



Berkeley Homeless
Services Panel of Experts

MEETING AGENDA May 4, 2022 – 7:00 PM

Join Zoom Meeting: <https://zoom.us/j/92491365323>

To join by phone: Dial 1-669-900-6833 and enter Meeting ID: 924 9136 5323

Commission Secretary: Josh Jacobs (jjacobs@cityofberkeley.info; 510-225-8035)

Mayor Arreguin:
Carole Marasovic

Rashi Kesarwani:
Michael de la Guardia

Terry Taplin:
Denah Bookstein

Ben Bartlett:
Paul Kealoha-Blake

Kate Harrison:
Mary Ann Meany

Sophie Hahn:
Vacant

Susan Wengraf:
Alice Feller

Rigel Robinson:
Donnell Jones

Lori Droste
Vacant

1. Roll Call.
2. Public Comment on non-agenda items.
3. Approval of Minutes from April 25, 2022. [Attachment 1].

Updates/Action Items:

4. Agenda Approval.
5. Chair update.
6. Election of Vice-Chair.
7. Discussion, and possible action, towards recommendation of allocation of Measure P monies in current budget cycle.
8. Adjourn.

Attachments:

1. Minutes from April 25, 2022.
2. 2023-2024 budget cycle projections and last year allocations.
3. Information on Golden Bear and Roadway Inn monies received.
4. Descriptions of all programs currently funded under Measure P monies.
5. Homeless Commission item on storm shelter on 4/26 Council Calendar.
6. Homeless Commission item on Crisis Stabilization Center.
7. Motion passed by HSPE on crisis stabilization center.
8. Motion passed by HSPE on domestic violence transitional house.
9. Berkeley Daytime Drop-In Center Locker Program Budget.
10. Homeless Response Team Budget.
11. Pathways STAIR Center Budget.
12. Vice Chair Recommendations.

A Vibrant and Healthy Berkeley for All

13. Youth Spirit Artworks Tiny Homes Budget Request.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, this meeting of the City Council will be conducted exclusively through teleconference and Zoom videoconference. Please be advised that pursuant to the Executive Order and the Shelter-in-Place Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, there will not be a physical meeting location available.

If you do not wish for your name to appear on the screen, then use the drop-down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon by rolling over the bottom of the screen.

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Correspondence and Notice of Decision Requests:

Deadlines for Receipt:

- A) Supplemental Materials must be received by 5 PM the day before the meeting.
- B) Supplemental Communications must be received no later than noon the day of the meeting.

Procedures for Distribution:

- A) Staff will compile all Supplemental Materials and Supplemental Communications received by the deadlines above into a Supplemental Packet, and will print 15 copies of this packet for the Commission meeting.
- B) For any Supplemental Material or Communication from a Commissioner received after these deadlines, it is the Commissioner's responsibility to ensure that 15 printed copies are available at the meeting. Commissioners will not be reimbursed for any printing or materials expenses.
- C) Staff will neither print nor distribute Supplemental Communications or Materials for subcommittee meetings.

Procedures for Consideration:

- A) The Commission must make a successful motion to accept and receive all Supplemental Materials and Communications into the record. This includes the Supplemental Packet compiled by staff.
- B) Each additional Supplemental Material or Communication received by or before the meeting that is not included in the Supplemental packet (i.e., those items received after the respective deadlines above) must be individually voted upon to be considered by the full Commission.
- C) Supplemental Materials subject to a Commission vote that are not accepted by motion of the Commission, or for which there are not at least 15 paper copies (9 for each Commission seat, one for staff records, and 5 for the public) available by the scheduled start of the meeting, may not be considered by the Commission.

****Supplemental Materials are defined as any items authored by one or more Commissioners, pertaining to an agenda item but available after the agenda and packet for the meeting has been distributed, on which the Commission is asked to take vote at the meeting. This includes any letter to Council, proposed Council report, or other correspondence on behalf of the Commission for which a full vote of the Commission is required.***

*****Supplemental Communications are defined as written emails or letters from members of the public or from one or more Commissioners, the intended audience of which is the full Commission. Supplemental Communications cannot be acted upon by the Commission, and they may or may not pertain to agenda items.***

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection at Health, Housing & Community Services Department located at 2180 Milvia Street, 2nd Floor.

Public Comment Policy:

Members of the public may speak on any items on the Agenda and items not on the Agenda during the initial Public Comment period. Members of the public may not speak more than once on any given item. The Chair may limit public comments to 3 minutes or less.

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection at Health, Housing & Community Services Department located at 2180 Milvia Street, 2nd Floor.

COMMUNITY ACCESS INFORMATION

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Berkeley Homeless
Services Panel of Experts

MEETING MINUTES

April 25, 2022

1. **Roll Call:** 7:00 PM
Present: Marasovic, Kealoha-Blake, Jones, Meany, Feller (7:03), Bookstein (7:04).
Absent: De la Guardia.
Staff: Jacobs, McCormick.
Council: None.
Public: 1

2. Comments from the Public: 0

Update/Action Items

3. Approval of Minutes from April 19, 2022.
Action: M/S/C Kealoha-Blake/Marasovic move to approve the minutes as written.
Vote: *Ayes:* Marasovic, Bookstein, Kealoha-Blake, Meany, Feller, Jones.
Noes: None. *Abstain:* None. *Absent:* De la Guardia, Feller, Bookstein.
4. Agenda Approval.
Action: M/S/C Meany/Jones move to approve the agenda as written.
Vote: *Ayes:* Marasovic, Kealoha-Blake, Meany, Jones.
Noes: None. *Abstain:* None. *Absent:* De la Guardia, Feller, Bookstein.
5. Chair update.
Discussion; no action taken.
6. Discussion, and possible action, towards recommendation of allocation of Measure P monies in current budget cycle.
Action: M/S/C Marasovic/Meany move to recommend funding of Dorothy Day House Shelter at the current amount.
Vote: *Ayes:* Marasovic, Bookstein, Kealoha-Blake, Meany, Feller, Jones.
Noes: None. *Abstain:* None. *Absent:* De la Guardia.

A Vibrant and Healthy Berkeley for All

Action: M/S/C Marasovic/Jones move to recommend funding of Dorothy Day House Drop In at the current amount.

Vote: *Ayes:* Marasovic, Bookstein, Kealoha-Blake, Meany, Feller, Jones.
Noes: None. *Abstain:* None. *Absent:* De la Guardia.

Action: M/S/C Bookstein/Marasovic move to recommend funding of Pathway STAIR Center at the current amount.

Vote: *Ayes:* Marasovic, Bookstein, Kealoha-Blake, Meany, Feller, Jones.
Noes: None. *Abstain:* None. *Absent:* De la Guardia.

Action: M/S/C Marasovic/Kealoha-Blake move to recommend funding of Coordinated Entry System at the current amount.

Vote: *Ayes:* Marasovic, Bookstein, Kealoha-Blake, Meany, Feller, Jones.
Noes: None. *Abstain:* None. *Absent:* De la Guardia.

Action: M/S/C Marasovic/Kealoha-Blake move to recommend funding of LifeLong Medical – Street Medicine at the current amount.

Vote: *Ayes:* Marasovic, Bookstein, Kealoha-Blake, Meany, Feller, Jones.
Noes: None. *Abstain:* None. *Absent:* De la Guardia.

Action: M/S/C Marasovic/Meany move to recommend funding of DBA – Homeless Outreach Worker at the current amount.

Vote: *Ayes:* Marasovic, Bookstein, Kealoha-Blake, Meany, Feller, Jones.
Noes: None. *Abstain:* None. *Absent:* De la Guardia.

Action: M/S/C Marasovic/Bookstein move to recommend funding of Horizon and SPARK at 742 Grayson.

