



## **BERKELEY CITY COUNCIL AGENDA & RULES COMMITTEE SPECIAL MEETING**

**TUESDAY, FEBRUARY 13, 2024**

**2:30 P.M.**

2180 Milvia Street, 6th Floor, Berkeley, CA 94704 – Redwood Room

1404 Le Roy Ave, Berkeley, CA 94708 – Teleconference Location

Committee Members:

Mayor Jesse Arreguin, Councilmembers Sophie Hahn and Susan Wengraf

Alternate: Councilmember Terry Taplin

This meeting will be conducted in a hybrid model with both in-person attendance and virtual participation. If you are feeling sick, please do not attend the meeting in person.

Remote participation by the public is available through Zoom. To access the meeting remotely using the internet: Join from a PC, Mac, iPad, iPhone, or Android device: Use URL - <https://cityofberkeley-info.zoomgov.com/j/1615349220>. To request to speak, use the “raise hand” icon on the screen. To join by phone: Dial **1-669-254-5252** or **1-833-568-8864 (Toll Free)** and Enter **Meeting ID: 161 534 9220**. If you wish to comment during the public comment portion of the agenda, press \*9 and wait to be recognized by the Chair. Please be mindful that the meeting will be recorded.

To submit a written communication for the Committee’s consideration and inclusion in the public record, email [policycommittee@berkeleyca.gov](mailto:policycommittee@berkeleyca.gov).

Written communications submitted by mail or e-mail to the Agenda & Rules Committee by 5:00 p.m. the Friday before the Committee meeting will be distributed to the members of the Committee in advance of the meeting and retained as part of the official record.

Pursuant to the City Council Rules of Procedure and State Law, the presiding officer may remove, or cause the removal of, an individual for disrupting the meeting. Prior to removing an individual, the presiding officer shall warn the individual that their behavior is disrupting the meeting and that their failure to cease their behavior may result in their removal. The presiding officer may then remove the individual if they do not promptly cease their disruptive behavior. “Disrupting” means engaging in behavior during a meeting of a legislative body that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting and includes, but is not limited to, a failure to comply with reasonable and lawful regulations adopted by a legislative body, or engaging in behavior that constitutes use of force or a true threat of force.

# AGENDA

## Roll Call

## Public Comment

## Review of Agendas

1. **Approval of Minutes: January 29, 2024**
2. **Review and Approve Draft Agenda:**
  - a. 2/27/24 – Regular City Council Meeting
3. **Selection of Item for the Berkeley Considers Online Engagement Portal**
4. **Adjournments In Memory**

## Scheduling

5. **Council Worksessions Schedule**
6. **Council Referrals to Agenda Committee for Scheduling**
7. **Land Use Calendar**

## Referred Items for Review

8. **Discussion and Possible Action on City Council Rules of Decorum, Procedural Rules, and Remote Public Comments**
9. **Amend Berkeley Municipal Code Chapter 3.78 To Expand Eligibility Requirements for Representatives of The Poor to Serve on The Human Welfare and Community Action Commission**  
**From: Councilmember Harrison (Author), Councilmember Bartlett (Co-Sponsor)**  
**Referred: November 13, 2023**  
**Deadline: July 25, 2024**  
**Recommendation:** Amend Berkeley Municipal Code Chapter 3.78 to expand eligibility requirements for Representatives of the Poor to serve on the Human Welfare and Community Action Commission, or any successor commission, to consider the current geographic formation of poverty in Berkeley.  
**Financial Implications:** None  
Contact: Kate Harrison, Councilmember, District 4, (510) 981-7140
10. **City Council Legislative Systems Redesign**

## Unscheduled Items

11. **Modifications or Improvements to City Council Meeting Procedures (referred by Council at the March 14, 2023 meeting)**
12. **Strengthening and Supporting City Commissions: Guidance on the Development of Legislative Proposals**
13. **Discussion and Recommendations on the Continued Use of the Berkeley Considers Online Engagement Portal**

## Items for Future Agendas

- **Requests by Committee Members to add items to the next agenda**

## Adjournment – Next Meeting Monday, February 26, 2024

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### Additional items may be added to the draft agenda per Council Rules of Procedure.

*Rules of Procedure as adopted by Council resolution, Article III, C3c - Agenda - Submission of Time Critical Items*

*Time Critical Items. A Time Critical item is defined as a matter that is considered urgent by the sponsor and that has a deadline for action that is prior to the next meeting of the Council and for which a report prepared by the City Manager, Auditor, Mayor or council member is received by the City Clerk after established deadlines and is not included on the Agenda Committee's published agenda.*

*If the Agenda Committee finds the matter to meet the definition of Time Critical, the Agenda Committee may place the matter on the Agenda on either the Consent or Action Calendar.*

*The City Clerk shall not accept any item past the adjournment of the Agenda Committee meeting for which the agenda that the item is requested to appear on has been approved.*

*Written communications addressed to the Agenda Committee and submitted to the City Clerk Department by 5:00 p.m. the Friday before the Committee meeting, will be distributed to the Committee prior to the meeting.*

*This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953 and applicable Executive Orders as issued by the Governor that are currently in effect. Members of the City Council who are not members of the standing committee may attend a standing committee meeting even if it results in a quorum being present, provided that the non-members only act as observers and do not participate in the meeting. If only one member of the Council who is not a member of the committee is present for the meeting, the member may participate in the meeting because less than a quorum of the full Council is present. Any member of the public may attend this meeting. Questions regarding public participation may be addressed to the City Clerk Department (510) 981-6900.*



#### COMMUNICATION ACCESS INFORMATION:

This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at (510) 981-6418 (V) or (510) 981-6347 (TDD) at least three business days before the meeting date. Attendees at public meetings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs.

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I hereby certify that the agenda for this special meeting of the Berkeley City Council was posted at the display case located near the walkway in front of the Maudelle Shirek Building, 2134 Martin Luther King Jr. Way, as well as on the City's website, on Thursday, February 8, 2024.



Mark Numainville, City Clerk

## **Communications**

*Communications submitted to City Council Policy Committees are on file in the City Clerk Department at 2180 Milvia Street, 1st Floor, Berkeley, CA, and are available upon request by contacting the City Clerk Department at (510) 981-6908 or [policycommittee@berkeleyca.gov](mailto:policycommittee@berkeleyca.gov).*



# BERKELEY CITY COUNCIL AGENDA & RULES COMMITTEE SPECIAL MEETING MINUTES

MONDAY, JANUARY 29, 2024

2:30 P.M.

2180 Milvia Street, 6th Floor, Berkeley, CA 94704 – Redwood Room

1404 Le Roy Ave, Berkeley, CA 94708 – Teleconference Location

Committee Members:

Mayor Jesse Arreguin, Councilmembers Sophie Hahn and Susan Wengraf

Alternate: Councilmember Ben Bartlett

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**Roll Call:** 2:31 p.m.

**Present:** Hahn, Arreguin

**Absent:** Wengraf

**Public Comment** – 9 speakers.

## **Review of Agendas**

### **1. Approval of Minutes: January 16, 2024**

**Action:** M/S/C (Arreguin/Hahn) to approve the minutes of 1/16/24.

**Vote:** Ayes – Hahn, Arreguin; Noes – None; Abstain – None; Absent – Wengraf.

### **2. Review and Approve Draft Agenda:**

a. 2/13/24 – 6:00 p.m. Regular City Council Meeting

i. Request from Bay Area Housing Finance Authority for presentation on the ceremonial calendar.

**Action:** M/S/C (Arreguin/Hahn) to refer Item 15 regarding Arts and Community Storefront Activation to the Civic Arts Commission for further consideration.

**Vote:** Ayes – Hahn, Arreguin; Noes – None; Abstain – None; Absent – Wengraf.

**Action:** M/S/C (Hahn/Arreguin) to approve the agenda of 2/13/24 with the changes noted below.

- *Item 8 Commission Establishment (City Manager) – Moved to Action Calendar*
- *Item 13 RFP for Development of WBSC (Arreguin) – Moved to Consent Calendar*
- *Item 14 Middle Housing (Taplin) – Referred to Land Use, Housing, & Economic Development Committee; Councilmember Hahn added as co-sponsor*
- *Item 15 Arts and Community Storefront (Bartlett) – Referred to the Civic Arts Commission; Councilmember Hahn added as co-sponsor*
- *Item 16 Black Arts and Culture District (Bartlett) – Moved to Consent Calendar; Councilmember Hahn and Councilmember Taplin added as co-sponsors*

#### Order of Action Items

Item 12 LPC Appeal

Item 8 Commission Establishment

**Vote:** Ayes – Hahn, Arreguin; Noes – None; Abstain – None; Absent – Wengraf.

### **3. Selection of Item for the Berkeley Considers Online Engagement Portal**

- None selected

### **4. Adjournments In Memory – None**

## Scheduling

5. **Council Worksessions Schedule** – Mayor Arreguin announced the cancellation of the February 6, 2024 worksession, and that the OED Economic Dashboards presentation will be scheduled for a future City Council meeting.
6. **Council Referrals to Agenda Committee for Scheduling** – received and filed
7. **Land Use Calendar** – received and filed

## Referred Items for Review

8. **Discussion and Possible Action on City Council Rules of Decorum, Procedural Rules, and Remote Public Comments**

**Action:** 2 speakers. Continued to the next meeting.

9. **Amend Berkeley Municipal Code Chapter 3.78 To Expand Eligibility Requirements for Representatives of The Poor to Serve on The Human Welfare and Community Action Commission**  
**From: Councilmember Harrison (Author), Councilmember Bartlett (Co-Sponsor)**

**Referred: November 13, 2023**

**Deadline: July 25, 2024**

**Recommendation:** Amend Berkeley Municipal Code Chapter 3.78 to expand eligibility requirements for Representatives of the Poor to serve on the Human Welfare and Community Action Commission, or any successor commission, to consider the current geographic formation of poverty in Berkeley.

**Financial Implications:** None

Contact: Kate Harrison, Councilmember, District 4, (510) 981-7140

**Action:** 3 speakers. Continued to the next meeting.

10. **City Council Legislative Systems Redesign**

**Action:** 2 speakers. Councilmember Hahn noted that she will move forward with proposed edits to the Rules of Procedure that will make the council report guidelines mandatory. Continued to the next meeting.

## Unscheduled Items

11. **Modifications or Improvements to City Council Meeting Procedures (referred by Council at the March 14, 2023 meeting)**

## Unscheduled Items

12. **Strengthening and Supporting City Commissions: Guidance on the Development of Legislative Proposals**
13. **Discussion and Recommendations on the Continued Use of the Berkeley Considers Online Engagement Portal**

## Items for Future Agendas

- **None**

**Action:** M/S/C (Arreguin/Hahn) to adjourn the meeting.

**Vote:** Ayes – Hahn, Arreguin; Noes – None; Abstain – None; Absent – Wengraf.

Adjourned at 3:59 p.m.

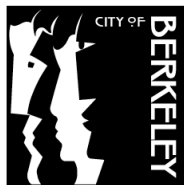
I hereby certify that the foregoing is a true and correct record of the Agenda & Rules Committee meeting held on January 29, 2024.

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Mark Numainville, City Clerk

## Communications

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**DRAFT AGENDA**  
**BERKELEY CITY COUNCIL MEETING**  
**Tuesday, February 27, 2024**  
**6:00 PM**

SCHOOL DISTRICT BOARD ROOM - 1231 ADDISON STREET, BERKELEY, CA 94702

TELECONFERENCE LOCATION - 1404 LE ROY AVE, BERKELEY, 94708

TELECONFERENCE LOCATION – 301 WEST 17<sup>TH</sup> STREET, AUSTIN, TX 98701

JESSE ARREGUIN, MAYOR

Councilmembers:

DISTRICT 1 – RASHI KESARWANI  
 DISTRICT 2 – TERRY TAPLIN  
 DISTRICT 3 – BEN BARTLETT  
 DISTRICT 4 – KATE HARRISON

DISTRICT 5 – SOPHIE HAHN  
 DISTRICT 6 – SUSAN WENGRAF  
 DISTRICT 7 – VACANT  
 DISTRICT 8 – MARK HUMBERT

*This meeting will be conducted in a hybrid model with both in-person attendance and virtual participation. If you are feeling sick, please do not attend the meeting in person.*

*Live captioned broadcasts of Council Meetings are available on Cable B-TV (Channel 33) and via internet accessible video stream at [http://berkeley.granicus.com/MediaPlayer.php?publish\\_id=1244](http://berkeley.granicus.com/MediaPlayer.php?publish_id=1244).*

*Remote participation by the public is available through Zoom. To access the meeting remotely: Join from a PC, Mac, iPad, iPhone, or Android device: Please use this URL: <<INSERT ZOOM for GOV URL HERE>>. To request to speak, use the “raise hand” icon by rolling over the bottom of the screen. To join by phone: Dial **1-669-254-5252 or 1-833-568-8864 (Toll Free)** and enter Meeting ID: <<INSERT MEETING ID HERE>>. If you wish to comment during the public comment portion of the agenda, Press \*9 and wait to be recognized by the Chair. Please be mindful that the meeting will be recorded.*

*To submit a written communication for the City Council’s consideration and inclusion in the public record, email [council@berkeleyca.gov](mailto:council@berkeleyca.gov).*

*This meeting will be conducted in accordance with the Brown Act, Government Code Section 54953 and applicable Executive Orders as issued by the Governor that are currently in effect. Any member of the public may attend this meeting. Questions regarding public participation may be addressed to the City Clerk Department (510) 981-6900. The City Council may take action related to any subject listed on the Agenda.*

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## Preliminary Matters

### Roll Call:

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

**Ceremonial Matters:** *In addition to those items listed on the agenda, the Mayor may add additional ceremonial matters.*

**City Manager Comments:** *The City Manager may make announcements or provide information to the City Council in the form of an oral report. The Council will not take action on such items but may request the City Manager place a report on a future agenda for discussion.*

**Public Comment on Non-Agenda Matters:** *Persons will be selected to address matters not on the Council agenda. If five or fewer persons wish to speak, each person selected will be allotted two minutes each. If more than five persons wish to speak, up to ten persons will be selected to address matters not on the Council agenda and each person selected will be allotted one minute each. Persons attending the meeting in-person and wishing to address the Council on matters not on the Council agenda during the initial ten-minute period for such comment, must submit a speaker card to the City Clerk in person at the meeting location and prior to commencement of that meeting. The remainder of the speakers wishing to address the Council on non-agenda items will be heard at the end of the agenda.*

**Public Comment by Employee Unions (first regular meeting of the month):** *This period of public comment is reserved for officially designated representatives of City of Berkeley employee unions, with five minutes allocated per union if representatives of three or fewer unions wish to speak and up to three minutes per union if representatives of four or more unions wish to speak.*

## Consent Calendar

*The Council will first determine whether to move items on the agenda for "Action" or "Information" to the "Consent Calendar", or move "Consent Calendar" items to "Action." Three members of the City Council must agree to pull an item from the Consent Calendar or Information Calendar for it to move to Action. Items that remain on the "Consent Calendar" are voted on in one motion as a group. "Information" items are not discussed or acted upon at the Council meeting unless they are moved to "Action" or "Consent".*

*No additional items can be moved onto the Consent Calendar once public comment has commenced. At any time during, or immediately after, public comment on Information and Consent items, any Councilmember may move any Information or Consent item to "Action." Following this, the Council will vote on the items remaining on the Consent Calendar in one motion.*

*For items moved to the Action Calendar from the Consent Calendar or Information Calendar, persons who spoke on the item during the Consent Calendar public comment period may speak again at the time the matter is taken up during the Action Calendar.*

## Consent Calendar

**Public Comment on Consent Calendar and Information Items Only:** *The Council will take public comment on any items that are either on the amended Consent Calendar or the Information Calendar. Speakers will be entitled to two minutes each to speak in opposition to or support of Consent Calendar and Information Items. A speaker may only speak once during the period for public comment on Consent Calendar and Information items.*

*Additional information regarding public comment by City of Berkeley employees and interns: Employees and interns of the City of Berkeley, although not required, are encouraged to identify themselves as such, the department in which they work and state whether they are speaking as an individual or in their official capacity when addressing the Council in open session or workshops.*

## Consent Calendar

### 1. Minutes for Approval

**From: City Manager**

**Recommendation:** Approve the minutes for the Council meetings of January 16, 2024 (regular), January 17, 2024 (closed), January 22, 2024 (special) January 23, 2024 (closed and special) and January 30, 2024 (regular)

**Financial Implications:** None

Contact: Mark Numainville, City Clerk, (510) 981-6900

### 2. Contract No. 31900184 Amendment: Alcor Solutions, Inc. to Expand Services for Intranet Services

**From: City Manager**

**Recommendation:** Adopt a Resolution authorizing the City Manager to execute an amendment to Contract No. 31900184 with Alcor Solutions, Inc., to expand scope to include intranet services.

**Financial Implications:** None

Contact: Kevin Fong, Information Technology, (510) 981-6500

### 3. Contract No. 105921-1 Amendment - TruePoint Solutions, LLC

**From: City Manager**

**Recommendation:** Adopt a Resolution authorizing the City Manager to amend Contract No. 105921-1 with TruePoint Solutions, LLC for professional services, increasing the amount by \$250,000, for a total not-to-exceed amount of \$1,297,200 and extending the term by one year for the term beginning June 1, 2015 to June 30, 2025.

**Financial Implications:** See report

Contact: Kevin Fong, Information Technology, (510) 981-6500

### 4. Donation: Memorial Bench at Cesar Chavez Park in memory of Charlie Pollack

**From: City Manager**

**Recommendation:** Adopt a Resolution accepting a cash donation in the amount of \$3,400 for a memorial bench to be placed at Cesar Chavez Park in memory of Charlie Pollack.

**Financial Implications:** Revenue - \$3,400

Contact: Scott Ferris, Parks, Recreation and Waterfront, (510) 981-6700

## Consent Calendar

- 5. Contract: West Coast Arborists, Inc. for Tree Removal and Pruning Services**  
**From: City Manager**  
**Recommendation:** Adopt a Resolution authorizing the City Manager or her designee to execute a contract and any amendments with West Coast Arborists, Inc. for tree removal and pruning services in an amount not to exceed \$1,500,000 over a period of three years, with an option to renew for two additional years at \$500,000 per year, for a total contract amount not to exceed \$2,500,000.  
**Financial Implications:** See report  
Contact: Scott Ferris, Parks, Recreation and Waterfront, (510) 981-6700
- 6. Contract: Rincon Consultants for Environmental Justice Element, Safety Element Update, and Equitable Climate and Resilience Metrics**  
**From: City Manager**  
**Recommendation:** Adopt a Resolution authorizing the City Manager or their designee to award a contract and execute any amendments, extensions, or change orders with Rincon Consultants, Inc. in an amount not-to-exceed \$634,000 over a three-year period, to update Berkeley's General Plan Safety Element, develop a new General Plan Environmental Justice (EJ) Element, and create an Equitable Climate and Resilience Monitoring and Evaluation Strategy and Dashboard.  
**Financial Implications:** See report  
Contact: Jordan Klein, Planning and Development, (510) 981-7400
- 7. Contract No. 32300057 Amendment: Association for Energy Affordability for Pilot Climate Equity Fund**  
**From: City Manager**  
**Recommendation:** Adopt a Resolution authorizing the City Manager or designee to amend Contract No. 32300057 with Association for Energy Affordability for the Pilot Climate Equity Fund, increasing the amount by \$43,556, to a new total contract amount not to exceed \$126,890, and extend the contract through May 30, 2025.  
**Financial Implications:** See report  
Contact: Jordan Klein, Planning and Development, (510) 981-7400
- 8. Accept Energy Efficiency and Conservation Block Grant Program Equipment Voucher**  
**From: City Manager**  
**Recommendation:** Adopt a Resolution authorizing the City Manager or their designee to submit an application and an Energy Efficiency and Conservation Strategy to the U.S. Department of Energy (DOE), execute any related revenue agreements and amendments, and accept funds for an equipment voucher from the Federal Energy Efficiency and Conservation Block Grant (EECBG) Program of up to \$174,290 for the two-year period of February 13, 2024 through February 13, 2026.  
**Financial Implications:** See report  
Contact: Andrew Murray, Public Works, (510) 981-6300



## Consent Calendar

- 9. Contract: (Specification No. 24-11529-C) JJR Construction Inc. for FY 2024 Sidewalk Repair Project**  
**From: City Manager**  
**Recommendation:** Adopt a Resolution: 1) Approving plans and specifications for the FY 2024 Sidewalk Repair Project; 2) Accepting the bid of JJR Construction Inc. as the lowest responsive and responsible bidder; and 3) Authorizing the City Manager to execute a contract and any amendments, extensions or other change orders until completion of the project, in accordance with the approved plans and specifications in an amount not to exceed \$4,246,955.  
**Financial Implications:** See report  
Contact: Andrew Murray, Public Works, (510) 981-6300
- 10. Contract: (Specification No. 24-11621-C): Bay Pacific Pipeline, Inc. for Virginia Street, Russell Street, et al. Sanitary Sewer Rehabilitation Project**  
**From: City Manager**  
**Recommendation:** Adopt a Resolution: 1) Approving plans and specifications for the Sanitary Sewer Project located on Virginia Street, Russell Street, et al., and 2) Accepting the bid of the lowest, responsive and responsible bidder, Bay Pacific Pipeline, Inc., and 2) Authorizing the City Manager to execute a contract and any amendments, extensions, or other change orders until completion of the project in accordance with the approved plans and specifications, in an amount not to exceed \$4,828,002, which includes a 10% contingency of \$438,909.  
**Financial Implications:** See report  
Contact: Andrew Murray, Public Works, (510) 981-6300
- 11. Contract (Specification. No. 24-11645-C): Koios Engineering, Inc. for Urgent Sewer Repair FY2024 Project**  
**From: City Manager**  
**Recommendation:** Adopt a Resolution: 1) Approving plans and specifications for the Urgent Sewer Repair FY2024 Project; 2) Accepting the bid of the lowest responsive and responsible bidder, Koios Engineering, Inc.; and 3) Authorizing the City Manager to execute a contract and any amendments, extensions, or other change orders until completion of the project in accordance with the approved plans and specifications, in an amount not to exceed \$465,187, which includes a 10% contingency of \$42,289.  
**Financial Implications:** See report  
Contact: Andrew Murray, Public Works, (510) 981-6300

## Consent Calendar

- 12. Reject Bids – FY 2023 Retaining Wall and Storm Drain Improvement Project, Specification Nos. 23-11616-C & 23-11614-C**  
**From: City Manager**  
**Recommendation:** Adopt a Resolution authorizing the City Manager to reject bids and direct staff to re-advertise the work associated with the FY 2023 Retaining Wall and Storm Drain Improvement Project, Specification Nos. 23-11616-C & 23-11614-C.  
**Financial Implications:** See report.  
Contact: Andrew Murray, Public Works, (510) 981-6300
- 13. Council Referral - Proposed Changes to Public Comment**  
**From: Open Government Commission**  
**Recommendation:** City Council to review and implement suggested changes to the way public comment is given at City Council Meetings.  
**Financial Implications:** None  
Contact: Sam Harvey, Commission Secretary, (510) 981-6950

## Action Calendar

*The public may comment on each item listed on the agenda for action. For items moved to the Action Calendar from the Consent Calendar or Information Calendar, persons who spoke on the item during the Consent Calendar public comment period may speak again during one of the Action Calendar public comment periods on the item. Public comment will occur for each Action item (excluding public hearings, appeals, and/or quasi-judicial matters) in one of two comment periods, either 1) before the Action Calendar is discussed; or 2) when the item is taken up by the Council.*

*A member of the public may only speak at one of the two public comment periods for any single Action item.*

*The Presiding Officer will request that persons wishing to speak line up at the podium, or use the "raise hand" function in Zoom, to determine the number of persons interested in speaking at that time. Up to ten (10) speakers may speak for two minutes. If there are more than ten persons interested in speaking, the Presiding Officer may limit the public comment for all speakers to one minute per speaker. Speakers are permitted to yield their time to one other speaker, however no one speaker shall have more than four minutes. The Presiding Officer may, with the consent of persons representing both sides of an issue, allocate a block of time to each side to present their issue.*

*Action items may be reordered at the discretion of the Chair with the consent of Council.*

## Action Calendar – Scheduled Public Comment Period

*During this public comment period, the Presiding Officer will open and close a comment period for each Action item on this agenda (excluding any public hearings, appeals, and/or quasi-judicial matters). The public may speak on each item. Those who speak on an item during this comment period may not speak a second time when the item is taken up by Council.*

## Action Calendar – Public Hearings

*Staff shall introduce the public hearing item and present their comments. For certain hearings, this is followed by five-minute presentations each by the appellant and applicant. The Presiding Officer will request that persons wishing to speak line up at the podium, or use the "raise hand" function in Zoom, to be recognized and to determine the number of persons interested in speaking at that time.*

## Action Calendar – Public Hearings

*Up to ten (10) speakers may speak for two minutes. If there are more than ten persons interested in speaking, the Presiding Officer may limit the public comment for all speakers to one minute per speaker. Speakers are permitted to yield their time to one other speaker, however no one speaker shall have more than four minutes. The Presiding Officer may with the consent of persons representing both sides of an issue allocate a block of time to each side to present their issue.*

*When applicable, each member of the City Council shall verbally disclose all ex parte contacts concerning the subject of the hearing. Councilmembers shall also submit a report of such contacts in writing prior to the commencement of the hearing. Written reports shall be available for public review in the office of the City Clerk.*

**14. ZAB Appeal: 2924 Russell Street, Administrative Use Permit #ZP2023-0081**

**From: City Manager**

**Recommendation:** Conduct a public hearing and, upon conclusion, adopt a Resolution affirming the decision of the Zoning Adjustments Board to approve Administrative Use Permit #ZP2023-0081 to install an unenclosed hot tub in the rear yard.

**Financial Implications:** Nione

Contact: Jordan Klein, Planning and Development, (510) 981-7400

**15. Zoning Amendments for Berkeley Business; Amending Berkeley Municipal Code Title 23**

**From: City Manager**

**Recommendation:** Conduct a public hearing and upon conclusion, adopt the first reading of an ordinance amending Title 23 of the Berkeley Municipal Code to streamline and clarify the permitting process for small businesses in commercial districts (“C-Prefixed”), select manufacturing (“M-Prefixed”) districts, and the Residential BART Mixed Use (R-BMU) and Residential Southside Mixed Use (R-SMU) zoning districts.

**Financial Implications:** See report

Contact: Jordan Klein, Planning and Development, (510) 981-7400

**16. Revised Fees for Public Use of City-Owned Electric Vehicle Charging Ports**

**From: City Manager**

**Recommendation:** Conduct a public hearing and upon conclusion adopt a Resolution to: - Revise the fee structure for public use of City-owned Level 2 electric vehicle charging ports, and - Grant the City Manager or her Designee the authority to adjust such fees on an annual basis in alignment with the California Public Utility Commission’s annually published electricity rate data.

**Financial Implications:** See report.

Contact: Andrew Murray, Public Works, (510) 981-6300

## Action Calendar – New Business

17. **State of Public Health in Berkeley Summary Report**  
**From: City Manager**  
**Recommendation:** Receive a presentation from the Health Officer on the State of Public Health in Berkeley.  
**Financial Implications:** See report  
Contact: Anju Goel, Health, Housing, and Community Services, (510) 981-5400
18. **Proposed Amendments to the Building Emissions Saving Ordinance (BESO)**  
**From: City Manager**  
**Recommendation:** Adopt first reading of amendments to the Building Emissions Saving Ordinance (BESO), Chapter 19.81 of the Berkeley Municipal Code, to establish a flexible resilience standard for small residential buildings containing up to four units.  
**Financial Implications:** See report  
Contact: Jordan Klein, Planning and Development, (510) 981-7400

## Action Calendar – Policy Committee Track Items

19. **Resources to Plan for Future Health Care Access for Berkeley Residents**  
**From: Mayor Arreguin (Author), Councilmember Hahn (Author)**  
**Recommendation:** Allocate \$300,000 from the General Fund for legal and/or other technical expertise as may be needed to identify/evaluate existing or potential opportunities to secure the future of healthcare and hospital access for the people of Berkeley.  
Funds should be used to broadly explore healthcare needs of the entire Berkeley community, now and in the coming decades, including the needs of low income communities and communities of color, the elderly, youth, women, and other groups that have lower health and life-expectancy outcomes and/or have specialized healthcare needs; and healthcare facilities, programs, and other assets that are and/or can be accessible to Berkeley residents in the coming years  
**Financial Implications:** See report  
Contact: Jesse Arreguin, Mayor, (510) 981-7100
20. **Referral to the City Manager: Eminent Domain Feasibility Analysis for 2902 and 2908 Adeline Street Properties and Abandoned House on 1946 Russell Street**  
**From: Councilmember Bartlett (Author)**  
**Recommendation:** Refer the City Manager to conduct an analysis and report to the Council on the feasibility of using eminent domain to enable the City to purchase the blighted commercial properties on 2902 and 2908 Adeline Street, as well as the adjacent abandoned house on 1946 Russell Street for the purposes of developing mixed-use affordable housing.  
**Financial Implications:** See report  
Contact: Ben Bartlett, Councilmember, District 3, (510) 981-7130

## Information Reports

21. **FY 2024 First Quarter Investment Report: Ended September 30, 2023**  
**From: City Manager**  
Contact: Henry Oyekanmi, Finance, (510) 981-7300
22. **LPO NOD: 2113-2115 Kittredge Street/#LMSAP2022-0011**  
**From: City Manager**  
Contact: Jordan Klein, Planning and Development, (510) 981-7400

## Public Comment – Items Not Listed on the Agenda

### Adjournment

**NOTICE CONCERNING YOUR LEGAL RIGHTS:** *If you object to a decision by the City Council to approve or deny a use permit or variance for a project the following requirements and restrictions apply: 1) No lawsuit challenging a City decision to deny (Code Civ. Proc. §1094.6(b)) or approve (Gov. Code 65009(c)(5)) a use permit or variance may be filed more than 90 days after the date the Notice of Decision of the action of the City Council is mailed. Any lawsuit not filed within that 90-day period will be barred. 2) In any lawsuit that may be filed against a City Council decision to approve or deny a use permit or variance, the issues and evidence will be limited to those raised by you or someone else, orally or in writing, at a public hearing or prior to the close of the last public hearing on the project.*

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Email: [clerk@berkeleyca.gov](mailto:clerk@berkeleyca.gov)

Libraries: Main – 2090 Kittredge Street,  
Claremont Branch – 2940 Benvenue, West Branch – 1125 University,  
North Branch – 1170 The Alameda, Tarea Hall Pittman South Branch – 1901 Russell

#### COMMUNICATION ACCESS INFORMATION:

This meeting is being held in a wheelchair accessible location.

To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at (510) 981-6418 (V) or (510) 981-6347 (TDD) at least three business days before the meeting date.

Attendees at public meetings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs.



Captioning services are provided at the meeting, on B-TV, and on the Internet. In addition, assisted listening devices for the hearing impaired are available from the City Clerk prior to the meeting, and are to be returned before the end of the meeting.

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Open Government Commission

CONSENT CALENDAR  
February 27, 2024

To: Honorable Mayor and Members of the City Council

From: Jim Hynes, Chair, Open Government Commission

Submitted by: Samuel Harvey, Secretary, Open Government Commission

Subject: Council Referral - Proposed Changes to Public Comment

RECOMMENDATION

City Council to review and implement suggested changes to the way public comment is given at City Council Meetings.

FISCAL IMPACTS OF RECOMMENDATION

None.

CURRENT SITUATION AND ITS EFFECTS

At the March 14, 2023 City Council meeting, the Council passed a resolution to allow two periods of public comment on Action Items and voted to “Refer the suggestions regarding improvements to the meeting process to the Agenda & Rules Committee and the Open Government Commission for consideration.” The OGC reviewed the recording of this meeting, comments sent in prior to the meeting, and comments submitted by email or in person at Commission meetings and adopted the following recommendations at its September 21, 2023 meeting.

**Action:** M/S/C (Blome/O'Donnell) Motion to approve report to City Council with non-substantive edits

**Vote:** Ayes: O'Donnell, Saginor, Blome, Isselbacher, Hernandez; Noes: none; Abstain: none; Absent: Ching, Hynes.

BACKGROUND

The City Council asked the Open Government Commission (OGC) to explore improvements to the way City Council meetings offer opportunities for public comment. The OGC agrees with the resolution passed by City Council on March 14, 2023 that added an opportunity for public comment at the start of the Action Calendar and also maintained the opportunity to comment at the time each Action Item is discussed as this allows the public to hear comments, questions, and proposed changes from City

Councilmembers before making public comment. In addition to this change, the OGC proposes the following:

**A. For immediate implementation:**

| <b>Suggested Change</b>                                                                                                                                                                                                                                                             | <b>Intended Result</b>                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Continue to allow the public to participate remotely via videoconference.                                                                                                                                                                                                        | Removes barriers to participation, especially for those with disabilities.                                                                                                                                                                                                                                                                                                                                              |
| 2. Enable live transcription at all committee, board, and commission meetings with a videoconference component. Configure Zoom to permit saving of the transcription by the public.                                                                                                 | People joining remotely can better understand what is being said.                                                                                                                                                                                                                                                                                                                                                       |
| 3. Limit councilmember <b>initial</b> comments on action items to 5 minutes/person and enforce this rule.                                                                                                                                                                           | Bring practice more into alignment with City Council Rules of Procedure, Sec. V, Procedural Matters, Sub. G, Debate Limited, limits debate on any item to 20 minutes.                                                                                                                                                                                                                                                   |
| 4. Start the Consent Calendar with an acknowledgement that consent items are important but should be ready to pass without prolonged discussion. Minimize discussion of items on the Consent Calendar.                                                                              | Bring practice into alignment with City Council Rules of Procedure, Sec. IV, Conduct of Meeting, Sub. B, Consent Calendar, "It is the policy of the Council that the Mayor or Councilmembers wishing to ask questions concerning Consent Calendar items should ask questions of the contact person identified prior to the Council meeting so that the need for discussion of consent calendar items can be minimized." |
| 5. Amend City Council Rules of Procedure Section IV Conduct of Meeting, Sub B, Consent Calendar, last paragraph to add "If three or more Councilmembers object to a Consent item by expressing their intent to abstain or vote no, the item shall be moved from Consent to Action." | An item that is not going to pass does not fit the plain English definition of "consent." Such items properly belong in the Action calendar where members of the public may advocate for them and where Councilmembers may discuss their views.                                                                                                                                                                         |
| 6. Acknowledge and verbally summarize comments received via email.                                                                                                                                                                                                                  | Demonstrates that the Council is receptive to written correspondence and encourages more written comments that can be read ahead of time. This would require an amendment to City Council Rules of Procedure Section IV, Sub D, Written communications. (In the future, Council could consider implementing an on-line form that would automatically summarize how many comments are for and against a given item.)     |
| 7. Use Berkeley Considers more frequently, especially for controversial issues.                                                                                                                                                                                                     | Provides transparency in gauging public opinion.                                                                                                                                                                                                                                                                                                                                                                        |



|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>8. Endeavor to inform attendees of approximate time for high interest items, e.g. "Item 32 will not be heard before 9:30."</p>                                                                                                                                                                                                               | <p>Members of the public can determine when to join, stay, or leave in person or via zoom.</p>                                                                               |
| <p>9. Endeavor to determine early if an item will be postponed, e.g. at 9:30 move to continue an item, instead of waiting until 10:50.</p>                                                                                                                                                                                                      | <p>Members of the public can determine whether to stay or leave in person or via zoom.</p>                                                                                   |
| <p>10. Require that City Manager and staff publish supporting materials for Agenda items in advance of the Agenda Committee meeting.</p>                                                                                                                                                                                                        | <p>Allow time for the public and the Committee to vet for completeness, give feedback, and schedule accordingly. Diminishes the need for multiple or late supplementals.</p> |
| <p>11. Amend City Council Rules of Procedure Section IV Conduct of Meeting, Sub B, Consent Calendar, last paragraph as follows: Consent Calendar items will be moved to the Action Calendar if requested by three councilmembers. by the Council. Action items may be reordered at the discretion of the Chair with the consent of Council.</p> | <p>Reflect and formalize current practice. Allows councilmembers to respond to public requests for further consideration of an item.</p>                                     |

**B. For further consideration and/or research:**

| <p><b>Suggested Change</b></p>                                                                                                 | <p><b>Intended Result</b></p>                                          |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <p>1. Schedule more meetings with fewer items on the agenda at each meeting</p>                                                | <p>Members of the public would wait less long to speak on an item.</p> |
| <p>2. Schedule separate meetings for items that are controversial or attract especially high public interest.</p>              | <p>Avoid running overtime or having to continue long items.</p>        |
| <p>3. Have separate meetings for City department reports and/or informational items that will take longer than 20 minutes.</p> | <p>Agenda items at these meetings would be at a prescribed time.</p>   |
| <p>4. Limit to 20 minutes any City department reports included within a regular meeting.</p>                                   | <p>Department reports will not prolong meetings.</p>                   |
| <p>5. Have Special Meetings on a different day from Regular Meetings.<br/>OR</p>                                               | <p>Regular Meetings can start on time and end earlier.</p>             |
| <p>Schedule Special Meetings to have a hard stop fifteen minutes before the posted time of a Regular Meeting.</p>              |                                                                        |

|                                                                                                                                                                                        |                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Strongly urge that supplemental materials be submitted earlier.                                                                                                                     | Allows councilmembers and the public to review materials before the meeting.                                                                                                            |
| 7. Change the minimum amount of time for a public comment to 90 seconds, with more time if ceded by others.                                                                            | Allows each speaker at minimum to express a well reasoned statement.                                                                                                                    |
| 8. After the meeting, provide a webpage link for transcriptions created by the captioners for any Council, Committee, Board or Commission meetings for which captioners were employed. | Improve access for members of the public to meetings they were unable to attend. Improves access for persons with hearing disabilities and allows keyword searching of meeting content. |
| 9. Provide virtual access to Board and Commission meetings which are now held in person.                                                                                               | Improve public access to these meetings.                                                                                                                                                |

### ALTERNATIVE ACTIONS CONSIDERED

#### **C. Suggestions proposed, but NOT recommended by the OGC**

| <b>Suggested Change</b>                                                                                                                                                             | <b>Reason to reject</b>                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1. Limit the number of speakers at public comment                                                                                                                                   | Public comment is an integral part of our democracy.                                                                              |
| 2. Make all staff presentations "pre-reads" so that Council could open with questions and then public comment                                                                       | Not possible to require councilmembers and public to "pre-read."                                                                  |
| 3. Move the Consent Calendar to the end of the meeting                                                                                                                              | Moving an item from Consent to Action would require either a second Action section or deferring the item to a subsequent meeting. |
| 4. Canvass public members on which item(s) they've come to address and reorder agenda to place those items first.                                                                   | Impractical, especially with many joining on zoom.                                                                                |
| 5. Agendize items to "time certain" (a time, not just a date).                                                                                                                      | Length of items - including length of public - comment, cannot be predicted accurately                                            |
| 6. Evaluate the provision of an additional opportunity for public comment at the beginning of the Action calendar after that practice has been in use for some time and "sunset" it | Reconsideration as needed is recommended, but not a formal evaluation. Action to discontinue changes can be taken if needed.      |
| unless a decision is made to continue it.                                                                                                                                           |                                                                                                                                   |

|                                                                                                      |                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>7. Remove ceremonial matters from the agenda.</p>                                                 | <p>Ceremonial matters are a positive part of City Council Meetings and a way to acknowledge the positive things residents are doing for our community.</p>                                                                                                                                                                                                 |
| <p>8. Allow members of the public to move items from the consent calendar to the action calendar</p> | <p>The public has an opportunity during public comment to persuade three councilmembers to move an item from . the consent calendar to the action calendar. If councilmembers are not persuaded to do this, the item will fail. Especially with hybrid meetings, we have concerns that changing the current procedure could be abused. See Table A.11.</p> |

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

None.

RATIONALE FOR RECOMMENDATION

The two main problems these recommendations aim to address are 1) that meetings run long, often ending late at night; and 2) long wait times make it difficult for members of the public to comment on issues being discussed, especially when substantive changes are proposed at the last minute.

The OGC plans to continue monitoring the situation to evaluate whether these changes produce the desired outcome of shorter meetings and shorter wait times for the public to speak.

CITY MANAGER

The City Manager is recommending this item be referred to the Agenda & Rules Committee given their current work on similar topics.

CONTACT PERSON

Jim Hynes, Chair, Open Government Commission, (510) 981-6998  
 Samuel Harvey, Commission Secretary, Open Government Commission (510) 981-6998





CONSENT CALENDAR

February 27, 2024

To: Honorable Members of the Berkeley City Council

From: Mayor Jesse Arreguín and Councilmember Sophie Hahn (Authors)

Subject: Resources to Plan for Future Health Care Access for Berkeley Residents

RECOMMENDATION

Allocate \$300,000 from the General Fund for legal and/or other technical expertise as may be needed to identify/evaluate existing or potential opportunities to secure the future of healthcare and hospital access for the people of Berkeley.

Funds should be used to broadly explore healthcare needs of the entire Berkeley community, now and in the coming decades, including the needs of low income communities and communities of color, the elderly, youth, women, and other groups that have lower health and life-expectancy outcomes and/or have specialized healthcare needs; and healthcare facilities, programs, and other assets that are and/or can be accessible to Berkeley residents in the coming years.

BACKGROUND

In 2016, Sutter Health announced its intention to close Alta Bates hospital, the only full-service acute care hospital between Berkeley and the northernmost communities of Contra Costa County, by 2030. Alta Bates has a capacity of 347 beds, and is the third largest general acute care facility in the region. Its service area includes almost 850,000 residents, of whom 44% are people of color and 36% are below 200% of the federal poverty level.

On July 12, 2016, City Council passed Resolution No, 67,615–N.S, opposing Sutter’s plans to close the hospital. The Resolution further resolved that the Mayor, City Council and City Departments pledged to cooperate fully to facilitate this process (Attachment 1). The Mayor’s Office convened the Alta Bates Regional Task Force composed of officials from Alameda and Contra Costa Counties, and the cities of Alameda, Albany, El Cerrito, Emeryville, Oakland, San Pablo and Richmond, as a venue to share information and explore policy alternatives. Subsequently, a formal request was sent to Sutter

Health on February 7, 2019 requesting that Sutter provide a plan, in writing, for the retrofitting/rebuild of Alta Bates Hospital or share their future plans for the property. To date, Sutter has not provided such a plan to the City Council or the public and has not indicated in any forum that it plans to continue operating Alta Bates as a full service acute and emergency care hospital after the 2030 deadline.

According to the 2018 Health Status Report, significant health disparities persist in Berkeley, particularly impacting the African American community. Despite comprising only 8% of the population, African Americans accounted for nearly 30% of the Years of Potential Life Lost (YPLL), indicating a higher rate of premature death compared to other racial/ethnic groups. This disparity extends to various health conditions: African Americans were 2.3 times more likely to die prematurely from any condition compared to Whites and faced inequitably high rates of hospitalization due to uncontrolled diabetes and its long-term complications. Moreover, the rate of hospitalization due to hypertension among African Americans sharply increased, being over five times that of the total population. These troubling health trends, coupled with the potential closure of Alta Bates hospital, could further strain the healthcare system, exacerbating the challenges faced by vulnerable populations in Berkeley and intensifying the need for comprehensive and accessible healthcare solutions across the city.

In December 2018, a Rapid Health Impact Assessment Report (RHIA) was commissioned by the Task Force and delivered by a research team at the UC Berkeley Institute of Urban and Regional Development, led by professor Jason Corburn. The RHIA report identified potential health impacts of the closure of Alta Bates. With the hospital serving as a regional hub for pregnancy and birthing, there will be reduced high quality prenatal, birthing & neonatal care accessible to Berkeley and other East Bay residents. Closure will disproportionately impact people of color and low-income/uninsured residents, many of whom are already at a higher risk of having health complications. Emergency departments in hospitals throughout the region will see increased crowding, leading to longer wait times, longer travel times, and placing additional strains on ambulances, negatively impacting both the Berkeley Fire and Police Departments. Closure also places the entire I-80 corridor at additional risk in the event of a disaster such as an earthquake, wildfire - or pandemic, with victims having less access to emergency services.

In addition to these disparate impacts across the region, the report identified a particularly acute impact to Berkeley's elderly and student populations. Approximately, 13% of the population in the Alta Bates Hospital Service Area is over the age of 65, with an additional 12% between the ages of 55-64. Notably, in three Berkeley ZIP codes (94705, 94707, and 94708), the elderly population (over 65) constitutes 20-30% of the residents, indicating a significant portion of the population that might require more healthcare services, particularly in the context of emergency services and age-related

health issues. Moreover, UC Berkeley students rely heavily on Alta Bates services, with an estimated 4,000 emergency visits per day. Student health and mental health would be impacted by the loss of Alta Bates, where between 2,500-3,000 students are referred to from the student health center (Tang Center).

While securing the healthcare needs of Berkeley residents and understanding and addressing the impacts of closure of Alta Bates have been topics of interest and concern to the City Council for many years, evidenced by resolutions, letters, and studies, the COVID pandemic paused progress at a critical moment - and put enormous stress on health care facilities region-wide, including Alta Bates, which heroically cared for (and continues to care for) victims of this unprecedented pandemic. With the Pandemic now under control - and 2030 just six years away - the need to pick up the pace to understand and explore options for the people of Berkeley to have their healthcare needs met is more urgent than ever. Allocating \$200,000 will allow the City to commission studies and/or engage consultants and attorneys (if necessary) to quickly bring forward data and explore potential options for consideration by the City Council.

#### FINANCIAL IMPLICATIONS

\$300,000 from the General Fund

#### ENVIRONMENTAL SUSTAINABILITY

Not Applicable

#### CONTACT PERSON

|                           |              |
|---------------------------|--------------|
| Mayor Jesse Arreguín      | 510-981-7100 |
| Councilmember Sophie Hahn | 510-981-7150 |

#### Attachments:

1. Resolution 67,615
2. [City of Berkeley 2018 Health Status Summary Report](#)
3. [2018 Rapid Health Impact Assessment: Proposed Closure of Alta Bates Campus](#)

RESOLUTION NO. 67,615–N.S.

OPPOSE SUTTER HEALTH CORPORATION'S PLAN TO CEASE ACUTE CARE HOSPITAL OPERATIONS AT ALTA BATES HOSPITAL IN BERKELEY, FURTHER REQUESTING CITY DEPARTMENTS TO IDENTIFY PENDING OR FUTURE APPLICATIONS SOUGHT IN FURTHERANCE OF SUCH CLOSURE AND REPORT SUCH APPLICATIONS

WHEREAS, Alta Bates Summit Medical Center, has been providing "full service" Acute Care hospital services in Berkeley, the East Bay and in Alameda and other counties for decades, and

WHEREAS, Alta Bates Summit Medical Center is licensed for 944 acute care beds with more than half of them in Berkeley, and 347 of those at the Ashby facility; and

WHEREAS, Alta Bates Summit Medical Center's Ashby facility is crucial for providing timely healthcare services for the people of Berkeley and cities beyond Berkeley's border; and

WHEREAS, from 2002 through 2015, records from CA's Office of Statewide Health Planning and Development, OSHPD, revealed very high utilization of acute care services at Alta Bates' Berkeley facility, including over one million total days that hospital beds were occupied; which consisted in part of the following:

- 559,136 days patients were treated in Medical units;
- 228,498 days babies treated in Neonatal Intensive Care;
- 103,157 babies delivered;
- 111,946 admissions through the Emergency Departments;
- 73,612 adult Critical Care patients treated; and

WHEREAS, these numbers do not reflect the full scope of the amount of patients treated at the Berkeley facility because census data reported to CA's OSHPD agency does not include patients in "observation" status despite stays of up to 48 hours with "observation" patients; and

WHEREAS, these numbers reflect only the Ashby facility and not the Alta Bates Summit census data at the Oakland Summit site; and

WHEREAS, Sutter Health Corporation has announced its intention to dramatically reduce services by closing the Alta Bates' Berkeley facility in light of SB 1953; and

WHEREAS, the consolidation of hospital services results in loss of services as happened when Alta Bates Hospital merged with Summit Medical Center in 2000, and despite Sutter Health arguing that services would be enhanced, not reduced, when many in the community opposed the merger at that time, Alta Bates Summit afterwards experienced



the loss of many services in the past 15 years, overwhelmingly at the Alta Bates and Herrick campuses; and

WHEREAS, the national average for bed capacity per 1000 residents is 2.9 beds according to World Bank statistics. In Alameda County, the bed capacity is at 1.8 beds and neighboring Contra Costa at 1.4 beds, a figure that does not reflect the final phase of the 2015 closure of Doctor's Medical Center in San Pablo; and

WHEREAS, many hospital departments are often at capacity, and all of the local Emergency Departments already have large delays in service, which will only be exacerbated by the merging of the two full-service Acute Care Hospitals with their Emergency Departments to one Oakland location, increasing even further wait and admission times; and

WHEREAS, the University of California, has 37,581 Undergraduate and Graduate students who depend heavily on hospital services at the Alta Bates campus, including the Alta Bates Emergency Department in close proximity to campus, to address the students' life-threatening illnesses and injuries, and need for medical care; and

WHEREAS, the Berkeley, North Alameda, West Contra Costa area recently suffered the closure of an acute care hospital in San Pablo, and the loss of acute care hospital services as a result, and further, is subject to severe earthquakes, frequent urban interface with wild fires, industrial chemical releases and mass traffic casualties—all of which require emergency services; and

WHEREAS, when Berkeley's first responders are mandated to travel to Summit Campus in Oakland, they are unavailable for service for the rest of Berkeley for prolonged periods of time presenting a significant danger to the lives of Berkeley residents, and forcing an unacceptable standard of healthcare upon them; and

WHEREAS, closures and relocations of corporations on the community, impacting an array of businesses including family-owned businesses, with losses often doubling or tripling those who either lost jobs or had to relocate; and

WHEREAS, when access to healthcare is made more difficult, patients often delay healthcare but also stop seeking the care that is necessary; and

WHEREAS, the stated mission of corporate Sutter Health is to "enhance the well-being of people in the communities we serve through a not-for-profit commitment to compassion and excellences" in health care services; and

WHEREAS, Sutter Health as a non-profit corporation pays little or no property taxes for operations which are non-profit, such as its non-profit hospitals (as opposed to its for-profit operations) and is a highly profitable healthcare corporation whose total assets in the billions grow substantively each year, as shown:

- 2011: \$11,820,000,000
- 2012: \$12,390,000,000
- 2013: \$14,215,000,000
- 2014: \$14,290,000,000
- 2015: \$14,344,000,000

WHEREAS, Sutter Health needs to live up to its stated mission, be held accountable for its actions, and provide the necessary healthcare for Berkeley residents, and must not be allowed to put profits before lives nor endanger the residents of Berkeley; and

WHEREAS, the Berkeley City Council has a role and responsibility to provide resources to the public to promote and protect its health with no regional body researching the health needs of the greater community.

NOW THEREFORE, BE IT RESOLVED that the Mayor and City Council of the City of Berkeley oppose Sutter Health Corporation's plan to close its acute care services at Alta Bates Hospital and calls upon Sutter Health to cease and desist all actions in furtherance of any and all plans to close Alta Bates hospital.

BE IT FURTHER RESOLVED that the Mayor and City Council shall establish open forums to inform and educate Berkeley residents of the possibility of Sutter Health's seismically retrofitting Berkeley's Alta Bates facility; shall ensure the residents of Berkeley are notified of any and all forums under the City of Berkeley's purview; and ensure a full service acute care general hospital for future generations.

BE IT FURTHER RESOLVED that the Mayor, City Council, and City Departments pledge to cooperate fully to facilitate this process such that it is expedited as much is legally permitted.

The foregoing Resolution was adopted by the Berkeley City Council on July 12, 2016 by the following vote:

Ayes: Anderson, Arreguin, Capitelli, Droste, Maio, Moore, Wengraf, Worthington and Bates.

Noes: None.

Absent: None.

  
 \_\_\_\_\_  
 Tom Bates, Mayor

Attest:   
 \_\_\_\_\_  
 Mark Numairville, City Clerk



City of Berkeley

# Health Status

**SUMMARY**

# Report

# 2018

## ACKNOWLEDGEMENTS

We wish to acknowledge the many persons who contributed their time, expertise, and wisdom to inform this report. The assistance has been invaluable. We thank the City Manager, Dee Williams-Ridley, the City Council, Health Housing and Community Services (HHCS) Director Paul Buddenhagen, and HHCS staff for their support and dedication to the City's health.

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### CITY OF BERKELEY LEADERSHIP

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Lisa B. Hernandez, Public Health

## INTRODUCTION

The City of Berkeley is a prosperous, innovative, and thriving community. Our city has considerable wealth, high levels of educational attainment, and a rich culture that all contribute to a healthy community. Despite overall good health, Berkeley is not a city where all people are living long and healthy lives and are achieving the highest possible level of health. In Berkeley, African Americans and other people of color die prematurely and are more likely than White people to experience a wide variety of adverse health conditions throughout their lives.

Achieving optimal health for all requires that everyone has access to resources and environments that support health and wellness. Higher incidence of disease is linked to neighborhoods that have been historically under-resourced and overexposed to unhealthy conditions. These neighborhoods have more people living in poverty and more people of color than surrounding neighborhoods. A truly healthy Berkeley depends on achieving and maintaining optimal health and wellness for all people regardless of an individual's or group's position in society. Health inequities among racial and ethnic groups are striking and extend across a number of indicators. These health inequities are neither new nor unique to Berkeley—nevertheless, they are unjust and unacceptable. The conditions in which we are born, grow, live, work and age, broadly known as the social determinants of health, greatly influence how well and how long we live. To aggressively address the health disparities we see in this report requires that we also address the underlying social, economic, and environmental inequities that perpetuate them.

Berkeley is well positioned to realize greater health equity. Our community is known for its political and social activism. Our residents are passionate about creating healthier communities. Our leaders have a long standing commitment to achieving health equity and have been at the forefront of innovative health programs and policies. We are one of three cities in the state of California that has its own Public Health Jurisdiction. This distinction enables public health services to be focused on and dedicated to a discreet population. While the challenges we face should not be underestimated, through strategic collaboration, a unified vision, and broad community engagement we can achieve our mission of optimal health and wellness for all.

The Health Status Report is written by the Public Health Division of the Department of Health, Housing and Community Services and is released periodically to provide a picture of the health status of people who live in Berkeley. The report has three key objectives:

- Monitor health concerns impacting the City with a focus on health disparities and social determinants of health;
- Show trends and changes in health over time;
- Guide our Public Health work and support community partners in shaping and responding to policy and other factors influencing Berkeley's health and quality of life.

This report will help the Public Health Division define goals and objectives for improving Berkeley's health. It is also designed to spark community conversations, spur collaboration and inform decision making throughout Berkeley.

### DEPARTMENT OF HEALTH, HOUSING, & COMMUNITY SERVICES MISSION AND VISION

**Vision:** *A vibrant and healthy Berkeley for all*

**Mission:** The Department of Health, Housing, & Community Services' mission is to enhance community life and support health and wellness for all. We are committed to social and environmental justice and to promoting equity in health, housing, and economic opportunity. We collaborate with community partners to build a vibrant and healthy Berkeley.

### PUBLIC HEALTH VISION AND MISSION

**Vision:** *Healthy people in healthy communities.*

**Mission:** To achieve and maintain optimal health and well-being for all people in Berkeley. We do this by working in partnership with our diverse communities to: promote healthy behaviors and environments, prevent illness and injury, protect against disease and other emerging health threats, eliminate health inequities, and advocate for social and environmental justice.



## SOCIAL DETERMINANTS OF HEALTH

Addressing the social determinants of health continues to be a key objective of the Public Health Division. Research has shown that health is dependent largely on conditions that are not related to medical care. In fact, about 80% of our health is influenced by the environments around us which include social, economic factors, and every day behaviors. Conditions such as poverty, homelessness, shifting federal and local policies, changing City demographics, gentrification, and the subsequent rise in the cost of housing all have profound impacts on community health. In many of these areas, the Public Health Division works collaboratively with other departments, and with divisions in the City of Berkeley's Department of Health, Housing and Community Services. For example, Public Health staff are working on a multi-departmental group formulating the regulatory environment for newly legal adult use marijuana, which has serious public health impacts.

An important, continuing trend seen in the 2018 Health Status Report is the steady and significant shift in the City's demographics. Compared to the 2010 Census, the African American population has decreased from approximately 10% to 7% of the population, while other racial/ethnic groups have remained relatively stable. The phenomenon is not unique to Berkeley, but is a regional trend that is evidence of displacement caused by gentrification. Displacement disrupts access to education, employment, health care, and healthy neighborhood resources. Residents forced to move may face longer commutes to work or school, leading to increased stress, loss of income, job loss or greater school dropout rates. Displaced residents may have trouble obtaining medical records, prescriptions, and affordable health care services. Displacement can also mean relocation to neighborhoods with fewer health-promoting resources, such as high quality jobs, healthy food options, accessible public transit, and safe and walkable streets.

Socioeconomic status is one of the most powerful predictors of disease, injury, and mortality. In Berkeley, African Americans have lower income than any other ethnic/racial group. For every dollar a white family earns, an African American family earns 28 cents. This income inequality paired with unemployment or under employment can increase stress levels, make it difficult to find safe and affordable housing, and lower educational prospects. Research demonstrates that poverty is the single greatest threat to children's well-being. Children living in poverty are at significantly higher risk for poor health and development. In Berkeley, 10% of all children under the age of 18 live in poverty. Notably, 29% of African American children live in poverty, which is seven times the poverty rate for white children, and two to three times the rate of any other racial group.

Additionally, homelessness impacts the health of the entire community. Berkeley has the second highest number of homeless people among all Alameda County cities, second only to Oakland. Berkeley's homeless population accounts for 17% of the homeless people in Alameda County. Given that Berkeley makes up only 7% of the population of Alameda County, it is home to a disproportionate number of people experiencing homelessness. Poor health conditions among people who are homeless are frequently co-occurring with a mix of psychiatric, substance use, and social challenges. Exposure to high stress, unhealthy or dangerous environments, and food insecurity worsens overall health and often results in visits to emergency rooms and hospitalization. Nationally, individuals experiencing homelessness are three to four times more likely to die prematurely than their housed counterparts, and experience an average life expectancy as low as 41 years. Far too often, those experiencing homelessness are people of color. African Americans make up less than 8% of Berkeley's general population, but are 50% of the homeless population.





Nancy Rubin, Berkeley



Berkeley



Nancy Rubin, Berkeley

## KEY THEMES IN 2018 HEALTH STATUS REPORT

Three key themes can be found in the Health Status Report and will continue to guide the work of the Public Health Division:

- Inequities in Health.*** Since 1999, the Berkeley Public Health Division has been at the forefront of breaking down data to uncover hidden inequities in health. It is only through examining data by characteristics such as race, ethnicity, gender, age, income, neighborhood, immigration status and other qualities that we can see a true and full picture of health. The Berkeley Public Health Division is committed to monitoring health indicators by relevant, available demographic characteristics and investigating the status of health equity in our community. We will be thoughtful, intentional, and strategic in the development of programing to address these inequalities.
- Importance of Prevention.*** Prevention is a continuum and extends from deterring diseases and behaviors that foster disease to slowing the onset and severity of illness when it does arise. A focus on prevention includes focusing on upstream factors those that are largely outside of an individual's control and promoting conditions that support good health.
- Emerging Health Threats.*** The health landscape in Berkeley is not static but evolves, and new threats can emerge on both a global and local scale. Infectious disease such as tuberculosis, sexually transmitted infections, and diseases once considered under control such as pertussis, continue to be a significant source of illness in Berkeley. These threats require constant monitoring and a responsive public health system. New health threats can emerge from a variety of directions: from the rise in antibiotic resistant bacteria, to new risks from climate change and global connectedness, to the health impacts caused by changing federal and local policies. Additionally, public health systems across the country are responding in various ways to the complex and inter-related social, economic and environmental inequities that are connected to poor health.



Berkeley Unified School District



**HEALTH INEQUITIES IN BERKELEY**

| <p><b>Chapter 1:<br/>Sociodemographic<br/>Characteristics &amp;<br/>Social Determinants<br/>of Health</b></p>                                                                                                    | <p><b>Chapter 2:<br/>Pregnancy &amp; Birth</b></p>                                                                                         | <p><b>Chapter 3:<br/>Child &amp; Adolescent<br/>Health</b></p>                                                                                                                                   | <p><b>Chapter 4:<br/>Adult Health</b></p>                                                                      | <p><b>Chapter 5:<br/>Life Expectancy<br/>&amp; Mortality</b></p>                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <p>Families headed by a White householder earn 3.4 times more than African American families, 1.9 times more than Latino families, and 1.4 times more than Asian families.</p>                                   | <p>The risk of an African American mother having a LBW baby is 2.5 times higher than the risk for White mothers.</p>                       | <p>African American children (under 18) are 7 times more likely, Latino children are 5 times more likely, and Asian children are 2 times more likely than White children to live in poverty.</p> | <p>African Americans are 3 times more likely than Whites to be hospitalized due to coronary heart disease.</p> | <p>African Americans are 2.3 times more likely to die in a given year from any condition compared to Whites.</p> |
| <p>The proportion of families living in poverty is 8 times higher among African American families, 5 times higher among Latino families and 3 times higher among Asian families, compared to White families.</p> | <p>The risk of an African American mother having a premature baby is 2 times higher than the risk for White mothers.</p>                   | <p>African American high school students are 1.4 times more likely than White students to drop out of high school.</p>                                                                           | <p>African Americans are 34 times more likely than Whites to be hospitalized due to hypertension.</p>          | <p>African Americans are 2.0 times more likely than Whites to die of cardiovascular disease.</p>                 |
| <p>African Americans are 2.8 times less likely, Latinos are 1.6 times less likely and Asian children are 1.1 times less likely than Whites to have a bachelor's degree or higher.</p>                            | <p>The teen birth rate among African Americans is 9 times higher, and among Latinas is 3 times higher than the rate among White teens.</p> | <p>The asthma hospitalization rates for children under 5 for African American children is 10 times higher, and for Latino children is 2.8 times higher than the rate among White children.</p>   | <p>African American women are 1.5 times more likely than Whites to be diagnosed with breast cancer.</p>        | <p>African Americans are 1.8 times more likely than Whites to die of cancer.</p>                                 |





## HOW TO READ THIS REPORT

**ORGANIZATION:** This report is organized along the life course, from conception through death. Health throughout the stages of life is influenced by an individual's social and physical environment, health and experience in the prior stage. The report begins with a description of Berkeley's population. Subsequent chapters give information about health in Berkeley during the major life stages which include pregnancy and birth, childhood and adolescence, adulthood, and finally the end of life. Each chapter starts with a description of the significance of that life stage, a list of key findings, the importance of the health indicator and its current status in Berkeley.

**COMPARISONS:** One way to evaluate the health of our City is to compare ourselves to others. Each time Berkeley meets one of the Healthy People 2020 (HP2020) goals, that goal is reported. By doing this, it allows us to compare the data on how Berkeley is doing relative to national health benchmarks. We also compare Berkeley with Alameda County and the State. We report how different groups of Berkeley residents compare with each other: by age, gender, income, race/ethnicity, education, and place of residence. Finally, we show how health indicators in Berkeley have changed over time. Such comparisons allow us to assess how Berkeley is faring relative to national goals, our past, and our neighbors.

**PROGRAM HIGHLIGHTS:** The City's Public Health Division works with partners to improve health in Berkeley. Each chapter contains program highlights, describing how the City is addressing issues raised by the data in that chapter. More information about these programs is available on the City's website: [https://www.cityofberkeley.info/Health\\_Human\\_Services/Public\\_Health/A\\_to\\_Z\\_Public\\_Health\\_Services.aspx](https://www.cityofberkeley.info/Health_Human_Services/Public_Health/A_to_Z_Public_Health_Services.aspx)

**FROM THE COMMUNITY:** This report contains quotes and summaries from a series of community engagement events. These events were held in 2014 and were organized in order to hear from Berkeley residents and community members about what they see as priority areas for reducing health inequities.

**DATA:** This report contains quantitative data about the health of the Berkeley community. The data is as objective as possible — there may be biases related to reporting errors, incompleteness or limited by small samples. In our effort to understand what the data tell us about health in Berkeley, we look at correlations; what characteristics go along with better health or worse health? Public health programs and interventions are designed to address the likely "causal pathways" of adverse health outcomes, and are based on available evidence and best practices.

We use the latest year of data available at the time of analysis. For hospitalization and emergency department visit data, changes in the coding system were implemented in the last quarter of 2015 which made the previous years not comparable with current data. The last full year of data under the prior coding system was 2014, thus data on hospitalization and emergency department visits are only presented through 2014.

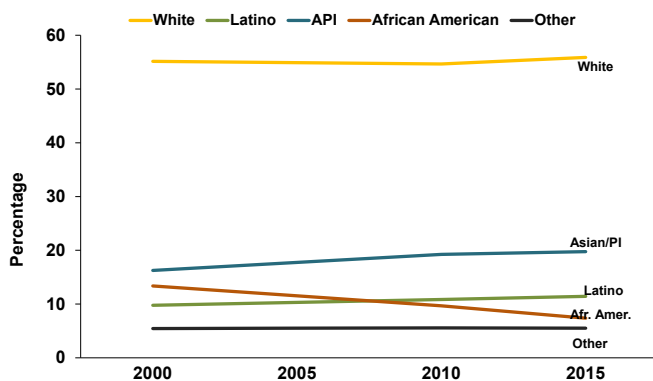
**TECHNICAL NOTES:** Data Sources and Definition of Key Terms: this information is provided at the end of the report. Those interested in additional technical details are invited to contact the Public Health Division Epidemiology and Vital Statistics Unit at [publichealth@cityofberkeley.info](mailto:publichealth@cityofberkeley.info).

# 1 CHAPTER 1: SOCIODEMOGRAPHIC CHARACTERISTICS AND SOCIAL DETERMINANTS OF HEALTH

The social and physical environments in which we live, work and play greatly influence our overall health. Experts agree that health is in part determined by access to social and economic opportunities; the cleanliness of our water, food and air; availability of preventative health care and wellness programs; the nature of our social interactions and relationships; and the resources and supports available in our schools, homes and neighborhoods. These conditions are broadly known as the social determinants of health, which this chapter explores in detail.

According to the 2011–2015 American Community Survey, the city’s residents are 56% White, 20% Asian, 10% Latino and 7% African American. Compared to the 2010 census, the African American population has decreased from approximately 10% to 7%, while other racial/ethnic groups have remained relatively stable.

Figure 1.1 POPULATION DISTRIBUTION BY RACE/ETHNICITY Berkeley, 2000–2015

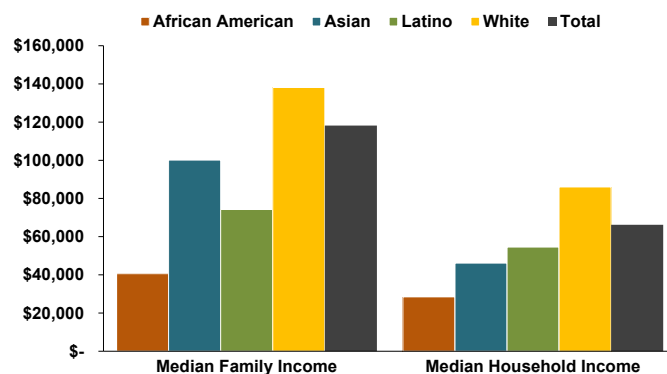


Source: City of Berkeley Public Health Division, Office of Epidemiology and Vital Statistics, U.S. Census Bureau, 2000–2015

In Berkeley the median family income is \$118,190. The median household income is \$66,237, which is influenced by the large population of low-income university students living in Berkeley. Families with a White head of household are more likely to be higher income while those headed by

non-White households are more likely to be low income. All families and households have experienced an increase in median income during the last decade, except for African Americans who experienced a slight decrease.

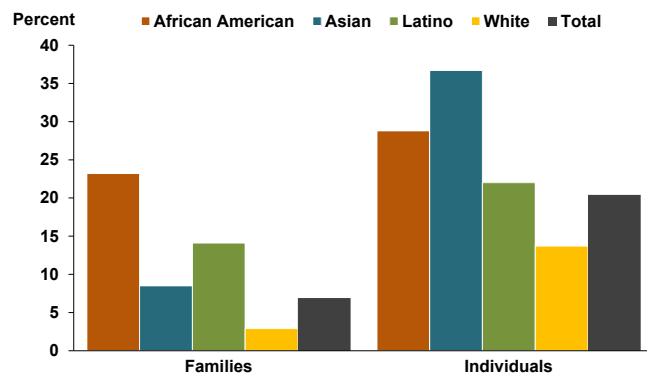
Figure 1.2 MEDIAN FAMILY AND HOUSEHOLD INCOME IN PAST 12 MONTHS (IN 2015 INFLATION-ADJUSTED DOLLARS) BY RACE/ETHNICITY IN BERKELEY 2011–2015



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

Approximately 7% of Berkeley families live below the federal poverty level. Poverty rates vary drastically by race/ ethnicity. Compared to White families, the proportion of families living in poverty is 8 times higher among African American families, 5 times higher among Latino families and 3 times higher among Asian families. At the individual level, about 20% of all Berkeley residents live below the federal poverty level, which is strongly influenced by the large university student population in Berkeley.

Figure 1.3 PERCENT OF FAMILIES AND INDIVIDUALS BELOW FEDERAL POVERTY LEVEL IN THE PAST 12 MONTHS BY RACE/ETHNICITY IN BERKELEY 2011–2015



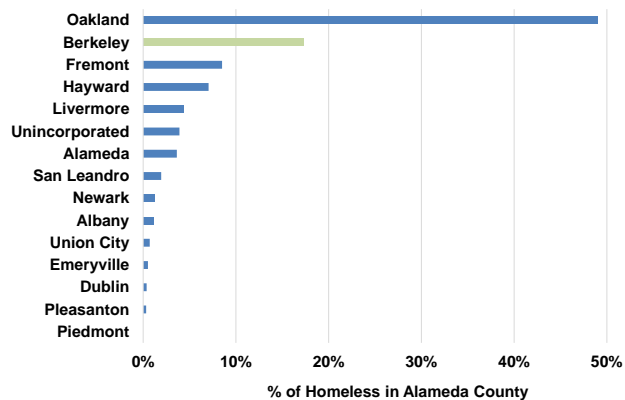
Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; U.S. Census, ACS 2011–2015



Berkeley Unified School District

Berkeley has the second highest number of homeless among all Alameda County cities, second only to Oakland. Berkeley's homeless population accounts for 17% of the 5,629 homeless people in Alameda County. Given Berkeley makes up only 7% of the population of Alameda County, it is home to a disproportionate number of homeless.

Figure 1.4 ALAMEDA COUNTY HOMELESS POPULATION PERCENT BY CITY, 2017



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Alameda County 2017 Homeless Point-In-Time Count

**FROM THE COMMUNITY**

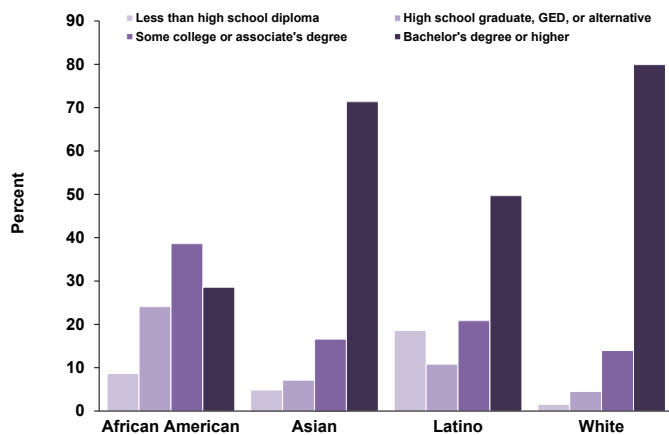
African American respondents noted that African American communities and families are being displaced because of a lack of jobs, housing and community investments. Others noted that health inequities are rooted in poverty, racism, inadequate access to culturally relevant and high quality health services, and a lack of community and economic development in their communities.

Approximately 84% of Berkeley residents ages 25 and over attended at least some college. Over 70% of residents have a bachelor, graduate, or professional degree, compared with 43% in Alameda County and 31% in California. Berkeley's levels of education attainment are not evenly distributed. Whites and Asians have the highest rates of higher education. Latinos are the least likely to graduate from high school, and African Americans have the lowest rate of college and professional degrees.



Natalie Orenstein, Berkeleyyside

Figure 1.5 EDUCATIONAL ATTAINMENT OF POPULATION AGED 25 AND OLDER BY RACE/ETHNICITY Berkeley, 2011-2015



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



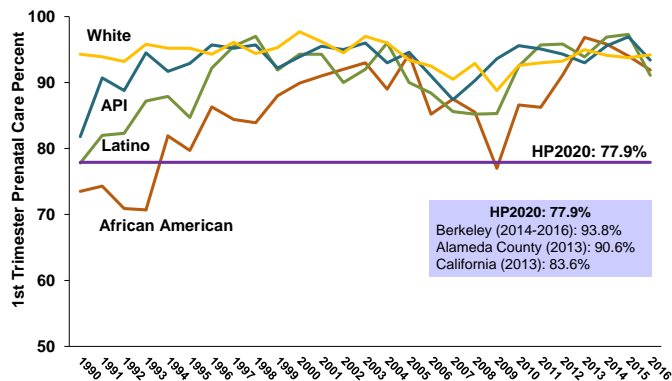
2

CHAPTER 2: PREGNANCY AND BIRTH

Pregnancy and childbirth mark the beginning of an individual’s journey along the life course. The health conditions of pregnancy, birth, and early infancy have a profound impact on health and well-being throughout life. It is important to pay particular attention to this critical life stage when assessing the overall health status of a community.

Berkeley has excellent overall health indicators related to pregnancy and birth, and meets most HP2020 goals in these areas. There have been substantial improvements in health outcomes related to pregnancy and birth, including low birth weight (LBW), prenatal care, and teen birth. Almost 94% of pregnant Berkeley mothers of all racial/ethnic groups receive prenatal care in the first trimester, which is higher than Alameda County and California. Berkeley meets the HP2020 goal and there is no racial disparity in this indicator.

Figure 2.1 PERCENT OF PREGNANT MOTHERS RECEIVING PRENATAL CARE IN 1ST TRIMESTER Berkeley, 1990–2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Birth Records 1990–2016

African American babies, for the first time ever recorded, met the HP2020 objective for LBW in 2008–2010 and for prematurity in 2014–2016. However, a disparity still persists as African American babies are 2.5 times more likely to be LBW as compared to Whites, Latino, or Asian babies.



Robin Kempster

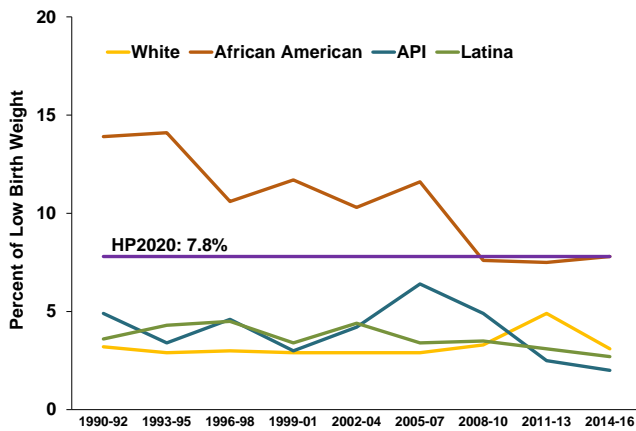
**BERKELEY BLACK INFANT HEALTH (BBIH) PROGRAM**

Berkeley’s BIH program aims to improve birth outcomes and reduce health disparities affecting African American women and their babies. Through culturally affirming group education and complementary case management, the program works to empower African-American mothers and their families. BBIH helps to build social support, develop parenting and life skills, learn stress management tools, promote healthy behaviors and relationships, and support a healthy pregnancy. In addition, BBIH provides resource linkages to assist participants in connecting with the community, social, and health services to meet their needs.

FROM THE COMMUNITY

“I was born and raised in Berkeley. [Berkeley Black Infant Health] has been a big impact in a lot of our lives, helping us navigate our lives.”

Figure 2.2 LOW BIRTH WEIGHT BY RACE/ETHNICITY (EXCLUDES MULTIPLE BIRTHS) Berkeley, 1990–2016 (3-year-intervals)



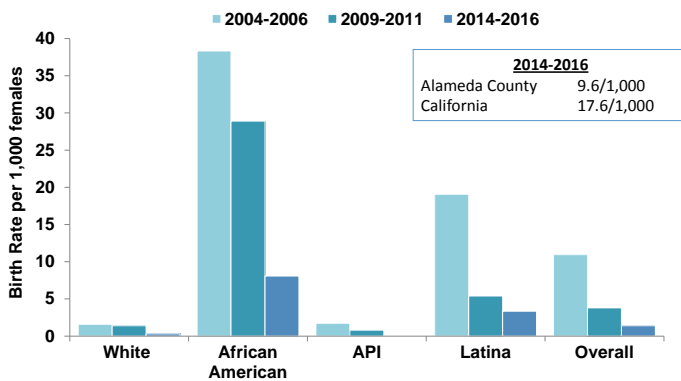
Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics, Birth Records 1990–2016



Robin Kempster

Berkeley’s teen birth rate has been decreasing in all racial/ethnic groups over the past decade and it is at its lowest ever recorded. Berkeley has the lowest teen birth rate of any health jurisdiction in the state. From 2004–2006 to 2014–2016, the overall teen birth rate decreased by 82%. For African Americans, the rate decreased by 76% during the same time period. In spite of this decrease, the birth rate among African American young women is higher than all other racial/ethnic groups.

Figure 2.3 BIRTH RATES IN FEMALES 15 TO 19 YEARS OLD BY RACE/ETHNICITY Berkeley, 2004–2006, 2009–2011, 2014–2016 (3-year intervals)



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics, Birth Records 1990–2016



Annie Burke



Robin Kempster

### FROM THE COMMUNITY

“All around, we need to care about the health and safety for the moms in the family and especially single moms. Single moms sometimes are down and out; they need more care. They are caring for a whole community. You take care of her, then you are reaching a lot of people. If she doesn't feel safe, then a whole family will fall down.”

### PUBLIC HEALTH NURSING FIELD SERVICES

Public Health Nurses (PHNs) provide quality, confidential, community-based case management services for families and individuals, primarily during home visits. The focus of the program is on Berkeley residents at highest risk for poor health outcomes, often those with special needs or limited access to care. These include pregnant women, new parents and their infants, school-aged mothers, children, elders, disabled, and people who are homeless.

Case management services include nursing assessments of health status and need for medical care and other services; counseling on diverse health related topics and supporting healthy lifestyle choices; advocating for better use of health care systems while linking families to other health and social services; assisting with enrollment in low cost medical and dental plans; and helping families support children's growth and development.



Nancy Rubin, Berkeley

### 3 CHAPTER 3: CHILD AND ADOLESCENT HEALTH

Childhood and adolescence are important developmental periods in the life course and health in early life is the basis for continued health over the life span. Educational foundations are established during this time, influencing future learning and employment opportunities. Personal habits of physical activity, diet, and social connections are also formed. This chapter summarizes the state of health of children and adolescents in Berkeley: practices and behaviors, use of alcohol, tobacco and other drugs, overweight and obesity, childhood immunizations, and specific health outcomes including mental health, asthma hospitalizations, injuries, and sexually transmitted diseases.

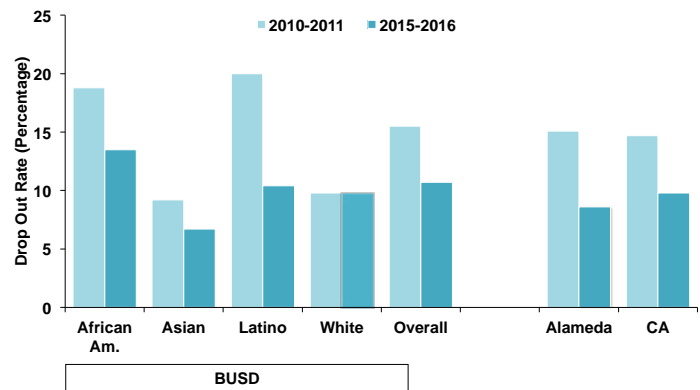
Half of the children in Berkeley belong to non-White racial and ethnic groups; the largest proportion of these is Latino. In the last decade, the percentage of children living below the poverty level has decreased for the overall Berkeley population and every racial/ethnic group except Latinos. Children in poverty are concentrated in South and West Berkeley.

The Berkeley Unified School District (BUSD) four-year high school dropout rate fell from 15.5% in the 2010–2011 school year to 10.7% for the 2015–2016 school year. Despite a decrease from 18.8% to 13.5% since 2010–2011, African Americans still have the highest drop-out rate in Berkeley.

#### FROM THE COMMUNITY

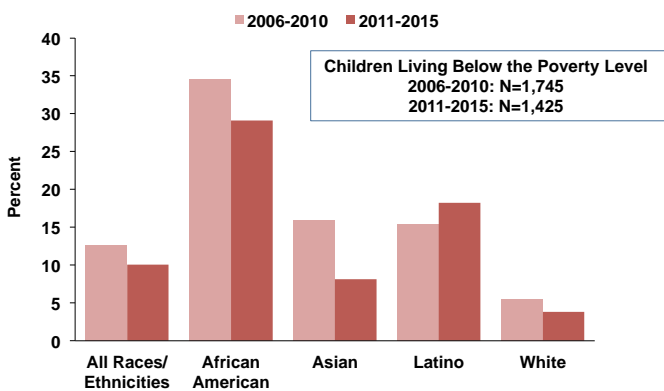
“It’s been an amazing experience to be born and raised here in Berkeley, grow up in Berkeley Unified School District, and to be able to work with the people that I’ve grown up with. We’ve had children together, been pregnant together.”

Figure 3.2 DROPOUT RATES, OVERALL AND BY RACE/ETHNICITY Berkeley Unified School District, Alameda County, and California, 2010–2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; California Department of Education

Figure 3.1 PERCENT OF CHILDREN 17 YEARS AND YOUNGER LIVING BELOW THE POVERTY LEVEL BY RACE/ETHNICITY Berkeley, 2006–2015



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; U.S. Census, ACS 2006–2015

#### 2020 VISION

Berkeley’s 2020 Vision is a city-wide collective impact effort to achieve equity in education for all Berkeley children from “cradle to career”. The Berkeley community collaborates on six areas of systemic focus to end racial disparities in education, especially for Berkeley’s African American and Latino children. Berkeley’s 2020 Vision strives to “move the needle” on the following key indicators of educational equity: Kindergarten Readiness, Third Grade Reading Proficiency, Ninth Grade Math Proficiency, Attendance, College and Career Readiness, and Community Engagement. Berkeley’s 2020 Vision also includes the Berkeley Promise, a college scholarship initiative.



**FROM THE COMMUNITY**

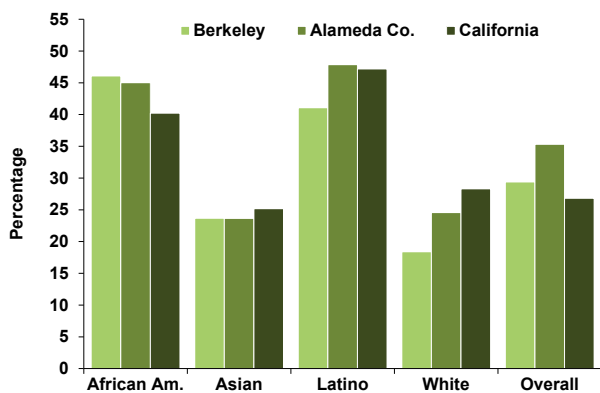
“It’s really hard for kids of color (Latinas); you know, this is a predominantly white school—the white kids, they have all kinds of privilege; their parents have been paying for tutoring for years; they have been reading to them for years; they have so much more to start with. I don’t understand my homework, I can’t go to my parents for help. My mom didn’t graduate from high school; that is why it is really frustrating when it comes to going to college, getting ahead.”



Berkeley Unified School District

Over a quarter of Berkeley’s 5th and 7th grade students are overweight or obese. Berkeley has a lower proportion of 5th and 7th grade children who are overweight and obese (29.4%) compared to children in Alameda County (35.3%) but has a higher proportion compared to California (26.8%). A higher proportion of African American children are overweight and obese in Berkeley compared to in Alameda County and California.

Figure 3.3 PERCENTAGE OF OVERWEIGHT AND OBESE CHILDREN IN 5TH AND 7TH GRADES BY RACE/ETHNICITY BUSD, Alameda County, and California School Districts, 2015–2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; California Department of Education, FITNESSGRAM 2015–2016

**FROM THE COMMUNITY**

“One day your kid gets bigger and you worry. Is my child healthy or is she obese?”

**HEALTHY BERKELEY PROGRAM**

Initiated in 2015, this program stemmed from Berkeley’s historic passing of an excise tax (1 cent/oz.) on the distribution of sugar-sweetened beverages (SSB). The program goal is to reduce the consumption of SSB as a pathway for decreasing the rates of Type 2 diabetes, obesity, and tooth decay in Berkeley. The Healthy Berkeley program offers multi-year community agency grants for programs designed to reduce SSB consumption and promote healthy beverages such as tap water in low-income communities, particularly children and youth targeted by the beverage industry; the Sugar-Sweetened Beverage Product Panel of Experts (SSBPPE) Commission makes agency funding recommendations to the City Council. The Healthy Berkeley program collaborates with the Bay Area Nutrition and Physical Activity Collaborative (BANPAC), Healthy Food America, University of California in Berkeley, and the Public Health Institute.

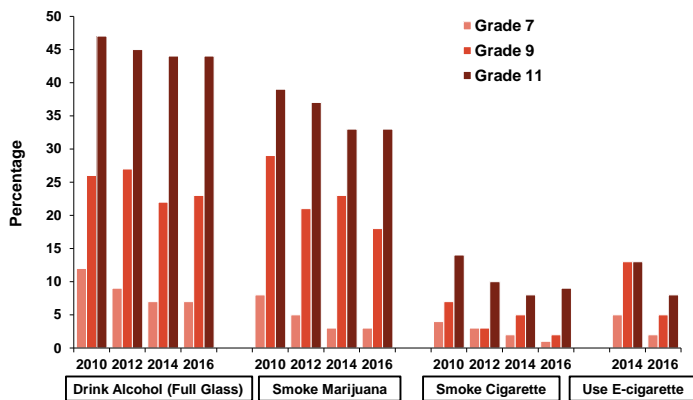


### TOBACCO PREVENTION PROGRAM

The Tobacco Prevention Program provides community-based tobacco education programs and services to the community. Berkeley community members receive education about federal, state, and local tobacco control laws including ordinances relating to City of Berkeley’s tobacco control related ordinances such as Smoke-Free Multi-Unit Housing, 600 ft. flavored tobacco buffer zone near schools K–12, tobacco free pharmacies and commercial zones ordinances. The Smoke-Free Multi-Unit Housing ordinance prohibits smoking in 100% of multi-unit housing with two or more units (i.e. apartments, co-ops, condominiums, common interest developments, etc.) and common areas. Free cessation classes are available to anyone interested in planning and sustaining a smoke-free lifestyle. Tobacco program staff also collaborate with Berkeley Tobacco Prevention Coalition members in the community, retailers, and policy makers in the City to develop policy aimed at reducing community members’ exposure to tobacco smoke and tobacco products — including electronic nicotine delivery systems.

Alcohol is the most commonly used substance among BUSD students, followed by marijuana. The use of alcohol and marijuana have remained relatively unchanged among 11th graders. Cigarette smoking, already at comparatively low levels, has continued to drop for 7th and 9th graders but fluctuated for 11th graders. There has been a drop in e-cigarette use for students at all grade levels. The percentage of BUSD students who have been drunk or high on school property has steadily decreased for all grade levels over the past six years.

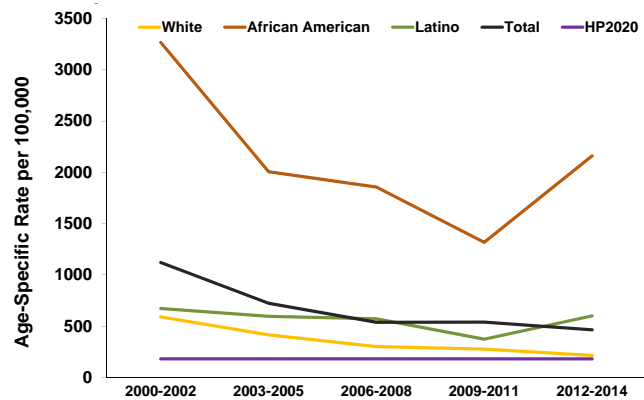
Figure 3.4 ALCOHOL, TOBACCO, AND MARIJUANA USE IN PAST 30 DAYS: 7TH, 9TH, AND 11TH GRADERS Berkeley Unified School District (BUSD), 2010–2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; California Healthy Kids Survey (CHKS) 2010–2016

The asthma hospitalization rates for children under 5 in all racial/ ethnic groups have declined. Compared to the HP2020 goal, the rate for African American children is 12 times higher, for Latino children is 3.3 times higher and for White children is 1.2 times higher. The number of hospitalizations among Asian children under 5 are too small to calculate a reliable rate and are therefore not presented.

Figure 3.5 AGE-SPECIFIC ASTHMA HOSPITALIZATION RATE OF CHILDREN UNDER 5 YEARS OF AGE BY RACE/ETHNICITY Berkeley, 2000–2014



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Office of Statewide Health Planning and Development, 2000–2014

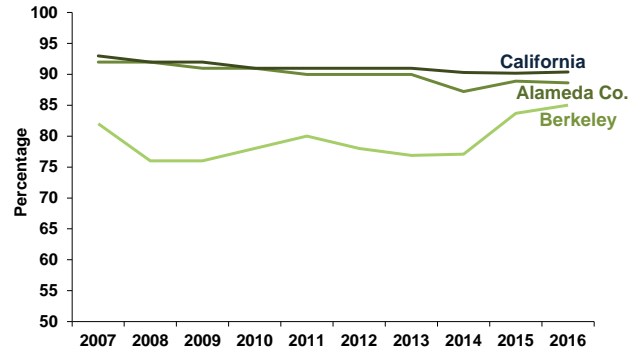


Berkeley Unified School District

**BREATHMOBILE**

The Breathmobile, a project of the Prescott-Joseph Center for Community Excellence (PJCCE), is partnering with Berkeley Unified School District and the City of Berkeley Public Health Division to bring asthma care to BUSD students. This free mobile asthma clinic provides diagnosis, education, and treatment for children with asthma. For the first year of this partnership, two BUSD elementary schools (Malcolm X and Rosa Parks) and one preschool (King Child Development Center) were selected based on the high asthma prevalence at these sites. In its fourth year (2016–2017) of partnership, the Breathmobile has expanded services to include all three BUSD preschools. PJCCE and school staff work closely with the City of Berkeley Public Health Division to identify students with asthma who could benefit from this community resource. The partnership is an example of community agencies working together to address health inequities and the achievement gap. Improving childhood asthma management improves health and improves educational success.

Figure 3.6 PERCENT OF KINDERGARTEN CHILDREN WITH ALL REQUIRED IMMUNIZATIONS Berkeley, Alameda County, and California, 2007–2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; California Department of Public Health, Immunization Branch

For the past decade, the proportion of Kindergarten children immunized against the nine diseases for which childhood immunizations are required has been consistently lower in Berkeley compared to both Alameda County and California. Berkeley’s immunization rate has also experienced some fluctuations with a recent peak of an 85% immunization rate in 2016, the highest percentage ever recorded. Required immunizations include polio, measles, mumps, rubella, diphtheria, tetanus, pertussis, hepatitis B, and varicella vaccines.

**IMMUNIZATION PROGRAM**

The Public Health Immunization Program works to increase immunization rates for all Berkeley residents across the life span. Special efforts are targeted at African American and Latino children less than two years of age by collaborating with WIC; public and private preschools; licensed family childcare homes; medical providers; and through community outreach, education and encouraging participation in the immunization registry among medical providers. Immunization services are provided to the community in several venues including at the Public Health Clinic. The program also focuses on pertussis vaccination for teens and adults and seasonal influenza vaccine for all ages. In addition, the Public Health Clinic expands its service by providing varicella vaccines to adults who are uninsured or underinsured.



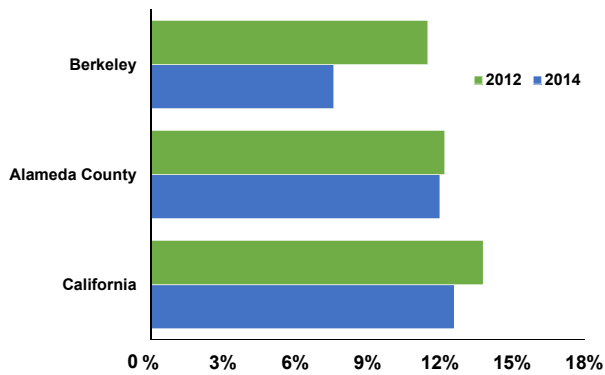
Berkeley Unified School District

**4 CHAPTER 4: ADULT HEALTH**

This is the stage of life when chronic diseases, including cancer, are most likely to develop and affect adults' well-being. Mental health conditions, injuries, and communicable diseases continue to have major roles as well. This is the period of life in which one is most likely to work, accumulate wealth, have partners, and hold responsibilities for other family members.

Approximately 7.6% of Berkeley residents were smokers in 2014, which was a substantial decrease from 11.5% in 2012.

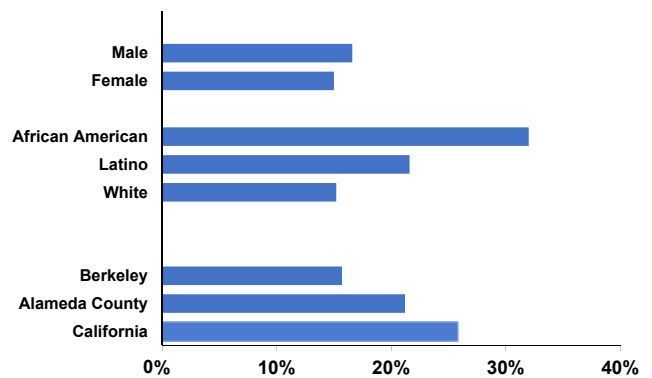
Figure 4.1 ADULTS WHO ARE CURRENT SMOKERS  
Berkeley, Alameda County, CA, 2012, 2014



Source: City of Berkeley Public Health Division, Epidemiology and Vital Statistics, California Health Interview Survey (CHIS), 2012, 2014

The proportion of Berkeley adults categorized as obese based on BMI increased from 13.1% in 2012 to 15.7% in 2014. In Berkeley, African Americans and Latinos are more likely to be obese.

