5	75,000
Maintenance Worker	55,000	0.5	27,500
Overnight Monitor	45,000	2.0	90,000
Total		7.0	442,500



Councilmember Ben Bartlett
City of Berkeley, District 3

SUPPLEMENTAL AGENDA MATERIAL BERKELEY CITY COUNCIL MEETING

For Supplemental Packet 2

Meeting Date: February 23, 2021

Item Number: 26

Item Description: “Step Up Housing” Initiative: Allocation of Measure P Funds to Lease and Operate a New Permanent Supportive Housing Project at 1367 University Avenue

Submitted by: Councilmember Ben Bartlett

Amendment would make the following additions to the referral:
Attachment of Building Opportunities for Self-Sufficiency (BOSS) Step-Up Berkeley Preference for Household Placement Letter

EXECUTIVE DIRECTOR

Donald Frazier

BOARD OF DIRECTORS

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Andrea Spillmann-Gajek, MPH, Vice President
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February 16, 2021

Honorable Berkeley City Council Members
City of Berkeley
2180 Milvia Street
Berkeley, CA 94704

Dear Honorable Council Members,

I am writing to extend heartfelt appreciation and gratitude for your foresight in moving the Step-Up Supportive Housing project forward that will effectively provide a permanent and supportive residence for 39 unhoused individuals in the City of Berkeley.

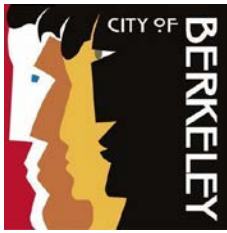
As the services provider, BOSS has every intention to establish a Berkeley preference for household placements at the Step-Up Supportive Housing located at 1367 University Avenue.

Again, I salute your efforts in reducing homelessness in the City of Berkeley. If you have any questions or require further information, don't hesitate to contact me directly at 510.649.19320 ext 1012 or dfrazier@self-sufficiency.org

Sincerely,



Donald Frazier
Executive Director



Councilmember Ben Bartlett
City of Berkeley, District 3

SUPPLEMENTAL AGENDA MATERIAL BERKELEY CITY COUNCIL MEETING

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Submitted by: Councilmember Ben Bartlett

Amendment would make the following additions to the referral:
Attachment of Alameda County Health Care Services Commitment letter to BOSS for Step-Up Housing up to \$390,000



February 17, 2021

Donald Frazier, Executive Director
Building Opportunities for Self-Sufficiency
1918 University Avenue | Suite 2A
Berkeley | California | 94704 - 1404

Re: Berkeley Step-up Housing

Dear Mr. Frazier:

The Alameda County Health Care Services Agency (HCSA) is committed to working with local cities and all other partners to end homelessness in Alameda County. The County is actively participating in the development of racial equity-based systems modeling, which has identified the need for significant investment in housing prioritized for people experiencing homelessness.

Given the complex physical and behavioral health conditions that many homeless people struggle with, the range of services that HCSA provides is a critical component of the County's overall effort to end homelessness. HCSA provides services directly and through its network of community based partners which include primary care, mental health services, addiction prevention and treatment services, street outreach and engagement, crisis intervention, support services linked to housing, housing subsidies, and more.

Our goal is to provide clean, safe, and healing environments for people identified and referred by HCSA who are homeless, have chronic medical and/or behavioral health conditions, and use disproportionately high levels of acute and emergency care. Step-up Housing, located at 1367 University Avenue in Berkeley, represents an important opportunity to further the goals of the County by housing a significant number of the County's most vulnerable homeless residents. Building Opportunities for Self-Sufficiency will provide the on-site support services at Step-up Housing, ensuring that residents will receive the critical support they need to successfully remain housed.

Given HCSA's commitment to helping community providers increase the supply of health-enriched housing opportunities, HCSA will make every effort to provide 10 years of ongoing support services resources to the permanent supportive housing tenants at the Step-up Housing site, provided that HCSA's Coordinated Entry team in the Office of Homeless Care and Coordination participates in the referral of eligible tenants to the designated supportive housing units.

HCSA understands the importance of continuity in the delivery of services and commits to support the provision of supportive services to 39 units of the project with an estimated initial annual value of up to \$390,000.

Upon the development's receipt of necessary funding sources to ensure project feasibility, HCSA will, through Alameda County's established funding approval and contracting procedures, including approval by the Board of Supervisors when necessary, work with the project sponsor to develop a funding contract, or other suitable mechanism, for the services described above.

The source of funds will be one or more sources of funds available to HCSA appropriate for this use. HCSA's contract for these services will be subject to the following conditions: 1) contractor's continuing provision of high-quality services; 2) contractor's continued operation in good standing; 3) continued need for the contracted services; 4) contractor's ability to comply with funding source data and reporting expectations; and 5) Board of Supervisors approval. If services funding is not available for this purpose, the Health Care Services Agency will make every effort to provide services directly or through pre-existing contracts.

Once again, we are extremely enthusiastic about Step-up Housing and happy to be partnering with BOSS.



Colleen Chawla, Director
Alameda County Health Care Services Agency