Vote: *Ayes:* Marasovic, Bookstein, Kealoha-Blake, Meany, Feller, Jones.
Noes: None. *Abstain:* None. *Absent:* De la Guardia.

Action: M/S/C Marasovic/Jones move to recommend funding of 1367 University Avenue Step Up Housing Project at the current amount.

Vote: *Ayes:* Marasovic, Bookstein, Kealoha-Blake, Meany, Feller, Jones.
Noes: None. *Abstain:* None. *Absent:* De la Guardia.

Action: M/S/C Marasovic/Bookstein move to recommend funding of the Berkeley Emergency Storm Shelter with an additional \$100,000 of Measure P monies for an expanded program consistent with the Homeless Commission recommendation.

Vote: Ayes: Marasovic, Bookstein, Kealoha-Blake, Meany, Feller, Jones.
Noes: None. Abstain: None. Absent: De la Guardia.

7. Adjourn.

Meeting adjourned at 9:00 PM.

Minutes Approved on: _____

Josh Jacobs, Commission Secretary: _____

Exhibit 1 - Transfer Tax -- Measure P Program Projection						
Revenues	FY 2019 Actual	FY 2020 Actual	FY 2021 Actual	FY 2022 Revised	FY 2023 Estimate	FY 2024 Estimate
Beginning Fund Balance	\$0	\$2,932,313	\$9,859,779	\$17,032,464	\$17,197,648	\$15,261,954
Measure P Revenues	\$2,932,313	\$9,512,603	\$10,919,576	\$17,070,110	\$11,810,614	\$12,283,038
Total Revenue and Balance of Funds	\$2,932,313	\$12,444,916	\$20,779,355	\$34,102,574	\$29,008,262	\$27,544,992
LESS: Total Expenses	\$0	\$2,585,137	\$3,746,891	\$16,904,927	\$13,746,308	\$12,079,783
Personnel Costs	\$0	\$118,521	\$155,753	\$336,952	\$695,730	\$722,413
CMO: Homeless Services Coordinator	\$0	\$0	\$0	\$0	\$196,348	\$202,899
Finance: Accountant II	\$0	\$0	\$70,784	\$158,319	\$178,858	\$193,441
Finance: Contract Staffing	\$0	\$38,266	\$0	\$0	\$0	\$0
HHCS: Community Services Specialist II	\$0	\$80,255	\$84,969	\$178,633	\$0	\$0
HHCS: 50% Senior Management Analyst	\$0	\$0	\$0	\$0	\$113,085	\$116,560
HHCS: 2 Year Limited Term Community Services Specialist II	\$0	\$0	\$0	\$0	\$207,439	\$209,513
Non-Personnel Costs/Program Expenses	\$0	\$2,466,616	\$3,591,138	\$16,567,975	\$13,050,578	\$11,357,370
Fire: 5150 Response & Transport	\$0	\$846,616	\$1,601,639	\$2,400,000	\$1,900,000	\$1,900,000
Dorothy Day House Shelter	\$0	\$0	\$300,000	\$566,000	\$566,000	\$566,000
Dorothy Day House Drop In	\$0	\$0	\$21,340	\$182,000	\$182,000	\$182,000
Pathway STAIR Center	\$0	\$0	\$1,200,000	\$1,499,525	\$2,499,525	\$2,499,525
No Place Like Home	\$0	\$0	\$0	\$0	\$200,000	\$200,000
Coordinated Entry System	\$0	\$0	\$0	\$1,000,000	\$1,442,426	\$1,442,426
BDIC Locker Program	\$0	\$0	\$25,000	\$50,000	\$50,000	\$50,000
LifeLong Medical - Street Medicine	\$0	\$0	\$0	\$525,000	\$525,000	\$525,000
YSA Tiny Homes	\$0	\$0	\$117,000	\$78,000	\$78,000	\$78,000
DBA- Homeless Outreach Worker	\$0	\$20,000	\$40,000	\$40,000	\$40,000	\$40,000
Downtown Streets Team	\$0	\$0	\$111,243	\$225,000	\$225,000	\$225,000
Outdoor Shelter	\$0	\$0	\$86,633	\$1,002,000	\$1,275,400	\$0
Shallow Subsidies	\$0	\$0	\$0	\$650,000	\$1,600,000	\$1,600,000
1367 University Avenue Step Up Housing Project	\$0	\$0	\$0	\$0	\$1,133,244	\$900,000
Training and Evaluation	\$0	\$0	\$0	\$50,000	\$133,334	\$133,334
Homeless Response Team	\$0	\$0	\$88,283	\$900,450	\$918,149	\$920,085
Berkeley Relief Fund	\$0	\$1,600,000	\$0	\$0	\$0	\$0
Homekey Project	\$0	\$0	\$0	\$7,400,000	\$0	\$0
Portable Toilets	\$0	\$0	\$0	\$0	\$96,000	\$96,000
Crisis Stabilization Center	\$0	\$0	\$0	\$0	\$0	\$0
Berkeley Emergency Storm Shelter	\$0	\$0	\$0	\$0	\$186,500	\$0
Survivor of Domestic Violence Program	\$0	\$0	\$0	\$0	\$0	\$0
Fiscal Year Surplus (Shortfall)	\$2,932,313	\$6,927,466	\$7,172,686	\$165,183	-\$1,935,694	\$203,255
Ending Fund Balance	\$2,932,313	\$9,859,779	\$17,032,464	\$17,197,648	\$15,261,954	\$15,465,208

Project	Amount
HomeKey	\$16,200,000.00
Encampment Resolution Funding Grant	\$4,708,015.00

Program Expenses	Description
5150 Response & Transport	Emergency Medical Response for Mental Health Crisis Services
Dorothy Day House Shelter	Emergency Shelter Beds
Dorothy Day House Drop In	Drop-in Center Services
Pathway STAIR Center	Navigation Center Beds and Services
Coordinated Entry System	Coordinated Entry Services
BDIC Locker Program	Item Storage Services
LifeLong Medical - Street Medicine	Street Outreach Services
YSA Tiny Homes	Transitional Age Youth Emergency Shelter Beds
DBA- Homeless Outreach Worker	Street Outreach Services
Downtown Streets Team	Street Outreach Services
Horizon Shelter	Single Adult Emergency Shelter Beds
Shallow Subsidies	Rental Assistance
1367 University Avenue Step Up Housing Project	Single Adult Permanent Supportive Housing
Training and Evaluation	Administrative
Homeless Response Team	Street Outreach Services
Homekey Project	Single Adult Permanent Supportive Housing



Homeless Commission

ACTION CALENDAR

April 26, 2022

To: Honorable Mayor and Members of the City Council

From: Homeless Commission

Submitted by: Paul Kealoha-Blake, Chairperson, Homeless Commission

Subject: Expansion of Storm Shelter Program to Emergencies not Otherwise Covered

RECOMMENDATION

To direct the City Manager to expand the Berkeley Emergency Storm Shelter (BESS) to emergencies not otherwise covered including outside the dates of the current contract with Dorothy Day House.

FISCAL IMPACTS OF RECOMMENDATION

The fiscal impacts of the recommendation are best identified by the City Manager's office. Since the scope of the recommendation is to extend the Berkeley Emergency Storm Shelter to emergencies, the nature of emergencies is that they are unpredictable. Thus, it is unknown to what degree this recommendation needs additional monies to be implemented and whether it requires a referral to the Council Budget Committee or not.

CURRENT SITUATION AND ITS EFFECTS

Dorothy Day House has operated the Berkeley Emergency Storm Shelter for almost 20 years, providing overnight shelter on a first come-first served basis for up to 45 people per night. Initially, the contract for BESS was for 45 days per year but in the last two years has been expanded. The BESS shelter opens if rain or temperatures at or below 40 degrees are expected overnight. The City's contract requires that Dorothy Day House take on this role beginning November 16th of this year.