Figure 4.2 OBESITY IN ADULTS BASED ON BODY MASS INDEX (BMI)  
OF 30 AND GREATER Berkeley, Alameda County, CA, 2014



Source: City of Berkeley Public Health Division, Epidemiology and Vital Statistics, California Health Interview Survey (CHIS), 2014

*FROM THE COMMUNITY*

“It’s really overwhelming when you go to a store, and even when you think it’s healthy, you don’t know how much sugar there is in it. Juice has sugar and you don’t realize it.”



Nancy Rubin, Berkeleyyside



Annie Burke



**HEART-2-HEART & BERKELEY HYPERTENSION PREVENTION**

Heart 2 Heart (H2H) uses a holistic, community-based approach to addressing health inequities in Berkeley. The program focuses on preventing high blood pressure and heart disease in South Berkeley; additionally, healthy eating and physical activity are also encouraged. The program provides increased access to hypertension screening and treatment, and trains Community Health Advocates in a program focused on outreach, education, and intensive counseling and support. H2H serves to bridge community, programs, resources, and services that are necessary to address the needs of community members.

A highlight of the program is the weekly drop-in Hypertension Clinic that provides free blood pressure screenings and education for anyone, and provides treatment for uninsured residents with hypertension. Attendance at the drop-in Hypertension Clinic is correlated with lowered blood pressure in residents who attend the clinic consistently.

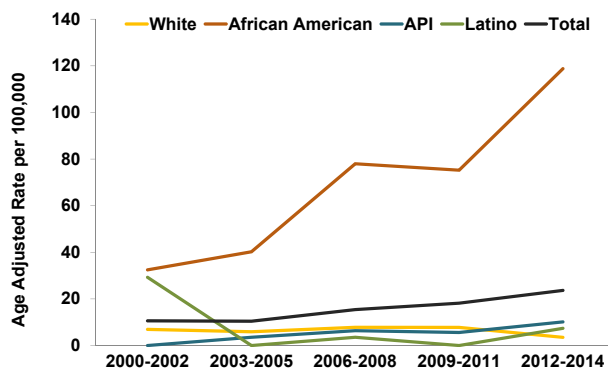


Berkeley’s adult African American population experiences inequitably high rates of hospitalization due to both uncontrolled diabetes and long-term complications, such as kidney, eye, neurological and circulatory complications. However, the hospitalization rate among African Americans for lower-extremity amputation has substantially decreased between 2006 and 2014. For Latinos, hospitalizations for lower-extremity amputations dropped dramatically from 29.3 per 100,000 in 2000–2002 to 5.9 per 100,000 in 2003–2005. The Latino rate has continued downward with no reported amputations in 2012–2014.

The rate of hospitalization due to hypertension among Berkeley’s African American population has sharply increased, and is now over five times that of the total population.

However, hypertensive heart disease hospitalizations, a severe complication from hypertension, have decreased among all racial/ethnic groups over the past decade. The most dramatic decrease was among African Americans—from 170 per 100,000 in 2000–2002 to 51 per 100,000 in 2012–2014.

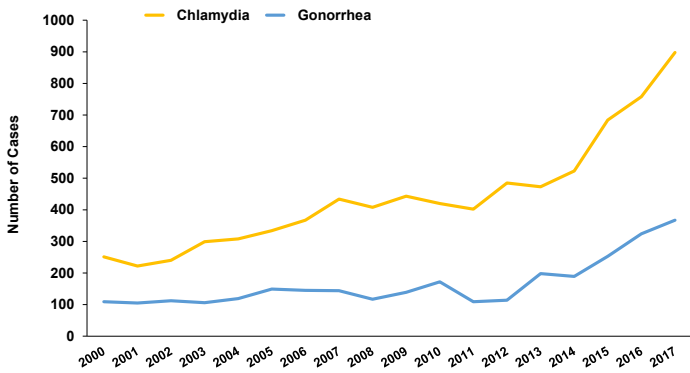
Figure 4.3 HOSPITALIZATION RATES DUE TO HYPERTENSION BY RACE/ETHNICITY AND YEAR OF HOSPITALIZATION Berkeley, 2000–2014



Source: City of Berkeley Public Health Division, Epidemiology and Vital Statistics, Office of Statewide Health Planning and Development, 2000–2014

The annual number of cases and rates of chlamydia, gonorrhea, and syphilis in Berkeley adults has increased in the last decade. These changes in rates may reflect either changes in Sexually Transmitted Infections screening or reporting, as well as actual changes in higher disease incidence. The most dramatic rise has been in chlamydia as the number of cases more than doubled from 420 in 2010 to 898 in 2017.

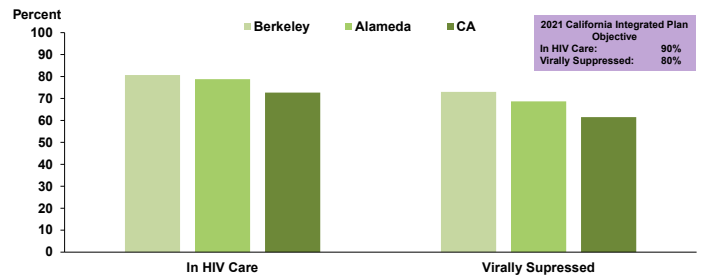
**Figure 4.4 CHLAMYDIA AND GONORRHEA INFECTIONS BY YEAR OF REPORT Berkeley, 2000–2017**



Source: City of Berkeley Public Health Division, Epidemiology and Vital Statistics, California Department of Public Health, STD Control Branch, 2000–2017

Due to better treatment, people with HIV are living longer, and the overall number of people living with HIV is increasing. Berkeley has a higher rate of persons living with HIV than Alameda County and California. African Americans and Latinos experience disproportionately high rates of HIV/AIDS. The proportion of persons living with HIV who are in care and who are virally suppressed is higher in Berkeley than both Alameda County and California. Berkeley does not yet meet the 2021 California Integrated Plan Objectives of 90% in care and 80% virally suppressed.

**Figure 4.5 CONTINUUM OF HIV CARE FOR PERSONS LIVING WITH DIAGNOSED HIV INFECTION Berkeley, Alameda County, CA, 2016**



Source: City of Berkeley Public Health Division, Epidemiology and Vital Statistics, CDPH, Office of AIDS, 2016

**PUBLIC HEALTH CLINIC’S REPRODUCTIVE AND SEXUAL HEALTH SERVICES:**

Berkeley’s Public Health Clinic offers confidential testing, diagnosis, treatment, and prevention education to residents who think they may have a sexually transmitted infection, including HIV. Clinic staff follows up with clients who have sexually transmitted infection to ensure that they and their partners receive appropriate treatment. The program also provides free condoms and lubricant to both clients and non-clients on a drop-in basis. The Clinic offers comprehensive family planning services including nearly all types of birth control, reproductive life counseling, Pap smears (cervical cancer prevention), Hepatitis A, B and HPV vaccines, and referrals to local and low-cost breast screening/mammography services. Assistance is offered to survivors of intimate partner violence. The Clinic offers reproductive and sexual health services to people of all genders. The Public Health Clinic accepts Medi-Cal and FFACT (state funded payment programs). Others may qualify for reduced rates based on income. Some clients may even qualify for free services. No one is turned away because of inability to pay. Clinic clients are linked to a wide range of community and health services. Community outreach and presentations are provided on family planning methods, clinic services, sexually transmitted illnesses, HIV and sexually transmitted illnesses/HIV prevention. In 2012 over 2,300 individuals were seen at the clinic, many for more than one visit.

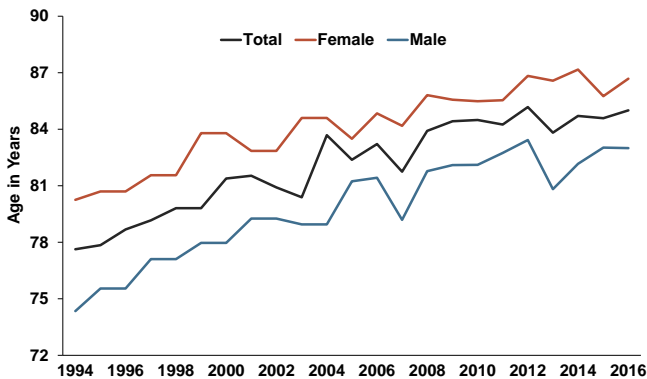
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**CHAPTER 5: LIFE EXPECTANCY AND MORTALITY**

The number of years a person is expected to live, and the leading causes of death in Berkeley are important indicators of population health and guide Public Health Division program priorities.

In the last decade, the mortality rate in Berkeley has decreased steadily and life expectancy has increased for both men and women. Life expectancy in Berkeley is 86.7 years for women and 83 years for men in 2016. Mortality rates in Berkeley are lower than those of surrounding Alameda County and California—reflecting the city’s long life expectancy.

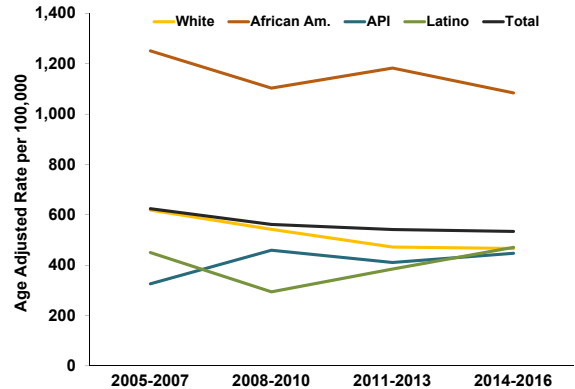
Figure 5.1 LIFE EXPECTANCY AT BIRTH BY GENDER Berkeley, 1994–2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Death Certificates 1994–2016, US Census Bureau

The overall age-adjusted mortality rate in Berkeley has decreased steadily throughout the last decade. The mortality rate for African Americans has reached the lowest ever reported. In spite of this marked decrease, the age-adjusted mortality rate for African Americans is twice as high as the mortality rate of Whites and is higher than the population overall. This disparity has remained unchanged throughout these years.

Figure 5.2 MORTALITY RATES BY RACE/ETHNICITY AND YEAR OF DEATH Berkeley, 2005–2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Death Certificates 2005–2016

Mortality rates from cardiovascular disease and cancer have decreased for all groups over the last decade. Cancer is the leading cause of death in the population as a whole, followed by heart disease. However, among African Americans in Berkeley, heart disease is the leading cause of death, followed by cancer. Breast and lung cancer are the top leading causes of cancer death for women, while lung and pancreatic cancer are the top leading causes of cancer death for men. Women who are Latina, Asian, or Pacific Islander have the lowest mortality rates from breast cancer in Berkeley. Only African American women do not meet the HP2020 goal for breast cancer deaths.

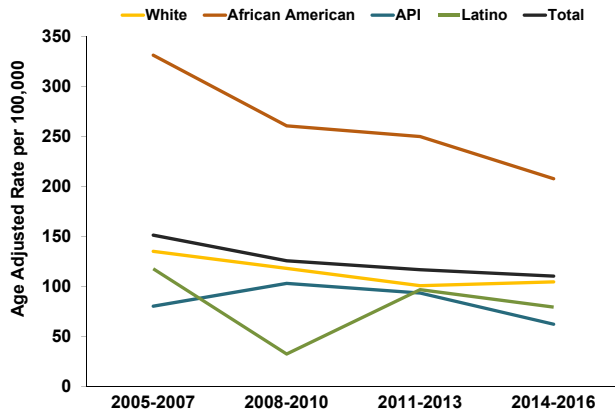
Figure 5.3 TOP 10 CAUSES OF DEATH BY RACE/ETHNICITY Berkeley, 2014–2016

| Rank | White                             | Black                             | Latino                            | Asian/Pacific Islander            |
|------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 1    | Cancer                            | Heart Disease                     | Cancer                            | Cancer                            |
| 2    | Heart Disease                     | Cancer                            | Heart Disease                     | Heart Disease                     |
| 3    | Stroke                            | Alzheimer's                       | Stroke                            | Stroke                            |
| 4    | Alzheimer's                       | Stroke                            | Unintentional Injury              | Alzheimer's                       |
| 5    | Chronic Lower Respiratory Disease | Organic Dementia                  | Alzheimer's                       | Organic Dementia                  |
| 6    | Unintentional Injury              | Chronic Lower Respiratory Disease | Organic Dementia                  | Diabetes                          |
| 7    | Organic Dementia                  | Diabetes                          | Diabetes                          | Pneumonia & Influenza             |
| 8    | Intentional Injury                | Nephritis & Nephrotic Syndrome    | Pneumonia & Influenza             | Parkinson's                       |
| 9    | Parkinson's                       | Unintentional Injury              | Intentional Injury                | Intentional Injury                |
| 10   | Metabolic Disorders               | Pneumonia & Influenza             | Chronic Liver Disease & Cirrhosis | Chronic Liver Disease & Cirrhosis |

NOTE: Color boxes denote causes of death that are leading in all racial/ethnic groups

Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Death Certificates 2014–2016

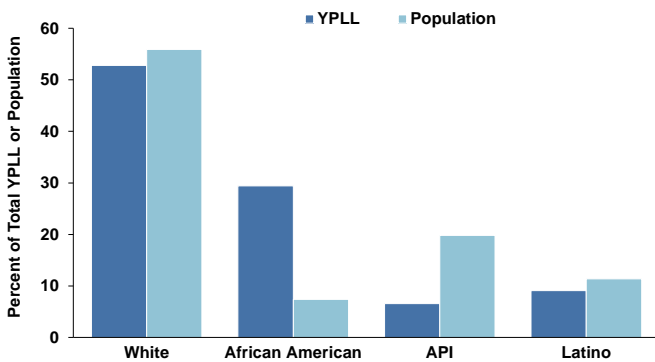
Figure 5.4 ALL CARDIOVASCULAR DISEASE MORTALITY RATES BY RACE/ETHNICITY Berkeley, 2005-2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Death Certificates 2005-2016

Even though the Berkeley population as a whole is living longer healthy lives, there are racial/ethnic variations and disparities in causes of death, mortality rates, and years of potential life lost, as there are differences in health status throughout the life course. Shortened lives and premature mortality are the cumulative results of health inequities that span the life course from conception to old age.

Figure 5.5 YEARS OF POTENTIAL LIFE LOST (YPLL) BY RACE/ETHNICITY Berkeley, 2014-2016



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; Death Certificates 2014-2016

CITY OF BERKELEY VITAL STATISTICS OFFICE

The City's Vital Statistics unit registers every birth and death in Berkeley, and receives information about births and deaths of Berkeley residents outside of the City. The Vital Records Office plays an important role in the analysis of birth and death records. The California State Office of Vital Records has acknowledged the excellence of Berkeley's Vital Statistics performance with annual awards since 2005.



Annie Burke



## SUMMARY

This report presents a snapshot of the health of the Berkeley community. It describes how health changes over time, how we compare to our County, the State, and to the National Healthy People 2020 goals. It also shows how groups within Berkeley compare with each other and geographically.

## KEY AREAS

Based on the 2018 Berkeley Health Status Report, the Public Health Division has identified four key areas that are important to monitor and develop interventions for:

- Obesity in both children and adults.** Since While the overall childhood obesity rate in Berkeley is lower than in Alameda and California, the proportion of African American children who are overweight and obese in Berkeley is higher than Alameda County and California. In 2014, 16% of Berkeley adults were categorized as obese based on Body Mass Index (BMI), which is an increase from 2012. Additionally, among children and adults, African Americans and Latinos experience higher rates of obesity than Whites and Asians.
- Hypertension is increasing in all people in Berkeley.** Hospitalization rates due to high blood pressure for the overall population is 20/100,000, the highest in a decade. The hospitalization rate for African Americans has sharply increased and is 120/100,000, over five times that of the total population.
- Sexually transmitted disease rates are at epidemic levels.** Historically, chlamydia rates in Berkeley were lower than the State, but in 2015, Berkeley's rate increased substantially, surpassing both Alameda County and California. From 2011 to 2017, Berkeley's chlamydia rate has increased from 349.7 per 100,000 to 738.2 per 100,000. Gonorrhea rates in Berkeley are also consistently higher than those of Alameda County and California. From 2011 to 2017, Berkeley's gonorrhea rate has increased from 94.8 per 100,000 to 301.7 per 100,000.
- African Americans are more likely to die prematurely than any other racial/ethnic group in Berkeley.** Years of Potential Life Lost (YPLL), a measure of premature death, demonstrates the significance. Although African Americans comprise 8% of the population; they account for almost 30% of the YPLL.

An additional emerging key area of interest that we will be monitoring is in demographic shifts in breast cancer incidence. For the first time, African American women have surpassed White women in the rate of breast cancer diagnosis. As we monitor this notable change, we will also seek to understand what is driving this trend.

Berkeley's health is characterized by an overall excellent health status with striking health inequities. These patterns of health inequities are neither new nor unique to Berkeley nevertheless, they are unjust and unacceptable. The underlying causes and their solutions lie in the environments and neighborhoods in which people are born, grow, live, work, and age. Truly addressing the root causes of health inequities requires focused, consistent, comprehensive, and sustained effort on many fronts. Through strategic collaboration, a unified vision, and broad community engagement we can achieve our mission of optimal health and wellness for all.



Annie Burke



## HOW BERKELEY PROVIDES THE 10 ESSENTIAL SERVICES OF PUBLIC HEALTH

Berkeley's Public Health Division is responsible for fulfilling the 10 Essential Services of Public Health as defined by the Centers for Disease Control and Prevention (CDC). The examples below demonstrate how Berkeley's public health activities address these essential services. This is not a comprehensive account of Public Health activities.

| Essential Service                                                                                                           | Berkeley Examples                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <b>Monitor</b> health status to identify and solve community health problems.                                            | <ul style="list-style-type: none"> <li>• Communicable Disease surveillance (including TB, STIs, HIV/AIDS)</li> <li>• Registration of births and deaths (Vital Statistics)</li> </ul>                               |
| 2. <b>Diagnose</b> and <b>investigate</b> health problems and health hazards in the community                               | <ul style="list-style-type: none"> <li>• Communicable disease outbreaks</li> <li>• Health inequities in cardiovascular disease, low birth weight, diabetes, and asthma</li> </ul>                                  |
| 3. <b>Inform, educate</b> and <b>empower</b> people about health issues                                                     | <ul style="list-style-type: none"> <li>• Berkeley High School Health Center and Berkeley Technology Academy Clinic</li> <li>• School Linked Health Services</li> </ul>                                             |
| 4. <b>Mobilize</b> community partnerships and action to identify and solve health problems                                  | <ul style="list-style-type: none"> <li>• Berkeley Healthcare Preparedness Coalition/Hub</li> <li>• Comprehensive Perinatal Services Provider Roundtables</li> </ul>                                                |
| 5. <b>Develop</b> policies and plans that support individual and community health efforts                                   | <ul style="list-style-type: none"> <li>• Tobacco ordinances</li> <li>• Sugar Sweetened Beverage Tax and Healthy Berkeley Program</li> </ul>                                                                        |
| 6. <b>Enforce</b> laws and regulations that protect health and ensure safety                                                | <ul style="list-style-type: none"> <li>• Immunization requirements for school entry</li> <li>• Public Health Emergency Preparedness Program</li> </ul>                                                             |
| 7. <b>Link</b> people to needed personal health services and assure the provision of health care when otherwise unavailable | <ul style="list-style-type: none"> <li>• Nursing Targeted Case Management (TCM)</li> <li>• Partnerships with LifeLong Medical Care and Alameda County Public Health</li> </ul>                                     |
| 8. <b>Assure</b> a competent public and personal health care workforce                                                      | <ul style="list-style-type: none"> <li>• YouthWorks and AmeriCorps Programs</li> <li>• Training site for students interested in health (high school, college, graduate, and clinical)</li> </ul>                   |
| 9. <b>Evaluate</b> effectiveness, accessibility, and quality of personal and population-based health services               | <ul style="list-style-type: none"> <li>• Member of the local Fetal and Infant Mortality Review Board</li> <li>• Participation in Alta Bates Hospital Infection Control Committee</li> </ul>                        |
| 10. <b>Research</b> for new insights and innovative solutions to health problems                                            | <ul style="list-style-type: none"> <li>• Contribute our experience to the scientific literature and to professional and academic venues</li> <li>• Evaluation of impact of Sugar Sweetened Beverage Tax</li> </ul> |

## LOOKING AHEAD

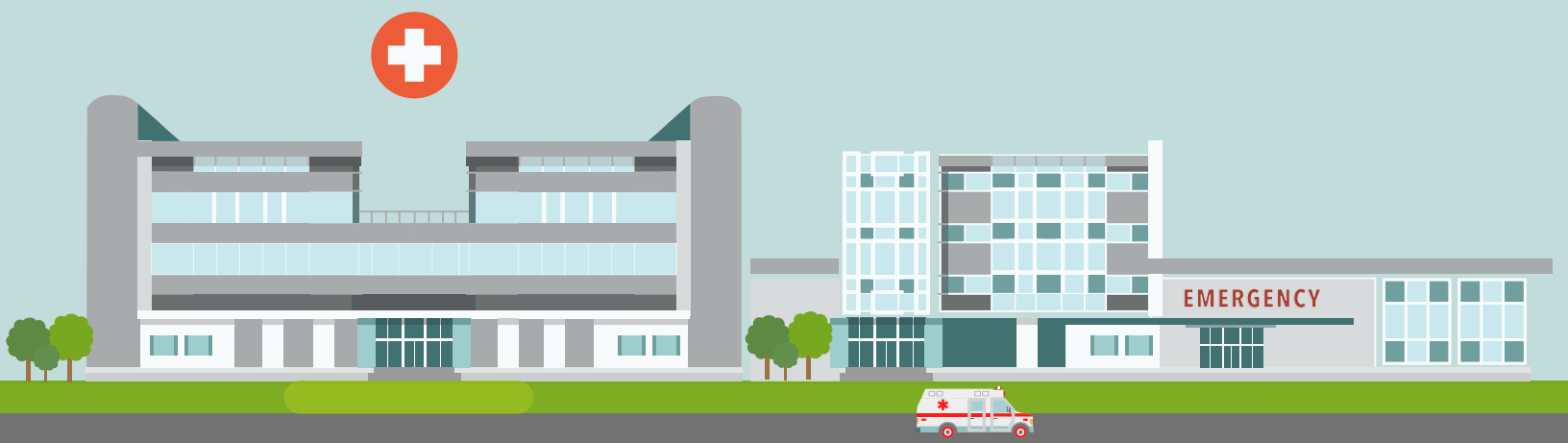
The City of Berkeley Health Status Report 2018 is the groundwork from which the Public Health Division, the Department of Health, Housing and Community Services, the City, and the Berkeley community will identify priorities, develop a strategic plan, and implement tailored interventions to improve community health. This path to better health is not one we can take alone. It is the charge of the entire community to create a healthy Berkeley. As a community member, you make choices that impact not only your own personal health, but the health of your families and neighbors. Community leaders in our City government, community based organizations, faith institutions, and local businesses, in addition to providers and residents all have a role to play in creating a healthier community. Collectively, we can achieve a better quality of life for all who live in Berkeley. We look forward to working with you.



Annie Burke

# RAPID HEALTH IMPACT ASSESSMENT

Proposed Closure of Alta Bates Campus Berkeley, CA



## Final Report

December 2018

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ALTA BATES HOSPITAL

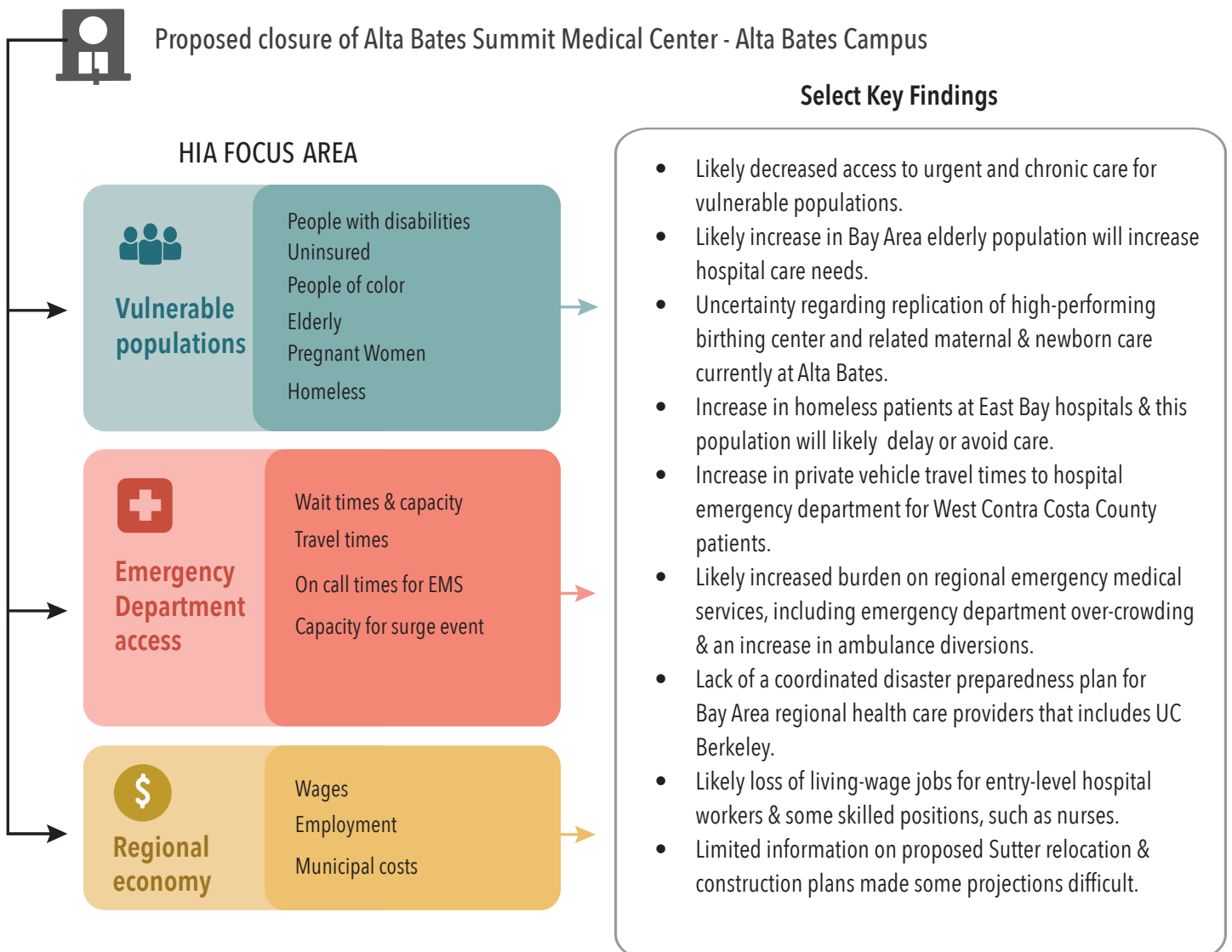


# EXECUTIVE SUMMARY

■ Sutter Health has proposed to close Alta Bates Campus in Berkeley, California, by 2030. Alta Bates Hospital serves the City of Berkeley and the entire East Bay with **347 beds, 22 Emergency Department treatment stations, about 50,000 Emergency Department (ED) patients, and over 5,000 births in 2017. In 2016, the hospital billed almost \$2 Billion in patient revenue.**<sup>2-4</sup> Sutter Health has determined that

state-mandated earthquake safety upgrades would be too costly to keep the major functions of the hospital open. Sutter Health stated in 2016 that they plan to relocate most inpatient care and emergency services from the Alta Bates Campus site in Berkeley to an expanded Summit Medical Campus in Oakland approximately three miles from the Berkeley campus.

Figure 1. HIA Key Findings Overview





### This **Rapid Health Impact Assessment (RHIA)**

was commissioned by the City of Berkeley's, Alta Bates Regional Task Force and highlights some of the likely health impacts from the closure of Alta Bates hospital. More specifically, the Rapid HIA focuses on the health impacts to: (1) already vulnerable populations, such as the elderly, the uninsured, and people of color; (2) University of California, Berkeley, students; (3) emergency medical services, including travel times to the emergency room and regional emergency room capacity in the case of a disaster, and; (4) the local economy.

Alta Bates Campus has served as a regional community health asset since its founding in 1905 by nurse Alta Alice Miner Bates. Alta Bates has the greatest number of hospital-births out of all hospitals in the East Bay. Further, Sutter Health's own 2016 Community Health Needs Assessment (CHNA) report noted that the Alta Bates Summit Medical Center Service Area currently serves a large percentage of the region's vulnerable communities with high chronic health care needs.

Alta Bates Campus also has one of the highest volume emergency departments (ED) in the East Bay. The ED has experienced a sharp increase in patients from West Contra Costa County, many of whom were likely served by Doctors Medical Center (DMC) in San Pablo, which closed in 2015. **In 2017 the Alta Bates Campus ED was operating at about 6,000 visits above the capacity recommended by the American College of Emergency Physicians.**<sup>4</sup>

Research from across California and the United States has found that hospital closures in urban areas can displace patients, particularly those already vulnerable, from familiar and usual sources of care, and overburden the hospitals that remain open. More specifically, Emergency Department (ED) closures can adversely impact regional morbidity and mortality.

Overall, we found that the closing of Alta Bates Campus will have potentially significant adverse health impacts related to: birthing/obstetrics; ED care for the elderly, uninsured, homeless and people of color; private vehicle travel times for certain areas of the East Bay, particularly Western Contra Costa County; disaster response capacity, and; some UC Berkeley student health care needs. We also found that the closing of the Alta Bates campus will adversely impact employment for low-wage workers, reduce spending in the local economy and potentially reduce community-based health promotion investments.

A summary of the likely impacts appears in Figure 2. We describe the key impact, the likely magnitude of impact on a scale of 1-3 stars, with 3 being the greatest impact, and offer examples of key data for each impact.

This RHIA utilized a detailed review of the scientific literature, existing provider data, and interviews with select professionals to estimate likely impacts. However, the projected impact analyses and some conclusions were limited due to the fact that Sutter Health did not provide detailed relocation and re-construction plans for either the Summit or Alta Bates campuses. The findings here are based on available hospital and public health data. Despite these limits, we find that the closing of the Alta Bates hospital campus in Berkeley, CA, will likely have significant adverse public health impacts on populations along the corridor from Berkeley to San Pablo unless specific actions are taken to increase ER and inpatient care access for already vulnerable populations, increase existing hospital emergency department capacities and increase 24-hour urgent care facilities, especially those serving West Contra Costa County.



| <b>Figure 2: Likely Health Impacts from the Closing of Alta Bates Medical Center, Berkeley, CA</b><br>(Magnitude: 1 = less likely to 3 = highly likely) |                                                                                                                                                                     |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Key Issue</b>                                                                                                                                        | <b>Likely Health Impact</b>                                                                                                                                         | <b>Magnitude of impact</b> | <b>Examples of Supportive Data</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Birthing/obstetrics</b>                                                                                                                              | Reduced access to high quality prenatal, birthing & neonatal care                                                                                                   | <b>***</b>                 | Over 5,000 births per year at Alta Bates - highest in the region<br>Current birthing center has excellent maternal & infant outcomes                                                                                                                                                                                                                                                                                                                                            |
| <b>Elderly care</b>                                                                                                                                     | Delayed care, increased severity of disease & likely avoidable hospitalizations                                                                                     | <b>*</b>                   | Already high % Medicare serving facility; senior population increasing<br>Hospital closures have resulted in delayed care & increased mortality for elderly                                                                                                                                                                                                                                                                                                                     |
| <b>Uninsured &amp; homeless</b>                                                                                                                         | Delayed care, increased unnecessary hospitalizations, increased care costs & potential spread of infections                                                         | <b>**</b>                  | About 41% of patients in 2016 were Medi-Cal or uninsured<br>600% increase in homeless patients at Alta Bates between 2016 - 2017                                                                                                                                                                                                                                                                                                                                                |
| <b>People of color</b>                                                                                                                                  | Delayed care, increased unnecessary hospitalizations, increased care costs & some increase in unnecessary deaths                                                    | <b>***</b>                 | Over 63% of patients at Alta Bates were people of color (PoC) in 2016<br>West Contra Costa County has high % PoC utilizing Alta Bates & will experience greatest increased travel times to reach Summit campus                                                                                                                                                                                                                                                                  |
| <b>People with Disabilities</b>                                                                                                                         | Accessibility barriers due to increased distance and unfamiliarity with relocated services                                                                          | <b>**</b>                  | 12% of the population in the HSA are living with a disability, of which at least 61% are racial/ethnic minorities                                                                                                                                                                                                                                                                                                                                                               |
| <b>UC Berkeley Students</b>                                                                                                                             | Loss of familiar ED & in-patient care; loss of some emergency mental health & suicide prevention                                                                    | <b>**</b>                  | Estimated 4,000 UCB student visits to Alta Bates ED per year<br>About 2 ambulance transfer per day from Tang Health Ctr. to Alta Bates<br>Loss of familiarity & proximity of care may adversely impact students                                                                                                                                                                                                                                                                 |
| <b>Emergency Department</b>                                                                                                                             | Increased crowding at EDs across the region, increasing wait times; Increase travel times to ED for some; Increased 'time-on-task' for many regional EMS providers. | <b>***</b>                 | Loss of 22 ED treatment stations at Alta Bates<br>Increase private vehicle travel times to Summit hospital during PM peak rush hour, with some areas needing over 50 minutes to reach ED.<br>Summit will need to double current ED capacity to accommodate all Alta Bates patients<br>Berkeley EMS reports 10-12 min. increase in transport times to Summit compared to Alta Bates, which would add on average 2 extra hours of EMS 'time-on-task' per day if Alta Bates closes |
| <b>Disaster preparedness</b>                                                                                                                            | Loss of ED capacity to treat earthquake & fire victims, potential increase in avoidable deaths & hospitalizations; likely increased cost of long-term care.         | <b>***</b>                 | Est. 900 people needing ED care in first days of HayWired scenario earthquake & 1,000-1,200 from a major fire at Chevron in Richmond w/out Alta Bates.<br>Regional ED capacity in an emergency/disaster will be significantly compromised without Alta Bates<br>Concentrating ED capacity in fewer locations may limit access during a disaster if roadway network to those facilities is compromised.                                                                          |
| <b>Economics</b>                                                                                                                                        | Local government EMS spending increase; low wage workers disproportionately lose jobs; Nurses may also be adversely impacted; local service economy suffers         | <b>*</b>                   | Potential increased cost to local governments to provide additional EMS services due to longer time on task<br>Potential loss of nurses out of region, increasing shortage of skilled practitioners<br>Estimated loss of \$20M to local economy from annual hospital contracting & services                                                                                                                                                                                     |

# INTRODUCTION

## Proposed Closing of Sutter Alta Bates Campus, Berkeley, CA

■ Sutter Health announced in 2016 that it will close its Alta Bates Campus in Berkeley and consolidate its current inpatient and emergency services approximately three miles away at its Summit Campus in Oakland, CA. Sutter Health has stated that the closure of the Berkeley hospital campus is expected to occur gradually, with full closure occurring by 2030 (Sutter Health, 2018). Some services have already been relocated from Alta Bates Campus to Summit Campus, such as the cardiac catheterization lab, which began to close as early as 2010.

Alta Bates Campus was established in 1905 by a nurse named Alta Alice Miner Bates. In 1906 the facility became the emergency hospital for many in the East Bay, especially as hundreds of San Franciscans fled to Berkeley after the Earthquake and Fire of 1906. Between 1910 and 1912, the hospital built two wings and had about 40 beds. In 1928 a new hospital was opened on the same site with 112 beds. In 1985, the 1928 building was replaced with a 300 bed, three story structure, that exists today (Sutter Health, 2018).

Alta Bates Campus currently serves the City of Berkeley and the entire East Bay with 347 beds and 22 Emergency Department stations, generating approximately \$1.89 billion in total patient revenue in 2016.<sup>14</sup> Alta Bates Campus is one of the only hospitals serving the East Bay corridor from approximately San Pablo in Contra Costa County to Berkeley in Alameda County (see regional hospital network Map 1). Without access to Alta Bates Campus, West Contra Costa County residents will likely rely on Kaiser-Richmond, which has limited capacity, and hospitals located

18-25 miles east, such as Contra Costa Regional Medical Center and John Muir Hospital (Alta Bates averages 9 miles from most West Contra Costa County origins).

In response to the announcement of the proposed closure of the Alta Bates Campus, the Mayor's Office of the City of Berkeley convened the Alta Bates Regional Task Force to explore ways to prevent this closure and keep Berkeley's only acute and emergency care hospital open. The Berkeley City Council voted in 2016 to work to keep the hospital open, and the Task Force is one venue where information and policy alternatives are being explored. The Task Force is comprised of officials from Alameda and Contra Costa Counties, and the cities of Alameda, Albany, Berkeley, El Cerrito, Emeryville, Oakland, San Pablo, and Richmond, California. The task force also includes stakeholders from labor unions, non-profit organizations, the University of California Berkeley, and members of the public.

**The Task Force commissioned this Rapid Health Impact Assessment (RHIA) in the Spring of 2018, to better understand the potential impacts of the hospital closure on health care utilization and access to emergency medical services (EMS).**

Research on hospital closures suggests that the events can displace patients from usual sources of care and force them to access facilities that may lack their prior medical records. Emergency Department (ED) closures can adversely impact morbidity and mortality in a region. The closure of an ED can have a significant impact on a region as patients may have to travel farther to obtain care and the remaining EDs have to



bear the extra patient volume, especially for patients experiencing time-sensitive illnesses requiring prompt intervention. EDs provide care not only for the critically ill, but also for those unable to access care by other means, and are seeing a rising trend in patient volume in both the US and California. Significant increases in ED volume create a strain on existing emergency care capacity and emergency medical service providers, and can adversely impact patient health outcomes.

### Overview of Potential Health Issues from an Urban Hospital Closing

Research in the public health, medical and health care services literatures suggests that urban hospital closures can have adverse impacts on population health, access to care and patient outcomes. However, research also suggests that whether or not a hospital closure will adversely impact access and/or patient outcomes can

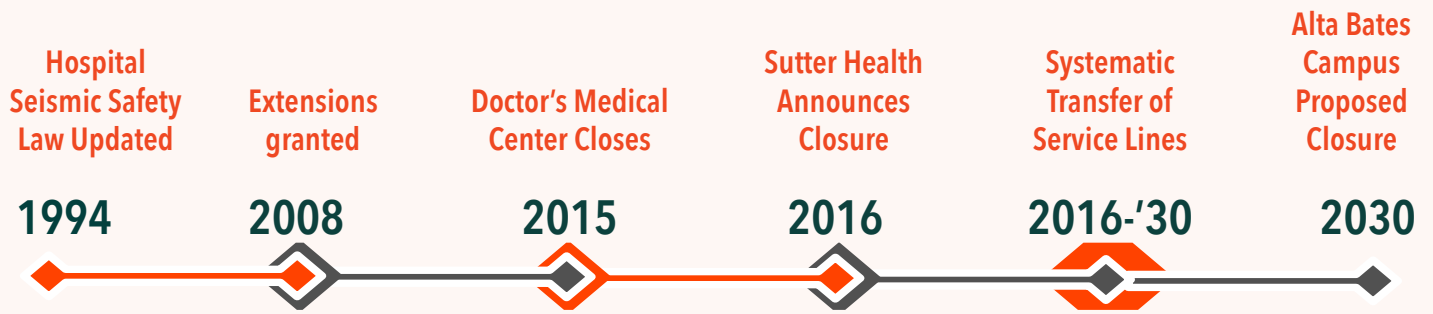


Figure 3. Alta Bates Closure key milestones time line

depend on a host of factors, such as if there are other high-performing institutions in close proximity, if these institutions are accessible to the poor, and if these same institutions can serve additional patients, particularly in the ED (Hsia & Shen 2011; Joynt et al., 2015; Liu et al., 2014). Urban hospital closures have seen an increase in both California and the US. Most recently and related to this trend, **Doctors Medical Center (DMC) in San Pablo, California, closed in April 2015. Since that time, as we will highlight in more detail below, residents living in Northwest Alameda County and West Contra Costa County have become increasingly reliant on the Alta Bates campus for emergency and inpatient care.**

Hospital closures can have a significant impact on emergency department (ED) access. A 2015 national survey by the American College of Emergency Physicians titled "Review of the Evidence on the Use of the Emergency Department by Medicaid Patients and the Evolving Role of Emergency Medicine Physicians," revealed that patients in crowded EDs have a greater likelihood of experiencing long wait times, leaving without being seen by a physician, feeling unsatisfied with their care, and having worse medical outcomes including delays in diagnosing myocardial infarction and increased mortality rates. Horwitz, et al., (2010) reported that only 67% of acutely ill ED patients were seen within the recommended times in the US. In 2009, Pines, et al., reported on the complication

rate of patients with acute coronary syndrome (ACS) as a function of crowded versus non-crowded EDs, and found a significant increase in serious complications (approximately 6% vs. 3% incidence of death, cardiac arrest, heart failure, late myocardial infarction, arrhythmias, stroke, or hypotension) in those patients presenting during overcrowded EDs.

ED overcrowding may also reduce the quality of care and increases medical errors, as the emergency staff may have to continually focus on new patients. ED closure can also eliminate hospital capacity for accommodating critical incidents such as infectious disease epidemics and disasters, another issue we explore in more detail below.

The locations of urban hospital closures do not seem to be randomly patterned, as Sager (2013) and Ko et al. (2014) found that racially segregated communities and especially predominantly African-American neighborhoods are more likely to experience a hospital closing than predominantly white, Latino or Asian-American majority neighborhoods. Nationally, one in three urban African-Americans receive their primary and other care at a hospital while for whites this is about one in six.

A 2014 investigation by the Pittsburgh Post-Gazette/Milwaukee Journal Sentinel revealed that people in poor, urban neighborhoods are

less healthy than their more affluent neighbors, but more likely to live in areas with physician shortages and closed hospitals (Thomas, 2014).

A more detailed review of the medical literature is included in each section below, and suggests that urban hospital closings can have adverse impacts that disproportionately impact already vulnerable populations - such as the elderly, people of color, and the homeless - emergency department access, regional emergency management systems, and the local economy.

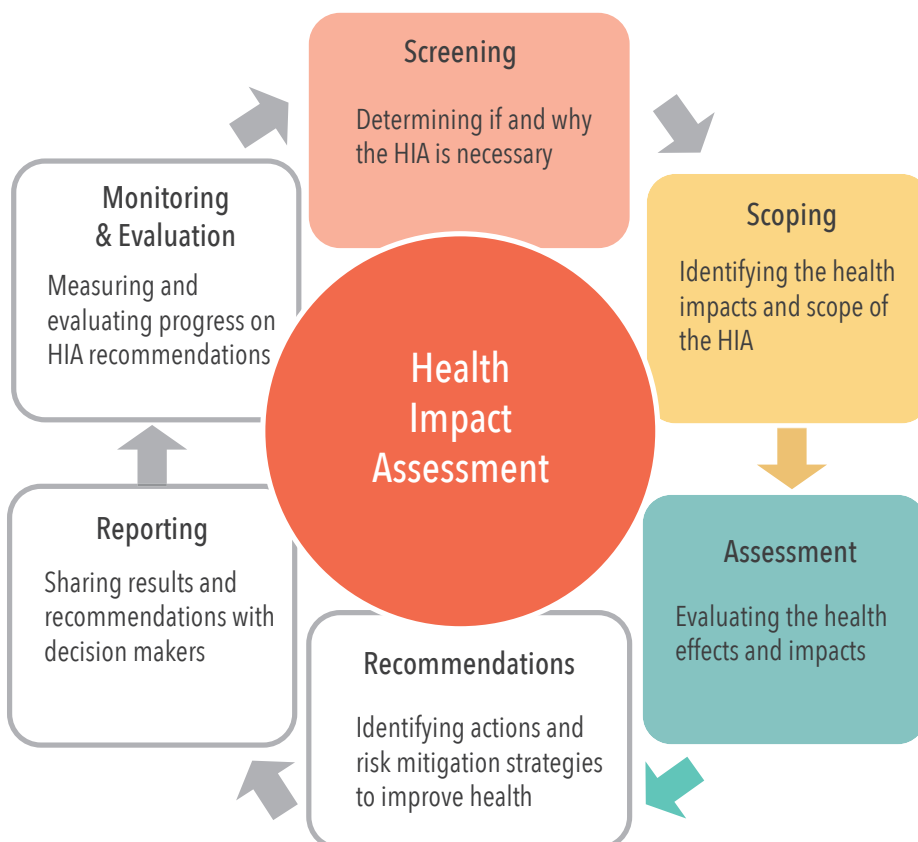
### **What is Health Impact Assessment (HIA)?**

Health Impact Assessment (HIA) uses a combination of procedures, methods and tools to analyze the potential, and sometimes unintended, effects of a policy, plan, program or project on the health of a population and the distribution of those effects across population groups. HIA is a process that aims to create healthier communities by providing decision-makers with an

understanding of the potential health impacts of a proposed project, and makes recommendations that could reduce adverse impacts. Importantly, HIA does not endorse or oppose a project or policy; rather, the purpose of conducting an HIA is to inform stakeholders and decision-makers about the population health implications of proposed actions, to identify and examine trade-offs, and to encourage the exploration of health promoting alternatives.

A Rapid or sometimes called a “desktop HIA”, does not include the extensive community and stakeholder input of a typical HIA or original data collection, such as surveys. Instead, the **Rapid HIA (RHIA) utilizes existing data and limited stakeholder engagement to generate analyses that can inform ongoing policy debates and identify areas for additional study.** The key stages of the HIA process are highlighted in Figure 4, and this RHIA includes the first three major steps of screening, scoping and assessment. While there is no single best

approach to HIA, each HIA process should reflect the needs of its particular context. This Rapid HIA aims to extend the knowledge and awareness for communities and decision-makers about select health equity issues raised by the proposed closing of Alta Bates hospital in Berkeley, California.



**Figure 4. Health Impact Assessment process**

\*Figure adapted from Mecklenburg County



## **Scope of this Rapid HIA**

On July 27, 2017, the City of Berkeley, California's Community Health Commission voted to authorize a scope of work for a Health Impact Assessment analyzing select impacts from the proposed closing of Alta Bates Campus. After reviewing this preliminary scope, a revised scope of work was developed by Professor Jason Corburn and University of California, Berkeley (UCB) researchers at the Institute of Urban and Regional Development (IURD), in consultation with the Health Commission and other City of Berkeley stakeholders. A Rapid HIA screening and scoping document was produced by UCB in December 2017. City of Berkeley staff commented on and suggested revisions to the initial draft scope of work (SOW). A final SOW was developed by Professor Corburn based on feedback and a preliminary review of availability data.

Since a detailed closing plan, including specific time frames and services, was not provided by Sutter Health, this RHIA was not able to offer detailed analyses of potential impacts from the removal and/or relocation of inpatient services. The RHIA analyses are based on the best and most up-to-date information we were able to obtain from Sutter Health on the closing and relocation of services from Sutter's website and the Sutter Vision for 2030: <https://rebuild.altabatessummit.org>.

## **Key RHIA Focal Areas**

Based on consultation with the Alta Bates Regional Task Force and key stakeholders, we refined this RHIA to focus on the following areas:

1. Impacts on vulnerable populations, including but not limited to low-income, under and uninsured populations, people of color, elderly, pregnant women, and those with

## **Rapid HIA research questions:**



### **Vulnerable populations**

How might the proposed closure impact already vulnerable populations such as those who are low-income, people of color, the elderly, the uninsured, UC Berkeley students, and expecting mothers?



### **Emergency Department Access**

How might the proposed closure influence access to emergency department care for Bay Area residents, particularly travel times & in the event of a major disaster, such as an earthquake or fire?



### **Regional economy**

How might the proposed closure impact local jobs and the regional economy, such as from reduced hospital spending?

**Figure 5. Rapid Health Impact Assessment guiding research questions**

- limited transportation options;
2. Impacts on health care and emergency department services for University of California, Berkeley students;
  3. Impacts on Emergency Department access and regional ED capacity;
  4. Impacts on Emergency Medical Services (EMS), specifically to paramedic 'time-on-task;'
  5. Impacts on regional hospitals' disaster response ED capacity, particularly in the case of an earthquake and fire, and;
  6. Impacts on local employment and the regional economy.

### Hypothesized Impact Pathways

Based on the six agreed upon focal areas described above and the three key RHIA research questions (Figure 5), the research team performed a preliminary review of the scientific literature on hospital closures, ED closures in urban areas and previous studies of the impacts of hospital closures, specifically the report on the closure of Doctors Medical Center. The authors of this RHIA **hypothesize at least five potential pathways between the closure of Alta Bates Campus and population health outcomes**, informed by a preliminary research review. These hypothetical scenarios are highlighted in the Figures 6-10 and described below. **In each pathway diagram, a up arrow indicates a likely increase while a down arrow indicates a likely decrease.** The hypothetical scenarios helped to further refine our review of the literature and data analysis. The hypothesized pathways of potential impacts from the closing of Alta Bates hospital included:

#### **Scenario A: Birthing center closes (Figure 6)**

In this scenario, we hypothesized that the Alta Bates Campus birthing center & related prenatal and postpartum care, including the NICU, close and there is some replication of these exact services in any one location in the region.

#### **Scenario B: Emergency Department closes (Figure 7)**

In this scenario, the Alta Bates Campus ED closes and some additional capacity is provided for at Summit in Oakland.

#### **Scenario C: ED closes & regional ED patients increase (Figure 8)**

In this scenario, we hypothesized the Alta Bates Campus ED closes & the remaining open hospitals in the region experience increased ED patients.

#### **Scenario D: Disaster & ED access (Figure 9)**

In this scenario, we hypothesized potential impacts to ED access during a disaster in the absence of Alta Bates Campus.

#### **Scenario E: Economic Impacts (Figure 10)**

In this scenario, we hypothesized potential economic impacts to jobs and the local economy from the closure of Alta Bates Campus.

Figure 6. Hypothesized Impacts from Alta Bates Campus birthing center closing

Scenario A:

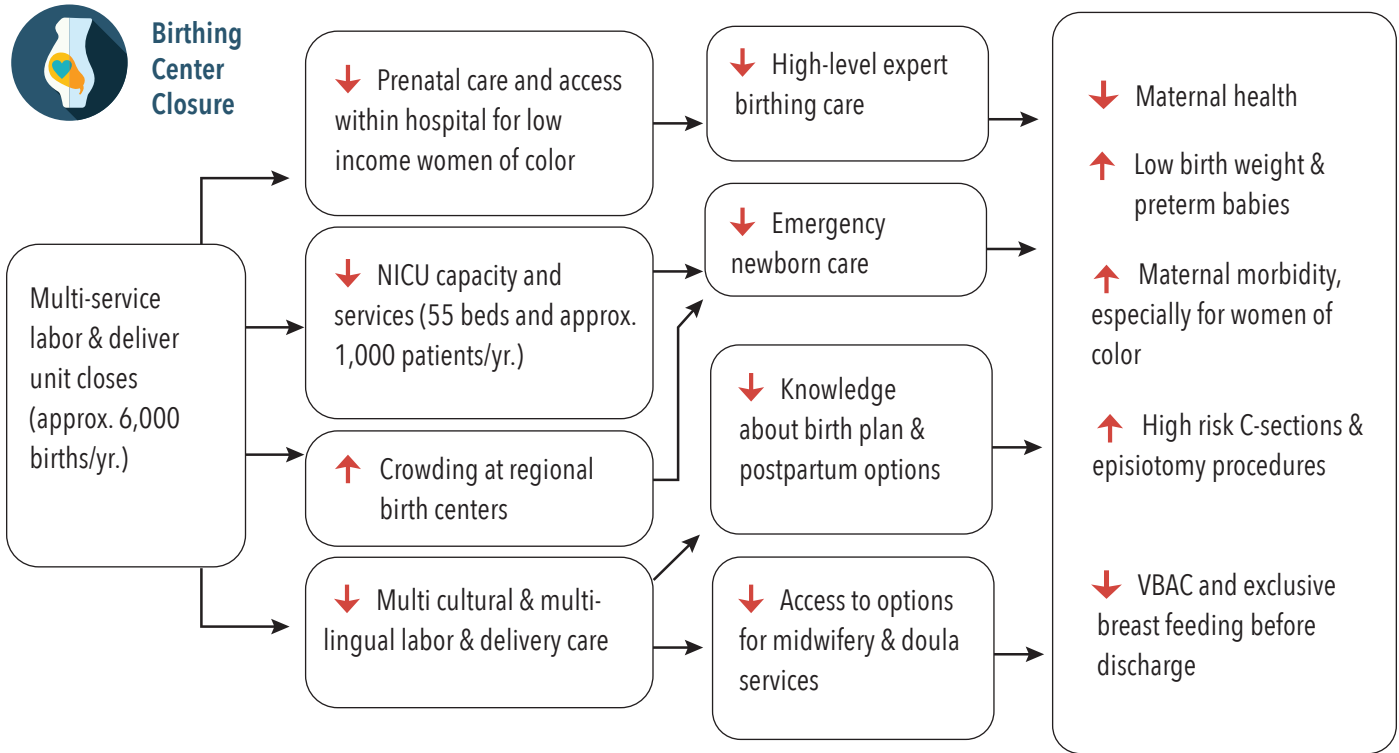


Figure 7. Hypothesized Impacts from Alta Bates Campus Emergency Department (ED) closing

Scenario B:

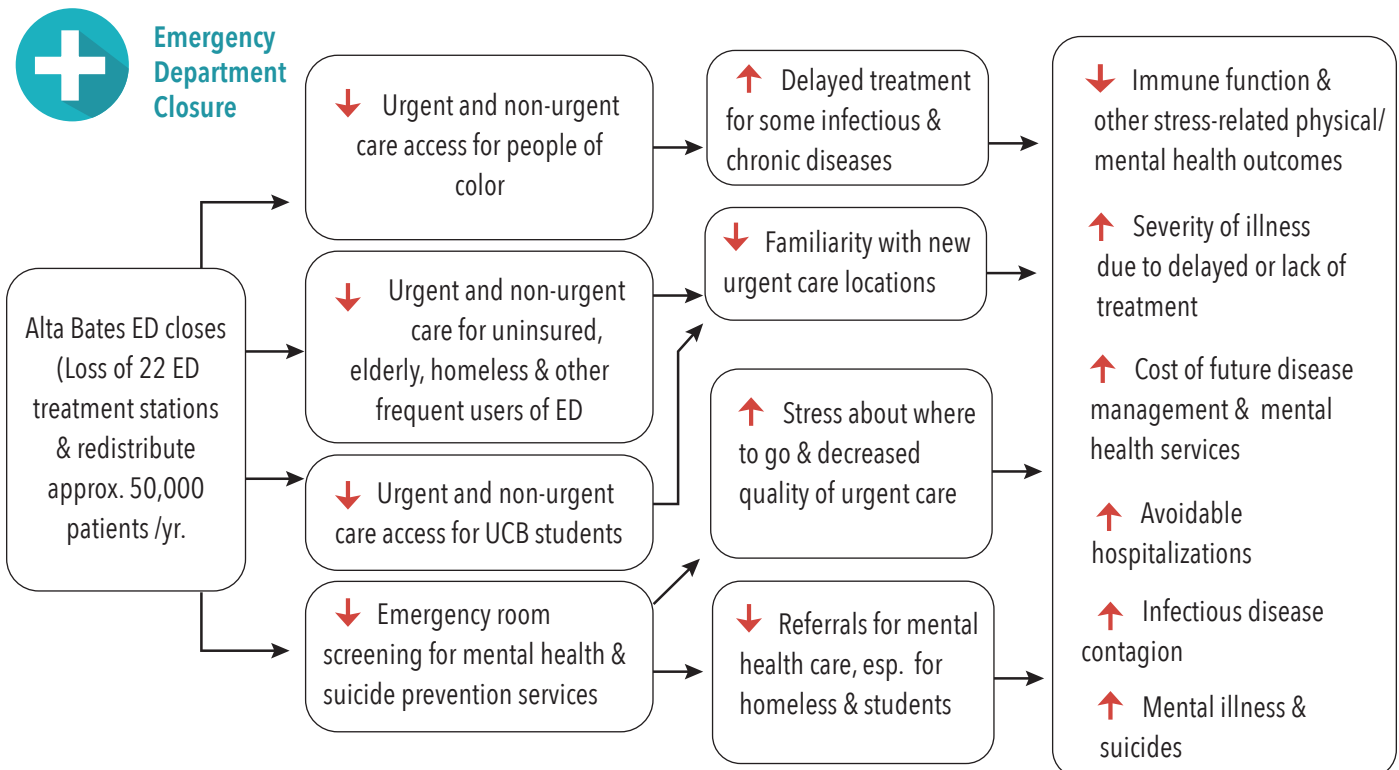




Figure 8. Hypothesized Impacts of Alta Bates Campus ED closing on Emergency Medical Services

Scenario C:

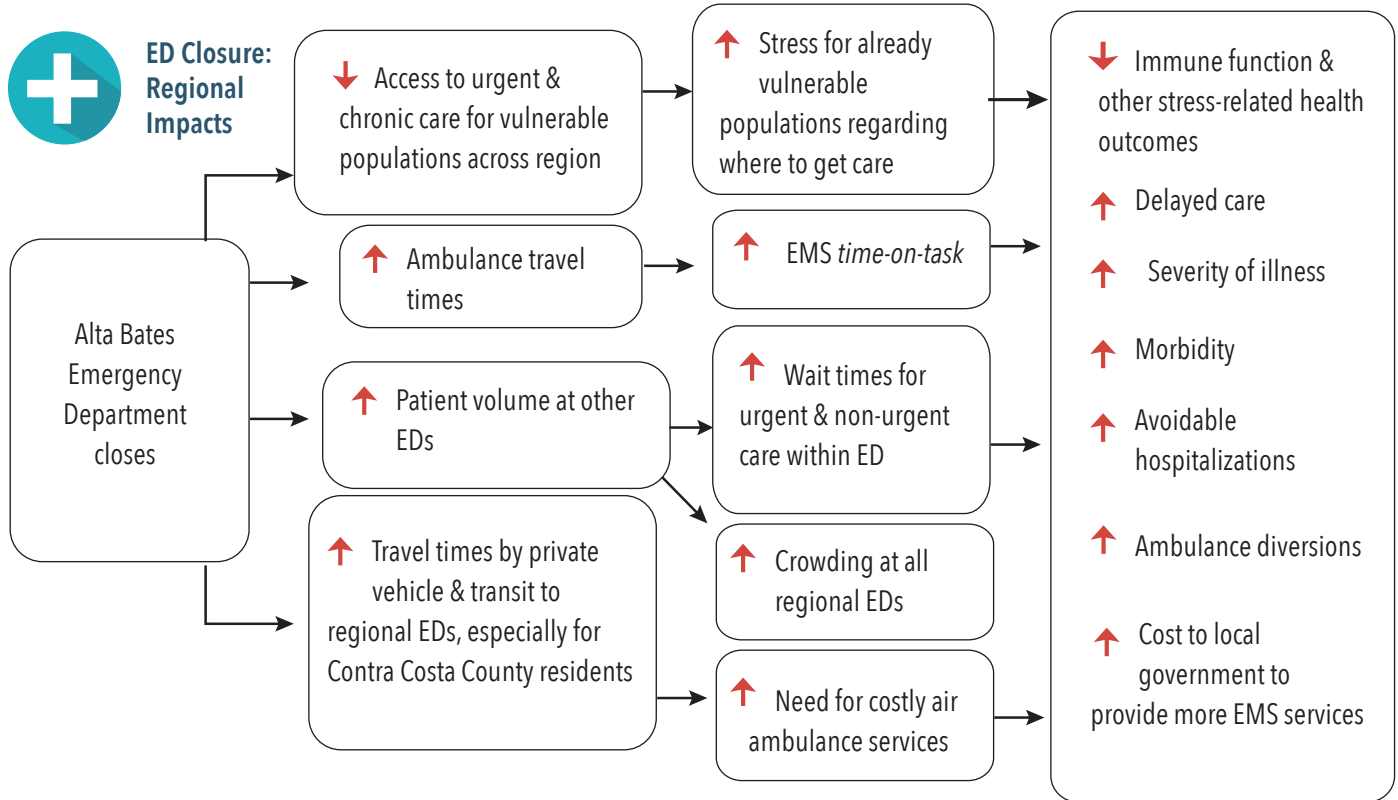
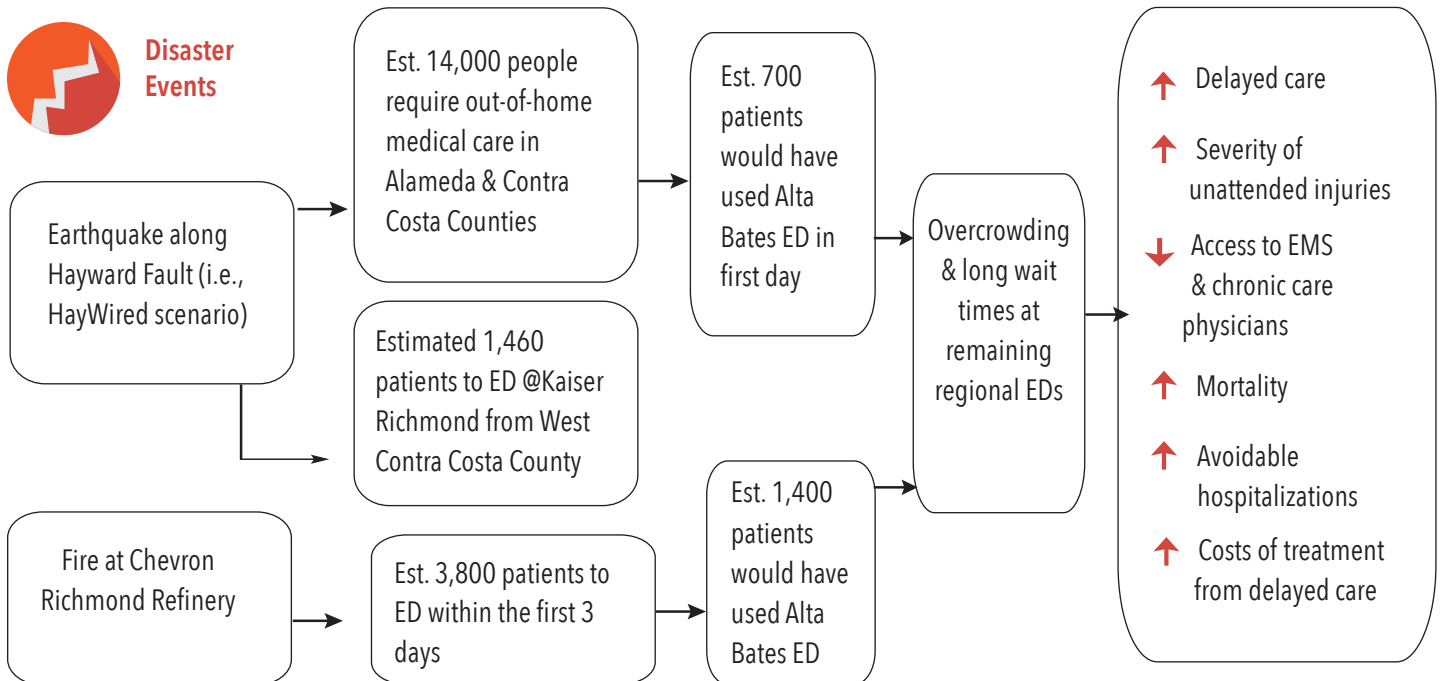


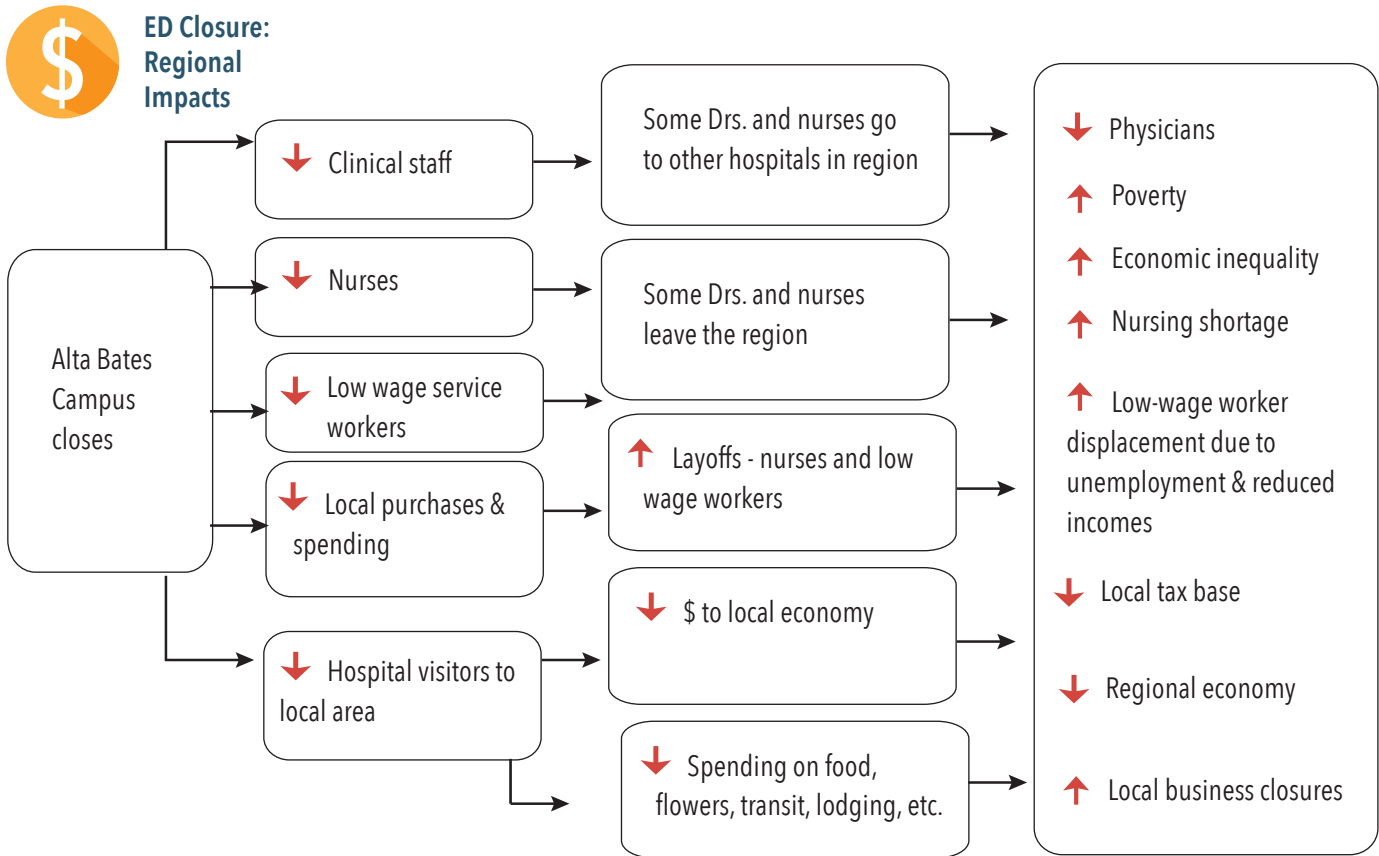
Figure 9. Hypothesized Impacts of a Regional Disaster on ED access without Alta Bates Campus

Scenario D:



**Figure 10. Hypothesized Impacts from Alta Bates Closing on Local & Regional Economy**

**Scenario E:**



## **Rapid HIA Methodology**

A mixed set of methods were used to complete this RHIA. As mentioned above, a detailed review of the scientific literature related to hospital closing was conducted to develop the hypothesized pathway diagrams and support data collection. We analyzed hospital and patient data using the California Office of Statewide Health Planning and Development (OSHPD). The RHIA also includes detailed reviews of reports by local hospital systems, emergency medical providers, and county health departments, which helped us obtain existing utilization information. Key findings from existing reports and analyses were summarized and incorporated into our analyses.

Data for multiple years and for multiple hospitals in the region, including Alta Bates Campus, were obtained from OSHPD. OSHPD conducts an annual, standardized survey required of all hospitals and health services in the state. Each facility is required to report data on patient capacity, inpatient utilization, ED utilization, and expenditures. We generated summary statistics on hospital and patient utilization for Alta Bates and Summit Campuses, as well as select hospitals in the East Bay region. Where possible, we utilized data from 2017, and otherwise reference

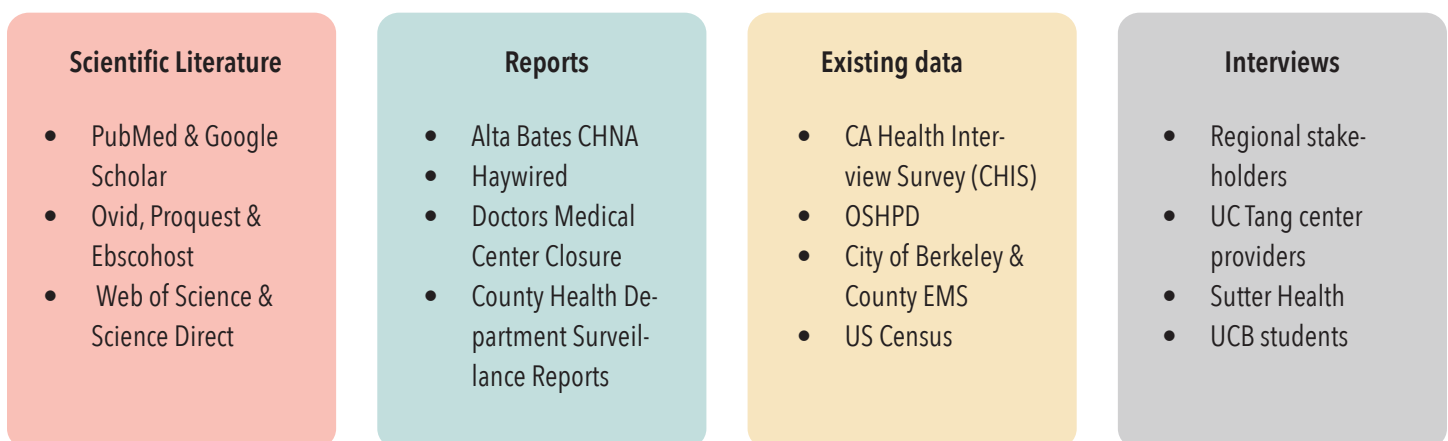
complete OSHPD datasets from 2016. Five year estimates from the 2016 US Census, American Community Survey data were gathered to define ZIP Code populations and other community-scale demographics in the region.

Previously published health outcome data from the Alameda and Contra Costa County Health Departments were summarized by ZIP Code. In addition, ZIP Code level hospitalization data (2011) was accessed through the Sutter Health “Health Needs Maps” website (<http://www.healthneedsmap.com>). All these data are publicly available and as such this assessment was exempt from review by the human subjects’ protection office of the University of California, Berkeley.

Meetings with Sutter Health, City of Berkeley and UC Berkeley’s Tang Health Care providers also informed the analyses and provided qualitative data. A list of interviewees & reviewers of a first draft of this report appears in the appendix.

A summary of the inputs used appear in Figure 11. A full list of references appears at the end of this document.

**Figure 11. Examples of inputs to Rapid HIA**



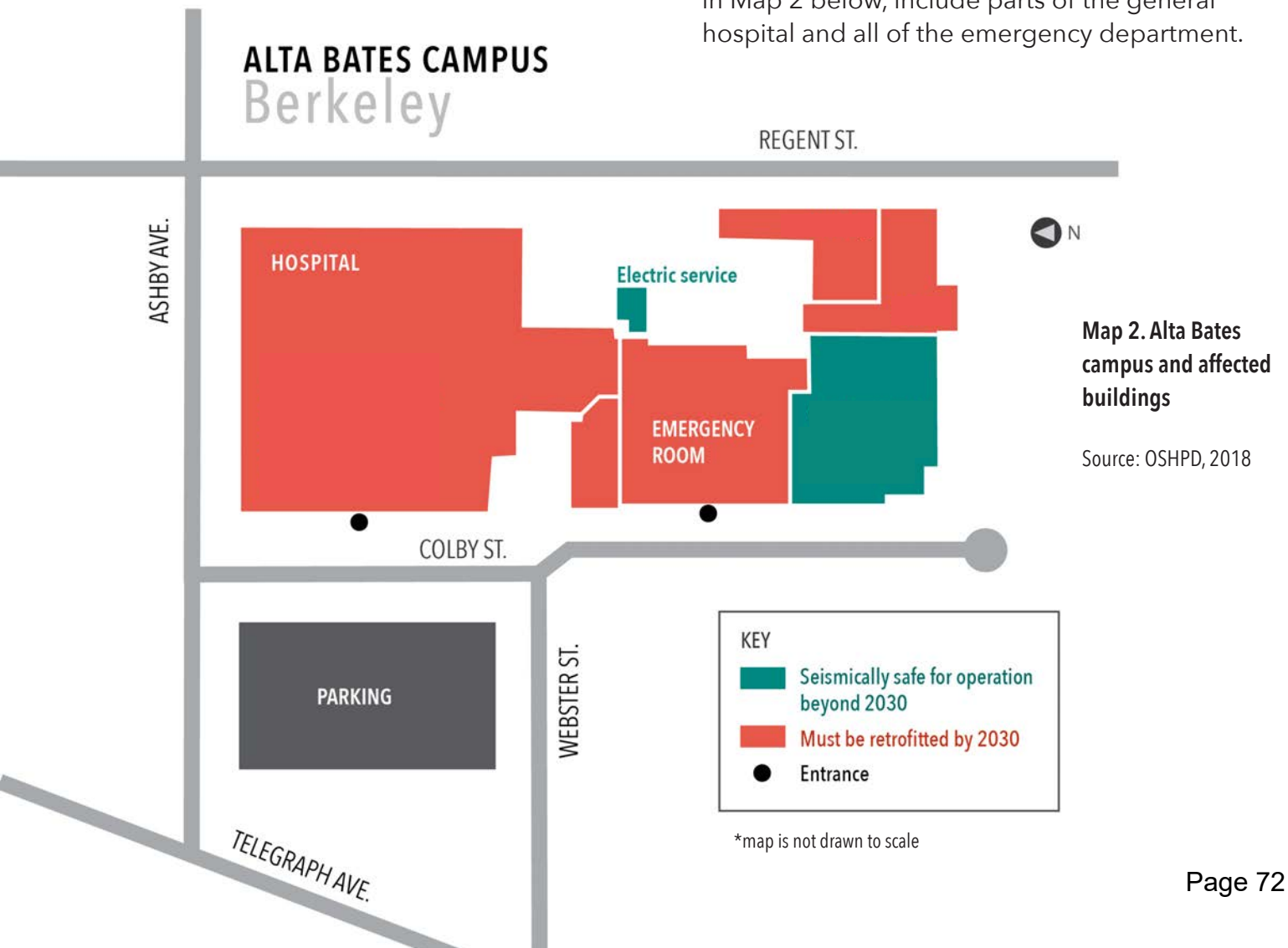
# OVERVIEW OF ALTA BATES

Alta Bates Campus is one of the most utilized hospitals and birthing centers in Alameda and Contra Costa Counties, with a total of 66,268 patients in 2016. The hospital service area, in which 75% of patients reside, encompasses 9 cities across the East Bay. The hospital has recently seen a large increase in patients from West Contra Costa County after the closure of Doctor’s Medical Center in 2015.

The Alta Bates campus of Alta Bates Summit Medical Center is a 347-bed acute care hospital, located in the city of Berkeley, in North Alameda County, California. Alta Bates was purchased by Sutter Health Corporation and integrated with Summit Medical Center in Oakland and Herrick Hospital in Berkeley to form Alta Bates Medical Center in the year 2000. Aside from providing

emergency, acute and specialty care services, Alta Bates campus is also a major regional birthing center.

**The Alta Bates Campus currently has 5 buildings that are out of compliance with the Hospital Seismic Safety Law, and must be retrofitted by 2030 or stop providing all inpatient and emergency services.<sup>10</sup>** These buildings, depicted in Map 2 below, include parts of the general hospital and all of the emergency department.



**347 beds**  
3rd largest  
general acute  
care facility in  
the region

**66,268** patient  
discharges, 2nd highest  
of non-Kaiser hospitals  
in Alameda County  
2016

**16,494**  
discharges from  
Contra Costa  
County in 2016  
- 31% increase  
since 2013

**45,900**  
**ER visits**  
in 2016 - 7%  
increase since  
2013

**61%** of ER visits  
were **Medi-Cal**  
and **Medicare** in  
2016

**7%** of ER visits  
were **uninsured**  
patients in 2016

**5,863 live**  
**births** in 2016  
- highest in the  
region



**Figure 11. AB utilization overview 2016**

We detail Sutter’s response to the seismic upgrade on page 28 below.

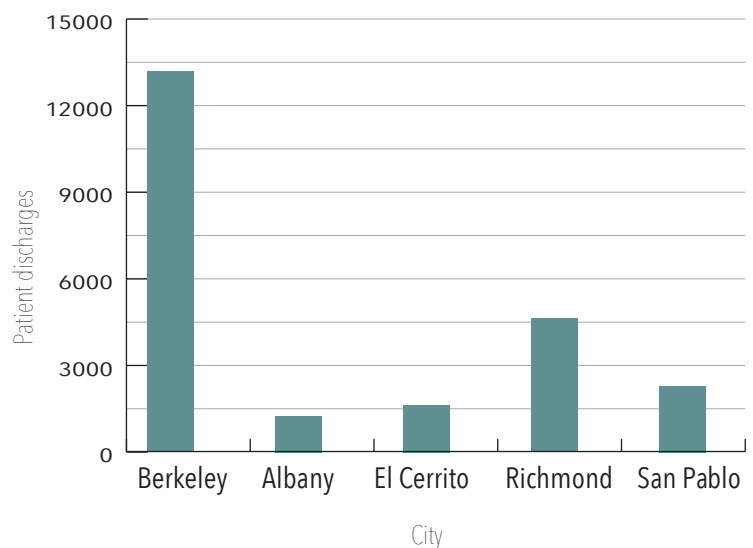
**Alta Bates Patient Utilization**

Alta Bates Campus is one of the most utilized hospitals in Alameda County, and is the 3rd largest general acute facility in the region. Of its 347 beds, the facility currently has 146 general acute beds, 16 in intensive care, 116 perinatal, 55 in intensive newborn nursery, and 14 coronary care beds.<sup>4</sup>

In 2016, Alta Bates Campus discharged 66,268 patients, more than any other non-Kaiser hospital in Alameda County except Highland Hospital at 81,500. Of the 66,268 patients that were seen at Alta Bates Berkeley, 19,887 were hospitalized, including 5,930 patients admitted from the emergency department. **Of the 19,887 hospitalized patients, 30% were admitted for a birth-related diagnosis and 33% were admitted with a pregnancy-related diagnosis, for a total of 63% of all hospitalized patients.** In 2016, Alta Bates Berkeley delivered 5,863 babies, more than any hospital in Contra Costa County or Alameda County, making it the region’s largest birthing center. After birthing and pregnancy patients,

the third highest patient diagnosis was infection-related, which made up only 6% of hospital admissions.<sup>8</sup>

Alta Bates also operates an ambulatory surgery center, which conducted 6,975 surgeries and medical procedures in 2016. The most common principal diagnoses from the ambulatory surgery center were: eye disorders (22%), other reasons



**Figure 12. Alta Bates Campus ED patient discharges (2016) from cities impacted by the DMC hospital closure**

Source: OSHPD, 2016

(15%), digestive system (14%), cancer (12%), and genitourinary system (11%). Of the 6,699 surgeries that were performed at the ambulatory surgery center in 2016, 60% were related to either eye and ocular surgeries (25%) or digestive surgeries (35%).<sup>8</sup>

### **Emergency Department**

The Alta Bates Campus has one of the largest emergency department (ED) patient volumes in the region, operating over capacity by approximately 6,000 visits per year in 2017. That year the ED had 22 emergency treatment stations, down 3 stations from 2016.<sup>3,4</sup>

**In 2017 Alta Bates Campus documented 50,414 emergency department visits, an additional 4,524 visits than 2016, despite having three less treatment stations.** 63% of emergency department visits not resulting in admission were classified as severe, with 27% being life-threateningly severe and 36% being non-life-threateningly severe. Of the remaining visits, 27% classified as moderate, 9% were classified as low/moderate, and 1% were classified as minor.<sup>4</sup> Based on our review of the literature **it is unlikely that the 'severe' visits - comprising over 60% of total visits - could be treated in an urgent care facility or primary care setting.**

Given the high volume of ED patient traffic, Alta Bates Campus reported 57 hours of ambulance diversion in 2016, and 13 in 2017.<sup>3,4</sup> During these hours the hospital closed its ED to incoming ambulances, resulting in those ambulances being diverted to other hospitals. High ambulance diversion rates can be an indicator of ED overcrowding, and is associated with poorer health outcomes for patients as well as lost revenue for hospitals. A more detailed discussion on ED access and impact of an Alta Bates Campus closure on the regional emergency medical services network can be found in the section

below on EMS.

### **Hospital Service Area**

For this RHIA, we calculated the Alta Bates Campus hospital service area (HSA) using the latest available OSHPD (2016) patient origin data. This HSA best reflects the geographic area from which patients are coming from to receive care at Alta Bates Campus. As we describe below, the RHIA defined HSA is slightly larger than the area Sutter Health defines as the HSA for Alta Bates Summit Medical Center (which includes Alta Bates, Summit, and Herrick campuses) in their 2016 Community Health Needs Assessment (CHNA) report, since we aimed to capture the recent increase in patients coming from West Contra Costa County.

Using all 2016 inpatient and ED origin data, this RHIA defines the Alta Bates campus HSA to include the 32 ZIP Codes in the region where approximately 75% of patients lived. **The HSA spans across 9 cities in Alameda and Contra Costa Counties: Oakland, Alameda, Emeryville, Berkeley, Albany, El Cerrito, Richmond, San Pablo, and El Sobrante (Map 3). While 75% of patients in 2016 came from these 32 ZIP Codes, 66% of all patients that year came from Alameda County, and 25% from Contra Costa County, for a total of 91% of all patients.**<sup>6</sup>

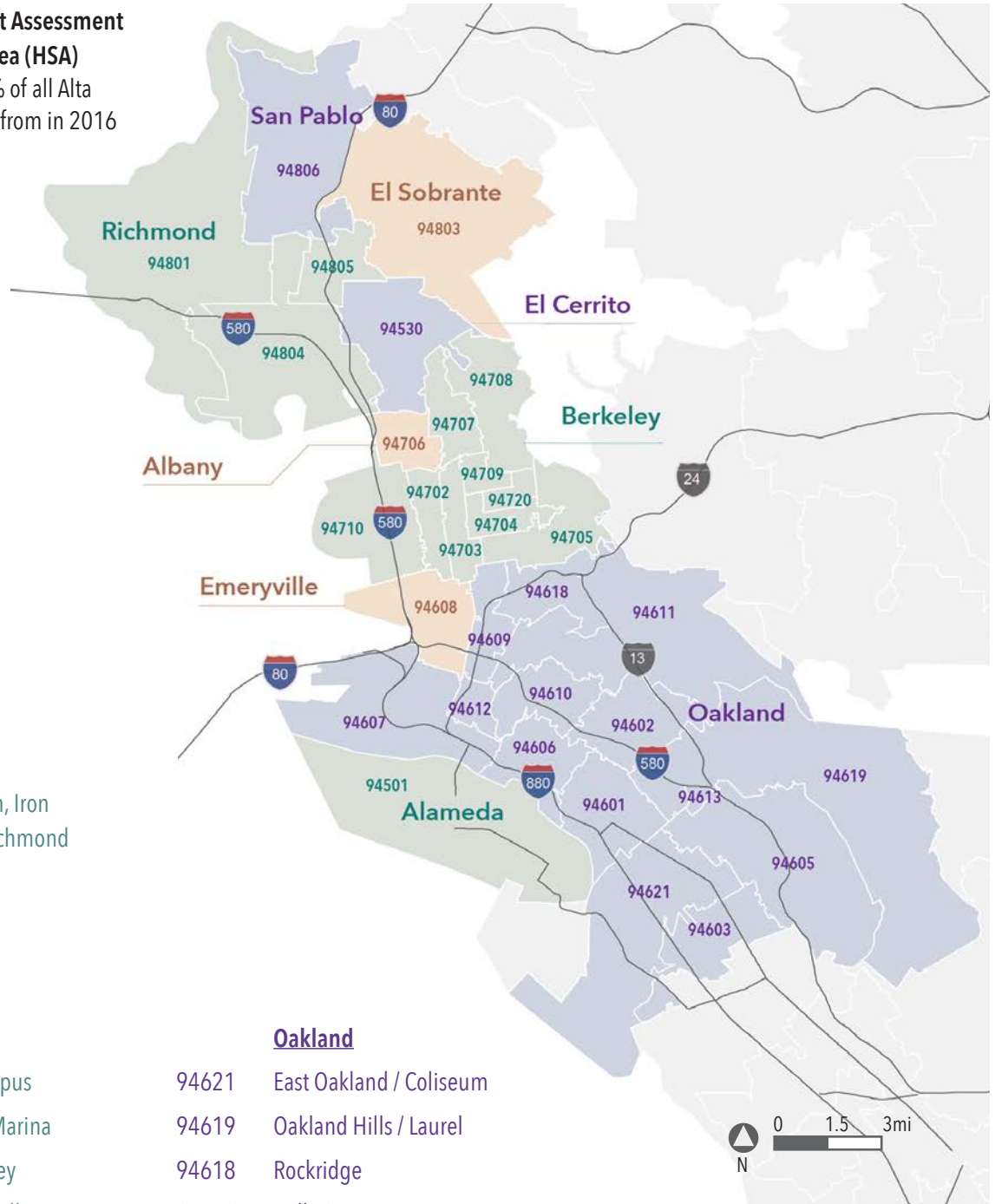
According to the US Census, the RHIA HSA includes 839,299 residents, 44% of which are people of color and 18% of which lived below the poverty line in 2016 (ACS 2012-2016). Roughly 18% of the population in the service area are African American and 25% are Hispanic/Latinx. **In the HSA 25% of the population receives Medicaid coverage and 11% are uninsured.** Since people with Medicaid and the uninsured may utilize a hospital for primary care more than those with other health insurance, there are approximately 301,146 people in the HSA that



**Map 3. Rapid Health Impact Assessment defined Hospital Service Area (HSA)**

32 ZIP Codes from which 75% of all Alta Bates Campus patients came from in 2016

Source: OSHPD POMS, 2016



**ZIP Code Community**

94806 **San Pablo**

94803 **El Sobrante**

**Richmond**

94805 East Richmond

94804 South Richmond

94801 Richmond - North, Iron Triangle, Point Richmond

94530 **El Cerrito**

94706 **Albany**

**Berkeley**

94720 UC Berkeley Campus

94710 West Berkeley / Marina

94709 Northside Berkeley

94708 Tilden/Berkeley Hills

94707 North Berkeley / Kensington

94705 Claremont / Elmwood

94704 Berkeley Downtown / South of Campus

94703 Northwest Berkeley

94702 Northwest Berkeley

94608 **Emeryville**

**Oakland**

94621 East Oakland / Coliseum

94619 Oakland Hills / Laurel

94618 Rockridge

94613 Mills Campus

94612 Downtown Oakland

94611 Piedmont / Oakland Montclair

94610 Oakland Grand Lake / Lakeshore

94609 Oakland MLK

94607 West Oakland / Jack London

94606 Oakland / Cleveland Heights

94605 Oakland Hills / Eastmont

94603 East Oakland / Brookfield

94602 Oakland / Glenview

94601 East Oakland / Fruitvale

94501 **Alameda**



RHIA defined  
Alta Bates  
Campus  
hospital  
service area

**839,299**  
residents

**18%** of population below  
100% of the federal poverty level

**36%** of population  
below 200% of the  
federal poverty level

**32** ZIP codes

**44%** People of Color

may seek non-urgent care at Alta Bates Campus.

Health outcome data also suggests that residents in the Alta Bates Campus HSA experience health inequities and disproportionate rates of illness and injury including asthma, diabetes, assault, unintentional injury, and substance abuse compared to the State of California and both Alameda and Contra Costa Counties (Figure 15) (Sutter Health, 2013).

According to Sutter Health’s 2016 Community Health Needs Assessment (CHNA) report, the HSA defined for all three campuses (Alta Bates, Herrick, and Summit) included 24 ZIP codes in Oakland, Berkeley, and Emeryville, what they call their “core market.” **Approximately 20% of this population lives below the poverty line and about 59% are People of Color.** We highlight the

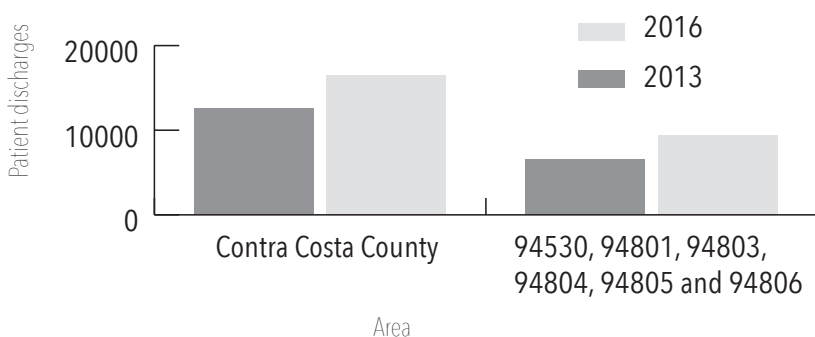
differences in the Sutter CHNA defined service area and the RHIA defined service area in Figure 14 and Map 5. Rather than include patients from all three campuses in the Alta Bates Summit Medical Center, the RHIA defines the HSA solely for the Alta Bates Campus, in order to identify specific needs of the Alta Bates Campus patient population and evaluate impacts of the proposed campus closure.

**Figure 14. Alta Bates Hospital Service Areas: RHIA & CHNA defined**

Source: ACS 2012-2016 estimates

|                     | RHIA defined service area | CHNA defined service area |
|---------------------|---------------------------|---------------------------|
| Population          | 839,299                   | 557,296                   |
| Number of Cities    | 9                         | 3                         |
| Number of Zip Codes | 32                        | 24                        |

**Figure 13. Increased Alta Bates discharges from Contra Costa County & regional zip-codes**



Source: OSHPD, 2013 & 2016






We determined that the larger number of residents from West Contra Costa County utilizing Alta Bates Campus in recent years demanded that we expand the HSA to include these communities in our analyses (Figure 13). The increase in patients from West Contra Costa County can be partly attributed to the closure of Doctor’s Medical Center (DMC) in the city of San Pablo, California in 2015. **Of the 66,268 patients that visited Alta Bates Campus in 2016, approximately 18% were from 6 zip codes in Richmond, San Pablo, El Cerrito, and El Sobrante**

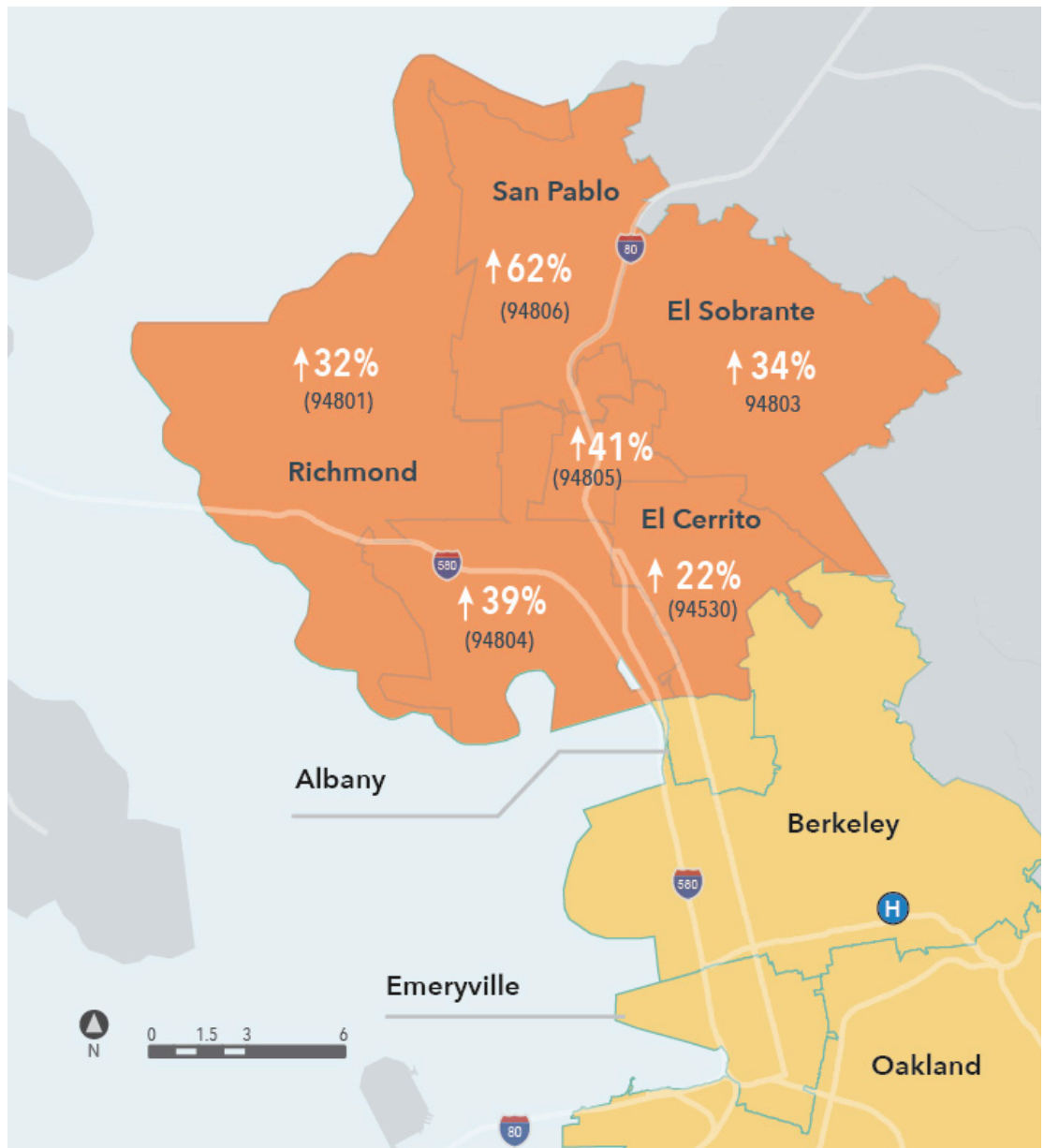
(94530, 94801, 94803, 94804, 94805 and 94806) located in West Contra Costa County (Map 4). From 2013 through 2016, there was a 24% increase in patients visiting Alta Bates Campus from Contra Costa County and a **39% increase in patients visiting Alta Bates Campus from the six zip codes above.**<sup>5,6</sup>

Since these communities are in close proximity to Kaiser Richmond (which has limited ED capacity and primarily serves Kaiser members) **the closure of Alta Bates Campus is likely to**

**Map 4. Large volume increases in Alta Bates ED discharges from West Contra Costa County 2013 - 2016**

Source: OSHPD, 2013 & 2016

-  Alta Bates campus
-  West Contra Costa County in the RHIA defined service area
-  Additional Cities in the HSA



**have a significant adverse impact on access to ED and hospital care for residents of West Contra Costa County.** These same communities are also some of the most vulnerable in terms of having the largest African-American populations, having preexisting health conditions and being uninsured.