On October 25, 2021-October 26, 2021, the City of Berkeley had a severe storm. Since this storm transpired prior to the November 10th BESS opening date, unhoused persons throughout Berkeley were left subject to the elements, endangering their health and safety, because they could not access the BESS shelter.

In addition to potential storm conditions, such as the one on October 25th-October 26th, there are no provisions for the emergency storm shelter to be open in other unrelated emergencies such as an earthquake, a fire, pipes bursting in another shelter or any other unanticipated emergency. The shelter should be expanded for these purposes.

BACKGROUND

On November 15, 2021, the Homeless Commission passed a motion as follows:

That City Council refer to the City Manager to expand the emergency storm shelter program to emergencies not otherwise covered including outside the dates of the current contract with Dorothy Day House.

M/S/C Marasovic/Kealoha-Blake move that City Council refer to the City Manager to expand the emergency storm shelter program to emergencies not otherwise covered including outside the dates of the current contract with Dorothy Day House.

Vote: Ayes: Marasovic, Andrew, Gomez, Kealoha-Blake.
Noes: None. **Abstain:** None. **Absent:** Behm-Steinberg.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

It is the environment that controls the issues in this recommendation. This recommendation is consistent with emergency preparedness needs for the unhoused community.

RATIONALE FOR RECOMMENDATION

The need for emergency shelter is not necessarily governed by definitive dates. As the October 25, 2021/ October 26, 2021 storm showed, nature operates on its own timing. In addition, an emergency storm shelter should be available for the unhoused in other emergencies such as earthquakes, fires or conditions that render where they might be staying uninhabitable.

ALTERNATIVE ACTIONS CONSIDERED

The contract could remain the same in which case the City will not be prepared to provide emergency shelter in any situations outside the scope of the current contract.

CITY MANAGER

See companion report.

CONTACT PERSON

Josh Jacobs, Homeless Services Coordinator (510) 225-8035



Office of the City Manager

ACTION CALENDAR

April 26, 2022

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Peter Radu, Assistant to the City Manager

Subject: Companion Report: Expansion of Storm Shelter Program to Emergencies not Otherwise Covered

RECOMMENDATION

The Homeless Commission's recommendation to expand the Berkeley Emergency Storm Shelter (BESS) to emergencies not otherwise covered including outside the dates of the current contract with Dorothy Day House addresses a key need for our most vulnerable citizens. Therefore, staff recommends:

1. Referring this recommendation to the budget process; and
2. Referring this recommendation to staff for analysis of feasibility.

FISCAL IMPACTS of RECOMMENDATION

As the Homeless Commission mentions in their report, the additional budgetary commitment to implement this recommendation is unknown.

CURRENT SITUATION and ITS EFFECTS

Dorothy Day House has operated the Berkeley Emergency Storm Shelter for almost 20 years, providing overnight shelter on a first come-first served basis for up to 45 people per night. The BESS shelter opens if rain or temperatures at or below 40 degrees are expected overnight. The Homeless Commission has recommended that the shelter be extended for additional emergencies beyond the current scope.

In addition to the need for additional shelter capacity during an emergency response, Dorothy Day House operates the Horizon Transitional Village Program shelter at 742 Grayson Street, the lease for which expires in September 2022. Additional shelter capacity will be required to house this vulnerable population that will otherwise be displaced to the streets. Therefore, staff recommend referring this recommendation to staff for analysis, as it should be considered alongside other pressing priorities for shelter space in Berkeley.

BACKGROUND

On November 15, 2021, the Homeless Commission passed a motion as follows:

That City Council refer to the City Manager to expand the emergency storm shelter program to emergencies not otherwise covered including outside the dates of the current contract with Dorothy Day House.

ENVIRONMENTAL SUSTAINABILITY and CLIMATE IMPACT

There are no environmental concerns impacting the issues in this recommendation. This recommendation is consistent with emergency preparedness needs for the unhoused community.

ALTERNATIVE ACTIONS CONSIDERED

Alternative sites could also be identified to expand shelter capacity. In addition, current shelter capacity will be expanded once the COVID-19 restrictions are lifted, which will help offset the need for additional emergency shelter resources.

RATIONALE for RECOMMENDATION

Additional capacity for shelter is required to respond to emergency situations as well as the impending lease expiration of the Horizon shelter.

CONTACT PERSON

Josh Jacobs, Homeless Services Coordinator, 510.225.8035



Homeless Commission

ACTION CALENDAR

April 26, 2022

To: Honorable Mayor and Members of the City Council

From: Homeless Commission

Submitted by: Paul Kealoha-Blake, Chair, Homeless Commission

Subject: Development of Crisis Stabilization Program in Berkeley

RECOMMENDATION

That City Council refer to the City Manager to develop a crisis stabilization program based on the Bend, Oregon crisis stabilization model, tailored to Berkeley.

FISCAL IMPACTS OF RECOMMENDATION

The exact fiscal impact will have to be determined by the City Manager's office. However, the costs will be substantially offset by the costs that will be saved by reducing the number of 5150 transports for which the City of Berkeley currently allocates 2.4 million annually from Measure P monies. Grants are also available that will fund the crisis stabilization program.

CURRENT SITUATION AND ITS EFFECTS

Berkeley has no options to transport persons in mental health crisis except to the County John George mental health facility or the Santa Rita Jail. As such, the City absorbs the cost of transporting persons which are not covered by insurance and persons, in mental health crisis, are at best, generally, brought to an inpatient facility that stigmatizes them and warehouses them briefly, only to discharge them back to the same situation from where they came, and at worst, acts punitively in placing them into a correctional setting without needed mental health treatment and linkage to resources in their own community.

The United States Department of Justice recently released a scathing investigative report on the lack of community mental health models in Alameda County.

[Justice Department Finds that Alameda County, California, Violates the Americans with Disabilities Act and the U.S. Constitution.](#)

Disability Rights California has filed litigation based on the same premise.

<https://www.disabilityrightsca.org/press-release/disability-rights-california-files-lawsuit-against-alameda-county-for-its-failed>

Berkeley is one of two mental health divisions in the state that has its own mental health division, independent from the County, with its own mental health streams of funding. Thus, Berkeley is responsible, in large part, for establishing its own community mental

health programs. Yet, Berkeley has provided no alternative for persons in mental health crisis to seek stabilization, on a voluntary basis, nor an alternative for law enforcement to transport persons in mental health crisis, when the Berkeley Police Department is actively engaging with a person in mental health crisis, other than the same County facilities, being John George and the Santa Rita Jail, that the Department of Justice has found to be deficient in providing needed mental health services, and as overly restrictive and punitive.

It has been estimated that 40%-50% of Berkeley's 5150 transports are homeless. Thus, the unhoused are greatly impacted by the inappropriate and punitive transports to John George and Santa Rita because of the lack of community mental health models. The unhoused are also greatly impacted by the lack of models so that they are frequently returned to the streets, in the same situation, instead of facilitating linkage to resources in the Berkeley community. The substantial number of unhoused persons that receive 5150 transport has resulted in 2.4 million of Measure P monies, allocated for homeless services, directed towards this transport.

BACKGROUND

On November 15, 2021, the Homeless Commission passed a motion as follows:

That City Council refer to the City Manager to develop a crisis stabilization program based on the Bend, Oregon crisis stabilization model tailored to Berkeley, consistent and that this report be incorporated into the Homeless Commission's recommendation.

Vote: Ayes: Marasovic, Gomez, Kealoha-Blake.

Noes: None. *Abstain:* Andrew. *Absent:* Behm-Steinberg.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

Following the implementation of a crisis stabilization program, a substantial number of persons in mental health crisis will be diverted away from transport to farther away unnecessary institutionalization and incarceration into a community-based model in their own Berkeley community.

RATIONALE FOR RECOMMENDATION

As an independent mental health division, Berkeley has a responsibility to step up and establish appropriate treatment community mental health models that are community-based. At this juncture, persons in mental health crisis have no local place to stabilize and voluntarily seek assistance, to take respite and to intensively linked up with other services on a 24/7 model. The Berkeley Police Department has no location to bring persons in mental health crisis other than the inappropriate ones provided by the County.

Bend, Oregon has successfully implemented a 23-hour crisis stabilization program that is an excellent model for Berkeley to tailor to Berkeley needs.

There are multiple reasons that the Bend model would work in Berkeley. First, Bend's population, at 93,917, is similar to Berkeley's in numbers. The Bend program is a 24/7 program with recliners where people rest while they are provided intensive mental health support and linkage to community resources as needed. Unlike some crisis stabilization programs elsewhere, Bend's crisis stabilization program is focused on mental health needs. It is not a program directed exclusively towards sobriety or a homeless shelter as are some programs elsewhere. Albeit that they have behavioral health clinicians on staff, Bend's focus is not a medical model. With Bend's current increasing homelessness, they estimate that 30% of persons in mental health crisis utilizing their crisis stabilization program are of homeless status.

Bend's program takes walk-ins unlike some programs. Any person seeking mental health crisis stabilization can walk in voluntarily on a 24/7 basis. There are no financial eligibility requirements. Thus, whether or not a person is medically insured, they will be easily welcomed and accepted into Bend's mental health crisis stabilization program. Persons can come in from any source as long as they voluntarily choose to do so.

When law enforcement engages with a person in mental health crisis in Bend, they present them with three options: the inpatient mental health facility, the jail or the crisis stabilization program. The choice is that of the person in crisis. They will not otherwise be involuntarily directed into the program but provided the three options where they can be transported. Persons in mental health crisis frequently choose the crisis stabilization program. Doing so not only allows them to receive respite and linkage to resources within their own community, it frees them from the stigma of being involuntarily committed or incarcerated.

A survey of participants in the Bend crisis stabilization program revealed that 3% of persons in mental health crisis who had come to the program (37 persons) had stated that had they not come to the program, they would have taken their lives. There is no greater cost-effectiveness than the cost of saving human lives.

Bend also found that when there was a transport from law enforcement, law enforcement spent only an average of four minutes transitioning persons into the crisis stabilization program as opposed to far longer time required of law enforcement when a person in mental health crisis was directed towards institutionalization or incarceration.

Berkeley's direction will have one distinction in that the Bend program is operated by their County which has an elaborate crisis system. Berkeley's program would be based in Berkeley and contracted out to a nonprofit provider competent to provide 24/7 crisis stabilization program services.

The issues that will have to be addressed by the City Manager's office will be funding issues, staffing (both numbers and qualifications) and location.

ALTERNATIVE ACTIONS CONSIDERED:

The only alternative is to do nothing and to be complicit with the County in providing a lack of appropriate community-based mental health services for persons in mental health crisis.

CITY MANAGER: See companion report.

CONTACT PERSON

Josh Jacobs, Homeless Services Coordinator, (510) 981-5435.



Office of the City Manager

ACTION CALENDAR

April 26, 2022

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Submitted by: Peter Radu, Assistant to the City Manager

Subject: Companion Report: Development of Crisis Stabilization Program in Berkeley

RECOMMENDATION

There has been interest expressed by the Homeless Commission and Mental Health Commission in establishing Crisis Stabilization Units (CSU) within the geographical boundaries of Berkeley.

Given the significant changes coming to the crisis system in Berkeley, the opportunities to increase the use of the Amber House CSU (which persistently has vacant beds) by Berkeley residents, the significant costs in funding and siting a CSU in Berkeley, the complexities of Medi-Cal billing for a CSU funded by Berkeley, staff do not recommend creating a CSU in Berkeley at this time.

Instead, Berkeley could partner with the Alameda County Behavioral HealthCare (ACBH) Plan and Bay Area Community Services (BACS) on increasing the use of Amber House by Berkeley residents and, over the coming 12-18 months, assess the need for additional options for treatment of individuals experiencing a behavioral health crisis. Data from the coming Peer Respite and Specialized Care Unit (SCU) could support informing a plan for building out that crisis system in Berkeley. It is conceivable that better coordination of referrals to Amber House and a non-licensed crisis support program such as the Peer Respite could meet the need in Berkeley at a significantly reduced cost and with far less difficulty than funding and siting a CSU in Berkeley.

FISCAL IMPACTS OF RECOMMENDATION

A CSU located in Berkeley would be expensive to both build and operate. As the City of Berkeley is a contract provider for the Alameda County Behavioral HealthCare (ACBH) Plan, and as such cannot subcontract Medi-Cal billing, a CSU in Berkeley would either need to forgo billing Medi-Cal (a very significant revenue stream for funding a CSU), or Berkeley would need to develop a contract with ACBH to transfer funding for a CSU in Berkeley, and ACBH would need to contract for and oversee the construction and operation of a CSU.

If ACBH were to contract for and oversee the construction and operation of a CSU, these elements would need to follow the procurement processes in place for ACBH.

Importantly, ACBH leadership has indicated to City staff that they do not currently see the need for a CSU in Berkeley, and would not be inclined to provide any funding for such an effort.

CURRENT SITUATION AND ITS EFFECTS

Crisis Stabilization Units are short-term (less than 24 hours) residential treatment programs that provide immediate care to individuals experiencing an acute mental health or co-occurring mental health and substance use concern. CSUs typically provide service 24 hours a day, 7 days a week, and offer an alternative to hospital emergency rooms or jail for individuals who are facing an urgent behavioral health concern that cannot be adequately addressed in a community setting. CSU services programs are part of many California counties array of crisis services.

Amber House, which is located in Uptown Oakland and operated by Bay Area Community Services (BACS), also contains a 14-bed Crisis Residential Treatment Program (CRT) for individuals in crisis who would benefit from a longer period of support and stabilization and do not meet the criteria for hospitalization. Established in the Fall of 2019, Amber House serves individuals who have Alameda County Medi-Cal or no insurance.

In FY22, Amber House has maintained a daily census (number of individuals utilizing the CSU) of roughly 1.5 clients a day – with a capacity to serve 12 individuals at a time. This underutilization data aligns with the information presented by BACS staff at the Mental Health Commission meeting on December 16th, 2021, where BACS reported that Amber House CSU has never had to turn away a person due to capacity issues, and usage is generally well under capacity.

Individuals in a mental health crisis that do not meet the criteria for transport to a receiving facility for a 5150 evaluation can be voluntarily transported or referred to Amber House. Amber House reports that clients have been referred by the following categories: Self (28%), Treatment Teams, including Full Service Partnerships (32%), Outpatient Mental Health Clinics (4%), Police Drop Off (2%), Hospital ER (8%), Substance Use Programs (2%), Mobile Crisis Providers (11%), Friends or family (7%), and other sources (6%).

BACKGROUND

On November 15, 2021, the Homeless Commission passed a motion as follows:

That City Council refer to the City Manager to develop a crisis stabilization program based on the Bend, Oregon crisis stabilization model tailored to Berkeley, consistent and that this report be incorporated into the Homeless Commission's recommendation.

Vote: Ayes: Marasovic, Gomez, Kealoha-Blake.