For example, according to Contra Costa Health Services 2010 Community Health Indicators Report:

- African Americans in Contra Costa had a shorter life expectancy (73 years) than any other racial/ethnic group in the county.
- African Americans also experienced higher rates of new cases of colorectal, lung and prostate cancer, new cases of HIV and AIDS, hospitalization for non-fatal assault and self-inflicted injuries, low birth weight infants and teen births, and a higher percent overweight and obese fifth-graders.
- The communities of Richmond and San Pablo

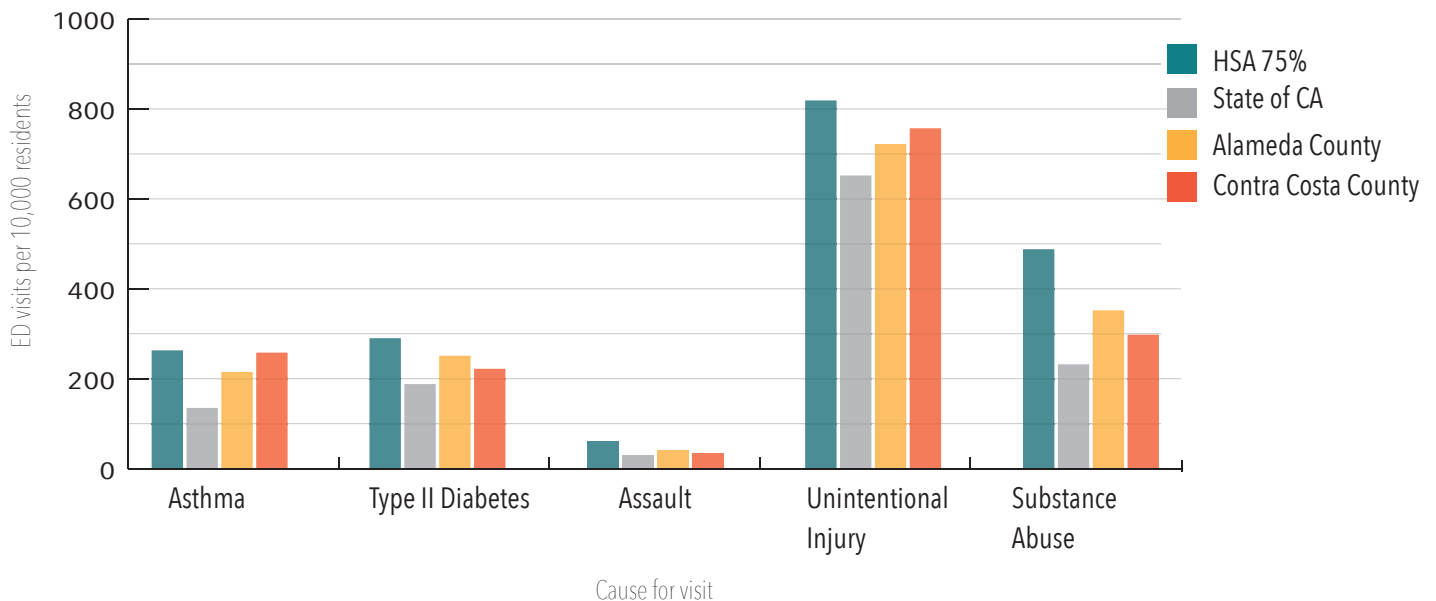
had the highest health risks and death rates (particularly for African American men) from heart disease, all cancers, diabetes, stroke and homicides.

- African Americans in Richmond had 254 asthma hospitalizations and ED visits per 10,000 people, compared to 105 for all racial/ethnic groups.
- The rates of sexually transmitted infections and people living with HIV/AIDS are significantly higher in Richmond than in Contra Costa County.
- A larger percentage of Hispanic students in Richmond high schools reported contemplating suicide than other students, according to the 2011 California Healthy Kids Survey, Grades 9-11.

The RHIA addresses potential impacts of the proposed hospital closure on vulnerable populations served by Alta Bates on page 30 of this report.

**Figure 15. ED Visits by Cause: Comparing the RHIA defined Alta Bates Campus HSA to State and County Rates**

Source: Sutter Health Needs Maps, 2013





**Map 5. Comparing RHIA & CHNA defined Hospital Service Areas**

▨ 2016 CHNA defined Alta Bates Summit Medical Center HSA

■ RHIA defined Alta Bates Campus HSA

Ⓜ Alta Bates Campus

Source: OSHPD POMS, 2016 & Alta Bates Summit Medical Center CHNA, 2016

# SUMMIT CAMPUS IMPACTS

## Campus Utilization & Capacity to Absorb Alta Bates Patients

■ The Summit Campus includes an emergency room and hospital with 403 licensed beds in 2017. Sutter has indicated that all inpatient and emergency care capacity at Alta Bates Campus will be relocated to the Summit Campus by 2030. However key details about the expansion as well as the capacity for the Summit Campus to absorb an additional 40,000 ED patients remains in question.

The Summit Campus hospital on Hawthorne Avenue in Oakland includes an emergency department (ED) and a new patient pavilion that was renovated in 2014. Despite the recent renovation and a current emergency department expansion underway, **9 buildings at the Summit Campus do not currently meet seismic standards, and must be retrofitted or stop all inpatient and ED services by 2030** (Map 6).<sup>10</sup>

In 2017, Summit Campus saw a total of 60,038 patients, both hospitalized and from the ED. 47,117 patients were seen in the ED, of which 25% were admitted to the same hospital. In 2017, **Summit had 25 ED treatment stations, down from 32 stations the year prior.**<sup>4</sup>

Of the approximate 47,000 ED patients in 2017 (including those later admitted to the hospital), 35% were classified as severe and life threatening, 33% were classified as severe but not life threatening, 25% were moderate, 6% were low/moderate, and 1% was minor.<sup>4</sup>

Since the closure of the Alta Bates Campus catheterization lab, the Summit campus has become the central heart attack and ST-Elevation Myocardial Infarction (STEMI) patient receiving location. The hospital performed 345 cardiovascular surgery operations in 2016, and saw 2,531 cardiac catheterization patients (1,106 diagnostic 1,425 therapeutic), which resulted in 3,426 catheterization procedures in total.<sup>8</sup>



Summit Campus at a glance in 2017

47,117

Total Emergency Department Patients

25

EMS Treatment Stations

403

Licensed Beds

147,095

Licensed Bed Days per year

60,038

Total patients

29

Diversion Hours

0

Total Live Births

The Summit Campus does not currently have the capacity to serve the volume of patients seen at the Alta Bates Campus, particularly for birthing and emergency care.

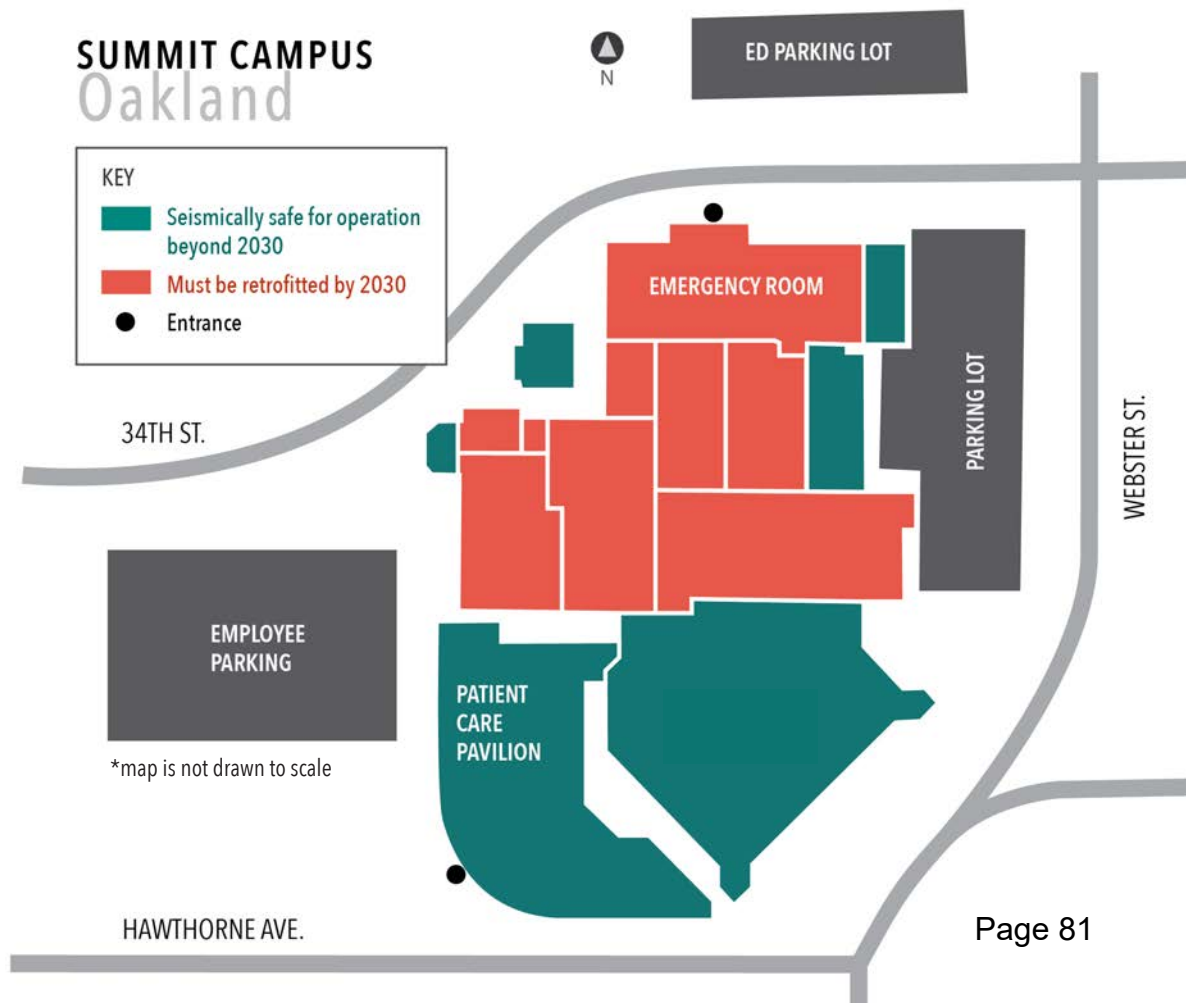
Summit currently does not operate a birthing center, and relocating services to Summit would require that a new birthing facility be built at the Oakland campus, with the capacity to deliver nearly 6,000 babies per year.

To replace Alta Bates Campus emergency department, Summit Campus would need to expand its capacity by an additional 50,000 emergency department visits per year (the number of ED patients seen at Alta Bates campus in 2017), for an approximate total of 100,000 visits annually.

In the case of a relocation of all ED services from Alta Bates Campus to Summit, the total patient volume at Summit Campus would exceed any Emergency Department in the East Bay or San Francisco, including SF General, the highest traffic ED in the broader region which had 72,716 ED encounters in 2016.<sup>8</sup>

Map 6. Summit Campus and affected buildings

Source: OSHPD, 2018





## **Sutter Health Plans for Summit Campus Expansion**

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■ Sutter Health is proposing to relocate all East Bay inpatient and emergency services to its Summit Campus in Oakland. The Sutter website dedicated to the proposed closure of Alta Bates Campus (<https://rebuild.altabatesummit.org>), indicates that Sutter plans to build a new acute care medical center and ED at the Summit location by the year 2030.

The following section outlines select Frequently Asked Questions (FAQs) and responses from Sutter regarding the hospital closure, along with the RHIA's relevant key findings.

### **What services will Sutter Health continue to provide in Berkeley?**

*Sutter response:*

*We are committed to making future investments in Berkeley and see it as a primary location to provide outpatient care. Our Herrick Campus on Dwight Way has been identified by the city as a prime location to deliver medical services. We plan to expand Herrick's services, which include our Comprehensive Cancer Center and Behavioral Health program. In addition, we currently have three large care centers, including our newest one near the Herrick Campus on Milvia Street, where people can also visit our urgent care center.*

### **RHIA analysis:**

**Since we did not have details from Sutter on what services will remain at Alta Bates Campus, we focused on impacts to the birthing center and ED.**

### **Will the new facility in Oakland be able to provide enough emergency care?**

*Sutter response:*

*We plan to enlarge, upgrade and strengthen the current Summit Emergency Room so that we have the capacity to handle more than 90,000 ER visits a year. By the year 2030, we plan to completely rebuild our ER within a second critical care tower to be constructed at the Summit Campus.*

### **RHIA analysis:**

**We detail the ED impacts throughout this report. A key finding is that the new Summit Campus ED will need a capacity of approximately 100,000 visits per year, but plans to serve 90,000.<sup>4</sup> This exceeds the number of visits seen by any ED in the East Bay or San Francisco.**

### **Oakland is farther away than Berkeley from where I live. What if I'm having a heart attack or a stroke and need to call 9-1-1?**

*Sutter response:*

*Any non-Kaiser patient in the Alta Bates Summit service area calling 9-1-1 today for a heart attack or stroke is already transported to our Oakland campus, where we have one of the most advanced heart centers in California. Additionally, the Summit Campus ER is located next to two major freeways (I-580 and I-980) in Oakland. It's actually faster for most patients in the East Bay - including those from West Contra Costa County - to get to our Oakland campus than it is for them to get to our Berkeley campus, especially during an emergency.*



**RHIA analysis:**

We offer a detailed travel time analyses in the Emergency Services section, on page 43. We found that private vehicle and transit travel times will increase for some communities. Where travel time increases exceed 30 minutes, the literature suggest patients will experience adverse health outcomes.

**What will happen to the Summit Campus?***Sutter response:*

*In August 2014, the new 238-bed patient care tower opened at the Summit Campus in Oakland. This new tower meets the state's 2030 seismic regulations and is equipped with the latest technology, ensuring the highest level of medical care and patient safety. We plan to create a modern footprint at this campus that will allow us to build another building - a second pavilion - that will include new operating rooms, intensive care units, a modern, expanded Emergency Room and space for our Women and Infants Birthing Center and Newborn Intensive Care Unit. It is our plan to relocate inpatient and emergency hospital services, including all staff and doctors, from Berkeley to Oakland by 2030.*

**RHIA analysis:**

As noted above, needs at an expanded Summit Campus would include a comprehensive birthing center and significantly increased capacity in the ED. The Summit Campus is located less than 3 blocks away from the Kaiser Oakland ED. Although Kaiser Oakland is not accessible to all patients, its ED has the capacity to see 96,000 visits per year, and was operating 32,313 visits below capacity in 2017. Summit currently has the capacity to see 50,000 ED visits per year, but was operating under capacity by 2,883 visits in 2017.<sup>4</sup> This suggests that while patients currently have the option to utilize Summit Campus or other EDs

with more capacity, many are choosing to utilize the Alta Bates Campus ED which was operating above capacity by over 6,000 visits in 2017.

**What happens next?***Sutter response:*

*Planning a project of this scale takes years and must be thoroughly vetted and collaboratively developed. We will keep our community informed with accurate and timely information. This transition must be planned far in advance to ensure the community's ongoing health needs are met without interruption. Please visit this site for updates or use the information on the Contact Us page to reach out to us.*

**RHIA analysis:**

Our review of the literature suggests that the timing of events is crucial to prevent adverse impacts to those seeking both chronic and urgent care. A more detailed plan would be necessary, including public awareness and engagement, to ensure treatment options are clearly communicated to current Alta Bates patients and those seeking urgent care in the region.

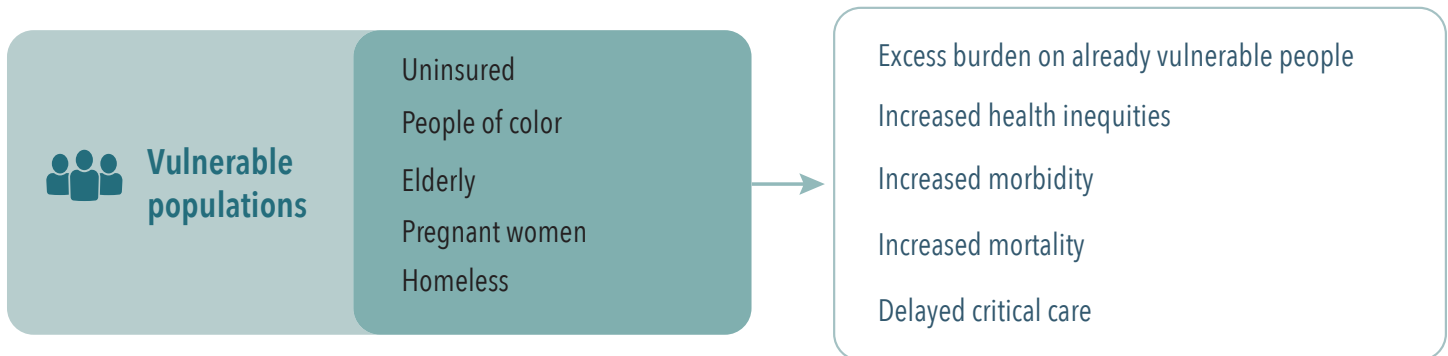
*\*All Sutter Health website text referenced reflects updates as of June 7th 2018*



# IMPACT ON VULNERABLE POPULATIONS



■ Vulnerable populations are more likely to be impacted by the proposed closure of Alta Bates Campus, this includes low-income and people of color, Medi-Cal and Medicare patients, pregnant women, and the homeless.



## ALTA BATES PATIENT DEMOGRAPHICS 2016

**56%** of ED patients and **63%** of hospitalized patients were people of color

**41%** of patients are uninsured/self pay or are Medi-Cal recipients

**23%** of hospitalized patients are elderly

**68%** of inpatient discharges were women

The Alta Bates Campus and ED provide key medical services to a high volume of patients from vulnerable populations in the Bay Area region which include but are not limited to: pregnant women, People of Color, low-income, uninsured and Medi-Cal patients, the elderly, and people living with disabilities. While people of color make up 44% of the Alta Bates campus Hospital Service Area (HSA), they represented 63% of hospitalized patients and 56% of ED patients in 2016. An additional 41% of patients in 2016 were Medi-Cal recipients or self pay/uninsured, and 23% of hospitalized patients were over 60.<sup>8</sup>

A wealth of evidence suggests that vulnerable populations may be more severely impacted by hospital closures, and should be taken into special consideration in the context of Alta Bates and the capacity of the East Bay regional healthcare network. Chen et al (2015) found that vulnerable populations, particularly African American and Medicaid patients, have higher measures of non-urgent ED scores, and are more

frequent users of the ED for both non-urgent and urgent reasons. A 2011 study looking at major medical services such as outpatient care, specialty care, marker conditions, births, and mental health and substance abuse services found that urban hospital closures led to disproportionate disruptions in accessing care, especially for uninsured African-Americans and Latinx populations, and all women on Medicaid hospitalized for births (Hsia & Shen, 2011).

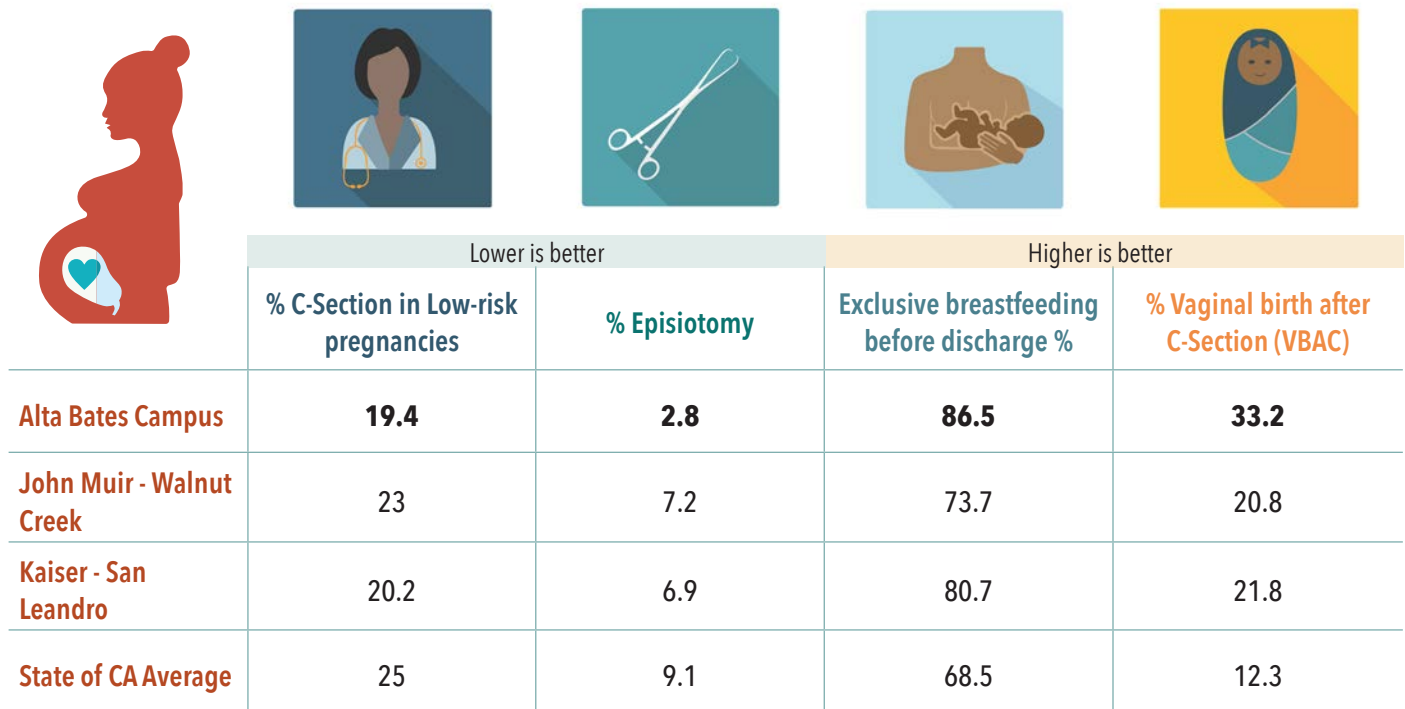
**The ED visit rate to Alta Bates Campus for patients living in low-income ZIP Codes (i.e., the lowest quartile), increased 23% from 2006 to 2014.** There was no change in ED visits for patients living in higher-median-income ZIP Codes over this same period. This is not a surprise finding, but it does suggest that the Alta Bates Campus ED currently serves an increasingly number of low-income residents in the Bay Area.

### Pregnant Women & Newborn Babies

As noted above, Alta Bates Campus is one of the region’s premier birthing centers. The age and gender distribution of hospitalized Alta Bates Campus patients reflects the high utilization of its birthing and pregnancy-related services: **in 2016, 68% (13,564) of inpatient discharges were female**, and 32% (6,322) of inpatient discharges were male. 30% (6,018) of inpatient discharges were for patients under 1 year old, reflecting high utilization of birthing and the NICU.<sup>8</sup> **In 2016, Alta Bates Campus had 2,145 more births than Kaiser San Leandro, the second largest birthing center in the region that year** (Figure 17).<sup>3</sup>

While being one of the most highly utilized birthing centers in the region, Alta Bates Campus has some of the **best health outcomes for birthing services when compared to other regional birthing centers and CA state averages** (Cal Hospital Compare, 2018). As depicted in Figure

**Figure 16. Outcomes for Largest birthing centers in Alameda & Contra Costa Counties, 2016**



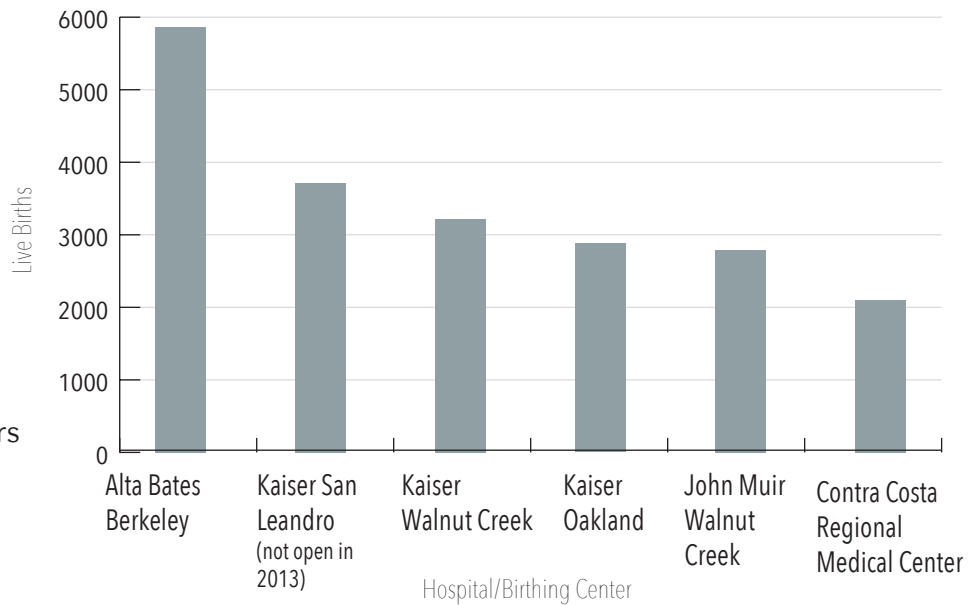
\*numbers are reported as percentages (Adapted from CA Health Care Foundation & CHART 2014)

16, Alta Bates Campus reports the lowest regional rates for C-Section in low-risk pregnancies and episiotomy procedures, which can put mothers at risk for post surgical complications. Alta Bates Campus also has the highest rates for exclusive breastfeeding before discharge and vaginal birth after C-section (VBAC) which are both positive birth indicators for mothers and newborns.

**Alta Bates Campus also has an active 55-bed, level III newborn intensive care unit, operated by a 200-person healthcare team** (Sutter Health, 2018). Compared to other birthing centers in the region, the Alta Bates Campus NICU has experienced a consistently high occupancy rate and discharged a high volume of newborns. In 2016, the NICU was at nearly 60% occupancy and discharged 964 patients, 350 more than John Muir Walnut Creek, which had the second highest number of live births for a non-Kaiser hospital. That year, John Muir Walnut Creek had a NICU occupancy rate of 27% with 614 patient discharges.<sup>3</sup>

Lorch et al (2013) found that when hospital obstetric units in Philadelphia closed, neonatal and fetal mortality increased almost 50% in the first three years after the closure compare to surrounding counties where hospitals did not close. This study also found that low income women tended to receive their prenatal care at the hospital, not a doctor's office, and this may have also had an impact on birth outcomes.

Given the comprehensive prenatal, labor and delivery, postpartum and specialty newborn care provided at the Alta Bates Campus as well as the high volume of births, **we determined that the hospital closure will likely have an adverse impact on maternal and newborn health in the**



**Figure 17. Number of live births across regional birthing centers 2016**

Source: OSHPD, 2016

**region, particularly in the short term.** While Sutter plans to open a new regional birthing center at the Summit campus in Oakland, the timing and specific services that will be offered have not been disclosed.

### People of Color

Alta Bates Campus serves diverse communities in terms of race, ethnicity, and socioeconomic status, and hospital and emergency department patients have consistently included a high proportion of low-income and people of color.

In 2016, 63% of inpatient discharges and 56% of emergency department discharges were for people of color (African American, Hispanic/Latino, Asian/Pacific Islander or Native American). Of the 63% of inpatient discharges for people of color, 22% were African American, 25% were Hispanic/Latino, 16% were Asian/Pacific Islander. White patients made up 32% of all 2016 discharges. For the ED, 56% of discharges were people of color, including 38% African American, 14% Hispanic/Latino, and 10% Asian/Pacific Islander. White patients made up 38% of 2016 ED

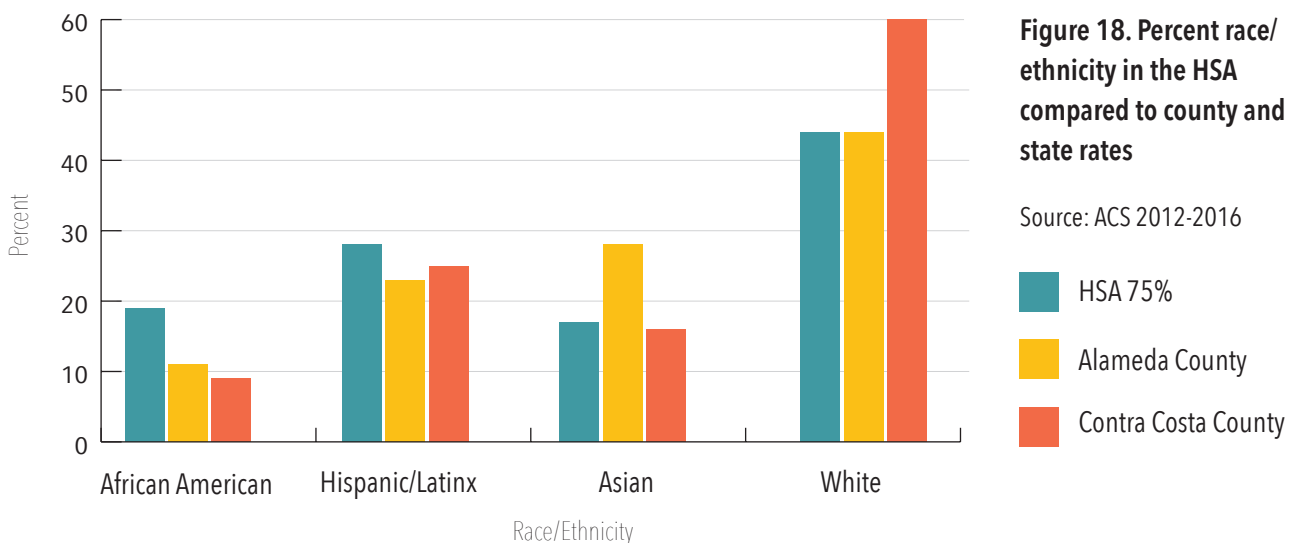
discharges.<sup>8</sup> African American people in particular were overrepresented in both inpatient and ED discharges from Alta Bates in 2016, making up only 18% of the population in the RHIA defined Alta Bates Hospital Service Area (HSA).

Within the Alta Bates HSA, an estimated 20% of the population has limited English proficiency; this figure is higher than both Alameda (18%) and Contra Costa Counties (14%) (ACS 2012-2016). Limited English proficiency can create language barriers between patients and providers, but can also contribute to decreased healthcare utilization particularly when a patient must access a relocated or unfamiliar facility.

Fishman et al (2018) studied ED and clinic usage in Chicago and found that patients living in medically under-served areas (MUAs) and areas with lower spatial access to primary care clinics had higher odds of preventable ED use. Analyzing data from the National Hospital Ambulatory Care Survey, Johnson et al. (2012) observed higher preventable ED use among those who were female, non-Hispanic black or Hispanic, older, or publicly insured, and that areas with large concentrations of ethnic and racial minority populations have been shown to have high rates of preventable use of EDs. While a significant

portion of preventable ED use can be addressed by improved access to primary care, EDs still serve as an essential care provider for those unable to access care by other means. Chen et al. (2015) found that lower-income vulnerable populations, particularly African Americans and Medicaid patients, more frequently utilized the ED for both non-urgent and urgent reasons, and these same populations tended to utilize the hospital ED for medical conditions that could be addressed in a primary care setting.

With high rates of ED and hospital service utilization, and representing large percentage of the population in the HSA, **people of color will be disproportionately burdened by the closure of Alta Bates Campus. We are especially concerned with access for both urgent and non-urgent conditions, and the continuity of care for people of color that are already relying on Alta Bates' ED for regular care.** Related to the closure of Alta Bates Campus, we would expect short term (first 1-3 years) delays in seeking treatment, increased severity of some diseases, increased hospitalizations due to delays in seeking care, increased costs of treatment (i.e., medications, doctor visits, etc.) and potentially increased morbidity and mortality (especially from conditions already disproportionately burdening



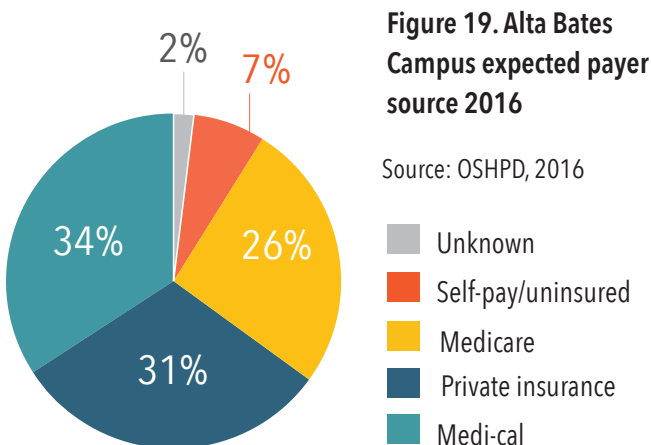


people of color such as diabetes, heart disease and asthma) for people of color in the region. The high utilization of the ED for both urgent and non-urgent conditions raises an opportunity in the Bay Area for increased coordination and communication between primary, urgent, and emergency care providers. While the region has a network of urgent care facilities that may be able to absorb some of the preventable ED patient traffic, urgent care hours of operation and insurance plans accepted may still pose barriers to low-income and people of color.

**People with Disabilities**

According to the US Census, **95,840 people or 11% of the population in the HSA are living with a disability, of which at least 61% are racial/ethnic minorities.** White people represent 44% of the population in the HSA, however they make up only 9% of people living with disabilities. Conversely, the Native American and Pacific Islander populations, which combined constitute less than 2% of the total HSA population, represent 31% of people living with disabilities in the area.

While this RHIA does not frame disability as a medical condition, we recognize that people living with disabilities may be adversely impacted by the closure of Alta Bates Campus due to transportation barriers and increased distance, unfamiliarity with relocated services, and other accessibility challenges.



**Figure 19. Alta Bates Campus expected payer source 2016**

Source: OSHPD, 2016

- Unknown
- Self-pay/uninsured
- Medicare
- Private insurance
- Medi-cal

**Uninsured & Publicly Insured Patients**

As discussed above, Alta Bates Campus serves a large number of low-income patients. In the HSA, over 18% of the population lives below the federal poverty level, and 36% of the population live below 200% of the federal poverty level. This has a large impact on children and young people, as 61% of public school students are eligible for free/reduced price lunch, compared to 44% in Alameda County and 40% in Contra Costa County. This is consistent with the high rate of Medi-Cal covered patients (25%) and uninsured patients (11%) in the hospital service area (ACS 2012-2016).

Alta Bates Campus' 2016 expected payer sources (Figure 19) for emergency department patients highlights that a large percentage of Alta Bates patients are from vulnerable populations, as **68% of Alta Bates ED patients were expected to pay via either Medicare, Medi-Cal or were self-pay/uninsured.**<sup>8</sup> Medicare serves populations over 65 and also serves people with disabilities. People utilizing Medicare represent vulnerable populations, such as the aging/elderly, socioeconomically vulnerable and people with disabilities. Medi-Cal serves socioeconomically vulnerable populations, by qualifying people/families that are at 138% of the federal poverty level or below (i.e. \$28,677 annually for a family of 3), which is very low-income for California and especially the Bay Area (DHCS, 2018).

Uninsured patients are also extremely vulnerable, as uninsured patients can include patients that are low-income, homeless and/or undocumented immigrants. Hsia et al (2013), found that between 2005-2010 in California, **ED visits by Medicaid beneficiaries increased by 14%, significantly higher than privately insured patients.** According to the 2006 California Health Care Foundation



report, *Overuse of Emergency Departments Among Insured Californians*, even insured patients can be more frequent ED users than uninsured patients, particularly those with Medicaid coverage, which still leaves them with difficulties in accessing primary care.

### **The Aging & Elderly**

Aging people and the elderly (60+ years old) account for a disproportionately high percentage of inpatient discharges and emergency department visits at both Alta Bates and Summit Campuses. Despite representing only 18% of the population in the RHIA defined HSA In 2016, the 60+ year old population accounted for approximately 23% of inpatient discharges and over 30% of emergency department visits at the Alta Bates Campus. That same year, the 60+ year old population accounted for approximately 65% of inpatient visits and 39% of emergency department visits at the Summit Campus.<sup>8</sup>

The aging and elderly population is expected to increase in the coming decades. According to the Public Policy Institute of California, the 65+ year old population is expected to grow 87% from 2012 to 2030, and the California Health Care Foundation has similar findings, noting that California's 65+ year old population is projected to more than double from 2000 to 2030, growing to 8.8 million.

In 2012, the RHIA defined HSA had a 65+ year old population of 93,537, and with an 87% growth projection, will reach 174,914 in 2030 (ACS 2008 - 2012). This growing population is critical to consider because this age group is among the highest users of both emergency

**"I know seniors that don't drive and used to regularly use DMC (Doctor's Medical Center, San Pablo) for speciality and emergency situations. Now that DMC is closed, some have to travel 2 hours by public transportation to see speciality doctors. That has a huge impact on whether or not they receive care."**

*- Local government official, Bay Area*

and inpatient care. The California Health Care Foundation noted that due to seniors' high rate of hospitalizations, acute care hospital days are projected to increase by 76% from 2000-2030, and by 2030, the 65+ group is projected to use over half of the state's acute care days, despite representing only 18% of the population.

**The CA Health Care Foundation suggests that by 2030 there will be an insufficient number of acute care beds in the SF Bay Area due to the increasing numbers of hospitalized elderly.** And, considering the high utilization of the emergency department by the 60+ year old population and the quick growth rate of that demographic, it is unlikely that a new emergency facility designed to meet current capacity would be able to accommodate the combined growth of the elderly and regional population, which could impact timely care for all patients needing to access emergency treatment.

A study that included focus groups with seniors two years after the closing of a Pittsburgh hospital (Countouris et al 2014) found that seniors' health was adversely impacted from a combination of feelings of sadness and loss, fear of finding a new, unfamiliar facility, and powerlessness. Elderly in this study also expressed concerns about having to navigate a new facility/location, uncertainty about transportation that resulted in canceled doctor's appointments, and higher parking costs at the new facility. Bindman et al (1990) found that hospital closures resulted in delayed treatment for the uninsured and elderly because

of inconveniences and difficulties in finding new providers.

Buchmueller et al (2006) revealed that hospital closures in the Los Angeles area increased travel distances to ED and ancillary care and contributed to an increase in heart attack deaths, most notably for the region's elderly population.

This RHIA suggests that the elderly and uninsured will be adversely impacted from the closure of Alta Bates Campus, both due to ED and chronic care needs. The elderly living in the HSA may be most adversely impacted if an adequate number of beds are not provided (such as at the Summit campus), due to their increasing numbers and inpatient needs. The uninsured and publicly insured will be adversely impacted from the lack of access to a familiar ED for both chronic and urgent medical needs. **We expect, especially in the short term, interruptions and delays in seeking care, increased severity of disease, potential greater spread of infections, increased need for costly future care and potentially increased hospitalizations.** We are less confident in the possibility of increased mortality, but this is a possibility especially for the elderly.

### **Mental health & Suicide Prevention**

While the Sutter Herrick Campus in Berkeley is a designated site for mental health care, the Alta Bates Campus ED plays a significant role in treating and identifying mental health patients that may first be seen through emergency care. In 2018, the *Lancet Public Health* journal published, "Suicide in the USA: A Public Health Emergency" noting that the rate of mental health/ substance abuse-related ED visits increased 44% from 2006 to 2014, with suicidal ideation growing 415% over this period.

The Alta Bates Campus ED acts as a first-responder to screen for, intervene and refer for mental health care and suicide prevention. In

2016, **almost 4% of ED patients were transferred to psychiatric care.**<sup>8</sup> Since the hospital ED is often associated with traumatic events, it is the ideal environment to perform suicide risk assessments. Individuals in a suicidal crisis often seek help at a hospital ED. EDs also frequently provide care for people with other risk factors for suicide, such as serious mental illness, substance use disorders and chronic pain. The ED visit is an important window of opportunity, however brief, to intervene and save lives (Ahmedani et al 2014).

EDs can reduce suicide attempts among high-risk patients by delivering a combination of interventions that includes suicide risk screening, discharge resources, and other interventions (Betz et al 2016; Larkin & Beautrais, 2010). A multi-site study found that when compared to treatment as usual, a combined set of interventions starting in the ED resulted in a 5% decrease in the proportion of patients who attempted suicide in the 52 weeks after their initial ED visit and an overall 30% drop in the total suicide attempts (Miller et al 2017).

The presence of the Herrick Campus, with its comprehensive mental health services, may be able to accommodate any potential delays in care for those currently utilizing Alta Bates Campus. Significant impacts on mental health for the population in the HSA from the closing of Alta Bates Campus may be difficult to quantify.

### **Homeless People**

Homeless people and families, some with mental health care needs, tend to rely on the ED for care (Karaca et al 2013). Nearly three out of four inpatient stays by homeless individuals began in the ED, compared with half of stays for non-homeless patients. Due to multiple barriers in accessing care, including lack of insurance and transportation as well as poor continuity of care, homeless people frequently use EDs as their primary or only source of health care.

A 2002 study by Kushel et al. examined the factors associated with emergency room visits among 2,578 homeless and marginally housed persons. They found that 40.4% of the 2,578 visited an emergency room one time or more during the previous year, and that less-stable housing, chronic illness and victimization were associated with emergency department use among homeless and marginally housed persons. The study also suggests that emergency care is a primary option for homeless and marginally housed persons due to convenience and 24-hour operation, and because they face challenges in addressing medical needs outside of an emergency setting.

In 2017, many Bay Area hospitals reported increases in homeless patients from the prior year. Figure 20 shows the total number of homeless patients that visited the Alta Bates Campus and 5 other major East Bay regional hospitals in 2017, and the volume increase in patients from 2016. Kaiser Richmond and Kaiser Oakland combine hospital data, and are represented as one site in the analysis. The figure highlights that all six hospitals saw a significant increase in the number of patients from 2016 to 2017, with the **Alta Bates Campus seeing nearly a 600% increase in homeless patients**, rising from 60 to 409. Highland Hospital had the smallest percentage increase in homeless patients but served 1,118 homeless patients in 2017. Importantly, aside from Highland and the Herrick Campus, at least 89% of homeless patients seen were either emergency department patients or inpatient from the emergency department, underscoring how essential emergency room care is for the homeless and marginally housed. <sup>6</sup>

While the cause behind the increases in annual reported homeless patients across Bay Area hospitals is unclear, a

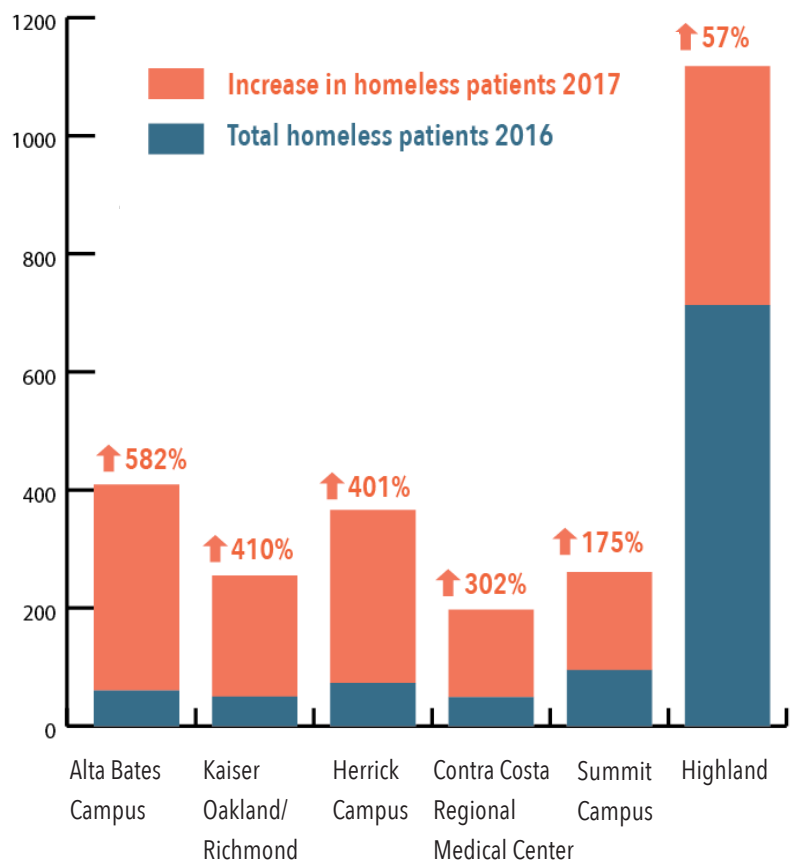
recent quicknotes memo published by OSHPD suggests that the number of homeless patients has been historically underreported (OSHPD, 2018).

We find that the loss of Alta Bates Campus and its critical emergency and mental health care services may have an impact on the surrounding area’s homeless population, particularly if the increasing trends in homeless patients seeking emergency care continue.

**Adverse Impacts on Vulnerable Communities in the Alta Bates Hospital Service Area**

Alta Bates Campus currently serves some of the most vulnerable communities in the Bay Area, such as those mentioned above in West Contra Costa County as well as many communities in

**Figure 20. Total Homeless patients at select East Bay hospitals 2016 - 2017<sup>6</sup>**



Oakland and other parts of Alameda County. Community vulnerability includes not just current-day utilization of hospital care, but the likelihood of future needs based on health-influencing risks, such as poverty, low education, housing displacement, exposure to pollution and violence. These same communities are also vulnerable since a large percentage of the populations living there have preexisting health conditions that require chronic care.

The 2016 Alta Bates Summit Medical Center Community Health Needs Assessment (CHNA) recognized these vulnerable communities as the medical center’s “communities of concern.” **The 2016 CHNA identified 13 ‘vulnerable community’ ZIP Codes that represented 65% of the population served by all three campuses in the Alta Bates Summit Medical Center.**

**Figure 21. Alta Bates Summit Medical Center CHNA Communities of Concern**

Source: Alta Bates Summit Medical Center CHNA, 2016

| ZIP Code | Community                 |
|----------|---------------------------|
| 94601    | East Oakland/Fruitvale    |
| 94602    | Oakland/Glenview          |
| 94603    | East Oakland/Brookefield  |
| 94605    | East Hills/Oakland Zoo    |
| 94606    | Oakland/Cleveland Heights |
| 94607    | West Oakland/Jack London  |
| 94608    | Emeryville                |
| 94609    | Oakland/MLK               |
| 94612    | Downtown Oakland          |
| 94621    | East Oakland              |
| 94702    | Northwest Berkeley        |
| 94703    | Northwest Berkeley        |
| 94710    | West Berkeley/Marina      |

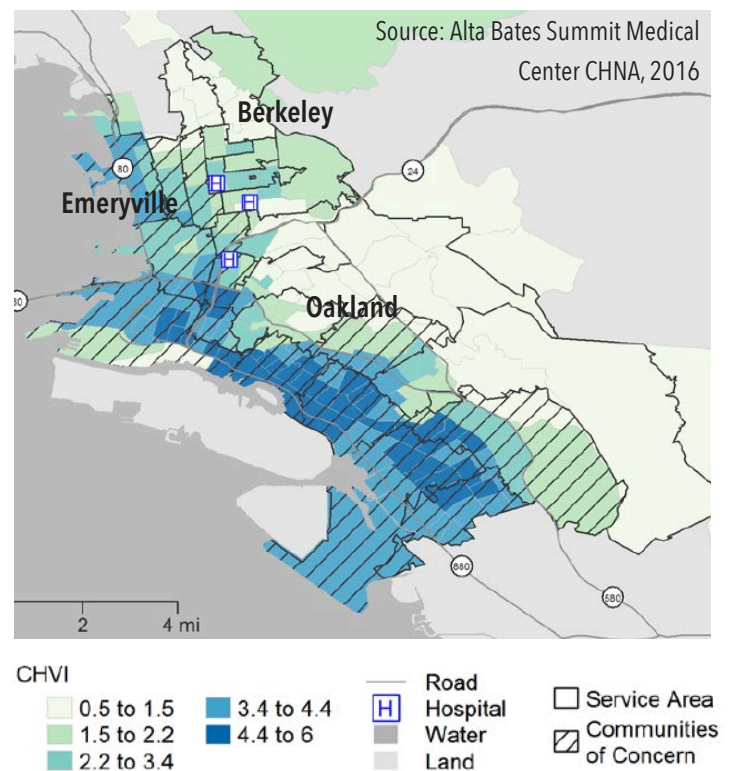
To identify communities of concern in the 2016 CHNA defined hospital service area, the CHNA authors identified significant health needs and

developed what the report calls the ‘Community Health Vulnerability Index’ (CHVI), which combines the following indicators of community vulnerability into one CHVI index value (Map 7):

- Percent Minority
- Population 5 Years or Older Who Speak Limited English
- Percent 25 or Older Without a High School Diploma
- Percent Unemployed
- Percent Families with Children in Poverty
- Percent Households 65 years or Older in Poverty
- Percent Single Female-Headed Households in Poverty
- Percent Renter-Occupied Households
- Percent Uninsured

For this report we were not able to calculate CHVI scores for the additional ZIP Codes included in the RHIA defined HSA using the 2016 CHNA

**Map 7: 2016 CHNA defined service area CHVI scores**





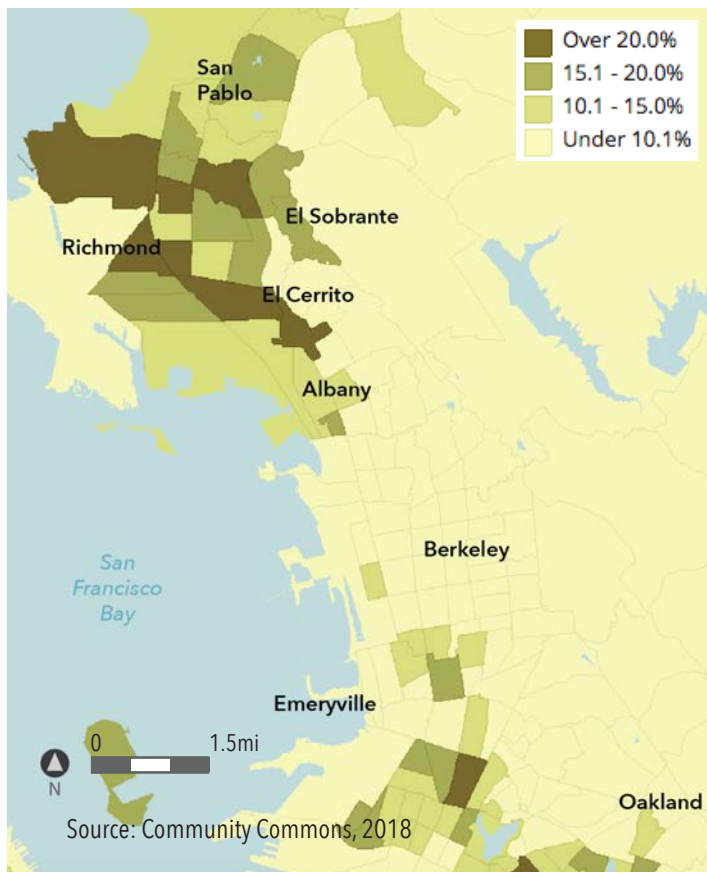
methodology. However, we reviewed each of the CHVI indicators to assess the vulnerability of the additional ZIP Codes (primarily communities in West Contra Costa County) using ACS 2012-2016 estimates. This review indicated that many communities in West Contra County likely meet the same standard of vulnerability as the 13 communities of concern in the 2016 CHNA, which did not include any ZIP Codes outside of Alameda County. **The vulnerable communities from West Contra Costa County include ZIP Codes within Richmond, San Pablo, El Cerrito, and El Sobrante; cities for which Alta Bates Campus saw a 39% increase in discharges between 2014-2016.**

Maps 8 & 9 highlight select CHVI indicators for communities in the RHIA defined HSA. As both maps indicate, communities in West Contra Costa show high levels of vulnerability at comparable

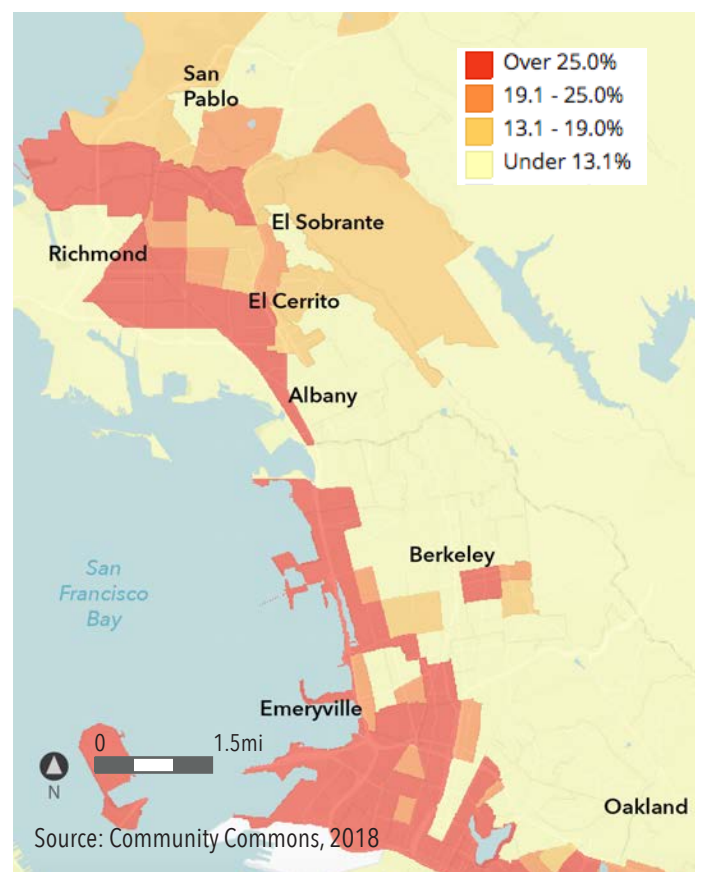
rates to those in Oakland, Emeryville, and parts of Berkeley, in Alameda County. In addition to the review of CHVI indicators, we reviewed data compiled by Sutter Health on their interactive Health Needs Maps website. The website provides 2011 data on hospitalization and ED visit rates by condition, reported per 10,000 residents and aggregated by ZIP Code. We compared the following 11 available reported causes (conditions) for ED visits and hospitalizations across all ZIP Codes in the RHIA defined hospital service area (HSA):

1. Asthma
2. COPD
3. Diabetes
4. Heart disease
5. Hypertension
6. Mental health

**Map 8: Percent Uninsured across Census Tracts in the RHIA defined Service Area**



**Map 9: Percent of Families (with Children) in Poverty across Census Tracts in the RHIA defined Service Area**



7. Assault
8. Self-inflicted injury
9. Unintentional injury
10. Stroke
11. Substance abuse

From this data, we identified high need ZIP Codes that fell within the top quartile relative to all zip codes in the HSA for each condition. We then ranked the top 10 ZIP Codes in order of highest need (those that fell within the top quartile most often for the 11 conditions).

**Figure 22. High Health Care Need Communities in the RHIA defined HSA**

| ZIP Code | Community                |
|----------|--------------------------|
| 94801    | Richmond/Iron Triangle   |
| 94804    | South Richmond           |
| 94806    | San Pablo                |
| 94621    | East Oakland             |
| 94612    | Downtown Oakland         |
| 94609    | Oakland/MLK              |
| 94608    | Emeryville               |
| 94607    | West Oakland/Jack London |
| 94605    | East Hills/Oakland Zoo   |
| 94603    | East Oakland/Brookefield |

Figure 22 lists the top 10 high health care need ZIP Codes in the RHIA defined HSA from highest to lowest need. ZIP Codes that overlap with the 2016 CHNA communities of concern (listed in Figure 20) are highlighted in yellow.

**Consistent with our review of CHVI indicators in the RHIA defined HSA, we found that West Contra Costa County ZIP Codes are particularly vulnerable.** Zip Code 94801 in Richmond, which includes unincorporated North Richmond, the Iron Triangle neighborhood, and relatively wealthy Point Richmond, ranks first out of all zip codes in the HSA for ED visits for all 11 conditions,

and is 1st for stroke, 2nd for diabetes and heart disease, 3rd for asthma and 4th for injury-assault.

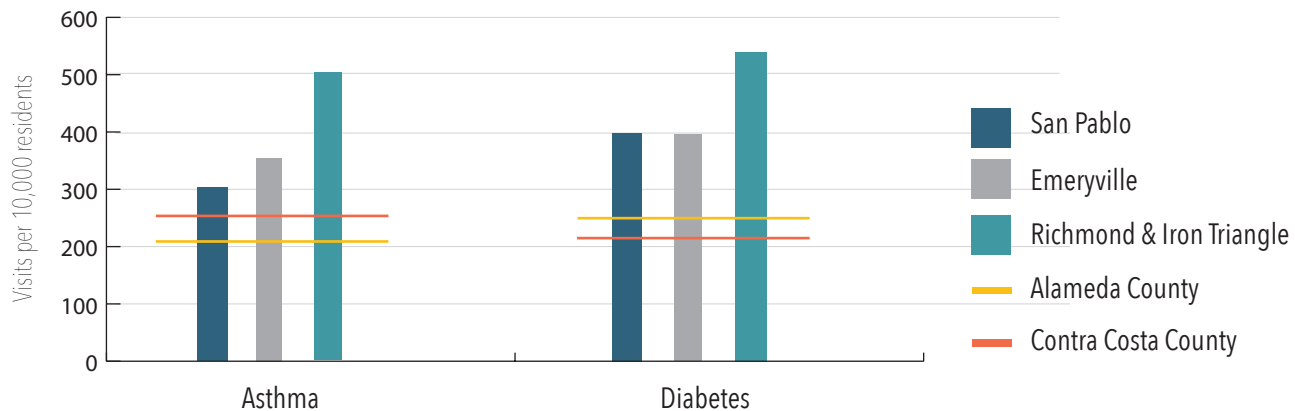
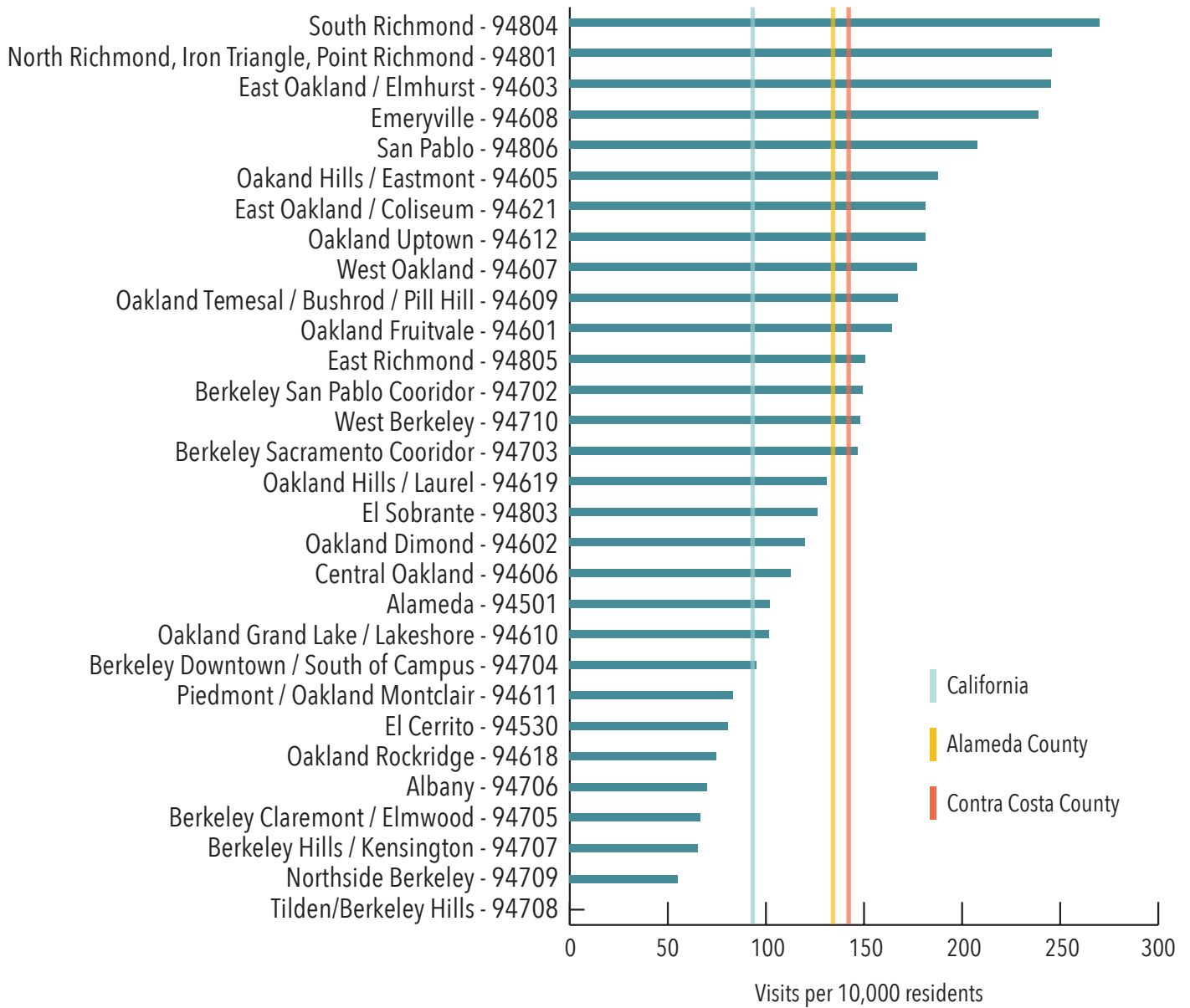
The 94804 South Richmond ZIP Code ranked 1st in heart disease-related ED visits, and the 94806 San Pablo and 94804 Richmond Iron Triangle ZIP Codes were ranked 3rd and 4th for highest incidence of diabetes-related inpatient hospitalization. As highlighted in Figures 23 and 24, many of the high health care need ZIP Codes experienced ED visit rates greatly exceeding those of both Alameda and Contra Costa Counties as well as the state of California in 2011.

While there are many vulnerable communities in the RHIA defined HSA that fall outside of West Contra Costa County (primarily in Oakland and Emeryville), these communities are currently served by existing services at the Summit Campus, as well as Highland Hospital and Kaiser Oakland, and are likely to be less adversely impacted by a closure of Alta Bates Campus.

As noted above, **we predict a disproportionate adverse impact on access to chronic and urgent care for the communities of West Contra Costa County, particularly Central and North Richmond, from a closure of Alta Bates Campus.** Access to care in these communities has already been adversely impacted by the closure of Doctors Medical Center and the limited capacity of Kaiser Richmond.



**Figure 23. Heart Disease ED visits per 10,000 residents for all ZIP Codes in the RHIA defined Alta Bates HSA**



**Figure 24. Select ZIP Codes - Asthma and Diabetes ED visits per 10,000 residents**

Source: Sutter Health, Health Needs Maps, 2011

# IMPACTS ON UC BERKELEY STUDENT HEALTH CARE

■ The UC Berkeley student population may be adversely impacted by increased travel times to the Summit campus. The campus can generate about 4,000 student ED visits per academic year, and the UC Tang Center alone estimates about 1,500 student ED referrals per year. While the Tang Center can meet the majority of urgent care student needs, it is not open 24 hours and does not perform imaging, surgery, and some emergency services make the UC Berkeley student population particularly reliant on Alta Bates Campus.

In the 2017-18 academic year, the University of California Berkeley had 30,574 undergraduate students, 11,336 graduate students, and approximately 12,000 staff (UC Berkeley Office of the Vice Chancellor of Finance, 2017). Since we did not have complete information on staff health insurance, this RHIA focuses on the potential impacts of the closing of Alta Bates Campus on student health care access. Roughly half of UCB students are enrolled in the Student Health Insurance Plan (SHIP), with the remainder enrolled either in alternative private insurance plans or through Medi-Cal. SHIP covers medical, counseling, prescription, vision and dental services. In interviews with Tang Center staff including Executive Director of University Health Services, Claudia Covello, and Medical Director Dr. Anna Harte, we learned that a larger proportion of graduate students are likely enrolled in SHIP. This is due in part to undergraduates being able to remain on their parents' insurance plans until age 26. Regardless of insurance enrollment, all students have access to the on-campus Tang Health Care Center.



The University Health Service Tang Center is a fully-accredited outpatient center designed

to address most medical, mental health and health education issues. The Tang Center employs about 300 physicians, registered nurses, nurse practitioners, medical assistants, physical therapists, pharmacists, nutritionists, lab/radiology/pharmacy technicians, social workers, licensed psychologists and psychiatrists, and health educators. An urgent care facility is open seven days a week but limited to working hours, with reduced hours on weekends.

While the Tang Center is a student health asset, it is not a licensed hospital and therefore relies heavily on Alta Bates Campus for timely referrals of acutely ill patients for **conditions including appendicitis, ectopic pregnancies, blood clots, and head injuries requiring scans**. According to the Tang Center, they refer approximately **2,500-3,000 students per year to the ED, 21% for surgery and 41% for emergency care alone (not all, but most, go to ABMC). Approximately 1-2 students per day require ambulance transport to the hospital**. An additional 2 students per week may require hospitalization for psychiatric care from Tang.

There can be daily communication between Tang practitioners and Alta Bates and this close relationship enables students to receive referrals for potentially serious illnesses. In addition

to urgent care referrals, the Tang Center also refers students to Alta Bates Campus for some outpatient diagnostic procedures, maternity care, and specialty care.

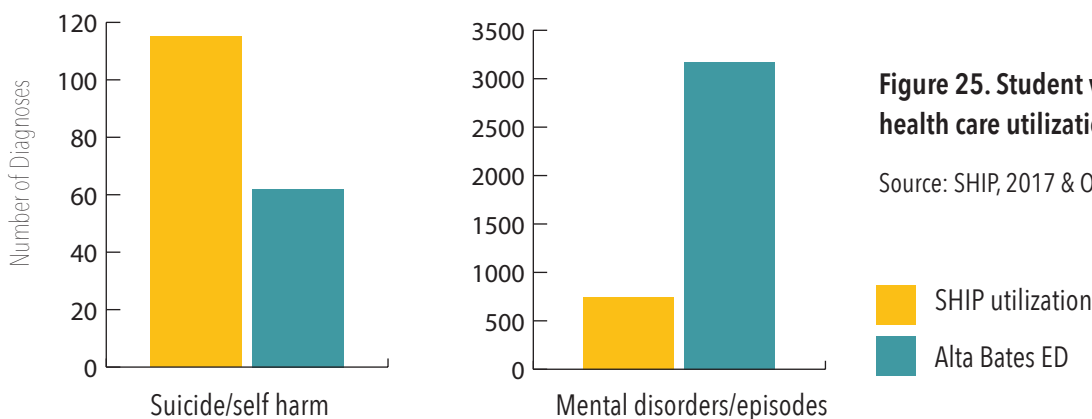
We reviewed SHIP billing data to estimate the student utilization of Alta Bates Campus and Sutter health care facilities more generally. As noted, this is not the universe of all student health care issues and students on other insurance or without insurance are likely also accessing the hospital. In addition, our review of studies from the Journal of American College Health suggested that across US universities, there were approximately 100 ED visits per 1,000 enrolled students (McKillip et al, 1990).

With approximately 40,000 students in 2017, **we estimated that UC Berkeley generates as many as 4,000 student ED visits to Alta Bates Campus per academic year.** (We note here, but did not analyze, that the East Bay has a number of students at other institutions that will likely be similarly impacted by the closure of Alta Bates Campus. For example, there are an estimated 7,000 students at Berkeley City College, and 7,900 at Contra Costa College, but many of these are commuter students and we were unable to obtain data on these students' health insurance status or residence).

**Student mental health is a critical issue on the UC Berkeley campus.** Severe episodes of stress, depression, thoughts of suicide and other mental health issues are prevalent in both undergraduate and graduate settings. Receiving timely treatment for these mental health issues is critical to the health of students and the general UC Berkeley population.

Our analyses of SHIP claimant data by diagnosis code from August 2016 through May 2017 revealed that of the 8,111 SHIP diagnoses, **15% were for some type of mental health-related diagnosis**, including, but not limited to: suicide attempts, thoughts of suicide, psychosis, bipolar disorder, depression, schizophrenia, eating disorders and substance abuse. While a majority of these were likely treated at the Tang Center, we do note that 7% of the Alta Bates Campus ED diagnoses in 2016 were for mental disorders/episodes. Figure 25 compares SHIP utilization for mental health related issues and those presenting at the Alta Bates Campus ED.

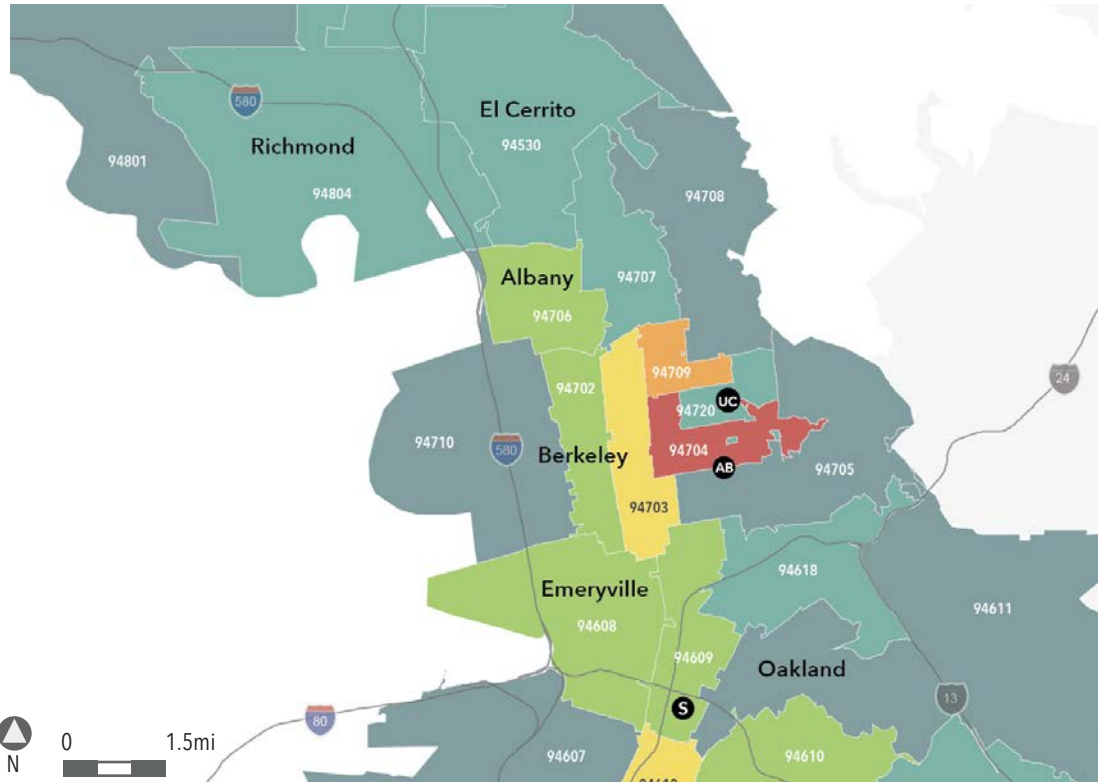
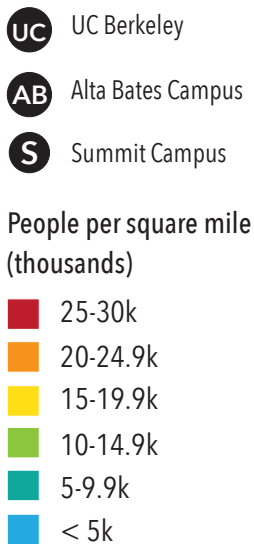
While we cannot determine the exact number of students visiting Alta Bates Campus for mental health care, our conversations with Tang and Alta Bates staff suggest that a high percentage of the mental health and suicide/self-harm visits to Alta Bates Campus are from UC Berkeley students. Similarly, a significant proportion of UC Berkeley



**Figure 25. Student vs Alta Bates mental health care utilization**

Source: SHIP, 2017 & OSHPD, 2016

**Map 10. Population density in ZIP Codes surrounding UC Berkeley, Alta Bates Campus, and Summit Campus**



students that utilize mental health services seem to have received a referral after being seen at Alta Bates Campus, sometimes through the ED for issues such as anxiety and depression. The fact that Sutter's Herrick campus will not be affected by a potential closure is significant and will likely off-set any potential care that is now provided at Alta Bates.

However, since Herrick does not have an ED, a limited number of students that require emergency psychiatric services will be impacted by the closure. Runyan et al (2017) noted that when young people are unfamiliar with where to access care and support, this can adversely impact suicide-related episodes. In addition, the ED can provide important discharge counseling protocols for patients with potential suicide risks (Runyan, et al. 2017).

**For accessing emergency care, travel by**

**ambulance or private vehicle from the Tang Center to Summit or another ED besides Alta Bates will likely increase time to receive care.**

In addition, a number of students with chronic disease rely on Alta Bates Campus for routine specialty care for diagnosis and follow up. In the event of a closure, these students may have to travel farther, requiring more time to access care and money to get there, and potentially resulting in delays. The perception of this distance by students could also change the way they access care.

These impacts will be further compounded by students' time constraints, inexperience in navigating the healthcare system, and financial limitations. We predict that adding these barriers will further complicate health care access for students and may delay student utilization of care.

As depicted in Map 10, the 94704 (southside) and

94709 (northside) ZIP Codes surrounding the UC Berkeley campus and Alta Bates Campus are the most densely populated in the RHIA defined Hospital Service Area (HSA), with 25,297 and 20,165 persons per square mile respectively. This greatly exceeds the density of most other ZIP Codes in the HSA, with the next highest being 17,766 persons per square mile in Downtown Oakland (94612) and an overall average of 5,989 persons per square mile in the HSA (ACS 2012-2016).

Thus the **student population may be most adversely impacted during a campus or regional emergency, in which a large volume of students and residents in areas surrounding the UC Berkeley campus require access to timely care.** We discuss the impacts of a disaster scenario on emergency services in more detail on page 56.

We interviewed students and met with student organizations already concerned with the potential impacts of the closure of Alta Bates Campus. We heard from students that had direct experience at Alta Bates Campus and received treatment for appendicitis, hand lacerations, allergic reactions and other injuries. A common theme among the students was that Alta Bates Campus and its ED was close-by, familiar and served them when the Tang Center was closed.

In general, students we heard from were not familiar with other hospitals in the region and would need more information on what alternatives were available if Alta Bates Campus were to close. We also heard from both UCB health professionals and students that they viewed Alta Bates as an 'extension' of the UC Berkeley health care network. The likely short-term impacts to student health on Alta Bates closing are difficult to estimate, but may include a disruption of familiar care options and longer travel times to a 24hr ED.



## UC BERKELEY STUDENT VIEWS ON ALTA BATES CLOSING

### Student 1:

*"It was around 9pm so we could not go to Tang first. I knew a friend of mine had gone to Alta Bates previously for a night time emergency, since it was the closest emergency care available, so that is why we chose it."*

### Student 2:

*"I don't know of another urgent care facility nearby that I trust, and had the situation been worse, it may have been too far to go."*

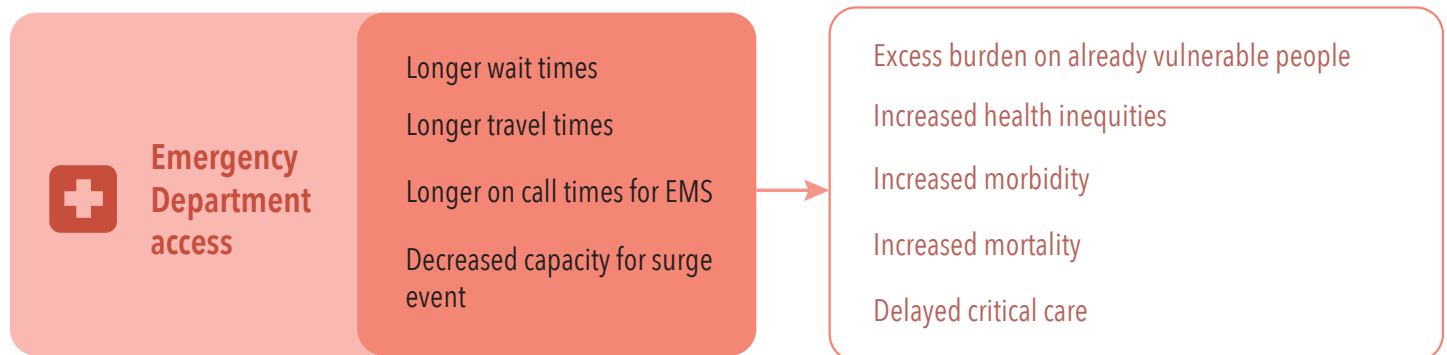
### Student 3:

*"[Alta Bates closing] would be extremely detrimental as students would no longer have a location that was close for emergencies. Particularly for more emergent situations, [when] there is a need to go see a doctor immediately. If not then it could cause more harm than good to go somewhere farther away."*

# IMPACT ON EMERGENCY SERVICES



■ In 2017, the Alta Bates Campus ED received 6,424 visits over the recommended number by the American College of Emergency Physicians (ACEP). Modeled travel times to Summit hospital surpass 40 minutes for the evening rush hour period for 10 ZIP Codes north of Alta Bates. For the Summit Campus, the average City of Berkeley EMS time on task is about 10-12 minutes longer than for transports to Alta Bates Campus. The additional travel time to Summit can result in about 2 hours of time an ambulance is away from service compared to ED transports to Alta Bates.



Whenever an urban hospital closes there are concerns over travel times for ambulances to reach the next closest ED and potential adverse health outcomes from delayed access to care. Liu et al. (2014) reviewed California emergency department closures between 1999 and 2010 and found that **patients who lived near a closed emergency department and were later admitted had a 5% higher chance of dying in the hospital than those who did not live near a closure.** They concluded that ED closures do have significant effects on patient outcomes.

Crandall et al. (2016) studied outcomes in EDs for serious trauma after the closing of a large medical center in Los Angeles. They did not find any significant impact on trauma-related health outcomes, but did find that one hospital ED surrounding the closure had a tripling of uninsured patients visiting their ED in a ten year period. Lee et al. (2015), found that in NY State, urban hospital ED use increased in areas where

hospitals have closed and that ED visits have risen by 23% in the United States over the last decade.

Shen and Hsia (2016) studied changes in acute myocardial infarction (AMI) among Medicare patients whose communities experienced increased driving time to an ED due to the closing of an ED in their community. They found that **patients whose driving time related to local ED closure increased by  $\geq 30$  minutes had a statistically significant increase in 90-day mortality** by 6.58 percentage points (CI 2.49, 10.68) and 1-year mortality by 6.52 percentage points. Patients whose driving time increased by 10 - <30 minutes also had a significant but less pronounced increase in 90-day and 1-year mortality, by 1.60 percentage points (CI 0.53, 2.67) and 2.05 percentage points (CI 0.96, 3.14), respectively. Patients whose driving time increased by less than 10 minutes did not experience worse mortality rates after an ED closed in their community.



Hsia et al. (2012) used California data from 1999-2009, and found that patients with an increase in distance to the nearest ED (0.8 miles average distance increase) did not have significantly higher mortality in general or for specific conditions, including those with acute myocardial infarction, stroke, asthma or chronic obstructive pulmonary disease, and sepsis. However, Nichol et al. (2007) found that increased journey distance to the hospital appeared to be associated with an increased risk of mortality. Berlin et al. (2016) studied acute myocardial infarction (AMI) mortality in Switzerland and found a 19% increase and a 10% increase for men and women respectively, all over 65 years, for those with the longest driving time to a university hospital compared to the same population group with the shortest driving times to the same hospital.

### **Alta Bates ED Utilization**

Alta Bates Campus had a total of 50,414 ED visits in 2017, a 21% increase since 2010. The campus treated an average of 126 patients per day in 2016 and 138 patients per day in 2017. Alta Bates Campus currently has 22 emergency treatment stations in their ED.<sup>4</sup> **The American College of Emergency Physicians (ACEP) recommends a standard of 2,000 visits annually per emergency treatment station. In 2016, Alta Bates Campus had approximately 1,836 visits per emergency treatment station, but this rate increased to 2,292 visits per emergency treatment station in 2017.<sup>3</sup> This increase resulted in 6,414 ED visits over the ACEP standard in 2017.**

Our analyses of OSHPD data and review of the literature suggests that ED visits are increasing nationwide and in the Bay Area. Further, there may already be an inadequate supply of ED treatment stations to keep up with this increasing demand. The closing of Alta Bates Campus will remove at least 22 ED treatment stations and, as noted above, require a doubling of ED capacity

at Summit to accommodate the patients from the Berkeley facility.

### **Analyses of Travel Times to Alta Bates vs Summit Campus Emergency Departments**

Sutter has indicated that it plans to relocate all in-patient and emergency department services to the Summit campus in Oakland by 2030, though little details have been provided to date about the extent and time line of the proposed expansion. A concern is whether the move to Summit will increase the travel time to the ED for some people in the region.

Using Google Maps GPS navigation software, the RHIA modeled travel times via private vehicle to Alta Bates and Summit campuses during the morning and evening peak traffic periods (8:30am and 5:30pm). We compared these periods to travel time at 12am as the non-traffic period. We estimated travel times for all ZIP Codes in the RHIA defined Alta Bates Hospital Service Area. The analysis routed travel to Summit and Alta Bates campuses from the center point of each ZIP Code in the HSA, and recorded an estimated range in minutes to each destination.

Figure 22 provides detailed findings of travel times from all of the ZIP Codes north of Alta Bates Campus, using the high end of each travel time range. Findings revealed that travel times to both Alta Bates and Summit Campuses from ZIP Codes in north Alameda County and West Contra Costa County are longest at the 5:30pm peak traffic time. **For the PM rush hour, all ZIP Codes in West Contra Costa County (in Richmond, San Pablo, El Sobrante, and El Cerrito) as well as Albany and Berkeley, have increased travel times to Summit Campus when compared to Alta Bates Campus.** These findings also overlap with ZIP Codes identified in the vulnerable communities section, indicating that there is a potential negative impact of increased travel times on already vulnerable populations that are served by Alta Bates.

**Overall travel times at 5:30pm are longest from ZIP Codes in West Contra Costa County, four of which have a total travel time between 50-60 minutes to the Summit Campus.** An additional six ZIP Codes near the West Contra Costa and Alameda County border fall within a 40 - 50 minute range of travel time to the Summit campus.

Timely transport to care is critical for a range of health emergencies, but can mean the difference between life and death for ST-segment elevation myocardial infarction (STEMI) patients (i.e., a heart attack in which an artery is blocked). Mathews et al. found that up to 40% of STEMI patients use private vehicle or non-EMS transportation to reach the hospital. While ambulance transport time is also critical, ambulances have life-saving

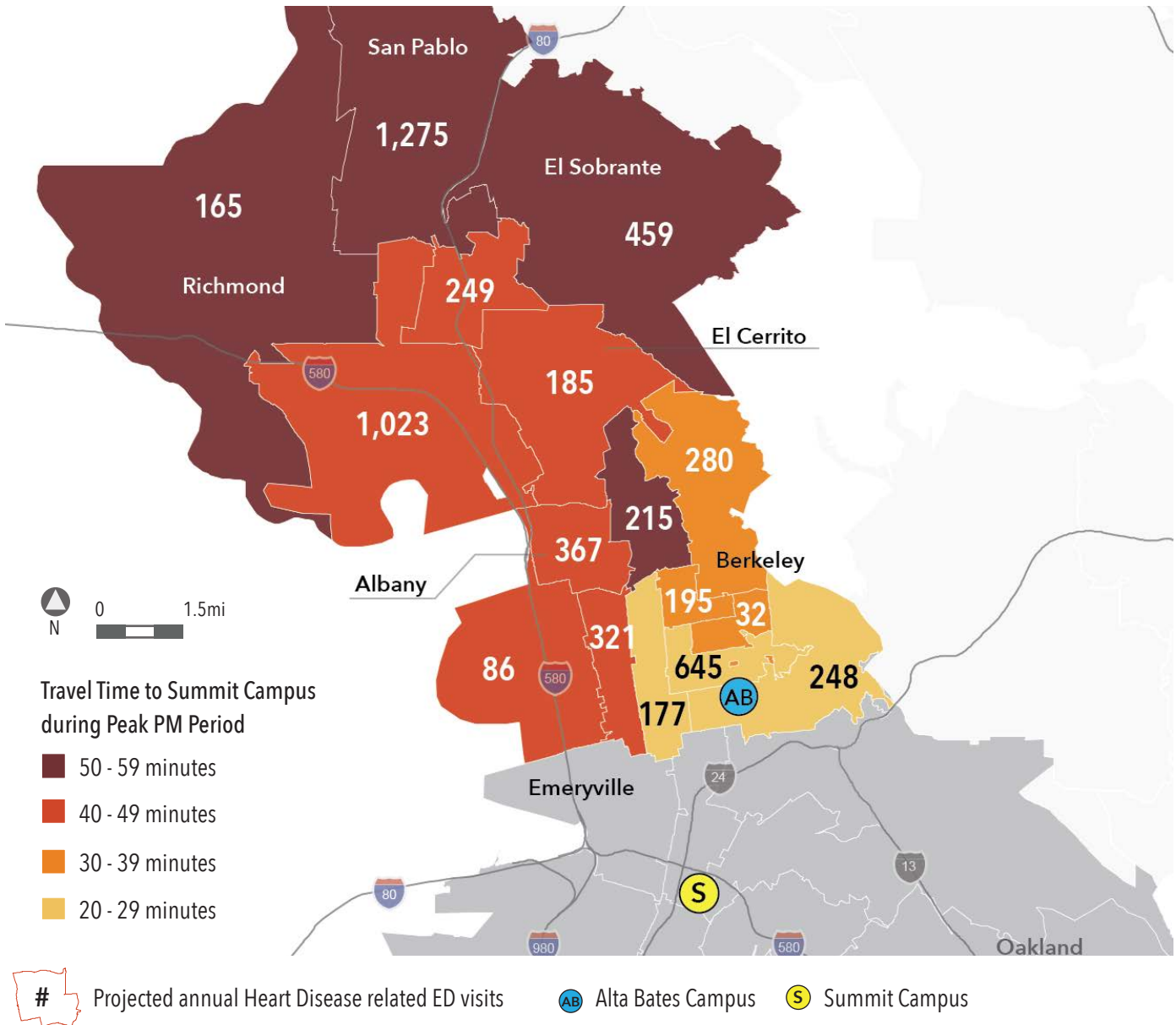
equipment to treat a time-critical patient.

Map 11 depicts travel times via private vehicle to the Summit Campus during peak evening traffic within 10 minute increments, and projected annual emergency department visits related to heart disease. We calculated the number of estimated heart disease patients for each ZIP code by multiplying the population by the actual percent of ED visits for heart disease (from 2011). Richmond, San Pablo and El Sobrante have both the longest travel times to Summit and the largest estimated heart disease related ED visits. 13 ZIP Codes have estimated travel times greater than 30 minutes to Summit Campus, which is currently the closest STEMI receiving center in the region.

**Figure 26. Travel times to Alta Bates & Summit Campuses from ZIP Codes in the HSA**

|             |          | No Traffic (12am) |           |               | Traffic (8:30am) |           |               | Traffic (5:30pm) |             |               | Estimated annual Heart Disease related ED visits          |
|-------------|----------|-------------------|-----------|---------------|------------------|-----------|---------------|------------------|-------------|---------------|-----------------------------------------------------------|
| City        | ZIP Code | Time to AB        | Time to S | Diff (S - AB) | Time to AB       | Time to S | Diff (S - AB) | Time to AB       | Time to S * | Diff (S - AB) | Population x % heart disease ED visit per ZIP Code (2011) |
| Berkeley    | 94702    | 10                | 12        | 2             | 18               | 22        | 4             | 20               | 40          | 20            | 321                                                       |
|             | 94703    | 5                 | 10        | 5             | 10               | 16        | 6             | 12               | 22          | 10            | 177                                                       |
|             | 94704    | 6                 | 12        | 6             | 9                | 22        | 13            | 12               | 26          | 14            | <b>645</b>                                                |
|             | 94705    | 6                 | 14        | 8             | 8                | 20        | 12            | 9                | 24          | 15            | 248                                                       |
|             | 94706    | 16                | 10        | -6            | 35               | 26        | -9            | 28               | 45          | 17            | 367                                                       |
|             | 94707    | 16                | 16        | 0             | 30               | 35        | 5             | 30               | 50          | 20            | 215                                                       |
|             | 94708    | 20                | 22        | 2             | 22               | 28        | 6             | 22               | 35          | 13            | 280                                                       |
|             | 94709    | 12                | 16        | 4             | 18               | 30        | 12            | 18               | 35          | 17            | 195                                                       |
|             | 94710    | 10                | 8         | -2            | 20               | 16        | -4            | 24               | 40          | 16            | 86                                                        |
|             | 94720    | 9                 | 20        | 11            | 10               | 26        | 16            | 12               | 30          | 18            | 32                                                        |
| El Cerrito  | 94530    | 20                | 14        | -6            | 45               | 35        | -10           | 40               | 45          | 5             | 185                                                       |
| Richmond    | 94801    | 26                | 22        | -4            | 55               | 45        | -10           | 45               | 50          | 5             | 165                                                       |
|             | 94804    | 18                | 12        | -6            | 45               | 35        | -10           | 35               | 45          | 10            | <b>1,023</b>                                              |
|             | 94805    | 18                | 12        | -6            | 50               | 40        | -10           | 35               | 45          | 10            | 249                                                       |
| El Sobrante | 94803    | 26                | 22        | -4            | 40               | 40        | 0             | 35               | 55          | 20            | <b>459</b>                                                |
| San Pablo   | 94806    | 26                | 22        | -4            | 60               | 50        | -10           | 45               | 50          | 5             | <b>1,275</b>                                              |

Map 11. Estimated Number of Heart Disease ED visits & Private Vehicle Travel Time for Peak Period to Summit Campus for select ZIP Codes

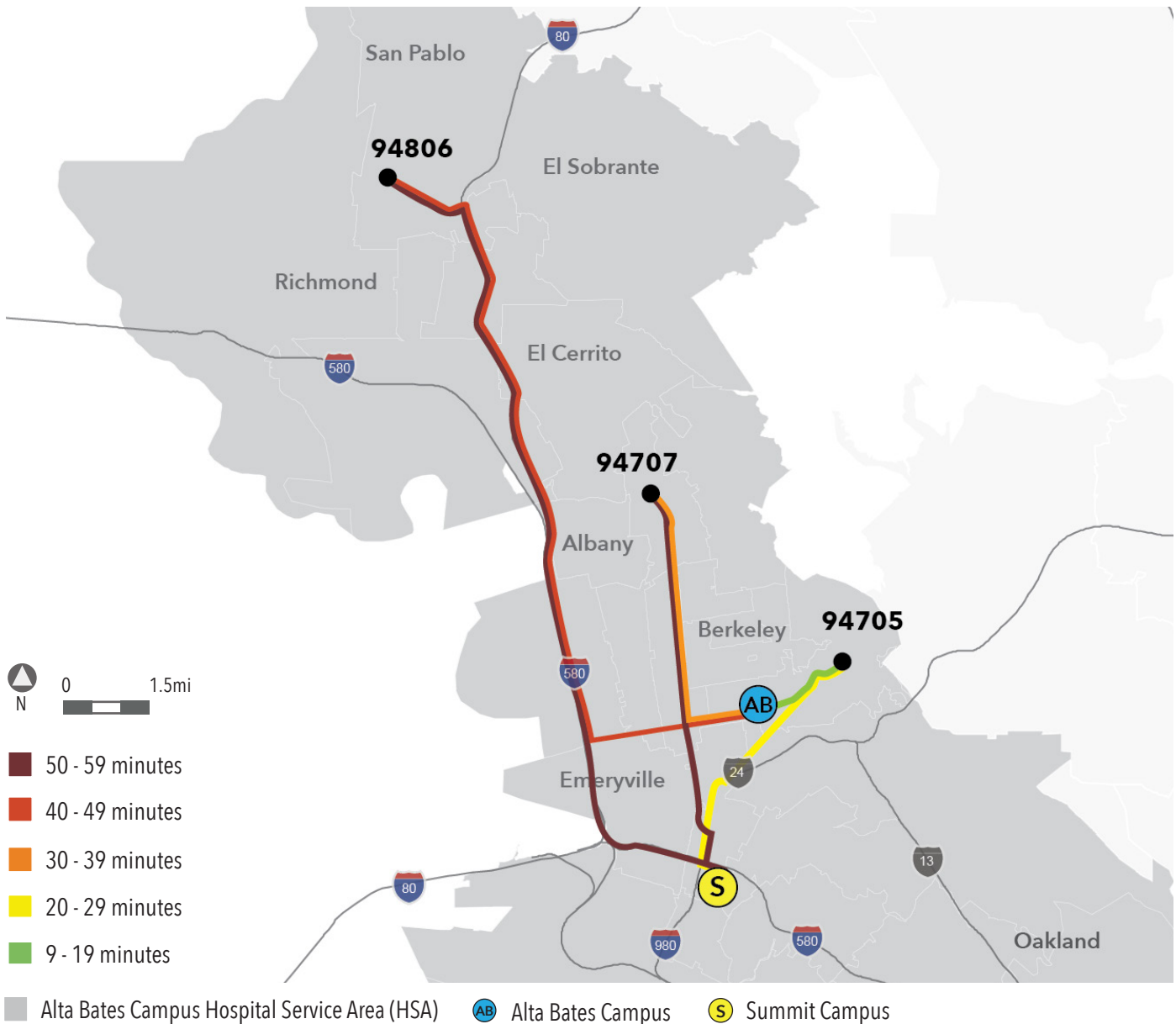


Map 12 depicts travel times to Summit Campus and Alta Bates Campus via private vehicle at 5:30pm for three ZIP Codes in the RHIA defined HSA. Each of these ZIP Codes experience shorter travel times to Alta Bates Campus than Summit Campus during peak evening traffic time, and one relies on heavily congested freeways including 580 and 80.

also tested travels times via public transportation (bus and BART). We did not find significant differences in travel time to Alta Bates Campus vs. Summit Campus for ZIP Codes north of Alta Bates in the HSA for public transit. Travel times via public transit averaged approximately 1 hour from West Contra Costa County to both Alta Bates and Summit campuses.