Noes: None. **Abstain:** Andrew. **Absent:** Behm-Steinberg.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

Following the implementation of a crisis stabilization program, some persons in mental health crisis could be diverted away from transport to further away institutions. There are no other known environmental or climate impacts from this project.

RATIONALE FOR RECOMMENDATION

Per report by Alameda County, Amber House is currently underutilized, and consistently has open beds for individuals who would benefit from and are interested in a CSU. Close to the South Berkeley border, use of this facility should be maximized prior to determining if there is need for additional CSU capacity for Berkeley residents. This could be done through:

- Collaborating with ACBH and BACS around a publicity campaign for utilization of Amber House by Berkeley providers, residents, and the Berkeley Police Department (BPD). This could include development of marketing materials and trainings.
- Structured training for BPD around utilization of Amber House, and collaboration with ACBH and BACS on developing clear procedures and protocols for BPD referral and drop-off of individuals for Amber House.
- Increase the ability of the Mental Health Division Mobile Crisis Team (MCT) to help individuals they interact with utilize Amber House. Currently, the MCT can provide bus tickets or taxi vouchers to individuals who want to access Amber House. Successful MCT referrals to Amber House could be increased by:
 - Developing a partnership between MCT/CAT and Amber House, including regular meetings on referrals.
 - Tracking MCT successful referrals to Amber House.
 - Increasing options for MCT referral to Amber House to include ride-sharing options like Lyft or Uber.
 - Evaluating directing the MCT to transport voluntary clients to Amber House. The MCT currently respond to individuals having a behavioral health crisis in a co-responder model with BPD, but does not transport individuals who do not meet criteria for a 5150 to alternate destinations. This change would include developing clear procedures for transport and assessing current vehicles for safety for transport, and tracking the use of Amber House by individuals referred or transported by MCT. This would likely trigger the need to meet and confer with local 1021 due to a change in working conditions for staff of the MCT. This change would likely be expensive due to need for alternate vehicles for MCT and slow, so pros and cons of this option should be examined.

Berkeley could also work with Amber House and ACBH to determine the utilization of beds at Amber House for Berkeley residents, and to identify any issues that Berkeley residents might be experiencing at discharge due to the location of Amber House.

Berkeley is currently in the process of adding two additional elements to the system of care for individuals who are experiencing a behavioral health crisis. When operational, these additional resources may further decrease the need for a new CSU in Berkeley. These are:

- Peer respite at the Berkeley Drop-In Center (BDC). This program will create capacity for BDC to provide peer respite services to individuals who are experiencing a behavioral health crisis.
- A Specialized Care Unit (SCU). The SCU is envisioned to provide 24/7, 365 days a year mobile crisis services and support to Berkeley residents, and will have the capacity to transport individuals in crisis to a variety of locations. The SCU is intended to divert individuals having a behavioral health crisis from a law enforcement response, instead having the first point of contact be behavioral health providers. The addition of the SCU to existing crisis response options (MCT, BPD) should give a lot more data on the interest and need for a CSU.

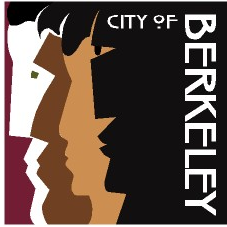
Staff believe that the City should explore the development of a Berkeley-specific CSU and/or other opportunities to serve this vulnerable population only after this current array of resources are exhausted,. Establishing a CSU site in Berkeley would be premature at this time, given the underutilized resources and the County's current lack of interest in engaging.

ALTERNATIVE ACTIONS CONSIDERED

Council could site and fund a CSU within the geographical boundaries of Berkeley. In evaluating this option, it is crucial to clearly define the need and the financial viability of funding and siting a CSU in Berkeley.

CONTACT PERSON

Josh Jacobs, Homeless Services Coordinator, (510) 981-5435.
Steve Grolnic-McClurg, Mental Health Manager, (510) 981-5249.



Terry Taplin
Councilmember District 2

SUPPLEMENTAL AGENDA MATERIAL for Supplemental Packet 1

Meeting Date: April 26, 2022

Item Number: 38a

Item Description: Development of Crisis Stabilization Program in Berkeley

Submitted by: Homeless Commission

The District 2 Council office previously withdrew an agenda submission from the April 12, 2022 draft meeting agenda to allow for additional time to consider item 38(b), the City Manager's Companion Report to this item. In consideration of both the Homeless Commission's referral and programmatic issues subsequently raised by the Companion Report, this supplemental submission proposes a consensus-based approach to Crisis Stabilization by way of the following recommendation:

Refer to the City Manager: (1) To study the feasibility of a Crisis Stabilization Center based on the Deschutes County Health Services model, including contracts with Alameda County Behavioral HealthCare to enable Medicare billing, and to identify and index potential sites in the City of Berkeley available for Crisis Stabilization Center operations; and, (2) In the interim, to partner with Alameda County Behavioral HealthCare and Bay Area Community Services (BACS) on increasing the use of Amber House by Berkeley residents and assess the need for additional options for treatment of individuals experiencing mental health crises, including Peer Respite and Specialized Care Unit (SCU).

The amended item is attached for consideration.



Homeless Commission

ACTION CALENDAR

April 26, 2022

To: Honorable Mayor and Members of the City Council
From: Homeless Commission
Submitted by: Paul Kealoha-Blake, Chair, Homeless Commission
Subject: Development of Crisis Stabilization Program in Berkeley

RECOMMENDATION

Refer to the City Manager:

1. To study the feasibility of a Crisis Stabilization Center based on the Deschutes County Health Services model, including contracts with Alameda County Behavioral HealthCare to enable Medicare billing, and to identify and index potential sites in the City of Berkeley available for Crisis Stabilization Center operations; and,
2. In the interim, to partner with Alameda County Behavioral HealthCare and Bay Area Community Services (BACS) on increasing the use of Amber House by Berkeley residents and assess the need for additional options for treatment of individuals experiencing mental health crises, including Peer Respite and Specialized Care Unit (SCU).

~~That City Council refer to the City Manager to develop a crisis stabilization program based on the Bend, Oregon crisis stabilization model, tailored to Berkeley.~~

FISCAL IMPACTS OF RECOMMENDATION

The exact fiscal impact will have to be determined by the City Manager's office. However, the costs will be substantially offset by the costs that will be saved by reducing the number of 5150 transports for which the City of Berkeley currently allocates 2.4 million annually from Measure P monies. Grants are also available that will fund the crisis stabilization program.

CURRENT SITUATION AND ITS EFFECTS

Berkeley has no options to transport persons in mental health crisis except to the County John George mental health facility or the Santa Rita Jail. As such, the City absorbs the cost of transporting persons which are not covered by insurance and persons, in mental health crisis, are at best, generally, brought to an inpatient facility that stigmatizes them and warehouses them briefly, only to discharge them back to the same situation from where they came, and at worst, acts punitively in placing them into

a correctional setting without needed mental health treatment and linkage to resources in their own community.

The United States Department of Justice recently released a scathing investigative report on the lack of community mental health models in Alameda County. [Justice Department Finds that Alameda County, California, Violates the Americans with Disabilities Act and the U.S. Constitution.](#)

Disability Rights California has filed litigation based on the same premise. <https://www.disabilityrightscalifornia.org/press-release/disability-rights-california-files-lawsuit-against-alameda-county-for-its-failed>

Berkeley is one of two mental health divisions in the state that has its own mental health division, independent from the County, with its own mental health streams of funding. Thus, Berkeley is responsible, in large part, for establishing its own community mental health programs. Yet, Berkeley has provided no alternative for persons in mental health crisis to seek stabilization, on a voluntary basis, nor an alternative for law enforcement to transport persons in mental health crisis, when the Berkeley Police Department is actively engaging with a person in mental health crisis, other than the same County facilities, being John George and the Santa Rita Jail, that the Department of Justice has found to be deficient in providing needed mental health services, and as overly restrictive and punitive.

It has been estimated that 40%-50% of Berkeley's 5150 transports are homeless. Thus, the unhoused are greatly impacted by the inappropriate and punitive transports to John George and Santa Rita because of the lack of community mental health models. The unhoused are also greatly impacted by the lack of models so that they are frequently returned to the streets, in the same situation, instead of facilitating linkage to resources in the Berkeley community. The substantial number of unhoused persons that receive 5150 transport has resulted in 2.4 million of Measure P monies, allocated for homeless services, directed towards this transport.

BACKGROUND

On November 15, 2021, the Homeless Commission passed a motion as follows:

That City Council refer to the City Manager to develop a crisis stabilization program based on the Bend, Oregon crisis stabilization model tailored to Berkeley, consistent and that this report be incorporated into the Homeless Commission's recommendation.

Vote: Ayes: Marasovic, Gomez, Kealoha-Blake. Noes: None. Abstain: Andrew. Absent: Behm-Steinberg.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

Following the implementation of a crisis stabilization program, a substantial number of persons in mental health crisis will be diverted away from transport to farther away

unnecessary institutionalization and incarceration into a community-based model in their own Berkeley community.

RATIONALE FOR RECOMMENDATION

As an independent mental health division, Berkeley has a responsibility to step up and establish appropriate treatment community mental health models that are communitybased. At this juncture, persons in mental health crisis have no local place to stabilize and voluntarily seek assistance, to take respite and to intensively linked up with other services on a 24/7 model. The Berkeley Police Department has no location to bring persons in mental health crisis other than the inappropriate ones provided by the County.

Bend, Oregon has successfully implemented a 23-hour crisis stabilization program that is an excellent model for Berkeley to tailor to Berkeley needs.

There are multiple reasons that the Bend model would work in Berkeley. First, Bend's population, at 93,917, is similar to Berkeley's in numbers. The Bend program is a 24/7 program with recliners where people rest while they are provided intensive mental health support and linkage to community resources as needed. Unlike some crisis stabilization programs elsewhere, Bend's crisis stabilization program is focused on mental health needs. It is not a program directed exclusively towards sobriety or a homeless shelter as are some programs elsewhere. Albeit that they have behavioral health clinicians on staff, Bend's focus is not a medical model. With Bend's current increasing homelessness, they estimate that 30% of persons in mental health crisis utilizing their crisis stabilization program are of homeless status.

Bend's program takes walk-ins unlike some programs. Any person seeking mental health crisis stabilization can walk in voluntarily on a 24/7 basis. There are no financial eligibility requirements. Thus, whether or not a person is medically insured, they will be easily welcomed and accepted into Bend's mental health crisis stabilization program. Persons can come in from any source as long as they voluntarily choose to do so.

When law enforcement engages with a person in mental health crisis in Bend, they present them with three options: the inpatient mental health facility, the jail or the crisis stabilization program. The choice is that of the person in crisis. They will not otherwise be involuntarily directed into the program but provided the three options where they can be transported. Persons in mental health crisis frequently choose the crisis stabilization program. Doing so not only allows them to receive respite and linkage to resources within their own community, it frees them from the stigma of being involuntarily committed or incarcerated.

A survey of participants in the Bend crisis stabilization program revealed that 3% of persons in mental health crisis who had come to the program (37 persons) had stated that had they not come to the program, they would have taken their lives. There is no greater cost-effectiveness than the cost of saving human lives.

Bend also found that when there was a transport from law enforcement, law enforcement spent only an average of four minutes transitioning persons into the crisis stabilization program as opposed to far longer time required of law enforcement when a person in mental health crisis was directed towards institutionalization or incarceration.

Berkeley's direction will have one distinction in that the Bend program is operated by their County which has an elaborate crisis system. Berkeley's program would be based in Berkeley and contracted out to a nonprofit provider competent to provide 24/7 crisis stabilization program services.

The issues that will have to be addressed by the City Manager's office will be funding issues, staffing (both numbers and qualifications) and location.

ALTERNATIVE ACTIONS CONSIDERED

The only alternative is to do nothing and to be complicit with the County in providing a lack of appropriate community-based mental health services for persons in mental health crisis.

CITY MANAGER: See companion report

CONTACT PERSON

Josh Jacobs, Homeless Services Coordinator, (510) 981-5435

Attachments:

1: Deschutes County Stabilization Center One-Year Operations Report

2: Deschutes County Stabilization Center Prospectus

ORDINANCE NO. -N.S.

[TITLE IN ALL CAPS: SINGLE-CLICK HERE AND BEGIN TYPING TITLE TEXT]

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

Section 1. That Berkeley Municipal Code
[Chapter or section #. Single-click here and type.] is amended to read as follows:

"[BMC chapter/section number and title. Note: Bold title text.]"
"[BMC text. Single-click, type/paste.]"

Section 2. That Berkeley Municipal Code
[Chapter or section #. Single-click here and type.] is amended to read as follows:

"[BMC chapter/section number and title. Note: Bold title text.]"
"[BMC text. Single-click, type/paste.]"

Section [Number. Single-click and type]. 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.