Given that **15% of households in the HSA report having no vehicle** (ACS 2012-2016), the analysis

**Map 12. Travel times to Alta Bates vs. Summit Campus at PM Peak Period from select ZIP Codes in the Alta Bates HSA**



**Impacts on Ambulance Travel Time**

Though this RHIA does not include an analysis of projected ambulance travel times, we assume that emergency vehicles are likely to travel faster than private vehicles in both traffic and non-traffic conditions.

When an ED closes it can cause ambulances to travel to further, and may also result in ED crowding. **Overcrowding can cause increased**

**ambulance time on task - the total EMS time from receiving a 9-1-1 call to arriving on scene, then arriving at the hospital, and returning to service.** That window represents time that the ambulance and associated staff cannot respond to new incoming calls, and cannot be at the Fire Department garage maintaining the vehicles or completing trainings and other tasks.

The Alameda County Emergency Medical Service (EMS) system responds to about 160,000

emergency calls annually. Under normal protocol a fire department unit and Paramedics Plus ambulance respond to emergency medical calls, however the Berkeley Fire Department EMS division owns and operates four of its own ambulances and therefore generally provides the emergency transport services in the Berkeley area. In 2014, the Berkeley Fire Department transported 5,049 patients to Alta Bates Campus, while Paramedics Plus transported less than 500 from the Berkeley area to the same campus.

Given this large volume of Berkeley EMS transports to Alta Bates Campus and findings from the general travel time analysis (Figures 22 & 23) which indicate that 5 ZIP Codes in Berkeley have increased travel times by vehicle to Summit Campus compared to Alta Bates Campus during no traffic hours, we focus the ambulance travel time analysis on the experiences of the Berkeley Fire Department, referencing data and insight provided by the Fire Captain for the City of Berkeley.

The Berkeley Fire Department transports about 7,000 patients annually to local hospitals, of which there are 14 receiving facilities throughout the county. Receiving centers are determined by matching the closest hospital with the equipment that the patient needs. For instance, if someone standing on the corner of Telegraph and Ashby has a major heart attack and is being transported by ambulance, they may be transported to Summit rather than Alta Bates Campus, since Summit is the closest ST- elevation myocardial infarction (STEMI) receiving center and can adequately address the needs of a major heart attack patient. The vast majority of all-cause City of Berkeley EMS transports are taken to Alta Bates Campus, followed by Kaiser Permanente in Richmond, and the Summit Campus in Oakland (4,576, 1,093, and 578 transports in 2016, respectively).

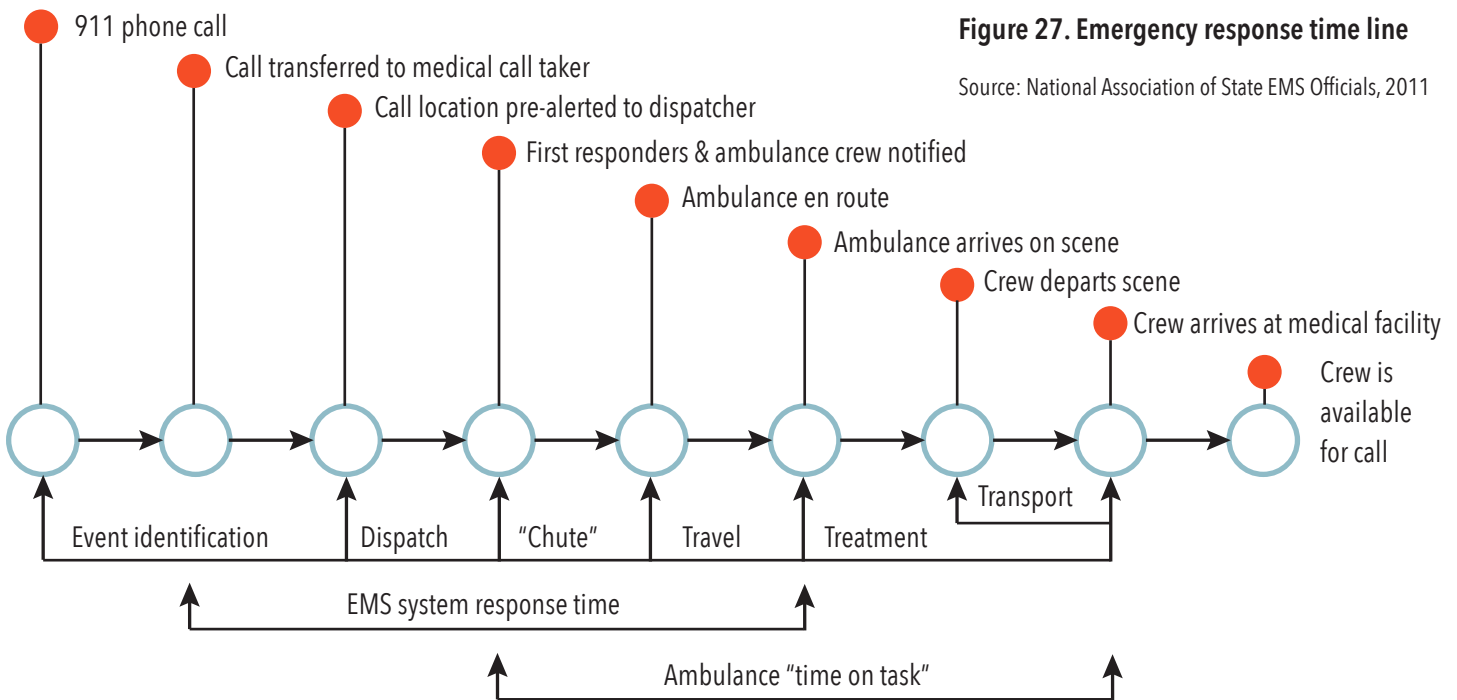
We assume that most of these transports were not for major heart attacks, since Alta Bates Campus

is not a STEMI receiving center. Despite this, **closing the Alta Bates Campus ED may result in extra time spent transporting patients to care and decreased regional EMS capacity for ambulance transports**, which is particularly concerning for patients with conditions for which quicker transport time is related to measurable differences in health outcomes.

If Alta Bates Campus closes, the Berkeley Fire Department expects that most of the emergency transports would instead be taken to the Summit Campus in Oakland. **For the Summit Campus, the average City of Berkeley EMS time on task averages about 10-12 minutes longer than transports to Alta Bates Campus.** According to the data from Berkeley EMS, there are an average of 12.5 emergency trips made to Alta Bates Campus daily. If Alta Bates Campus were to close, the **extra time needed to transport these patients to the Summit campus instead would add up to about two hours extra of time on task in total per day.**

Without additional resources, response times to incoming emergency calls for all causes would likely increase due to the additional time on task required to transport patients to Summit and to get back to Berkeley, where they can receive another call. Assuming there are no additional ambulances in rotation to offset additional time on task for transport to Summit, patients with intermediary or high risk of mortality, including those requiring **time-sensitive interventions - such as coronary revascularization in acute myocardial infarction, fibrinolytic therapy for acute ischemic stroke, early goal directed therapy in sepsis, and trauma center care for injuries may not receive the timely response associated with a survival benefit**, and subsequently mortality rates for life threatening conditions may increase. While Alta Bates is not a critical stroke or STEMI receiving center, stroke and major heart attack patients in Berkeley will still be disproportionately impacted by the proposed closure due to the added time on task and decreased capacity of Berkeley EMS





to respond to all 9-1-1 calls. This impact may be worsened by an increase in diversion hours at Summit Campus after the proposed closure of Alta Bates Campus, which we discuss in the following section.

We find similar impacts on ambulance transports in West Contra Costa County, where the closest ED is at Kaiser-Richmond hospital, with the next closest being Alta Bates Campus, followed by Summit Campus. According to Patricia Frost, Director of Emergency Medical Services for Contra Costa County, prior to the DMC closure the Kaiser Richmond ED received about 31% of all ambulance transports, but after the closing this increased to 52%. From January 1 to March 31, 2016, 11% of the 4,692 EMS ambulance destinations in West Contra Costa County, 516 in total, went to Alta Bates Campus. **From 2014 to 2016, the Alta Bates Campus experienced a 123% increase in transports from Contra Costa County EMS, going from 2.5 trips to Alta Bates per day to nearly 5.7 trips to Alta Bates per day.**

If Alta Bates Campus closes, we would expect these patients to go to Alta Bates Summit in

Oakland, which is further away from West Contra Costa County than the Alta Bates Campus. **The additional distance is likely to increase emergency service travel times and time-on-task, which would keep ambulances out of rotation longer and increase emergency response wait times for others in Contra Costa County.** In addition to increased distance to Alta Bates Summit, there could be time on task added if Alta Bates Summit is on diversion status or is not on diversion status, but is overwhelmed with a high volume of patients. Closing Alta Bates Campus will likely increase time on task for Contra Costa EMS, forcing the county to either contract out for additional ambulances or try to absorb the additional time on task, which could put lives at risk.

The 2014 Contra County Health Services report analyzing the potential impacts from the closing of the ED at Doctors Medical Center in San Pablo, noted the following impacts which are worth repeating here as they likely apply to the closing of Alta Bates' ED:

1. *American Medical Response ambulance crews will experience longer time-on-task for all*



*transports going to more distant hospitals as a result of the DMC closure.*

2. *In addition to possible delays in fire and ambulance response resulting from increased time on task, the West County community has raised a concern that there may be an increase in the number emergency calls. Increased 9-1-1 usage may result when patients choose to access 9-1-1 rather than private transport due to the longer driving distance and lack of familiarity with routes to other facilities.*
3. *9-1-1 ambulance traffic from the region would overwhelm Kaiser-Richmond's ED or require transporting patients to other EDs that would be further away, impacting ambulance availability within the county.*
4. *Kaiser-Richmond will experience 80 - 100 new ED patients per day on top of the 78 it already sees daily. That is an increase of at least 102 percent. While there are 12 other EDs in the region, Kaiser-Richmond will be disproportionately impacted. The reason for this is that patients typically choose the next closest ED for their ED needs, barring significant new healthcare resources in the community or an extensive public education campaign.*

### **Ambulance Diversion**

Crowded EDs can also result in ambulance diversion, which is when ambulances are redirected to bring patients to a different ED than they would under normal conditions for timely treatment. Beyond indicating overcrowding, diversion is harmful in itself, as it increases time to definitive care and can be associated with poor outcomes for patients with certain conditions, particularly stroke and acute myocardial infarction. According to OSHPD, Alta Bates Campus had 182 hours of ambulance diversion in 2014 but only 57 hours of ambulance diversion in 2016. Sun et al. (2006) assessed the effects of nearby

hospital closures on ED ambulance diversion in Los Angeles County from 1998 to 2004. They documented ambulance diversion hours due to ED saturation and found that hospital closures increased ambulance monthly diversion hours by an average of 56 hours for the first 4 months at the nearest EDs.

In 2016, both Alta Bates and Summit campuses practiced ambulance diversion for about 60 hours during the year.<sup>3</sup> However in 2017, Alta Bates' diversion hours decreased to 13, and Summit decreased to 29. Comparatively, Highland Hospital in Oakland had 161 hours of ambulance diversion in 2017.<sup>4</sup> Since Summit is already practicing diversion, there is a high likelihood that additional diversion hours would be added to the Summit ED after a closure of Alta Bates Campus.

### **Regional Emergency Department impacts**

The San Francisco Bay Area is home to more than 80 acute care hospitals, serving a region of more than 7 million people, situated within 9 counties and 110 cities (ACS 2012-2016).<sup>11</sup> In Alameda and Contra Costa Counties, there is a large hospital network in place to serve the counties' more than 2.7 million residents. However, the hospitals within this network are not evenly distributed throughout the region, and this may impact where patients go for care if Alta Bates Campus is to close.

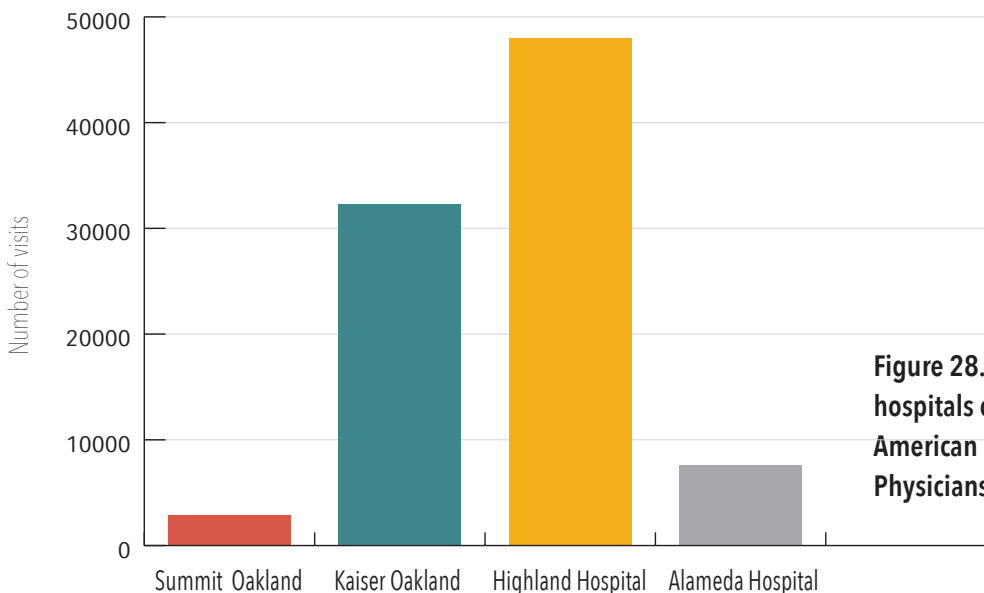
As we discuss throughout the report, the regional hospital network was recently impacted by the closure of Doctor's Medical Center (DMC) in 2015. The closure of DMC resulted in a regional gap in ED care, making Kaiser Richmond (which has limited capacity for non-Kaiser patients) the only ED besides Alta Bates Campus along the corridor from San Pablo to Berkeley. **This RHIA has found that Kaiser-Richmond experienced an increase in ED utilization since DMC closed, going from 40,065 ED visits in 2013 to 64,680 in 2017.**<sup>4,7</sup> According the 2016 Contra Costa EMS System Performance Report there was an approximate

12% increase in EMS responses from 2014-2016 in the county, with an average of 271 EMS responses per day (in 2016). Since 2014, there has not only been a large increase in total ambulance usage, but, as a result of the DMC closure and distance to the next closest hospitals, there has also been a large increase in ambulances originating from Richmond, San Pablo and nearby areas that travel high traffic roads and freeways to Kaiser-Richmond, Alta Bates Campus, Contra Costa Regional Medical Center in Martinez and John Muir Medical Center in Walnut Creek.

Within Alameda and Contra Costa County, only 6 hospital other than Alta Bates Campus (Summit Campus, Kaiser Richmond, Kaiser Oakland, Highland Hospital, Alameda Hospital and Children’s Hospital Oakland) receive a significant (25% or more) number of patients from the RHIA defined Alta Bates Hospital Service Area (HSA), and in 2016 Alta Bates Campus was overwhelmingly the most utilized non-Kaiser hospital by residents of Berkeley, Albany, El Cerrito, Richmond and San Pablo. Given the increasing reliance on Alta Bates Campus ED by patients from West Contra Costa County and the high utilization by Berkeley residents, it is unclear where people in the HSA

will seek emergency care, both independently and by ambulance transport.

To assess the capacity of regional hospitals to absorb additional ED patients, we used the American College of Emergency Physicians (ACEP) standard of 2,000 ED visits annually per ED treatment station. Figure 24 shows the additional number of ED visits (using 2017 data) that could be absorbed by regional hospitals per year should Alta Bates Campus ED close, before exceeding the ACEP standard. If Alta Bates Campus were to close and all of the 50,414 ED patients in 2017 utilized the remaining open EDs, particularly Highland Hospital and Kaiser-Oakland, there would be capacity in the region even without an expansion of Summit Campus in Oakland. In 2017, Highland could have absorbed 48,003 visits before exceeding the ACEP standard, and Kaiser-Oakland could have absorbed 32,313 visits before exceeding the ACEP standard. However, whether or not the 50,414 patients that went to the Alta Bates Campus ED in 2017 will utilize Kaiser and/or Highland in the event of an Alta Bates Campus closure is unclear, given the disproportionate utilization of the campus (in 2017 Alta Bates Campus ED surpassed the ACEP standard by over 6,000 visits).

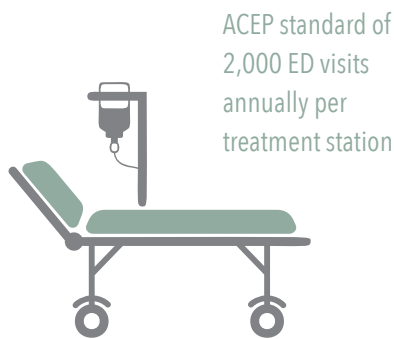


**Figure 28. Additional ED visits/year hospitals can absorb before exceeding American College of Emergency Physicians (ACEP) standard, 2017.**

Highland Hospital receives the majority of its patients from central and east Oakland, and in 2016 the hospital received 62% of its ED patients from 10 ZIP Codes. 8 of the 10 ZIP Codes fall within the Alta Bates Campus HSA, however just 14% of Alta Bates Campus ED patients came from those same 8 ZIP Codes.<sup>6</sup> Since there is currently relatively low utilization of Highland by the population primarily served by Alta Bates Campus, it is not likely that Highland will become the primary receiving center for Alta Bates Campus ED patients. It is more likely that the majority of Alta Bates Campus' current patients would choose to utilize Summit, which is already near capacity and would need to double its capacity to accommodate all of the patients that utilize Alta Bates Campus ED annually.

Figure 25 shows the relationship between the number of ED stations, total ED visits and the

ACEP standard for the Alta Bates and Summit campuses. To calculate the emergency department capacity, based on the ACEP standard, the number of emergency department stations is multiplied by 2,000, which is the ACEP standard for yearly visits per emergency treatment station. In 2017, Alta Bates Campus had an ACEP defined capacity of 44,000 (22 ETS\*2,000) and was over capacity by 6,424 visits. Meanwhile, Alta Bates Summit had an ACEP defined capacity of 50,000 (25 ETS\*2,000) and was under capacity by 2,883 visits. **Summit Campus would need to expand their emergency treatment stations by at least 24 to accommodate the increase in patients from Alta Bates Campus.** Sutter Health has stated on their Vision 2030 website that they would increase the Alta Bates Summit Campus emergency department capacity to accommodate **90,000 visits per year. However, this would be insufficient to accommodate all Alta Bates Campus emergency department patients, should the campus close.**



**Figure 29. Alta Bates & Summit ED utilization & American College of Emergency Physicians' recommended capacity**

|                   | # ED Stations (2017) | ACEP standard (yearly visits per station) | ACEP Defined Capacity | 2017 Total ED Visits | Visits that exceed capacity (+ exceeds, - under capacity) |
|-------------------|----------------------|-------------------------------------------|-----------------------|----------------------|-----------------------------------------------------------|
| Alta Bates campus | 22                   | 2000                                      | 44000                 | 50414                | +6414                                                     |
| Summit campus     | 25                   | 2000                                      | 50000                 | 47117                | -2883                                                     |
| Total             | 47                   |                                           | 94000                 | 97531                | +3531                                                     |

# DISASTER EVENT IMPACTS

In this section, we estimate the potential impact of the closing of Alta Bates on emergency department capacity during two disasters, an earthquake and large fire. We base these analyses on the *HayWired Reports Volume I & II* which detail likely impacts from an earthquake on the Hayward fault line, and data from the aftermath of a 2012 fire at the Chevron refinery in Richmond, CA.

The entire Alta Bates HSA runs along the Hayward fault line, and the Working Group on California Earthquake Probabilities calculates that there is a 33-percent likelihood of a large (6.7 magnitude or greater) earthquake occurring along this fault line in the next few decades (USGS, 2018). In order to fully examine the potential impacts of a major earthquake along the Hayward fault line, the USGS, along with a number of stakeholders, created the *HayWired* scenario and resulting reports.

The HayWired scenario is one of many plausible scenarios for the region's next major earthquake. It

investigates the likely impacts of a 7.0 magnitude earthquake along the Hayward fault, with an epicenter under the city of Oakland. In this scenario, the 7.0 magnitude earthquake strikes on April 18, 2018 at 4:18pm, just around the start of the week-day rush hour (USGS, 2018).

According to FEMA data, there are an estimated 837 people mortally injured, 461 life-threatening injuries, 3,007 injuries requiring a high degree of medical care, and 12,263 injuries that require medical attention and cannot be treated at home after the initial quake. In total, there are 16,568 casualties from the earthquake, 837 fatalities and 15,731 people that require medical attention. **The HayWired scenario rounds FEMA's estimates to 800 fatalities and 16,000 injured and needing medical attention.** FEMA estimates that 84% of displaced households will come from Alameda County (68%) and Contra Costa County (16%) (USGS, 2018). Using these same percentages, we estimate that those injured and needing medical attention would total to **13,440** in Alameda County and Contra Costa Counties, with **10,880 needing medical attention in Alameda County and 2,560 in Contra Costa County.**

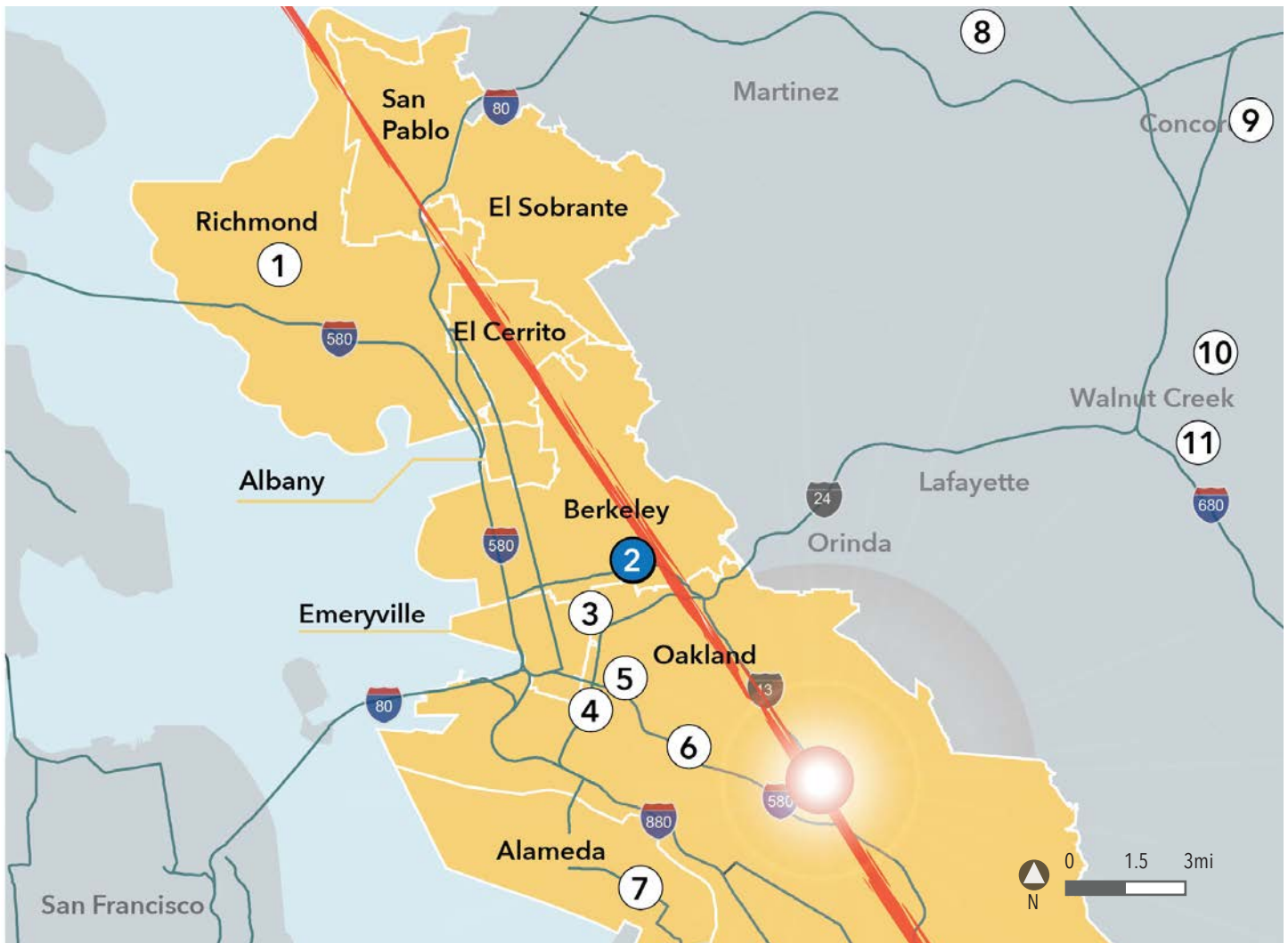
Access and time to treatment will be critical for many of the injured, and considering that the majority of the impact will be felt in Alameda County and Contra Costa County, there will be increased pressure on the existing hospital network and emergency services to respond to and treat the surge of patients in the ED. If all of the injuries that occur in Alameda County seek treatment at hospitals in Alameda County in an even manner (all hospitals are evenly impacted by the event), there would be an estimated **837 additional patients seeking treatment at each emergency department as a result of the quake.** For instance, in the event of the HayWired

## Haywired Earthquake Scenario:

**84%** of households are displaced in Alameda and Contra Costa Counties


**14,000** estimated injuries requiring medical attention from Alameda and Contra Costa Counties

**\$57 billion** in total direct economic loss



**Map 13. Earthquake along the Hayward Fault & Hospital Locations**

 Hayward Fault Line

 Earthquake epicenter

Source: HayWired Report Volume I

scenario, Kaiser San Leandro, which addresses the highest # of ED cases/day in Alameda County, would need to serve an estimated 1,028 patients. This is a 438% increase from their daily average number of visits. If Alta Bates Campus were to close, the number of surge patients requiring ED treatment in Alameda County would increase by an additional **64 visits for each hospital in the county.**

In Contra Costa County, we estimate 2,560 injuries needing medical attention. We estimate that roughly 280 people from Contra Costa County would access emergency treatment at Alta Bates

Campus. Since the Kaiser Richmond emergency department is the primary receiving center for West Contra Costa County residents, we would expect at least half of the remaining 2,280 to go to Kaiser Richmond. The Kaiser Richmond Emergency Department could be overwhelmed with an estimated 1,316 people needing treatment the day of the earthquake. If Alta Bates were to close, we estimate that Kaiser Richmond would experience an additional 282 ED patients immediately following the earthquake.

In the 1994 Northridge earthquake, a magnitude 6.7 earthquake in Los Angeles, there were over



9,000 people injured and 57 fatalities. Research conducted around the Northridge Earthquake showed that injuries increased significantly with age. 60-79 year olds were 10.9 times more likely to be injured, and people 80 and older were 34.6 times more likely than 0-19 year olds to sustain earthquake related injuries (Peek-Asa, 1998). The Northridge Earthquake highlighted that those most impacted by injuries are likely to be the aging/elderly (60+), and aging/elderly populations already experience issues of mobility, from issues related to driving restrictions, physical limitations or other cognitive/familiarity issues that inhibit their ability to access far away or unfamiliar hospitals.

Approximately 13% of the population in the Alta Bates Campus HSA are over the age of 65, with an additional 12% between 55-64. Compared to other cities in the HSA, Berkeley has a high concentration of elderly, as people over 65 make up between 20-30% of the population in three of its ZIP Codes (94705, 94707 and 94708). The ZIP Codes with the highest total number of elderly (65+) in the HSA are located in Richmond (94806), Alameda (94501) and Oakland (95611), each with over 6,500 residents over 65. These six zip codes would be particularly vulnerable to the impacts of

an earthquake without Alta Bates Campus.

Though our earthquake analysis does not account for potential post-earthquake barriers to local hospitals, it is critical to note that the Summit Campus is bounded by freeways, including 580, 980 and 880. Under the Haywired scenario there is a high possibility that local freeways will be compromised and hospitals, including Summit, may not be accessible by all that need care. Concentrating ED care in fewer locations in the East Bay may compromise access to emergency medical treatment after an earthquake.

### **Potential Impact from Chevron Refinery Fire**

On August 6, 2012, a major fire erupted at the Chevron Refinery in Richmond, CA. A Level 3 community warning and shelter in place order were immediately issued. There were no injuries or fatalities at the scene, but the emergency departments at Kaiser-Richmond and Doctors Medical Center began to receive patients that complained of respiratory problems. Emergency departments were overwhelmed and placed on diversion status. American Medical Response (AMR), a subcontractor for emergency services, requested mutual aid resources, and an ambulance staging area with one ambulance from San Ramon Valley Fire and two Paramedics Plus Units from Alameda County was established at San Pablo Town Hall. Tents were set up at both Kaiser and DMC, establishing separate areas for patients to be seen. Within the first two hours after the fire, 200 patients sought emergency treatment at DMC. On the peak day four days after the fire, regional EDs (mostly in Contra Costa County), saw 2,876 visits related to the fire, and an approximate 4,500 visited the ED over the next 3 days. **In total, the fire sent over 15,000 patients to the emergency department for 18 days following the event (CCHS, 2012).**

Figure 26 shows the regional emergency department surge pattern for ED visits related to

### **Chevron Fire Example:**

Estimated **15,000** related emergency department visits over 2 ½ weeks

**2,876 visits** to emergency departments on peak day (4 days after fire occurred)

**200 ED visits** within the first 2 hours after the fire



the Chevron fire in the two weeks following the incident. At the time of the fire, both DMC and Kaiser-Richmond EDs were in full operation. Before its closure, DMC had 25 emergency treatment stations, and Kaiser Richmond had 15 emergency treatment stations. Even with two hospitals receiving the surge of patients, both emergency departments were quickly overwhelmed and both hospitals did not return to normal operations until August 23rd (CCHS, 2012).

**“The magnitude of the earthquake that’s going to happen here is so significant that we really do need to have every critical facility in the best possible earthquake shape possible.”**

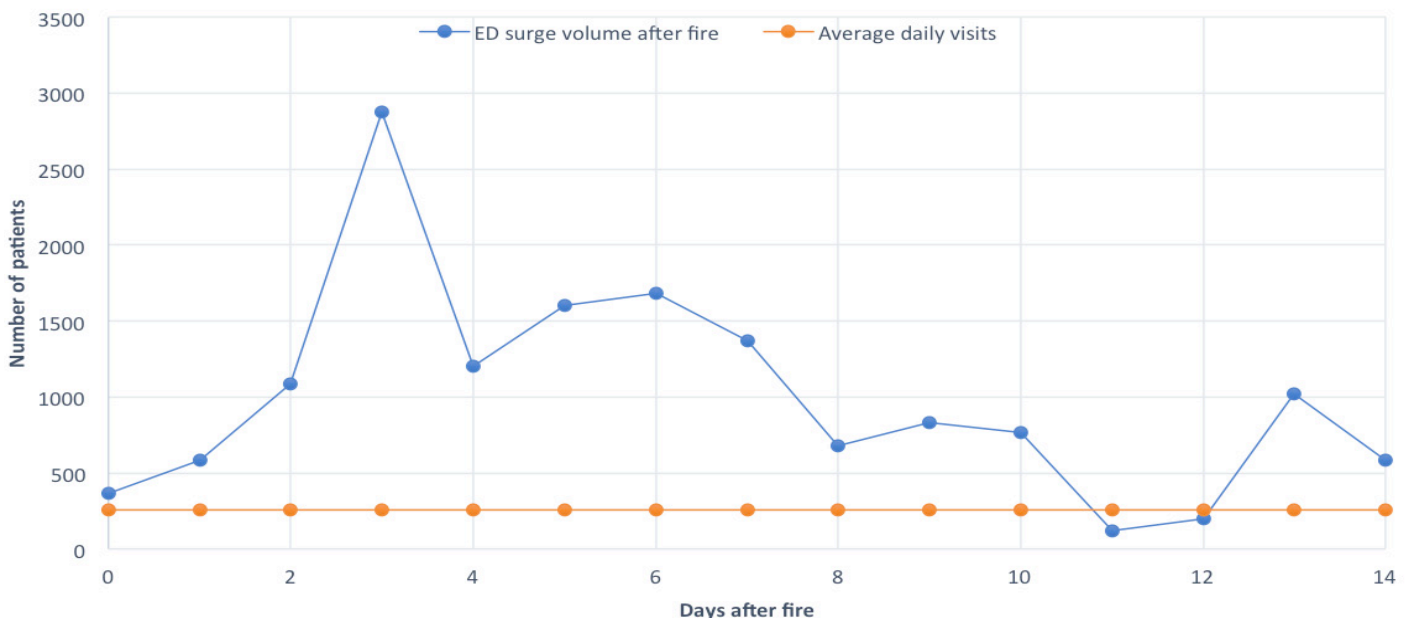
**- Nancy Skinner (NY Times Article)**

As highlighted in the Alta Bates Campus Utilization and Hospital Service Area sections above, Alta Bates Campus has seen an increase in patients from West Contra Costa County since the closure of DMC in 2015. If this scenario were to happen without the ED of Alta Bates Campus, we estimate that between 1000- 1,200 people would seek treatment at regional EDs in the first three days of the event. Kaiser Richmond would be most impacted, but it is unclear where patients from Contra Costa County and northern Alameda

would seek treatment without Alta Bates Campus. We estimate that Summit and Highland Hospital, as well as urgent care facilities in Contra Costa County would need to absorb the increased ED patient load.

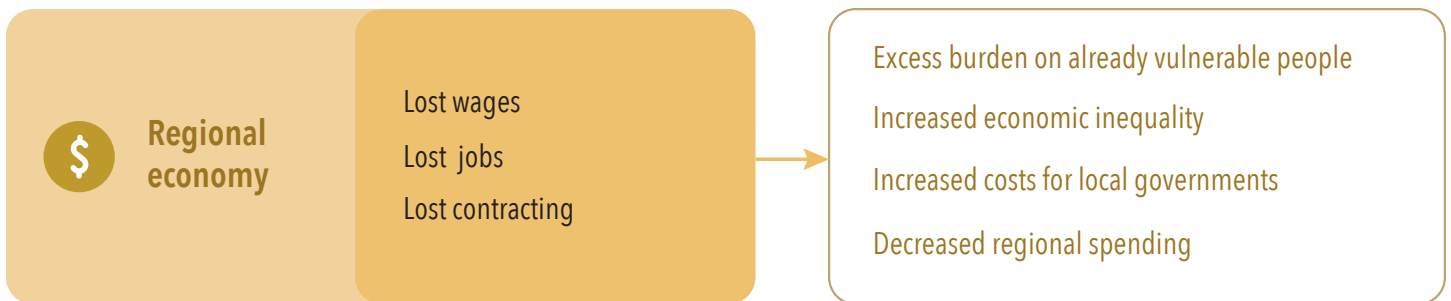
Without Alta Bates Campus, the emergency response plan to provide residents from Contra Costa County with timely care in the case of a major fire would need to be addressed. As noted above, a fire or earthquake disaster may overwhelm ED capacity and services at hospitals throughout the region, and these impacts may be critical if the Alta Bates Campus closes.

**Figure 30. Emergency Department patient surge volume after Chevron refinery fire, Richmond, CA, 2012**



# ECONOMIC IMPACTS

Alta Bates generated over \$1.9 billion in patient revenue and spent \$604 million on operations and employee compensation in 2016. According to their filing with the State of CA, Alta Bates has reduced their overall spending by over \$81 million since 2012. The closing of Alta Bates will adversely impact the local economy but the extent of the impact will depend on the nature of replacement services, hiring and contracting at the Summit campus.



Hospitals such as Alta Bates Campus are major generators of economic activity. As a result, closure of a hospital can not only impact those employed there but the local and regional economy. In 2016, Alta Bates Campus reported earning almost \$1.9 billion in revenue for providing care to patients, with billing including Medicare (35% of total revenue), Medi-Cal (26%), and private insurance providers (38%).<sup>2</sup> Though Alta Bates Campus earned almost \$1.9 billion in revenue, with spending, adjustments and other deductions, their net income was approximately \$19 million in 2016.

Much Alta Bates Campus' revenue is subsequently spent on hospital clinical and nonclinical operations. In 2016, Alta Bates Campus reported spending a total of \$604 million on operations. Of this, \$284 million was spent on direct expenses, which includes purchases of supplies and equipment, leases and rents, and purchased services such as parking and security.<sup>2</sup>

Of the \$604 million spent on operations, the other \$320 million was spent on employee compensation. Aside from high-skilled and high-

paying staff such as physicians, surgeons, and nurses, Alta Bates Campus is also a major source of low-skilled jobs. According to SEIU-UHW, the hospital directly employed 280 people in low-skilled, lower-paid jobs in 2015 (Rauber, 2014). These positions include clerks, patient aides, food service and custodial staff, nursing assistants, and technical support staff. With average hourly wages between \$20 and \$24 per hour, these lower paid positions nonetheless offer generally higher wages when compared with similar jobs in different settings.

In line with their announced plan to systematically shut down service lines and transfer them to Summit campus, Alta Bates Campus has already reported significant decreases in spending for certain service lines. Cardiac Services saw a 68% reduction, with spending going from almost \$4.4 million in 2012 to less than \$1.4 million in 2016. Radiology Services - for both diagnostic and therapeutic purposes - had a decrease of 57% or over \$19 million over the same time period. Adolescents service lines showed no spending by 2016.<sup>1,2</sup>

According to their financial disclosures, Alta Bates has even started to reduce spending in their birthing center. Between 2012 to 2016, Labor and Delivery Services saw an almost 23%, or \$7 million reduction in spending, while spending on Neonatal Intensive Care fell almost 35% over this same time period.<sup>1</sup>

| Impact                         | Magnitude                                                    |
|--------------------------------|--------------------------------------------------------------|
| <b>Low wage workers</b>        | 165 workers already laid off since 2012                      |
| <b>Community benefits</b>      | Potential reduction of \$91 million in charity care          |
| <b>Local economic activity</b> | Potential loss of \$1.5B annually in local economic activity |

### **Alta Bates as an Economic Base Multiplier**

Alta Bates Campus, like all hospitals, has a large impact on the regional economy. Hospitals draw in billions of dollars in revenue from medical reimbursements. These reimbursements come overwhelmingly from outside the region: Medicare brings in federal dollars; Medi-Cal brings in a combinations of federal and state dollars; and private insurance brings in money from corporations based across the country. With this continuous source of revenue, hospitals like Alta Bates Campus typically spend overwhelmingly within the metropolitan area or its surrounding region. In fact, economists estimate that an average urban hospital spends at least 80% of its patient revenue within the metropolitan area (Erickson et al., 1986).

The nature of hospital operations necessitates that Alta Bates Campus contracts with local companies for everything from medical supplies and equipment to food for its patients, staff, and visitors. They must also contract with local companies for purchased services such as laundry, parking, and security. Alta Bates

Campus also contributes to the regional economy by employing hundreds of staff. If not through direct employment, Alta Bates supports dozens of jobs through its purchasing of services.

As a nonprofit hospital, Alta Bates Campus is required by law to reinvest any surplus revenue back into the community in the form of community benefit programs. **According to its Community Benefit Plan, Alta Bates spent over \$97 million in 2016 for community benefit programs, activities, and initiatives. The vast majority of this community benefit--over \$91 million--comes in the form of charity care, providing free medical services for those without coverage and unable to afford the cost of their care (Sutter Health, 2016). The rest is spent funding various public health programs such as asthma and diabetes resource centers, neighborhood revitalization programs, and youth outreach and career development services.**

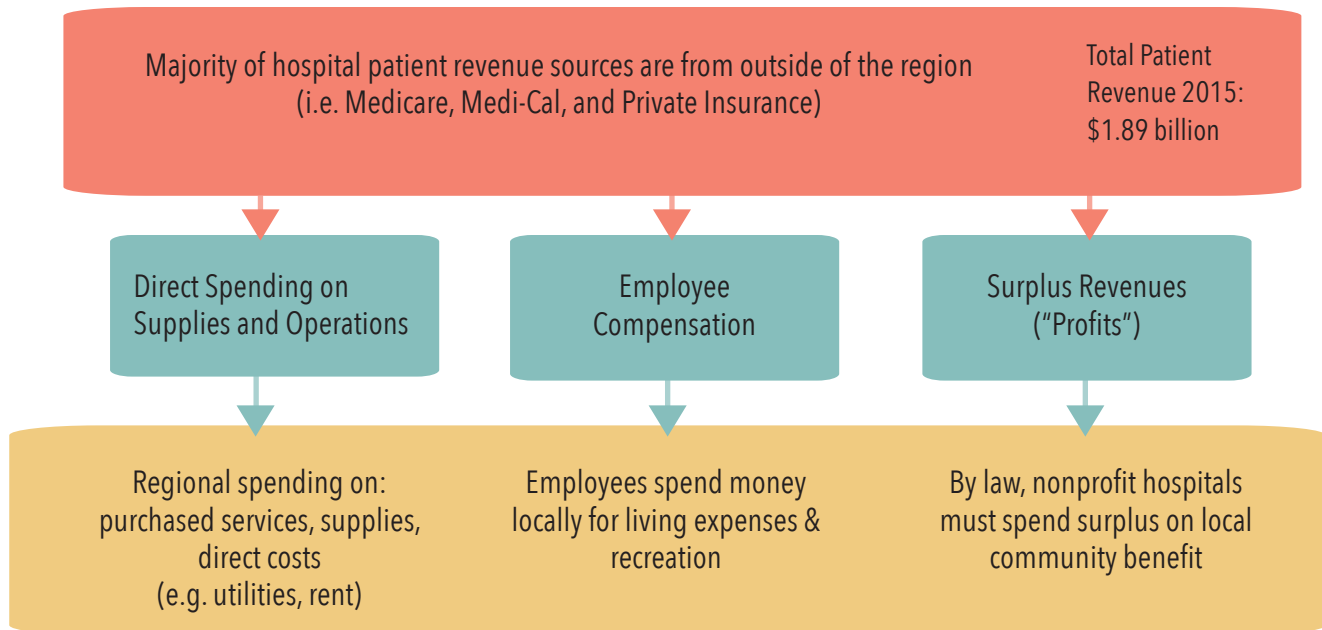
As a result, Alta Bates Campus acts as what economists call an *economic base multiplier*. That is, the hospital generates significantly higher

**\$1.9 billion** in patient revenue generated in 2016

**23%** reduction in spending on Labor & Delivery Services from 2012-16

**35%** reduction in spending on Neonatal Intensive Care from 2012-16

**165 lower wage workers** already laid off by Alta Bates since 2012



**Figure 31. How hospitals contribute to regional Economies**

downstream economic output in proportion to its revenue. A number of studies highlighted this economic base multiplier effect on urban hospitals in Pittsburgh, PA, Syracuse, NY, and Minneapolis, MN. These studies found that the multiplier ranged from 2.63 to 2.69, meaning that **every dollar that a hospital earns in patient revenue generates between \$2.63 and \$2.69 in economic activity for the surrounding region** (Moore, 1974 & Doeksen et al., 1997).

We used the economic-multiplier idea and conservative assumptions to estimate the hospital's likely contributions to the local economy. **Given that in 2016 Alta Bates Campus spent \$604 million, we estimate that the hospital is likely responsible for generating approximately \$1.5 billion in economic activity for the Bay Area.**

The economic impacts from the closing of Alta Bates Campus will likely also include loss of low wage jobs. These workers may lose income and experience other hardships. Skilled workers, such as physicians and nurses will either be relocated to Summit, find work elsewhere, loose their

jobs, or leave the region to find work elsewhere. If skilled nurses leave, the region's health care facilities may experience an increase in the nursing shortage.

There is little doubt that Alta Bates Campus provides economic benefits to the local and regional economy. The exact adverse impacts from the closing are difficult to estimate, but our review of OSHPD data suggests that close to \$1.5 billion in local economic activity could be lost.

# APPENDICES

## A. Acknowledgments, Reviewers & Interviewees

Alta Bates Regional Task Force, Members

Andy Katz, Alta Bates Regional Task Force Member

Anna Harte MD, Medical Director, UC Berkeley University Health Services

Mary Kay Lacey, Bateman Neighborhood Association

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Gabriel Quinto, Mayor, City of El Cerrito

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Rochelle Pardue-Okimoto, Mayor Pro Tem, El Cerrito

Scott Donahue, Council member, City of Emeryville

## B. HSA Calculation & Discharges by ZIP Code

| Calculation Description                      | Calculation                                                                                                                                           | Notes                                                                                                                       |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| AB HSA                                       | AB CHNA zip codes + non-CHNA zip codes sending highest numbers of patients to AB = approximately 75% of AB patients                                   | See Table 1 below for more information                                                                                      |
| Surge Event Injuries Alameda County Estimate | (16,000 Haywired estimated injured)*(estimate of 68% of displaced households coming from Alameda County)= 10,880 estimated injuries in Alameda County | Assumes that the percentage of displaced households is equivalent to the percentage of injuries occurring in Alameda County |
| Economic Loss Estimate                       | \$2.5 (economic base multiplier)*(\$1.9 billion in patient revenue in 2016)= \$4,750,000,000                                                          | Economic base multiplier = \$2.5 per every dollar in patient revenue                                                        |

| Zip Code                      | 2016 # Patient Discharges from Alta Bates Campus |
|-------------------------------|--------------------------------------------------|
| 94613                         | 10                                               |
| 94720                         | 276                                              |
| 94612                         | 866                                              |
| 94619                         | 875                                              |
| 94618                         | 972                                              |
| 94610                         | 992                                              |
| 94602                         | 1,106                                            |
| 94709                         | 1,130                                            |
| 94708                         | 1,186                                            |
| 94603                         | 1,194                                            |
| 94606                         | 1,215                                            |
| 94707                         | 1,230                                            |
| 94710                         | 1,295                                            |
| 94607                         | 1,297                                            |
| 94621                         | 1,579                                            |
| 94611                         | 1,629                                            |
| 94605                         | 1,751                                            |
| 94609                         | 1,855                                            |
| 94705                         | 1,992                                            |
| 94601                         | 2,241                                            |
| 94704                         | 2,394                                            |
| 94608                         | 2,754                                            |
| 94702                         | 2,922                                            |
| 94703                         | 3,035                                            |
| Total CHNA patient discharges | 35796                                            |

|                                                                                              |       |
|----------------------------------------------------------------------------------------------|-------|
| 94805                                                                                        | 822   |
| 94803                                                                                        | 1,145 |
| 94501                                                                                        | 1,431 |
| 94801                                                                                        | 1,557 |
| 94706                                                                                        | 1,737 |
| 94530                                                                                        | 2,156 |
| 94804                                                                                        | 2,764 |
| 94806                                                                                        | 3,134 |
| Total non-CHNA zip code patient discharges (approximately 75% of all ABC patient discharges) | 14746 |



**C. Acute Care Hospitals in Alameda County and Contra Costa County with Basic or Comprehensive EDs**

| Hospital                                     | County              | 2016 ED Visits/Beds (AMA benchmark is 2000 visits/Emergency Treatment Station (ETS)) | 2017 ED Visits/Beds (AMA benchmark is 2000 visits/Emergency Treatment Station (ETS)) |
|----------------------------------------------|---------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Alta Bates Berkeley                          | Alameda County      | 1836 visits/ETS (25 ETS)                                                             | 2292 visits/ETS (22 ETS)                                                             |
| Alta Bates Summit                            | Alameda County      | 1481 visits/ETS (32 ETS)                                                             | 1885 visits/ETS (25 ETS)                                                             |
| Highland Hospital                            | Alameda County      | 1211 visits/ETS (57 ETS)                                                             | 1158 visits/ETS (57 ETS)                                                             |
| Kaiser Oakland                               | Alameda County      | 1289 visits/ETS (48 ETS)                                                             | 1327 visits/ETS (48 ETS)                                                             |
| Kaiser Fremont                               | Alameda County      | 2347 visits/ETS (16 ETS)                                                             | 2452 visits/ETS (16 ETS)                                                             |
| Kaiser San Leandro                           | Alameda County      | 1645 visits/ETS (40 ETS)                                                             | 1739 visits/ETS (40 ETS)                                                             |
| Alameda Hospital                             | Alameda County      | 1404 visits/ETS (12 ETS)                                                             | 1369 visits/ETS (12 ETS)                                                             |
| St. Rose Hospital                            | Alameda County      | 2037 visits/ETS (17 ETS)                                                             | 2134 visits/ETS (17 ETS)                                                             |
| CHORI                                        | Alameda County      | 1289 visits/ETS (37 ETS)                                                             | 1261 visits/ETS (37 ETS)                                                             |
| San Leandro Hospital                         | Alameda County      | 2739 visits/ETS (12 ETS)                                                             | 2,851 visits/ETS (12 ETS)                                                            |
| Washington Hospital Fremont                  | Alameda County      | 2236 visits/ETS (23 ETS)                                                             | 2168 visits/ETS (23 ETS)                                                             |
| Eden Medical Center                          | Alameda County      | 2097 visits/ETS (22 ETS)                                                             | 1943 visits/ETS (22 ETS)                                                             |
| Stanford ValleyCare                          | Alameda County      | 1768 visits/ETS (18 ETS)                                                             | 1886 visits/ETS (18 ETS)                                                             |
| Contra Costa Regional Medical Center (CCRMC) | Contra Costa County | 2122 visits/ETS (20 ETS)                                                             | 1499 visits/ETS (26 ETS)                                                             |
| Kaiser Richmond                              | Contra Costa County | 2256 visits/ETS (28 ETS)                                                             | 2310 visits/ETS (28 ETS)                                                             |
| Kaiser Antioch                               | Contra Costa County | 1588 visits/ETS (36 ETS)                                                             | 1699 visits/ETS (36 ETS)                                                             |
| Kaiser Walnut Creek                          | Contra Costa County | 1183 visits/ETS (52 ETS)                                                             | 1224 visits/ETS (52 ETS)                                                             |
| John Muir Concord                            | Contra Costa County | 1876 visits/ETS (32 ETS)                                                             | 1858 visits/ETS (32 ETS)                                                             |
| John Muir Walnut Creek                       | Contra Costa County | 1206 visits/ETS (44 ETS)                                                             | 1262 visits/ETS (44 ETS)                                                             |
| Sutter Delta Antioch                         | Contra Costa County | 1906 visits/ETS (32 ETS)                                                             | 1835 visits/ETS (32 ETS)                                                             |
| San Ramon Regional Medical Center            | Contra Costa County | 1526 visits/ETS (12 ETS)                                                             | 1578 visits/ETS (12 ETS)                                                             |

# REFERENCES

## OSHPD Data Sets

| RHIA Reference # | Report or Data Set Source                                | Data Set Description                                                                                                                                                                                                                                                         | URL                                                                                                                                     | Data Used in HIA                          | Data Location |
|------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|
| 1                | Annual Financial Disclosures Report 2012                 | Hospitals and long-term care (LTC) facilities report detailed annual facility-level data on services capacity, inpatient/outpatient utilization, patients, revenues and expenses by type and payer, balance sheet and income statement.                                      | <a href="https://siera.oshpd.ca.gov/FinancialDisclosure.aspx">https://siera.oshpd.ca.gov/FinancialDisclosure.aspx</a>                   | Total Patient Revenue                     | Page 12       |
|                  |                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                         | Clinical Operations                       | Page 17       |
|                  |                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                         | Nonclinical Operations                    | Page 18       |
| 2                | Annual Financial Disclosures Report 2016                 | See above                                                                                                                                                                                                                                                                    | <a href="https://siera.oshpd.ca.gov/FinancialDisclosure.aspx">https://siera.oshpd.ca.gov/FinancialDisclosure.aspx</a>                   | Total Patient Revenue                     | Page 12       |
|                  |                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                         | Clinical Operations                       | Page 17       |
|                  |                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                         | Nonclinical Operations                    | Page 18       |
| 3                | Hospital Annual Utilization Data 2016 (including ALIRTS) | Contains basic licensing information including bed classifications; patient demographics including occupancy rates, the number of discharges and patient days by bed classification, and the number of live births; as well as information on the type of services provided. | <a href="https://www.oshpd.ca.gov/HID/Hospital-Utilization.html#Pivot">https://www.oshpd.ca.gov/HID/Hospital-Utilization.html#Pivot</a> | Overview of capacity and services offered | Pivot Table   |
| 4                | Hospital Annual Utilization Data 2017 (including ALIRTS) | See above                                                                                                                                                                                                                                                                    | <a href="https://www.oshpd.ca.gov/HID/Hospital-Utilization.html#Pivot">https://www.oshpd.ca.gov/HID/Hospital-Utilization.html#Pivot</a> | Overview of capacity and services offered | Pivot Table   |
| 5                | Patient Origin and Market Share Reports 2012-2013        | ZIP Code of residence for all ED visits and hospitalizations                                                                                                                                                                                                                 | <a href="https://www.oshpd.ca.gov/HID/POMS-Report.html#Pivot">https://www.oshpd.ca.gov/HID/POMS-Report.html#Pivot</a>                   |                                           | Pivot Table   |

|    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                       |                                                                                        |                     |
|----|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------|
| 6  | Patient Origin and Market Share Reports 2016 - 2017        | See above                                                                                                                                                                                                                                                                                                                                                                       | <a href="https://www.oshpd.ca.gov/HID/POMS-Report.html#Pivot">https://www.oshpd.ca.gov/HID/POMS-Report.html#Pivot</a>                                                 |                                                                                        | Pivot Table         |
| 7  | Facility Summary Reports 2013                              | Patient level data are reported through the Medical Information Reporting for California (MIRCal) system. These reports display a numerical and percentage breakdown of patient level data. These Summary Reports combine report periods into an annual view of a facility's Hospital Inpatient (IP), Emergency Department (ED), or Ambulatory Surgery (AS) patient level data. | <a href="https://www.oshpd.ca.gov/HID/Facility-Summary-Reports.html">https://www.oshpd.ca.gov/HID/Facility-Summary-Reports.html</a>                                   | Patient Payer Mix<br>Emergency Department<br>Ambulatory Services<br>Inpatient services | Downloadable Report |
| 8  | Facility Summary Reports 2016                              | See above                                                                                                                                                                                                                                                                                                                                                                       | <a href="https://www.oshpd.ca.gov/HID/Facility-Summary-Reports.html">https://www.oshpd.ca.gov/HID/Facility-Summary-Reports.html</a>                                   | Patient Payer Mix<br>Emergency Department<br>Ambulatory Services<br>Inpatient services | Downloadable Report |
| 9  | Seismic Compliance Unit: Seismic Performance Ratings       | Description of the seismic performance (SPC) rating criteria                                                                                                                                                                                                                                                                                                                    | <a href="https://www.oshpd.ca.gov/FDD/seismic_compliance/SB1953/SeisPerfRatings.html">https://www.oshpd.ca.gov/FDD/seismic_compliance/SB1953/SeisPerfRatings.html</a> | Definitions of SPC + MPC ratings                                                       | Web page            |
| 10 | California Hospital and Skilled Nursing Facility Data 2018 | This page presents information for California hospitals and skilled nursing facilities such as site plans (also called "keyplans"), building numbers, SPC/NPC ratings and various links associated with the facility. Links to the OSHPD Report Center for open, closed, and old projects are included.                                                                         | <a href="https://www.oshpd.ca.gov/FDD/Forms/Keyplans/index.html">https://www.oshpd.ca.gov/FDD/Forms/Keyplans/index.html</a>                                           | Building Site Plans + SPC Ratings of Buildings<br>Open Projects                        | Web page            |
| 11 | General Facility Listing 2017                              | All California hospital facilities in 2017                                                                                                                                                                                                                                                                                                                                      | <a href="https://www.oshpd.ca.gov/HID/Facility-Listing.html">https://www.oshpd.ca.gov/HID/Facility-Listing.html</a>                                                   | Acute care hospitals in region                                                         |                     |

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**Alta Bates Summit  
Medical Center  
RAPID HEALTH IMPACT  
ASSESSMENT**

**BEN BARTLETT**

VICE MAYOR

CONSENT CALENDAR

February 27, 2024

To: Honorable Mayor and Members of the City Council

From: Councilmember Ben Bartlett

Subject: Referral to the City Manager: Eminent Domain Feasibility Analysis for 2902 and 2908 Adeline Street Properties and Abandoned House on 1946 Russell Street

RECOMMENDATION

Refer the City Manager to conduct an analysis and report to the Council on the feasibility of using eminent domain to enable the City to purchase the blighted commercial properties on 2902 and 2908 Adeline Street, as well as the adjacent abandoned house on 1946 Russell Street for the purposes of developing mixed-use affordable housing.

CURRENT SITUATION

Our City is estimated to have more than 100 vacant residential buildings, and numerous vacant commercial properties. These often dilapidated properties negatively impact neighborhoods, business districts, City revenues, and the overall quality of life. One such example is the blighted properties on 2902 and 2908 Adeline Street, and the adjacent abandoned house located on the corner of Adeline Street and Russell Street (collectively “2902 Adeline”). The three properties were bundled by the Realtex Group of San Francisco for the purposes of developing housing. However, the project appears to be inactive, and for years has been in a state of persistent, significant, deterioration and disrepair, which has subjected the community to unsafe, and unhealthy conditions.

Chapter 12.92 of the Berkeley Municipal Code on Anti-Blight, states that the purpose of the chapter is to require “a level of maintenance of residential and commercial property which will promote healthy neighborhoods and protect and preserve the livability and appearance of the City.” Yet the dilapidated and unsafe conditions of 2902 Adeline continue to threaten the health, safety, and general welfare of our citizens.

Numerous community members and neighbors have complained about the dangerous conditions associated with the abandoned site. Community members noted several fire hazards, and the presence of rats and other vectors that transmit disease and parasites. It is for these reasons that we find 2902 Adeline to be in violation of BMC 12.92.030.

At the same time, the City has a pronounced need for mixed-use affordable housing. According to Berkeley's 1000 Person Plan to Address Homelessness and its accompanying affordable housing report, the City's current system has not created sufficient "permanently subsidized housing resources" to service the homeless population, and, instead, relies on short-term solutions, such as rapid rehousing, that do not provide any structural changes to the housing market. Furthermore, the number of people experiencing homelessness in Berkeley has increased by an average of 10% every two years, with dramatic racial disparities: since 2006, "65% of homeless service users in Berkeley identify as Black or African American."<sup>1</sup> To add to the problem, Berkeley's homeless services shelter beds have been serving "fewer unique households over time".<sup>2</sup>

As a result, the Council should uphold BMC 12.92 and ensure we take action by referring the City Manager to analyze the feasibility of using eminent domain to purchase 2902 Adeline to develop mixed-use supportive housing that is both affordable and also provides mental and physical health care to its residents.<sup>3</sup>

This recommendation is within the City's authority. Chapter 12 of the municipal code goes on to state, "Whenever the City determines that property in the City is maintained as a nuisance," it shall follow per 12.92.050, and must provide a Notice to the Owner of Abatement of Nuisance.

As public agencies may condemn property only for public use, the City Manager should include in the analysis a resolution of necessity as set forth in CCP §§ 1245.210 et seq. Such resolution must establish all of the following:

- The public interest and necessity require the project
- The project is planned or located in the manner that will be most compatible with the greatest public good and the least private injury
- The property in question is necessary for the project

## BACKGROUND

The City has the power of eminent domain – to take private property for public use upon payment of just compensation. State law authorizes cities to condemn property necessary to carry out their municipal duties and functions. In *Kelo v. New London*, the

<sup>1</sup>[https://www.cityofberkeley.info/Clerk/City\\_Council/2019/02\\_Feb/Documents/2019-02-26\\_Item\\_20\\_Referral\\_Response\\_1000\\_Person\\_Plan.aspx#:~:text=Simply%20put%2C%20a%20plan%20to,right%2Dsizing%E2%80%9D%20the%20system.](https://www.cityofberkeley.info/Clerk/City_Council/2019/02_Feb/Documents/2019-02-26_Item_20_Referral_Response_1000_Person_Plan.aspx#:~:text=Simply%20put%2C%20a%20plan%20to,right%2Dsizing%E2%80%9D%20the%20system.)

<sup>2</sup>[https://www.cityofberkeley.info/Clerk/City\\_Council/2019/02\\_Feb/Documents/2019-02-26\\_Item\\_20\\_Referral\\_Response\\_1000\\_Person\\_Plan.aspx#:~:text=Simply%20put%2C%20a%20plan%20to,right%2Dsizing%E2%80%9D%20the%20system.](https://www.cityofberkeley.info/Clerk/City_Council/2019/02_Feb/Documents/2019-02-26_Item_20_Referral_Response_1000_Person_Plan.aspx#:~:text=Simply%20put%2C%20a%20plan%20to,right%2Dsizing%E2%80%9D%20the%20system.)

<sup>3</sup><https://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community>



Supreme Court allowed the use of eminent domain to facilitate the city's redevelopment and community enhancement efforts.<sup>4</sup> In *Hawaii Housing Authority v. Midkiff*, an eminent domain was used to break up land oligopolies, again in the interest of serving the community.<sup>5</sup> Finally, in *Berman v. Parker*, the Court upheld Congress' directive to redevelop parts of DC to enhance the conditions of those living in substandard housing.<sup>6</sup> While this strategy has not been readily employed by many cities, there are significant precedent-setting cases to justify the City of Berkeley considering this option as a way to acquire the 2902 Adeline properties to serve the public.

Based on the referral response item that originally appeared on the agenda of the May 16, 2017, Council Meeting and was submitted by City Attorney Zach Cowan, cities are permitted to use their eminent domain powers for purposes beyond those that the Legislature has expressly identified as public purposes. City Attorney Cowan concluded that providing affordable housing for those who cannot afford market-rate housing is a "public use" for purposes of eminent domain. In addition, with respect to open space, it has also long been generally recognized that providing open space is a public purpose. Similarly, acquiring property to provide public services, such as courthouses, municipal buildings, public health, or recreational services, is also appropriate. In sum, the City may use its power of eminent domain to acquire property for public services and buildings, affordable housing, and open spaces.

There exist healthy precedents for the successful use of eminent domain to establish affordable housing.

- a. Vermont Housing Land Fund: The Sarah Cole House was chosen for the project because of its history as an owner-occupied rooming house. Despite having resident owners, the building had fallen into disrepair. Neighbors first objected to the development as another assault on the neighborhood and protested to the local zoning board. BCLT responded with an appropriate site plan, staffing plan, and house rules. Opposition was dropped and the zoning was approved. After BCLT rehabilitated the house and grounds, area residents expressed satisfaction with the neighborhood improvement.
- b. In Lawrence, Kansas. This CDC promotes low-income housing by providing home ownership programs and credit counseling to help people qualify for mortgages. The organization acquires properties to sell to moderate and low-income people and renovate or build homes to sell to people not qualifying for traditional loans. Tenants become homeowners through education, communication, home improvement, and creative financing.

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<sup>4</sup> Kelo et al. v. City Of New London et al. <https://www.law.cornell.edu/supct/html/04-108.ZS.html>

<sup>5</sup> Hawaii Housing Auth. v. Midkiff <https://supreme.justia.com/cases/federal/us/467/229/case.html>

<sup>6</sup> Berman v parker <https://supreme.justia.com/cases/federal/us/348/26/case.html>

## POTENTIAL USES FOR PROPERTY

After thorough consideration of alternatives for this blighted property, we find it in the best interest of the City of Berkeley and its communities that we explore more affordable housing initiatives for this property. As it stands, the 2902 Adeline properties are prime locations for construction of new residential living accommodations.

At the same time, the City has a pronounced need for mixed-use affordable housing. Mixed-use housing development allows for the placement of a variety of land uses, including commercial, office, and residential uses, within the same development or district. Mixed-use developments allow for a balanced mix of local jobs and services to be situated at or near residential areas, promoting walkability by reducing the need for commuting trips to and from work. They also offer cost savings for both developers and residents, as commercial uses can help subsidize affordable housing units. Since Berkeley is in need of more local job creation and more affordable housing, especially for young people, the Council should seek to promote these types of developments to tackle both needs at once.

Mixed-use developments can also serve as artistic spaces like theaters, performance spaces, and community art spaces for neighbors to use and enjoy.

It is also possible to use these locations for open green spaces. Open space has long been generally recognized as a public purpose for land. A green space would provide welcome refuge in such a dense, commercial section of Berkeley. South Berkeley suffers from an inequitable amount of green space. In fact, the City Council passed the Equity in Green Space policy of 2017<sup>7</sup>, specifically prioritizing the creation of green space in South Berkeley.

Acquiring property to provide public services, such as municipal buildings, public health, or recreation, is also appropriate. Services like these are often starved of land in a city where property prices have risen astronomically in recent years.

The City may use its power of eminent domain to acquire the 2902 Adeline properties for affordable housing, open spaces, and public services and buildings.

## RATIONALE FOR RECOMMENDATION

Our publicly owned land is scarce. Social service programs, housing developments, and other public services require adequate land, which is in short supply in Berkeley. There

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<sup>7</sup> Cal. Berkeley City Council, Reg. Meeting, Referral. (2017). <https://drive.google.com/file/d/1J5Ded2H-8J1UCFw35n3cQKaHEEV8syQi/view?usp=sharing>

have been voluminous complaints from residents, neighbors, and local businesses, with health and safety complaints directly stemming from these properties. These properties are located near daycare centers, a park, and a library, directly impacting the safety of families and nearby residents when out walking. Given the current unsafe conditions of the 2902 Adeline properties, which are in violation of BMC 12.92.030 and the purpose of the BMC Chapter 12.92, the Council should refer the City Manager to perform an analysis on the properties to conclude whether or not the City can and should use eminent domain to purchase the properties for public good. By using the properties for much-needed public benefits—such as recreational options— we will be serving Berkeley residents while also incentivizing property owners to maintain their parcels and promote healthy neighborhoods.

#### FISCAL IMPACTS OF RECOMMENDATION

The fiscal impacts of this recommendation are normal operating Staff time for the analysis to be conducted at normal hourly rates.

#### ENVIRONMENTAL SUSTAINABILITY

There are no identifiable environmental effects associated with conducting an analysis on the properties. However, if the City Manager concludes the use of eminent domain is appropriate, maintaining the properties will promote healthy neighborhoods and protect and preserve the livability and appearance of the City. Given the fact that the properties are blighted, eminent domain will allow us to effectively address any potential environmental contamination of the building.

#### CONTACT PERSON

Councilmember Ben Bartlett  
James Chang

510-981-7130  
jchang@cityofberkeley.info

#### Attachment

1. Photos of 2902 - 2908 Adeline Street Properties
2. Photos of abandoned house at 1946 Russell Street

Attachment 1:



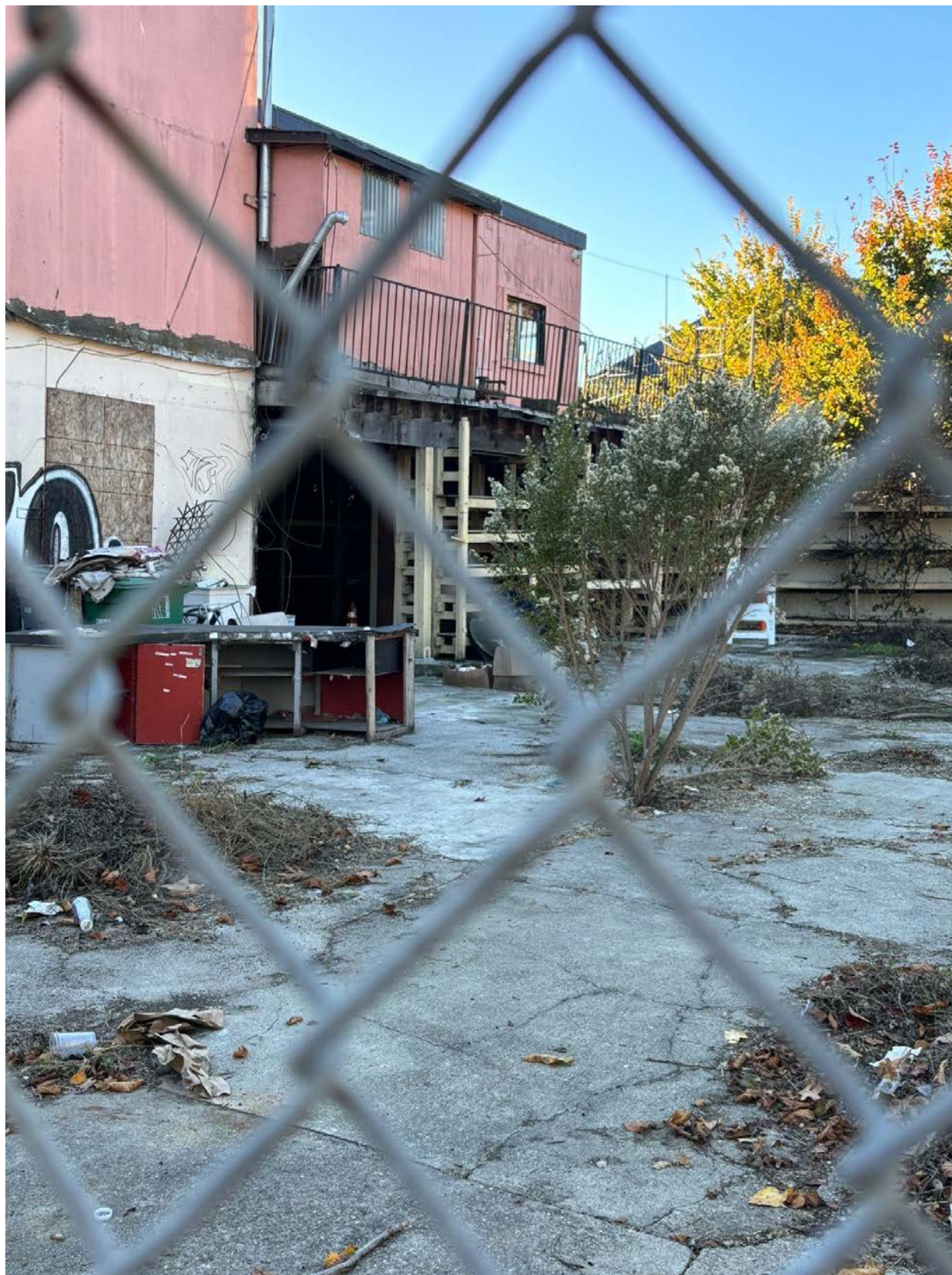


























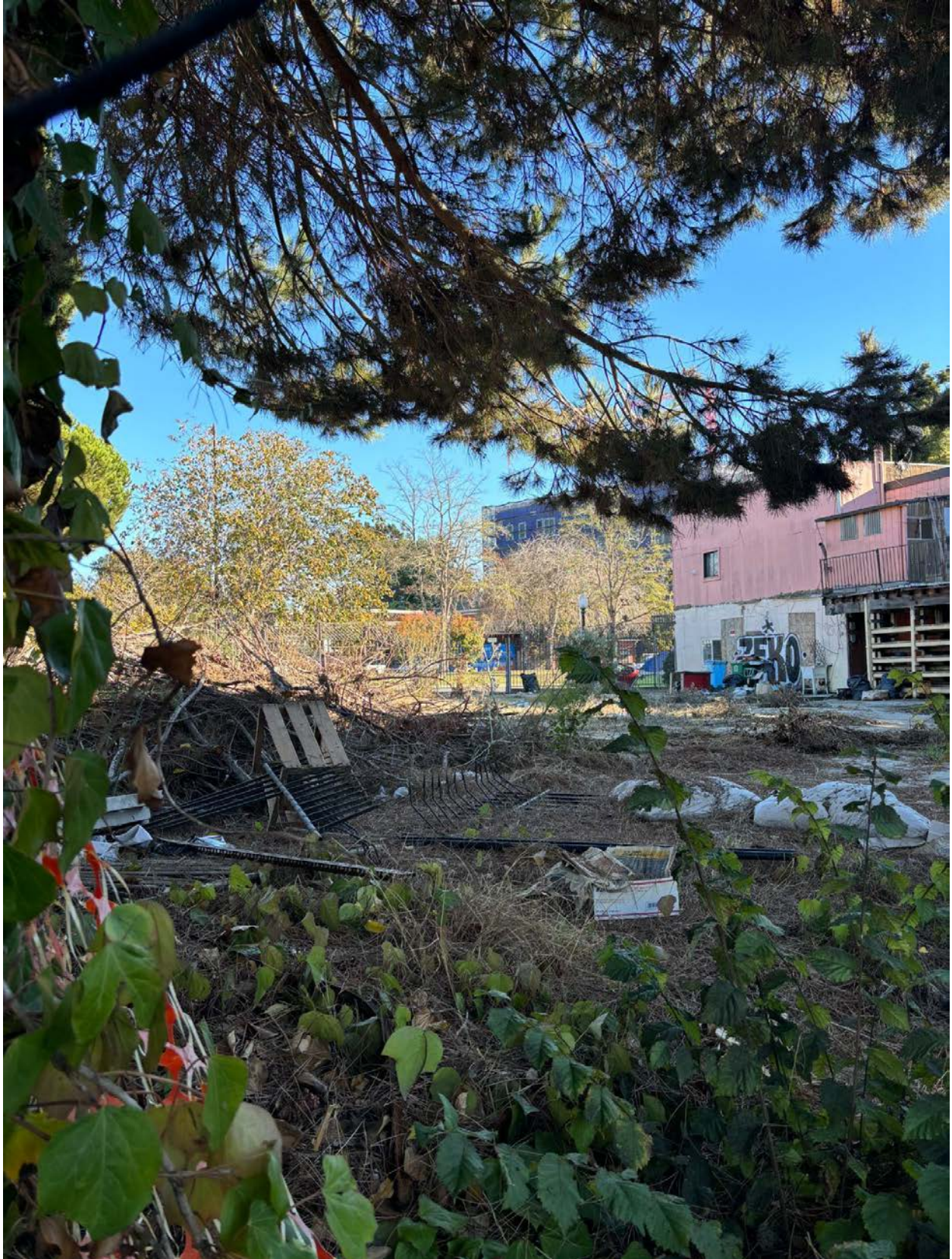






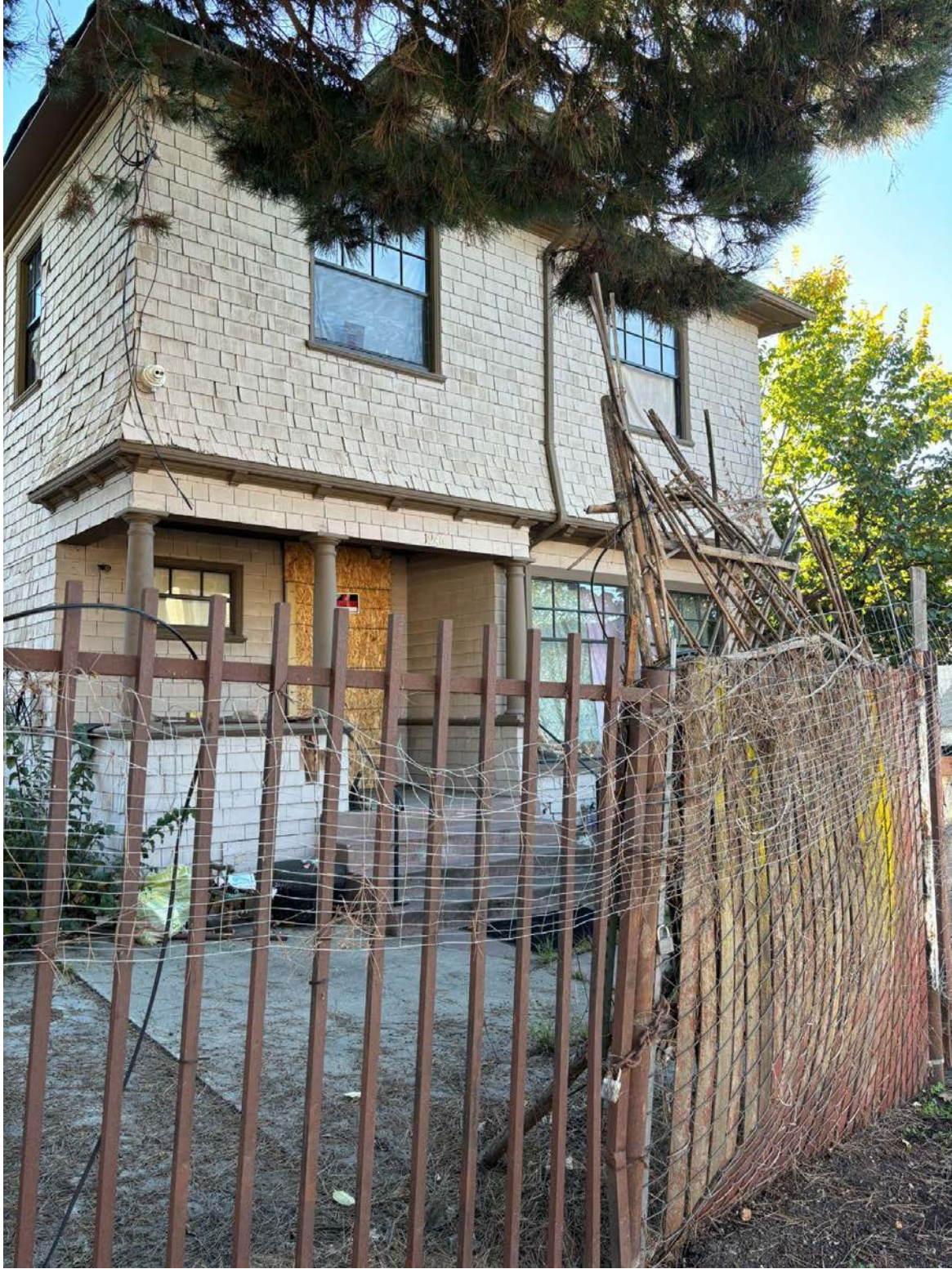








Attachment 2:







|                                                                                                            |                                       |
|------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Upcoming Worksessions and Special Meetings</b><br><i>start time is 6:00 p.m. unless otherwise noted</i> |                                       |
| <b>Scheduled Dates</b>                                                                                     |                                       |
| Feb 27 (4:30pm)                                                                                            | 1. Berkeley Economic Dashboards (OED) |
| Mar 12 (4:00pm)                                                                                            | 1. BPD Annual Report                  |

|                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Unscheduled Workshops and Special Meetings</b>                                                                                                                                                            |  |
| <ol style="list-style-type: none"> <li>1. Ashby BART Transit Oriented Development &amp; Berkeley – El Cerrito Corridor Access Plan</li> <li>2. Inclusionary Housing In-Lieu Fee Feasibility Study</li> </ol> |  |

|                                                                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Unscheduled Presentations (City Manager)</b>                                                                                                                                                                                                              |  |
| <ol style="list-style-type: none"> <li>1. Draft Waterfront Specific Plan (October/November 2024)</li> <li>2. Dispatch Needs Assessment Presentation</li> <li>3. Presentation on Homelessness/Re-Housing/Thousand-Person Plan (TBD regular agenda)</li> </ol> |  |


|  |                                                                                                          |
|--|----------------------------------------------------------------------------------------------------------|
|  | <b>City Council Referrals to the Agenda &amp; Rules Committee and Unfinished Business for Scheduling</b> |
|  | None                                                                                                     |

| CITY CLERK DEPARTMENT                                                       |                      |                       |                   |
|-----------------------------------------------------------------------------|----------------------|-----------------------|-------------------|
| WORKING CALENDAR FOR SCHEDULING LAND USE MATTERS<br>BEFORE THE CITY COUNCIL |                      |                       |                   |
| Address                                                                     | Board/<br>Commission | Appeal Period<br>Ends | Public<br>Hearing |
| <b>NOD – Notices of Decision</b>                                            |                      |                       |                   |
|                                                                             |                      |                       |                   |
|                                                                             |                      |                       |                   |
|                                                                             |                      |                       |                   |
|                                                                             |                      |                       |                   |
| <b>Public Hearings Scheduled</b>                                            |                      |                       |                   |
| 1960 San Antonio & 645 Arlington Avenue (Spring Mansion)                    | LPC                  |                       | 2/13/2024         |
| 2924 Russell Street (install unenclosed hot tub)                            | ZAB                  |                       | 2/27/2024         |
| 2113-15 Kittredge Street (California Theater)                               | ZAB                  |                       | TBD               |
| 3000 Shattuck Avenue (construct 10-story mixed-use building)                | ZAB                  |                       | TBD               |
|                                                                             |                      |                       |                   |
|                                                                             |                      |                       |                   |
| <b>Remanded to ZAB or LPC</b>                                               |                      |                       |                   |
|                                                                             |                      |                       |                   |
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|                                                                             |                      |                       |                   |
| <b>Notes</b>                                                                |                      |                       |                   |
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|                                                                             |                      |                       |                   |
|                                                                             |                      |                       |                   |

2/7/2024







No Material  
Available for  
this Item

There is no material for this item.

**City Clerk Department**  
2180 Milvia Street  
Berkeley, CA 94704  
(510) 981-6900

**City of Berkeley City Council Agenda Index Webpage:**  
<https://berkeleyca.gov/your-government/city-council/city-council-agendas>





Kate Harrison  
Councilmember, District 4

CONSENT CALENDAR  
November 28, 2023

To: Honorable Mayor and Members of the City Council

From: Councilmember Harrison (Author) and Vice Mayor Bartlett (Co-Sponsor)

Subject: Amend Berkeley Municipal Code Chapter 3.78 To Expand Eligibility Requirements for Representatives of The Poor to Serve on The Human Welfare and Community Action Commission

RECOMMENDATION

Amend Berkeley Municipal Code Chapter 3.78 to expand eligibility requirements for Representatives of the Poor to serve on the Human Welfare and Community Action Commission, or any successor commission, to consider the current geographic formation of poverty in Berkeley.

CURRENT SITUATION AND RATIONALE FOR RECOMMENDATION

The Human Welfare and Community Action Commission is a body charged with addressing the social welfare of the Berkeley community, focusing on those experiencing poverty and financial hardship within our City. This commission, as defined by Section 3.78.010, consists of fifteen members, nine of which are appointed by each Councilmember and the Mayor and six of which are “Representatives of the Poor;” this refers to residents with incomes below the median area income or significant lived experience in poverty. As it stands, there are three districts (1, 2, and 3) that were identified by the 1988 Berkeley City Council, based on the 1980 census data, as having the most concentrated levels of poverty.<sup>1</sup> Currently, all six of the Representatives of the Poor must reside in these districts (two from each of the districts). Interestingly, despite the changing geographic landscape of poverty in Berkeley within the last 43 years, the ordinance language and participation criteria has remained largely unchanged. The requirement for service no longer accurately represents the different and changing image of poverty in Berkeley. By expanding inclusion requirements for Representatives of the Poor, the HWCA has more opportunity to secure necessary involvement and funding in addition to becoming a more representative decision-making body.

**Substantive revisions to Chapter 3.78:**

*B. Six of the members shall be representatives of the poor, who shall to be elected as individuals residing anywhere within City limits who earn*

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<sup>1</sup> “3.78.010 Creation of the Human Welfare and Community Action Commission.” Berkeley Municipal Code. Accessed October 23, 2023. <https://berkeley.municipal.codes/BMC/3.78.010>

~~*below the median area income or who have had significant lived experience in poverty. to be elected two from each of three districts as established by the City Council and shown on the map attached hereto, made a part hereof and marked "Exhibit A" (see Ch. 3.999).*~~

The section B revision seeks to maintain the focus on representing the economically marginalized, but recognizes that the distribution of poverty within the community has shifted. City and community led homelessness initiatives, investments in residence hotels, and increased RV dwellers are just a few of the many reasons why poverty is dispersed differently across the city than it was 43 years. Additionally, displacement and gentrification, which have acutely affected West and South Berkeley neighborhoods, have also contributed to changing demographics. This amendment suggests electing representatives of the poor from anywhere within the City, based on contemporary geographical considerations, as opposed to 1980 Census data.

~~*C. The community service block grant (CSBG) target area shall comprise the total area from which three election districts are drawn. Each district will have approximately equal numbers of poverty families utilizing data from the 1980 Census.*~~

The section C revision (amended to be section B) intends to concurrently address the issue of the changing landscape of poverty by eliminating the Community Services Block Grant (CSBG) target area. The HWAC Commission relies on CSBG funding to accomplish commission goals, but needs to fulfill certain participant criteria to be able to access the funding. Currently, because there is precarious membership, the HWAC commission’s funding and resources are threatened. The proposed change expands the target area to cover the entire City, ensuring section B revision’s feasibility. The CSBG target area is no longer limited to the former poverty districts drawn according to the 1980 census because the community of individuals in poverty are now spread into a wider area of the community as a result of placement of homeless individuals into residence hotels and RV parking, along with other programs, into other geographical areas.

These amendments to Berkeley Municipal Code Section 3.78.010 ensure that the Berkeley Human Welfare and Community Action Commission remains effective in addressing their goals. These revisions are crucial to be successful in representing a series of contemporary socio-economic developments and demonstrating the City's commitment to adapt to changing circumstances.

FISCAL IMPACTS OF RECOMMENDATION

No fiscal impacts.

ENVIRONMENTAL SUSTAINABILITY

This budget referral has no effect on environmental sustainability.

CONTACT PERSON

Amend Berkeley Municipal Code Chapter 3.78 To Expand Eligibility Requirements for Representatives of The Poor to Serve on The Human Welfare and Community Action Commission

CONSENT CALENDAR  
November 28, 2023

Councilmember Kate Harrison, (510) 981-7140

ATTACHMENTS

1. Revised BMC Chapter 3.78



ORDINANCE NO. –N.S.

AMENDING CHAPTER 3.78 TO THE BERKELEY MUNICIPAL CODE TO EXPAND  
ELIGIBILITY REQUIREMENTS FOR REPRESENTATIVES OF THE POOR

BE IT ORDAINED by the Council of the City of Berkeley as follows:

Section 1. That Berkeley Municipal Code Section 3.78.010 is amended to read as follows:

**3.78.010 Creation of the Human Welfare and Community Action Commission.**

A Berkeley Human Welfare and Community Action Commission is hereby created. The membership of such commission shall be fifteen:

A. Nine of the members shall be appointed by Berkeley City Councilmembers, in accordance with the Fair Representation Ordinance.

1. Four of the nine members of the commission appointed by the council shall be members or officials of business, industry, labor, religious, welfare, education, or major groups and interests in the community, as required by California Government Code Sections 12736(e), 12750(a)(2), and 12751, the language of which is incorporated herein by reference.

2. Representatives of private sector organizations shall be empowered to speak and act on behalf of the organizations they represent in connection with the board's business.

B. Six of the members shall be representatives of the poor, who shall to be elected as who shall be individuals residing anywhere within City limits who earn below the median area income or who have had significant lived experience in poverty. two from each of three districts as established by the City Council and shown on the map attached hereto, made a part hereof and marked "Exhibit A" (see Ch. 3.999).

C. The community service block grant (CSBG) target area shall comprise the total area from which three election districts are drawn. Each district will have approximately equal numbers of poverty families utilizing data from the 1980 Census.

~~1. Four of the nine members of the commission appointed by the council shall be members or officials of business, industry, labor, religious, welfare, education, or major groups and interests in the community, as required by California Government Code Sections 12736(e), 12750(a)(2), and 12751, the language of which is incorporated herein by reference.~~

~~2. Representatives of private sector organizations shall be empowered to speak and act on behalf of the organizations they represent in connection with the board's business.~~

Section 2. Copies of this Ordinance shall be posted for two days prior to adoption in the display case located near the walkway in front of the Maudelle Shirek Building, 2134 Martin Luther King Jr. Way. Within 15 days of adoption, copies of this Ordinance shall be filed at each branch of the Berkeley Public Library and the title shall be published in a newspaper of general circulation.



## Agenda Committee 1/16/2024

### Item 10 - City Council Legislative Systems Redesign

#### Discussion Items - Part 1

#### Background:

The Agenda Committee presented materials and solicited input from the City Council during fall of 2023 regarding possible Legislative Systems Redesign options. The goal of Systems Redesign is to improve processes for developing, introducing, vetting, passing, funding, and implementation of Major Council Items and initiatives. Based on City Council input, the Agenda Committee has been tasked with proposing a new set of improvements to:

1. Consider possible refinements to the definition of Major Items
2. Make the Council Item Guidelines mandatory for Major Items (formerly referred to as "Policy Track Items")
3. Establish transparent deadlines for budget processes and clarity about what kind of "asks" can be submitted/considered at each budget cycle
4. Strengthen the Committee System to provide more in-depth review and vetting of Major Items
5. Clarify levels of input from Staff and City Attorney at all stages, from development to implementation
6. Clarify processes and timelines for implementation of items once passed and funded
7. Establish protocols for one-time vetting/disposition of currently backlogged items
8. Consider yearly prioritization processes in light of the intended outcome of fewer, more fully considered Major Items in the queue

To facilitate focused discussion, this memo only addresses proposals related to items 1, 2, and 3, above. Additional considerations will be discussed at subsequent meetings.

#### **1. Consider possible refinements to the definition of Major Items**

"Major Items" are items meeting the current definition of *Policy Committee Track Items*:

*"Moderate to significant administrative, operational, budgetary, resource, or programmatic impacts."*

Some Councilmembers expressed that the definition might be further clarified. After discussing a variety of options, and considering times when the definition might have

proved problematic, it was decided that no changes should be proposed; the definition appears to provide good guidance to members of the Agenda & Rules Committee and has not been a source of controversy to date.

Consideration was given to potentially require all Ordinance changes to be labeled Major Items, but on further discussion, it was concluded that only Ordinance changes/new Ordinances with “moderate to significant administrative, operations, budgetary, resources, or programmatic impacts” would be worthy of being considered as Major Items - thus reinforcing the appropriateness of the existing definition.

One possible improvement could be to add examples of items that may be considered Major Items, rather than to amend the rule:

*“Examples may include, but are not limited to Items that:*

- *Clarify or extend existing Plans, Programs, Policies and Laws in moderate to significantly impactful ways*
- *Change/Amend existing Plans, Programs, Policies and Laws in moderate to major ways*
- *Create a new and meaningful exception to existing Plans, Programs, Policies and Laws*
- *Reverse/change existing Plans, Programs, Policies and Laws in moderate to significant ways*
- *May require moderate to significant increases in funding or additional FTE for start-up and/or ongoing operations”*

**Recommendation:** Keep existing definition, add examples, and revisit should controversies occur.

## **2. Make the Council Item Guidelines mandatory for Major Items (formerly referred to as “Policy Track Items”)**

In discussing this seemingly straightforward concept, a number of considerations arose that are addressed in the following proposed path forward.

The Council Rules of Procedure and Order already include an outline of what is “required” for Council items, in Section XXX of the Rules. The Guidelines – suggested but not required and included in an Appendix to the Rules – were built from the Rules, providing more elaboration and specificity.



As suggested but not required, the Guidelines have not been “in conflict” with the Rules. However, adopting the Guidelines as requirements changes this equation; *the existing Rules and the Guidelines cannot both be simultaneously required*. The proposed path forward addresses the potential conflict that arises when the Guidelines are adopted as mandatory for Major Items.

In addition, if the Guidelines are mandatory only for Major Items, we must consider what will be mandatory for “all other” items – hereinafter referred to as “Standard Items.” The proposed path forward thus addresses both Major Item and Standard Item requirements.

Another consideration is how the Agenda Committee will evaluate whether an item - Major or Standard - is in compliance with mandatory requirements, and what the Agenda Committee must or may do if it finds an item falls short of the requirements. The following proposal addresses these issues as well.

Finally, the Guidelines were reviewed to identify any possible edits that might be suggested prior to adoption of the Guidelines as mandatory.

**Proposal:**

1. Make Edits to Guidelines:
  - a. Remove “preamble” language
  - b. Make light changes to the Guidelines and expand illustrative examples
  - c. *See Edited Version of the Guidelines*
  
2. Remove/eliminate existing Rules about how to present/write Items and adopt a two-tiered set of Rules for **Standard Items** and **Major Items**, based on the Guidelines.
  - a. For **Major Items**, make the full Guidelines MANDATORY
  - b. For **Standard Items**, make elements **1, 2, 3, 4, 5, 14 and 15** of the Guidelines MANDATORY, with other elements RECOMMENDED.
  - c. **Drafting Consideration** - Keep the Guidelines as an Appendix – incorporated by reference into the Rules – rather than “pasting” the full Guidelines directly into the Rules.

- d. **Clerk Templates** - the Clerk's Office will create updated, more user-friendly and easily accessible templates for Major and Standard Items, as well as for Supplemental, Late, and other Submissions.
  - e. For "**Speciality Items**" such as D13 Account grants, letters and resolutions in support of State or Federal Legislation, and other "special" Item types, the Clerk's Office will provide updated RECOMMENDED templates.
3. **For MANDATORY elements of both Major and Standard Items**, suggest adopting the following (or similar) standard for review by the Agenda Committee:

*If a Major or Standard Item, as submitted by the Primary Author, does not substantially and materially meet reasonably applicable Mandatory Elements of the Guidelines, the Agenda & Rules Committee shall request, and may require, that the Primary Author provide additional analysis and/or consultation to fulfill Guideline requirements.*

*If the Agenda & Rules Committee requests or requires the Primary Author to provide additional analysis or consultation, the Item may or shall be referred back to the Primary Author and may be resubmitted for a future Agenda.*

4. **For RECOMMENDED elements of Standard Items and Speciality Items**, authorize the Agenda Committee to do what it currently has the power to do under Rules Section (C)(1) (with some edits):

*Refer the item back to the Primary Author for adherence to ~~required~~ recommended form or for additional analysis as ~~required~~ recommended in Section III.B.2 (Primary Author may decline and request Policy Committee assignment).*

5. **For Emergency/Time Sensitive Items**, Items can bypass mandatory Guidelines requirements if the Agenda Committee makes the findings for a Time Critical Track Item (existing definition).

**Proposed Standard for allowing Emergency/Time Sensitive Items to go forward without fulfilling the Mandatory Guidelines:**

*The Agenda Committee may make an exception to Mandatory Guidelines requirements for a Major or Standard Item if the Item meets the definition of a Time Critical Track Item, as provided in Section (3)(g)(1) of the Rules, in which case the Item may go forward as submitted on the Action Calendar for the Agenda under consideration with a notation, added by the Clerk's Office, that additional materials have been requested by the Agenda Committee. The Primary Author shall submit such additional materials as a Supplemental 1 filing.*

**Time Critical Track Item Definition (existing, Section (3)(g)(1)):**

*A Time Critical item is defined as a matter that is considered urgent by the sponsor and that has a deadline for action that is prior to the next meeting of the Council.*

**6. Appeals - provide a mechanism to appeal Agenda Committee decisions to the full Council?**

May be advisable to have a bypass mechanism - or not?

**3. Establish transparent deadlines for budget processes and clarity about what kind of "asks" can be submitted/considered at each budget cycle**

The Council did not support a single, yearly cycle for submitting Council items, but expressed a desire for clear deadlines to be established for submission/consideration of items for various budget processes. In addition, questions have arisen regarding what kinds of requests can/should be submitted for consideration at various junctures in the yearly/biennial budget cycle.

Overall, it was determined that *the Agenda Committee should formally ask the Budget Committee for guidance on these questions*, as they fall more squarely into the Budget Committee's purview.

- By when should Standard and Major Items with budgetary considerations be passed out from Council to be considered in the June budget adoption/update?
- Working back from that date, by when should a Major Item or Standard Item be submitted, to allow time for consideration by the appropriate

Policy Committee and/or the City Council? (This may be a question for Agenda & Rules Committee to determine, once B&F sets the deadline)

- What kinds of budget requests are allowed/appropriate for the June budget?
- Consider establishing deadlines for the City Manager to bring Budget Updates (Fall and Spring) to the City Council.
- With established deadlines for Budget Updates, work back to establish deadlines for Major and Standard items to be submitted for consideration at each Budget Update. (This may be a question for Agenda & Rules Committee to determine, once B&F sets the deadline)
- What kinds of budget requests will be considered at Fall and Spring updates - from both Council and from the City Manager/Staff?
- If only emergency/time sensitive requests will be considered (or, for example, expansions of existing programs but not new programs, etc.), how will excess funds, if any, be rolled over and made available for Council priorities at the next June budget?

## APPENDIX B. GUIDELINES FOR DEVELOPING AND WRITING COUNCIL AGENDA ITEMS

~~These guidelines are derived from the requirements for Agenda items listed in the Berkeley City Council Rules of Procedure and Order, Chapter III, Sections B(1) and (2), reproduced below. In addition, Chapter III Section C(1)(a) of the Rules of Procedure and Order allows the Agenda & Rules Committee to request that the Primary Author of an item provide “additional analysis” if the item as submitted evidences a “significant lack of background or supporting information” or “significant grammatical or readability issues.”~~

~~These guidelines provide a more detailed and comprehensive overview of elements of a complete Council item. These Guidelines are mandatory for all Major Items and strongly recommended for all other council reports Standard Items. While not all elements ~~would be~~ applicable to every type of Agenda item, the Guidelines are intended to prompt Authors to consider important elements of a complete item and to present ~~presenting~~ items with as much relevant information and analysis as possible.~~

~~Chapter III, Sections (B)(1) and (2) of Council Rules of Procedure and Order:~~

- ~~2. Agenda items shall contain all relevant documentation, including the following as Applicable:~~
  - ~~a. A descriptive title that adequately informs the public of the subject matter and general nature of the item or report and action requested;~~
  - ~~b. Whether the matter is to be presented on the Consent Calendar or the Action Calendar or as a Report for Information;~~
  - ~~c. Recommendation of the City Manager, if applicable (these provisions shall not apply to Mayor and Council items.);~~
  - ~~d. Fiscal impacts of the recommendation;~~
  - ~~e. A description of the current situation and its effects;~~
  - ~~f. Background information as needed;~~
  - ~~g. Rationale for recommendation;~~
  - ~~h. Alternative actions considered;~~
  - ~~i. For awards of contracts; the abstract of bids and the Affirmative Action Program of the low bidder in those cases where such is required (these provisions shall not apply to Mayor and Council items.);~~
  - ~~j. Person or persons to contact for further information, with telephone number. If the Primary Author of any report believes additional background information, beyond the basic report, is necessary to Council understanding of the subject, a separate compilation of such background information may be developed and copies will be available for Council and for public review in the City Clerk Department, and the City Clerk shall provide limited distribution of such background information depending upon quantity of pages to be~~



~~duplicate. In such case the agenda item distributed with the packet shall so indicate.~~

Guidelines for City Council Items:

1. Title
2. Consent/Action/Information Calendar
3. Recommendation
4. Summary Statement/Current situation and its effects
5. Background
6. Review of Existing Plans, Programs, Policies and Laws
7. Actions/Alternatives Considered
8. Consultation/Outreach Overview and Results
9. Rationale for Recommendation
10. Implementation, Administration and Enforcement
11. Environmental Sustainability
12. Fiscal ~~Impacts~~ Considerations
13. Outcomes and Evaluation
14. Contact Information
15. Attachments/Supporting Materials

---

**1. Title**

A descriptive title that adequately informs the public of the subject matter and general nature of the item or report and action requested.

**2. Consent/Action/Information Calendar**

Whether the matter is to be presented on the Consent Calendar or the Action Calendar or as a Report for Information.

**3. Recommendation**

Clear, succinct statement of action(s) to be taken. Recommendations can be further detailed within the item, by specific reference.

Common action options, that can be presented singularly or in combination with others, include:

- Adopt first reading of ordinance
- Adopt a resolution
- Referral to the City Manager (City Manager decides if it is a short term referral or is placed on the RRV ranking list)
- Direction to the City Manager (City Manager is directed to execute the recommendation right away, ~~it is not placed on any referral list~~)
- Referral to a Commission, ~~or to a Standing or Ad Hoc~~ Council Policy Committee, or other Legislative Body

- Referral to the budget process
- Send letter of support
- Accept, Approve, Modify or Reject a recommendation from a Commission or Committee
- Designate members of the Council to perform some action

**4. Summary Statement/“Current situation and its effects”**

A short resume of the circumstances that give rise to the need for the recommended action(s).

- Briefly state the opportunity/problem/concern that has been identified, and the proposed solution.
- Example (fictional):  
*Winter rains are lasting longer than expected. Berkeley’s winter shelters are poised to close in three weeks, but forecasts suggest rain for another two months. If they do not remain open until the end of the rainy season, hundreds of people will be left in the rain 24/7. Therefore, this item seeks authorization to keep Berkeley’s winter shelters open until the end of April, and refers to the Budget Process \$40,000 to cover costs of an additional two months of shelter operations.*

**5. Background**

A full discussion of the history, circumstances and concerns to be addressed by the item.

- For the above fictional example, Background would include *information and data about the number and needs of homeless individuals in Berkeley, the number and availability of permanent shelter beds that meet their needs, the number of winter shelter beds that would be lost with closure, the impacts of such closure on this population, the weather forecasts, etc.*

**6. Review of Existing Plans, Programs, Policies and Laws**

Review, identify and discuss relevant/applicable Plans, Programs, Policies and Laws, and how the proposed actions conform with, compliment, are supported by, differ from or run contrary to them. What gaps were found that need to be filled? What existing policies, programs, plans and laws need to be changed/supplemented/improved/repealed? What is missing altogether that needs to be addressed?

Review of all pertinent/applicable sections of:

- The City Charter
- Berkeley Municipal Code
- Administrative Regulations
- Council Resolutions
- Staff training manuals

Review of all applicable City Plans:

- The General Plan
- Area Plans
- The Climate Action Plan
- Resilience Plan
- Equity Plan
- Capital Improvements Plan
- Zero Waste Plan
- Bike Plan
- Pedestrian Plan
- Other relevant precedents and plans

Review of the City's Strategic Plan

Review of similar legislation previously introduced/passed by Council

Review of County, State and Federal laws/policies/programs/plans, if applicable

## 7. **Actions/Alternatives Considered**

- What solutions/measures have **other jurisdictions** adopted that serve as models/cautionary tales?
- What solutions/measures are recommended by **advocates, experts, organizations**?
- What is the range of actions considered, and what are some of their major pros and cons?
- Why were other solutions not as feasible/advisable?

## 8. **Consultation/Outreach Overview and Results**

- Review/list external and internal stakeholders that were consulted, as relevant.
  - **External:** constituents, communities, neighborhood organizations, businesses and not for profits, advocates, people with lived experience, faith organizations, industry groups, people/groups that might have concerns about the item, etc.
  - **Internal:** staff who would implement policies, the City Manager and/or deputy CM, Department Heads, City Attorney, City Clerk, etc.
  - **Commissions:** what Commissions were or will be consulted and what were their recommendations/concerns/suggestions?
- What reports, articles, books, websites and other materials were consulted?
- What was learned from these sources?
- What changes or approaches did they advocate for that were accepted or rejected?

## 9. **Rationale for Recommendation**

A clear and concise statement as to whether the item proposes actions that:

- Conform to, clarify or extend existing Plans, Programs, Policies and Laws

- Change/Amend existing Plans, Programs, Policies and Laws in **minor** ways
- Change/Amend existing Plans, Programs, Policies and Laws in **major** ways
- Create an exception to existing Plans, Programs, Policies and Laws
- Reverse/go contrary to or against existing Plans, Programs, Policies and Laws

Argument/summary of argument in support of recommended actions. The argument likely has already been made via the information and analysis already presented, but should be presented/restated/summarized. ~~Plus~~In addition, further elaboration of terms for recommendations, if any, should be spelled out with clarity.

- Example: Keeping winter shelters open for an extra three months extends the City's existing Winter Shelter program in a minor way. The shelters have been open during inclement weather every year for decades, and have been extended to accommodate extended rainy and cold seasons in previous years. Keeping winter shelters open through April ensures our homeless neighbors will continue to have a place to keep dry and warm and supports the City's strategic plan goal of providing services to those with critical needs in our community. All services associated with the Winter Shelter program, including but not limited to meal and storage services, are specifically included in the direction to extend the program.

#### **10. Implementation, Administration and Enforcement**

Discuss how the recommended action(s) would be implemented, administered and enforced. What staffing (internal or via contractors/consultants) and materials/facilities are likely required for implementation? Initial, high-level consultation with the City Manager and/or the City Attorney regarding implementation, administration, and enforcement is strongly recommended, but not required.

#### **11. Environmental Sustainability**

Discuss the impacts of the recommended action(s), if any, on the environment and the recommendation's positive and/or negative implications with respect to the City's Climate Action, Resilience, and other sustainability goals.

#### **12. Fiscal ~~Impacts~~ Considerations**

Review the recommended action's potential to generate funds or savings for the City in the short and long-term, as well as the potential direct and indirect costs and benefits. Initial, high-level consultation with the City Manager and/or the City Attorney regarding the fiscal impacts of the proposal is strongly recommended, but not required.

#### **13. Outcomes and Evaluation**

State the specific outcomes expected, if any.

- ~~(i.e., Example: “it is expected that 100-300 homeless people will be referred to housing every year able to access dry and warm shelter during the 3-month extension of the winter shelter program”)~~

Also state and what reporting or evaluation is recommended. \_

- Example: The shelter operator shall keep an accounting of the number and any available demographic information about individuals who use the shelter during the extension period and report to the City Council, through the City Manager, on success or challenges of the program extension).

#### **14. Contact Information**

#### **15. Attachments/Supporting Materials**



## **APPENDIX B. GUIDELINES FOR DEVELOPING AND WRITING COUNCIL AGENDA ITEMS**

These Guidelines are mandatory for all Major Items and strongly recommended for Standard Items. While not all elements are applicable to every type of agenda item, the Guidelines prompt Authors to consider important elements of a complete item and to present items with as much relevant information and analysis as possible.

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Clear, succinct statement of action(s) to be taken. Recommendations can be further detailed within the item, by specific reference.

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- Direction to the City Manager (City Manager is directed to execute the recommendation right away; it is not placed on any referral list)
- Referral to a Commission, Council Policy Committee, or other Legislative Body
- Referral to the budget process
- Send letter of support
- Accept, Approve, Modify or Reject a recommendation from a Commission or Committee
- Designate members of the Council to perform some action

#### **4. Summary Statement**

A short resume of the circumstances that give rise to the need for the recommended action(s).

- Briefly state the opportunity/problem/concern that has been identified, and the proposed solution.
- Example (fictional):  
*Winter rains are lasting longer than expected. Berkeley's winter shelters are poised to close in three weeks, but forecasts suggest rain for another two months. If they do not remain open until the end of the rainy season, hundreds of people will be left in the rain 24/7. Therefore, this item seeks authorization to keep Berkeley's winter shelters open until the end of April, and refers to the Budget Process \$40,000 to cover costs of an additional two months of shelter operations.*

#### **5. Background**

A full discussion of the history, circumstances and concerns to be addressed by the item.

- For the above fictional example, Background would include *information and data about the number and needs of homeless individuals in Berkeley, the number and availability of permanent shelter beds that meet their needs, the number of winter shelter beds that would be lost with closure, the impacts of such closure on this population, the weather forecasts, etc.*

#### **6. Review of Existing Plans, Programs, Policies and Laws**

Review, identify and discuss relevant/applicable Plans, Programs, Policies and Laws, and how the proposed actions conform with, compliment, are supported by, differ from or run contrary to them. What gaps were found that need to be filled? What existing policies, programs, plans and laws need to be changed/supplemented/improved/repealed? What is missing altogether that needs to be addressed?

Review of all pertinent/applicable sections of:

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- Berkeley Municipal Code
- Administrative Regulations
- Council Resolutions
- Staff training manuals

Review of all applicable City Plans:

- The General Plan
- Area Plans
- The Climate Action Plan
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- Bike Plan
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- Other relevant precedents and plans

Review of the City's Strategic Plan

Review of similar legislation previously introduced/passed by Council

Review of County, State and Federal laws/policies/programs/plans, if applicable

## **7. Actions/Alternatives Considered**

- What solutions/measures have **other jurisdictions** adopted that serve as models/cautionary tales?
- What solutions/measures are recommended by **advocates, experts, organizations**?
- What is the range of actions considered, and what are some of their major pros and cons?
- Why were other solutions not as feasible/advisable?

## **8. Consultation/Outreach Overview and Results**

- Review/list external and internal stakeholders that were consulted, as relevant.
  - **External:** constituents, communities, neighborhood organizations, businesses and not for profits, advocates, people with lived experience, faith organizations, industry groups, people/groups that might have concerns about the item, etc.
  - **Internal:** staff who would implement policies, the City Manager and/or deputy CM, Department Heads, City Attorney, City Clerk, etc.
  - **Commissions:** what Commissions were or will be consulted and what were their recommendations/concerns/suggestions?
- What reports, articles, books, websites and other materials were consulted?

- What was learned from these sources?
- What changes or approaches did they advocate for that were accepted or rejected?

### **9. Rationale for Recommendation**

A clear and concise statement as to whether the item proposes actions that:

- Conform to, clarify or extend existing Plans, Programs, Policies and Laws
- Change/Amend existing Plans, Programs, Policies and Laws in **minor** ways
- Change/Amend existing Plans, Programs, Policies and Laws in **major** ways
- Create an exception to existing Plans, Programs, Policies and Laws
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Argument/summary of argument in support of recommended actions. The argument likely has already been made via the information and analysis already presented, but should be presented/restated/summarized. In addition, further elaboration of terms for recommendations, if any, should be spelled out with clarity.

- *Example: Keeping winter shelters open for an extra three months extends the City's existing Winter Shelter program in a minor way. The shelters have been open during inclement weather every year for decades, and have been extended to accommodate extended rainy and cold seasons in previous years. Keeping winter shelters open through April ensures our homeless neighbors will continue to have a place to keep dry and warm and supports the City's strategic plan goal of providing services to those with critical needs in our community. All services associated with the Winter Shelter program, including but not limited to meal and storage services, are specifically included in the direction to extend the program.*

### **10. Implementation, Administration and Enforcement**

Discuss how the recommended action(s) would be implemented, administered and enforced. What staffing (internal or via contractors/consultants) and materials/facilities are likely required for implementation? Initial, high-level consultation with the City Manager and/or the City Attorney regarding implementation, administration, and enforcement is strongly recommended, but not required.

### **11. Environmental Sustainability**

Discuss the impacts of the recommended action(s), if any, on the environment and the recommendation's positive and/or negative implications with respect to the City's Climate Action, Resilience, and other sustainability goals.

### **12. Fiscal Considerations**

Review the recommended action's potential to generate funds or savings for the City in the short and long-term, as well as the potential direct and indirect costs and benefits. Initial, high-level consultation with the City Manager and/or the City

Attorney regarding the fiscal impacts of the proposal is strongly recommended, but not required.

**13. Outcomes and Evaluation**

State the specific outcomes expected, if any.

- Example: *“It is expected that 300 homeless people will be able to access dry and warm shelter during the 3-month extension of the winter shelter program.”*

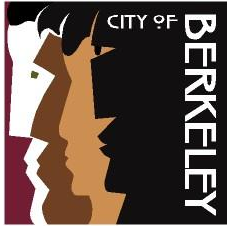
Also state what reporting or evaluation is recommended.

- Example: *“The shelter operator shall keep an accounting of the number and any available demographic information about individuals who use the shelter during the extension period and report to the City Council, through the City Manager, on success or challenges of the program extension).”*

**14. Contact Information**

**15. Attachments/Supporting Materials**





Kate Harrison  
Councilmember District 4

## **SUPPLEMENTAL AGENDA MATERIAL for Supplemental Packet**

**Meeting Date:**       **October 10, 2023**

**Item Number:**       **1**

**Item Description:**   **City Council Legislative Systems Redesign**

**Submitted by:**       **Councilmembers Harrison, Robinson, and Taplin**

Refer to the Agenda Committee the elements contained in the “Alternative Legislative Alignment Process” as described in the background section.



Kate Harrison  
Councilmember District 4

ACTION CALENDAR  
October 10, 2023

To: Honorable Mayor and Members of the City Council

From: Councilmember Harrison (Author), Councilmember Robinson (Co-Sponsor), and Councilmember Taplin (Co-Sponsor)

Subject: Alternative Council Legislative Process

RECOMMENDATION

Refer to the Agenda Committee the elements contained in the “Alternative Legislative Alignment Process” as described below in the background section:

1. Incorporate positive elements of the Councilmember Hahn proposal, including mandatory Council memo guidelines, a formal process for City staff to provide conceptual input to authors, re-evaluating backlogged items for potential removal, and policy committees’ using a checklist to guide their analysis;<sup>1</sup>
2. Establish objective definitions and provide for comprehensive consideration of significant items;
3. Require referrals and budget requests over a given threshold to be considered first by a policy committee.
4. Preserve and formalize rolling deadlines for significant item submission;
5. Retain policy/budget judgement and prioritization to Council as a whole rather than policy committees, while tasking committees with role of ensuring items are drafted to form and sufficiently inform Council and the public’s consideration.

CURRENT SITUATION, EFFECTS, AND RATIONALE FOR RECOMMENDATION

At the October 2019 Council retreat, the Council and the City Manager discussed approaches to better align the legislative process to the budget and ensure implementation was feasible. In particular, many referrals to the City Manager were not well drafted and were not reviewed by policy committees before being referred. Many budget referrals were also not considered by policy committees despite their potential to have outsized impacts on staff and budgetary resources. Even with the referral ranking system, there remain a sizeable backlog of items that are not necessarily funded or considerate of staff resources. Councilmembers have not identified a sufficient number of lower-ranked items for removal from the list and may remain there for years.

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<sup>1</sup> Councilmember Hahn, Draft Proposal, p. 44., <https://berkeleyca.gov/sites/default/files/legislative-body-meeting-agendas/2023-09-18%20Agenda%20Packet%20-%20Agenda%20Committee.pdf>  
2180 Milvia Street, Berkeley, CA 94704 • Tel: (510) 981-7140 • TDD: (510) 981-6903 • Fax: (510) 981-6903 E-Mail: KHarrison@cityofberkeley.info

## Alternative Council Legislative Process

These considerations merit Council consideration and possible action. At the same time, proposals dictating how often Council can submit legislation and overly complex rules for policy committees risks veering into limiting councilmembers' legislative authority, fails to respond to emerging circumstances, is unprecedented in comparable cities and risks violating the spirit if not the letter of the City Charter. This item finds that (1) policy committee system created in 2018 is fundamentally sound with certain enhancements, and (2) that the problem that needs to be addressed is ending the practice of allowing significant policy and budget referrals to bypass the policy committee system.

Before Council could consider the issue in depth, the COVID-19 pandemic occurred. During the first year of the COVID-19 pandemic, the Mayor and Council briefly suspended consideration of nearly all non-emergency Council legislation and meetings of committees and commissions. As the pandemic wore on, the reality of governing and the needs of the people, including the pressing need for street improvements, responses to our affordable housing crisis, the murder of George Floyd and socio-economic factors – some related and some not to the pandemic – made introducing no new policy infeasible, and Council began legislating anew.

On June 15, 2021 City Management proffered its “Systems Alignment Proposal” proposal to Council. The proposal recommended restricting the time period for submitting Council items (exempting Departments and the City Manager) to only four months per year, among other details, citing the need for more in depth budgetary and implementation analysis. However, the Council’s policy committees, created shortly before this time, were tasked with vetting items for any staffing impacts in light of vacancies and considering budget impacts Current rules provide that the policy committees are to:

- review items for completeness and alignment with Strategic Plan goals;
- ensure Council items include adequate discussion of budget implications, administrative feasibility, basic legal concerns, and staff resource demands to allow for informed consideration by the full Council;
- include a positive, qualified, or negative “Committee recommendation” based on these criteria.<sup>2</sup>

Many items improved significantly through the committee process.

Questions about the impact of the city management proposal on the City Charter were outlined in an alternative Council item submitted by Councilmember Harrison in June 2021.<sup>3</sup> Ultimately the City Manager’s proposal was not adopted by Council, and was

<sup>2</sup> Berkeley City Council Rules of Procedure, <https://berkeleyca.gov/sites/default/files/documents/City%20Council%20Rules%20of%20Procedure%20-%20July%2011%202023%20-%20FINAL.pdf>.

<sup>3</sup> Councilmember Harrison, “Comments and Alternative Systems Alignment Proposal,” June 15, 2021, <https://records.cityofberkeley.info/PublicAccess/api/Document/AemaKwyWOMW%C3%89OLzGWGj2m%C3%81pnQxBkfMC7W2S7PsoYWkE%C3%81c3kNbNXoWpsj%C3%891iLPosUUUV90e0sL0rH3HFNV2BEtmCo%3D/>.

## Alternative Council Legislative Process

instead referred to the Agenda Committee for consideration alongside alternative proposals. The City Manager has indicated that it would be inappropriate for the City Manager under the Charter to be recommending or determining how the Council makes policy decisions. Indeed, the policy and legislative function is firmly lodged under the Council per the Charter as was noted in Councilmember Harrison's 2021 alternative item.

Some of the elements of the City Manager's 2021 proposal have reemerged as part of a new proposal led by Councilmember Hahn through the Agenda Committee. According to the Agenda Committee record, Councilmember Hahn indicated that her proposal represents an understanding between the City Manager and City Clerk's office. The City Manager noted that "there are characteristics of my [the City Manager's] proposal woven into what you [Councilmember Hahn] will be providing [the Council]" but has indicated this is clearly a matter for Council to determine.

The Council's process is not fundamentally flawed, and does not require measures such as a nearly 300-day legislative process for "major items." The Council's Policy Committee and budget process systems are sound, and among other updates the main task before Council is to close outstanding loopholes to the committee process.

This alternative item builds upon the proposal submitted by Councilmember Harrison in 2021, comments directly to the positive and less positive elements of Councilmember Hahn's proposal, and offers an updated alternative proposal that better aligns the legislative process to the budget and staff implementation process without sacrificing Berkeley's democratic process, and directly deals with referrals and budget requests submitted without sufficient budget and implementation analysis.

Certain elements of the legislative processes that have largely bypassed the policy committee process include: (1) referrals to the City Manager, (2) departmental, City Manager, including some major policy items, and (3) departmental, City Manager and Council budget referrals. All of these can have an outsized impact on limited budget resources and staff time and should be incorporated in the policy committee process ahead of the respective budget process. The policy committees are where—before passing out an item—significant budgetary impacts and feasibility, in addition to the proposals merits, ought to be determined.

*We can fix the process without stripping the people's representatives of their Charter responsibility to respond to the public's needs and of due process to propose, debate, and consider legislation.*

## BACKGROUND

### ***Positive Aspects of the Councilmember Hahn Proposal***

## Alternative Council Legislative Process

- Council items are required to follow the guidelines already promulgated rather than leaving these guidelines as recommended only;<sup>4</sup>
- Formal process for City staff to provide high level conceptual input to authors before they submit proposals;<sup>5</sup>
- Process for addressing or re-prioritizing the “backlog” of unfunded items;<sup>6</sup>
- Major Items passed by Council but not funded are automatically rolled-over to future funding opportunities (this has already been implemented to a certain extent).<sup>7</sup>
- Policy Committees’ analysis is enhanced using a checklist (excluding Hahn proposal to rate items).<sup>8</sup>

***Concerns about the Councilmember Hahn Proposal***

- Does not clearly articulate the specific legislative problems it is trying to solve, or provide examples of how the current system is “[in]consistent[],” how it “overwhelm[s]” City staff, and how the current system fails to “[s]uccessfully implement state of the art and/or innovative programs and policies.”<sup>9</sup>
- Severely limits the public’s access to the democratic process and extends the legislative process for “Major Items” to nearly 300-days (September to July and beyond). This compares to the current expected 120-day timeline. Items can that quickly become stale or inadequate by the time they are finally implemented.<sup>10</sup> The proposal does not appreciate the September deadline artificially circumscribes Council’s ability to be responsive to public.<sup>11</sup> For example, if a Councilmember develops a non-time critical but nonetheless important piece of major legislation in October, the public will have to wait 11 months until September plus another nine months (July of the next year) before the item can be budgeted and implemented.
- Does not align with the fall budget process in which “excess equity” is considered and most council budget referrals are funded.
- Does not subject City Management’s “Major Items” to the same review. Neighboring cities such as Oakland require all non-time critical staff policy items to be routed through Policy Committees so all budgetary decisions (the purview of Council) are made against the same criteria.<sup>12</sup>
- Provides Agenda Committee with too much power to determine pick ‘winners and losers’ as to what constitutes a “Major Item” or time critical. Existing and proposed definition of “Major Item” and “Time Critical” are overly subjective.<sup>13</sup>
- Provides Policy Committees inappropriate authority to prioritize/score items they review. Currently, Policy Committees provide recommendations about individual

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<sup>4</sup> Councilmember Hahn Draft Proposal, p. 44.

<sup>5</sup> Id., p. 43.

<sup>6</sup> Id., p. 47.

<sup>7</sup> Id., p. 44.

<sup>8</sup> Id., p. 36.

<sup>9</sup> Id., p. 24.

<sup>10</sup> Id., p. 43.

<sup>11</sup> Id. p. 27.

<sup>12</sup> Oakland City Council Rules of Procedure, March 8, 2023, <https://www.oaklandcityattorney.org/wp-content/city-council/89588%20CMS.pdf>. See also Councilmember Hahn Draft Proposal, p. 27.

<sup>13</sup> Id., p. 44.



## Alternative Council Legislative Process

policies, and Council as a whole is rightly tasked with prioritizing and scoring items in terms of approval and budgeting.<sup>14</sup>

- Asserts that Policy Committees are a burden on staff and the Council, when in fact they have been shown to benefit the legislative process and reduce discussion at full Council. The Council's policy committees would only be allowed to meet to consider major legislation during less than six months of the year (down from the current nine months).<sup>15</sup>
- Requires Council to score items as part of the budget process through opaque and non-public processes, rather than through the current deliberative Council meeting process, Budget Committee, and Mayoral budget process provided for in Charter.<sup>16</sup>
- Creates an implementation team that includes the Councilmember author after it is passed by a policy committee. The stated goal is to "establish clarity of intentions, sketch timelines, discuss opportunities, ideas, challenges, etc." These are functions that the policy committees are tasked to do. The role for the Councilmember should be circumscribed as to prevent inappropriate meddling in administrative matters that are assigned to the City Manager under the Charter.<sup>17</sup>

### ***Alternative Council Legislation Alignment Proposal***

From the perspective of the authors of this item, a workable and sensible democratic process proposal should include the following:

#### Incorporate Positive Elements of Councilmember Hahn Proposal

- The positive elements listed above under "Positive Aspects of the Councilmember Hahn Proposal."

#### Establish Objective Definitions and Comprehensive Consideration of Significant Items

- Establish *objective* definitions for items with "significant" or "insignificant" budgetary or staffing implications, e.g., a dollar figure threshold, number of FTE needed, or requirement for consultant work. The current system fails to define "moderate to significant" and leaves subjective discretion to the Agenda Committee. This would ensure fairness amongst all Councilmembers. Alternatively, items could be referred directly to Policy Committees for such determination bypassing the Agenda Committee, unless deemed time critical.

Under this proposal, significant items would be subject to the normal maximum 120-day Policy Committee review timeline and include some of the enhancements offered by Councilmember Hahn. Items with insignificant impacts could be routed directly to Council or be provided a more streamlined maximum 90-day timeline and a less intensive review. In the case that items referred under

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<sup>14</sup> Id.

<sup>15</sup> Id., p. 26.

<sup>16</sup> Id.

<sup>17</sup> Id., p. 45

## Alternative Council Legislative Process

the 90-day timeline are found by the Policy Committee to have more significant impacts, a committee would be empowered to extend the item to 120 days for enhanced review.

- Ensure that all items submitted as referrals to the City Manager or budget referrals over the threshold are thoroughly vetted by Policy Committees and include estimates of all budget and staffing implications before coming out of the committee process so that they can be properly routed to the budget process.
- Ensure that policy items from City Management and Departments (other than time critical contracts and strictly administrative matters) are routed to policy committees as in Oakland and San Francisco.

#### Preserve and Formalizing Rolling Deadlines for Significant Item Submission

- Provide rolling submission deadlines ahead of applicable biennial (July), annual adjustment (July), and annual appropriation ordinance budget processes (fall/spring). The Council and City Manager may strive to encourage Councilmembers to submit the bulk of their items to the biennial and AAO #1 processes, but circumstances and community demands may warrant submission and consideration at other budget process periods. The Council, Mayor, and Budget Committee should, as in the past, continue to defer items or not fund items with significant budgetary or staffing implications as appropriate. There does not need to be an artificial deadline imposed on items.

#### Retain Policy/Budget Judgement and Prioritization to Council as a Body, While Tasking Committees with Ensuring Items Are Drafted to Form and Sufficiently Inform Council and Public Consideration

- Pursuant to the Council's historic rules of procedures, *subjective judgements* of legislation are appropriately the purview of the Council as a whole, not Committees.

This alternative proposal would achieve the important goal of aligning Council items with significant budget and staff impacts with legislation in an objective way that is not detrimental to the Council's obligations under the Charter and the public's right to representative democracy.

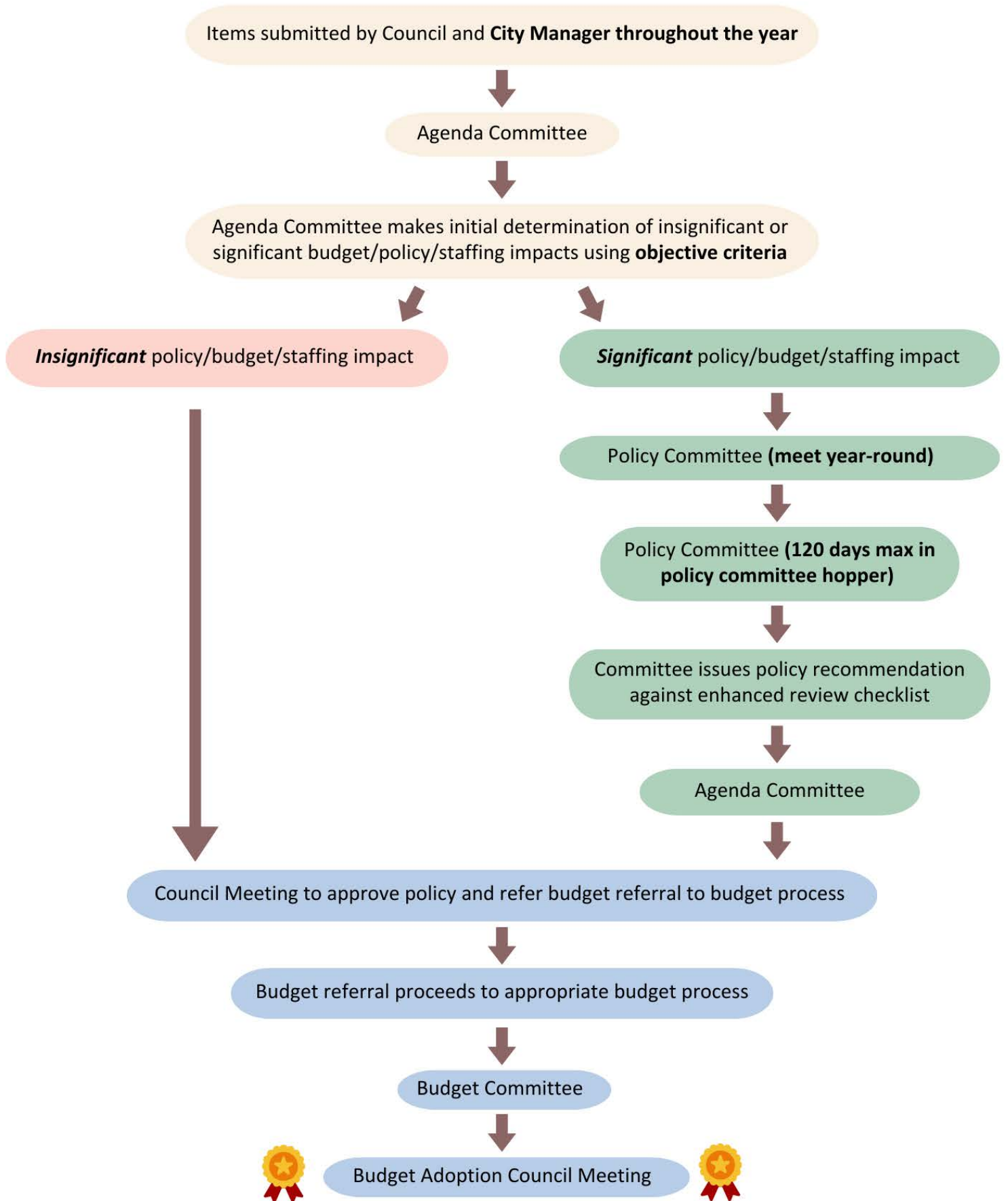
#### CONTACT

Councilmember Kate Harrison  
kharrison@cityofberkeley.info | 510-981-7140

#### ATTACHMENTS:

1. Flowchart of Alternative Systems Alignment Proposal

## Alternative Council Legislative Process Proposal





Office of the Mayor

WORKSESSION  
October 10, 2023

To: Honorable Members of the City Council  
From: Mayor Jesse Arreguín  
Subject: City Council Legislative Systems Redesign

**BACKGROUND**

On February 8, 2021, at the direction of City Council during a retreat, the City Manager presented a Systems Alignment Proposal to the Agenda and Rules Committee. Following discussion, the Systems Alignment proposal was calendared for a future Council meeting.

On April 26, 2021 the Systems Alignment proposal was presented to All Council.

Councilmember Droste submitted a response to the Systems Alignment proposal at the May 18, 2021 meeting followed by Councilmembers Hahn and Harrison at the June 15, 2021 meeting. During the June 15, 2023 Council engaged in discussion and referred the Systems Alignment proposal to the Agenda and Rules Committee for further consideration.

On March 14, 2023, Councilmembers Robinson and Wengraf presented Reforms to Public Comment Procedures at meetings of the City Council for discussion and action.

At the Agenda & Rules Committee Councilmember Hahn, in collaboration with the City Clerk and other staff, presented "Major Item Legislative, Budgeting & Implementation Systems Redesign". Upon deliberation, the Agenda & Rules Committee set a worksession for full council discussion on October 10, 2023.

In order to assist Council in understanding the various recommendations from previous meetings, Mayor Arreguin directed his staff, with assistance from Councilmember Wengraf's staff, to create a matrix of all the proposals and responses from City Councilmembers at the relevant meetings which was reviewed at the September 26, 2023 Agenda and Rules Committee meeting.

**CONTACT PERSON**

Mayor Jesse Arreguín      510-981-7100

City Council Legislative Systems Redesign

WORKSESSION  
October 10, 2023

**Attachments:**

- 1: PowerPoint Presentation
- 2: Council Rules of Procedure – Appendix B
- 3: Comparison Matrix
- 4: Background Materials



# MAJOR ITEM

## Submission, Review, Approval, Funding, & Implementation

### PROCESS SKETCH FOR DISCUSSION

Presented to Berkeley City Council  
by the Agenda & Rules Committee

October ##, 2023

# TERMINOLOGY

## MAJOR ITEM

Is an Item meeting the current/existing definition of a **Policy Committee Track Item**:

*Moderate to significant administrative, operational, budgetary, resource, or programmatic impacts*

# BIG IDEAS

**COUNCIL/MAYOR** - Successfully develop and implement State of The Art/ Innovative Programs and Policies to serve Berkeley, and to model best practices

**CITY CLERK** - Consistency in process for Major Item Development, Budgeting and implementation

**CITY ATTORNEY** – Ensure legal and drafting compliance

**CITY MANAGER** - Help the Organization deliver without overwhelm; help staff be successful in their work

# YEARLY CYCLE

Built around **JUNE 30** Budget Adoption/Update

July – September

**COUNCIL**

Finalize Y2 Items

**CITY MANAGER**

Implement Y1 Items

October – March

**COMMITTEE  
SEASON**

April – June

**COUNCIL + BUDGET  
SEASON**

# LEGISLATIVE SESSION

## One Cycle - Benefits

- **Every Year, opportunity to submit** and have Council review/vote on and fund Major Items
- **Four Subject Matter Committees** only meet during a Committee Season (except if emergency or special circumstance)
- Staff can **focus on implementation** during the “off season,” and Councilmembers can finalize the next year’s items
- Significantly **reduce gap between approval and implementation**



# MAJOR ITEM DEVELOPMENT & SUBMISSION

*All Year* → *End of September*

- Must use **Major Item Guidelines** format  
(Appendix B to Council Rules of Procedure & Order)
- September 30 **Submission Deadline**
- Major Items **can be submitted prior** to September 30 and reviewed by Agenda & Rules for **compliance with guidelines**
- Timeline allows for Councilmembers to **work all year** on items, with **concentrated opportunity** July-September
- **Staff input** at Pre-submission = high level/conceptual; early vetting of concepts with **City Attorney** to identify legal & drafting inputs

# AGENDA COMMITTEE

## OCTOBER

*Review & Assign Major Items to Committees*

- Early October **Special Meeting(s)**
- Review Major Items for **compliance with Guidelines**
- Assign *compliant* Major Items to Policy Committees
- Send *non-compliant* Major Items back to Authors for resubmission by End of October

# POLICY COMMITTEES

## OCTOBER - MARCH

- Organizing Meeting(s) Mid-October – Plan Committee Session/Schedule Hearings
- Major Items reviewed by Committee and move out on Rolling Basis, November - March
- [Committees may also prioritize/score items they review]
- All Major Items OUT of Policy Committees by March 30

# CITY COUNCIL

## APRIL

- Vote on all Major Items by **April 30**
- May require special meeting(s) in April
- **City Attorney** sign-off on **drafting and legal conformity** of Ordinances, Resolutions, and Formal Policies
- Approved items sent to **Budget Committee**

# PRIORITIZATION OF MAJOR ITEMS\* EARLY MAY

- All **Major Items** that have been passed by Council, both NEW and PENDING/previously unfunded, to be prioritized by Councilmembers
- Prioritization due Second Friday in May (process TBD)

*\* Not the same as All-Item prioritization*



# BUDGET COMMITTEE

## MAY - JUNE

- Council [and Committee?] Prioritizations provided to Budget Committee as guides, but **not binding**
- Budget Committee makes **Recommendations** to Full Council
- Budget passed; Major Items funded move forward to **Implementation**
- ROLLOVER: Major Items passed by Council but not funded get **automatically rolled-over** to future funding opportunities

# IMPLEMENTATION

## JULY +

- **Implementation Lead** assigned by **City Manager**
- **Implementation Team** assembled by **Lead + CM**
- Meet with **Author(s)** to clarify intentions, sketch timelines, discuss opportunities, ideas, challenges
- **Implementation Team** prepares
  - **Launch Plan**
  - **Operating Plan**
- Program/Policy is **Launched + Implemented**

# OVERRIDE

## for Time Critical Items

### SPECIAL TOPIC # 1

- Rules of Procedure and Order already provide Override:  
*An item that would otherwise be assigned to a Policy Committee may bypass Policy Review if the Agenda Committee deems it Time Critical. Agenda & Rules Committee retains discretion to decide the Time Critical nature of an item*
- Time Critical definition - may need to be reviewed/amended
- May still go to a Policy Committee or directly to Council, per A&R
- [**Possible Add:** Council-level override/appeal if Author doesn't agree with the A&R decision on Time Critical nature of a Major Item].

# PRE-SUBMISSION DETAILS

## SPECIAL TOPIC # 2

- **Guidelines Format Mandatory** for all Major Items
- **Only Authors (no Co-Sponsors) allowed** at Pre-Submission and Committee stages, to reduce Brown Act issues
- Available: **Pre-Submission Consult with City Manager** to recommend internal subject matter experts for high-level input
- Required: **Pre-Submission Consult with City Attorney** to identify legal and drafting considerations
- *Consider role for **COMMISSIONS** in Pre-Submission Phase*

# STRENGTHEN COMMITTEE REVIEW

## SPECIAL TOPIC # 3

### DEVELOP STANDARDS for review of Major Items:

- Relevance to Strategic Priorities or current needs/events
- Added value of program/policy
- Potential benefits/costs of program/policy to Community and COB
- Alternative means to achieve same or similar goals
- Phasing/timelines for implementation
- Staffing and Resources needed to Launch and Operate
- Evaluation/Metrics/Enforcement
- [Rate/Rank Major Items at end of Committee Session?]
- [Increase options re: positive and negative recommendations?]
- Other?



# STRENGTHEN COMMITTEE REVIEW

## SPECIAL TOPIC # 3

### Public, Staff, City Attorney, Commission Inputs

- Active Outreach to all identifiable Stakeholders
- Multiple Hearings to allow for robust community, Staff, and City Attorney inputs + Discussion
- ENHANCE/EMPOWER City Attorney & Staff participation to ensure meaningful input, without requirement for formal reports
- Committee Schedule (set early October) will help ensure the right staff/attorneys are present for each item
- *Consider how to obtain/integrate input from Commissions*

# PRIORITIZATION – SPECIAL *BACKLOGGED QUEUE*

Need a one-time process to “clear the backlog” of Major Items *currently* in queue. Suggest sending all pending (but not initiated) items to Policy Committees for review to suggest:

- Merging items and/or Updating Referrals
- Re-approval of items “as is”
- Recommendation to Sunset/Remove moot items
- Recommend disposition of all items, ranked By Lead Department
- Council reviews and approves Committee recommendations for consolidation, removal, restatement, and re-support of items
- May need some criteria - to ensure all council members get at least some of their priorities addressed
- May also include consideration of an RRV- or other kind of prioritization by full Council, organized by Lead Department and/or holistically

# PRIORITIZATION – REGULAR

## *YEARLY QUEUE*

- Enhanced Committee process should result in fewer or no backlogs and items implemented in a reasonable timeframe
- Prioritization becomes less of a BIG ISSUE

### **Prioritization in a rationalized system:**

- More fully conceived and vetted items
- Committee scoring and/or ranking of items at end of Committee Season
- Council Ranking of items by Lead Department and Overall

# Need Process & Criteria for funding Items at AA01 and AA02

## *High Level Suggestions – need input from Budget & Finance*

- Only Time Critical and Rollover (previously approved but unfunded) items considered - *same rule for Council and City Manager items*
- Not all extra funds (if any) get allocated - reservation for the annual budget process so funds are available for Council initiatives going through yearly legislative process
- AA01 and 02 only for one-time and/or time sensitive needs, except special circumstances

# IMPLEMENTATION

Once Major Item is passed + funded, move to Implementation

- **Implementation Lead** is assigned by City Manager – *Single Individual* Responsible for managing and ensuring implementation
- **Implementation Team** assembled by Lead + City Manager
- **Consult with Author(s)** to clarify intentions, sketch timelines, discuss opportunities, ideas, challenges
- Implementation Team prepares **LAUNCH** and **OPERATING** Plans
  - **LAUNCH** elements + Timeline
  - **OPERATING** Plan
- Long term/ongoing operation of program/policy

# DISCUSSION + QUESTIONS



## APPENDIX B. GUIDELINES FOR DEVELOPING AND WRITING COUNCIL AGENDA ITEMS

These guidelines are derived from the requirements for Agenda items listed in the Berkeley City Council Rules of Procedure and Order, Chapter III, Sections B(1) and (2), reproduced below. In addition, Chapter III Section C(1)(a) of the Rules of Procedure and Order allows the Agenda & Rules Committee to request that the Primary Author of an item provide “additional analysis” if the item as submitted evidences a “significant lack of background or supporting information” or “significant grammatical or readability issues.”

These guidelines provide a more detailed and comprehensive overview of elements of a complete Council item. While not all elements would be applicable to every type of Agenda item, they are intended to prompt Authors to consider presenting items with as much relevant information and analysis as possible.

Chapter III, Sections (B)(1) and (2) of Council Rules of Procedure and Order:

2. Agenda items shall contain all relevant documentation, including the following as Applicable:
  - a. A descriptive title that adequately informs the public of the subject matter and general nature of the item or report and action requested;
  - b. Whether the matter is to be presented on the Consent Calendar or the Action Calendar or as a Report for Information;
  - c. Recommendation of the City Manager, if applicable (these provisions shall not apply to Mayor and Council items.);
  - d. Fiscal impacts of the recommendation;
  - e. A description of the current situation and its effects;
  - f. Background information as needed;
  - g. Rationale for recommendation;
  - h. Alternative actions considered;
  - i. For awards of contracts; the abstract of bids and the Affirmative Action Program of the low bidder in those cases where such is required (these provisions shall not apply to Mayor and Council items.);
  - j. Person or persons to contact for further information, with telephone number. If the Primary Author of any report believes additional background information, beyond the basic report, is necessary to Council understanding of the subject, a separate compilation of such background information may be developed and copies will be available for Council and for public review in the City Clerk Department, and the City Clerk shall provide limited distribution of such background information depending upon quantity of pages to be duplicated. In such case the agenda item distributed with the packet shall so indicate.

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Guidelines for City Council Items:

1. Title
  2. Consent/Action/Information Calendar
  3. Recommendation
  4. Summary Statement/Current situation and its effects
  5. Background
  6. Review of Existing Plans, Programs, Policies and Laws
  7. Actions/Alternatives Considered
  8. Consultation/Outreach Overview and Results
  9. Rationale for Recommendation
  10. Implementation, Administration and Enforcement
  11. Environmental Sustainability
  12. Fiscal Impacts
  13. Outcomes and Evaluation
  14. Contact Information
  15. Attachments/Supporting Materials
- 

**1. Title**

A descriptive title that adequately informs the public of the subject matter and general nature of the item or report and action requested.

**2. Consent/Action/Information Calendar**

Whether the matter is to be presented on the Consent Calendar or the Action Calendar or as a Report for Information.

**3. Recommendation**

Clear, succinct statement of action(s) to be taken. Recommendations can be further detailed within the item, by specific reference.

Common action options include:

- Adopt first reading of ordinance
  - Adopt a resolution
  - Referral to the City Manager (City Manager decides if it is a short term referral or is placed on the RRV ranking list)
  - Direction to the City Manager (City Manager is directed to execute the recommendation right away, it is not placed on any referral list)
  - Referral to a Commission or to a Standing or Ad Hoc Council Committee
  - Referral to the budget process
  - Send letter of support
  - Accept, Approve, Modify or Reject a recommendation from a Commission or Committee
  - Designate members of the Council to perform some action
-

**4. Summary Statement/ “Current situation and its effects”**

A short resume of the circumstances that give rise to the need for the recommended action(s).

- Briefly state the opportunity/problem/concern that has been identified, and the proposed solution.
- Example (fictional):  
*Winter rains are lasting longer than expected. Berkeley’s winter shelters are poised to close in three weeks, but forecasts suggest rain for another two months. If they do not remain open until the end of the rainy season, hundreds of people will be left in the rain 24/7. Therefore, this item seeks authorization to keep Berkeley’s winter shelters open until the end of April, and refers to the Budget Process \$40,000 to cover costs of an additional two months of shelter operations.*

**5. Background**

A full discussion of the history, circumstances and concerns to be addressed by the item.

- For the above fictional example, Background would include *information and data about the number and needs of homeless individuals in Berkeley, the number and availability of permanent shelter beds that meet their needs, the number of winter shelter beds that would be lost with closure, the impacts of such closure on this population, the weather forecasts, etc.*

**6. Review of Existing Plans, Programs, Policies and Laws**

Review, identify and discuss relevant/applicable Plans, Programs, Policies and Laws, and how the proposed actions conform with, compliment, are supported by, differ from or run contrary to them. What gaps were found that need to be filled? What existing policies, programs, plans and laws need to be changed/supplemented/improved/repealed? What is missing altogether that needs to be addressed?

Review of all pertinent/applicable sections of:

- The City Charter
- Berkeley Municipal Code
- Administrative Regulations
- Council Resolutions
- Staff training manuals

Review of all applicable City Plans:

- The General Plan
- Area Plans
- The Climate Action Plan
- Resilience Plan
- Equity Plan

- Capital Improvements Plan
- Zero Waste Plan
- Bike Plan
- Pedestrian Plan
- Other relevant precedents and plans

Review of the City's Strategic Plan

Review of similar legislation previously introduced/passed by Council

Review of County, State and Federal laws/policies/programs/plans, if applicable

## 7. Actions/Alternatives Considered

- What solutions/measures have **other jurisdictions** adopted that serve as models/cautionary tales?
- What solutions/measures are recommended by **advocates, experts, organizations**?
- What is the range of actions considered, and what are some of their major pros and cons?
- Why were other solutions not as feasible/advisable?

## 8. Consultation/Outreach Overview and Results

- Review/list external and internal stakeholders that were consulted
  - **External:** constituents, communities, neighborhood organizations, businesses and not for profits, advocates, people with lived experience, faith organizations, industry groups, people/groups that might have concerns about the item, etc.
  - **Internal:** staff who would implement policies, the City Manager and/or deputy CM, Department Heads, City Attorney, Clerk, etc.
- What reports, articles, books, websites and other materials were consulted?
- What was learned from these sources?
- What changes or approaches did they advocate for that were accepted or rejected?

## 9. Rationale for Recommendation

A clear and concise statement as to whether the item proposes actions that:

- Conform to, clarify or extend existing Plans, Programs, Policies and Laws
- Change/Amend existing Plans, Programs, Policies and Laws in **minor** ways
- Change/Amend existing Plans, Programs, Policies and Laws in **major** ways
- Create an exception to existing Plans, Programs, Policies and Laws
- Reverse/go contrary to or against existing Plans, Programs, Policies and Laws

Argument/summary of argument in support of recommended actions. The argument likely has already been made via the information and analysis already presented,

but should be presented/restated/summarized. Plus, further elaboration of terms for recommendations, if any.

**10. Implementation, Administration and Enforcement**

Discuss how the recommended action(s) would be implemented, administered and enforced. What staffing (internal or via contractors/consultants) and materials/facilities are likely required for implementation?

**11. Environmental Sustainability**

Discuss the impacts of the recommended action(s), if any, on the environment and the recommendation's positive and/or negative implications with respect to the City's Climate Action, Resilience, and other sustainability goals.

**12. Fiscal Impacts**

Review the recommended action's potential to generate funds or savings for the City in the short and long-term, as well as the potential direct and indirect costs.

**13. Outcomes and Evaluation**

State the specific outcomes expected, if any (i.e., *"it is expected that 100 homeless people will be referred to housing every year"*) and what reporting or evaluation is recommended.

**14. Contact Information**

**15. Attachments/Supporting Materials**

Systems Realignment Matrix - Updated 10-3-2023

|                                  | JM                                                                                                                                                                                                                                                                                                                                                                            | LM                                                                                                                                                                                                                          | LM                                                                                                                                                                                                                                                                                              | JM                                                                                                                                                                                                                                                                                                                                                                                                                           | LM                                                                                                                                                                                                                                 | LM                                                                                                                                                                                                                                                                                                                                                     | JM                                                                                                                                                                                                                                                                            | JM                                                                                                                                                                                                                                                              |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Item Date                        | City Manager's System's Realignment Proposal<br>4/26/2021                                                                                                                                                                                                                                                                                                                     | Droste Response<br>5/18/2021                                                                                                                                                                                                | Council Feedback from Work Session<br>5/18/2021                                                                                                                                                                                                                                                 | Hahn Proposal<br>6/15/2021                                                                                                                                                                                                                                                                                                                                                                                                   | Harrison Proposal<br>6/15/2021                                                                                                                                                                                                     | 2021 Council Feedback<br>6/15/2021                                                                                                                                                                                                                                                                                                                     | Droste BERIPE Plan<br>3/14/2023                                                                                                                                                                                                                                               | Hahn/City Clerk Proposal to A & R<br>10/10/2023                                                                                                                                                                                                                 |
| <b>Item Summary</b>              |                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 | Thesis: Legislative process should support Council in passing legislation of important local concerns and value-based issues with impact locally and more broadly. New legislation should be thoroughly researched, revised and vetted with input from stakeholders, the public, City Staff and Council colleagues. City staff contribute with increased levels of input and participation as the legislation moves forward. |                                                                                                                                                                                                                                    | Thesis: Council recommendation was to review the proposal for systems alignment and provide edits and suggestions in order to compile Council feedback for the purpose of drafting a revised proposal for adoption. Sent back to A&R to prepare a new proposal and Council voices. No Councilmembers commented on the Consent Item during the meeting. |                                                                                                                                                                                                                                                                               | Thesis: Align with budget process, create consistency in process and proposal writing; ramp-up staff engagement as proposal moves through process. Create "seasons" (specific annual timeframes for development, policy committee, council and budget approval) |
| <b>Decisions/ Actions Taken</b>  | Thesis: Councilmembers to return with thoughts/proposals                                                                                                                                                                                                                                                                                                                      | Thesis: Supports CM Proposal. Recommends template adjustments to increase effectiveness and clarify reason for proposal and its recommendations and increase effectiveness.                                                 | Thesis: Mayor proposed and Council approved continuing the item to the June 15, 2021 regular meeting to allow Councilmembers to submit written comments for the public record.                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                              | Thesis: Does not support CM Proposal. Major items only put forward Jan - April to coincide with budget process limits public and Council voices. Harrison's proposal operates continuously with deadlines for each step of review. |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                 |
| <b>Process for Council Items</b> | A & R determines if Major Item<br>If not major, agendaized for Council meeting                                                                                                                                                                                                                                                                                                | Council Agenda Item Template recommended adjustments:<br>- add: Define the Problem<br>-Include Criteria Considered &<br>-Rationale for Recommendation<br>-Make Equity its own category<br>Sample red-lined template in item | Some Councilmembers expressed concern about the yearly April deadline for Major items because it would create stale items and/or limit ability to respond to the concerns of the moment. CM reminded public and Council that this process is just for the 15 -20 Major items drafted each year. | Guideline Format drives development of Council, City Manager or Commission proposals<br>All Major Items, regardless of where originated follow the prescribed process<br>Council is encouraged to consult with staff during proposal development but may wait until during the Committee process<br>CAO must provide preliminary review prior to initial submittal                                                           | Council Streamlines Existing Backlog of staff involved items through Policy Committees' review and recommendations to Council.                                                                                                     | N/A                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                               | Built around June Budget Adoption<br>Divided into Seasons with deadlines for each phase                                                                                                                                                                         |
| <b>Major Item Definition</b>     | - Cannot be operationalized over time with existing resources<br>- Displaces an existing prioritized item<br>- Not implementable with existing resources<br>- Unable to sustain enforcement activities<br>- Subject to legal challenge and/or pre-emption<br>- Additional/new FTE on a temporary or permanent basis<br>- Additional or new infrastructure or technology costs |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 | Any law, program, or policy that represents a significant change or addition to existing law, program, or policy and/or is likely to call for or elicit significant study, analysis, or input from the community, staff or Council colleagues, and/or is likely to require significant new resources or staffing to implement.                                                                                               |                                                                                                                                                                                                                                    | N/A                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                               | Definition required                                                                                                                                                                                                                                             |
| <b>Major Item Determination</b>  | A & R in consultation with CM<br>EXCEPTIONS:<br>- Grant deadlines<br>- Public Safety Issues<br>- Declared local emergencies<br>If exceptions granted, projects "in process" must be identified and delayed                                                                                                                                                                    | Major Item Determination Checklist<br>recommended adjustments:<br>Define "smaller" and "less impactful" and state how that is determined.                                                                                   |                                                                                                                                                                                                                                                                                                 | (see definition above)<br>Can originate from Councilmembers, City Manager (often as referral responses) or Commissions<br>A & R makes determination if a submittal is a Major Item - can be sent back to originator for more information and compliance with Guidelines                                                                                                                                                      | Should be determined by Policy Committees, not Agenda Committee, via objective determination. No determination criteria given.                                                                                                     | N/A                                                                                                                                                                                                                                                                                                                                                    | N/A                                                                                                                                                                                                                                                                           | Submittal Season: Year round submittal September 30 cut off for consideration through process<br>Submittals reviewed by A & R for Major Item Determination and compliance with Guidelines                                                                       |
| <b>Major Item Deadline</b>       | A & R agenda prior to April 30 to be considered in legislative year<br>Agendaized at A & R on rolling basis                                                                                                                                                                                                                                                                   | none provided                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                 | none provided                                                                                                                                                                                                                                                                                                                                                                                                                | 120 days maximum, which includes the Implementation Conference.                                                                                                                                                                    | N/A                                                                                                                                                                                                                                                                                                                                                    | LIMITS NUMBER OF MAYOR ITEM SUBMITTALS<br>Councilmember limited to submitting 1 major legislative item or set of amendments to existing ordinances/yr<br>Mayor limited to submitting 2 major legislative items or set of amendments to existing ordinances/yr<br>DEADLINE TBD | September 30 for next fiscal year consideration                                                                                                                                                                                                                 |

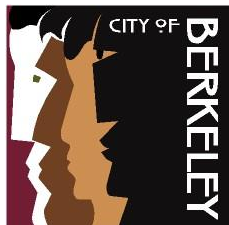


Systems Realignment Matrix - Updated 10-3-2023

| Item Date                                        | JM                                                                                                                                                                                                                                                                                     | LM                                                                                                                                                                                                                                | LM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | JM                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LM                                                                                                                                                                                                                              | LM                                 | JM                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | JM                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                  | City Manager's System's Realignment Proposal<br>4/26/2021                                                                                                                                                                                                                              | Droste Response<br>5/18/2021                                                                                                                                                                                                      | Council Feedback from Work Session<br>5/18/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Hahn Proposal<br>6/15/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Harrison Proposal<br>6/15/2021                                                                                                                                                                                                  | 2021 Council Feedback<br>6/15/2021 | Droste BERIPE Plan<br>3/14/2023                                                                                                                                                                                                                                                                                                                                                                                                                                            | Hahn/City Clerk Proposal to A & R<br>10/10/2023                                                                                                                                                                                                                                                                                                                               |
| <b>Policy Committee Review</b>                   | Referred by A & R Reviewed for completeness and alignment with Strategic Plan goals. Commission review. Once approved for consideration moves to Implementation Conference                                                                                                             | Policy Committee Ranking Form recommended adjustments: -Use score rather than rank NOTE: CM presentation no longer recommends using the Ranking Form                                                                              | See Implementation Conference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A & R makes determination if a proposal meets information in Guidelines prior to sending on to Committees - Author has right to appeal Committees plan a timeline for hearing over multiple meetings and identify stakeholders and experts to provide input. Committee meetings to discuss proposal should be taken in order of the required components of the Guidelines Staff agendized to engage in every discussion and provides budget resources needs for Launch and | Policy Committees send their recommendation and finalized Implementation report to A & R for scheduling at Council.                                                                                                             | N/A                                | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Committee Season: October 1 - March 1 A & R - October: will require special meetings. determines completeness based on Major Items Guidelines edits must be completed by 3rd Friday in October in order to move to Committees Committees determine order of hearings, create calendar, group like items together, understand staffing impacts, follow Enhanced Review Process |
| <b>Implementation Conference</b>                 | CM or designee, CAO, Department Head or designee Collaborate with author to detail fiscal and operational impacts. Implementation Conference outcomes to be incorporated into Concil Report (see detail in 4.26.21 proposal, p3)                                                       | Implementation Conference Worksheet recommended adjustments: -Reduce amount of redundant components and specify what impact means. -Include similar additions as Council Item Template. -See sample redlined template in the item | Timing for conference: Earlier timing, perhaps just after referred to policy committee, before the Committee takes it up.<br><br>Staff analysis: Former Auditor in her 2018 presentation talked about importance of Council needing a staff analysis, resource analysis and opportunity costs in their items. Councilmember noted incredible importance for Council to have this info before passing items. At the same time, don't want staff to spend too much time on an item that doesn't pass. Tension here.<br><br>Definitions: Council needs to be comfortable with them. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The Policy Committee would facilitate an Implementation Conference hearing(s) with City staff, the author, and Committee members in order to prepare an Implementation Report. This happens during the Policy Committee Review. | N/A                                | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N/A                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Implementation Conference Deadline</b>        | August 31                                                                                                                                                                                                                                                                              | No calendar deadline                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | No calendar deadline                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No calendar deadline. Rolling basis.                                                                                                                                                                                            | N/A                                | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N/A                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Initial Prioritization</b>                    | July 31. Policy Committees make recs Submitted to City Council                                                                                                                                                                                                                         | Sunset current RRV process Committee to "score" each proposal                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Prioritized on rolling basis. Upon Council adoption, the budget aspect of the item would proceed to either the June or November budget process.                                                                                 | N/A                                | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ONE TIME clearing of backlog on current list of projects                                                                                                                                                                                                                                                                                                                      |
| <b>Council Approval and Final Prioritization</b> | October Council Calendar Council approval, prioritization, assign fiscal year for implementation, identify removal of items that new initiatives will replace If Council does not approve, item can be reintroduced the following year November 30 deadline for all major item actions | Sunset current RRV process Committee to "score" each proposal                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Author revises proposal to include required changes/clarifications and resources required for Launch and Implementation                                                                                                                                                                                                                                                                                                                                                    | Council approves before item goes through budget process.                                                                                                                                                                       | N/A                                | Council prioritizes all new legislative submittals through RRV process. Year 1 ONLY: Combine new legislative submittals and outstanding/incomplete items for prioritization through RRV process. Council and staff should determine what can be reasonably accomplished by staff based on RRV outcome and delete those projects that did not rise to top of priorities and cannot be accomplished. Year 2 and ongoing: Only new legislative submittals will be prioritized | Council Season: Feb 1 - April 30 CAO must confirm compliance with Ordinances<br><br>Prioritization: Council and Committee prioritize and send to Budget Committee                                                                                                                                                                                                             |

Systems Realignment Matrix - Updated 10-3-2023

| Item Date                              | JM                                                                                                                                                                                                                                                                       | LM                                 | LM                                              | JM                                                                                                               | LM                                                         | LM                                 | JM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | JM                                                                                                                                                                                                                                                                                   |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                        | City Manager's System's Realignment Proposal<br>4/26/2021                                                                                                                                                                                                                | Droste Response<br>5/18/2021       | Council Feedback from Work Session<br>5/18/2021 | Hahn Proposal<br>6/15/2021                                                                                       | Harrison Proposal<br>6/15/2021                             | 2021 Council Feedback<br>6/15/2021 | Droste BERIPE Plan<br>3/14/2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Hahn/City Clerk Proposal to A & R<br>10/10/2023                                                                                                                                                                                                                                      |
| <b>Budget &amp; Strategic Planning</b> | December/January<br>Staff to incorporate approved items into Budget/workplan ranked by priority<br><b>January - March</b><br>Council and Staff revise the budget based on department presentations to BC<br><b>May/June</b><br>Budget hearings, adjustments and adoption |                                    |                                                 | Budget Implementation Conference: approves moving toward implementation or implementation is declined to proceed | Council approved items go through the next budget process. | N/A                                | (see note above)<br>Budget referrals and allocations must be explicitly tied to previously established or approved policy program, planning/strategy document and/or external funding opportunity related to one of these.<br><br>No budget referral can directly fund a specific organization or event. Organizations receiving City funding must submit application that includes civic goals/purposes, previous funding history and quantitative/qualitative results/outcomes. Funding greater than \$20,000 must include data on number of persons served and other outcomes. | Budget Season: May 1 - June 30<br>Council prioritization to Budget committee not binding. Budget Committee makes recommendations to full Council<br>Funded Council approved items move to Implementation<br>Unfunded Council approved items rollover to future funding opportunities |
| <b>Implementation</b>                  |                                                                                                                                                                                                                                                                          |                                    |                                                 |                                                                                                                  |                                                            | N/A                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | July (Month 1 of new fiscal year)<br>Implementation Lead and Team assigned<br>Meeting with Authors for clarity, timelines, challenges<br>Implementation Team prepared Launch and Operational Plans                                                                                   |
| <b>Tools</b>                           | Council Item template outlining required information<br>Major Item checklist<br>Implementation Conference Worksheet<br>Major Item Deadline: April 30                                                                                                                     | Major Item Determination Checklist | Policy Committee Ranking Form                   | Guidelines for Proposals/Council Items                                                                           | Alternate Systems Alignment Proposal flowchart.            | N/A                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Major Items Guidelines Format<br>Enhanced Review Process                                                                                                                                                                                                                             |
| <b>Consolidated Yearly Cycle</b>       | <b>Implementation Conference</b><br>Deadline: August 31<br><b>Council Prioritization</b><br>Deadline: July 31<br><b>Council Approval Deadline:</b><br>November 30<br><b>Budget Cycle:</b> January -                                                                      | none addressed                     | N/A                                             | none addressed                                                                                                   | Rolling basis rather than yearly cycle.                    | N/A                                | Based on "to be established" deadline to align with RRV process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Submittal Season:</b> Year round with August 1 deadline for next fiscal year consideration<br><b>Committee Season:</b> Sept 1 - January 30<br><b>A &amp; R and council committee review</b><br><b>Council Season:</b> Feb 1 - April 30<br><b>Budget Season:</b> May 1 - June 30   |
| <b>Consensus</b>                       | 1 - Staff input in legislative drafting is important                                                                                                                                                                                                                     |                                    |                                                 |                                                                                                                  |                                                            |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                      |
| <b>Variable Differences</b>            | 1 - Different timelines for different types of items (some staggered, some ongoing)                                                                                                                                                                                      |                                    |                                                 |                                                                                                                  |                                                            |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                      |
| <b>Outstanding Questions</b>           | 1 - What impact does this have on the RPP process? What needs to change? What limits revisions to a systems redesign process?                                                                                                                                            |                                    |                                                 |                                                                                                                  |                                                            |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                      |



Office of the City Manager

## BACKGROUND MATERIAL

The following documents were previously submitted to the City Council for consideration, and are being provided with this item as background material.

The City Manager has removed staff's Systems Alignment Proposal from consideration. It is included in this attachment for reference and context.

Attachments:

### March 14, 2023 Council Meeting

1. Bureaucratic Effectiveness and Referral Improvement and Prioritization Effort (BE RIPE)
  - a. Report – Submitted by Councilmember Droste

### June 15, 2021 Council Meeting

2. Systems Alignment Proposal
  - a. Supplemental Material – Submitted by Councilmember Hahn
  - b. Supplemental Material – Submitted by Councilmember Harrison
  - c. Report – Submitted by City Manager

### May 18, 2021 Council Meeting

3. Systems Alignment Proposal
  - a. Supplemental Material – Submitted by Councilmember Droste
  - b. Presentation – Submitted by City Manager
  - c. Report – Submitted by City Manager



Lori Droste  
Councilmember, District 8

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Action Calendar  
March 14, 2023

**To:** Honorable Mayor Jesse Arreguín and Members of the City Council

**From:** Councilmember Lori Droste

**Subject:** Bureaucratic Effectiveness and Referral Improvement and Prioritization Effort (BE RIPE)

### **Recommendation**

In order to ensure that the City focuses on high-priority issues, projects, and goals and affords them the resources and funding such civic efforts deserve, the City Council should consult with the City Manager's Office to develop and adopt a suite of revisions to the City Council Rules of Procedure and Order that would implement the following provisions:

1. Beginning in 2023, Councilmembers shall submit no more than one major legislative proposal or set of amendments to any existing ordinance per year, with the Mayor permitted to submit two major proposals, for a maximum of ten major Council items per year.
2. In 2023 and all future years, Councilmembers shall be required to submit major items before an established deadline. Council shall then prioritize any new legislative items as well as any incomplete major items from the previous year using the Reweighted Range Voting (RRV) process. This will help establish clear priorities for staff time, funding, and scheduling Council work sessions and meetings. For 2023 alone, the RRV process should include outstanding/incomplete Council items from all previous years. In 2024 and thereafter, the RRV process should only incorporate outstanding/incomplete major items from the prior year. However, Councilmembers may choose to renominate an incomplete major policy item from an earlier year as their single major item.
3. During deliberations at a special worksession, Council retreat, and/or departmental budget presentations, Council and the City Manager should develop a work plan that establishes reasonable expectations about what can be accomplished by staff given the list of priorities as ranked by RRV. Council should also consult with the City Manager and department heads, particularly the City Attorney's office, Planning Department, and Public Works Department on workload challenges (mandates outside Council priorities, etc.), impacts, reasonable staff output expectations, and potential corrective actions to ensure that mandated deadlines are met, basic services are provided, and policy proposals are effectively implemented.
4. Budget referrals and allocations from City Council must be explicitly related to a previously established or passed policy/program, planning/strategy document, and/or an external funding opportunity related to one of these. As a good government practice, councilmembers and the Mayor may **not** submit budget referrals which direct funds to a

specific organization or event. Organizations which receive City funding must submit at least annually an application detailing, at a minimum: the civic goal(s)/purpose(s) for which City funds are used, the amount of City funding received for each of the preceding five years, and quantitative or qualitative accounting of the results/outcomes for the projects that made use of those City funds. Organizations receiving more than \$20,000 in City funds should be required to provide quantitative data regarding the number of individuals served and other outcomes.

5. Ensuring that any exceptions to these provisions are designed to ensure flexibility in the face of an emergency, disaster, or urgent legal issue/liability and narrowly tailored to be consistent with the goals of enhanced efficiency, effectiveness, fairness, and focus.

### **Policy Committee Recommendation**

On February 14, 2023, the Agenda and Rules Committee adopted the following action: M/S/C (Hahn/Arreguin) to send the item to the City Council with a Qualified Positive Recommendation to refer the relevant concepts of the original item to the Agenda & Rules Committee for consideration under the existing committee agenda item regarding enhancements to the City's legislative process. Vote: All Ayes.

### **Current Situation and Its Effects**

Over the past few years (excluding the COVID-19 state of emergency), City Council has grappled with potential options to reduce the legislative workload on the City of Berkeley staff. While a significant portion of this workload is generated from non-legislative matters and staffing vacancies, it is important to recognize that staff also continue to struggle to keep up with Council directives while still accomplishing the City's core mission or providing high quality public infrastructure and services.

### **Background and Rationale**

Berkeley faces an enormous staffing crisis due in part to workload concerns; as such, Council should take steps to hone its focus on legislative priorities. [November 2022's Public Works Off-Agenda Memo](#) offers a benchmark for problems faced by City departments. Public Works staff struggles to complete its top strategic plan projects, respond to audit findings, and provide basic services, in addition to fulfilling legislative priorities by Council. While the "Top Goals and Priorities" outlined by Public Works is tied to 130+ directives by the City Council, it is not reasonable to assume that all will be implemented.

The challenges faced by the Public Works department are not an anomaly. Other departments share the same challenges. In addition to needing to ensure that the City can adopt a compliant state-mandated Housing Element, process permits, secure new grant funding, mitigate seismic risks, and advance our Climate Action Plan, Planning Department staff have been tasked with addressing multiple policy proposals from the City Council. The sheer number of referrals also impacts the ability of staff in the City Attorney's office to vet all ordinances, protect the City's interests, participate in litigation, and address the City's other various legal needs.

### **Best Practices**

A number of nearby, similarly-sized cities were contacted to request information about how these cities approach Councilmember referrals and prioritizations processes. Cities contacted

included Richmond, Vallejo, Santa Clara, Concord, and Sunnyvale. Of these cities, Santa Clara, Concord, and Sunnyvale replied.

### **Santa Clara**

Overall, Santa Clara staff indicated that—similar to Berkeley—the Council referrals and prioritization process is not especially formalized, with additional referrals being made outside of the prioritization process.

Each year, the Council holds an annual priority setting session at which the Council examines and updates priorities from the previous year and considers what progress was made toward those priorities. The prioritization process takes place in February so that any priorities that rise to the top may be considered for funding ahead of the budget process. In any given year, some priorities may go unfunded and even holding those priorities over to a second year is not necessarily a guarantee of funding.

Despite conducting this annual prioritization exercise, Councilmembers in Santa Clara often still do bring forward additional referrals outside of this process. Part of this less restricted approach in Santa Clara's 030 ("zero thirty") policy, which allows members of the the City Council to add items to the Council agenda with sufficient notice and even allows members of the public to petition to have items added to a special section of the Council agenda.

Despite the overall looseness of Santa Clara's approach. Council members still rely upon staff to provide direction with respect to what priorities are or are not feasible based upon available funding and staff bandwidth.

### **Concord**

According to Concord City staff, although Concord—like Berkeley and Santa Clara—does have a process for Councilmembers to request items be added to Council agendas, Councilmembers generally agree not to add referrals outside of the formal priority-setting process.

Concord City staff only work on "new" items/policies that are mandated by law, recommended by the City Manager, and have been recommended for review/work of some kind by a majority (three of the five members) of the City Council.

In general, Councilmembers agree to not add work items outside of the Council's formal priority setting process. The Concord City Council has a once-a-year goal setting workshop each spring where the City plans its Tier 1 and Tier 2 priorities for the year (or sometimes for a 2-year cycle). Most Councilmembers abide by this process and refrain from bringing forward additional items. However any Councilmember may put forward a referral outside of the process and use the method outlined below.

Outside of the prioritization process, Councilmembers can request that their colleagues (under Council reports at any Council meeting) support placing an item on a future Council meeting agenda for a discussion. The Concord City Attorney has advised councilmembers that they can make a three sentence statement, e.g. "I would like my colleagues' support to agendize [insert item]" or "to send [insert item] to a Council standing committee for discussion." Followed by: "This is an important item to me or a timely item for the Council because [insert reasoning]. Do I have your support?" The other Councilmembers then cannot engage in any detailed discussion or follow up, but may only vote yes or no to agendizing the item.



If two of the Councilmember's colleagues (for a total of 3 out of 5) agree to the request to have the item agendized for a more detailed discussion by Council, then the item will be added to a future agenda for fuller consideration. An additional referral outside the prioritization process is suggested perhaps once every month in Concord, but the Concord City Council usually does not provide the majority vote to agendize these additional items.

### **Sunnyvale**

Of all the cities surveyed, Sunnyvale has the most structured approach for selecting, rating, and focusing on City Council priorities. "Study issues" require support from multiple councilmembers before being included in the annual priority setting, and then must go through a relatively rigorous process to rise to the top as Council priorities. And, perhaps most importantly, policy changes *must* go through the priority setting process to be considered. The Sunnyvale City Council's Policy 7.3.26 Study Issues reads, in part:

*Any substantive policy change (large or relatively small) is subject to the study issues process (i.e. evaluated for ranking at the Council Study Issues Workshop).*

*Policy related issues include such items as proposed ordinances, new or expanded service delivery programs, changes to existing Council policy, and/or amendments to the General Plan. Exceptions to this approach include emergency issues, and urgent policy issues that must be completed in the short term to avoid serious negative consequences to the City, subject to a majority vote of Council.*

If a study issue receives the support of at least two Councilmembers, the issue will go to staff for the preparation of a study issue paper. Council-generated study issues must be submitted to staff at least three weeks ahead of the priority-setting session, with an exception for study issues raised by the public and carried by at least two Councilmembers, if the study issues hearing takes place less than three weeks before the priority setting.

At the Annual Study Issues Workshop, the Council votes whether to rank, defer, or drop study issues. If a majority votes to drop the issue, it may not return the following year; if the issue is deferred, it returns at the following year's workshop; and if a majority votes to rank an issue, it proceeds to the ranking process. Sunnyvale's process uses "forced ranking" for "departments" with ten or fewer issues and "choice ranking" for departments with eleven or more issues. (The meaning of "departments" and the process for determining the number of issues per department are not elucidated within the policy.) Forced ranking involves assigning a ranking to every policy within a given subset, while choice ranking only assigns a ranking to a third of policies within a given subset, with the others going unranked.

After the Council determines which study issues will be moving forward for the year based on the rankings, the City Manager advises Council of staff's capacity for completing ranked issues. However, if the Council provides additional funding, the number of study issues addressed may be increased.

In 2022, Sunnyvale had 24 study issues (including 17 from previous years and only 7 new ones) and **zero** budget proposals. Although Sunnyvale does consider urgency items outside the prioritization process, this generally happens only 1 to 3 times per year and usually pertains to highly urgent items, such as gun violence.

### **Status Quo and Its Effects**

Council currently uses a reweighted range proportional representation voting method to determine which priorities represent both a) a consensus and b) district/neighborhood concerns. This process allows Council to coalesce around a particular common area of concern; but if there is a specific neighborhood or district issue that is not addressed by Council consensus, it also allows for that district's councilmember's top priority to be elevated in the ratings even without broad consensus, so long as there are not multiple items designated as that councilmember's "top" item. More information about this process can be found [here](#). This [system was established](#) in 2016 due to the sheer amount of referrals by Council and the lack of cohesive direction on which of the 100+ referrals the City Manager should act upon.

Subsequent to this effort, Council created a "short-term referral" pool which was intended to be light-lift referrals that could be accomplished in less than 90 days. However, that designation was always intended to be determined by the City Manager, not Council, with respect to what was operationally feasible in terms of the 90 day window. The challenge with Council determining what is a short-term referral is that it is not always realistic given other duties that the staff has to attend to and inappropriate determinations can stymie work on other long term priorities if staff have to drop everything they are doing to attend to an "short-term" or "emergency" referral.

An added challenge is that the City Auditor [reported in 2018](#) that the City of Berkeley's Code Enforcement Unit (CEU) had insufficient capacity to enforce various Municipal Code provisions. This was due to multiple factors, including understaffing—some of which have since improved. Nevertheless, the City Auditor wrote,

*"Council passes some ordinances without fully analyzing the resources needed for enforcement and without understanding current staffing capacity. In order to enforce new ordinances, the CEU must take time away from other enforcement areas. This increases the risk of significant health and safety code violations going unaddressed. It also leads to disgruntled community members who believe that the City is failing to meet its obligations. This does not suggest that the new ordinances are not of value and needed. Council passes policy to address community concerns. However, it does mean that the City Council routinely approves policy that may never result in the intended change or protections."*

Subsequent to that report, [an update](#) was published in September of 2022. A staffing and resource analysis for Code Enforcement is still needed to ensure that the laws Council passes can be implemented.

### **Fiscal Impacts**

These reforms are likely to result in significant direct savings related to reduced staff time/overtime as well as potential decreases to costs associated with the recruitment/retention of staff.

### **Alternatives Considered**

Alternatives were considered using effectiveness and efficiency as the evaluative criteria for referrals. One missing criterion that will be necessary in developing this process will be operational considerations so the City of Berkeley can continue to deliver basic services in an efficient manner.

*All-Council determination*

Council could vote *as a body* on the top 10 legislative priorities. The drawback of this method is that it, by default, eliminates any remaining priorities that have been passed by Council. It also eliminates “minority” voices which may disproportionately impact neighborhood-specific concerns as the remainder of the Council may not value district-specific concerns outside of their council district.

*Councilmember parameters*

Councilmembers could select their top two legislative priorities (as a primary author) for the year and the Mayor could select four legislative priorities for the year for a total of 10 legislative priorities per year. These “legislative priorities” would not include resolutions of support, budget referrals for infrastructure or traffic mitigations or other non-substantive policy items.....

*Status Quo Sans Short-Term Referrals*

The status quo of rating referrals is the fairest and most equitable if Council wishes to continue to pass the same quantity of referrals; however, it does not address the overall volume and that certain legislative items skip the prioritization queue due to popularity or perceived community support. Council enacts ordinances that fall outside of the priority setting process and designates items as short-term referrals. This loophole has made this process a bit more challenging. One potential option is to continue the prioritization process but eliminate the short-term referral option unless it is undeniably and categorically an emergency or time-sensitive issue.

**Contact Person**

Councilmember Lori Droste (legislative aide Eric Panzer)  
[erpanzer@cityofberkeley.info](mailto:erpanzer@cityofberkeley.info)  
Phone: 510-981-7180

**Attachments**

Update on Public Works’ Goals, Projects, Measures, and Challenges



Office of the City Manager

November 15, 2022

To: Honorable Mayor and Members of the City Council  
 From: *DWR* Dee Williams-Ridley, City Manager  
 Re: Update on Public Works' Goals, Projects, Measures, and Challenges

This memo shares an update on the department's *Performance Measures* and *FY 2023 Top Goals and Projects*, and identifies the department's highest priority challenge. I am proud of this department's work, its efforts to align its work with City Council's goals, and the department's dedication to improving project and program delivery.

#### *Performance Measures*

The department's performance measures were first placed on the department's website (<https://berkeleyca.gov/your-government/about-us/departments/public-works>) in 2020. They are updated annually in April. Progress continues in preventing trash from reaching the Bay, reducing waste, increasing bike lane miles, reducing the City fleet's reliance on gas, increasing City-owned electric chargers, expanding acres treated by green infrastructure, and reducing the sidewalk repair backlog. Challenges remain with the City's street condition and safety.

#### *Top Goals and Projects*

Public Works' top goals and projects are also on the department's website (<https://berkeleyca.gov/your-government/about-us/departments/public-works>). Department goals are developed annually. This year, after reviewing the 130+ directives from open City Council referrals, FY 2023 adopted budget referrals, audit findings, and strategic plan projects, staff matched existing resources with City Council's direction and the ability to deliver on this direction while ensuring continuity in baseline services.

The *FY 2023 Top Goals and Projects* is staff's projection of the work that the department has the capacity to advance this fiscal year. This list is intended to be both realistic and a stretch to achieve. More than three-quarters of the work on the *FY 2023 Top Goals and Projects* is tied to the existing 130+ directives from City Council referrals, budget referrals, audit findings, and strategic plan projects. The remainder are initiatives internal to the department aimed at increasing effectiveness and/or improving baseline services.

Public Works conducts quarterly monitoring of progress on the goals and projects, and status updates are shared on the department's website using a simple status reporting

Page 2

November 15, 2022

Re: Update on Public Works' Goals, Projects, Measures, and Challenges

procedure. Each goal or project is coded green, yellow, or red. A project coded green is either already completed or is on track and on budget. A project in yellow is at risk of being off track or over budget. A project in red either will not meet its milestone for this fiscal year or is significantly off track or off-budget. Where a project or goal has multiple sub-parts, an overall status is color-coded for the numbered goal and/or project, and exceptions within the subparts are identified by color-coding. Quarter 1's status update is [here](#). The 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarter results will be posted at the same location.

### *Challenge*

Besides the volume of direction, the most significant challenge in delivering on City Council's directions is the department's high vacancy rate. The Public Works Department is responsible for staff retention and serves as the hiring manager in the recruitment and selection process. Both retention and hiring contribute to the department's vacancy rate, and the department collaborates closely with the Human Resources Department to reduce the rate. Over the last year, the vacancy rate has ranged from 12% to 18%, and some divisions, such as Equipment Maintenance (Fleet), Transportation,<sup>1</sup> and Engineering, have exceeded 20%. While the overall vacancy rate is lower than in Oakland and San Francisco, it is higher than in Public Works Departments in Alameda, Albany, Emeryville, and San Leandro.

The high vacancy rate obviously reduces the number of services and projects that staff can deliver. It leaves little room for new direction through the course of the fiscal year and can lead to delays and diminished quality. It also detracts from staff morale as existing staff are left to juggle multiple job responsibilities over long periods with little relief. The department's last two annual staff surveys show that employee morale is in the lowest quarter of comparable public agencies and the vacancy rate is a key driver of morale.

Attachment 1 offers an excerpted list of programs and projects that the department is unable to complete or address in this fiscal year due to the elevated vacancy rate and/or the volume of directives.

Attachment 1: Selected list of program, project, referral, and audit finding impacts

cc: Paul Buddenhagen, Deputy City Manager  
 LaTanya Bellow, Deputy City Manager  
 Jenny Wong, City Auditor  
 Mark Numainville, City Clerk  
 Matthai Chakko, Assistant to the City Manager

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<sup>1</sup> Three of the City's five transportation planner positions will be vacant by December 3. Before January 1, 2023, the City Manager will share an off agenda memo that explains the impact of transportation-specific vacancies on existing projects and programs.

## **Attachment 1: Selected list of program, project, referral, and audit finding impacts**

### *Project and Program Impacts*

- Major infrastructure planning processes are 6+ months behind schedule, including comprehensive planning related to the City's Zero Waste goal, bicycle, stormwater/watershed, sewer, and streetlight infrastructure.
- Some flashing beacon installations have been delayed for more than 18 months, new traffic maintenance requests can take 2+ months to resolve, and the backlog of neighborhood traffic calming requests stretches to 2019.
- The City may lose its accreditation status by the American Public Works Association because of a lack of capacity to gain re-accreditation.
- Some regular inspections and enforcement of traffic control plans for the City's and others' work in the right of way are missed.
- Residents experience missed waste and compost pickups as drivers and workers cover unfamiliar routes and temporary assignments.
- Illegal dumping, ongoing encampment, and RV-related cleanups are sometimes missed or delayed.
- The backlog of parking citation appeals has increased.
- Invoice and contracting approvals can face months-long delays.
- The Janitorial Unit has reduced service levels and increased complaints.
- Maintenance of the City's fleet has declined, with preventative maintenance happening infrequently, longer repair response times, and key vehicles being unavailable during significant weather events.

### *Prior Direction Deferred or Delayed*

- Referral: Expansion of Paid Parking (DMND0003994)
- Referral: Long-Term Zero Waste Strategy (DMND0001282)
- Referral: Residential Permit Parking (PRJ0016358)
- Referral: Parking Benefits District at Marina (DMND0003997)
- Referral: Prioritizing pedestrians at intersections (DMND0002584)
- Referral: Parking Districts on Lorin and Gilman (DMND0003998)
- Budget Referral: Durant/Telegraph Plaza, 12/14/2021
- Referral: Traffic Calming Policy Revision (PRJ0012444)
- Referral: Public Realm Pedestrianization Opportunities (PRJ0019832)
- Referral: Long-Term Resurfacing Plan (PRJ0033877)
- Referral: Street Sweeping Improvement Plan (DMND0002583)
- Audit: Leases: Conflicting Directives Hinder Contract Oversight (2009)
- Audit: Underfunded Mandate: Resources, Strategic Plan, and Communication Needed to Continue Progress Toward the Year 2020 Zero Waste Goal (2014)
- Audit: Unified Vision of Zero Waste Activities Will Help Align Service Levels with Billing and Ensure Customer Equity (2016)





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## **SUPPLEMENTAL AGENDA MATERIAL**

### **for Supplemental Packet 2**

**Meeting Date:** June 15, 2021

**Item Number:** 3

**Item Description:** Systems Alignment Proposal

**Submitted by:** Councilmember Sophie Hahn

This Supplemental offers suggestions for a legislative process better aligned with the goal of creating and supporting meaningful and effective change. Our current system is strengthened by (1) supporting the completeness of Major Items as introduced by Authors by requiring adherence to the existing Guidelines, and (2) significantly strengthening the Committee process - to support robust analysis and community/stakeholder consultation and ensure items moving forward to Council include realistic estimates of resources required related to launch and implement new programs and policies.



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CONSENT CALENDAR

June 15, 2021

To: Honorable Mayor and Members of the City Council  
From: Councilmember Sophie Hahn (Author)  
Subject: Systems Alignment Proposal

COMMENTS ON SYSTEMS REALIGNMENT

**My Frame for Systems Realignment: *Systems Aligned to Support Change***

We are in a time of rapid change both locally and globally. The impacts of climate change, globalization, and inequality; growing threats to democracy; and the rise of a new generation of leaders illustrate that change is both a fact and an imperative.

Berkeley has been and should continue to be on the cutting edge of that change, and our legislative processes as well as our City organization must be designed to do more than just manage the status quo, with change viewed as a threat, cost, or nuisance. *Our systems must be aligned to stimulate, support, and implement meaningful change across all sectors - quickly.*

With that framing in mind, I believe the legislative process in Berkeley should be designed to support Councilmembers and the Mayor in producing and passing legislation that addresses important local concerns as well as value-based issues with both local and broader impact. Some legislation may simply strengthen the City of Berkeley as an organization - improving the basic functions and services we provide to our community. Other legislation is designed to address city, community, regional, national, and sometimes global needs, values and priorities.

Because of the City's commitment to progressive and democratic principles and its role as a leader and innovator across many sectors, legislation will often push the envelope, which I believe requires a nimble, can-do City organization. While logistics, staffing, costs and other elements of feasibility and implementation are key to the ultimate success of any new policy or program, I view the exploration of these questions as a supporting rather than driving force for legislation; internal feasibility under the status quo should not be an end unto itself.

**Systems Aligned to Support Excellence and Effectiveness in Change:**

While I believe change is an imperative and innovation should be core to our City systems, I also know that not every idea brought forward is ultimately optimal, relevant, or feasible. We are much more than an incubator for ideas and concepts - we serve a real community and must balance a wide variety of needs and viewpoints with every decision we make. I believe our systems must therefore be aligned to ensure new programs and policies are thoroughly researched, revised, and vetted for Berkeley - to meet the needs of our community without overwhelming the City organization. If the Council has priorities for which funds or capacity are not currently available, we must identify resources to build capacity.

To achieve these goals in this frame, I envision a process wherein major items of legislation that begin with the well-researched and articulated proposals of one or a few councilmember/mayor-authors are progressively reviewed and improved with input from stakeholders, members of the public, City staff and Council colleagues.

The end result should be high quality, relevant, thoughtfully tailored and right-sized programs and policies accompanied by realistic assessments of the resources required for successful launch and implementation. City staff, with their subject matter expertise and knowledge of operations play a uniquely important role in contributing to legislative success, and should actively partner throughout the process, *with progressively increased levels of input and participation as legislation is moved forward.*

The adoption of Guidelines for legislative items and the implementation of the Committee system provide a good foundation. By clarifying expectations and improving the value we derive from our existing processes we can avoid bogging things down with too many steps.

The following are my suggestions for a legislative process better aligned with the goal of creating and supporting meaningful and effective change. Our current system is strengthened by (1) supporting the completeness of Major Items as introduced by Authors by requiring adherence to the existing Guidelines, and (2) significantly strengthening the Committee process - to support robust analysis and community/stakeholder consultation and ensure items moving forward to Council include realistic estimates of resources required related to launch and implement new programs and policies.