Exhibits **[Delete if there are NO exhibits]**

A: Title of the Exhibit

B: Title of the Exhibit



STABILIZATION CENTER

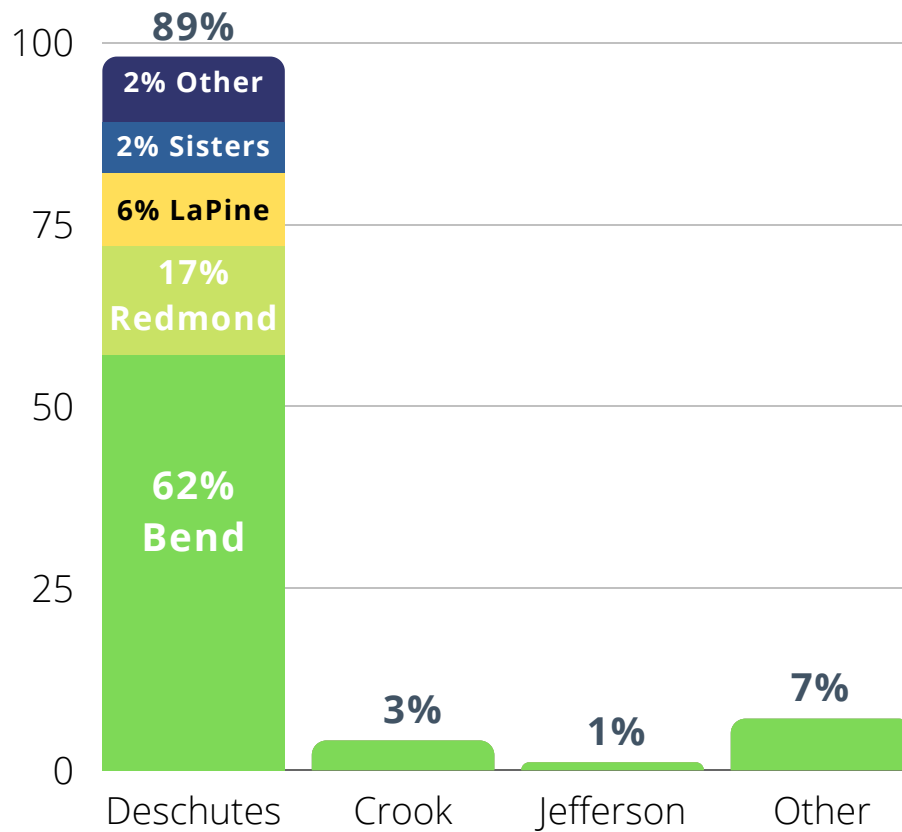
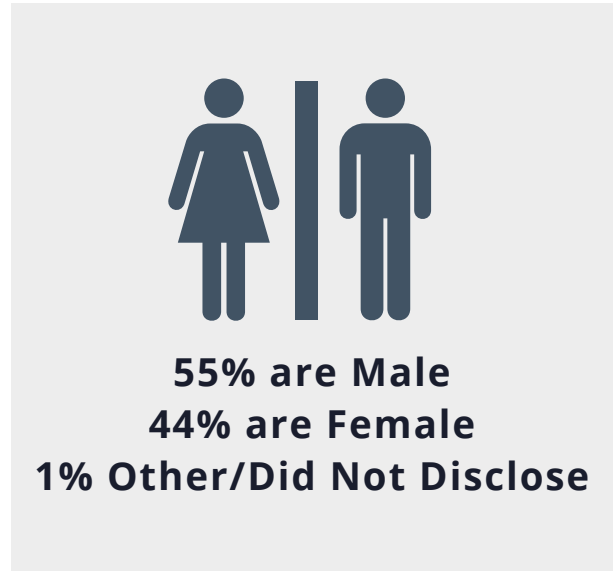
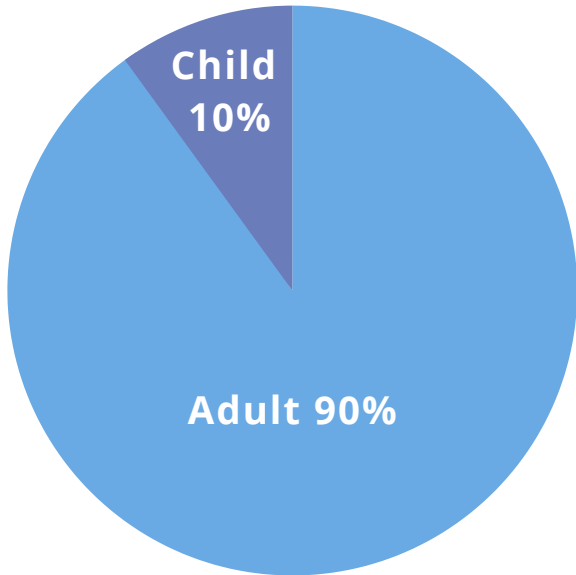
One Year Operations Report

OPENED JUNE 1 2020

24/7 OPERATIONS BEGAN 10/19/2020



DEMOGRAPHICS



31% of DCSC clients experience homelessness

STATISTICS

The Stabilization Center averages

8.5 visits per day

2,808 visits since opening

4.7

is the average number of minutes Law Enforcement spends at DCSC per drop off

1,609

The number of crisis evaluations

309

Brought in by Law Enforcement

20% of clients have utilized respite.

Reductions and Cost Savings

- 8% reduction in Emergency Department (ED) visits from Law Enforcement to St. Charles Medical Center since opening.
- DCSC averages 30 ED diversions/month. Saving approx. \$431,280-\$815,040 per year.

12% of people served self-reported they would have gone to the ED if not for the Stabilization Center.

- 33% reported they didn't know where they would go.
- 1% reported they would have taken their life.

27%

Have a psychotic disorder



24/7 STATISTICS

10/19/2020 - 6/01/2021

1113

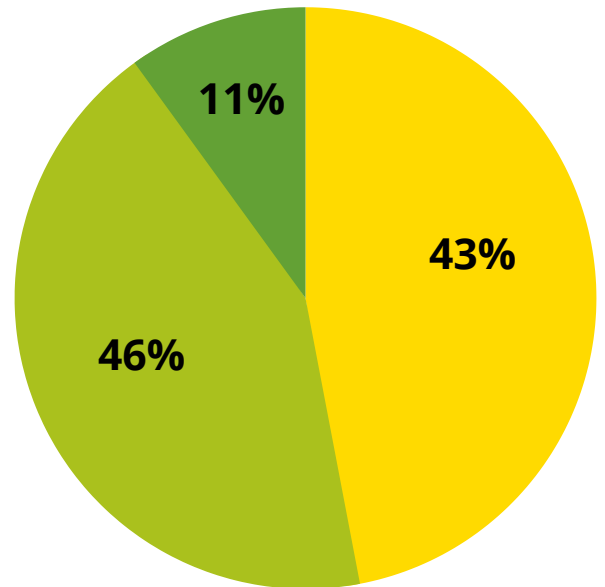
Crisis evaluations since being open 24/7.

When are clients arriving to DCSC?

7AM-2:59PM

3PM-11:59PM

12AM-6:55AM



**THE
AVERAGE
LENGTH
OF STAY
IN RESPITE
IS 10
HOURS.**



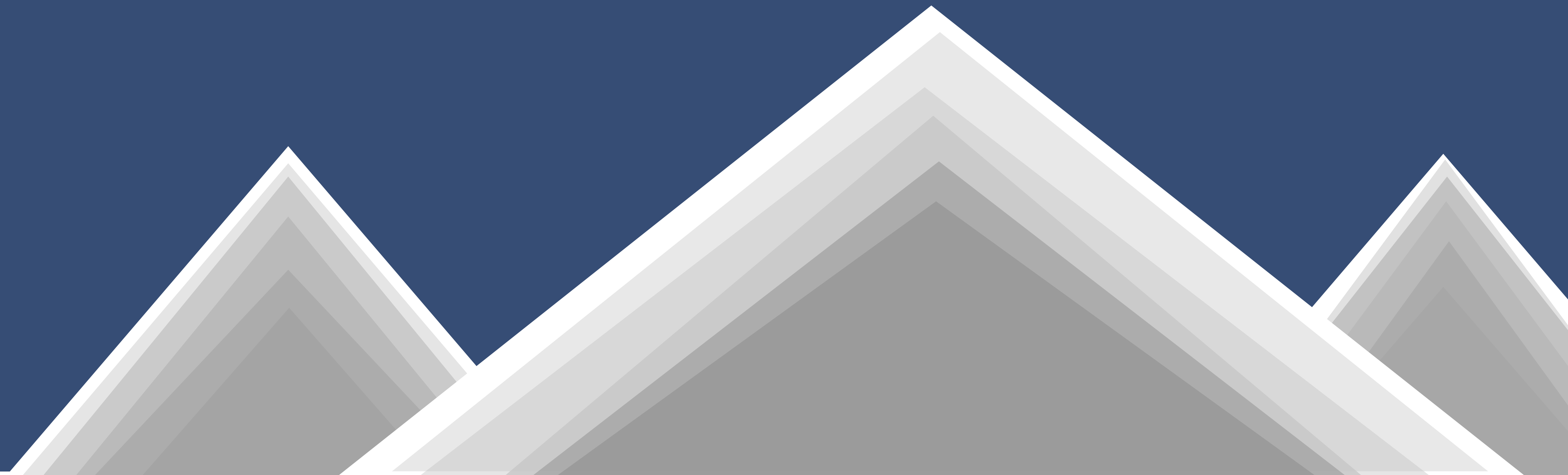


Deschutes County Health Services



STABILIZATION CENTER

Prospectus 2020





Deschutes County Stabilization Center

PROJECT PURPOSE



Data show that nearly half of all individuals arrested for low-level crimes sought mental health services either in the jail or following their release. In hospital emergency departments in Central Oregon, one in three patients receives or has previously received behavioral health services. In both instances, these individuals are often repeat visitors to the jail or the emergency department. Collaboration between the Deschutes County Health Services Department and the Sheriff's Office seeks to address the burden on the jail and emergency departments while providing needed behavioral health services to individuals with mental health conditions.