## Proposed Systems Alignment Improvements for Major Items:

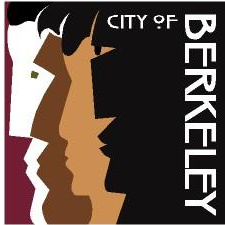
| PROCESS ELEMENT                                                             | CONTENT                                                                                                                                                                                                                                                                                                                           | NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MAJOR ITEM SUBMISSION</b>                                                | <b><i>Strongly encourage Authors to present Major Items in the full Guidelines format, which prompts for deep research, analysis and consultation</i></b>                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Define Major Item</b>                                                    | Any law, program, or policy that represents a significant change or addition to existing law, program, or policy, and/or is likely to call for or elicit significant study, analysis, or input from the community, staff, or Council colleagues, and/or is likely to require significant new resources or staffing to implement . | Major items are, essentially, “Policy Committee Track” items (see Rules) that are routed to a Policy Committee because they are substantial. <i>The adoption of a definition for Major Items clarifies a practice that is already in place.</i><br><br>Some items are not “Major” because they propose less significant changes or additions to existing law, programs or policies. In addition, some Major Items may be routed directly to the City Council due to urgency (“Time Critical Track”). <i>All of this is already reflected in the Rules governing Policy Committees.</i> |
| <b>Major Item Routing</b>                                                   | Major items may originate with Councilmembers, the City Manager (often as referral responses), or Commissions. Major Items generally should be routed to a Committee to be reviewed by Committee members and, if necessary, revised, with input from stakeholders, the public, and City staff.                                    | Currently, only Councilmember/Mayor items are subject to review by Policy Committees. <i>The Rules should be amended to require all Major Items, regardless of where they originated, to be reviewed in Committee</i> unless they fall under the Time Critical Track or another exception.                                                                                                                                                                                                                                                                                             |
| <b>Make Guidelines Mandatory</b> for presentation of Major Items for review | Council/Mayor and Commission authors of Major Items should present their items in accordance with the Guidelines at Appendix B of the City Council Rules of Procedure and Order. Authors should make a good faith effort to undertake the research, analysis and consultation necessary to complete all sections in substance.    | Need to specify format for “non-Major” items.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Staff Consultation is encouraged, but not required</b> at the initial    | Councilmembers and the Mayor are encouraged to consult with Staff before presenting Major Items, but may choose to engage with staff later, through the Committee process.                                                                                                                                                        | Staff should keep confidential and seek to support the positive development of ideas and initiatives of electeds who reach out for initial                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                   |
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| development of a legislative item.                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                          | input. Concerns, if any, should be addressed with a problem-solving lens.                                                                                                                                                                                                                                                         |
| <b>City Attorney Consultation</b>                                                                                                                                               | Authors should submit Major Items for preliminary review by the City Attorney to determine if there are any legal implications - which may need to be addressed before the item is submitted or could be developed/addressed later. The author should state in the section on consultation that the City Attorney has been consulted.                                                                                    | Not all items have legal implications. The City Attorney's role at this juncture would be to identify whether there are legal considerations, or not. If there are, the Author can work with the City Attorney's office to determine if the issues can be avoided/addressed, or if the legislation may not be possible/advisable. |
| <b>Agenda Committee makes an initial determination</b> of whether an Item is "Major" and will be referred to a Committee, with input from the Author(s).                        | <i>This tracks the current practice</i> - except that with an adopted definition of a Major Item the determination to send an item to Committee will be made according to more clearly articulated, objective standards.                                                                                                                                                                                                 | Per the existing rules, proclamations, sponsorships, ceremonial and similar items; Time Critical Items; and "Policy Track" items that are complete and have minimal impacts are currently <i>not</i> referred to Committees. <i>This practice will be unchanged.</i>                                                              |
| The Agenda Committee may <b>require a Major Item not presented and/or fully rendered according to the Guidelines to be more amply developed</b> before being sent to Committee. | <p>Authors of Major Items should do substantial research, analysis, and consultation before sending them to a Committee for further input and development.</p> <p>The Agenda Committee should be authorized to request that a major item not presented according to the Guidelines, or not substantially meeting the requirements, be further developed by the Author(s) before being sent to Committee.</p>             | Analysis should go beyond diagnosing the problem to be solved and focus on explaining and understanding the specific solutions/policies/programs being proposed, as well as alternatives considered.                                                                                                                              |
| <b>Appeal/Override</b> of Agenda Committee recommendation to revise Major Item before submission to a Committee                                                                 | Authors should be offered the opportunity to discuss an Agenda Committee recommendation to rework a Major Item at the time the recommendation is made. If, after discussion, the lead author disagrees with the Agenda Committee's request for further elaboration according to the Guidelines, the item may be referred to a Committee "as is" with a note that the Agenda Committee had requested the item be revised. | Authors should have a means to appeal a decision of the Agenda Committee to send an item back to the author for revision/expanded research, analysis or consultation and still move their items forward if they disagree with the request.                                                                                        |
| <b>Major Items that are Complete</b> go to Committee (or items that are incomplete but subject to an override)                                                                  | <i>Per existing rules</i> , Major Items will be routed to a policy committee unless an exception applies.                                                                                                                                                                                                                                                                                                                | Exceptions are already listed in the Rules.                                                                                                                                                                                                                                                                                       |



| <b>MAJOR ITEM COMMITTEE REVIEW</b>                                                                            | <b><i>Clarify and significantly improve process and substance of Major Item review @ Committee, including development of a preliminary launch and implementation plan and associated costs</i></b>                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Committee hears Major Item more than once -</b><br>First hearing includes development of a plan for review | As a general matter, Committees should plan to schedule Major Items to be heard more than once. At the first hearing, the Committee should discuss the level of analysis and consultation envisioned, identify specific stakeholders and questions Committee members would like to explore, and sketch a process for moving the item forward over several Committee meetings.                                                                                                                                             | Depending on how complex and significant the Major Item appears to be, the Committee can plan out its process of review and consultation.                                                                                                                                                                                              |
| <b>Committee reviews specific elements</b> of the proposed Major Item                                         | <p>The Guidelines require, under bullets 5-9, (5) full background on the problem/issue to be addressed, (6) the existing regulatory/legal framework, (7) potential alternative solutions to address the identified concern, (8) consultation with stakeholders, and (9) a rationale for the recommendation.</p> <p>Each of these sections should be specifically agendized for discussion (can all be same day, but should be individually considered) to ensure robust consideration of the legislation as proposed.</p> | By requiring the Committee to focus on each of these elements as a baseline review, Committee members are encouraged to do a deep dive into the basis, rationales and alternatives for the Major Item.                                                                                                                                 |
| <b>Committee identifies and does specific outreach to Stakeholders and Experts</b>                            | <p>The “public” is always welcome at Committee Meetings. In addition to general public notice, the Committee in its first meeting to review a Major Item should identify stakeholders and experts who may have valuable input. If needed, those individuals/groups should be invited by the Committee to share their perspectives.</p> <p>Staff can support outreach to ensure identified stakeholders and experts are aware of the opportunity to comment.</p>                                                           | Sectors/individuals that are supported or otherwise impacted by new policies and programs are well positioned to provide useful comments and input for the Committee. Subject matter experts may also be helpful to hear from.                                                                                                         |
| <b>Staff input is agendized and includes preliminary review of Launch and Implementation</b>                  | <p>Staff is encouraged to provide input and answer questions throughout the Committee process. Staff should be encouraged to volunteer comments and Committee Chairs should call on staff to ensure time is provided for their comments throughout the process. <i>In addition, a specific time for staff input should be agendized.</i></p> <p>The Staff presentation should include <i>preliminary review of staffing and budget/resource needs for both Launch and Implementation.</i></p>                             | Launching a new program or policy and running it are two different undertakings. Staff should specify what will need to be in place to LAUNCH (development of regulations, preparation of informational mailings, website updates, back-end systems, funding, etc. ) and to RUN/IMPLEMENT new programs and policies over the long run. |

|                                                                  |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                         |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Manage/reduce <b>Staffing of Committees</b></p>               | <p>With a better articulated “plan” for Committee review of Major Items, staffing of meetings can be more closely managed to reduce waiting time for staff members/City Attorney when not needed for one or another matter.</p> | <p>Only need Clerk + Staff Lead - Chair can work with Staff Lead to bring other Staff into discussions on as-needed basis. The City Attorney may be able to be on standby for advice when presence is not required.</p> |
| <p>Major Item moves forward to Council (all recommendations)</p> | <p>Lead Author must revise/update item to include information about resources required for Launch and Implementation of the Major Item, and to reflect any other changes, before submission to City Council.</p>                |                                                                                                                                                                                                                         |
| <p>Major Item gets <b>passed by Council</b></p>                  | <p>Goes to Budget Implementation Conference, or vote no and it's over</p>                                                                                                                                                       |                                                                                                                                                                                                                         |



Kate Harrison  
Councilmember District 4

## REVISED AGENDA MATERIAL for Supplemental Packet 2

**Meeting Date:** June 15, 2021

**Item Number:** 3

**Item Description:** Systems Alignment Proposal

**Submitted by:** Councilmember Harrison

The attached item includes Councilmember Harrison's comments about the proposed Systems Alignment Proposal as well as an alternative proposal.

It is in the public interest that the Council consider this alternative proposal as part of the Mayor's development of a revised proposal for discussion and adoption at a later date.



Kate Harrison  
Councilmember District 4

CONSENT CALENDAR

June 15, 2021

To: Honorable Mayor and Members of the City Council  
From: Councilmember Harrison  
Subject: Comments and Alternative Systems Alignment Proposal

COMMENTS AND ALTERNATIVE PROPOSAL

At the October 2019 Council retreat, the Council and the City Manager discussed various approaches to better align the legislative process to budget and implementation resources. These considerations are important and merit Council consideration and possible action. However, the proposed solution from the City Manager would also limit the voice of the public and the Council by restricting the time period for Council referrals to only four months per year.

At a Worksession on May 18, 2021 dedicated to the Systems Alignment proposal, the Council heard overwhelming public comment strongly opposed to such an approach.

A better solution lies in reexamining and modifying certain elements of the Policy Committee process as opposed to overhauling fundamental elements of Council duties.

This Supplemental discusses the shortcomings of the proposal in greater detail and advances an alternative and simpler approach to “Systems Alignment” achieving the original objective of the October 2019 retreat without sacrificing and abdicating fundamental values and responsibilities.

**A. The Proposed Systems Alignment Proposal Unduly Limits Council Duties and Responsibilities Under the City Charter**

The City Charter provides that the City Council is the “governing body of the municipality” and “shall exercise the corporate powers of the City, and... be vested with all powers of legislation in municipal affairs adequate to a complete system of local government.”

However, the proposal subjects “new significant legislation” to a labyrinth of new bureaucratic processes that will invariably and unduly limit the democratic organ of city government—the City Council—which is directly answerable to the will of the people.

## Comments and Alternative Systems Alignment Proposal

The following list provides a non-comprehensive overview/discussion of the ways the current Systems Alignment Proposal could violate the letter and spirit of the Charter:

- The proposal limits Council from submitting “new significant legislation” to four months out of the year, effectively making the Council only responsive to the people’s “significant” needs on a part-time basis as any legislation that misses the deadline is inactive for the remainder of the year. Not only does this violate the necessity of providing the Council with “all powers of legislation in municipal affairs,” but it appears to contradict the voter’s will pursuant to Measure JJ, wherein they reaffirmed the scope and appropriate remuneration of Council’s myriad legislative and oversight responsibilities.
- The determination of which legislation will be subject to additional scrutiny and processes is based on *subjective* findings by the Agenda Committee in consultation with the City Manager. This is in contrast to alternative approaches, such as those adopted in other cities, which rely upon *objective* measures such as the consideration of a piece of legislation’s budgetary or staffing implications informed by thorough discussion and investigation by Policy Committees. Furthermore, pursuant to the Council’s historic rules of procedures, *subjective judgements* of legislation are appropriately the purview of the Council as a whole, not subcommittees. The current proposal adopts an inherently conservative and subjective framework that judges all legislation by whether it “represents a significant change or addition to existing law, program, or policy, or is likely to call for or elicit significant study, analysis, or input from staff.” Legislation meeting that definition is then subjected to lengthy bureaucratic processes of more than a year.

In short, the proposed framework stands in contrast to the current Policy Committee system, whereby subcommittees are tasked with improving the quality, thoroughness and comprehension of legislation, as opposed to a subjective consideration and determination of whether a given policy change is merited largely within the narrow confines of considering limited budget and staff resources.

- Under the Charter, the Council is responsible for adopting a biannual budget. However, the proposal limits Council’s ability to adopt significant new legislation with budget implications at only one of the two primary budget processes per year.
- Legislative consultation with City staff is absolutely necessary. But the proposal encourages authors to “initially consult[] with the City Manager or city staff regarding their proposed Major Item and [note] the substance of those conversations, and initial staff input” before the item is even introduced. This system could potentially create an inappropriate layer of staff power over Council legislative prerogative, a division that the Charter is very clear about.
- The proposal requires that items align with Strategic Plan goals. While these goals are important and represent a snapshot of Council and City Staff’s vision for the city, they do not necessarily represent the totality of the people’s will as expressed

through their elected representatives at any given time.

- The Council is artificially constrained from acting upon legislation receiving an unfavorable review at the Policy Committee level. Council is reduced to a choice between proceeding through the next phase, or to vetoing a matter for the remainder of the legislative calendar if a policy committee forwards a negative recommendation. Currently, under the committee system, items not acted upon in committee within 120 days are forwarded to the Council. In this way, the proposal violates the Charter by imposing unreasonable hurdles to the exercise of “all powers of legislation in municipal affairs adequate to a complete system of local government.”
- The proposal states that all significant legislation must be submitted by April 30, and City Council Policy Committees must complete review of all Major Items assigned to them no later than June 30 of each year. This raises the question of what the Council is engaged in for the majority of the year?
- Implementation Conferences, while a good idea, are currently crafted in a way that they will delay items unnecessarily and remove discussion of budgetary impacts from the substantive discussion by policy committees. Furthermore, the proposal imposes an artificial limit with respect to holding Implementation Conferences to once per year, which will further constrain the Council’s legislative obligations.
- After the implementation conference, Policy Committees are required to provide an additional subjective consideration of major items through prioritization. This is late in the life of an item. Additionally, under this proposal, the Council is expected to once again rank significant items as part of the RRV process (behind closed doors), despite the items having already endured the lengthy Systems Alignment process and final Council approval.
- When an item fails to receive Council approval, the author is barred from resubmitting it until the following year.

## **B. Alternative Systems Alignment Proposal**

This item presents a simpler and less disruptive Systems Alignment proposal that conforms to the existing Council and Policy Committee processes and prioritizes research and investigation of items with significant budgetary and staff implications in order to better inform Council’s decision-making process as opposed to hard limits on legislation:

1. To address the backlog of outstanding items that may impact staff resources and availability to implement Council and other citywide priorities, the Council should immediately direct Policy Committees to review all such referrals and items in staff’s queue for which implementation work has not yet begun.



## Comments and Alternative Systems Alignment Proposal

Upon this review, Policy Committees would be tasked with making a recommendation to the full Council to modify or reconsider certain items in the queue.

Next, the Council should schedule worksessions (outside of the RRV process) to consider Policy Committee recommendations in a public forum and prepare a Resolution potentially dispensing with and/or reprioritizing items in the queue.

In totality, this process would contribute to streamlining the existing queue, and facilitate staff resources for implementation and development of other new and existing legislative items. In sum, through revisiting the existing queue, Council can continue to conduct substantial legislative work throughout the year.

2. The Council should revise Policy Committee process with respect to the budget and legislative implementation.

Specifically, to address potential incongruity between Council items with significant budget implications, the Council should modify its Rules of Procedure to task Policy Committees (not the Agenda Committee) with making an initial and objective determination of whether a prospective item has significant budget and/or staffing impacts (**See Attachment 1** for a detailed flowchart of the Alternative Proposal):

- Upon an insignificant budget determination, the item and any related budget referral would proceed through the normal Policy Committee track process on a maximum 90-day timeline.
- Upon a significant determination, the item would be placed on a different Policy Committee track such that the Policy Committee would have a maximum of 120 days to research and investigate the budget and staffing implications of the item, any related budget referral, and policy implications, in order to *inform* Council's ultimate consideration. As part of the 120 day process, the Committee would facilitate an Implementation Conference hearing(s) with City staff, the author, and Committee members in order to prepare an Implementation Report.
- Once the Committee has made its policy recommendation and finalized its Implementation Report, the item would proceed to the Agenda Committee for scheduling at Council.
- Upon Council adoption of items with either significant or insignificant budget/staffing implications, the budget aspect of the item would proceed to either the June or November budget process pursuant to Council-established deadlines for consideration of budget items. For example, the

Comments and Alternative Systems Alignment Proposal

Council could establish deadlines of May and October for the respective budget processes. Therefore, the Budget Committee would only consider budget items that were passed ahead of the respective deadlines. Those that miss the deadline or are ultimately unfunded would be automatically carried over to the next budget process.

This alternative proposal would achieve the important goal of aligning Council items with significant budget and staff impacts with legislation in an objective way that is not detrimental to the Council's obligations under the Charter.

It is in the public interest that the Council consider this alternative proposal as part of the Mayor's development of a revised proposal for discussion and adoption at a later date.

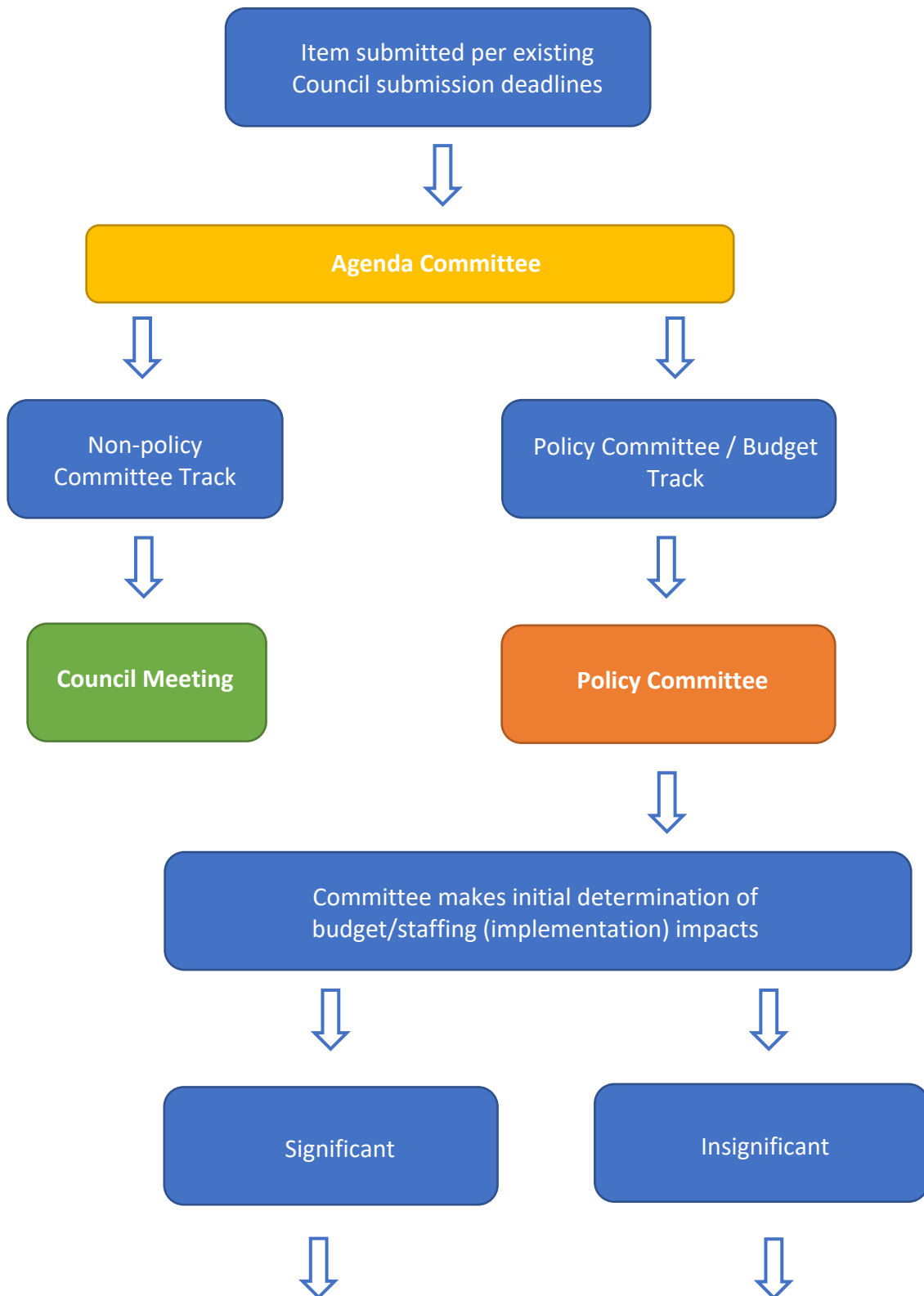
CONTACT

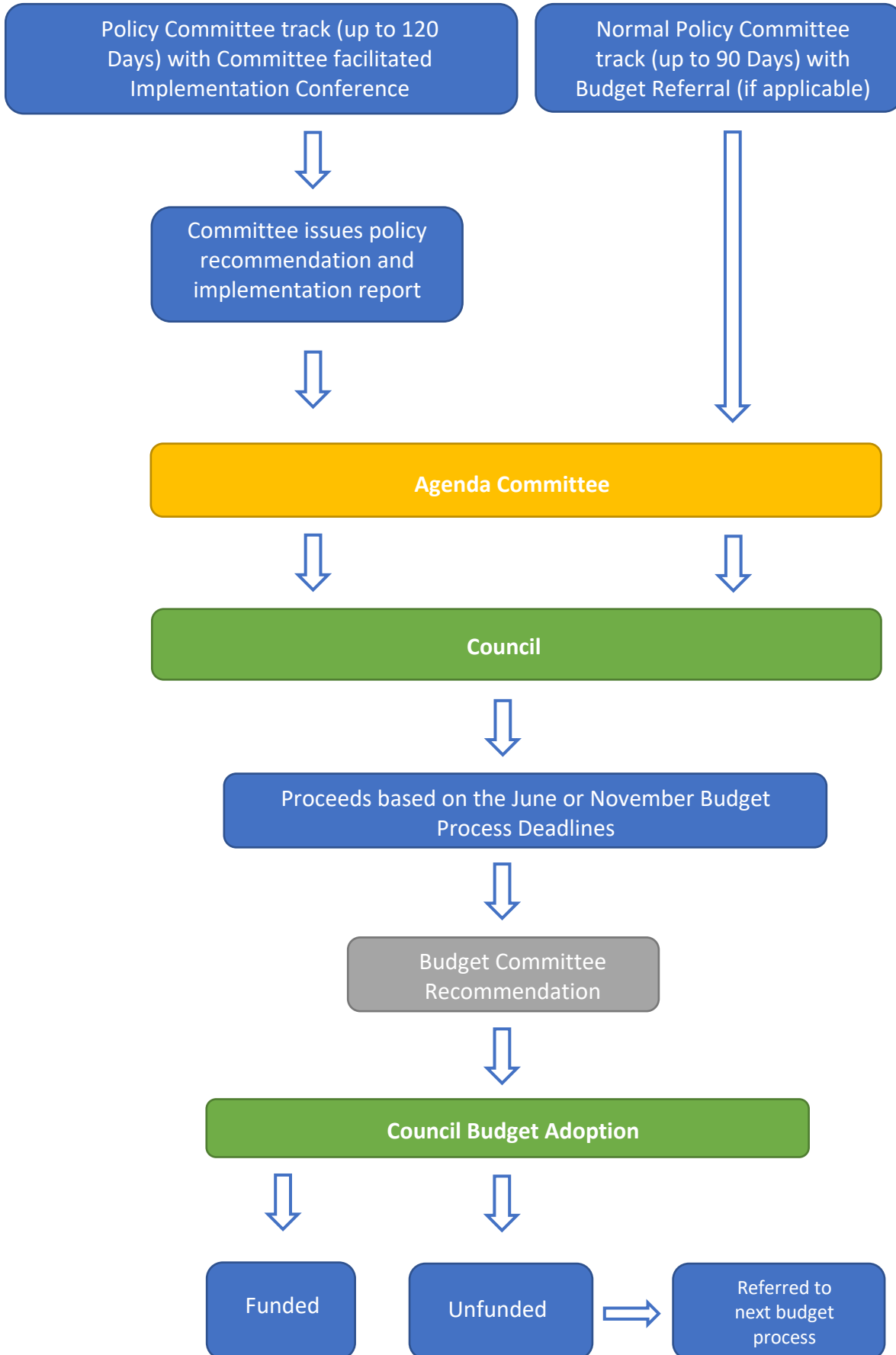
Councilmember Kate Harrison  
kharrison@cityofberkeley.info | 510-981-7140

ATTACHMENTS:

1. Flowchart of Alternative Systems Alignment Proposal

### Alternative Systems Alignment Proposal







Office of the City Manager

CONSENT CALENDAR

June 15, 2021

*(continued from May 18, 2021)*

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: David White, Deputy City Manager

Subject: Systems Alignment Proposal

RECOMMENDATION

Review the proposal for systems alignment and provide edits and suggestions in order to compile Council feedback for the purpose of drafting a revised proposal for adoption.

SUMMARY

The City Council discussed the Systems Alignment proposal at a Worksession on May 18, 2021. The item was continued to June 15 to allow Councilmembers to submit suggestions and changes to the original plan. The Mayor will consolidate the input from the Council and the public and return with a revised proposal for discussion and adoption at a later date.

FISCAL IMPACTS OF RECOMMENDATION

While the recommendation of this report would not entail fiscal impacts, if adopted, the proposal would have budgetary effects. Broadly speaking, the proposal is designed to better ensure adequate financial and staffing resources are identified and approved with any adopted significant legislation<sup>1</sup> (Major Item).

CURRENT SITUATION AND ITS EFFECTS

This report proposes a process to integrate various systems (e.g., budget, Strategic Plan, prioritization of referrals, etc.) to ensure that resources are appropriately allocated, to focus the organization and employees on those priorities established by the City Council and City Manager, and to enhance legislative and budget processes. Ultimately, aligning systems will help ensure our community's values as reflected in the policies of our City Council are implemented completely and efficiently, with increased fiscal prudence, while supporting more meaningful service delivery. In light of the economic and financial impacts of COVID-19 and resource constraints, it is imperative to improve

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<sup>1</sup> New significant legislation is defined, with some explicit exceptions, as "any law, program, or policy that represents a significant change or addition to existing law, program, or policy, or is likely to call for or elicit significant study, analysis, or input from staff, Councilmembers or members of the public". See Council Rules of Procedure, [https://www.cityofberkeley.info/uploadedFiles/Clerk/Level\\_3\\_-\\_City\\_Council/City%20Council%20Rules%20of%20Procedure.pdf](https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_City_Council/City%20Council%20Rules%20of%20Procedure.pdf).

vetting and costing of new projects and legislative initiatives to ensure success. In addition, the purpose of this proposal will align our work with the budget process.

The proposed changes outlined in this memorandum will better guide and inform budget development, clarify tradeoffs by identifying operational impacts, and develop a more effective and time-efficient path to implementation. These changes support a clear and full realizing of City Council policies, programs, and vision. The major features of the proposal are:

- Changing the order of the legislative process to ensure that Major Items (defined below) passed by Council are funded, as well as folded into staff workplans and staffing capacity,
- Making the City Council Rules of Procedure Appendix B guidelines mandatory,
- Ensuring that Major Items that are adopted by City Council are vetted and clearly identify the resources needed for implementation,
- Consolidating and simplifying reporting and tracking of Major Items, and
- Creating a deadline for each year's Major Items that allows for alignment with prioritization, the Strategic Plan, and the budget process.

Additionally, the proposed Systems Alignment would advance the City's Strategic Plan goal to provide an efficient and financially-health City government.

## **PROPOSED PROCESS**

The proposed process outlined in this memorandum replaces the current system of referrals (short and long term, as well as Commission referrals), directives, and new proposed ordinances, that is, all Major Items, regardless of "type" or origin will be subject to this process.

### **Step 1: Major Item Determination**

The systems alignment proposal outlines a process for Major Items.

#### ***Defined in Council Rules of Procedure***

Major Items are "new significant legislation" as defined in Appendix D of the [City Council Rules of Procedure](#):

Except as provided below, "new significant legislation" is defined as any law, program, or policy that represents a significant change or addition to existing law, program, or policy, or is likely to call for or elicit significant study, analysis, or input from staff, Councilmembers or members of the public.

The exceptions to the definition of new significant legislation and process state:

New significant legislation originating from the Council, Commissions, or Staff related to the City's COVID-19 response<sup>2</sup>, including but not limited to health and

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<sup>2</sup> If this proposal is adopted, "COVID-19" should be replaced with "declared emergency response" in the exception language.



economic impacts of the pandemic or recovery, or addressing other health and safety concerns, the City Budget process, or other essential or ongoing City processes or business will be allowed to move forward, as well as legislative items that are urgent, time sensitive, smaller, or less impactful.

The Agenda & Rules Committee, in consultation with the City Manager, will make the initial determination of whether something is a Major Item, using the Major Item Determination Checklist (see attachment 1). At any time in the process, if evidence demonstrates that the initial determination of the proposal as a Major Item proves incorrect, then it is no longer subject to this process. Additionally, if any legislation it originally deemed not to be a Major Item, the author or City Manager may appeal to the Agenda and Rules Committee or to the full Council and present evidence to the contrary.

### ***Required Conformance and Consultation***

All Major Items must use the agenda guidelines in Appendix B of the Council Rules, which require more detailed background information and analysis. The Agenda and Rules Committee can send the item back to the author if it is not complete and/or does not include all of the information required in Appendix B. The author must make a good faith effort to ensure all the guideline prompts are completed in substance not just in form.

Major Items must include a section noting whether the author has initially consulted with the City Manager or city staff regarding their proposed Major Item and the substance of those conversations, and initial staff input.

### ***Required Submission Date***

A Major Item must be submitted in time to appear on the agenda of an Agenda & Rules Committee meeting occurring no later than April 30 of every year. Any item submitted after that deadline, that does not meet an exemption, will be continued to the following year's legislative process.

Major Items will be referred by the Agenda & Rules committee on a rolling basis.

### **Step 2: Policy Committee Review**

A Major Item, once introduced and deemed complete and in conformance by the Agenda and Rules Committee, will be referred to one of City Council's Policy Committees (i.e., Health, Life Enrichment, Equity and Community, Public Safety, etc.), for review, recommendation, and high-level discussion of implementation (i.e., ideas, rough cost estimates, benefits, etc.). Per the [Council Rules of Procedure](#),<sup>3</sup> the Policy

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<sup>3</sup> [https://www.cityofberkeley.info/uploadedFiles/Clerk/Level\\_3\\_-\\_City\\_Council/City%20Council%20Rules%20of%20Procedure%20-%20Feb%2011%202020%20-%20FINAL.pdf](https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_City_Council/City%20Council%20Rules%20of%20Procedure%20-%20Feb%2011%202020%20-%20FINAL.pdf)

Committee will review the Major Item and the completed Major Item Determination Checklist to confirm Agenda & Rules initial determination that the Major Item is complete in accordance with Section III.B.2 and aligns with Strategic Plan goals. If the Major Item receives a positive or qualified positive recommendation, then it will go to an Implementation Conference (See step 3, Vetting and Costing).

If the Major Item receives a negative or qualified negative recommendation, then it will be returned to the Agenda and Rules Committee to be placed on a City Council Agenda. When heard at a City Council meeting, the author can advocate for the Major Item to be sent to an Implementation Conference. If the Major Item does not receive a vote by the majority of City Council at this step, it becomes inactive for that year's legislative calendar but may be reintroduced for the next year's calendar.

City Council Policy Committees must complete review of all Major Items assigned to them no later than June 30 of each year.

### **Step 3: Implementation Conference (Vetting and Costing)**

At an Implementation Conference, the primary author will meet with the City Manager or designee, City Manager-selected staff subject matter experts, and the City Attorney or designee.

#### ***Identifying Fiscal, Operational and Implementation Impacts***

The intended outcome of an Implementation Conference is a strong analysis containing all of the considerations and resources necessary to support implementation should Council choose to approve the Major Item.

The Implementation Conference is an informal meeting where the primary author can collaborate with the City Manager, City Attorney, and staff to better define the Major Item and identify more detailed fiscal and operational impacts, as well as implementation considerations. The information discussed during the Implementation Conference will be summarized in the Council Report as part of newly required sections (see attachment 2), in conformance with Appendix B:

- *Initial Consultation*, which
  - Lists internal and external stakeholders that were consulted, including whether item was concurrently submitted to a Commission for input,
  - Summarizes and confirms what was learned from consultation,
  - Confirms legal review addressing any legal or pre-emption issues, ensuring legal form,<sup>4</sup>
- *Implementation, Administration, and Enforcement*, which
  - Identifies internal and external benefits and impacts, and

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<sup>4</sup> While consultation with the City Attorney is mentioned in Appendix B, the legal review and "confirmations" recommended in this proposal is a more specific and robust requirement.

- Considers equity implications, launch/initiation of Major Item and its ongoing administration, and
- *Fiscal & Operational Impacts*, which
  - Summarizes any operational impacts,
  - Identifies necessary resources, including specific staff resources needed and costs.<sup>5</sup>

As part of the Implementation Conference, staff will provide a high level work plan, indicating major deliverables/milestones and dates. This information can be collected and recorded using the Implementation Conference Worksheet (see attachment 2).

Implementation Conferences will be date certain meetings held in July.

### ***Revising the Major Item***

After the Major Item's author revises the original Council Report based on information from the Implementation Conference, the Major Item will be submitted to the Council agenda process. If additional full time equivalent employee(s) (FTE) or fiscal resources are needed, the Major Item must include a referral to the budget process and identify the amount for implementation of the policy or program.

### **Step 4: Initial Prioritization**

At their first meetings in September, Policy Committees must complete the ranking of the Major Items which were referred to them and also completed the Implementation Conference. The Policy Committees will provide these rankings in the form of a recommendation to the City Council. The Policy Committees prioritization will use the Policy Committee Ranking Form (see attachment 3) to standardize consideration of Major Items across Policy Committees. The Policy Committee priority rankings will be submitted to the City Council when the Council is considering items to move forward in the budget and Strategic Plan process.

### **Step 5: City Council Approval and Final Prioritization**

Under this proposal, all Major Items that the City Council considers for approved prioritization must have:

1. Received a City Council Policy Committee review and recommendation,
2. Received a City Council Policy Committee prioritization,
3. Completed the Implementation Conference, and
4. Been placed on the Agenda for a regular or special Council meeting in October for approval and inclusion in the RRV process.

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<sup>5</sup> Appendix B does require a Fiscal Impacts section, but the inclusion of operational impacts and specific noting of required staff resources and costs recommended in this proposal is a more specific and robust requirement.

At the designated Council meeting in October, staff will provide the Council with a list of all approved Major Items, including the initial prioritization by Policy Committee. The Council will consider each Major Item for approval. All approved Major Items then will be added to the RRV process (i.e., with other items, referrals, etc) and ranked. The RRV ranking will begin in late October. These rankings will be adopted by Council and used to inform the development of the draft budget. Approved and ranked Major Items have multiple opportunities to be approved for funding, when the biennial budget or mid-cycle budget is adopted in June or when the Annual Appropriations Ordinances are adopted in May and November.

If a Major Item *does not receive the endorsement* of City Council at this step, it becomes inactive for that year's legislative calendar and may be reintroduced for the next year's calendar.

City Council must complete its Major Items approval, and RRV process no later than the final meeting in December of each year.<sup>6</sup> This ensures that staff is able to develop the budget starting from and based on Council priorities.

#### **Step 6: Budget & Strategic Plan Process**

The Council's rankings are also forwarded to the Budget and Finance Committee for consideration as part of budget development. If the proposal is not ultimately funded in the biennial budget, mid-cycle budget or the Annual Appropriations Ordinance (mid-year budget amendment), then it does not move forward that year and will be added to a list of unfunded proposals for the future budget process.

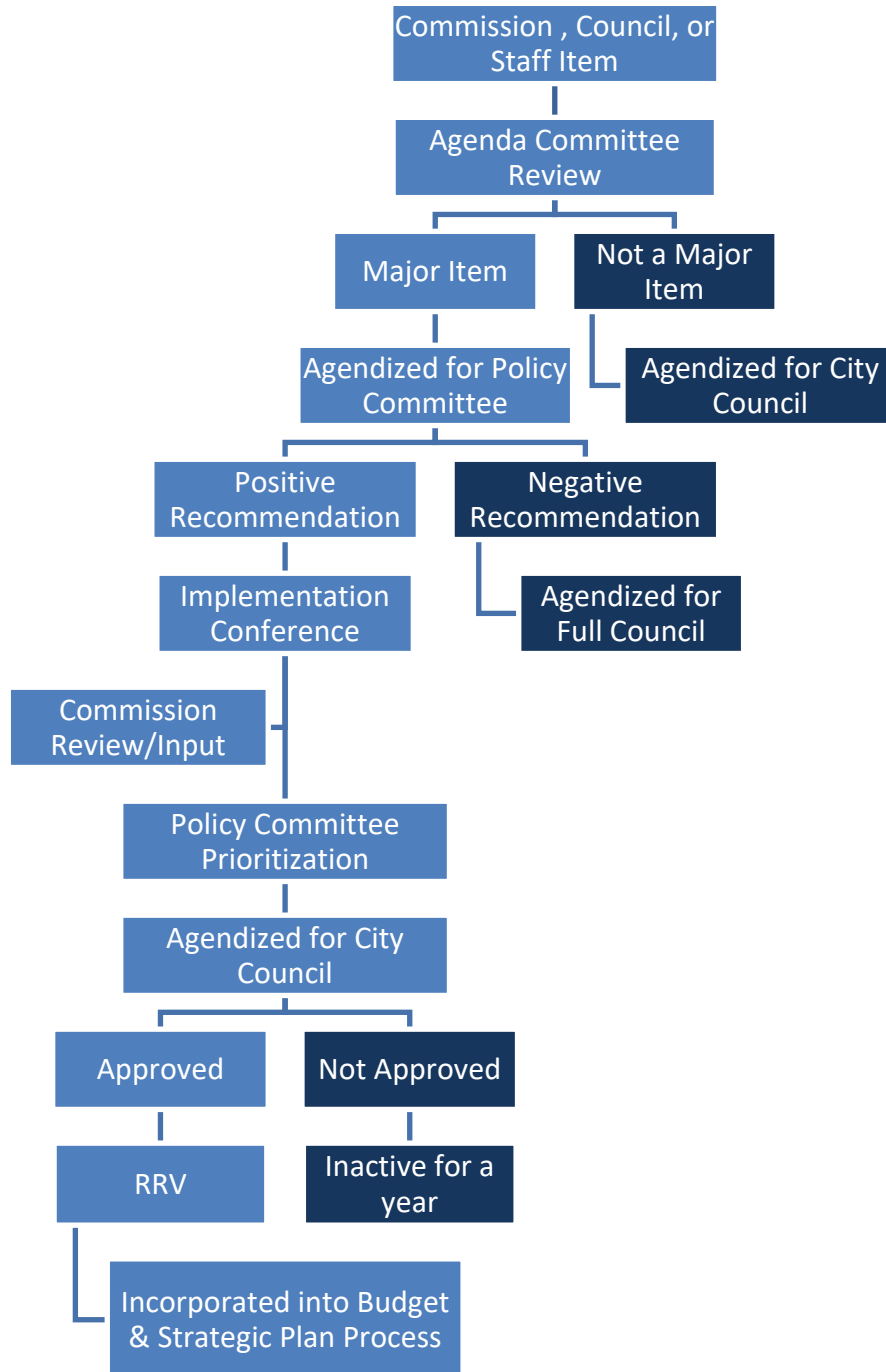
During December and January, city staff will prepare budget proposals that incorporate the ranked City Council Major Items, Strategic Plan, and work plan development. In the late winter/early spring, the City Manager and Budget Office will present the draft budget to Council. This will be followed by department presentations to the Budget and Finance Policy Committee. From late March and through early May, Council and staff will refine the budget. Council will hold budget hearings in May and June, with adoption of the budget by June 30. Although the legislative process (i.e., Policy Committee review, Implementation Conference, Prioritization) is annual, staff recommends the budget process remain biennial. A significant mid-cycle budget update can easily accommodate additions to or changes in priorities arising through the legislative process.

The proposed process is depicted in Figure 1 and the proposed launch calendar in Figure 2.

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<sup>6</sup> Due to noticing requirements, an RRV process completed by November 30 may not appear on a City Council Agenda for adoption until January.

Figure 1, Proposed Process<sup>7</sup>

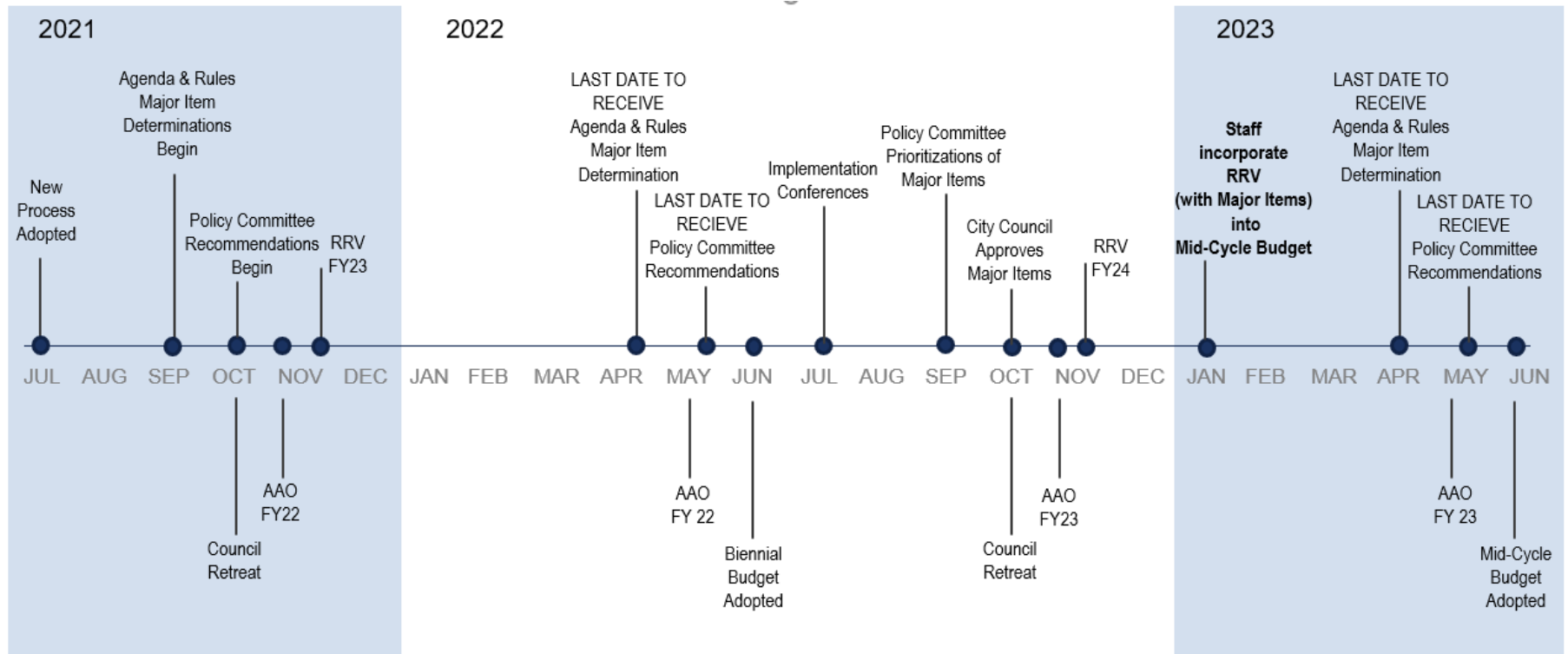


<sup>7</sup> Major Items that are ordinances will need to be examined on a case-by-case basis. Once adopted, ranked, and, if requiring resources, budgeted, the ordinance will need to be given an effective date and scheduled for first and second readings at Council.



Office of the City Manager

Figure 2, Proposed Launch







Office of the City Manager

### **Next Steps**

Staff will reach out to legislative aides for input and the City Manager will meet individually with Councilmembers to discuss this proposal. Staff will incorporate Council input from the worksession, and from subsequent input into a resolution and return to Council with a final Systems Alignment item for adoption by July 2021.

### **Benefits**

The addition of an Implementation Conference will ensure that Major Items considered by Council are properly resourced, improving our City's responsible management of fiscal resources. Analysis from the Implementation Conference will help Council to balance and consider each Major Item within the context of related programs and potential impacts (positive and negative). When considered holistically, new policy implementation can be supportive of existing work and service delivery.

Since the proposed process places the City Council prioritization of Major Items immediately before budget preparation, the Prioritization will guide and inform budget development, including components such as the Strategic Plan and work plans. Fixing the sequencing of the process is a key benefit. Currently, with prioritization occurring in May and June, the budget process is nearing completion when City Council's priorities are finally decided. This leads to inconsistencies between adopted priorities and budgeting for those priorities.

Under the current process, an idea may go into prioritization, proceed to the short term referral list or referred to the budget process. However, the resulting Major Item may not have addressed operational considerations. Adding such items to a department's work at any given time of the year may lead to staff stopping or slowing work on other prioritized projects in order to develop and implement new Major Items. Also, it may be difficult for staff to prioritize their projects: is stopping/slowing of work that is already underway in order to address new items the preference of the full Council?

Also, because consideration of implementation currently occurs after the adoption of a Major Item, features of the adopted language may unintentionally constrain effective implementation, complicating and slowing progress on the Major Item and hindering the effectiveness of the new program or regulation.

With the proposed process, a Major Item does not go through prioritization until there is an opportunity for staff to identify operational considerations. Finally, since implementation only occurs after operational considerations are reported, and funds are

allocated, the resulting Major Item should move more quickly from idea to successful completion.

### BACKGROUND

In October 2019, City Council held a half-day worksession to discuss systems realignment and provide direction on potential changes to the city's legislative process. The purpose of the meeting was to develop recommendations for how various systems (e.g., budget, Strategic Plan, RRV, etc) could better work together to ensure that the organization is able to focus on the priorities established by the City Council. The City Manager took direction from that meeting and worked with department directors and the Budget Office to create this proposal.

### ENVIRONMENTAL SUSTAINABILITY

By improving efficiency, ensuring adequate resources, and strengthening implementation, this proposal would increase the speed and full adoption of new significant legislation, including sustainability work.

### RATIONALE FOR RECOMMENDATION

The City of Berkeley is unique in comparison to many cities. It considers and approves many more policies, often at the cutting edge, than a typical city and especially for a city of its size. This proposal is a hybrid, incorporating city processes while mirroring State and Federal legislative processes which accommodate a larger number of policies and items in a given cycle. The disadvantage of this proposal is that it introduces additional steps, such as the implementation conference. The advantages of this proposal, are:

- Ensuring adopted legislation is adequately resourced, in terms of both staffing and budget;
- Providing adequate context for Council to balance and consider items in relation to potential positive and negative impacts; and
- Strengthening the effectiveness and efficiency of policy implementation.

### ALTERNATIVE ACTIONS CONSIDERED

At the Council retreat in October 2019, a variety of approaches and ideas were discussed and considered. Additionally, the original version of this proposal was substantively revised through the Policy Committee process.

If the Council takes no action on this item, the existing process will continue to result in inadequately resourced adopted legislation and inefficient and complicated implementation.

### CONTACT PERSON

David White, Deputy City Manager, (510) 981-7012

Attachments:

- 1: Major Item Determination Checklist
- 2: Council Report Template and Implementation Conference Worksheet
- 3: Policy Committee Ranking Form
- 4: Vice Mayor Droste Supplemental



# Major Item Determination Checklist

**Item Name:**

**Item Author:**

**Is this a Major Item?**

- |                          |                          |                                                                                                                                |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Yes                      | No                       |                                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Item represents a significant change to existing law, program, or policy.                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Item represents a significant addition to existing law, program, or policy.                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is likely to call for or elicit significant study, analysis or input from staff, Councilmembers, or members of the public |

**Is this eligible for an Exemption?**

- |                          |                          |                                                                     |
|--------------------------|--------------------------|---------------------------------------------------------------------|
| Yes                      | No                       |                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is related the City's COVID-19 response.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is related to the City Budget process.                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is related to essential or ongoing City processes or business. |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is urgent.                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is time-sensitive.                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is smaller.                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is less impactful.                                             |

**Agenda Committee Determination:**

Major Item  Exempted

Indicate name and date below.

Per Committee Member \_\_\_\_\_

Per Committee Member \_\_\_\_\_

Per Committee Member \_\_\_\_\_

**Policy Committee Confirmation:**

Determination Confirmed  Sent back to be agendized for full Council consideration

Indicate name and date below.

Per Committee Member \_\_\_\_\_

Per Committee Member \_\_\_\_\_

Per Committee Member \_\_\_\_\_



[First Lastname]  
Councilmember District [District No.]

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

To: Honorable Mayor and Members of the City Council

From: [Councilmember (lastname)]

Subject: [Brief Report Title (No underline and not all caps.)]

RECOMMENDATION

Adopt a Resolution...  
or Support ...  
or write a letter to \_\_\_ in support of \_\_\_\_\_...  
or other recommendation....

FINANCIAL-FISCAL & OPERATIONAL IMPACTS IMPLICATIONS

*This section must include operational impacts, identify any staff resources (full time exempt employee/FTE) required, and financial costs.*

IMPLEMENTATION, ADMINISTRATION AND ENFORCEMENT

*This section must describe benefits and impacts to both internal and external stakeholders. It should also consider equity; the launch or initiation of the item; and its ongoing administration once implemented.*

CURRENT SITUATION AND ITS EFFECTS

*For items that relate to one of the Strategic Plan goals, include a standard sentence in the Current Situation and Effects or Background section:*

[Insert project name] is a Strategic Plan Priority Project, advancing our goal to [pick one:]

- provide state-of-the-art, well-maintained infrastructure, amenities, and facilities.
- provide an efficient and financially-health City government.
- foster a dynamic, sustainable, and locally-based economy.
- create affordable housing and housing support service for our most vulnerable community members.
- create a resilient, safe, connected, and prepared city.
- champion and demonstrate social and racial equity.
- be a global leader in addressing climate change, advancing environmental justice, and protecting the environment.

[Title of Report]

CALENDAR

Macrobutton NoMacro [Meeting Date (MM dd, yyyy)]

- be a customer-focused organization that provides excellent, timely, easily-accessible service and information to the community.
- attract and retain a talented and diverse City government workforce.

BACKGROUND

INITIAL CONSULTATION

*This section should list the external and internal stakeholders, indicate whether the item was submitted to a commission for input, and summarize what was learned from consulting with stakeholders.*

ENVIRONMENTAL SUSTAINABILITY

CONTACT PERSON

Councilmember [First Lastname] Council District [District No.] 510-981-[XXXX]

Attachments: [Delete if there are NO Attachments]

1: Resolution

Exhibit A: [Title or Description of Exhibit]

Exhibit B: [Title or Description of Exhibit]

2: [Title or Description of Attachment]

3: [Title or Description of Attachment]



RESOLUTION NO. ##,###-N.S.

SHORT TITLE OF RESOLUTION HERE

WHEREAS, (Whereas' are necessary when an explanation or legislative history is required); and

WHEREAS, (Insert Additional 'Whereas Clauses' as needed); and

WHEREAS, enter text here; and

WHEREAS, enter text here; and

WHEREAS, (The last "Whereas" paragraph should contain a period (.) .

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that (Action to be taken) - ends in a period (.).

BE IT FURTHER RESOLVED that (for further action if needed; if not delete) - ends in a period (.).

Exhibits **[Delete if there are NO exhibits]**

A: Title of the Exhibit

B: Title of the Exhibit



## Implementation Conference Worksheet

**Item Name:**

**Item Author:**

### AUTHOR SECTION

The author of the item may complete this section to help record required information for the report.

|                                                                               |
|-------------------------------------------------------------------------------|
| Descriptive title:                                                            |
| Is this for Consent, Action, or Information Calendar?                         |
| Recommendation:                                                               |
| Summary statement:                                                            |
| Background (history, circumstances and concerns to be addressed by the item): |
| Plans, programs, policies and/or laws were taken into consideration:          |
| Actions/alternatives considered:                                              |
| Internal stakeholders consulted:                                              |
| Name/date of Commission(s) item submitted to for input:                       |
| List of external stakeholders consulted:                                      |

|                                                                                       |
|---------------------------------------------------------------------------------------|
| Summary of what was learned from consulting stakeholders:                             |
| Rationale for recommendation:                                                         |
| Internal Benefits of Implementation:                                                  |
| Internal Impacts of Implementation:                                                   |
| External Benefits of Implementation:                                                  |
| External Impacts of Implementation:                                                   |
| Equity Considerations:                                                                |
| Launch and Implementation Milestones (see staff section)                              |
| Environmental Impacts:                                                                |
| Operational Impacts:                                                                  |
| Staff Resources Needed:<br><br>Number of FTE/hours:<br>Type of staff resource needed: |
| Costs:<br><br>Amount(s):<br>Funding Source:                                           |

**STAFF SECTION**

Staff may complete section to provide required information for the report.

|                                                            |                    |
|------------------------------------------------------------|--------------------|
| <b>Estimated Launch/implementation Deliverables/Dates:</b> |                    |
| <i>Month/Year</i>                                          | <i>Deliverable</i> |
| <b>Estimated Administration Deliverables/Dates:</b>        |                    |
| <i>Month/Year</i>                                          | <i>Deliverable</i> |

**Legal Consultation:**

Confirmed

Name/Date \_\_\_\_\_

**Staff Consultation:**

Confirmed

Name(s)/Date(s) \_\_\_\_\_





Lori Droste  
Vice Mayor District 8

## **SUPPLEMENTAL AGENDA MATERIAL for Supplemental Packet 3**

**Meeting Date:** May 18, 2021

**Item Number:** 2

**Item Description:** Systems Realignment

**Submitted by:** Vice Mayor Lori Droste

**Subject:** Comments on Systems Realignment





Lori Droste  
Vice Mayor District 8

To: Mayor and Council  
From: Vice Mayor Lori Droste  
Subject: Comments on the Systems Realignment

P. 13- what is “smaller” and “less impactful” and how is that determined?

P. 14- the council item template should include a problem definition and frontload the evidence (background, consultation, review) and include criteria considered. Strategic plan alignment, fiscal and operational impacts, environmental sustainability can be embedded under this heading. I would also argue that “Benefit” or “Effectiveness” should be included in Criteria Considered. Also, equity and administrative feasibility are separate criteria to be considered. Council is not involved in enforcement so I recommend that it be eliminated. Furthermore, as currently written the Current Situation and Its Effects describes the Strategic Plan goals and not the status quo situation.

General Template Outline:

- 1) Recommendation
- 2) Problem Statement
- 3) Background and Consultation
- 4) Current Situation and Its Effects
- 5) Criteria Considered (*new heading*)
  - a) Benefit or Effectiveness (*new*)
  - b) Fiscal Considerations
  - c) Strategic Plan Alignment (pick a goal)
  - d) Environmental Sustainability
  - e) Equity
  - f) Operational and Administrative Considerations (*moved operational considerations to a separate category*)
- 6) Rationale for Recommendation (*new*)

P. 15 Implementation Conference Worksheet

I recommend reducing the amount of redundant components in the implementation conference worksheet and specifying what “impact” means. Does it mean benefit? Does it mean tradeoff? In either case, I believe it is covered by other elements of this worksheet.

P. 19- There is no description of *how* policy committee members' rankings will be aggregated. Furthermore, the "ranking" is orthogonal and could be completely contradictory to the staffing, benefit, and costs. Scoring legislative items instead of ranking them will allow for easier prioritization. A cardinal voting system like this is more expressive, accurate and easier to understand. It also lessens vote splitting.

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

To: Honorable Mayor and Members of the City Council From: [Councilmember (lastname)]

Subject: [Brief Report Title (No underline and not all caps.)]

RECOMMENDATION Adopt a Resolution... or Support ... or write a letter to \_\_\_ in support of \_\_\_\_\_... or other recommendation....

**PROBLEM STATEMENT**

**This section should identify the problem with specifics and enough context to explain why it merits public amelioration.**

*(Background and Evidence Should be Provided At the Beginning)*

BACKGROUND **AND** INITIAL CONSULTATION This section should list the external and internal stakeholders, indicate whether the item was submitted to a commission for input, and summarize what was learned from consulting with stakeholders.

**CURRENT SITUATION AND ITS EFFECTS**

*This section should explain the status quo and how it attempts to address the defined problem.*

**CRITERIA CONSIDERED**

- FINANCIAL FISCAL & OPERATIONAL IMPACTS IMPLICATIONS This section must include operational impacts, identify any staff resources (full time exempt employee/FTE) required, and financial costs.

~~IMPLEMENTATION, ADMINISTRATION AND ENFORCEMENT This section must describe benefits and impacts to both internal and external stakeholders. It should also consider equity; the launch or initiation of the item; and its ongoing administration once implemented. Equity should be a standalone category separate from administrative feasibility. Rename this section Operational and Administrative Considerations~~

- ~~CURRENT SITUATION AND ITS EFFECTS~~ For items that relate to one of the Strategic Plan goals, include a standard sentence in the Current Situation and Effects or Background section: [Insert project name] is a Strategic Plan **Alignment** Priority Project, advancing our goal to [pick one:]
  - provide state-of-the-art, well-maintained infrastructure, amenities, and facilities.
  - provide an efficient and financially-health City government.
  - foster a dynamic, sustainable, and locally-based economy.
  - create affordable housing and housing support service for our most vulnerable community members.
  - create a resilient, safe, connected, and prepared city.
  - champion and demonstrate social and racial equity.

- be a global leader in addressing climate change, advancing environmental justice, and protecting the environment.
- be a customer-focused organization that provides excellent, timely, easily accessible service and information to the community.
- attract and retain a talented and diverse City government workforce.
- ENVIRONMENTAL SUSTAINABILITY

### **RATIONALE FOR RECOMMENDATION**

This section should describe how the author landed on the recommendation using the criteria considered. This section can also describe other alternatives considered.

### CONTACT PERSON

Councilmember [First Last Name] Council District [District No.] 510-981-[XXXX]

Attachments: [Delete if there are NO Attachments]

1: Resolution Exhibit A: [Title or Description of Exhibit] Exhibit B: [Title or Description of Exhibit]

2: [Title or Description of Attachment]

3: [Title or Description of Attachment]

## Implementation Conference Worksheet

|                                                                                    |
|------------------------------------------------------------------------------------|
| Descriptive Title                                                                  |
| Consent Action or Information                                                      |
| Recommendation                                                                     |
| <b><u>Problem Statement</u></b>                                                    |
| Background, etc                                                                    |
| Plans, etc.                                                                        |
| <b><u>Current Situation and Its Effects</u></b>                                    |
| Actions/Alternatives Considered                                                    |
| <b><u>Stakeholders Consultation and Results</u></b>                                |
| Internal Stakeholders Consulted                                                    |
| Name/date of Commission(s) item submitted to for input                             |
| List of external stakeholders consulted                                            |
| Summary of what was learned from consulting stakeholders                           |
| Rationale for Recommendation <i>should go at the end after evaluative criteria</i> |
| <b><u>Policy Benefit</u></b>                                                       |
| Internal Benefits of Implementation:                                               |
| Internal Impacts of Implementation:                                                |
| External Benefits of Implementation:                                               |
| External Impacts of Implementation:                                                |
| Equity Considerations                                                              |
| Environmental Considerations                                                       |
| Operational Impacts                                                                |
| <b><u>Strategic Plan Goal Alignment</u></b>                                        |
| Staff Resources Needed (Number of FTE/hours, Type of staff resource needed):       |
| Costs (Amount(s), Funding Source):                                                 |
| <b><u>Rationale for Recommendation</u></b> <i>(after analysis)</i>                 |







Lori Droste  
Vice Mayor District 8

## **SUPPLEMENTAL AGENDA MATERIAL for Supplemental Packet 3**

**Meeting Date:** May 18, 2021

**Item Number:** 2

**Item Description:** Systems Realignment

**Submitted by:** Vice Mayor Lori Droste

**Subject:** Comments on Systems Realignment



Lori Droste  
Vice Mayor District 8

To: Mayor and Council  
From: Vice Mayor Lori Droste  
Subject: Comments on the Systems Realignment

P. 13- what is “smaller” and “less impactful” and how is that determined?

P. 14- the council item template should include a problem definition and frontload the evidence (background, consultation, review) and include criteria considered. Strategic plan alignment, fiscal and operational impacts, environmental sustainability can be embedded under this heading. I would also argue that “Benefit” or “Effectiveness” should be included in Criteria Considered. Also, equity and administrative feasibility are separate criteria to be considered. Council is not involved in enforcement so I recommend that it be eliminated. Furthermore, as currently written the Current Situation and Its Effects describes the Strategic Plan goals and not the status quo situation.

General Template Outline:

- 1) Recommendation
- 2) Problem Statement
- 3) Background and Consultation
- 4) Current Situation and Its Effects
- 5) Criteria Considered (*new heading*)
  - a) Benefit or Effectiveness (*new*)
  - b) Fiscal Considerations
  - c) Strategic Plan Alignment (pick a goal)
  - d) Environmental Sustainability
  - e) Equity
  - f) Operational and Administrative Considerations (*moved operational considerations to a separate category*)
- 6) Rationale for Recommendation (*new*)

P. 15 Implementation Conference Worksheet

I recommend reducing the amount of redundant components in the implementation conference worksheet and specifying what “impact” means. Does it mean benefit? Does it mean tradeoff? In either case, I believe it is covered by other elements of this worksheet.

P. 19- There is no description of *how* policy committee members' rankings will be aggregated. Furthermore, the "ranking" is orthogonal and could be completely contradictory to the staffing, benefit, and costs. Scoring legislative items instead of ranking them will allow for easier prioritization. A cardinal voting system like this is more expressive, accurate and easier to understand. It also lessens vote splitting.

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

To: Honorable Mayor and Members of the City Council From: [Councilmember (lastname)]

Subject: [Brief Report Title (No underline and not all caps.)]

RECOMMENDATION Adopt a Resolution... or Support ... or write a letter to \_\_\_ in support of \_\_\_\_\_... or other recommendation....

### **PROBLEM STATEMENT**

**This section should identify the problem with specifics and enough context to explain why it merits public amelioration.**

*(Background and Evidence Should be Provided At the Beginning)*

BACKGROUND **AND** INITIAL CONSULTATION This section should list the external and internal stakeholders, indicate whether the item was submitted to a commission for input, and summarize what was learned from consulting with stakeholders.

### **CURRENT SITUATION AND ITS EFFECTS**

This section should explain the status quo and how it attempts to address the defined problem.

### **CRITERIA CONSIDERED**

- FINANCIAL FISCAL & OPERATIONAL IMPACTS IMPLICATIONS This section must include operational impacts, identify any staff resources (full time exempt employee/FTE) required, and financial costs.

~~IMPLEMENTATION, ADMINISTRATION AND ENFORCEMENT This section must describe benefits and impacts to both internal and external stakeholders. It should also consider equity; the launch or initiation of the item; and its ongoing administration once implemented. Equity should be a standalone category separate from administrative feasibility. Rename this section Operational and Administrative Considerations~~

- ~~CURRENT SITUATION AND ITS EFFECTS~~ For items that relate to one of the Strategic Plan goals, include a standard sentence in the Current Situation and Effects or Background section: [Insert project name] is a Strategic Plan **Alignment** Priority Project, advancing our goal to [pick one:]
  - provide state-of-the-art, well-maintained infrastructure, amenities, and facilities.
  - provide an efficient and financially-health City government.
  - foster a dynamic, sustainable, and locally-based economy.
  - create affordable housing and housing support service for our most vulnerable community members.
  - create a resilient, safe, connected, and prepared city.
  - champion and demonstrate social and racial equity.

- be a global leader in addressing climate change, advancing environmental justice, and protecting the environment.
- be a customer-focused organization that provides excellent, timely, easily accessible service and information to the community.
- attract and retain a talented and diverse City government workforce.
- ENVIRONMENTAL SUSTAINABILITY

### **RATIONALE FOR RECOMMENDATION**

This section should describe how the author landed on the recommendation using the criteria considered. This section can also describe other alternatives considered.

### CONTACT PERSON

Councilmember [First Last Name] Council District [District No.] 510-981-[XXXX]

Attachments: [Delete if there are NO Attachments]

1: Resolution Exhibit A: [Title or Description of Exhibit] Exhibit B: [Title or Description of Exhibit]

2: [Title or Description of Attachment]

3: [Title or Description of Attachment]

## Implementation Conference Worksheet

|                                                                                    |
|------------------------------------------------------------------------------------|
| Descriptive Title                                                                  |
| Consent Action or Information                                                      |
| Recommendation                                                                     |
| <b><u>Problem Statement</u></b>                                                    |
| Background, etc                                                                    |
| Plans, etc.                                                                        |
| <b><u>Current Situation and Its Effects</u></b>                                    |
| Actions/Alternatives Considered                                                    |
| <b><u>Stakeholders Consultation and Results</u></b>                                |
| Internal Stakeholders Consulted                                                    |
| Name/date of Commission(s) item submitted to for input                             |
| List of external stakeholders consulted                                            |
| Summary of what was learned from consulting stakeholders                           |
| Rationale for Recommendation <i>should go at the end after evaluative criteria</i> |
| <b><u>Policy Benefit</u></b>                                                       |
| Internal Benefits of Implementation:                                               |
| Internal Impacts of Implementation:                                                |
| External Benefits of Implementation:                                               |
| External Impacts of Implementation:                                                |
| Equity Considerations                                                              |
| Environmental Considerations                                                       |
| Operational Impacts                                                                |
| <b><u>Strategic Plan Goal Alignment</u></b>                                        |
| Staff Resources Needed (Number of FTE/hours, Type of staff resource needed):       |
| Costs (Amount(s), Funding Source):                                                 |
| <b><u>Rationale for Recommendation</u></b> <i>(after analysis)</i>                 |



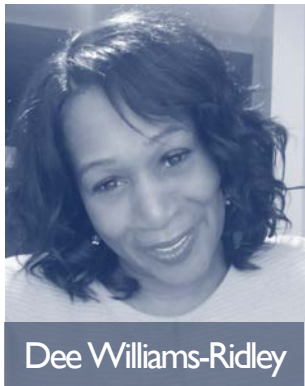


# SYSTEMS ALIGNMENT

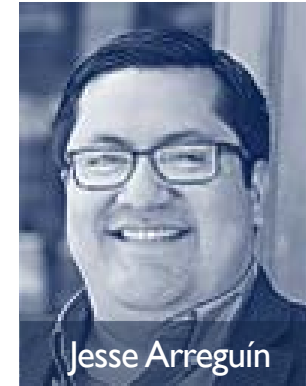
PROCESS PROPOSAL FOR VETTING & PRIORITIZING MAJOR ITEMS



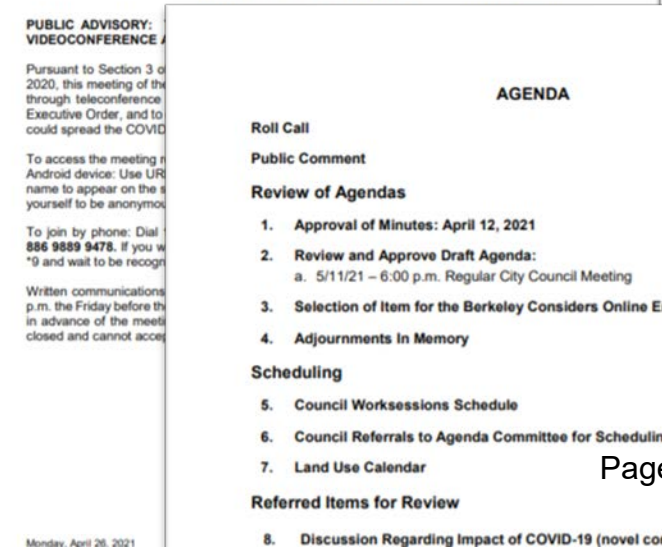
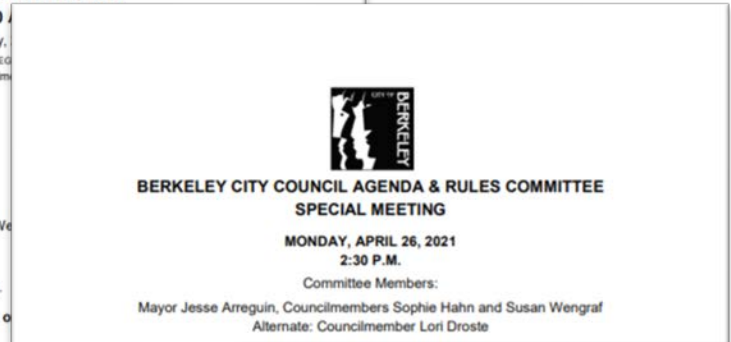
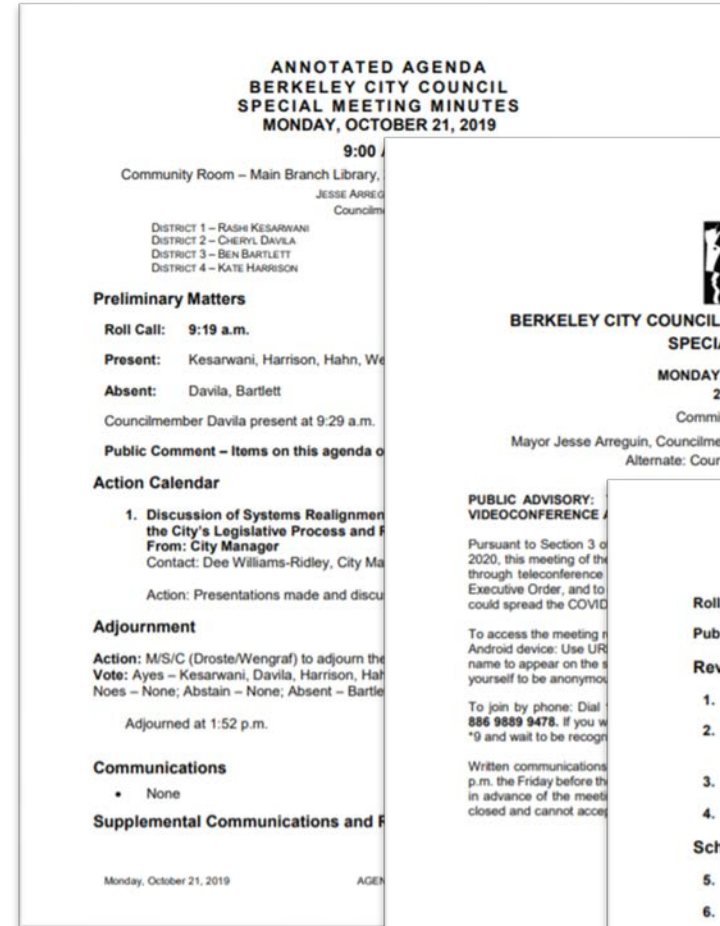
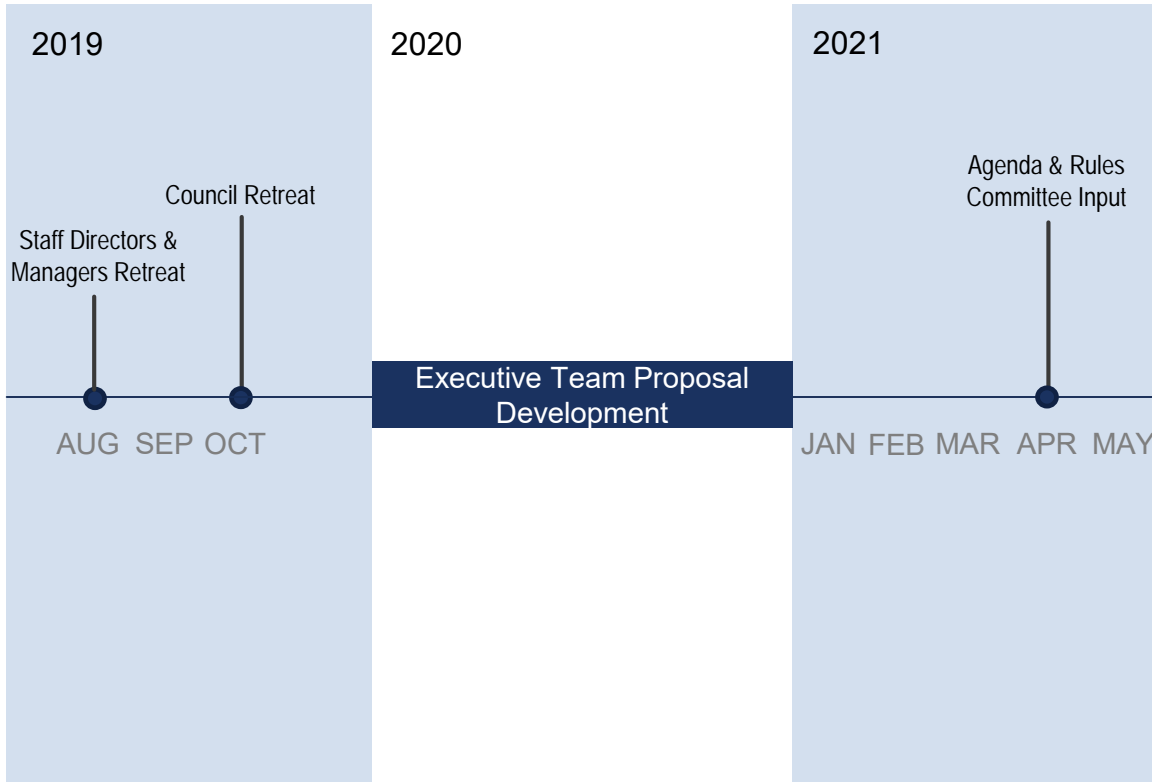
# THE TEAM



## AGENDA & RULES COMMITTEE



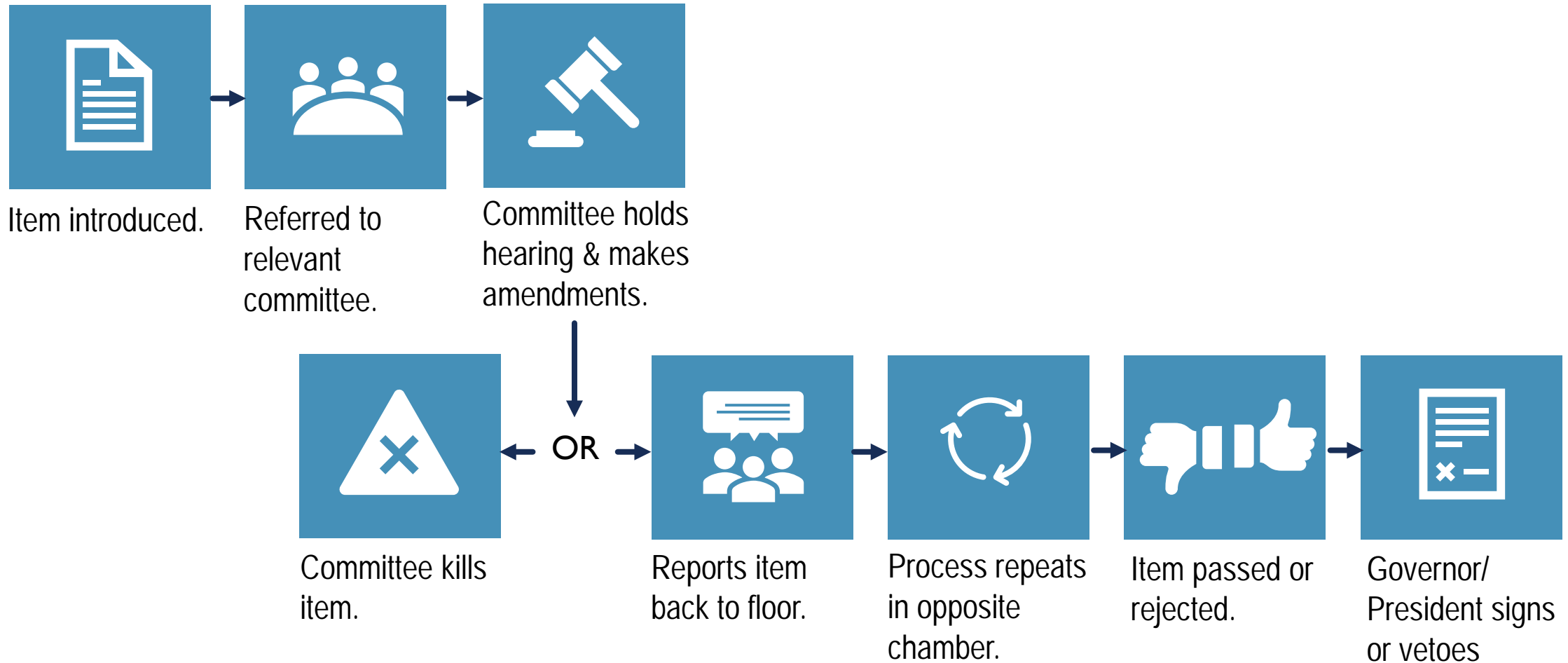
# BACKGROUND



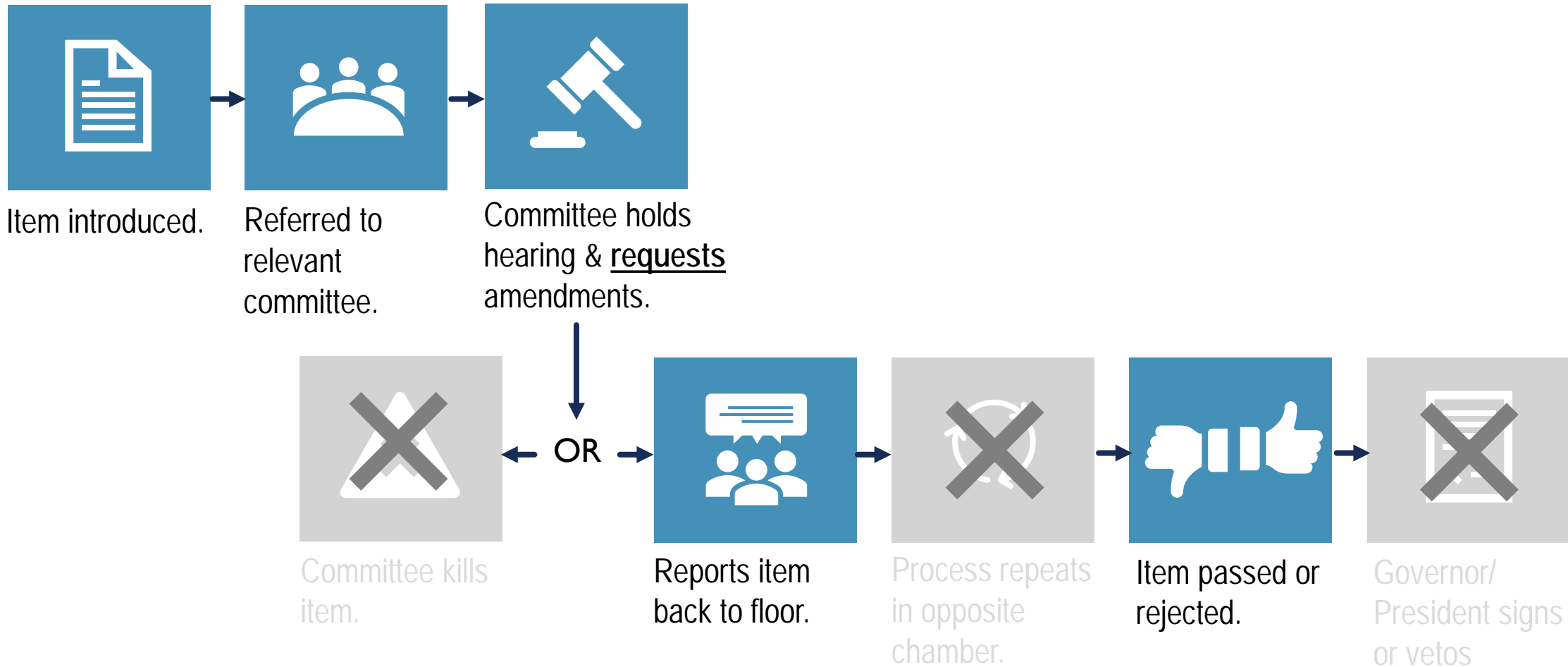
# OBJECTIVES

- Align timing of Council approval and resource (budget) allocation
- Communicate resource needs (and any tradeoffs) well
- Ensure Council priorities are resourced and implemented

# STATE OR FEDERAL MODEL

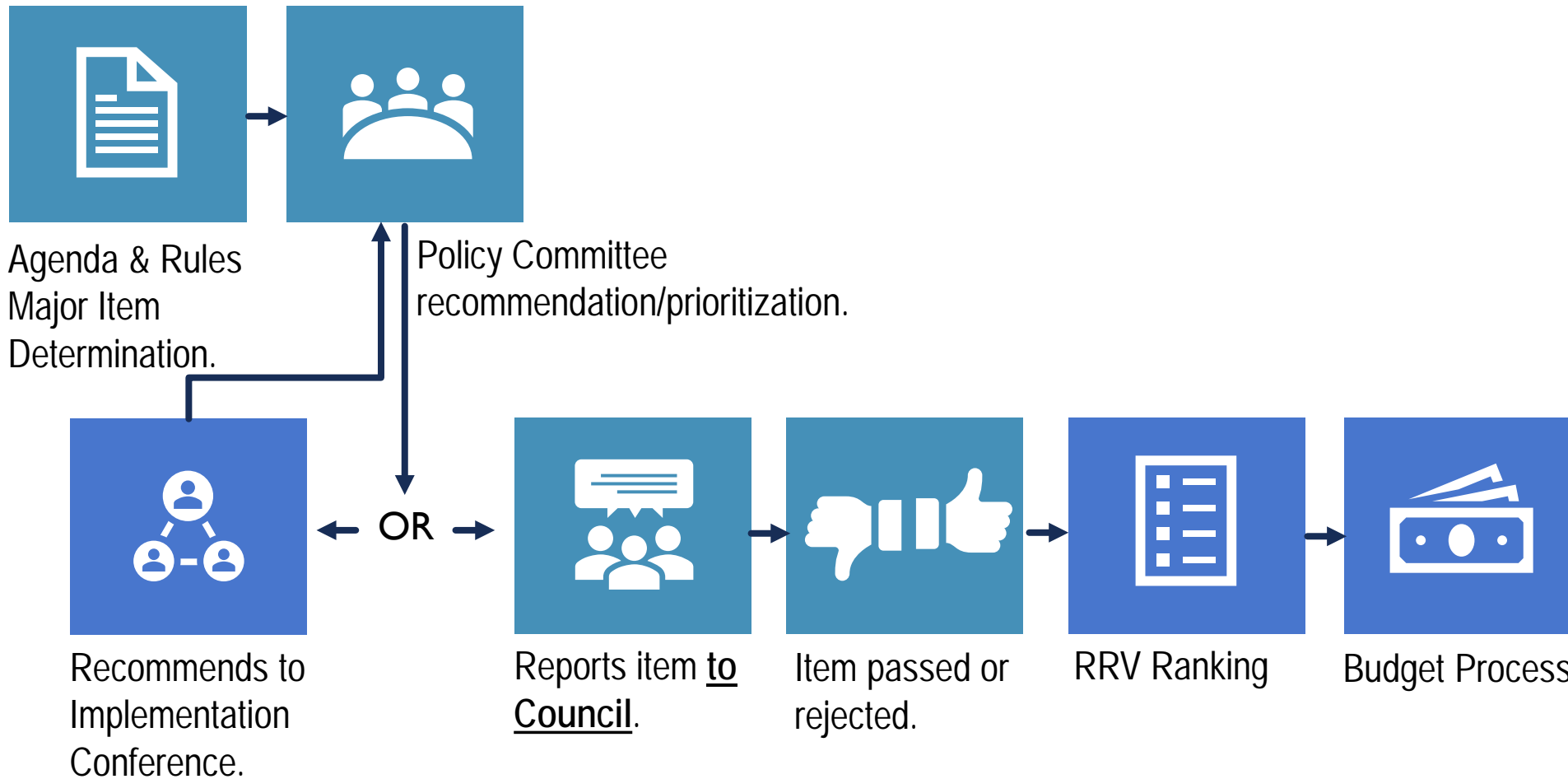


# HYBRID MODEL





# PROPOSED MODEL



# IMPLEMENTATION CONFERENCE?

- What: Strong analysis and collaborative consultation
  - Identify costs\benefits
  - Identify resource needs
  - Outline high level work plan
- Who:
  - Commission Input (e.g, Chair or Vice Chair)
  - Staff & Legal
  - External Stakeholders
- How:
  - Ensure you've done your due diligence with the above
  - Meet with staff/legal



# VETTING IS TIME WELL SPENT!

## Cousin Janice

- Researched online, in magazines
- Talked to friends, designer, contractor
- Obtained supplies
- Contractor starts work
- Moved out for **weeks**
- **Loves** the result

## Friend Cathy

- Talked to contractor
- Contractor starts work
- Waited for supplies → Contractor stops work
- Supplies arrive → Contractor restarts work
- Moved out for **months**
- **Still refining** the result

# WHY PRIORITIZE AT POLICY COMMITTEE

**NOT RECOMMENDED**

- Agenda & Rules Committee

- Appointees:

- Jesse Arreguin, [Mayor](#)
- Sophie Hahn, [Councilmember, District 5](#)
- Susan Wengraf, [Councilmember, District 6](#)

- Alternate: Lori Droste, [Councilmember, District 7](#)

- Budget & Finance Committee

- Appointees:

- Jesse Arreguin, [Mayor](#)
- Kate Harrison, [Councilmember, District 4](#)
- Rigel Robinson, [Councilmember, District 7](#)
- Susan Wengraf, [Councilmember, District 6](#)

- Health, Transportation, Environment & Sustainability Committee

- Appointees:

- Terry Taplin, [Councilmember, District 2](#)
- Kate Harrison, [Councilmember, District 4](#)
- Rigel Robinson, [Councilmember, District 7](#)

- Alternate: Sophie Hahn, [Councilmember, District 5](#)

- Government, Equity & Community Committee

- Appointees:

- Rashi Kesarwani, [Councilmember, District 1](#)
- Terry Taplin, [Councilmember, District 2](#)
- Ben Bartlett, [Councilmember, District 3](#)

- Alternate: Rigel Robinson, [Councilmember, District 7](#)

- Land Use, Housing & Economic Development Committee

- Appointees:

- Sophie Hahn, [Councilmember, District 5](#)
- Rigel Robinson, [Councilmember, District 7](#)
- Lori Droste, [Councilmember, District 8](#)

- Alternate: Ben Bartlett, [Councilmember, District 3](#)

- Public Safety Committee

- Appointees:

- Rashi Kesarwani, [Councilmember, District 1](#)
- Ben Bartlett, [Councilmember, District 3](#)
- Susan Wengraf, [Councilmember, District 6](#)

- Alternate: Terry Taplin, [Councilmember, District 2](#)

# A QUICK NOTE ON FORMS

- Major Item Determination Checklist
- Implementation Conference Worksheet
- Policy Committee Ranking Form
- Revised Report Template





### Major Item Determination Checklist

**Item Name:**

**Item Author:**

**Is this a Major Item?**

- |                          |                          |                                                                                                                                |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Yes                      | No                       |                                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Item represents a significant change to existing law, program, or policy.                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Item represents a significant addition to existing law, program, or policy.                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is likely to call for or elicit significant study, analysis or input from staff, Councilmembers, or members of the public |

**Is this eligible for an Exemption?**

- |                          |                          |                                                                     |
|--------------------------|--------------------------|---------------------------------------------------------------------|
| Yes                      | No                       |                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is related the City's COVID-19 response.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is related to the City Budget process.                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is related to essential or ongoing City processes or business. |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is urgent.                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is time-sensitive.                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is smaller.                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is less impactful.                                             |

**Agenda Committee Determination:**

Major Item  Exempted

Indicate name and date below.

Per Committee Member \_\_\_\_\_

Per Committee Member \_\_\_\_\_

Per Committee Member \_\_\_\_\_

**Policy Committee Confirmation:**

Determination Confirmed  Sent back to be agendized for full Council consideration

Indicate name and date below.

Per Committee Member \_\_\_\_\_

Per Committee Member \_\_\_\_\_



## Implementation Conference Worksheet

**Item Name:**

**Item Author:**

### AUTHOR SECTION

Use this section to help record required information

|                                                                |
|----------------------------------------------------------------|
| Descriptive title:                                             |
| Is this for Consent, Action, or Information Calendar?          |
| Recommendation:                                                |
| Summary statement:                                             |
| Background (history, circumstances and context):               |
| Plans, programs, policies and/or laws were taken into account: |
| Actions/alternatives considered:                               |
| Internal stakeholders consulted:                               |
| Name/date of Commission(s) item submitted to:                  |
| List of external stakeholders consulted:                       |

Summary of what was learned from consultation:

Rationale for recommendation:

Internal Benefits of Implementation:

Internal Impacts of Implementation:

External Benefits of Implementation:

External Impacts of Implementation:

Launch and Implementation Milestones (see Environmental Impacts):

Operational Impacts:

Staff Resources Needed:

### STAFF SECTION

Use this section to provide required information for the report.

|                                                     |                    |
|-----------------------------------------------------|--------------------|
| Estimated Launch/implementation Deliverables/Dates: |                    |
| <i>Month/Year</i>                                   | <i>Deliverable</i> |
| Estimated Administration Deliverables/Dates:        |                    |
| <i>Month/Year</i>                                   | <i>Deliverable</i> |

**Legal Consultation:**

Confirmed

Name/Date \_\_\_\_\_

**Staff Consultation:**

Confirmed





### Policy Committee Ranking Form

Starting on the right, think about and then indicate whether each consideration is a high (H), medium (M), or low (L). Then rank the list of priorities. The highest priority would be "1", the lowest would be "10".

| Priority<br>1 is highest | Major Item Name | Considerations<br>H high M medium L low |      |                  |
|--------------------------|-----------------|-----------------------------------------|------|------------------|
|                          |                 | Staff Resources                         | Cost | Benefits/Savings |
|                          |                 |                                         |      |                  |
|                          |                 |                                         |      |                  |
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|                          |                 |                                         |      |                  |

**NOT RECOMMENDED**

#### Policy Committee Determination:

Indicate name and date below.

Per Committee Member \_\_\_\_\_

Per Committee Member \_\_\_\_\_

Per Committee Member \_\_\_\_\_



[First Lastname]  
Councilmember District [District No.]

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

To: Honorable Mayor and Members of the City Council  
From: [Councilmember (lastname)]  
Subject: [Brief Report Title (No underline and not all caps.)]

RECOMMENDATION

Adopt a Resolution...  
or Support ...  
or write a letter to \_\_\_ in support of \_\_\_\_\_...  
of other recommendation....

FISCAL IMPACTS

*This section must include operational impacts, identify any staff resources (full time exempt employee/FTE) required, and financial costs.*

IMPLEMENTATION, ADMINISTRATION AND ENFORCEMENT

*This section must describe benefits and impacts to both internal and external stakeholders. It should also describe the launch or initiation of the item, as well as its ongoing administration once implemented.*

CURRENT SITUATION AND ITS EFFECTS

*For items that relate to one of the Strategic Plan goals, include a standard sentence in the Current Situation and Effects or Background section:*

[Insert project name] is a Strategic Plan Priority Project, advancing our goal to [pick one:]

- provide state-of-the-art, well-maintained infrastructure, amenities, and facilities.
- provide an efficient and financially-health City government.
- foster a dynamic, sustainable, and locally-based economy.
- create affordable housing and housing support service for our most vulnerable community members.
- create a resilient, safe, connected, and prepared city.
- champion and demonstrate social and racial equity.
- be a global leader in addressing climate change, advancing environmental

[Title of Report]

CALENDAR

- attract and retain a talented and diverse City government workforce.

BACKGROUND

CONSULTATION OVERVIEW

*This section should list the external and internal stakeholders, indicate whether the item was submitted to a commission for input, and summarize what was learned from consulting with stakeholders.*

ENVIRONMENTAL SUSTAINABILITY

CONTACT PERSON

Councilmember [First Lastname] Council District [District No.] 510-981-[XXXX]

Attachments: [Delete if there are NO Attachments]

- 1: Resolution
  - Exhibit A: [Title or Description of Exhibit]
  - Exhibit B: [Title or Description of Exhibit]
- 2: [Title or Description of Attachment]
- 3: [Title or Description of Attachment]

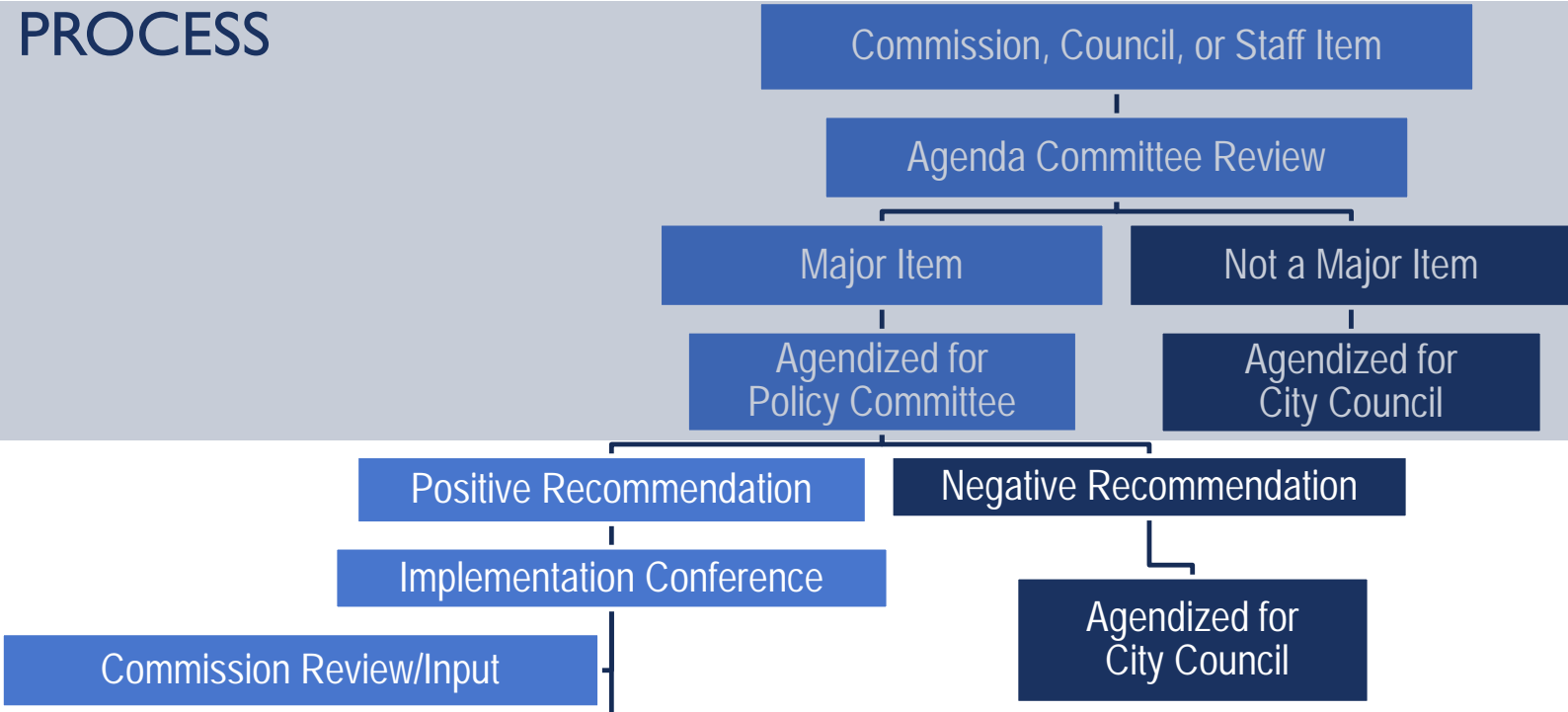
# PROPOSED PROCESS

FLOW CHART



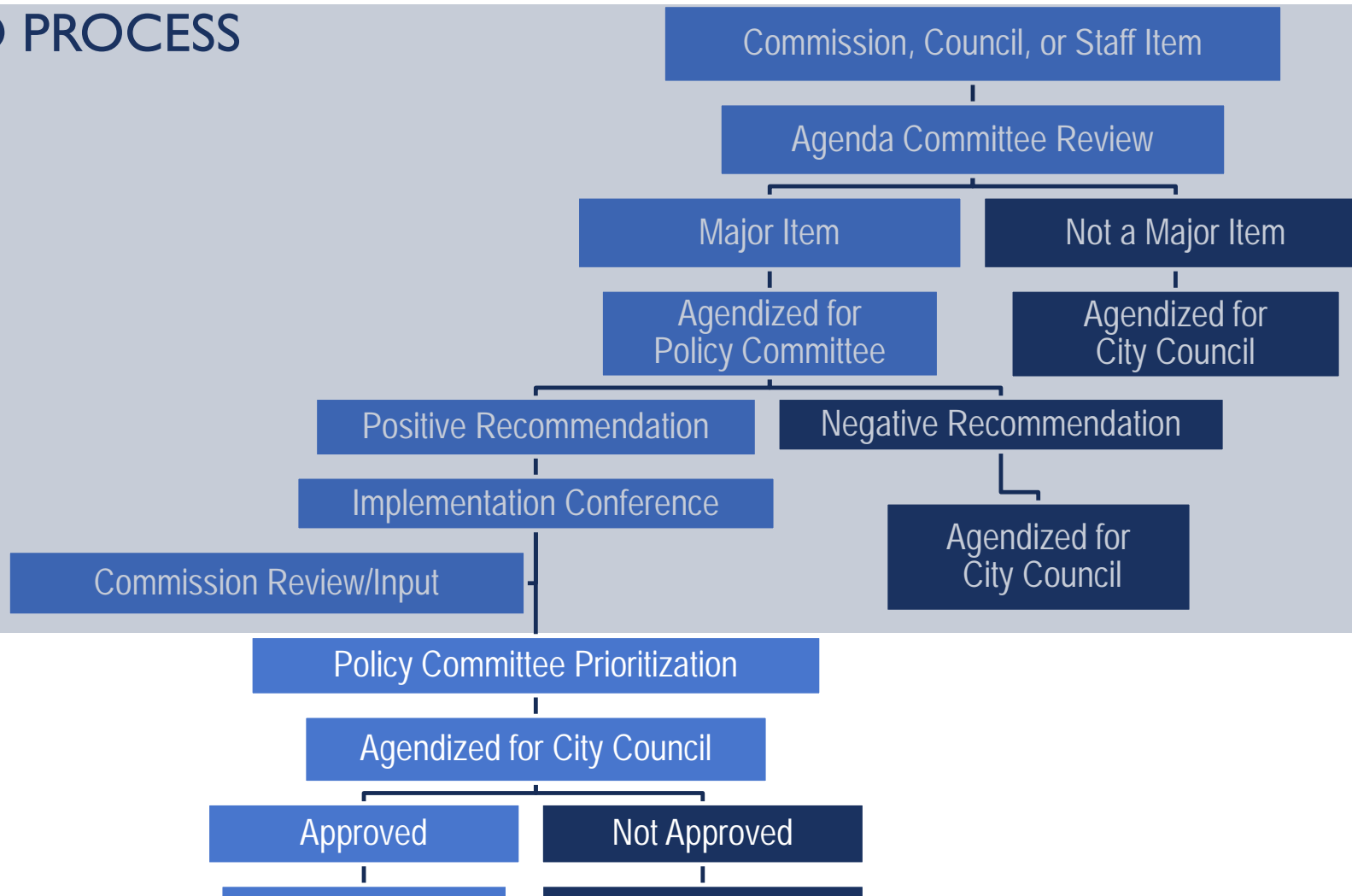
# PROPOSED PROCESS

FLOW CHART



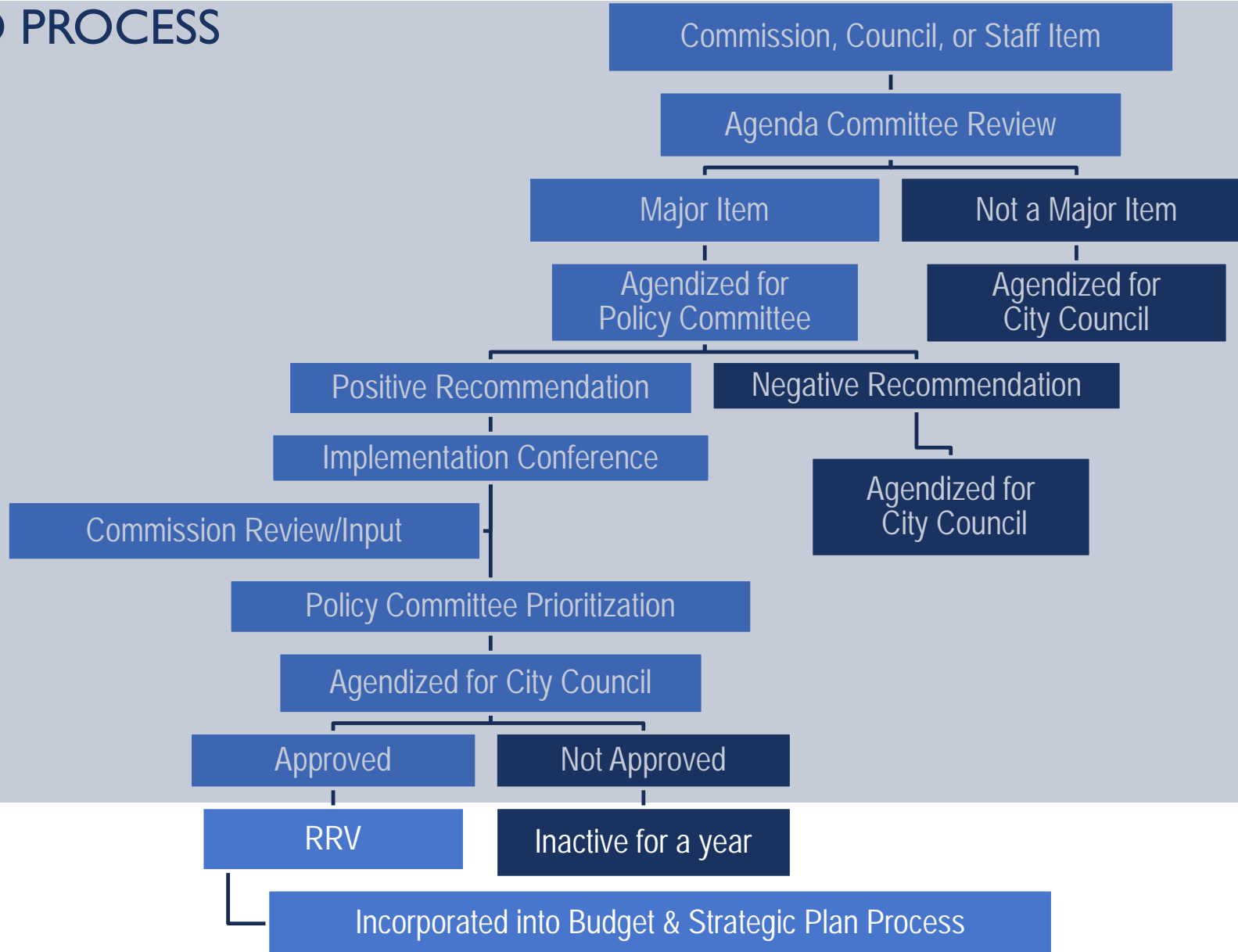
# PROPOSED PROCESS

FLOW CHART



# PROPOSED PROCESS

FLOW CHART

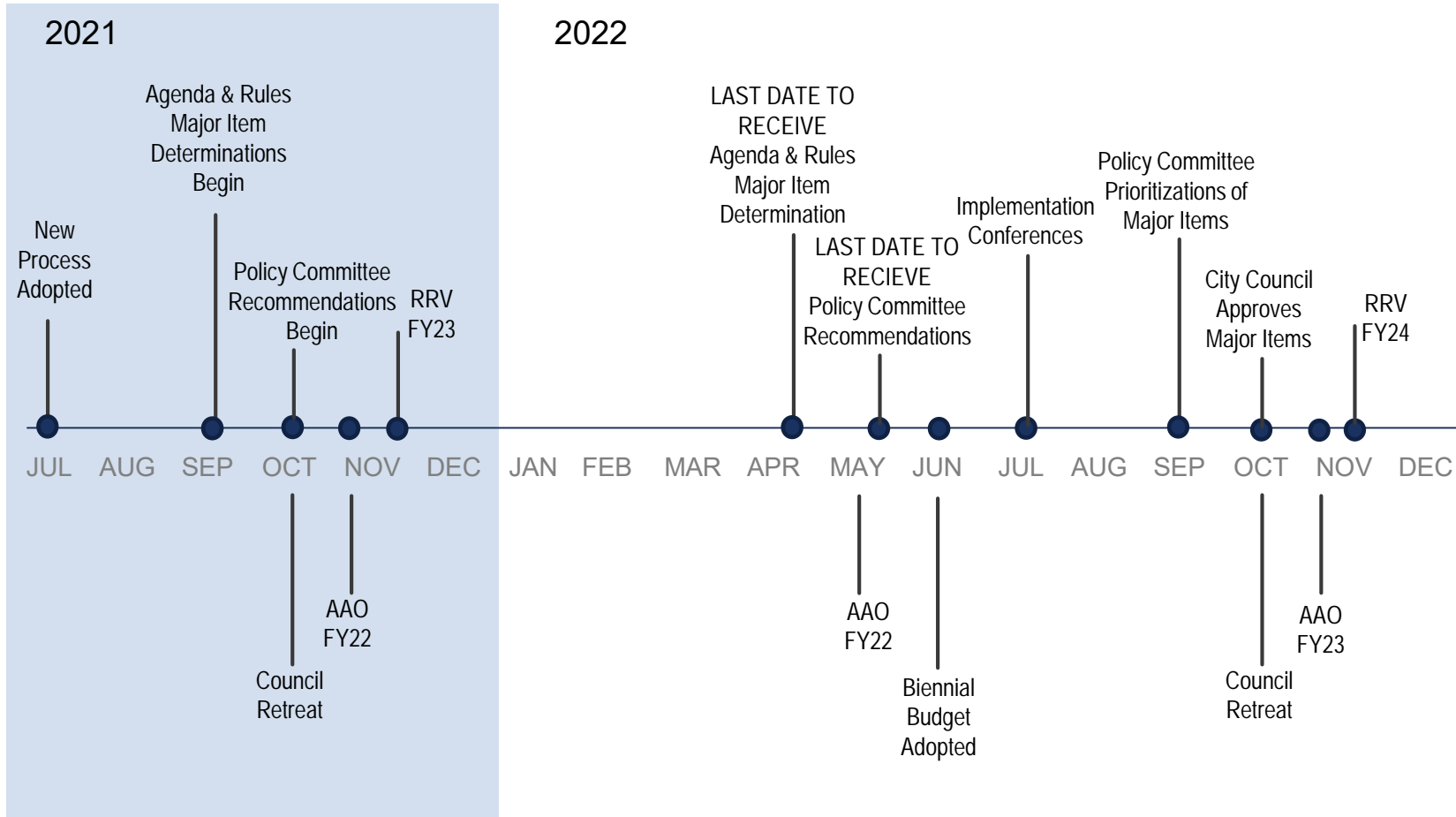




# PROPOSED IMPLEMENTATION

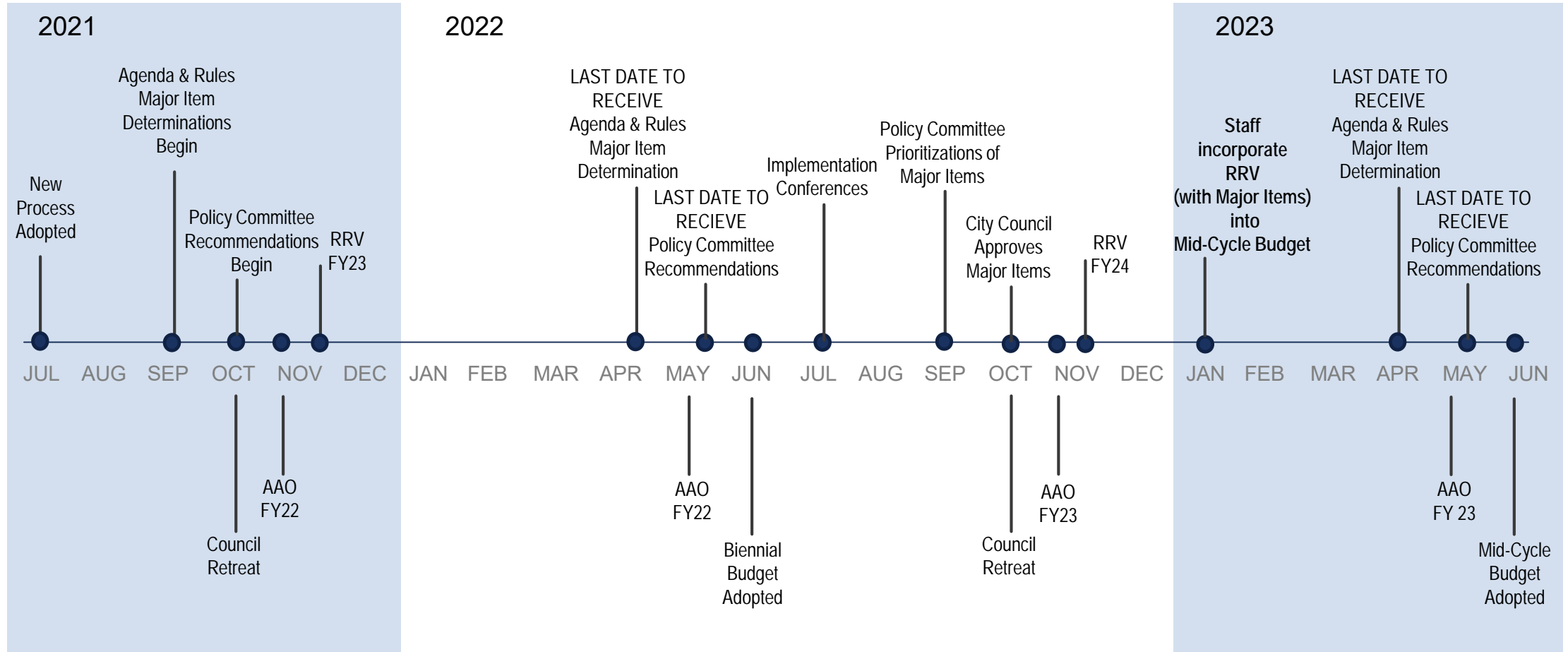
PHASE-IN OF SYSTEMS ALIGNMENT





# PROPOSED IMPLEMENTATION

PHASE-IN OF SYSTEMS ALIGNMENT



# PROPOSED IMPLEMENTATION

PHASE-IN OF SYSTEMS ALIGNMENT

# SEQUENCING & TIMING

## Existing

1. Idea
2. Committee Consideration
3. Council Approval
4. Costing
5. Budget development
6. RRV



Uncertain Timeline

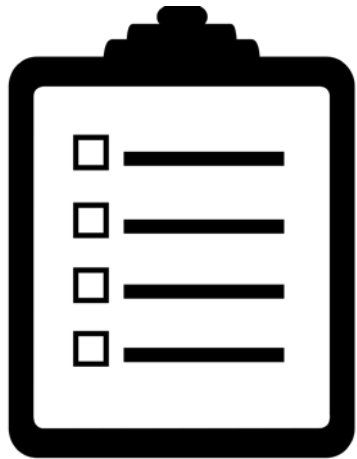
## Proposed

1. Idea
2. Committee Consideration
3. Vetting & Costing
4. Council Approval
5. RRV
6. Budget development



Certain Timeline

# WHAT'S DIFFERENT



Mandatory Guidelines

Implementation Conferences

Policy Committee Prioritization

Moving the RRV process

New required forms and processes

## APPENDIX B. GUIDELINES FOR DEVELOPING AND WRITING COUNCIL AGENDA ITEMS

These guidelines are derived from the requirements for Agenda items listed in the Berkeley City Council Rules of Procedure and Order, Chapter III, Sections B(1) and (2), reproduced below. In addition, Chapter III Section C(1)(a) of the Rules of Procedure and Order allows the Agenda & Rules Committee to request that the Primary Author of an item provide "additional analysis" if the item as submitted evidences a "significant lack of background or supporting information" or "significant grammatical or readability issues."

These guidelines provide a more detailed and comprehensive overview of elements of a complete Council item. While not all elements would be applicable to every type of Agenda item, they are intended to prompt Authors to consider presenting items with as much relevant information and analysis as possible.

Chapter III, Sections (B)(1) and (2) of Council Rules of Procedure and Order:

2. Agenda items shall contain all relevant documentation, including the following as Applicable:
  - a. A descriptive title that adequately informs the public of the subject matter and general nature of the item or report and action requested;
  - b. Whether the matter is to be presented on the Consent Calendar or the Action Calendar or as a Report for Information;
  - c. Recommendation of the City Manager, if applicable (these provisions shall not apply to Mayor and Council items.);
  - d. Fiscal impacts of the recommendation;
  - e. A description of the current situation and its effects;
  - f. Background information as needed;
  - g. Rationale for recommendation;
  - h. Alternative actions considered;
  - i. For awards of contracts; the abstract of bids and the Affirmative Action Program of the low bidder in those cases where such is required (these provisions shall not apply to Mayor and Council items.);
  - j. Person or persons to contact for further information, with telephone number. If the Primary Author of any report believes additional background information, beyond the basic report, is necessary to Council understanding of the subject, a separate compilation of such background information may be developed and copies will be available for Council and for public review in the City Clerk Department, and the City Clerk shall provide limited distribution of such background information depending upon quantity of pages to be duplicated. In such case the agenda item distributed with the packet shall so indicate.

## SO, HOW DO WE MAKE THIS HAPPEN?

- Adopting aligned timeline and new process
  - Incorporating vetting and costing (i.e., implementation conferences)
  - Prioritizing vetted Major Items (prioritize, assign fiscal year, identify projects to remove to accommodate new Major Items)
  - Revising City Council Rules of Procedure and Order
- Making Appendix B guidelines mandatory
- Addressing adopted, open referrals
- Addressing Council items under consideration

## BENEFITS



Ensures **continuous improvements**



Provides adequate context and impacts of items to **enhance Council decision-making**



Identifies appropriate and necessary resources so that **adopted items are adequately resourced**

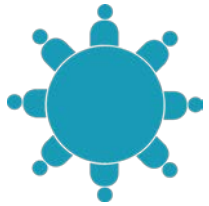


Aligns processes to **ensure efficient implementation/realization of Council items**



**Increases collaboration** among and between stakeholders

## NEXT STEPS



Legislative aide roundtable



City Manager and Councilmember One-on-Ones



Revise and return item in July



THANK YOU.



Office of the City Manager

01

Worksession Item

WORKSESSION

May 18, 2021

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: David White, Deputy City Manager

Subject: Systems Alignment Proposal

RECOMMENDATION

Direct the City Manager to bring back a resolution for adoption of the Systems Alignment proposal as described in this document and incorporating direction and input received from City Council during the worksession.

SUMMARY

This report proposes a process to integrate various systems (e.g., budget, Strategic Plan, prioritization of referrals, etc.) to ensure that resources are appropriately allocated, to focus the organization and employees on those priorities established by the City Council and City Manager, and to enhance legislative and budget processes. Ultimately, aligning systems will help ensure our community's values as reflected in the policies of our City Council are implemented completely and efficiently, with increased fiscal prudence, while supporting more meaningful service delivery. In light of the economic and financial impacts of COVID-19 and resource constraints, it is imperative to improve vetting and costing of new projects and legislative initiatives to ensure success. In addition, the purpose of this proposal will align our work with the budget process.

FISCAL IMPACTS OF RECOMMENDATION

While the recommendation of this report would not entail fiscal impacts, if adopted, the proposal would have budgetary effects. Broadly speaking, the proposal is designed to better ensure adequate financial and staffing resources are identified and approved with any adopted significant legislation<sup>1</sup> (Major Item).

CURRENT SITUATION AND ITS EFFECTS

The proposed changes outlined in this memorandum will better guide and inform budget development, clarify tradeoffs by identifying operational impacts, and develop a more effective and time-efficient path to implementation. These changes support a clear and

---

<sup>1</sup> New significant legislation is defined, with some explicit exceptions, as "any law, program, or policy that represents a significant change or addition to existing law, program, or policy, or is likely to call for or elicit significant study, analysis, or input from staff, Councilmembers or members of the public". See Council Rules of Procedure, [https://www.cityofberkeley.info/uploadedFiles/Clerk/Level\\_3\\_-\\_City\\_Council/City%20Council%20Rules%20of%20Procedure.pdf](https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_City_Council/City%20Council%20Rules%20of%20Procedure.pdf).

full realizing of City Council policies, programs, and vision. The major features of the proposal are:

- Changing the order of the legislative process to ensure that Major Items (defined below) passed by Council are funded, as well as folded into staff workplans and staffing capacity,
- Making the City Council Rules of Procedure Appendix B guidelines mandatory,
- Ensuring that Major Items that are adopted by City Council are vetted and clearly identify the resources needed for implementation,
- Consolidating and simplifying reporting and tracking of Major Items, and
- Creating a deadline for each year's Major Items that allows for alignment with prioritization, the Strategic Plan, and the budget process.

Additionally, the proposed Systems Alignment would advance the City's Strategic Plan goal to provide an efficient and financially-health City government.

## **PROPOSED PROCESS**

The proposed process outlined in this memorandum replaces the current system of referrals (short and long term, as well as Commission referrals), directives, and new proposed ordinances, that is, all Major Items, regardless of "type" or origin will be subject to this process.

### **Step 1: Major Item Determination**

The systems alignment proposal outlines a process for Major Items.

#### ***Defined in Council Rules of Procedure***

Major Items are "new significant legislation" as defined in Appendix D of the [City Council Rules of Procedure](#):

Except as provided below, "new significant legislation" is defined as any law, program, or policy that represents a significant change or addition to existing law, program, or policy, or is likely to call for or elicit significant study, analysis, or input from staff, Councilmembers or members of the public.

The exceptions to the definition of new significant legislation and process state:

New significant legislation originating from the Council, Commissions, or Staff related to the City's COVID-19 response<sup>2</sup>, including but not limited to health and economic impacts of the pandemic or recovery, or addressing other health and safety concerns, the City Budget process, or other essential or ongoing City processes or business will be allowed to move forward, as well as legislative items that are urgent, time sensitive, smaller, or less impactful.

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<sup>2</sup> If this proposal is adopted, "COVID-19" should be replaced with "declared emergency response" in the exception language.

The Agenda & Rules Committee, in consultation with the City Manager, will make the initial determination of whether something is a Major Item, using the Major Item Determination Checklist (see attachment 1). At any time in the process, if evidence demonstrates that the initial determination of the proposal as a Major Item proves incorrect, then it is no longer subject to this process. Additionally, if any legislation it originally deemed not to be a Major Item, the author or City Manager may appeal to the Agenda and Rules Committee or to the full Council and present evidence to the contrary.

### ***Required Conformance and Consultation***

All Major Items must use the agenda guidelines in Appendix B of the Council Rules, which require more detailed background information and analysis. The Agenda and Rules Committee can send the item back to the author if it is not complete and/or does not include all of the information required in Appendix B. The author must make a good faith effort to ensure all the guideline prompts are completed in substance not just in form.

Major Items must include a section noting whether the author has initially consulted with the City Manager or city staff regarding their proposed Major Item and the substance of those conversations, and initial staff input.

### ***Required Submission Date***

A Major Item must be submitted in time to appear on the agenda of an Agenda & Rules Committee meeting occurring no later than April 30 of every year. Any item submitted after that deadline, that does not meet an exemption, will be continued to the following year's legislative process.

Major Items will be referred by the Agenda & Rules committee on a rolling basis.

### **Step 2: Policy Committee Review**

A Major Item, once introduced and deemed complete and in conformance by the Agenda and Rules Committee, will be referred to one of City Council's Policy Committees (i.e., Health, Life Enrichment, Equity and Community, Public Safety, etc.), for review, recommendation, and high-level discussion of implementation (i.e., ideas, rough cost estimates, benefits, etc.). Per the [Council Rules of Procedure](#),<sup>3</sup> the Policy Committee will review the Major Item and the completed Major Item Determination Checklist to confirm Agenda & Rules initial determination that the Major Item is complete in accordance with Section III.B.2 and aligns with Strategic Plan goals. If the Major Item receives a positive or qualified positive recommendation, then it will go to an Implementation Conference (See step 3, Vetting and Costing).

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<sup>3</sup> [https://www.cityofberkeley.info/uploadedFiles/Clerk/Level\\_3\\_-\\_City\\_Council/City%20Council%20Rules%20of%20Procedure%20-%20Feb%2011%202020%20-%20FINAL.pdf](https://www.cityofberkeley.info/uploadedFiles/Clerk/Level_3_-_City_Council/City%20Council%20Rules%20of%20Procedure%20-%20Feb%2011%202020%20-%20FINAL.pdf)

If the Major Item receives a negative or qualified negative recommendation, then it will be returned to the Agenda and Rules Committee to be placed on a City Council Agenda. When heard at a City Council meeting, the author can advocate for the Major Item to be sent to an Implementation Conference. If the Major Item does not receive a vote by the majority of City Council at this step, it becomes inactive for that year's legislative calendar but may be reintroduced for the next year's calendar.

City Council Policy Committees must complete review of all Major Items assigned to them no later than June 30 of each year.

### **Step 3: Implementation Conference (Vetting and Costing)**

At an Implementation Conference, the primary author will meet with the City Manager or designee, City Manager-selected staff subject matter experts, and the City Attorney or designee.

#### ***Identifying Fiscal, Operational and Implementation Impacts***

The intended outcome of an Implementation Conference is a strong analysis containing all of the considerations and resources necessary to support implementation should Council choose to approve the Major Item.

The Implementation Conference is an informal meeting where the primary author can collaborate with the City Manager, City Attorney, and staff to better define the Major Item and identify more detailed fiscal and operational impacts, as well as implementation considerations. The information discussed during the Implementation Conference will be summarized in the Council Report as part of newly required sections (see attachment 2), in conformance with Appendix B:

- *Initial Consultation*, which
  - Lists internal and external stakeholders that were consulted, including whether item was concurrently submitted to a Commission for input,
  - Summarizes and confirms what was learned from consultation,
  - Confirms legal review addressing any legal or pre-emption issues, ensuring legal form,<sup>4</sup>
- *Implementation, Administration, and Enforcement*, which
  - Identifies internal and external benefits and impacts, and
  - Considers equity implications, launch/initiation of Major Item and its ongoing administration, and
- *Fiscal & Operational Impacts*, which
  - Summarizes any operational impacts,

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<sup>4</sup> While consultation with the City Attorney is mentioned in Appendix B, the legal review and "confirmations" recommended in this proposal is a more specific and robust requirement.

- Identifies necessary resources, including specific staff resources needed and costs.<sup>5</sup>

As part of the Implementation Conference, staff will provide a high level work plan, indicating major deliverables/milestones and dates. This information can be collected and recorded using the Implementation Conference Worksheet (see attachment 2).

Implementation Conferences will be date certain meetings held in July.

### ***Revising the Major Item***

After the Major Item's author revises the original Council Report based on information from the Implementation Conference, the Major Item will be submitted to the Council agenda process. If additional full time equivalent employee(s) (FTE) or fiscal resources are needed, the Major Item must include a referral to the budget process and identify the amount for implementation of the policy or program.

### **Step 4: Initial Prioritization**

At their first meetings in September, Policy Committees must complete the ranking of the Major Items which were referred to them and also completed the Implementation Conference. The Policy Committees will provide these rankings in the form of a recommendation to the City Council. The Policy Committees prioritization will use the Policy Committee Ranking Form (see attachment 3) to standardize consideration of Major Items across Policy Committees. The Policy Committee priority rankings will be submitted to the City Council when the Council is considering items to move forward in the budget and Strategic Plan process.

### **Step 5: City Council Approval and Final Prioritization**

Under this proposal, all Major Items that the City Council considers for approved prioritization must have:

1. Received a City Council Policy Committee review and recommendation,
2. Received a City Council Policy Committee prioritization,
3. Completed the Implementation Conference, and
4. Been placed on the Agenda for a regular or special Council meeting in October for approval and inclusion in the RRV process.

At the designated Council meeting in October, staff will provide the Council with a list of all approved Major Items, including the initial prioritization by Policy Committee. The Council will consider each Major Item for approval. All approved Major Items then will be added to the RRV process (i.e., with other items, referrals, etc) and ranked. The RRV ranking will begin in late October. These rankings will be adopted by Council and

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<sup>5</sup> Appendix B does require a Fiscal Impacts section, but the inclusion of operational impacts and specific noting of required staff resources and costs recommended in this proposal is a more specific and robust requirement.

used to inform the development of the draft budget. Approved and ranked Major Items have multiple opportunities to be approved for funding, when the biennial budget or mid-cycle budget is adopted in June or when the Annual Appropriations Ordinances are adopted in May and November.

If a Major Item *does not receive the endorsement* of City Council at this step, it becomes inactive for that year's legislative calendar and may be reintroduced for the next year's calendar.

City Council must complete its Major Items approval, and RRV process no later than the final meeting in December of each year.<sup>6</sup> This ensures that staff is able to develop the budget starting from and based on Council priorities.

### ***Step 6: Budget & Strategic Plan Process***

The Council's rankings are also forwarded to the Budget and Finance Committee for consideration as part of budget development. If the proposal is not ultimately funded in the biennial budget, mid-cycle budget or the Annual Appropriations Ordinance (mid-year budget amendment), then it does not move forward that year and will be added to a list of unfunded proposals for the future budget process.

During December and January, city staff will prepare budget proposals that incorporate the ranked City Council Major Items, Strategic Plan, and work plan development. In the late winter/early spring, the City Manager and Budget Office will present the draft budget to Council. This will be followed by department presentations to the Budget and Finance Policy Committee. From late March and through early May, Council and staff will refine the budget. Council will hold budget hearings in May and June, with adoption of the budget by June 30. Although the legislative process (i.e., Policy Committee review, Implementation Conference, Prioritization) is annual, staff recommends the budget process remain biennial. A significant mid-cycle budget update can easily accommodate additions to or changes in priorities arising through the legislative process.

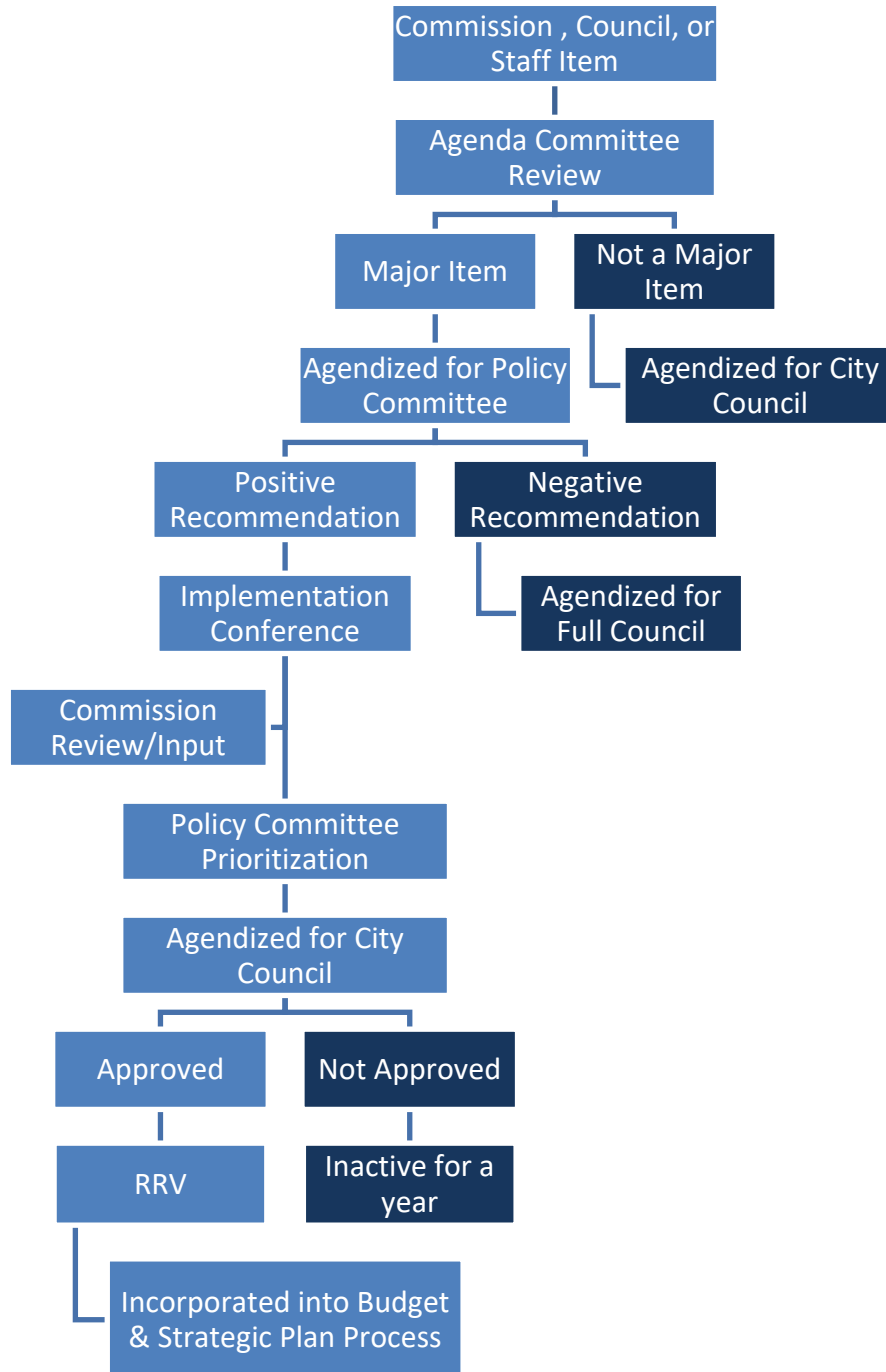
The proposed process is depicted in Figure 1 and the proposed launch calendar in Figure 2.

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<sup>6</sup> Due to noticing requirements, an RRV process completed by November 30 may not appear on a City Council Agenda for adoption until January.



Figure 1, Proposed Process<sup>7</sup>

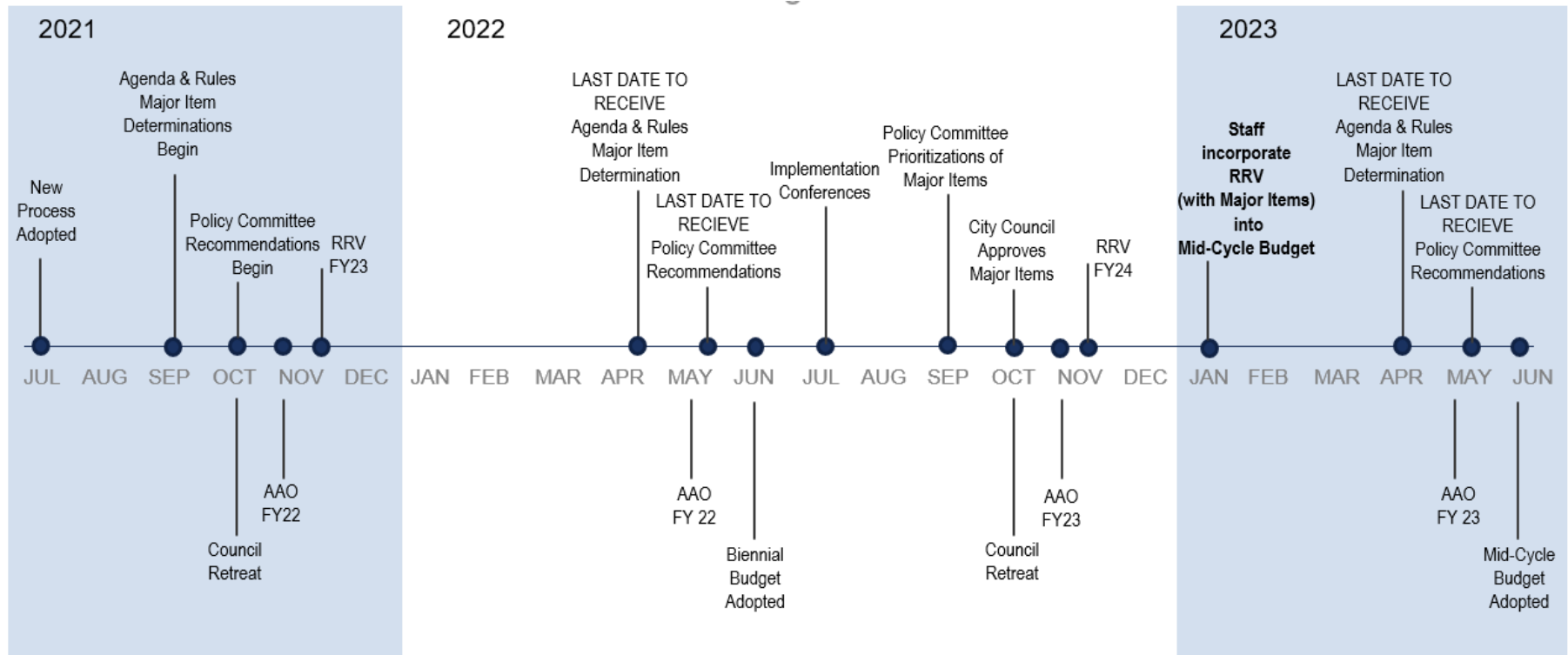


<sup>7</sup> Major Items that are ordinances will need to be examined on a case-by-case basis. Once adopted, ranked, and, if requiring resources, budgeted, the ordinance will need to be given an effective date and scheduled for first and second readings at Council.



Office of the City Manager

Figure 2, Proposed Launch





Office of the City Manager

### **Next Steps**

Staff will reach out to legislative aides for input and the City Manager will meet individually with Councilmembers to discuss this proposal. Staff will incorporate Council input from the worksession, and from subsequent input into a resolution and return to Council with a final Systems Alignment item for adoption by July 2021.

### **Benefits**

The addition of an Implementation Conference will ensure that Major Items considered by Council are properly resourced, improving our City's responsible management of fiscal resources. Analysis from the Implementation Conference will help Council to balance and consider each Major Item within the context of related programs and potential impacts (positive and negative). When considered holistically, new policy implementation can be supportive of existing work and service delivery.

Since the proposed process places the City Council prioritization of Major Items immediately before budget preparation, the Prioritization will guide and inform budget development, including components such as the Strategic Plan and work plans. Fixing the sequencing of the process is a key benefit. Currently, with prioritization occurring in May and June, the budget process is nearing completion when City Council's priorities are finally decided. This leads to inconsistencies between adopted priorities and budgeting for those priorities.

Under the current process, an idea may go into prioritization, proceed to the short term referral list or referred to the budget process. However, the resulting Major Item may not have addressed operational considerations. Adding such items to a department's work at any given time of the year may lead to staff stopping or slowing work on other prioritized projects in order to develop and implement new Major Items. Also, it may be difficult for staff to prioritize their projects: is stopping/slowing of work that is already underway in order to address new items the preference of the full Council?

Also, because consideration of implementation currently occurs after the adoption of a Major Item, features of the adopted language may unintentionally constrain effective implementation, complicating and slowing progress on the Major Item and hindering the effectiveness of the new program or regulation.

With the proposed process, a Major Item does not go through prioritization until there is an opportunity for staff to identify operational considerations. Finally, since implementation only occurs after operational considerations are reported, and funds are

allocated, the resulting Major Item should move more quickly from idea to successful completion.

### BACKGROUND

In October 2019, City Council held a half-day worksession to discuss systems realignment and provide direction on potential changes to the city's legislative process. The purpose of the meeting was to develop recommendations for how various systems (e.g., budget, Strategic Plan, RRV, etc) could better work together to ensure that the organization is able to focus on the priorities established by the City Council. The City Manager took direction from that meeting and worked with department directors and the Budget Office to create this proposal.

### ENVIRONMENTAL SUSTAINABILITY

By improving efficiency, ensuring adequate resources, and strengthening implementation, this proposal would increase the speed and full adoption of new significant legislation, including sustainability work.

### RATIONALE FOR RECOMMENDATION

The City of Berkeley is unique in comparison to many cities. It considers and approves many more policies, often at the cutting edge, than a typical city and especially for a city of its size. This proposal is a hybrid, incorporating city processes while mirroring State and Federal legislative processes which accommodate a larger number of policies and items in a given cycle. The disadvantage of this proposal is that it introduces additional steps, such as the implementation conference. The advantages of this proposal, are:

- Ensuring adopted legislation is adequately resourced, in terms of both staffing and budget;
- Providing adequate context for Council to balance and consider items in relation to potential positive and negative impacts; and
- Strengthening the effectiveness and efficiency of policy implementation.

### ALTERNATIVE ACTIONS CONSIDERED

At the Council retreat in October 2019, a variety of approaches and ideas were discussed and considered. Additionally, the original version of this proposal was substantively revised through the Policy Committee process.

If the Council takes no action on this item, the existing process will continue to result in inadequately resourced adopted legislation and inefficient and complicated implementation.

### CONTACT PERSON

David White, Deputy City Manager, 510-981-7012

Attachments:

- 1: Major Item Determination Checklist
- 2: Council Report Template and Implementation Conference Worksheet
- 3: Policy Committee Ranking Form



# Major Item Determination Checklist

**Item Name:**

**Item Author:**

**Is this a Major Item?**

- |                          |                          |                                                                                                                                |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Yes                      | No                       |                                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Item represents a significant change to existing law, program, or policy.                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Item represents a significant addition to existing law, program, or policy.                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is likely to call for or elicit significant study, analysis or input from staff, Councilmembers, or members of the public |

**Is this eligible for an Exemption?**

- |                          |                          |                                                                     |
|--------------------------|--------------------------|---------------------------------------------------------------------|
| Yes                      | No                       |                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is related the City's COVID-19 response.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is related to the City Budget process.                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is related to essential or ongoing City processes or business. |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is urgent.                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is time-sensitive.                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is smaller.                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Item is less impactful.                                             |

**Agenda Committee Determination:**

Major Item  Exempted

Indicate name and date below.

Per Committee Member \_\_\_\_\_

Per Committee Member \_\_\_\_\_

Per Committee Member \_\_\_\_\_

**Policy Committee Confirmation:**

Determination Confirmed  Sent back to be agendized for full Council consideration

Indicate name and date below.

Per Committee Member \_\_\_\_\_

Per Committee Member \_\_\_\_\_

Per Committee Member \_\_\_\_\_



[First Lastname]  
Councilmember District [District No.]

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

To: Honorable Mayor and Members of the City Council

From: [Councilmember (lastname)]

Subject: [Brief Report Title (No underline and not all caps.)]

RECOMMENDATION

Adopt a Resolution...  
or Support ...  
or write a letter to \_\_\_ in support of \_\_\_\_\_...  
or other recommendation....

FINANCIAL-FISCAL & OPERATIONAL IMPACTS IMPLICATIONS

*This section must include operational impacts, identify any staff resources (full time exempt employee/FTE) required, and financial costs.*

IMPLEMENTATION, ADMINISTRATION AND ENFORCEMENT

*This section must describe benefits and impacts to both internal and external stakeholders. It should also consider equity; the launch or initiation of the item; and its ongoing administration once implemented.*

CURRENT SITUATION AND ITS EFFECTS

*For items that relate to one of the Strategic Plan goals, include a standard sentence in the Current Situation and Effects or Background section:*

[Insert project name] is a Strategic Plan Priority Project, advancing our goal to [pick one:]

- provide state-of-the-art, well-maintained infrastructure, amenities, and facilities.
- provide an efficient and financially-health City government.
- foster a dynamic, sustainable, and locally-based economy.
- create affordable housing and housing support service for our most vulnerable community members.
- create a resilient, safe, connected, and prepared city.
- champion and demonstrate social and racial equity.
- be a global leader in addressing climate change, advancing environmental justice, and protecting the environment.



[Title of Report]

CALENDAR

Macrobutton NoMacro [Meeting Date (MM dd, yyyy)]

- be a customer-focused organization that provides excellent, timely, easily-accessible service and information to the community.
- attract and retain a talented and diverse City government workforce.

BACKGROUND

INITIAL CONSULTATION

*This section should list the external and internal stakeholders, indicate whether the item was submitted to a commission for input, and summarize what was learned from consulting with stakeholders.*

ENVIRONMENTAL SUSTAINABILITY

CONTACT PERSON

Councilmember [First Lastname] Council District [District No.] 510-981-[XXXX]

Attachments: [Delete if there are NO Attachments]

1: Resolution

    Exhibit A: [Title or Description of Exhibit]

    Exhibit B: [Title or Description of Exhibit]

2: [Title or Description of Attachment]

3: [Title or Description of Attachment]

RESOLUTION NO. ##,###-N.S.

SHORT TITLE OF RESOLUTION HERE

WHEREAS, (Whereas' are necessary when an explanation or legislative history is required); and

WHEREAS, (Insert Additional 'Whereas Clauses' as needed); and

WHEREAS, enter text here; and

WHEREAS, enter text here; and

WHEREAS, (The last "Whereas" paragraph should contain a period (.) .

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that (Action to be taken) - ends in a period (.).

BE IT FURTHER RESOLVED that (for further action if needed; if not delete) - ends in a period (.).

Exhibits **[Delete if there are NO exhibits]**

A: Title of the Exhibit

B: Title of the Exhibit



## Implementation Conference Worksheet

**Item Name:**

**Item Author:**

### AUTHOR SECTION

The author of the item may complete this section to help record required information for the report.

|                                                                               |
|-------------------------------------------------------------------------------|
| Descriptive title:                                                            |
| Is this for Consent, Action, or Information Calendar?                         |
| Recommendation:                                                               |
| Summary statement:                                                            |
| Background (history, circumstances and concerns to be addressed by the item): |
| Plans, programs, policies and/or laws were taken into consideration:          |
| Actions/alternatives considered:                                              |
| Internal stakeholders consulted:                                              |
| Name/date of Commission(s) item submitted to for input:                       |
| List of external stakeholders consulted:                                      |

|                                                                                       |
|---------------------------------------------------------------------------------------|
| Summary of what was learned from consulting stakeholders:                             |
| Rationale for recommendation:                                                         |
| Internal Benefits of Implementation:                                                  |
| Internal Impacts of Implementation:                                                   |
| External Benefits of Implementation:                                                  |
| External Impacts of Implementation:                                                   |
| Equity Considerations:                                                                |
| Launch and Implementation Milestones (see staff section)                              |
| Environmental Impacts:                                                                |
| Operational Impacts:                                                                  |
| Staff Resources Needed:<br><br>Number of FTE/hours:<br>Type of staff resource needed: |
| Costs:<br><br>Amount(s):<br>Funding Source:                                           |

**STAFF SECTION**

Staff may complete section to provide required information for the report.

| Estimated Launch/implementation Deliverables/Dates: |                    |
|-----------------------------------------------------|--------------------|
| <i>Month/Year</i>                                   | <i>Deliverable</i> |
|                                                     |                    |
| Estimated Administration Deliverables/Dates:        |                    |
| <i>Month/Year</i>                                   | <i>Deliverable</i> |
|                                                     |                    |

**Legal Consultation:**

Confirmed

Name/Date \_\_\_\_\_

**Staff Consultation:**

Confirmed

Name(s)/Date(s) \_\_\_\_\_







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BERKELEY SPECIAL MEETING

TUESDAY, OCTOBER 10, 2023

# Unofficial Text File

>> GOOD AFTERNOON.

THANK YOU FOR WAITING PAITENTLY.

I WOULD NOW LIKE TO CALL TO ORDER THE SPECIAL MEETING OF THE  
BERKELEY CITY COUNCIL FOR TUESDAY, OCTOBER 10<sup>TH</sup>, 2023 AT 4 P.M..

IF THE CITY CLERK CAN PLEASE CALL THE ROLL.

[ROLL CALL]

>> CLERK: COUNCILMEMBER KESARWANI.

>> R. KESARWANI: HERE.

>> CLERK: TAPLIN.

>> T. TAPLIN: PRESENT.

>> CLERK: BARTLETT.

>> B. BARTLETT: HERE.

>> CLERK: HARRISON.

>> K HARRISON: HERE.

>> CLERK: HAHN.

>> S. HAHN: PRESENT.

>> CLERK: WENGRAF.

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>> S. WENGRAF: PRESENT.

>> CLERK: ROBINSON.

>> R. ROBINSON: PRESENT.

>> CLERK: HUMBERT.

>> M. HUMBERT: PRESENT.

>> CLERK: AND MAYOR ARREGUIN.

>> MAYOR J. ARREGUIN: PRESENT.

>> CLERK: OKAY.

>> MAYOR J. ARREGUIN: OKAY.

ALL MEMBERS ARE PRESENT.

THANK YOU VERY MUCH.

SO THIS IS A SPECIAL CITY COUNCIL MEETING TO HOLD A WORK SESSION TO POTENTIAL PROPOSALS FOR THE REDESIGN OF OUR CITY COUNCIL'S LEGISLATIVE PROCESS.

AND I JUST WANT TO PROVIDE SOME INTRODUCTORY COMMENTS AND THEN TURN IT OVER TO COUNCILMEMBER HAHN, WHO IS GOING TO GO THROUGH PRESENTING THE PROPOSED FRAMEWORK THAT WE WANTED COUNCIL INPUT ON.

AND THEN, I'LL GIVE COUNCILMEMBER HARRISON AN OPPORTUNITY TO PRESENT ON HER CONCEPTS AS WELL.

SO AS THE COUNCIL KNOWS, WE HAVE BEEN DISCUSSING A REDESIGN OF OUR LEGISLATIVE SYSTEM FOR SEVERAL YEARS NOW.

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ADD OUR RETREAT IN OCTOBER, 2019, WE HAD I THINK A VERY EXCELLENT DISCUSSION AROUND POTENTIAL CHANGES TO THE PROCESS IN WHICH WE INTRODUCE AND REVIEW AND APPROVE LEGISLATION AT THE CITY COUNCIL LEVEL.

AND THERE WERE SEVERAL GOALS WE WANTED TO ACHIEVE. ONE, WE WANTED TO MAKE SURE THAT THERE WAS ALIGNMENT OF OUR LEGISLATIVE PROCESS WITH THE BUDGET PROCESS.

BECAUSE WHILE WE MAY ADOPT LAWS OR PROPOSED COUNCIL REFERRALS, IF THOSE LAWS OR PROGRAMS ARE NOT FUNDED, AND WE DON'T HAVE STAFF RESOURCES OR FUNDING ALLOCATED, THEN THEIR IMPLEMENTATION WILL NOT BE EFFECTUATED, IT WILL BE DELAYED.

IN ORDER TO FULLY REALIZE THE IMPACT OF THE LEGISLATION WE ADOPT WE WANTED TO ALIGN THE ADOPTION OF MAJOR ITEMS IN LEGISLATION WITH OUR BUDGET PROCESS TO MAKE SURE WE CAN CONSIDER THE BUDGET NEEDS, TO MAKE SURE WE CAN SET ASIDE FUNDING IN THE BUDGET FOR CITY STAFF AND IMPLEMENTATION.

ANOTHER AREA WAS LOOKING AT HOW CAN WE ENSURE MORE THOROUGH REVIEW OF ITEMS.

TO MAKE SURE THAT THEY HAVE COMPLETE INFORMATION AND ARE LOOKING AT PHYSICAL IMPACTS.

ANOTHER ISSUE WAS LOOKING AT WHAT WOULD BE AN EFFECTIVE PROCESS FOR THESE ITEMS IT BE CONSIDERED TO ALIGN WITH OUR BUDGET PROCESS, TO ALIGN WITH THE A.A.O.

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AND ON TOP OF THAT WE HAD A PRIORITIZATION PROCESS.

WHAT IS THE RELATIONSHIP TO THE PRIORITIZATION PROCESS AND THIS PROCESS.

SO WE HAD A LOT OF GOOD DISCUSSION WITH THE CITY MANAGER CAME FORWARD AFTER THAT WITH A PROPOSAL THAT WE DISCUSSED IN 2021.

AND/OR THE CITY MANAGER PUT THAT FORWARD TO STIMULATE DISCUSSION.

SHE SAID TO THE AGENDA COMMITTEE SHE HAS WITHDRAWN THAT PROPOSAL.

SO THAT IS NOT, SHE'S NOT PRESENTING THAT FOR ACTION AT THE PRESENT TIME BY COUNCIL.

BUT THAT DID SPARK A LOT OF REALLY GOOD IDEAS THAT HAD BEEN BROUGHT FORWARD THE LAST SEVERAL YEARS, ALL OF WHICH WERE INCLUDED IN THE PACKET.

WE WANT TODAY MAKE SURE THE PROPOSALS AND IDEAS THAT COUNCILMEMBERS CURRENTLY PROPOSED AROUND HOW TO IMPROVE AND STREAMLINE THE LEGISLATIVE PROCESS.

THOSE WERE INCLUDED SO WE CAN LOOK AT THE COMPREHENSIVE RECORD.

AND SO, THE AGENDA RULES COMMITTEE TASKED BY THE CITY COUNCIL TO NOT JUST APPROVE THE DRAFT AGENDA BUT TO ALSO REVIEW AND MAKE RECOMMENDATIONS ON CHANGES TO OUR COUNCIL RULES.

HAS BEEN DISCUSSING FOR SEVERAL YEARS NOW THE CHANGES TO OUR LEGISLATIVE PROCESS.

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AND OUT OF THAT, COUNCILMEMBER HAHN HAS BEEN WORKING WITH, I THINK THE CITY CLERK DEPARTMENT, THE CITY MANAGER'S OFFICE AND OTHERS TO COME UP WITH A CONCEPTUAL FRAMEWORK TO PRESENT SOME IDEAS FOR COUNCIL CONSIDERATION.

SO THAT WE CAN GATHER INPUT AND COME BACK WITH A PROPOSAL SO WE CAN FINALLY MOVE THIS CONVERSATION FORWARD.

THE PURPOSE OF TONIGHT'S WORK SESSION IS NOT TO TAKE ACTION BUT TO HEAR THE WHOLE COUNCIL'S INPUT.

BECAUSE THE AGENDA AND RULES COMMITTEE THERE ARE ONLY THREE MEMBERS THAT SIT ON THAT COMMITTEE, WE CANNOT ASK FOR YOUR IDEAS, UNFORTUNATELY.

SO REALLY, THIS IS WE'RE THE AGENDA RULES COMMITTEE PUTTING THIS FORWARD TO HEAR THE WHOLE COUNCIL'S IDEAS, SO WE CAN TAKE BACK THAT INPUT AND COME FORWARD WITH A RECOMMENDATION IN THE COMING MONTHS.

SO I REALLY APPRECIATE COUNCILMEMBER HAHN COMING FORWARD WITH A CONCEPTUAL, THOUGHTFUL FAKE WORK.

THE COMMITTEE DID NOT APPROVE THIS, I WANT TO CLARIFY.

WE WANT TO SEND IT FORWARD TO ALL COUNCIL, SO THE WHOLE COUNCIL CAN PROVIDE ITS FEEDBACK AND WE CAN TAKE THAT INTO CONSIDERATION AS WE'RE DELIBERATING ON IT.

I APPRECIATE COUNCILMEMBER HARRISON AND ROBINSON AND TAPLIN'S INPUT.

*This information provided by a Certified Realtime Reporter. The City of Berkeley cannot certify the following text since we did not create it.*

THERE MAY BE OTHER IDEAS WE HEAR TONIGHT.

THIS IS INTENDED TO BE A DISCUSSION, AN OPPORTUNITY FOR COUNCIL INPUT AND OUR GOAL IS TO TAKE ALL THESE GOOD IDEAS, AND TO COME BACK WITH A PROCESS THAT WORKS FOR OUR CITY COUNCIL, OUR STAFF AND COMMUNITY, FOR OUR COMMISSIONS.

AND SO, WITH THE GOAL OF TRYING TO HAVE A PROCESS THAT HELPS REALIZE THE IMPACTS OF THE LEGISLATION WE'RE ADOPTED FOR THE BENEFIT OF THE PEOPLE OF BERKELEY.

AND I THINK AN IMPORTANT PART IS OUR BOARDS AND COMMISSIONS AND THE ROLE THEY PLAY ALSO IN REVIEWING A MAJOR LEGISLATION.

SO WITH THAT INTRODUCTION IN MIND, WITH THE UNDERSTANDING WE'RE NOT TAKING ACTION TONIGHT BUT INTENDED FOR DISCUSSION.

I WANT TO TURN IT OVER TO COUNCILMEMBER HAHN WHO WILL PRESENT ON THE SORT OF THE PROPOSED FRAMEWORK THAT WAS PRESENTED AT THE AGENDA RULES COMMITTEE AND THEN COUNCILMEMBER HARRISON THEREAFTER.

>> S. HAHN: THANK YOU SO MUCH, MAYOR.

SOME PRELIMINARY REMARKS.

AND I'LL ASK THE CITY CLERK IF THEY CAN GO AHEAD AND PUT UP THE FIRST PAGE.

FIRST OF ALL, I WANT TO CLARIFY THAT THE AGENDA COMMITTEE WAS WE WERE DELEGATED THE TASK OF COMING BACK TO COUNCIL WITH SOMETHING.

*This information provided by a Certified Realtime Reporter. The City of Berkeley cannot certify the following text since we did not create it.*

AND AS YOU ALL KNOW FROM YOUR OWN COMMITTEES YOU CANNOT WORK TWO PEOPLE ON A COMMITTEE CANNOT WORK TOGETHER BEHIND THE SCENES. I WAS DESIGNATED AS A PERSON WHO WOULD WORK ON BRINGING SOMETHING FORWARD.

AND I DID I WAS ABLE TO WORK WITH THE CITY MANAGER AND THE CITY CLERK'S OFFICE, NOT JUST TO GET THEIR INPUT BUT BECAUSE I NEEDED BUDDIES TO HELP DEVELOP THIS AND HAD NO OPPORTUNITY TO WORK WITH MY COLLEAGUES.

I ALSO JUST WANT TO BE REALLY CLEAR, I'M EXTREMELY PROUD OF THE WORK PRODUCT BEING BROUGHT FORWARD AS A THOUGHT EXERCISE HERE TODAY.

BUT THIS IS NOT MY PROPOSAL.

THE PACKET HAS MY PROPOSAL.

MY PROPOSAL IS ON PAGE 43 OF THE PACKET.

AND IF ANYONE WANTS TO KNOW WHAT MY PROPOSAL IS, THAT IS IT.

I AM HAPPY TO TAKE CREDIT FOR HAVING LISTENED TO MANY DIFFERENT STAKEHOLDERS AND LOOKED AT MANY DIFFERENT PROPOSALS THAT ARE HERE IN THE RECORD.

AND TO HAVE WORKED, TO PUT SOMETHING TOGETHER THAT HOPEFULLY REFLECTS AN AMALGAMATION OF MANY DIFFERENT IDEAS AND THAT PROVIDES A CONVERSATION OPPORTUNITY FOR THE WHOLE COUNCIL, WHICH IS WHAT WAS ALWAYS INTENDED.

SO I JUST, I DO THINK THERE HAS BEEN A LITTLE CONFUSION.



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AND I WANTED TO CLARIFY WHILE I'M PROUD TO HAVE DONE WORK ON THIS, THIS IS NOT MY PROPOSAL.

MY PROPOSAL IS ELSEWHERE IN THE PACKET.

I ALSO WANTED TO JUST BRING YOUR ATTENTION TO THIS FIRST PAGE. PROCESS SKETCH FOR DISCUSSION.

WE NAMED IT THAT FOR A REASON.

IT'S ACTUALLY NOT A PROPOSAL.

IT IS A SKETCH OF A POTENTIAL PROCESS.

THAT IS INTENDED TO SPARK CONVERSATION.

IT'S NOT A PROPOSAL.

I WANTED TO MAKE THAT CLEAR AS WELL.

GIVEN THE VARIETY OF WORK PRODUCT THAT WE HAD TO GO BACK AND LOOK AT, AND TO KIND OF DIGEST AND PULL TOGETHER, IT'S NOT POSSIBLE FOR A SINGLE SKETCH TO INCLUDE ABSOLUTELY ALL THE IDEAS AT ONCE.

AND I THINK AS THE REASON WHY WE AS THE AGENDA COMMITTEE DID NOT APPROVE THIS AS A BODY IS BECAUSE WE WANT YOUR INPUT.

WHAT WE MIGHT FINALLY BRING FORWARD MAYBE VERY DIFFERENT FROM THIS.

BUT YOU HAVE TO START SOMEWHERE WITH A CONVERSATION.

AND I REALLY WANT TO MAKE SURE THAT ANY MISCHARACTERIZATION OF WHAT IS HERE IS CLEARED UP.

ALL RIGHT.

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SO LET'S GO THROUGH THIS SKETCH.

AND THE PURPOSE TODAY IS FOR US TO GET ALL YOUR IDEAS AND INPUT.

AND THERE IS NO DECISION POINT TODAY.

I ALSO WANT TO SAY THAT AS WE WERE GOING THROUGH THIS, IT'S ACTUALLY VERY COMPLEX.

AND THERE IS A LOT OF MOVING PIECES AND THERE IS A LOT OF PLACES WHERE YOU WANT TO STEP INTO A MORE COMPLICATED CORNER AND GO DOWN THAT LITTLE RABBIT HOLE.

THE WAY IT'S ORGANIZED THERE IS KIND OF AN OVERVIEW AND WE ACTUALLY DID A LITTLE WAYS DOWN A FEW RABBIT HOLES TO SORT OF SUGGEST SOME OF THE CONSIDERATIONS IN EACH OF THOSE SPECIAL TOPICS.

BUT IT IS OUR INTENT THAT WITH AN OVER-- CLEAR WITH THE OVERVIEW WE WOULD THEN TOGETHER DEVELOP AND REFINE SOME OF THE SPECIAL TOPICS.

>> MAYOR J. ARREGUIN: CAN I ADD ONE THING, COUNCILMEMBER HAHN, IF I MAY.

I FORGOT TO MENTION THAT WHAT WE INCLUDED IN THE PACKETS WAS A MATRIX, WHICH SUMMARIZED ALL THE DIFFERENT PROPOSALS THAT HAVE BEEN PUT FORWARD IN THE LAST WHAT THREE OR FOUR YEARS, INCLUDING THE MOST RECENT PROPOSAL THAT COUNCILMEMBER HAHN IS ABOUT TO PRESENT.

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AND KIND OF REALLY BROKE IT DOWN BY SORT OF ISSUE AREA, MAJOR ITEM DEFINITION PROCESS.

SO YOU CAN SEE ACROSS WHERE EACH PROPOSAL HAPPENED AND -- LANDED AND THE EVOLUTION THAT LED TO THIS PROPOSAL THAT COUNCILMEMBER HAHN WILL PRESENT.

I WANT TO THANK MY STAFF, JACQUELINE MCCORMICK AND LAURIE, AND COUNCILMEMBER WENGRAF'S OFFICE WHO WORKED QUICKLY TO PUT THIS TOGETHER SO WE HAD SOMETHING TO LOOK AT FOR COMPARATIVE PURPOSES.

BACK TO YOU.

>> S. HAHN: THANK YOU.

I ALSO WANT TO ACKNOWLEDGE AND THAT CAN THEM.

AS YOU CAN SEE BY LOOKING AT THE MATRIX, IT WAS VERY FORGET COMPLICATED.

AND THERE WERE A LOT OF DIFFERENT IDEAS THAT HAD BEEN FLOATED OVER TIME.

AND AGAIN, THIS SKETCH IS ONE OF MANY POTENTIAL PATHS FORWARD.

LET'S GO AHEAD AND WALK DOWN THE SKETCH PATH.

HOPEFULLY, THAT WILL TRIGGER MANY IDEAS AND INPUTS.

SO FIRST OF ALL, LET'S GO TO THE -- WELL, LET ME START HERE BY SAYING THIS IS BY MAJOR ITEMS.

SO VERY QUICKLY, YOU HAVE TO IMAGINE THAT THERE IS LOTS OF ITEMS THAT ARE NOT INCLUDED THAT ARE NOT BEING DISCUSSED.

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WHAT IS A MAJOR ITEM?

CURRENTLY, WE HAVE A DEFINITION.

SO IT'S NOT -- WE CALL IT A POLICY COMMITTEE TRACK ITEM.

THAT WAS TOO MUCH A MOUTHFUL.

WE'LL CALL THEM MAJOR ITEMS.

BUT IT IS THE SAME DEFINITION THAT WE HAVE CURRENTLY.

THIS IS NOT A NEW DEFINITION.

THIS IS THE OPERATIVE DEFINITION IN OUR COUNCIL RULES AND PROCEDURE AND ORDER, AND I HAVE NOT HEARD ANY CONCERNS ABOUT THE DEFINITION TO DATE.

IT IS THE ONE WE'VE BEEN USING FOR A COUPLE OF YEARS.

HOWEVER, AS WITH EVERYTHING THAT WE'RE LOOKING AT TODAY, IT'S ENTIRELY POSSIBLE FOR US TO ADJUST THE DEFINITION.

SO THAT'S NOT SET IN STONE.

IT'S JUST TO EXPLAIN WHERE WE GOT THAT TERMINOLOGY FROM.

WE CAN GO TO THE NEXT SLIDE.

THESE BIG IDEAS YOU CAN EACH BRING YOUR OWN TO THIS.

THIS WAS SORT OF THE BIG IDEAS, AGAIN, I WASN'T ABLE TO WORK TOGETHER WITH ANY OTHER COMMITTEE MEMBERS.

SO THE BIG IDEA FOR COUNCIL THAT CAME FROM MYSELF, SUCCESSFULLY DEVELOP AND IMPLEMENT STATE OF THE ART AND INNOVATIVE PROGRAM AND POLICIES TO SERVE BERKELEY AND MODEL BEST PRACTICES FOR OTHER JURISDICTIONS.

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THE CITY CLERK'S BIG IDEA WAS CONSISTENCY IN PROCESS FOR MAJOR ITEM DEVELOPMENT, BUDGETING AND IMPLEMENTATION.

OBVIOUSLY, CITY ATTORNEY IS INTERESTED IN ENSURING LEGAL AND DRAFTING COMPLIANCE.

AND THE CITY MANAGER'S BIG IDEA WAS TO HELP THE ORGANIZATION DELIVER WITHOUT OVERWHELM, AND HELP STAFF BE SUCCESSFUL IN THEIR WORK.

AND I THINK THAT EVEN THOUGH THOSE ARE COME FROM ONE INDIVIDUAL EACH, I THINK THEY ACTUALLY REALLY REFLECT WHAT THESE DIFFERENT ROLES MIGHT HAVE TOP OF MIND.

BUT OBVIOUSLY, YOU ALL MAY HAVE YOUR OWN RENDITIONS OF THIS AS WELL.

GOING TO THE NEXT SLIDE.

SO OBVIOUSLY, THIS IS A BIG POTENTIAL CHANGE.

BUT NOT AT ALL NECESSARY.

BUT THE IDEA OF YEARLY CYCLE REALLY I WOULD SAY IS BUILT BACKWARDS FROM THE IDEA THAT WE WANT TO GET TO A PLACE WHERE WE DON'T HAVE BACKLOGS, WHERE ITEMS WE PASS AND EVEN THAT WE FUND DON'T GET IMPLEMENTED FOR YEARS.

AND WE'RE -- THERE IS KIND OF A TIGHTER AND LOGICAL PROGRESSION FROM PROPOSALS TO BEING VET, TO BEING ELIGIBLE FOR FUNDING, TO RECEIVING FUNDING, TO HOPEFULLY BEING IMPLEMENTED PRETTY MUCH IMMEDIATELY AFTER.

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SO THAT THE CONVERSATION ABOUT IMPLEMENTATION BEGINS ESSENTIALLY AFTER THE ITEM IS FUNDED.

SO WHILE IT COULD ENTAIL A LONGER TIMELINE BEFORE AN ITEM IS PASSED AND BUDGETED, IT IS INTENDED TO SIGNIFICANTLY REDUCE THE AMOUNT OF TIME THAT IT TAKES FROM APPROVAL OR BUDGET TO IMPLEMENTATION.

AND THERE ARE OTHER WAYS TO ACHIEVE THIS.

AND PEOPLE MAY WISH TO FRONT LOAD THE WEIGHT OR BACK LOAD THE WEIGHT OR DISTRIBUTE IT DIFFERENTLY.

BUT -- I DID WANT TO EXPLAIN WHY THE IDEA OF A YEARLY CYCLE SEEMED LIKE SOMETHING WE MIGHT WANT TO PUT FORWARD.

SO, IF THERE WAS A YEARLY CYCLE, AGAIN ALL OF THESE DATES CAN BE CHANGED.

LOOKING AT IT WITH THE CITY MANAGER AND THE CITY CLERK, AND TRYING TO UNDERSTAND SORT OF THE DEADLINES BY WHICH THE BUDGET COMMITTEE NEEDS THINGS AND OTHER CONSIDERATIONS, WE CAME TO THE IDEA THAT JULY THROUGH SEPTEMBER COUNCIL WOULD BE FINALIZING ITEMS, NOW JUST TO BE CLEAR, THEY COULD DEVELOP AND SUBMIT THEM AT ANY TIME DURING THE YEAR.

BUT THERE WOULD BE FOUR MONTHS WHERE -- THREE MONTHS WHERE YOU COULD REALLY FOCUS ON THAT.

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DURING THAT TIME, THE CITY MANAGER WOULD BE FOCUSED ON STARTING TO IMPLEMENT ITEMS FROM THE PREVIOUS YEAR THAT HAD JUST BEEN FUNDED.

OCTOBER TO MARCH WOULD BE COMMITTEE SEASON.

RECOGNIZING THAT THERE IS PROBABLY A PRETTY BIG GAP IN DECEMBER.

AND THERE MIGHT BE QUITE A FEW ITEMS AND THE COMMITTEES WOULD BE DOING ROBUST REVIEWS AND WOULD NEED TO HEAR ITEMS MORE THAN ONCE.

AND THEN, APRIL THROUGH JUNE WOULD BE THE TIME WHEN COUNCIL WOULD REVIEW AND APPROVE ITEMS AND THE BUDGET WOULD FUND THOSE ITEMS THAT COUNCIL DEEMED READY TO FUND THAT YEAR.

SO IT'S BUILT BACK FROM THAT JUNE 30 BUDGET ADOPTION.

THE NEXT SLIDE.

SO SOME OF THE BENEFITS WERE WRITTEN HERE.

OBVIOUSLY, THERE IS DOWN SIDES AS WELL.

EVERYTHING CHOICE WE ME, INCLUDING THE CHOICE WE HAVE RIGHT NOW HAS UP SIDES AND DOWN SIDES.

BUT IN INTRODUCING A NEW IDEA, WE THOUGHT WE WOULD SHARE WHAT SOME OF THE BENEFITS MIGHT BE.

A YEARLY OPPORTUNITY.

THE FOUR SUBJECT MATTER COMMITTEES WOULD HAVE MORE OF A SEASON.

ALTHOUGH, THEY ABSOLUTELY COULD MEET AT ANY TIME.



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STAFF WOULD HAVE A PERIOD OF TIME WHEN THEY COULD FOCUS IN A MUCH MORE ROBUST WAY THAN THEY DO NOW.

ON IMPLEMENTATION AND COUNCILMEMBER SAID DURING THAT TIME WOULD ALSO HAVE SORT OF MORE FREE TIME, QUOTE/UNQUOTE, WITHOUT COMMITTEE MEETINGS TO FINALIZE ITEMS THEY WANTED TO SUBMIT BY THE DEADLINE.

AND AGAIN, THE IDEA BEING TO REDUCE THE GAP BETWEEN APPROVAL AND IMPLEMENTATION.

AND JUST TO BE CLEAR, WE DON'T REALLY HAVE EXPLICIT DEADLINES FOR ITEMS.

BULT BECAUSE WE HAVE A BUDGET CYCLE, THERE IS A DEADLINE, THERE IS A DATE AFTER WHICH AN ITEM CAN NO LONGER BE CONSIDERED FOR THAT BUDGET CYCLE.

EXACTLY.

SO WE DON'T HAVE THOSE DEADLINES DELINEATED VERY CLEARLY RIGHT NOW.

AND I THINK THAT CAN BE A PROBLEM.

BECAUSE PEOPLE DON'T REALLY KNOW HOW MUCH TIME THEY HAVE TO SUBMIT AN ITEM THAT MIGHT HAVE TO GO TO COUNCIL.

AND THEY DON'T KNOW IF THEY WILL MISS BEING CONSIDERED FOR ONE OR ANOTHER BUDGET CYCLE.

BY CLARIFYING, IT WOULD BE VERY FAIR AND EVERYONE WOULD BE ON NOTICE.

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THIS IS THE DATE BY WHICH YOUR ITEMS HAVE BEEN TO BE IN IN ORDER  
TO BE CONSIDERED FOR THIS CYCLE.

THERE IS OBVIOUSLY DOWN SIDES AS WELL, TRADEOFFS.

AND I THINK IT'S SOMETHING FOR EVERYONE HERE TO CONSIDER.

SO LET'S GO TO THE NEXT SLIDE.

MAJOR ITEM DEVELOPMENT AND SUBMISSION.

AGAIN, YOU WOULD HAVE ALL YEAR TO SUBMIT.

IT'S NOT THAT YOU WOULD ONLY BE ABLE TO SUBMIT DURING A THREE-  
MONTH PERIOD.

BUT THAT YOU WOULD HAVE LESS OTHER RESPONSIBILITIES DURING THAT  
TIME AND YOU COULD FOCUS MORE.

SO FIRST THE MAJOR ITEM GUIDELINES WOULD BECOME MANDATORY.

RIGHT NOW THEY ARE RECOMMENDED AND I THINK A LOT OF PEOPLE DON'T  
REALIZE THEY ARE RECOMMENDED.

AND THE AGENDA COMMITTEE HAS NOT NECESSARILY BEEN CONSISTENT AND  
APPLYING THAT.

FIRST IDEA WOULD BE MAJOR ITEM GUIDELINES.

WHY?

BECAUSE THEY REQUIRE ROBUST RESEARCH AND CONSULTATION.

AND THAT WOULD MEAN THAT ITEMS CAME TO US AS A COUNCIL MORE  
FULLY FORMED.

THEN THE SEPTEMBER 30 SUBMISSION DEADLINE.

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BUT ITEMS CAN BE SUBMITTED PRIOR AND THEY COULD BE REVIEWED BY THE AGENDA AND RULES COMMITTEE JUST FOR THE QUESTION OF DO THEY COMPLY WITH THE GUIDELINES.

TIMELINE ALLOWS FOR COUNCILMEMBERS TO WORK ALL YEAR WITH CONCENTRATED OPPORTUNITY JULY THROUGH SEPTEMBER.

AND ALSO STAFF INPUT AT THE PRESUBMISSION LEVEL AND INPUT FROM THE CITY ATTORNEY WOULD BE MORE FORMALIZED.

RATHER THAN SORT OF CATCH US IF YOU CAN AND SOMETIMES A DEPARTMENT HEAD HAS TIME TO WORK WITH YOU AND SOMETIMES THEY DON'T.

IT WOULD BE EXPLICIT, THE LEVEL OF INPUT AND CONSULTATION AVAILABLE TO COUNCILMEMBERS AS THEY ARE DEVELOPING THEIR ITEMS.

WE CAN GO TO THE NEXT SLIDE.

SO IN OCTOBER, AGAIN, MAYBE OCTOBER, IT'S ALL UP TO YOUR COMMENT.

WE WOULD HAVE THE AGENDA COMMITTEE WOULD REVIEW ALL MAJOR ITEMS THAT CAME IN TOWARDS THE DEADLINE FOR COMPLIANCE WITH THE GUIDELINES.

COMPLIANT MAJOR ITEMS WOULD GO TO COMMITTEES.

IF AN ITEM WAS NONCOMPLIANT THERE WOULD BE AN OPPORTUNITY FOR THE AUTHOR TO RESUBMIT AND STILL CATCH THAT CYCLE.

NEXT SLIDE.

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OCTOBER THROUGH MARCH, THE POLICY COMMITTEES WOULD ORGANIZE THEMSELVES.

MID OCTOBER THEY WOULD PLAN THEIR SESSION.

MAYBE THERE ARE SEVERAL ITEMS ON A SIMILAR TOPIC AND IT MAKES MORE SENSE TO HEAR THEM TOGETHER.

MAYBE THERE ARE ITEMS THAT THEY FEEL ARE GOING TO REQUIRE VERY SIGNIFICANT OUTREACH AND THEY WANT TO SCHEDULE THEM IN THAT WAY. AND THIS OF COURSE IS HOW IT IS DONE IN COMMITTEES, COMMITTEE SYSTEMS THAT HAVE AN ANNUAL CYCLE AT THE STATE LEVEL AND IN OTHER CITIES.

AND IT'S NOT UNCOMMON THAT THERE IS A TIME WHEN THE COMMITTEE IS ESSENTIALLY PLANS OUT THEIR HEARINGS.

THE MAJOR ITEMS WOULD BE REVIEWED ON A ROLLING BASIS.

AND ALL THE ITEMS WOULD BE OUT OF THE POLICY COMMITTEE BY MARCH 30.

THIS BULLET POINT WITH COMMITTEES MAY PRIORITIZE OR SCORE ITEMS THEY REVIEW.

THE REASON IT'S IN BRACKETS BECAUSE IT'S A BIG QUESTION MARK.

SO MAYBE THEY WOULD MAYBE THEY WOULDN'T.

BUT THAT IS IN BRACKETS BECAUSE IT'S REALLY A QUESTION MARK HERE.

NEXT SLIDE.

SO, IN APRIL ALL MAJOR ITEMS WOULD HAVE BEEN VOTED ON.

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THEY ARE NOT ALL VOTED ON IN APRIL.

BUT THEY WOULD ALL BE VOTED ON BY APRIL 30.

MAY MIGHT REQUIRE US, IT MIGHT REQUIRE A SPECIAL MEETING IN APRIL.

THERE WERE A WHOLE LOT OF THEM.

THE CITY ATTORNEY WOULD SIGN OFF ON THE DRAFTING AND LEGAL CONFORMITY OF THE ORDINANCE AS RESOLUTIONS AND FORMAL POLICIES. AND APPROVE ITEMS WOULD GO TO THE BUDGET COMMITTEE.

AND THEN NEXT SLIDE.

AND THEN, POSSIBLY, AGAIN, POSSIBLY MAJOR ITEMS.

AND JUST TO BE CLEAR, THAT'S NOT THE SAME AS ALL ITEMS PRIORITIZATION, BUT POSSIBLY THERE WOULD BE A PROCESS OF TAKING ALL THOSE MAJOR ITEMS FROM THAT CYCLE AND HAVING A PRIORITIZATION OF THEM.

AND SENDING THAT IN BY THE MIDDLE OF MAY.

AND THAT WOULD BE GOING TO THE BUDGET COMMITTEE.

BUT NOT BE BINDING.

IT WOULD BE A NONBINDING PRIORITIZATION.

AND NEXT SLIDE.

THEN THE BUDGET COMMITTEE WOULD HAVE ALL THESE.

THE PRIORITIZATIONS AGAIN IN BRACKETS AND COMMITTEE WITH A QUESTION MARK WOULD GO TO THE BUDGET COMMITTEE AS GUIDES BUT NOT BE BINDING.

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BUT THE BUDGET COMMITTEE WOULD ALREADY HAVE AN IDEA OF WHAT THE COUNCIL THOUGHT WHERE THE PRIORITIZATIONS.

THE BUDGET COMMITTEE WOULD DO NORMAL RECOMMENDATION TO THE FULL COUNCIL.

THE BUDGET WOULD GET PASSED.

MAJOR ITEMS THAT WERE FUNDED WOULD MOVE FORWARD TO IMPLEMENTATION.

THAT MEANS IMMEDIATE IMPLEMENTATION.

AND THAT IS ONE OF THE BIG CHANGES THAT THIS KIND OF A SET UP HOPEFULLY WOULD ALLOW.

AS WE ALL KNOW, RIGHT NOW MAJOR ITEMS THAT ARE PASSED AND FUNDED GO INTO A BIG BUCKET AND OFTEN TIMES ARE NOT BROUGHT FORWARD TO FRUITION FOR MANY YEARS, SOMETIMES 10 YEARS.

WE HAVE SEEN THINGS LIKE THAT.

ITEMS PASSED BY COUNCIL BUT NOT FUNDED WOULD GET AN AUTOMATIC ROLL OVER TO BE CONSIDERED AT FUTURE FUNDING OPPORTUNITIES.

TO BE CLEAR, THAT ISN'T THE NEXT YEAR.

THAT'S NOT 12 MONTHS LATER.

IT WOULD BE A FUTURE FUNDING OPPORTUNITIES THROUGHOUT THE YEAR.

NEXT SLIDE.

THIS IS REALLY, I THINK REALLY THE DOMAIN OF THE CITY MANAGER.

AND THIS SLIDE REFLECTS I THINK AND CITY MANAGER PLEASE STEP IN IF I DON'T PRESENT THIS CORRECTLY.

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BUT THIS REFLECTS HER THINKING.

AND I THINK WE ALL KNOW THAT SHE HAS BEEN VERY FOCUSED ON IMPLEMENTATION.

SHE WANTS THE WORK THAT WE DO TO BE SUCCESSFUL.

AND IT IS HER DREAM THAT WE ARE ABLE TO CLEAR OUR BACKLOGS AND THAT WE ACTUALLY START IMPLEMENTING RIGHT AWAY.

AND THAT THESE PROGRAMS AND POLICIES SEE THE LIGHT OF DAY SOON AFTER THEY ARE APPROVED AND FUNDED.

SO THE IDEA WOULD BE THAT THE CITY MANAGER WOULD ASSIGN A SINGLE IMPLEMENTATION LEAD, THAT THE LEAD AND CITY MANAGER WOULD ASSEMBLE THEIR TEAM, THAT MIGHT BE A COUPLE OF DIFFERENT DEPARTMENT HEADS.

THAT THEY MIGHT MEET WITH THE AUTHORS TO CLARIFY ANY INTENTIONS OR TO SKETCH TIMELINES OR DISCUSS OPPORTUNITIES, IDEAS OR CHALLENGES.

AND LET ME BE CLEAR, THOSE ARE AROUND IMPLEMENTATION.

NOT CHALLENGES WITH THE LEGISLATION ITSELF.

WHEN YOU SIT DOWN TO ACTUALLY DO AN IMPLEMENTATION PLAN, IT'S VERY DIFFERENT FROM KIND OF THE HIGH LEVEL THINKING ABOUT IMPLEMENTATION THAT OBVIOUSLY HAS TO HAPPEN BEFORE THE ITEM IS APPROVED.

THE IMPLEMENTATION TEAM HAS PREPARED TWO SEPARATE THINGS.

ONE IS A LAUNCH PLAN AND ONE IS AN OPERATING PLAN.



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AND THAT IS THE CITY MANAGER REALLY RECOGNIZING THAT LAUNCHING SOMETHING AND RUNNING IT ARE TWO DIFFERENT THINGS.

BUILDING A STRUCTURE AND KEEPING IT FUNCTIONING OVER TIME ARE DIFFERENT THINGS.

PUTTING IN A GARDEN AND KEEPING IT GOING OVER TIME ARE TWO DIFFERENT THINGS.

AND SO BOTH OF THOSE WOULD BE DEVELOPED AND THEN AS SOON AS POSSIBLE, THE PROGRAM OR POLICY WOULD BE LAUNCHED AND IMPLEMENTED.

SO LET'S GO TO THE NEXT SLIDE.

SO THAT IS, THAT WAS IT FOR THE OVERVIEW OF WHAT A WHOLE CYCLE MIGHT LOOK LIKE.

NOW, WE'RE GOING INTO WHAT I CALL SPECIAL TOPICS.

THESE ARE SOME OF THOSE THINGS THAT WE CAME UPON AS WE WERE THINKING THESE THINGS THROUGH.

THAT WOULD BE QUESTIONS WE PROBABLY WOULD WANT TO MAKE SURE WE HAD COVERED.

AND BY THE WAY, OUR SPECIAL TOPICS ARE NOT DEFINITIVE.

THERE ARE MANY MORE.

WE CHOOSE TO JUST GIVE YOU A LITTLE BIT OF A NIBBLE AND HAVE YOU UNDERSTAND THAT WE DIDN'T NOT THINK ABOUT THESE THINGS.

SO THE FIRST OBVIOUSLY IMPORTANT THING IS WHAT DID YOU DO IF THERE ARE A TIME CRITICAL MAJOR ITEM?

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IF WE'RE STUCK IN A CYCLE WHAT DO WE DO IF THERE IS AN URGENT NEED AND WHAT COMES TO MIND FOR ME IS AFTER GEORGE FLOYD WAS MURDERED, THERE WAS A VERY, VERY INTENSE DESIRE ON THE PART OF THE COMMUNITY AND OUR COUNCIL TO BE ABLE TO BE RESPONSIVE VERY QUICKLY WITH PRETTY COMPREHENSIVE IDEAS THAT WERE PUT FORWARD. I DON'T THINK ANY OF US WOULD WANT SOMETHING LIKE THAT TO HAVE TO SIT AND WAIT FOR SEVERAL MONTHS TO BE SENT TO A COMMITTEE OR TO BE CONSIDERED.

SO THE OVERRIDE FOR TIME CRITICAL ITEMS IS A CRITICAL COMPONENT OF THIS.

WE ALREADY HAVE SOME TERMS FOR OVERRIDE IN OUR COUNCIL RULES AND PROCEDURE AND ORDER.

AN ITEM THAT WOULD OTHERWISE BE ASSIGNED TO A POLICY COMMITTEE MAY BY-PASS, IF IT'S DEEMED TIME CRITICAL.

AND THE AGENDA AND RULES COMMITTEE DETERMINES WHETHER IT IS TIME CRITICAL.

LIKE EVERY THING WE COULD EXPAND THIS, WE COULD REWRITE IT, WE COULD MAKE IT HAVE MORE SPECIFICITY.

BUT THE IDEA THAT WE WOULD HAVE A SAFETY VALVE FOR TIME CRITICAL ITEMS IS VERY IMPORTANT.

AND I THINK BECOMES MORE IMPORTANT IF WE'RE GOING TO HAVE A PROCESS THAT IS A YEARLY PROCESS.

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ANOTHER IDEA THAT I THINK IS IMPORTANT FOR US TO CONSIDER, IS THAT IF THE AGENDA COMMITTEE GETS TO MAKE THESE DECISIONS WE MAY ACTUALLY WANT TO HAVE AN OVER RIDE THAT TAKES THAT DETERMINATION TO THE FULL COUNCIL.

SO LET'S SAY A COUNCILMEMBER BRINGS SOMETHING FORWARD, THEY THINK IT'S TIME CRITICAL, THE AGENDA AND RULES COMMITTEE DOESN'T AGREE.

THEY COULD THEN BRING THAT DECISION TO THE FULL COUNCIL AND THE FULL COUNCIL WOULD BE ABLE TO WEIGH IN ON WHETHER THAT ITEM WAS TIME CRITICAL.

ALL RIGHTY.

NEXT TOPIC.

MOVING TO ANOTHER SPECIAL TOPIC.

THE DETAILS OF PRE SUBMISSION.

THE GUIDELINES FORMAT WOULD BE MANDATORY.

ANOTHER SUGGESTION IS THAT AT THIS STAGE THERE WOULD ONLY BE AUTHORS AND NO CO-SPONSORS AND THAT WOULD HELP WITH BROWN ACT ISSUES AS THINGS MOVE THROUGH COMMITTEE.

THAT A PRE-SUBMISSION CONSULTATION WITH THE CITY MANAGER WOULD BE AVAILABLE.

EXPLICITLY AVAILABLE SO THAT PEOPLE DON'T FEEL LIKE THEY ARE KIND OF BUGGING SOMEBODY BY REACHING OUT AND ASKING FOR HELP OR ADVICE ON SOMETHING THEY ARE THINKING OF DEVELOPING.

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AND THEN A REQUIRED PRE-SUBMISSION CONSULTATION WITH THE CITY ATTORNEY SO HER OFFICE HAS THE OPPORTUNITY TO IDENTIFY POTENTIAL LEGAL AND DRAFTING CONSIDERATIONS VERY EARLY IN THE PROCESS. I THINK IT'S PROBABLY A GOOD IDEA FOR THE CITY ATTORNEY TO DECIDE IF THERE ARE ISSUES.

AND THIS WOULD PROVIDE NOT JUST OPPORTUNITY BUT A REQUIREMENT TO RUN THINGS BY THE CITY ATTORNEY'S OFFICE.

THE LAST BULLET POINT IS VERY IMPORTANT.

HOW DO WE FOLD IN COMMISSIONS.

THIS IS SOMETHING BIG THAT THE AGENDA AND RULES COMMITTEE MEMBERS FELT VERY STRONGLY ABOUT.

I HAVE TO SAY THAT JUST TRYING TO HARNESS A SKETCH FOR THE COUNCIL PROCESS WAS A LOT.

BUT WE'RE VERY CLEAR THAT WHATEVER PROCESS WE STICK WITH OR MOVE TOWARDS, WE HAVE TO HAVE MORE EXPLICIT ABOUT HOW OUR COMMISSIONS ARE CONSULTED AND HOW WE GET THEIR IMPORTANT ADVICE AND REVIEW AND HOW THAT GETS WOVEN IN.

WE THOUGHT THERE MIGHT BE AN IMPORTANT ROLE FOR THAT IN THE PRE SUBMISSION PHASE.

LET'S SAY YOU START DEVELOPING SOMETHING EARLY IN THE CYCLE, IT'S POSSIBLE THAT IT COULD GO TO A COMMISSION BEFORE YOU EVEN SUBMIT IT.

THERE MIGHT BE OTHER WAYS AND OTHER TIMES IN THE PROCESS.

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BUT I REALLY WANT TO HIGHLIGHT THAT AS WE GO THROUGH THIS, THE AGENDA AND RULES COMMITTEE WAS VERY CONCERNED THAT THE COMMISSIONS NOT BE SIDE LINED AND ON THE CONTRARY, THAT WE FIND EXPLICIT WAYS FOR THEIR CONTRIBUTIONS AND THOUGHTS AND OPINIONS TO BE INTEGRAL TO THE PROCESS OF MOVING LEGISLATION FORWARD.

OKAY.

NEXT SLIDE.

STRENGTHENING THE COMMITTEE REVIEW.

LOTS OF IDEAS FOR HOW TO DO THAT.

AND I'M SURE THERE IS GOING TO BE A LOT MORE.

BUT SOME OF THE IDEAS OBVIOUSLY WOULD BE THAT FOR EVERY ITEM THERE IS A WHOLE SERIES OF QUESTIONS, A CHECKLIST IF YOU WANT TO CALL IT.

BUT A SERIES OF INQUIRIES THE COMMITTEE IS REQUIRED TO MAKE SO EVERY ITEM OF LEGISLATION IN COMMITTEE AND ACROSS COMMITTEES IS GETTING THE SAME SCRUTINY AND SAME OPPORTUNITY FOR INPUT.

ONE IDEA IS RELEVANCE TO STRATEGIC PRIORITIES.

ADDED VALUE OF THE PROGRAM OR POLICY.

BENEFITS AND COSTS OF THE PROGRAM OR POLICY TO THE COMMUNITY AND THE CITY.

POTENTIAL ALTERNATIVE MEANS TO ACHIEVE THE SAME OR SIMILAR GOALS THAT MIGHT BE MORE FRUITFUL OR MORE QUICK OR LESS EXPENSIVE.

PHASING IN TIMELINES FOR IMPLEMENTATION.

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STAFFING AND RESOURCES NEEDED.

HOW THE PROGRAM OR POLICY WOULD BE EVALUATED.

HOW IT WILL BE ENFORCED.

AND THEN AGAIN, IN BRACKETS ARE THINGS WITH A REAL QUESTION MARK.

WOULD THE COMMITTEE DO SOME KIND OF RATING OR RANKING, YES OR NO, POSSIBLY.

SHOULD WE INCREASE THE OPTIONS AROUND THE POSITIVE AND NEGATIVE RECOMMENDATIONS.

I THINK YOU ARE ALL FAMILIAR.

WE HAVE ONLY FOUR OPTIONS.

WHEN WE SEND SOMETHING TO CITY COUNCIL, MAYBE THERE IS SOME ROOM TO CHANGE OR REFINE THINGS THERE.

OTHER WITH A QUESTION MARK.

THIS QUESTION OF STRENGTHENING COMMITTEES REGARDLESS OF OUR OVERALL PROGRAM IS A SPECIAL TOPIC THAT WE ARE GOING TO HAVE TO ADDRESS AS A COUNCIL.

GOING TO THE NEXT SLIDE.

CONTINUING ON THE STRENGTHENING COMMITTEES IDEA, WE WOULD ALSO NEED TO CONSIDER HOW ARE WE GOING TO GET THE INPUTS WE NEED FROM THE PUBLIC, FROM STAFF, FROM CITY ATTORNEY.

THE COMMITTEES WOULD NEED TO DO ACTIVE OUTREACH WITH STAFF SUPPORT.

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ACTUALLY IDENTIFY STAKEHOLDERS THAT WOULD EITHER BE IMPACTED OR WOULD NEED TO TAKE ACTION ON ONE OR ANOTHER PRIORITY AND DO ACTIVE OUTREACH, NOT JUST HOPE THAT THEY MIGHT HAPPEN UPON AN AGENDA SOMEWHERE.

MULTIPLE HEARINGS TO ALLOW FOR A BEST COMMUNITY STAFF AND CITY ATTORNEY INPUTS AND DISCUSSION.

ENHANCE AND EMPOWER THE CITY ATTORNEY AND STAFF PARTICIPATION. SO THAT THEY COULD GIVE MEANINGFUL VERBAL INPUT WITHOUT THE REQUIREMENT FOR A FORMAL REPORT.

AND I KNOW THAT BOTH THE CITY ATTORNEY'S OFFICE AND THE CITY MANAGER ARE VERY HESITANT TO GIVE US AND HAVE THEIR STAFF GIVE US SORT OF PRELIMINARY ADVICE THAT DOES NOT REFLECT FULL AND DEEP CONSIDERATION.

AND I THINK THIS WILL BE SOMETHING FOR THE CITY ATTORNEY'S OFFICE AND THE CITY MANAGER'S OFFICE TO THINK ABOUT WHAT KIND OF INPUT THEIR STAFF COULD PROVIDE THEY WOULD FEEL COMFORTABLE WITH THAT WOULD BE SUBSTANTIAL AND MOVE THINGS ALONG.

THE COMMITTEE SCHEDULE.

HAVING A SCHEDULE AHEAD OF TIME COULD HELP THE CITY ATTORNEY AND THE CITY MANAGER SEND THE RIGHT PEOPLE TO EACH MEETING.

KNOWING AHEAD OF TIME WHAT ITEMS ARE GOING TO BE CONSIDERED AT DIFFERENT TIMES, I THINK COULD ALLOW US TO HAVE THE RIGHT PEOPLE THERE AND MORE ROBUST INPUT FROM OUR IMPORTANT PARTNERS.



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AND THEN, AGAIN CONSIDER HOW TO ATTAIN AND INTEGRATE INPUT FROM COMMISSIONS.

AGAIN, WE DID NOT GO DEEP THERE.

BUT WE IDENTIFIED IT AS SOMETHING CRITICALLY IMPORTANT.

NEXT SLIDE.

SO ANOTHER SPECIAL TOPIC.

PRIORITIZATION.

AND WHEN WE TALKED ABOUT THIS A LOT, BUT IN DISCUSSING THIS WITH THE CITY MANAGER, I THINK WE CAME TO UNDERSTAND THAT THERE IS KIND OF TWO ISSUES.

ONE IS THAT WE WHILE REDUCED, WE STILL HAVE THE BACKLOG NOW.

WE HAVE A BIG BACK LOG.

AND SO WE NEED TO FIGURE OUT SORT OF AN END GAME FOR HOW WE'RE GOING TO DEAL WITH THOSE BACKLOG ITEMS.

AND THE END GAME MIGHT BE THAT WE SORT OF FIGURE OUT WHAT TO DO.

THE SECOND TOPIC AROUND PRIORITIZATION IS ASSUMING THE DREAM OF A SYSTEM THAT HAS NO BACKLOGS, WE STILL WOULD HAVE TO DO

PRIORITIZATION.

SO LOOKING AT THE BACKLOG QUEUE, ONE IDEA WAS A ONE TIME PROCESS FOR MAJOR ITEMS THAT ARE CURRENTLY IN THE QUEUE THAT ALL PENDING BUT NOT INITIATED ITEMS EXPONENTIALLY WOULD GO BACK TO THE POLICY COMMITTEES FOR LIKE A REREVIEW.

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AND THE POLICY COMMITTEES WOULD LOOK AT THEM AND CONSIDER MERGING ITEMS OR UPDATING REFERRALS IN CASE THEY ARE STALE OR OTHER INITIATIVES THAT COME FORWARD THAT MAYBE MAKE THEM, MAKE IT WORTH CHANGING THEM A LITTLE BIT. REAPPROVAL OF ITEMS AS IS.

RECOMMENDATIONS TO SUNSET OR REMOVE ITEMS THAT HAVE BEEN SUPERSEDED MAYBE BY STATE LAW, MAYBE BY SOMETHING ELSE THE CITY HAS DONE.

RECOMMEND DISPOSITION OF ALL THE ITEMS.

POTENTIALLY RANKED BY LEAD DEPARTMENT.

AND BRING ALL THOSE RECOMMENDATIONS FROM EACH COMMITTEE TO THE COUNCIL FOR US TO DECIDE WHAT WE WANT TO CONSOLIDATE, WHAT WE WANT TO REMOVE, WHAT DO WE WANT TO RESTATE AND WHAT DO WE WANT TO RESUPPORT.

WE MIGHT NEED SOME CRITERIA.

WE MIGHT NEED SOME KIND OF R.R.V.

THE POINT HERE IS WE WOULD HAVE TO DEAL WITH A BACKLOG IN ORDER TO GET TO THAT BEAUTIFUL DAY WHERE EVERY YEAR, THE ITEMS THAT WERE APPROVED AND FUNDED COULD BE IMPLEMENTED OR THE IMPLEMENTATION COULD BEGIN RIGHT AWAY.

SO NEXT SPECIAL TOPIC.

IS THE PRIORITIZATION ON AN ONGOING BASIS OF A YEARLY QUEUE WITH THE DREAM OF THE BACKLOG HAVING BEEN CLEARED.

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FIRST OF ALL, IT IS HOPED THE ENHANCED COMMITTEE PROCESS WOULD RESULT IN FEWER BACKLOGS, AND THAT ITEMS WOULD BE IMPLEMENTED IN A REASONABLE TIMEFRAME.

AND THEREFORE, PRIORITIZATION WOULD BECOME LESS OF AN ISSUE. OBVIOUSLY WHEN YOU HAVE 150 ITEMS YOU HAVE TO PRIORITIZE.

IF YOU HAVE 10 OR 15, IT'S MUCH LESS OF A CHALLENGE.

BUT IN A RATIONALIZED SYSTEM, ONE, YOU WOULD HAVE MORE FULLY CONCEIVED AND VETTED ITEMS.

MAYBE YOU WOULD HAVE COMMITTEE SCORING AND/OR RANKING.

AND THEN, COUNCIL RANKING.

AND IT IS SUGGESTED THAT WOULD BE EITHER BY LEAD DEPARTMENT OR OVERALL.

I THINK WE'VE ALL SEEN A SITUATION WHERE WE RANK EVERYTHING TOGETHER.

AND IT TURNS OUT THE FIRST 15 ITEMS ARE FOR PUBLIC WORKS OR PLANNING.

AND THEN OTHER DEPARTMENTS THEIR ITEMS ARE SPRINKLED IN THE QUEUE.

WE MAY WANT TO LOOK AT RANKING BY DEPARTMENT RATHER THAN JUST DOING THE UNIVERSAL RANKING.

AND AGAIN, THESE ARE ALL IDEAS.

IT'S BIG.

THERE WAS A LOT FOR US TO COVER.

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ALL RIGHT.

NEXT SPECIAL TOPIC.

WE WOULD NEED A PROCESS AT THE MIDYEAR BUDGET OPPORTUNITIES.

HERE YOU SEE IN BLUE VERY HIGH-LEVEL SUGGESTIONS.

WE'LL FELT THIS WOULD BE A TOPIC THAT WOULD HAVE TO GO TO

BUDGET AND FINANCE.

ONE IDEA WAS THAT ONLY TIME CRITICAL AND ROLL OVER ITEMS

PREVIOUSLY APPROVED BUT UNFUNDED WOULD BE CONSIDERED.

NOT JUST FOR COUNCIL ITEMS BUT ALSO FOR CITY MANAGER ITEMS.

ANOTHER WOULD BE THAT NOT ALL THE EXTRA FUNDS WOULD GET

ALLOCATED AND MORE FUNDS WOULD BE AVAILABLE FOR THE ANNUAL

BUDGET PROCESS FOR COUNCIL INITIATIVE SAID THAT GO THROUGH THE

YEAR PROCESS.

AND POSSIBLY THAT A.A.O.1 AND 2 ARE ONE TIME OR SENSITIVE NEEDS,

EXCEPT IN SPECIAL CIRCUMSTANCES.

REALLY WE FELT THIS SHOULD GO TO BUDGET AND FINANCE TO THINK

ABOUT SHOULD WE ADOPT SOMETHING LIKE A YEARLY PROCESS.

BUT WITH ANY PROCESS, THESE THINGS WOULD NEED TO BE CLARIFIED.

ALL RIGHT, NEXT SPECIAL TOPIC.

IMPLEMENTATION.

WE ALREADY SAW WHAT THAT LOOKS LIKE.

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BUT I THINK THE CITY MANAGER REALLY WOULD WANT TO WORK ON FILLING OUT WITH MORE DETAIL WHAT THE IMPLEMENTATION PROCESS WOULD LOOK LIKE.

AND I KNOW SHE'S VERY COMMITTED TO HAVING A LEAD SO THAT EVERYBODY KNOWS WHO SAID RESPONSIBLE FOR MAKING SOMETHING HAPPEN.

BUT ALSO, HAVING A TEAM AND ALSO MAKING SURE THAT THERE IS CLARITY ABOUT INTENTIONS AND OFTEN TIMES AN AUTHOR WILL HAVE THOUGHT ABOUT IMPLEMENTATION.

AND HAVE SOME GOOD IDEAS.

WE'LL HAVE CONSULTED WITH STAKEHOLDERS AND THE COMMUNITY AND MAY HAVE SOME ADDITIONAL HELPFUL IDEAS BUT ULTIMATELY, IT'S UP TO THE CITY MANAGER TO DETERMINE IMPLEMENTATION, THAT CONSULTATION IS OBVIOUSLY A COURTESY, WHICH I THINK SHE IS VERY GENEROUSLY INTERESTED IN EXTENDING.

AND I CAN'T REMEMBER DO WE HAVE ONE MORE SPECIAL TOPIC?

NO.

WE DON'T.

THAT'S IT.

SO THANK YOU VERY MUCH.

>> MAYOR J. ARREGUIN: THE LAST PIECE ON IMPLEMENTS, THAT HAS BEEN HOW WE HAVE DONE -- IMPLEMENTATION, IMPLEMENTATION OF MAJOR NEW LAWS.

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IS AFTER WE WHILE WE'RE DEVELOPING IT AND WE GET INPUT ON OPERATIONAL IMPACTS, IMPLEMENTATION, THEN WE REFER TO THE CITY MANAGER DEVELOP IMPLEMENTATION PLAN, RESOURCE THAT AND THEN IMPLEMENTATION.

SO I THINK IT'S OPERATIONALIZING THE KIND OF AD HOC PRACTICE THAT WE'VE IMPLEMENTED.

I WANT TO TURN IT OVER TO COUNCILMEMBER HARRISON.

>> K HARRISON: FIRST OF ALL, I WANT TO THANK YOU COUNCILMEMBER HAHN FOR HER HARD WORK.

IT IS NOT EASY TO TACKLE SUCH A BROAD TOPICKISM SOMEONE HAS TO START.

IF YOU DON'T START YOU NEVER GET ANYWHERE.

SO THANK YOU VERY MUCH FOR THAT.

I REALLY COMMEND YOU FOR LEADING THIS EFFORT.

SINCE WE FIRST DISCUSSED IT IN 2021, AND THE CITY MANAGER CONTRIBUTION AND DEFERRING TO COUNCIL FOR THE SHAPE ANY CHANGES TAKE.

I HEARD HER SAY A COUPLE OF TIMES, IT IS NOT HER PROPOSAL.

I WANT TO MAKE THAT STATEMENT.

I'M NOT ON THE AGENDA COMMITTEE.

AND AS YOU NOTED, I WASN'T ABLE TO WORK WITH YOU, BUT I WORKED WITH COUNCILMEMBERS ROBINSON AND TAPLIN.

THANK YOU TO BOTH.

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AND I THINK COUNCILMEMBER BARTLETT IS INTERESTED IN THE PROPOSAL ABOUT TO DISCUSS, TO UPDATE AND BUILD ON IT.

I SUBMITTED AN ALTERNATIVE.

THIS IS NOT AN ALTERNATIVE TO COUNCIL HAHN, IT WAS AN ALTERNATIVE TO THEN COUNCILMEMBER DROSTE'S PROPOSAL IN 2021.

WHICH WAS MUCH MORE CONVEIN STRAINING OF US.

CONSTRAINING OF US.

I UPDATED TO RESPOND TO COUNCILMEMBER HAHN.

IT'S MEANT TO BE TAKEN CONSIDERATION HERE AND THE PUBLIC AND COUNCIL AND THE AGENDA COMMITTEE.

THERE IS REALLY POSITIVE ASPECTS OF COUNCILMEMBER HAHN'S PROPOSAL I WANT TO HIGHLIGHT.

AND I THINK WE SHOULD MOVE AHEAD.

COUNCIL ITEMS SHOULD FOLLOW THE GUIDELINES ALREADY PROMULGATED RATHER THAN USING THEM AS RECOMMENDATIONS.

WE GET THINGS IN VERY DIFFERENT FORMAT SAID IN COMMITTEES.

AND IT MEANS WE DON'T HAVE FAIR CRITERIA AGAINST WHICH THINGS ARE EVALUATED.

I THINK WE NEED TO ADOPT THESE AS BEING MANDATORY.

I LIKE THE IDEA OF A FORMAL PROCESS FOR CITY STAFF TO PROVIDE HIGH LEVEL CONCEPTUAL INPUT TO AUTHORS BEFORE SUBMITTING PROPOSALS.

I ALWAYS DO THAT.



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I PROBABLY NEVER SUBMIT ANYTHING WITHOUT FIRST TALKING TO THE DEPARTMENTS AND THE CITY ATTORNEY'S OFFICE.

I THINK THIS IS GOOD PRACTICE AND WE'RE PROBABLY ALL DOING IT.

I LIKE THE PROCESS FOR ADDRESSING THE BACKLOG OF UNFUNDED ITEMS.

I DON'T THINK IT SHOULD BE IN THE POLICY COMMITTEE.

I'LL EXPLAIN MORE IN A MINUTE.

I LIKE THE ENHANCED CHECKLIST FOR THE POLICY COMMITTEE.

I THINK WE NEED THAT.

WE OFTEN STRUGGLING, AS CHAIR OF ONE OF THEM.

EXCLUDING THE PROPOSAL THAT WE RATE ITEMS.

I DON'T WANT TO RANK ITEMS.

I'M IN A THREE PERSON COMMITTEE.

WE ALL BRING THINGS FORWARD.

I DON'T WANT TO SAY, I'M GOING TO RANK MINE AHEAD OF

COUNCILMEMBER TAPLIN.

THAT IS AWKWARD.

IT'S THE JOB OF THE FULL COUNCIL TO DO THE RANKING.

AND I DO LIKE THE IDEA OF SOMEHOW GETTING BETTER INPUT FROM

COMMISSIONS.

BUT I DON'T WANT TO DO BEFORE AN ITEM GOES BEFORE COUNCIL.

WE DON'T WORK FOR THE COMMISSION.

THAT STRUCK ME AS A LITTLE ODD, THERE ARE TIMES I HAVE WRITTEN

LEGISLATION, ASKED THEM TO HOLD HEARINGS, WHICH IS SOMETHING WE

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CAN CONSIDER DOING IF IT'S COMPLICATED AND WE BENEFIT FROM A LOT OF MORE HEARINGS THAN WE'RE ABLE TO HAVE.

BUT I DON'T WANT IT TO BE MANDATORY ANYWAY.

AND I GUESS MY MAJOR CONCERN ABOUT PROPOSALS, I'M A REALLY STRONG SUPPORTER OF THE POLICY COMMITTEE SYSTEM.

THAT COUNCILMEMBER HAHN ACTUALLY PROPOSED.

AND I DON'T BELIEVE OUR CENTRAL PROCESS IS FUNDAMENTALLY FLAWED ON MAJOR ITEMS.

I THINK WE'RE DOING A GOOD JOB ON THAT.

I'M GOING TO DESCRIBE IN A MINUTE WHY THE PROCESS WILL GO THROUGH A LENGTHY PROCESS AND DELAY US GETTING THINGS DONE.

I THINK THE MAIN THINGS WE'RE NOT DOING AS GOOD A JOB ON ARE REFERRALS AND BUDGET REQUESTS.

AND WHAT I SEE EMBEDDED IN BUDGET REQUESTS, BEING ON THE BUDGET COMMITTEE IS A LOT OF POLICY QUESTIONS NOBODY ANSWERED YET.

AND THAT REALLY CONCERNED ME.

IF WE CAN'T REALLY DISCUSS THE MONEY UNTIL WE KNOW HOW IT WILL WORK.

I'M HOPING YOUR INTENTION WAS TO INCLUDE IN THE GROUP OF ITEMS ORDINANCES WE WRITE NOW, REFERRALS, AND BUDGET REQUESTS OVER A CERTAIN DOLLAR AMOUNT.

I'M GOING TO MAKE A PROPOSAL HOW TO DO THAT.

I DON'T WANT TO SEE BUDGET REFERRALS JUST GO THROUGH.

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I THINK THAT'S NOT GOOD EITHER WHEN THEY ENTAIL A LOT OF BUDGETARY, POLICY ASPECTS.

A COUNTER EXAMPLE.

RECENTLY COUNCILMEMBER KESARWANI RECOMMENDED PUTTING MORE MONEY IN PAVING.

THAT DIDN'T NEED TO GO TO A POLICY COMMITTEE BECAUSE IT WASN'T CHANGING THE PAVING PLAN ANY WAY.

IT WAS SAYING PUT MORE MONEY IN.

IT WAS STRICTLY A BUDGET THING.

I'M NOT SURE WHY WE HAD IT AT OUR COMMITTEE.

OTHER TIMES WE HAVE THINGS THAT HAVE A LOT OF POLICY IMPLICATIONS BUT NOT MUCH MONEY AND GOING STRAIGHT TO BUDGET AND WE'RE LEFT AT BUDGET SAYING HOW ARE WE GOING TO DO THIS.

I THINK THAT IS THE WRONG PLACE TO ASK THOSE QUESTIONS.

I THINK THAT SHOULD GET WORKED OUT IN ADVANCE.

SOME OF THE MY CONCERNS ABOUT THE PROPOSAL I HAVE I AM GRATEFUL FOR, I THINK IT'S SIGNIFICANTLY LIMITS ACCESS TO THE LEGISLATIVE PROCESS BY EXTENDING TIMELINES.

RIGHT NOW, MAJOR ITEMS CAN BE SUBJECT TO NEARLY 300 DAYS.

THIS COMPARES THE CURRENT 120 DAYS IN COMMITTEE.

THAT HAPPENS BECAUSE OF THE SEPTEMBER DEADLINE.

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IF YOU TURN SOMETHING IN IN OCTOBER THAT IS NOT TIME CRITICAL BUT NONETHELESS IMPORTANT TO THE COMMUNITY IT WILL SIT THERE UNTIL NEXT YEAR.

AND THEN IT WILL SIT THERE UNTIL THE JUNE BUDGET PROCESS, THE WAY I READ IT NOW.

WE COULD BE LOOKING AT 18 MONTHS.

I DON'T THINK WE NEED TO BUILD IN EXTRA TIME.

SO I'M GOING TO SUGGEST WAYS TO NOT DO THAT.

IT ALSO DOESN'T ALIGN TIMELY LEGISLATIVE ITEMS WITH THE FALL BUDGET PROCESS.

THIS HAS BEEN A HUGE CONFUSION.

I HEARD THIS IN TWO DIFFERENT DIRECTIONS FROM THE CITY MANAGER.

ONE, SHE WOULD LIKE US TO GET ALL OF OUR PROPOSALS IN BEFORE THE JUNE BUDGET.

BUT TWO, ALSO SHE WOULD LIKE US TO NOT SUBMIT ANYTHING EXCEPT FOR THE A.A.O.

THAT'S WHEN WE KNOW MORE ABOUT REVENUES.

WE NEED A DEFINITIVE ANSWER ABOUT THE BEST PROCESS.

BUT I DO NOT WANT TO ASSUME THE BUDGET PROCESS.

I PERSONALLY THINK WE CAN HAVE TWO CYCLES.

ONE OF WHICH IS TO JUNE AND ONE OF WHICH IS TO A.A.O.

I THINK I'M RECOMMENDING WE DO THAT.

THAT WILL GET THINGS THROUGH MORE QUICKLY.

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I REALLY DON'T WANT POLICY COMMITTEES TO PRIORITIZE AS I'VE  
ALREADY DISCUSSED.

AND I THINK THAT IS REALLY A COUNCIL JOB.

ALSO, THERE IS SOMEWHERE IN HERE AN IMPLICATION THE POLICY  
COMMITTEES ARE A TIME COMMITMENT BURDEN. ON STAFF AND THE  
COUNCIL.

I THINK IT'S THE OPPOSITE.

PERSONALLY FOR ME THE STUFF WE GET AT COUNCIL IS SO MUCH BETTER  
BECAUSE OF YOUR SYSTEM, COUNCILMEMBER HAHN, OF SETTING OF THESE  
COMMITTEES AND REVIEW IT GOES THROUGH THAT I THINK THE STAFF  
BURDEN IS LESS.

AND SO THE BURDEN ON THE PUBLIC VERY CONFUSING PROPOSALS IS  
LESS.

THINGS ARE BETTER BECAUSE THEY HAVE GONE THROUGH THESE  
COMMITTEES.

SO I REALLY DON'T THINK WE SHOULD BE LIMITING THE COMMITTEES TO  
OPERATING SIX MONTHS OF THE YEAR.

WHEN WE DON'T HAVE SOMETHING TO DO.

I THINK IT'S OKAY TO KEEP THEM OPERATING DURING THE ENTIRE TIME  
THE COUNCILMEMBER IS MEETING AND TAKE THINGS UP AS THEY COME  
ALONG.

I'M GOING TO PROPOSE THAT.

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AND THEN FINALLY, I DON'T LIKE THE IMPLEMENTATION TEAM AT THE  
END AFTER THE ITEM HAS GONE OUT OF THE COMMITTEE, INCLUDING THE  
COUNCILMEMBER.

IT FEELS LIKE, BECAUSE IT INDICATES THEY WOULD BE ESTABLISHING  
CLARITY OF INTENTIONS, TIMELINES, OPPORTUNITIES, IDEAS AND  
CHALLENGES.

THAT SHOULD ALL HAPPEN AT THE COMMITTEE PROCESS.

IF WE HAVEN'T FIGURED OUT TIMELINES AND OPPORTUNITIES THEN, I  
DON'T THINK I'M COMFORTABLE WITH ONE COUNCILMEMBER BEING IN  
CHARGE OF THAT.

EVEN WHEN IT'S MINE, I DON'T THINK I LIKE THAT.

THAT I'M NOW I'M NEEDING TO FIGURE OUT HOW WE'RE REALLY GOING TO  
DO IT.

THAT SHOULD HAVE ALL BEEN TALKED ABOUT UP FRONT IN A COMMITTEE  
PROCESS.

SO I HAVE A FLOW CHART THAT TRIES TO SHOW WHERE THE DIFFERENCES  
ARE.

BUILDING OCOUNCILMEMBER HAHN'S EXCELLENT WORK.

GIVE ME ONE SECOND.

I'M ALWAYS TERRIBLE AT THIS.

I DON'T KNOW HOW TO SHARE A SCREEN.

HOLD ON A MINUTE PLEASE.

YOU WILL LAUGH AT ME BECAUSE I'M NOT GOOD AT THIS.

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I JUST FOUND IT.

THANK YOU, MR. MAYOR.

I SO APPRECIATE THAT.

HERE'S MY FLOW CHART, WHICH TRIES TO SHOW WHERE THERE ARE DIFFERENCES BETWEEN THE TWO PROPOSALS.

I'M PROPOSING THAT WE STILL SUBMIT ITEMS THROUGHOUT THE YEAR.

I THINK YOU SAID YOU WERE INTENDING FOR THE COUNCIL TO DO THAT.

A BIG DISTINCTION FOR ME IS ANOTHER THING THAT DOESN'T GO THROUGH THIS RIGOROUS ANALYSIS YOU ARE CALLING FOR ARE CITY MANAGER ITEMS.

AND I WOULD LIKE THOSE TO ALL GO THE COMMITTEE PROCESS.

THAT'S HOW THEY DO IT IN ON THE GROUND AND SAN FRANCISCO.

MY STAFF SPEND TIME LOOKING AT THOSE RULES.

IF IT'S A SIGNIFICANT THING, IT SHOULD BE USING THE SAME PROCESS THAT WE USE FOR OUR THINGS.

WE ARE THE BODY, WE APPROVE THE BUDGET AND THE ITEMS.

SO I WANT MAJOR ITEMS FROM THE CITY MANAGER TO ALSO GO TO THESE COMMITTEES.

AND I WANT TO DO IT ALL YEAR.

I ALSO WANT SOME OBJECTIVE CRITERIA FOR DETERMINING FROM THE AGENDA COMMITTEE, WHAT IS MAJOR.

I THINK RIGHT NOW THE LANGUAGE NEEDS TO BE TIGHTENED UP BUT IT IS A GOOD START.

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I THINK WE NEED TO IS SAY BUDGET ITEMS MORE THAN "X" DOLLAR.

BUDGET ITEMS THE DOLLARS THAT CAUSE OPERATIONAL DIFFERENCES OR SOMETHING.

BUT WE NEED SOME CRITERIA IN THERE.

AND I WOULD HAVE THE POLICY COMMITTEES CONTINUE TO MEET DURING THE ENTIRE PERIOD.

AND AGAIN, KEEP THINGS FOR 120 DAYS MAXIMUM IN THE POLICY COMMITTEE HOPPER.

ALTHOUGH I THINK THE MAYOR WAS THINKING WE WANT TO EXTEND THAT TIME.

I THINK WE START WITH THE 120 AND IF WE NEED TO EXTEND, WE CAN ALWAYS GET ACCOMMODATIONS FROM OUR COLLEAGUES ON THAT.

ISSUING THE POLICY RECOMMENDATIONS AGAINST THE ENHANCED REVIEW CHECKLIST, WHICH IS I THINK IS REALLY CRITICAL.

GOES BACK TO THE AGENDA COMMITTEE.

THEN IT GOES TO COUNCIL MEETING.

THEN IT GOES TO ONE OR THE OTHER OF THE BUDGET PROCESSES

DEPENDING ON WHAT TIME OF YEAR YOU ARE IN THROUGH THE BUDGET COMMITTEE.

AND THEN IT'S ADOPTED AS PART OF THE BUDGET.

A COUPLE OF OTHER COMMENTS I WANTED TO MAKE.

I'M NOT CERTAIN I THINK ALL BUDGET PROPOSALS SHOULD AUTOMATICALLY ROLL TO THE NEXT PERIOD.



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THE MAYOR HAS A UNIQUE AND DIFFERENT ROLE IN OUR GOVERNMENT.

WE DO HAVE A STRONG CITY MANAGER FORM OF GOVERNMENT.

AND WE DO HAVE A COLLABORATIVE COUNCIL IN WHICH HE SITS.

BUT THE CHARTER IS REALLY CLEAR THE MAYOR PRESENTS A BUDGET.

IF HE DOESN'T LIKE SOMETHING OR THINKS IT SHOULD NEVER BE

BUDGETED, I WANT HIM TO HAVE THAT OPPORTUNITY.

I'VE ACTUALLY NEVER SEEN YOU DO THAT.

BUT THERE COULD COME A TIME WHEN IT COULD HAPPEN.

AND SO I THINK THAT TAKING THAT AWAY FROM YOU IS NOT A GOOD

THING.

I DON'T THINK EVERYTHING SHOULD ROLL.

I THINK WE CAN HAVE A WORKING EXPECTATION THINGS WILL ROLL OVER

BUT I DON'T WANT EVERYTHING TO ROLL.

BECAUSE YOU MIGHT HAVE SOMETHING THAT ISN'T YOU THINK IS NOT A

GREAT IDEA OR THE CITY MANAGER MIGHT SAY THAT IS NEVER GOING TO

WORK BUDGETARILY SO DON'T DO THAT.

AND WE WANT TO MOVE ON WITH IT.

I ALSO FEEL WE HAVE TO VERY CLEARLY ESTABLISH THESE CRITERIA FOR

WHAT IS A SIGNIFICANT ITEM.

AND AGAIN IT SHOULD APPLY TO EVERYTHING FROM THE CITY MANAGER

AND FROM US.

AND ORDINANCES, REFERRALS AND BUDGET REQUESTS.

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MOST OF THE PROBLEMS I'VE SEEN IN MY COMMITTEE ARE NOT  
ORDINANCES.

WE ALREADY HAVE A GOOD PROCESS ON ORDINANCES.

THE PROBLEM ARE REFERRALS.

AND I WOULD BE PANICKED IF I WERE YOU I SAW THAT LONG LIST LIKE  
OH, MY GOD.

I JUST CAN'T GET THROUGH IT.

SO WE DO NEED, AND I SHOULD HAVE SAID THIS IN A POSITIVE ASPECT  
PARTS.

WE NEED AN ACTIVE PROCESS FOR GETTING RID OF REFERRALS.

AND I'M GOING TO SAY ON MY OWN BEHALF, I'M THE ONLY ONE IN THE  
LAST THREE CYCLES THAT HAS IDENTIFIED OTHER PEOPLE'S REFERRALS  
TO GET RID OF OTHER THAN MY OWN OR MY PREDECESSORS.

AND YOU KNOW WHAT, WE'VE SEEN THE ENEMY, AND IT IS US.

WE KEEP PUSH STUFF FORWARD.

WE DON'T WANT TO SAY NO TO EACH OTHER.

OUR PROBLEM IS US.

AND I THINK WE HAVE TO BE BRAVER IN SAYING I DON'T WANT TO  
PRIORITIZE THIS AT ALL.

I DON'T CARE IF IT COMES IN 43.

I REALLY DON'T THINK WE SHOULD BE DOING THIS THING OR 43 FITS  
WITH 22.

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BECAUSE NOW I'M "D" AND I HAVE 43 ITEMS AND I'M NEVER GOING TO DO 43.

OKAY. IT'S NEVER GOING TO HAPPEN BUT IT IS STILL THERE.

SOMEBODY IS STILL GOING TO CALL AND SAY WHAT THE HECK HAPPENED TO THAT THING WITH THE REFRIGERATORS FOR THE HOMELESS, WHICH I NOTICED WAS STILL ON THE LIST LAST YEAR.

SO YOU KNOW, WE SHOULD KILL IT.

IF WE DON'T LIKE IT, LET'S GET RID OF IT.

LET'S BE BRAVE HERE, PEOPLE.

LET'S DO OUR JOB SO DEE CAN DO HERS.

I THINK THAT'S KIND OF ONE OF MY BASIC PREMISES HERE.

I WANT US TO BE A LOT OF MORE SYSTEMATIC ABOUT THAT REFERRAL LIST.

AND I THINK WITH THOSE CHANGES, I THINK THAT I LIKE THIS GENERAL FLOW.

AGAIN, A FEW THINGS I DON'T WANT POLICY COMMITTEES DOING A COUPLE THINGS I WANT BETTER DEFINED.

AND I DON'T WANT THIS LONG TIMELINE.

I THINK IT'S WAY TOO LONG.

WE CAN DO MORE WORK THAN THIS.

WE'VE BEEN DOING MORE WORK THAN THIS.

AND I THINK WOULD BE KEEP IT UP WITH SOME BETTER STANDARDS AND FORMS.

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SO THANK YOU, COUNCILMEMBER HAHN.

>> MAYOR J. ARREGUIN: OKAY, THANK YOU VERY MUCH.

WE'LL GO TO COUNCILMEMBER HUMBERT.

>> M. HUMBERT: YES, THANK YOU, MR. MAYOR.

THOSE TWO PRESENTATIONS ARE HARD ACTS TO FOLLOW CERTAINLY.

I WANT TO SAY HOW MUCH I APPRECIATE ALL OF THE WORK THAT AGENDA AND RULES COMMITTEE DID TO REVIEW AND SUMMARIZE THE PROPOSALS CURRENTLY ON THE TABLE.

AND TO ESPECIALLY THANK THE MAYOR, COUNCILMEMBER WENGRAF AND THEIR STAFF FOR THE WORK THEY DID TO CREATE THE MATRIX.

IT WAS A LOT OF MATERIAL.

THE MATRIX TO ME WAS REALLY HELPFUL IN BEING ABLE TO DO A MORE APPLES TO APPLE COMPARISON BETWEEN THE PROPOSALS THAT HAVE COME DOWN DURING A SIGNIFICANT PERIOD OF HISTORY.

AND HOW THEY WOULD POTENTIALLY IMPACT VARIOUS COMPONENTS OF THE LEGISLATIVE PROCESS.

I ALSO WANT TO DEEPLY THANK COUNCILMEMBER HAHN FOR HER WORK IN PRESENTING A MORE STRUCTURED PROCESS THAT IMPLEMENTED WOULD CERTAINLY HELP ENSURE THE DETAILS AND POLICIES AND PROPOSALS ARE DRILLED INTO WELL BEFORE THEY REACH THE COUNCIL STAGE.

I ALSO WANT TO THANK COUNCILMEMBER HARRISON, ALONG WITH COUNCILMEMBERS TAPLIN AND ROBINSON FOR THEIR WORK TO PUT FORWARD AN ALTERNATIVE LEGISLATIVE CYCLE APPROACH.

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I APPRECIATE HAVING DIFFERENT OPTIONS TO CONSIDER.

AND I THINK THIS ALTERNATIVE HAS SOME ADDITIONAL POSITIVE CHARACTERISTICS.

INCLUDING SIMPLICITY THAT MERIT STRONG CONSIDERATION.

OVERALL THOUGH I HAVE TO AGREE, ALTHOUGH I AGREE THAT PROPOSALS SOMETIMES NEED MORE WORK BEFORE COMING TO COUNCIL, BASED ON MY LIMITED EXPERIENCE ON COUNCIL, I DON'T NECESSARILY FEEL THAT A LACK OF COMPLETENESS IS THE BIGGEST PROBLEM WE FACE IN TERMS OF COUNCIL'S APPROACH TO MAJOR ITEMS.

I THINK THAT OUR EXISTING COMMITTEE APPROACH AND EXTREMELY CAPABLE STAFF ALREADY DO A PRETTY GOOD JOB OF ENSURING ITEMS EITHER GET TO COUNCIL OR COME OUT OF COUNCIL IN DESCENT SHAPE. AND THERE IS ALSO THE FACT THAT COUNCIL WAS A POLICY SETTING BODY WITH IMPLEMENTATION AND OPERATIONS BEING THE PROVINCE OF STAFF.

I DON'T KNOW THAT COUNCIL AND COUNCIL COMMITTEES GETTING EVEN MORE INTO THE WEEDS ON MINUTE DETAILS IS NECESSARILY GOING TO HELP STAFF DO THEIR JOBS.

IT MIGHT EVEN HAVE THE OPPOSITE EFFECT FOR POLICIES AND PROGRAMS AND HAVE LESS FLEXIBILITY.

THIS BRINGS ME TO WHAT I THINK IS THE FUNDAMENTAL PROBLEM WITH OUR APPROACH TO LEGISLATING, WE DO TOO MUCH OF IT.

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I THINK THE CITY MANAGER HAS BEEN JUST ABOUT AS CLEAR AS SHE CAN BE IN TELLING US WE NEED TO SLOW OUR GENERATION OF REFERRALS WHEN IT COMES TO THE MAJOR POLICIES AND PROGRAMS COMING OFF OF THIS DAIS.

AND I JUST DON'T FEEL A LEGISLATIVE SEASON APPROACH REALLY TACKLES THE FUNDAMENTAL ISSUE.

THAT'S WHY I LEAN STRONGLY TOWARD USING MY PREDECESSOR FORMER COUNCILMEMBER DROSTE BE RIGHT PROPOSAL AS A STARTING POINT WORKING OUT FROM THERE.

IN GENERAL, I'M RELUCTANT TO SUPPORT A LEGISLATIVE OVER HAUL WITHOUT LIMITS ON COUNCIL ITEMS OR TIME OUR REWEIGHTED RANGE VOTING PRIORITIZATION EXERCISE TO TAKE PLACE BEFORE STAFF AND COMMITTEES REALLY DIVE INTO THE DETAILS OF PROPOSALS THAT COULD CLEAR OUT SOME OF THE ITEMS EFFICIENTLY.

THIS LEGISLATIVE SEASON APPROACH SEEMS POISED TO RESEARCH OUTREACH AND NATIONAL BURDENS ASSOCIATED WITH ANY GIVEN ITEM, BOTH FOR COUNCIL STAFF AND POTENTIALLY OTHER CITY STAFF.

WITHOUT SOME LIMITS ON COUNCIL ITEMS THIS PROPOSAL SEEMS LIKELY TO INCREASE THE COMPLEXITY AND WORKLOAD ASSOCIATED WITH ITEMS COMING FROM COUNCIL.

IN ADDITION, BECAUSE ALL MAJOR ITEMS WOULD BE HELD TO THE SAME TIMELINE OR SAME TIMELINES THESE INCREASED NEEDS FOR REVIEW

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HEARINGS, AND ANALYSIS SEEM LIBEL TO EXACERBATE CRUNCH TIMES DURING THE YEAR AND POSSIBLY EVEN CREATE NEW ONES.

I THINK THAT THE HARRISON, TAPLIN, ROBINSON PROPOSAL IS BETTER THAT WOULD REDUCE STAFF EFFORTS AND AVOID GIVING COMMITTEES AN APPROPRIATE VETO POWER OVER COUNCIL REFERRALS.

AGAIN, THAT SAID, I STILL THINK THIS ALTERNATIVE ALSO GIVES SHORT SHIFT TO THE FUNDAMENTAL ISSUE, THE SHEER VOLUME OF COMPLEX AND WORK INTENSIVE POLICY AND PROGRAMS COMING OUT OF COUNCIL.

THIS REMAINS THE NUMBER ONE ISSUE TO ME.

AND THIS FEELS CONSISTENT WITH WHAT WE HEARD FROM THE CITY MANAGER.

I'M NOT GOING TO SUGGEST A MORATORIUM ON NEW MAJOR NONEMERGENCY ITEMS WOULD BE IN ORDER.

I'M SURE I WOULDN'T FIND SUPPORT AND MAYBE IT DOESN'T MAKE SENSE BUT A CAP OF SOME SORTED AND PERHAPS A TEMPORARY NUMERICAL CAP IS WHAT WE SHOULD AIM FOR.

I DON'T FEEL LIKE IN SUPPORT ANY PROPOSAL THAT DOESN'T SET A FIRM LIMIT ON MAJOR COUNCIL ITEMS.

BUT I DO WANT TO THANK EVERYBODY FOR ALL THE REALLY COMPLICATED AND HARD WORK THAT THEY PUT IN ON THIS.

AND I'VE SPENT A LOT OF TIME LOOKING AT THESE PROPOSALS.

AND THANK YOU SO MUCH.

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>> MAYOR J. ARREGUIN: OKAY.

COUNCILMEMBER HAHN WANT TO MAKE A CLARIFYING COMMENT.

AND THEN, ARE THERE ANY OTHER CITY COUNCIL MEMBERS THAT HAVE COMMENTS?

WE NEED TO TAKE PUBLIC COMMENTS AS WELL.

>> S. HAHN: THANK YOU.

COUNCILMEMBER HARRISON, I WANT TO BETTER UNDERSTAND.

I COMPLETELY AGREE WITH YOU THAT CITY MANAGER ITEMS WOULD ALSO BENEFIT FROM THE SAME REVIEW.

BUT I'M TRYING TO UNDERSTAND WHERE THAT COMES UP, BECAUSE MOST OF WHAT THEY BRING TO US ARE REFERRAL RESPONSES.

AND I WAS TRYING TO REMEMBER A TIME WHEN THE CITY MANAGER SORT OF BROUGHT US SOMETHING NEW THAT HADN'T BEEN REFERRED BY THE CITY COUNCIL.

THE ONLY THING I CAN THINK OF WAS THE KIOSKS IS WHEN THE REFERRAL RESPONSE COMES BACK THAT RESPONSE SHOULD THEN BE VETTED BY A COMMITTEE?

IF YOU COULD CLARIFY WHAT YOU MEAN BY THAT.

>> K HARRISON: YES, MANY PAST REFERRALS WERE SO VAGUE THAT WE, AND WE HAD COMPLETELY DIFFERENT PEOPLE ON COUNCIL THAT I WOULD HOPE THEY WOULD COME BACK TO US.

IF WE START DOING A BETTER JOB OF REFERRALS, THE WON'T BE AS BIG AN ISSUE.



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I THINK SOMETIMES STAFFING IN THE DARK TO FIGURE OUT HOW TO RESPOND.

IT MIGHT NOT BE ON POINT WITH WHAT WE WERE THINKING.

I CAN'T THINK OF AN EXAMPLE.

THERE HAVE BEEN EXAMPLES ABOUT HOMELESS POLICY, SHE'S TRYING TO DO SOMETHING REASONABLE BUT MANY THINGS HAVE CHANGED IN THE LEGAL LANDSCAPE THAT HAVE CHANGED WHAT WE MIGHT BE ABLE TO DO OR NOT DO.

FOR EXAMPLE, WE HAD CERTAIN POLICIES ABOUT SLEEPING IN CARS AND THAT CHANGED AS YOU RECALL, THEN IT CAME BACK.

I THINK IF THAT'S GOING TO BE SOMETHING WITH A LOT OF IMPLICATIONS, IT SHOULD GO TO COMMITTEE.

>> S. HAHN: NOT NECESSARILY SOMETHING WRITTEN, A CHANGE IN POLICY.

>> K HARRISON: I THINK SHE WAS COMING BACK WITH CHANGE IN WRITTEN POLICY BASED ON CHANGE IN THE LAW.

>> S. HAHN: I SEE.

>> K HARRISON: SO I THINK AT THAT POINT DEPENDING ON HOW COMPLEX IT IS, CRITERIA, IT WOULD GO TO A COMMITTEE.

MANY THINGS AREN'T THAT COMPLEX.

SO OBUT AND STILL THINK THERE ARE ITEMS --

>> S. HAHN: YEAH.

>> K HARRISON: -- [ MULTIPLE SPEAKERS ]

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>> S. HAHN: I WAS TRYING TO UNDERSTAND EXACTLY WHAT YOU WERE REFERRING TO.

WE'RE JUST TAKING NOTES AND WE'LL TAKE IT BACK TO THE AGENDA AND RULES COMMITTEE.

BUT I WONDERED, I THINK THE CITY MANAGER MIGHT HAVE HAD, MAYOR, IF I MAY, I THOUGHT IT LOOKED THE CITY MANAGER MIGHT HAVE A COMMENT ON THAT.

>> I JUST WANTED TO ECHO YOUR CONCERNS, COUNCILMEMBER HAHN, THAT WE RARELY IN EVER BRING FORWARD OUR OWN MAJOR, I DON'T BRING FORWARD POLICY.

I'M RESPONDING TO THIS BODY'S POLICY.

BUT IF THAT'S THE ROUTE THAT IS BEING RECOMMENDED WE BRING IT BACK TO A POLICY COMMITTEE BEFORE BRINGING IT TO THE FULL COUNCIL FOR ADOPTION, WE'RE OPEN TO THAT AS WELL.

>> S. HAHN: OKAY.

ANYTHING ELSE COUNCILMEMBER HARRISON, FOR US TO FULLY UNDERSTAND YOUR VISION ON THIS?

>> K HARRISON: AS AN EXAMPLE.

I THINK THE RESPONSE TO A.L.P.R.'S IS A GOOD EXAMPLE.

WE HAD A REFERRAL A LONG TIME AGO.

WE HAVE SO MUCH COMPLICATION, THE PARKING L.P.R.'S, THE OTHER CAMERAS THAT DID FINALLY GO TO PUBLIC SAFETY BUT IT WENT TO BUDGET FIRST.

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AND THAT WAS ODD.

SO IT'S REALLY NEED THAT NEEDED THAT PUBLIC SAFETY COMMITTEE  
REVIEW.

AND YOU GUYS DID A GREAT JOB BUT THAT WAS A BIG DEAL.  
IT IS THINGS LIKE THAT.

I DON'T THINK IT WILL COME UP EVERY DAY.

BUT WE'RE DEALING, YOU ARE DEALING WITH A LOT NOW, CITY MANAGER,  
MADAM CITY ATTORNEY, COMPLICATED ITEMS, AND I THINK SOMETIMES  
THEY BENEFIT FROM THAT FORUM.

THE COMMITTEES ARE BETTER FOR HAVING PUBLIC INPUT.

ONE REASON I LOVE THEM, WE REDUCED CONFUSION AT THE COUNCIL  
ABOUT WHAT THINGS ARE.

IT'S BEEN VERY HELPFUL.

>> THANK YOU.

VERY HELPFUL FOR US TO BETTER UNDERSTAND THE VISION ON THAT.

>> MAYOR J. ARREGUIN: COUNCILMEMBER ROBINSON.

>> R. ROBINSON: SURE.

GOOD AFTERNOON, I'LL TAKE THIS OPPORTUNITY TO JUMP IN.

AND FIRST, THANK YOU TO THE AGENDA COMMITTEE WHO HAVE BEEN  
ENGAGING WITH THE DISCUSSION AND INCREDIBLY DEEP LEVEL.

THE REST ARE STUCK OUTSIDE WITH OUR FACES PUSHED AGAINST THE  
WINDOW EAVESDROPPING AND UNABLE TO PARTICIPATE.

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COUNCILMEMBER HAHN, IT IS SO MUCH EASIER FOR THE REST OF US TO  
POKE AT PROPOSALS AND IDENTIFY THINGS WE'RE CRITICAL OF TO  
ASSEMBLE FOR CONSIDERATION.

THANK FOR THE HEAVY LIFTING.

MY FEEDBACK IS LARGELY REFLECTED IN THE SERIES OF NOTES WITH  
COUNCILMEMBER HARRISON.

I'M GLAD THE COMMITTEE WILL BE ABLE TO WEIGH THAT AND CONSIDER  
ALL PATHS AVAILABLE TO US.

REALLY I THINK COUNCILMEMBER HARRISON, TAPLIN, AND I, IT'S NOT  
REALLY A PROPOSAL.

IT'S A STRING OF IDEAS AND PRIORITIES REALLY FOR THE PROPOSAL  
THAT I THINK WILL BE SHAPED BY THE AGENDA COMMITTEE.

I'LL FOCUS MY COMMENTS ON THE TINY HANDFUL OF THOUGHTS IN MY  
TIME SITTING HERE.

ONE, WHICH I THINK COUNCILMEMBER HUMBERT ALLUDED TO, BUT WE  
HAVEN'T TALKED TO SUPER DIRECTLY.

THE IDEA OF QUANTITATIVE LIMITS ON THE NUMBER OF PIECES OF LIMITED  
LEGISLATION THAT COUNCILMEMBERS AND INTRODUCE, THIS HAS BEEN  
FLOATED BEFORE AND IT'S SOMETHING I THINK CANDIDLY INITIALLY I  
HAD A BIT MORE HOSTILE OF A REACTION TO.

I THINK IT FELT A LITTLE UNDEMOCRATIC IF YOU WILL.

WE'RE REPRESENTATIVES OF OUR DISTRICTS.

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I THINK WE SHOULD BE ABLE TO INTRODUCE THE VOLUME OF LEGISLATION THAT OUR RESIDENTS EMPOWER US TO.

BUT THAT SAID, WE HAVE A REAL ISSUE HERE.

AND I THINK IF I'M A LITTLE HONEST WITH MYSELF, I THINK THERE IS PROBABLY NUMBERS OUT THERE, MAYBE IT'S FIVE.

A NUMBER OF MAJOR ITEMS THAT ONE COUNCIL MEMBER COULD INTRODUCE THAT IS HIGHER THAN THE NUMBER OF MAJOR ITEMS I OR SOMEONE WAS GOING TO INTRODUCE ANYWAY BUT COULD HAVE AN INTERESTING SELECTIVE AFFECT IN OUR DECISION-MAKING PROCESS, TO EXERCISE JUST A LITTLE BIT MORE HESITATION TO VET AN IDEA JUST A LITTLE BIT MORE BECAUSE YOU KNOW THERE IS AN OPPORTUNITY COST TO INTRODUCING IT.

THAT LEVEL OF ANALYSIS, THAT LEVEL OF PATIENCE, REALLY THAT LEVEL OF HESITATION I THINK IS VALUABLE.

AND COUNCILMEMBER HARRISON, AS YOU SAID, IF THE PROBLEM IS US, IT'S REALLY HARD TO DEFINE RULES THAT WILL SHAPE THAT.

BUT I THINK THERE IS PROMISE THERE.

I THINK THERE ARE LIMITS SO WE COULD PUT IN PLACE THAT REALLY DON'T MEANINGFULLY CURTAIL THE EXTENT TOO MUCH WE CAN BE INNOVATIVE AND PUT THINGS ON THE TABLE AND FORCE US TO ASK OURSELVES BEFORE WE THROW SOMETHING ON THE HOPPER IF IT'S THE HILL WE WANT TO DIE ON.

I'M RUMINATING ON THAT.

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OPEN TO POSSIBILITY SAID THERE.

A LOT OF OTHER THINGS I LIKE THAT ARE IN THE MIX ACROSS PROPOSALS, I THINK REQUIRING THE ITEM GUIDELINES WE HAVE BE IN PLACE WOULD BE VALUABLE.

I'M CERTAINLY NOT ALWAYS THE BEST AT FOLLOWING THEM.

I THINK EXPLICIT CLARITY ABOUT ITEM DEADLINES FOR BUDGETING/IMPLEMENTATION WILL BE VALUABLE.

I THINK IT WILL BE GOOD, REALLY WE'RE DOING THIS CYCLE I THINK IT'S A GOOD PRACTICE TO MAKE PERMANENT TO BE CLEAR ABOUT WHAT THE ROLE OF BUDGET REFERRALS FOR A.A.O. ONE AND TWO SHOULD BE. AS ONE TIME OR SENSITIVE NEEDS.

THAT I THINK WOULD BE REALLY POSITIVE.

AND I CALLED TOGETHER A LIST OF THINGS I WOULDN'T EVEN SAY I'M OPPOSED TO BUT THINGS I WORRY A LITTLE ABOUT.

IN CONTEMPLATING SORT OF THE IDEA OF A SESSION.

OBVIOUSLY THAT WORKS AT A LOT OF OTHER LEVELS OF GOVERNMENTS.

I FIND MYSELF BEING ANXIOUS THE SURGES OF CERTAIN TYPES OF WORKLOAD AT CERTAIN TIMES MIGHT BE UNTENABLE.

I THINK OF THE WORK THAT OUR COMMITTEES ARE DOING RIGHT NOW SOMETIMES THEY EBB AND FLOW, SOMETIMES THEY HAVE SWELLS, SOMETIMES A LITTLE BACK LOG THAT TAKES MONTHS, SOMETIMES I GO FOUR MONTHS WITHOUT A LAND USE MEETING.

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TO DO THAT AT ONCE, TO HAVE PACKED AGENDAS FOR THAT COMMITTEE, WE HAVE A HARD TIME GETTING TO TWO AGENDA ITEMS AT THE COMMITTEE LEVEL.

I THINK AT OUR TUESDAY EVENING COUNCIL MEETINGS THERE IS OFTEN A LOT ON THE AGENDA AND WE HAVE AN INCENTIVE TO BE BRISK AND MAKE SURE WE GET TO WHATEVER ELSE WE HAVE.

I THINK THE BEAUTIFUL THING ABOUT THE POLICY COMMITTEE, WE CAN RUN IN CIRCLES AND ASK ALL SORTS TECHNICAL SMALL QUESTIONS TO REALLY VET SOMETHING AND SPEND THREE HOURS WITH ONE ITEM WORKSHOPPING IT.

AND SO I THINK I HAVE LOGISTICAL WORRIES ABOUT WHAT IT WOULD LOOK LIKE TO PACK THAT STAGE TO HAVE THE POLICY VETTING PROCESS FOR THE WHOLE CYCLE INTO A FEW MONTHS.

I SHARE AND WANT TO RESONATE WITH COMMENTS MADE ABOUT A ROLE FOR COMMITTEES PRIORITIZING OR SCORING ITEMS.

I THINK IT'S VERY VALUABLE THAT IS COMING FROM THE FULL COUNCIL. AND ALSO, WANTS US TO STIR AWAY FROM BEING LIMITED TO ONLY HAVING AUTHORS NOT CO-SPONSORS AT THE PRE-SUBMISSION STAGE.

I FLOAT AROUND A LOT OF IDEAS WITH COLLEAGUES AND I THINK HAVING THE OPPORTUNITY TO BRAINSTORM AND VET SOMETHING WITH OTHER COUNCILMEMBERS BEFORE I BRING IT FORWARD IS VALUABLE AND OFTEN RESULTS IN ME NOT INTRODUCING THINGS BECAUSE THERE IS A BETTER WAY TO GO ABOUT IT OR SOMETHING I DIDN'T KNOW.

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THAT IS VALUABLE AND I DON'T WANT TO MAKE THAT HARDER TO DO.

IN SUMMATION, THANK YOU TO EVERYONE WHO PUT ITEMS ON THE TABLE.

I DO NOT ENVY THE COMMITTEE TO FIGURE OUT A PATH FORWARD.

THANK YOU.

>> MAYOR J. ARREGUIN: COUNCIL WENGRAF.

>> S. WENGRAF: YEAH, THANK YOU VERY MUCH.

FIRST, I WANT TO THANK COUNCILMEMBER HAHN FOR DOING ALL OF THE HARD WORK.

AND TAKING ON THE BURDEN OF FORMULATING THIS WITH THE CLERK, CITY MANAGER AND PRESENTING IT TO US.

I THINK IT WAS A HUGE TASK.

AND I'M VERY GRATEFUL TO HER FOR DOING IT.

AND AS SHE EXPLAINED, THE MAYOR AND I COULD NOT PARTICIPATE BECAUSE OF THE BROWN ACT.

SO THANK YOU VERY MUCH, COUNCILMEMBER HAHN.

I ALSO WANT TO THANK COUNCILMEMBER HARRISON FOR PUTTING FORWARD AN ALTERNATIVE.

BUT THESE ARE NOT THE ONLY TWO THINGS THAT ARE BEFORE US.

WE CAN, BOTH OF THESE THINGS I CONSIDER JUMPING OFF POINTS FOR THE DISCUSSION.

AND I WOULD LIKE TO SUGGEST WE TAKE A STEP BACK AND THINK ABOUT WHAT OUR GOAL IS.

IT'S BEEN YEARS YOU KNOW, WE'VE HAD SO MANY PROPOSALS.



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WHAT IS THE PROBLEM WE'RE TRYING TO SOLVE.

AND BOTH PROPOSALS BEFORE US ARE PRETTY COMPLEX.

I'M NOT SURE THAT LEVEL OF COMPLEXITY IS NECESSARY.

I THINK IT WAS COUNCIL HUMBERT WHO BROUGHT UP THE IDEA OF  
LIMITING THE NUMBER OF ITEMS.

ORIGINALLY, YOU KNOW, I REMEMBER THE CITY MANAGER COMING TO US  
AND BASICALLY BEGGING US TO STOP DOING MAJOR ITEMS BECAUSE STAFF  
WAS SO OVERWHELMED.

AND I THINK THERE IS STILL A BACKLOG.

I DON'T KNOW WHAT IT IS.

BUT MAYBE 90 ITEMS OR SOMETHING LIKE THAT.

YOU KNOW, GIVEN THE STAFFING SITUATION MAYBE WHAT WE DECIDE TO  
DO WILL BE TEMPORARY.

MAYBE WE CAN LINK IT TO STAFFING.

BUT I THINK THERE IS AN URGENCY IN US DOING SOMETHING RIGHT NOW  
TO ALLEVIATE THE PROBLEM THAT STAFF IS FACING, WHICH IS THAT  
THEY JUST CAN'T DEAL WITH EVERYTHING WE'RE GIVING THEM.

SO I WOULD LIKE TO AT OUR NEXT, WHEN WE DISCUSS THIS AGAIN, I  
DON'T THINK WE'RE GOING TO BE ABLE TO MAKE A DECISION TONIGHT,  
ARE WE MAYOR?

>> MAYOR J. ARREGUIN: WE'RE NOT MAKING A DECISION TONIGHT.

>> S. WENGRAF: YEAH, OKAY.

SO I WOULD LIKE TO REVISIT THE GOAL.

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AND REVISIT THE PROBLEM THAT WE'RE TRYING TO SOLVE.

BECAUSE I CERTAINLY DON'T WANT TO REPLACE A NEW BUNCH OF BUREAUCRATIC AND VERY COMPLICATED PROCEDURES WITH WHAT WE HAVE NOW.

I'M NOT SURE THAT IS GOING TO FIX ANYTHING.

SO THAT'S MY SUGGESTION FOR TONIGHT.

THANK YOU.

>> MAYOR J. ARREGUIN: THANK YOU VERY MUCH.

VICE MAYOR BARTLETT.

>> B. BARTLETT: THANK YOU, MR. MAYOR.

I WANT TO THANK COUNCILMEMBER HAHN FOR YOUR DILIGENT WORK.

DEEP, DEEP WORK HERE.

SCHEMATICS OF A MICROCHIP.

[ LAUGHTER ]

>> B. BARTLETT: AND THANK YOU, AS WELL, COUNCILMEMBER HARRISON FOR YOUR APPROACH, COUNCILMEMBER ROBINSON, COAUTHORING.

WE TALKED ABOUT THIS THROUGH THERE YEARS.

AND YOU KNOW, A COUPLE OF THINGS COME TO MIND.

ONE, YOU KNOW, I THINK JUST A KNEE JERK I HAVE A KNEE JERK

RESPONSE WHEN I FUNDAMENTALLY TEND NOT TO SUPPORT LIMITATIONS ON DEMOCRACY AND REPRESENTATION.

BUT YOU HAVE ANSWERS SOME OF THE ISSUES WITH THE EXCEPTIONS YOU PROVIDE TO TIME CRITICAL MEASURES.

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BUT I GUESS THE REAL QUESTION IS, AND IT'S THIS KIND OF HARKENS TO WHAT COUNCILMEMBER WENGRAF JUST MENTIONED.

DOES ANYONE KNOW HOW MANY MAJOR ITEMS THE COUNCIL PRODUCED IN THE LAST YEAR?

I CAN'T THINK OF TOO MANY.

THERE ANY DATA ON THAT?

>> I'LL SAY I THINK JUST GOING OFF OF THE FLOW THROUGH THE AGENDA COMMITTEE, OBVIOUSLY NOTHING SCIENTIFIC, BUT I THINK DURING THE PANDEMIC WE SORT OF HAD A UNSPOKEN AGREEMENT.

THAT WE WERE GOING TO LEAVE THE

>> S. HAHN: CITY MANAGER TO ADDRESS THE PANDEMIC.

SO THE FLOW WENT DOWN.

AND SINCE THAT IS LIFTED I WOULD SAY THE FLOW OF MAJOR ITEMS IS LOWER THAN IT WAS BEFORE THE PANDEMIC.

MAYOR, WOULD THAT?

I MEAN, IF YOU LOOK AT FOR EXAMPLE OUR AGENDA TONIGHT, I THINK IT'S THE FIRST TIME IN MY TIME ON THE AGENDA COMMITTEE THAT WE ACTUALLY DON'T HAVE AN ACTION ITEM EITHER FROM STAFF OR FROM THE COUNCIL --

I THINK PEOPLE ARE BEING MORE I DON'T KNOW, RESTRAINED.

>> B. BARTLETT: THAT WAS MY ANECDOTAL OBSERVATION AS WELL.

IT SEEMS WE UNDERSTAND THE STAFF IS OVERWHELMED.

WE LOST MANY MEMBERS OF OUR TRANSPORTATION DIVISION.

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I SEE US WITHHOLDING AND WAITING FOR THINGS TO NORMALIZE.

I FOR ONE HAVE TAKEN MUCH TIME TO WORK WITH CITY STAFF ON MAJOR ITEMS THAT ARE IN DEVELOPMENT.

AND MAYBE DO ONE THIS YEAR.

WHICH SHOULD BE AMAZING TOO.

I CAN'T WAIT TO SHARE WITH YOU ALL.

[ LAUGHTER ]

>> B. BARTLETT: YOU KNOW, BUT THE YOU KNOW, THE LEANING INTO LEGISLATION THAT IS, AND THIS IS WHAT WE DO THROUGH THE PROCESS, THROUGH THE COMMITTEE PROCESS, WHICH I'M A FAN OF, IT HELPS YOU THINK IT THROUGH.

WE HELP OTHERS COME WITH THEIR -- WE LEND OUR EXPERTISE AND GROUP KNOWLEDGE AND HELP AUTHOR REFINE THEIR WORK.

WE HELP THEM SIMPLIFY THEIR WORK.

AND SO I THINK THIS MEASURE WE'RE TALKING ABOUT TO UNDERSTAND IS PRIORITIZATIONS, THEY KIND OF NEED THE SAME PROCESS, THEY NEED TO BECOME SIMPLIFIED.

THIS IS TOO COMPLEX.

THERE IS A MORE ELEGANT WAY.

PARTICULARLY IN THE LIGHT OF THE FACT THAT THE COUNCIL APPEARS TO BE RESPONSIVE TO THE NEEDS OF THE BUREAUCRACY.

BUT NOT GIVING THEM ANYTHING TO DO.

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IT SEEMS LIKE WE MAY NOT NEED TO OVERLAY THIS MUCH BUREAUCRATIC TO SOMETHING THAT IS NOT EXISTING RIGHT NOW.

WITH ALSO ANOTHER QUESTION, DOES THIS KEEP THE R.V. V. PROCESS AS WELL OR SUPPLANT IT?

>> S. HAHN: I THINK THE IDEA WAS THAT WHEN YOU DON'T HAVE A BIG BACK LOG OF OLD ITEMS THAT HAVEN'T BEEN IMPLEMENTED AND YOU HAVE A RESTRICTED FLOW BASICALLY MORE BASED ON QUALITY THEN ON QUOTAS, BY RAISING OUR STANDARDS, THE IDEA WOULD BE THAT LESS WOULD BE GOING FORWARD.

THEN THE PRIORITIZATION BECOMES MUCH EASIER.

YOU ARE NOT PRIORITIZING 100 ITEMS, MAYBE 15 OR 20.

AND MAYBE YOU USE R.R.V. OR MAYBE THERE IS ANOTHER PROCESS.

IT DEFINITELY DID NOT RECOMMEND GETTING RID OF IT.

BUT THE IDEA WAS THAT IT WOULD ESSENTIALLY BECOME LARGELY MOOT.

>> B. BARTLETT: IF UNDER THIS PROPOSAL YOU HAVE TO WAIT 16 MONTHS TO SUBMIT SOMETHING OR THEN YOU GET R.R.V.ED TO THE BOTTOM OF THE LIST, YOU EFFECTIVELY DENIED THE RESIDENTS WHO PAY EXORBITANT PROPERTY TAXES AND RENTED, THE OPPORTUNITY TO HAVE SOMETHING THEY CARE ABOUT SEEN BY THE COUNCIL.

FOR NEXT, THAT PERSON IS OUT OF OFFICE.

IT'S OVER.

YOU ARE TALKING SEVEN YEARS LATER.

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AND TRUST ME, I LIVED HERE SEVEN YEARS CYCLES OF LEGISLATION AND IT TAKES DILIGENCE TO SEE IT THROUGH.

AGAIN, I DON'T THINK -- I DON'T SEE THE NEED TO KEEP ADDING SO MUCH TIME AND DISTANCE BETWEEN PEOPLE AND THEIR ASPIRATIONS.

AND THEN, THE CO-SPONSOR'S MEASURE, COUNCILMEMBER ROBINSON BROUGHT IT UP.

I THINK IT'S IMPORTANT FOR COLLEAGUES AND COUNCILMEMBERS TO THINK THROUGH THE STRATEGIES AND YOU KNOW, IT'S PART OF THE KEY TO SUCCESS.

YOU KNOW, NEWER COUNCILMEMBERS COME ON AND TEAM UP WITH OTHERS AND FIGURE OUT HOW TO WIN THE RIGHT COMBINATIONS, I THINK IT'S A GOOD PROVING GROUND FOR LEGISLATION BECAUSE IN THE DAY THE AUTHORS GOAL IS TO GET IT PASSED ON BEHALF OF THE CONSTITUENTS WHO REQUESTED IT OR BENEFIT FROM THEM.

SO I THINK WE NEED TO BAN THEIR ABILITY TO STRATEGIZE ESSENTIALLY.

RIGHT?

AND GET HELP TOO. RIGHT?

AND THEN, LASTLY, I DO SUPPORT ATTACKING THE BACKLOG QUEUE.

SPECIAL TOPIC NUMBER FOUR.

I THINK THAT'S IMPORTANT.

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SITTING ON THIS DEEP BENCH OF MATERIALS THAT IS RAPIDLY TURNING FROM COAL INTO DIAMONDS AS IT SITS THE TECTONIC PRESSURE OF BUREAUCRATIC TIME, RIGHT?

YES, ABSOLUTELY, I THINK THAT'S IMPORTANT.

WE SHOULD GO THROUGH THIS AND GET THESE THINGS DEALT WITH.

THOSE ARE MY POINTS.

THAT'S ALL.

I THINK ULTIMATELY, I DON'T THINK ANY OF THIS IS NECESSARY.

>> MAYOR J. ARREGUIN: COUNCILMEMBER HARRISON, AGAIN.

>> K HARRISON: I WANT TO ANSWER COUNCILMEMBER BARTLETT'S

QUESTION ABOUT MY PROPOSAL DOES NOT GET RID OF R.R.V.

IT'S STILL THERE.

I DON'T THINK WE SHOULD DO IT AT THE COMMITTEE LEVEL.

THANK YOU.

>> MAYOR J. ARREGUIN: OKAY.

THANK YOU.

ARE THERE ANY OTHER CITY COUNCIL MEMBERS THAT HAVE COMMENTS?

COUNCILMEMBER WENGRAF?

>> S. WENGRAF: YES.

THANK YOU.

>> MAYOR J. ARREGUIN: OKAY.

>> S. WENGRAF: YEAH, I JUST WANT TO SAY THAT YOU KNOW, THE STAFF ISN'T JUST WORKING ON OUR ITEMS.

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I MEAN, THEY HAVE TO WORK ON ALL KINDS OF OTHER STUFF AS WELL.  
AND THEY HAVE PARTNERS, THE SCHOOL BOARD, THE RENT BOARD, YOU  
KNOW, ALL OF THESE STATE AGENCIES THAT THEY HAVE TO WORK WITH.  
SO I THINK WE'RE BEING A LITTLE NEAR SIGHTED WHEN WE THINK THAT  
STAFF ONLY WORKS WITH OUR ITEMS.

I THINK THEIR WORKLOAD IS HUGE.

AND WE'RE ONLY THINKING OF A LITTLE PART OF IT.

SO MAYBE IT WOULD BE ACTUALLY HELPFUL FOR US TO KNOW MORE ABOUT  
WHAT THE DEMANDS ARE ON THE DEPARTMENTS FROM ALL OF OUR  
PARTNERING AGENCIES.

SO THAT WE WOULD HAVE A BETTER UNDERSTANDING AND A BETTER  
PERSPECTIVE ON THE WORKLOAD.

THANK YOU.

>> MAYOR J. ARREGUIN: THANK YOU.

SO FOLLOWING UP ON THAT POINT, I RECALL I THINK IT WAS THE LAST  
BIENNIAL BUDGET PROCESS, WE GOT A COMPREHENSIVE LIST OF  
OUTSTANDING COUNCIL REFERRALS THAT HAD NOT BEEN PRIORITIZED I  
BELIEVE.

AND WE DO GET STATUS UPDATES FROM THE CITY MANAGER ON THE  
IMPLEMENTATION OF COUNCIL REFERRALS, SHORT TERM AND LONG TERM.  
AND WE HAD THAT DATABASE.

BUT I DO THINK, YOU KNOW, AT SOME POINT YOU KNOW PROBABLY  
LEADING UP TO THE NEXT BUDGET DEVELOPMENT, I THINK GOING OVER



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THAT LIST AGAIN WOULD BE HELPFUL BECAUSE THINGS MAYBE OBSOLETE OR REDUNDANT.

I SEEM TO RECALL MULTIPLE REFERRALS ABOUT ADU POLICY OR HOUSING POLICY, MULTIPLE FIRE SAFETY RECOMMENDATIONS.

AND YOU KNOW, WE MAY BE ABLE TO FIND A WAY TO CONSOLIDATE OR ELIMINATE REDUNDANT OR OBSOLETE COUNCIL REFERS SO WE CAN FOCUS ON THE THINGS WE THINK ARE RELEVANT AND WE WANT TO HAVE STAFF DEDICATE TIME TO ADDRESS.

SO I HEAR THAT AS AN OVERARCHING AGREEMENT AMONGST COUNCIL WE NEED TO LOOK AT DEALING WITH THE QUOTE, BACK LOG.

I HOPE WE CAN WHETHER IT'S THROUGH NEW PROCESS OR JUST LEADING UP TO THE BUDGET ADOPTION, WE CAN DO THAT.

I THOUGHT THAT WAS VERY HELPFUL.

SO MAYBE IN ALIGNMENT WITH THE R.R.V. PROCESS THAT MAYBE ONE WAY TO DO IT BEFORE THE R.R.V. PROCESS.

I'M SURE ASSOCIATION WITH THE APPRECIATE IF WE CAN CLARIFY AND REDUCE THE OUTSTANDING NUMBER OF ITEMS.

SO WITH THAT, WHY DON'T WE PROCEED TO PUBLIC COMMENT.

ANY MEMBER HERE THAT WOULD LIKE TO SPEAK TO THE ITEM ON OUR 4:00 P.M. SPECIAL CITY COUNCIL MEETING AGENDA, THE CITY COUNCIL LEGISLATIVE SYSTEMS REDESIGN?

YES, MISS MOROSOVIC.

>> THANK YOU.

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I ATTENDED THE JUNE 29TH RETREAT.

AND I HEARD THE CITY MANAGER'S FRUSTRATION, AND TOTALLY UNDERSTOOD IT.

HOW THERE WERE TOO MANY ITEMS THAT WERE POSSIBLE FOR STAFF TO POSSIBLY IMPLEMENT PROPERLY.

AND IT SEEMED AS IF SOME ITEMS COULD BE CONSOLIDATED AS THE MAYOR JUST MENTIONED AND SOME COULD BE FOLDED INTO ONE ANOTHER.

I UNDERSTAND THAT'S CHANGED THAT THERE AROUND AS MANY ITEMS COMING BEFORE COUNCIL BUT THERE ARE STILL OUTSTANDING ITEMS THAT ARE OUT THERE.

THERE IS A NEED FOR TIME CRITICAL ITEMS FOR OBVIOUS REASONS, STATE LAWS CHANGE, FEDERAL LAWS CHANGE, AND FUNDING CHANGES THAT COMES IN.

AND SO YOU ARE GOING TO HAVE TO HAVE TIME CRITICAL ITEMS THAT CANNOT BE LIMITED IN NUMBER IF THEY ARE GENERALLY TIME CRITICAL ITEMS.

THERE IS A NEED TO WORK WITH COMMISSIONS.

NOT ONLY HAS TO REFERRALS TO THEM, BUT ALSO REFERRALS FROM THEM.

NOW, THIS IS PERHAPS A SEPARATE ITEM.

BUT I BELIEVE IT'S IMPORTANT TO HAVE TRANSPARENCY TO THE PUBLIC SO THE PUBLIC NEEDS TO SEE WHAT STAFF IS DOING.

OR RATHER WHAT COUNCIL IS DOING, BUT ALSO WHAT STAFF IS DOING IN TERMS OF IMPLEMENTATION OF THE ITEMS THAT PASSED BEFORE YOU.

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I'M GOING TO RAISE THAT THE AGENDA, HOMELESS COMMISSION BROUGHT AN ITEM BEFORE THE AGENDA COMMITTEE THAT WAS PASSED IN EARLY 2020.

AND IT SOMEHOW STAYED AT THE AGENDA COMMITTEE LEVEL.

AND THAT WAS THAT ALL THE COMMISSION RECOMMENDATIONS FROM

VARIOUS COMMISSIONS BECOME COMPILED ONLINE AND IN A BINDER SO THEY COULD BE TRACKED HOW THEY GO TO COUNCIL.

AND ALSO, IN TERMS OF IMPLEMENTATION.

AND THIS IS IMPORTANT, NOT ONLY FOR INFORMATION SHARING BETWEEN COMMISSIONS BUT ALSO FOR COUNCIL TO KNOW WHAT COMMISSIONS IS DOING, FOR STAFF TO FOLLOW IT, AND ALSO FOR TRANSPARENCY TO THE PUBLIC.

AND I HOPE THAT THIS IS ACTED ON.

EDIS GOING TO GIVE ME HIS TWO MINUTES, RIGHT?

THANK YOU. SO LET ME GIVE YOU AN EXAMPLE HOW DIFFICULT IT IS TO RESEARCH AN ITEM.

AND I THINK THE SAME THING HAPPENS WITH COUNCIL ITEMS THAT, AGAIN, THERE HAS TO BE THIS TRANSPARENCY TO THE PUBLIC.

ON THE COMMISSION OF STATUS OF WOMEN, I WANTED TO RESEARCH WHAT IS HAPPENING WITH PREVIOUS ITEMS THAT I WOULD NOT HAVE EVEN KNOWN THESE ITEMS EXISTED EXCEPT I'VE BEEN ATTENDING COUNCIL MEETINGS GENERALLY FOR THE LAST 17 YEARS.

SO I RECALLED SOMETHING ABOUT SMALL BUSINESSES AND WOMEN.

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I RECALLED IT PASSED BEFORE COUNCIL SEVERAL YEARS AGO.

I RECALLED OVER 10 YEARS AGO, THIS WAS SOMETHING ON SEX

TRAFFICKING THAT CAME FROM THE STATUS OF WOMEN.

I WOULDN'T HAVE KNOWN HAD I NOT ATTENDED THOSE ITEMS.

I WENT TO THE CITY CLERK'S OFFICE, WHO IS EXCELLENT AT DOING THE RESEARCH.

BUT I AM VERY RESPONSIVE.

HAD TO KEEP GOING BACK AND SAY WHAT HAPPENED TO THAT AFTER THAT.

WHERE IS SETTING, DID IT JUST DIE?

AND IT'S REALLY IMPORTANT WE HAVE THIS INFORMATION, AGAIN, FOR COMMISSIONS, FOR COUNCIL, FOR STAFF, AND FOR THE PUBLIC.

WE HAVE TO BE TRANSPARENT ABOUT WHAT HAPPENS.

THANK YOU.

>> MAYOR J. ARREGUIN: OKAY.

THANK YOU VERY MUCH.

ARE THERE ANY OTHER MEMBERS OF THE PUBLIC HERE IN THE BOARDROOM AT 1231 ADDISON THAT WOULD LIKE TO SPEAK TO ITEM ONE, THE COUNCIL'S REDESIGN.

I'LL ASK ARE THERE SPEAKERS ON ZOOM, PLEASE RAISE YOUR HAND.

MONI LAW.

>> GOOD EVENING, MAYOR AND COUNCIL AND COMMUNITY.

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I AM JUST VERY THANKFUL FOR EVERYONE'S HARD WORK AND MY COUNCILMEMBER, KATE HARRISON AND OTHERS WHO MAY HAVE PROPOSED AMENDMENTS.

I UNDERSTAND THIS IS GOING BACK TO AGENDA COMMITTEE FOR REVIEW.

I WANTED TO MAKE A QUICK REFLECTION AND IMPORTANCE OF THE OPENNESS OF CONTINUED DEMOCRACY.

AND I APPRECIATE COUNCILMEMBER BARTLETT'S COMMENT ABOUT NOT DISTANCING THE PEOPLE FROM THE PROCESS.

AND TO ENSURE THIS OPEN SPACE FOR OUR ASPIRATIONS TO GROW.

WITH THAT IN MIND, I'M THINKING OF THE MAYOR'S FAIR AND IMPARTIAL POLICING WORK GROUP THAT I'M THANKFUL FOR THE MAYOR HAVE APPOINTED ME TO THAT.

AND ALL THE WORK THAT PEOPLE ON THE REIMAGINING TASK FORCE FOR CONSTRUCTIVE IDEAS, POLICIES AND PROGRAMS TO PREVENT VIOLENCE AND KEEP US SAFE IN ALL WAYS FROM EDUCATION, ECONOMIC SECURITY, AND POLICE ACCOUNTABILITY.

THOSE PROPOSALS ARE IMPORTANT AND TIME SENSITIVE AND SHOULDN'T BE CONSTRAINED OR PUSHED OUT TO A YEAR LATER.

OR YEAR AND A HALF LATER.

SO TIME LOST IS -- JUSTICE AND GOOD POLICY AND BASIC GOVERNANCE AS DELAYED.

AND SO WE REALLY HAVE A BEAUTIFUL COMMUNITY IN BERKELEY.

I DON'T WANT IT PUT TO THE SIDE AND TOO MANY BITS AND PIECES.

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WE SHOULD HAVE A HOLISTIC CONSTRUCTIVE PROCESS THAT IS OPEN AND OTHERS SAID, TRANSPARENT AND AVAILABLE.

FINALLY, I WANT TO KIND OF SAY THAT WITH REGARD TO BUDGETS AND ALL THE OTHER THINGS THAT WAS SAID, SHE WOULD POINT OUT TO THE BUDGET AND FINANCING ISSUES THAT COME UP.

AND FINALLY, THERE ARE SO MANY THINGS WE HAD AN EXHIBIT "D" WAS CALLED, PART OF THE CITY MANAGER'S ATTACHMENT, AS I RECALL OF THE THINGS THAT HAD NOT BEEN COMPLETED.

I THINK WE COULD HAVE CONTINUED TO CHISEL ON THAT.

I BELIEVE IT'S WORKED ON I HOPE BECAUSE THERE ARE A NUMBER OF IMPORTANT PARTS OF GOVERNANCE AND COMMUNITY ACTIVITIES THAT NEED TO BE COMPLETED IN THAT EXHIBIT "D" AS I BELIEVE IT WAS REFERENCED FOR ALL OF THE BACK UP WORK THAT NEEDED TO BE DONE STILL.

I HOPE AS A CITY WORKER MYSELF, WE DO WORK HARD BUT WE ALSO WANTED TO MAKE THE BEST CITY WE CAN.

THANK YOU SO MUCH.

>> MAYOR J. ARREGUIN: THANK YOU VERY MUCH.

ARE THERE ANY OTHER MEMBERS OF THE PUBLIC ON ZOOM WHO WOULD LIKE TO SPEAK TO ITEM ONE, THE CITY COUNCIL LEGISLATIVE SYSTEMS REDESIGN?

ANY OTHER MEMBERS OF THE PUBLIC?

THIS IS THE LAST CALL.

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OKAY.

THANK YOU.

WE'LL CLOSE PUBLIC COMMENT.

AND COLLEAGUES, I'LL ASK ARE THERE ADDITIONAL QUESTIONS OR COMMENTS?

COUNCILMEMBER KESARWANI.

>> R. KESARWANI: THANK YOU VERY MUCH, MR. MAYOR.

AND THANK YOU, COUNCILMEMBER HAHN, FOR YOUR PROPOSAL.

AND COUNCILMEMBERS HARRISON, ROBINSON, AND TAPLIN, FOR YOUR PROPOSAL AS WELL.

I DID WANT TO JUST TURN TO THE CITY MANAGER.

BECAUSE I WAS LOOKING BACK AT THE AUDITOR'S RECORD REPORT ON THE STAFFING.

SHE DID NOTE WORKLOAD ISSUES.

DRIVEN IN PART BY COUNCIL ITEMS BUT ALSO BY UNDERSTAFFING AND VACANCIES AS WELL.

AND SO I WANTED TO ASK THE CITY MANAGER FROM WHERE YOU SIT TODAY, COULD YOU HELP US JUST HONE IN ON WHAT YOU SEE AS THE MAJOR PROBLEMS IN TERMS OF MANAGING WORKLOAD IN TERMS OF WHAT IS RECEIVED BY COUNCIL.

>> THANK YOU, COUNCILMEMBER KESARWANI.

THERE ARE A NUMBER OF THE THINGS THAT INFLUENCE HOW QUICKLY WE CAN IMPLEMENT TURN AROUND LEGISLATION AND PRODUCT.

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THERE ARE LOTS OF THINGS.

BUT I THINK HALL MARK TO WHAT WE DO HERE AT THE CITY IS THE MATH WE WANT TO BE THOUGHTFUL ABOUT THE WORK WE'RE DOING FOR YOU ALL AND FOR THE COMMUNITY.

SO THERE IS A BIG COMMUNITY PIECE THAT IS THERE FOR US AS WELL.

I THINK THAT DRIVES US LOTS OF WHAT WE DO AS IN TERMS OF STAFF AND HOW WE PROCESS INFORMATION AND GATHER INFORMATION.

STAFFING, WE ARE IN A STAFFING CRISIS.

WE'VE KNOWN THAT FOR QUITE SOME TIME.

WE'RE CHIPPING AWAY AT IT AND DOING WELL AT CHIPPING AWAY AT GETTING NEW HIRES ONBOARD.

ADDRESSING ISSUES WHERE WE HAVE DIFFICULT TO FILL POSITIONS.

WE'RE DOING A GREAT JOB IN THAT REGARD.

WHEN IT COMES TO THE NUMBER, THIS IS ABOUT VOLUME FOR US TRULY.

WE MAKE OUR OWN WORK TOO.

SO LET'S TALK ABOUT THAT A LITTLE BIT.

BECAUSE WE DEVELOP A STRATEGIC PLAN.

WHERE DEPARTMENTS PUT IN 30 OR 40 TYPES OF PROGRAMS THEY WANTED TO DO TO IMPROVE COMMUNITY SERVICE, AND TO WORK HARDER, WHETHER THAT IS ABOUT HOW WE DEVELOP ADMINISTRATIVE REGULATIONS, TO HIRE THE BEST EMPLOYEES, TO TRAINING, TO WHATEVER IT IS, WE HAD OUR OWN SET OF INITIATIVES COMING THROUGH THE STRATEGIC PLAN AS WELL.



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ON TOP OF THAT WE HAD REFERRALS.

SO WE AT ONE POINT WE HAD OVER 300 REFERRALS.

AND I WOULD PROBABLY REDUCE THAT TO ABOUT 250.

NOW WE'RE DOWN TO 80 TO 90 REFERRALS.

I THINK THE OTHER THING THAT KIND OF CHALLENGED US IS THAT THESE THINGS WOULD COME IN AT VARIOUS TIMES THROUGH THE YEAR AND IT WILL BE A START STOP FOR US.

WE WOULD START THE WORK ON A PROJECT.

AND THEN WE WOULD GET TWO OR THREE NEW PROJECTS THAT WOULD REQUIRE US TO STOP AND RESTART.

SO THAT CREATED BACK LOG FOR THOSE PRIOR AS WE START LIFTING UP NEW.

WE WERE UNABLE TO SHIFT AND BE AS FLEXIBILITY AS WE WOULD LIKE TO BE IN TERMS OF ADDRESSING AND IMPLEMENTING THAT POLICY.

WHOLE STAFFING HAS BEEN AN ISSUE FOR US, I THINK PRIORITIES KNOWING WHAT THEY ARE FOR THE CITY HAS BEEN SOMETHING I'VE BEEN CHALLENGED WITH IN TRYING TO ADDRESS WHAT ARE OUR TRUE PRIORITIES ACROSS-THE-BOARD AND HOW DO I GET TO WHAT IS MOST IMPORTANT TO THIS COUNCIL FIRST, SECOND AND THIRD SO I HAVE THAT IN MY QUEUE.

SO WE'VE USED R.R.V. TO TRY AND GATHER THAT AS A PRIORITY BASE FOR US TO LAUNCH AND COMPLETE INITIATIVES AND WORK.

I THINK WE'VE DONE WELL WITH THAT.

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WE'VE NOT ALWAYS BEEN ABLE TO ADDRESS THE NUMBER-ONE PRIORITY BECAUSE BEEN, REMEMBER THE YEAR PRIOR WE WORKED ON NEW INITIATIVE SAID.

THOSE ARE EITHER UNDERWAY OR NOT STARTED. ESPECIALLY IF YOU ARE A DEPARTMENT WITH FIVE OR 10 REFERRALS THAT COME TO YOU.

SO IT'S NOT ONLY THE AMOUNT AND NUMBERS.

WE ALSO GET LOTS OF PROJECTS FROM STATE AGENCIES, OUR LOCAL PARTNERS, OUR COMMISSIONS, AND OF COURSER, WITH POLICY COMMITTEES WE'RE DOING WORK WITH THEM AS WELL.

OUR PLATES ARE EXTREMELY FULL GENERALLY.

BUT WHAT I THINK IS HELPFUL FOR US IS NOT GOING TO BE THE A CONVOLUTED OR COMPLEX PROCESS.

I AGREE.

I THINK WE DON'T WANT TO PUT IN SOME COMPLICATED OR YOU KNOW, PROCESS THAT IS GOING TO RENDER US PARALLELIZED IN TERMS OF INITIATIVES I'M NOT SAYING THESE ARE DOING THAT.

MY POINT IS WE DON'T WANT TO PUT TOO MUCH IN THERE.

WHAT IS HELPFUL FOR ME AS THE CITY MANAGER WHICH I SHARED BEFORE IS HAVING CORE PRIORITIES.

EVERYTHING CAN'T BE AN EMERGENCY OR AT THE SAME LEVEL OF PRIORITY AS -- THEY ALL CAN'T HAVE EQUAL PRIORITY FOR US.

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BECAUSE AND WE DON'T WANT TO SHIFT EVERY TIME THERE IS A NEW THING.

BUT WE'RE SHIFTING AND WE PUT SOMETHING ON THE BACK BURNER, WE START ANEW.

WHAT IS HELP IF ME, IF WE TRULY HAVE A PROCESS, WE CAN LEAN IN AND SAY, YOU GOT THESE 30 MAJOR INITIATIVES OR THINGS YOU ARE WORKING ON, THESE 20 WE WANT YOU TO PUT ON HOLD SO YOU CAN GET THEM DONE AND COME BACK TO THESE.

WE KNOW WHAT WE'RE PUTTING ON HOLD, WE KNOW WHAT IS STOPPED OR YIELDED.

RIGHT NOW WE TRY TO PECK AT ALL OF THEM AND NEVER GET ALL YOU HAVE THEM DONE.

IT WOULD BE GOOD TO KNOW IF WE HAVE A PROCESS TO ALLOW US TO COME TO YOU AND SAY, WE'VE GOT THIS SIX YOU HAVE GIVEN US TO WORK ON, WE NEED TO MOVE THESE FIVE TO THE BACK BURNER.

THAT IS HELPFUL SO EXPECTATIONS FOR THE COMMUNITY AND COUNCIL AND STAFF ARE CLEAR.

SO WHENEVER WE HAVE NEW THINGS THAT ARE GOING TO IMPACT OLD THINGS, WE NEED TO PUT SOMETHING ON HOLD.

AND I THINK A CLEAR PROCESS TO DO SO WOULD BE HELPFUL.

I THINK THE COMPLEXITY OF THE WORK THAT WE DO IS SOMETIMES NOT SEEN.

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THE WORK THAT COMES FROM NOT ONLY THE COUNCIL BUT OUR DEPARTMENTS AS WELL, OUR COMMISSIONS AND PARTNERS OUT THERE, STATE AGENCIES, THAT WORK IS COMPLICATED, DETAILED AND IT'S HARD.

SO AS WE'RE TRYING TO CHALLENGE OUR WAY THROUGH ALL OF THAT IT TAKES TIME.

TO ME THOSE ARE THE THINGS THAT KIND OF IMPACT THIS WORK. AND THE WORKLOAD FOR ME AS CITY MANAGER.

THANK YOU FOR GIVING ME A MOMENT TO SAY ALL OF THAT.

I APPRECIATE IT.

>> R. KESARWANI: THANK YOU, MADAM CITY MANAGER.

I APPRECIATE HEARING THAT.

I THINK IT'S NOT ALWAYS CLEAR TO ME AND PERHAPS NOT TO MY COLLEAGUES WHAT EXACTLY IS ON YOUR PLATE.

AND I DO KNOW SOME OF THE MY COLLEAGUES TALKED ABOUT EXAMPLES, THINKING ABOUT THE ACCESSORY DWELLING ORDINANCE THE OTHER NIGHT. WE DID ADD TWO REFERRAL SAID AND PART OF WHAT I UNDERSTOOD FROM THE PLANNING DIRECTOR WAS DOING THAT SURVEY YOU KNOW THAT'S ADDITIONAL STAFF TIME POTENTIALLY, MAYBE NOT SO MUCH IF WE USE PUBLICLY AVAILABLE DATA.

I WAS THINKING ABOUT STATE MANDATES AS IT RELATES TO THE HOUSING ELEMENT AND DEADLINES WE HAVE TO ATTEMPT TO LIVE UP TO.

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AND SO I THINK THAT'S AN EXAMPLE WHERE WE HAVE GIVEN MORE REFERRALS NOW TO THAT DEPARTMENT BUT THAT DOESN'T TAKE AWAY THE STATE MANDATES AND THINGS THAT ARE CURRENTLY IN PROCESS THAT HAVE TO BE COMPLETED.

SO I KNOW OUR AGENDAS IS GOING TO TAKE THIS BACK.

AND SOLVE IT ALL IN THE NEXT MEETING PROBABLY IN SHORT ORDER.

SO IN ANY CASE, I WANT TO THANK THOSE WHO THOUGHT ABOUT THIS AND YEAH, I DO, I JUST WANT TO SAY GENERALLY AM A LITTLE BIT CONCERNED ABOUT A LENGTHY BUREAUCRATIC PROCESS.

BUT I DO THINK WE HAVE TO GIVE OUR CITY STAFF CLEAR PRIORITIES THAT ARE ACHIEVABLE SO THAT MEANS THERE DOES HAVE TO BE SOME KIND OF LIMIT TO IT THAT WE DO HAVE THINK ABOUT.

AND I THINK THE BIGGEST CONCERN THAT I HAVE AS A MEMBER OF THIS BODY IS WHEN WE GET A LARGE NEW PROGRAM THAT THE CITY HAS NEVER DONE BEFORE THAT WOULD REQUIRE YOU KNOW NEW STAFF, NEW SIGNIFICANT BUDGET ON AN ONGOING BASIS.

THOSE ARE THE THINGS THAT YOU KNOW, I JUST WANT US TO BE AWARE OF THOSE COMMITMENTS WHEN WE MAKE THEM.

BECAUSE THOSE ARE THINGS WE HAVE TO PLAN FOR ON AN ONGOING BASIS.

SO THERE IS SOME WAY, YOU KNOW, IF WE'RE GOING TO TAKE THOSE THINGS ON, WE HAVE TO THINK ABOUT WHAT ARE WE NOT GOING TO DO. IN SOME CASES I THINK ABOUT DEPARTMENTS LIKE H.H.C.S.

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HOUSING HEALTH AND COMMUNITY SERVICES, A LOT OF WHAT THEY DO IS MANDATED.

THESE ARE REQUIRED PROGRAMS THAT WE'RE ADMINISTERING, WE RUN A PUBLIC HEALTH DEPARTMENT, WE HAVE A MENTAL HEALTH DIVISION, WE HAVE TO RUN THESE PROGRAMS.

AND SO, YOU KNOW, WE HAVE TO FIGURE OUT WHAT DOES IT MEAN WHEN WE GIVE THAT DEPARTMENT A WHOLE NEW PROGRAM TO LIFT UP AND HOW IS THAT GOING TO HAPPEN WITH A STAFFING SITUATION WE'RE IN.

AND YOU KNOW, I THINK IT MAY BE A NEW NORMAL BECAUSE I'M HEARING A LOT ABOUT GOVERNMENT AGENCIES THAT HAVE HIGH VACANCY AND YOU KNOW, IT'S A CHALLENGE BECAUSE ALL OF THESE ENTITIES ARE RECRUITING AND IT'S A CHALLENGING LABOR SITUATION RIGHT NOW.

SO IN ANY CASE, I WILL LEAVE IT AT THAT AND THANK EVERYONE FOR THE THEIR CONTRIBUTIONS TO THIS ITEM.

THANK YOU.

>> MAYOR J. ARREGUIN: COUNCILMEMBER HARRISON, THEN WRAP IT UP.

>> K HARRISON: MADAM CITY MANAGER, THAT WAS HELPFUL.

I THINK WE INSTITUTE THE R. R.V. TO DO WHAT YOU ARE TALKING ABOUT.

I WOULD LOVE FOR YOU TO DISCUSS WITH THE AGENDA COMMITTEE WHY THAT DOESN'T FUNCTION THAT WAY.

I THOUGHT THAT'S WHY WE HAD IT.

THERE IS SOMETHING MISSING WE NEED TO DEAL WITH.

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I WANTED TO MAKE SURE ALL OF US RECOGNIZE THERE IS SOMETHING NOT QUITE RIGHT ABOUT THE R.R.V. AND IT'S NOT GETTING THE CITY MANAGER WHAT SHE NEEDS.

HOWEVER WE CAN GET THAT RESOLVED WOULD BE GREAT.

THANK YOU.

>> MAYOR J. ARREGUIN: OKAY.

THANK YOU VERY MUCH.

I THINK THIS WAS A GOOD DISCUSSION.

I APPRECIATE WE HAD THIS FORUM TO HEAR EVERYONE'S INPUT.

SO WE'LL TAKE ALL THIS FEEDBACK BACK TO THE COMMITTEE.

AND TRY TO IDENTIFY THE AREAS WHERE THERE IS CONSENSUS.

FIRST AND FOREMOST, I HEARD CONSENSUS THAT STAFF INPUT INTO THE PROCESS OF DRAFTING LEGISLATION IS IMPORTANT EARLIER IN THE PROCESS.

I THINK EVERYONE IS IN AGREEMENT ON THAT.

THAT WE NEED TO DEVELOP SOME CLEAR CRITERION FOR DETERMINING WHAT IS A MAJOR ITEM.

I THINK- AND THE CITY MANAGER ACTUALLY PROVIDED SOME SUGGESTED LANGUAGE FOR DEFINITION CANNOT BE OPERATIONALIZED OVER TIME, NOT IMPLEMENTABLE WITH EXISTING RESOURCES.

ADDITIONAL AND NEW FTE NEEDED.

ADDITIONAL COSTS.

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SOME METRIC BY WHICH THIS CAN'T BE ABSORBED BY EXISTING RESOURCES WE NEED TO DEDICATE NEW RESOURCES AND THAT IS NOT A PROBLEM.

AND I HAVE TO SAY THAT, YOU KNOW, WE'RE BERKELEY. YOU KNOW, WE'RE ALWAYS AT THE CUTTING EDGE.

YES WE HAVE TO PROVIDE BASELINE SERVICES BUT WE ALSO ARE REALLY AT THE FOREFRONT OF INNOVATIVE PUBLIC POLICY.

AND RESPONDING TO A LARGE MACRO ISSUES.

THAT ARE FACING THIS COUNTRY AND THIS REGION.

AND THAT WE'RE RESPONDING TO AND PROGRESS WE'RE MAKING IN BERKELEY TO ADDRESS THE HOUSING CRISIS, HOMELESSNESS, PUBLIC SAFETY.

AND MODELING BEST PRACTICES THAT OTHER CITIES CAN FOLLOW IN THE STATE.

AND THAT DOES MEAN WE HAVE TO THINK OUTSIDE THE BOX AND DO NEW THINGS.

AND TAKE ON NEW LEVELS OF RESPONSIBILITY AND ADAPT AND EVOLVE IN THE WAY WE SERVE THE COMMUNITY.

THERE IS ONLY SO MUCH STAFF AND BUDGET.

HAVING A CLEAR PROCESS AND WAY TO PRIORITIZE, AND MAKING SURE WE HAVE FLEXIBILITY TO BE RESPONSIVE TO WHAT IS HAPPENING IN THE COMMUNITY AND WHAT THE COMMUNITY WANTS.

THAT'S WHAT THE PEOPLE OF BERKELEY WANT FROM US.



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GOING BACK TO A FEW OTHER THINGS.

WE NEED TO DEAL WITH THE BACKLOG.

I THINK AS WE GO BACK TO THE AGENDA COMMITTEE, DEFINITELY LOVE TO HEAR MORE FROM THE CITY MANAGER, CITY CLERK AND OTHER STAFF ABOUT YOUR THOUGHTS TOXIC THIS INPUT INTO CONSIDERATION.

WE'LL TRYING TO SUMMARIZE THE FEEDBACK AND NOTES TO THE COMMITTEE THAT WILL BE IN THE PACKET.

SO I THINK THERE IS AREAS OF AGREEMENT.

LOOKING AT USING A TEMPLATE WITH MORE REQUIRING MORE SPECIFIC INFORMATION ABOUT WHAT SHOULD BE IN AN ITEM TO MAKE SURE WE HAVE THE RELEVANT INFORMATION AND MAKE A DECISION THAT WE SHOULD TRY TO ALIGN IT WITH THE BUDGET PROCESS.

WE NEED TO FIGURE OUT THE TIMING OF THAT.

IS IT ONE TIME LINE, IS IT A ROLLING TIMELINE, WHAT IS THE TIMELINE FOR WHERE THE INPUTS ARE COMING IN AND OUTPUTS ARE COMING OUT.

AND REALLY SORT OF HELPING STRENGTHEN THE ROLE OF THE POLICY COMMITTEE TO REVIEW ITEMS IS ONE THING I HEARD AS WELL AND MAKING SURE WE HAVE CITY ATTORNEY REVIEW AND WE'RE ABLE TO HAVE THINGS OUT OF THE PROCESS IN ORDER FOR US TO BUDGET FOR THEM AND IMPLEMENT THEM.

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SO I THINK WE HAVE SOME COMMONALITY FROM THE FEEDBACK WE'VE  
GOTTEN AND WE'LL TRY TO CONSOLIDATE THIS INPUT AND COME BACK  
WITH A FRAMEWORK FOR THE COUNCIL TO CONSIDER.

WE DO NEED TO MOVE ON.

WE'RE PAST DUE FOR OUR 6:00 MEETING.

UNLESS IT IS CRITICAL, I WOULD LIKE TO WRAP UP THE DISCUSSION.

THANK YOU FOR YOUR COMMENTS.

I MAKE A MOTION TO ADJOURN THE 4:00 P.M. MEETING.

>> SECOND.

>> MAYOR J. ARREGUIN: IF WE CAN PLEASE CALL THE ROLL.

[ROLL CALL]

>> R. KESARWANI: YES.

>> T. TAPLIN: YES.

>> B. BARTLETT: YES.

>> K HARRISON: YES.


>> S. HAHN: YES.

>> S. WENGRAF: YES.

>> R. ROBINSON: YES.

>> M. HUMBERT: YES.

>> MAYOR J. ARREGUIN: YES.




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