With the establishment of the Deschutes County Stabilization Center (DCSC), which includes crisis stabilization and a sobering station, individuals apprehended by law enforcement can be brought to the center instead of being arrested or taken to the emergency department. Once clients arrive at the DCSC, they can receive direct services from behavioral health professionals.

PROJECT GOALS



Provide crisis stabilization services to individuals suffering from mental illness, not fit for the jail or Emergency Department.



Offer a solution to a critical need which has been identified as a top priority within the community



Connect individuals with available community resources within Deschutes County.

PROJECT STAFFING

Core Project Team (Clinical Program)

Deschutes County Health Services

- (LEAD) Holly Harris, Crisis Program Manager
- Katie Pineda, Project Manager
- Melissa Thompson, Crisis Program Supervisor
- Jill Kaufmann, Forensic Diversion Supervisor
- Adam Goggins, Crisis Program Supervisor
- Kimberly Bohme, Administrative Support
- Dr. Wil Berry, Behavioral Health Medical Director

Deschutes County Sheriff's Office

- Captain Mike Shults, Jail Captain
- Lieutenant Mike Gill, Admin Lieutenant
- Eden Aldrich, FNP, Medical Director

Design Team (Construction)

Deschutes County Facilities

- Lee Randall, Director of Facilities
- Dan Hopper, Project Manager

Deschutes County Health Services

- Holly Harris, Crisis Program Manager
- Katie Pineda, Project Manager

PROJECT LEADERSHIP

Executive Project Leadership

- Dr. George A. Conway, Deschutes County Health Services Director
- Sheriff L. Shane Nelson, Deschutes County Sheriff's Office

PROJECT GOVERNANCE

Deschutes County Board of County Commissioners (BOCC)

Crisis Intervention Team (CIT) Steering Committee

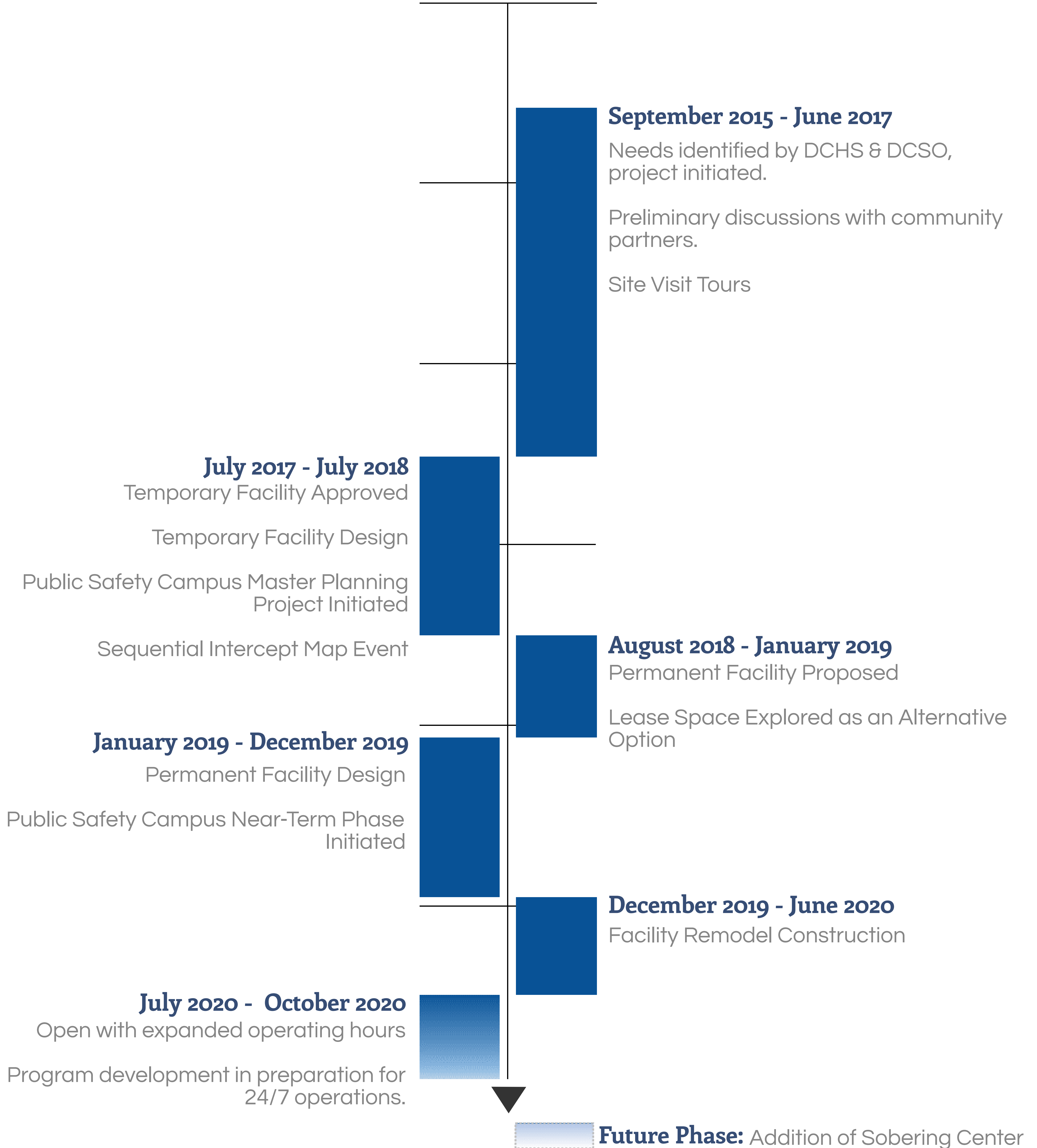
Behavioral Health Advisory Board (BHAB)



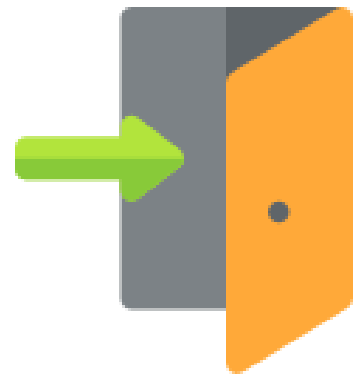
CHRONOLOGY

Summary of project activities to-date

2015



ENHANCED SERVICES



Walk-in Crisis Services

Phone or face to face intervention. Brief stabilization.



Critical Care Coordination for Hospitalized Individuals & Pre-Commitment Services

Determining if individuals placed on involuntary holds are a danger to self or others and in need of commitment.



Mobile Crisis Assessment Team (MCAT)

Crisis response in community (primarily with law enforcement).



Family Drug Court Partnership with Deschutes County District Court

Treatment for adults with substance use disorder who have committed a crime and whose children are at risk of removal.



Co-Responder Program

Clinician rides with Bend PD officers to respond to mental health related calls for service.



Law Enforcement Partnership including Crisis Intervention Training (CIT)

CIT steering committee includes a large number of key stakeholders who provide a 40 hour training for law enforcement on how to better respond to people experiencing a mental health crisis.



Forensic Diversion Program

Reducing recidivism and entry to state hospital.



23-hour Respite

Low-stimulation and peaceful milieu environment for individuals so they are able to stabilize from a mental health crisis and connect to the appropriate community services



Sobering Station (future phase)

A safe place for people to sleep off the effects of alcohol and other substances.

EMERGENCY DEPARTMENT DATA

The following data has been provided by St. Charles

Among Emergency Department arrivals with a mental health or substance use disorder chief complaint, but without a hold order between 04/07/2018 - 12/03/2019, there have been 7996 arrivals for 5448 patients. The information and visualization below apply to this specified population unless otherwise noted.

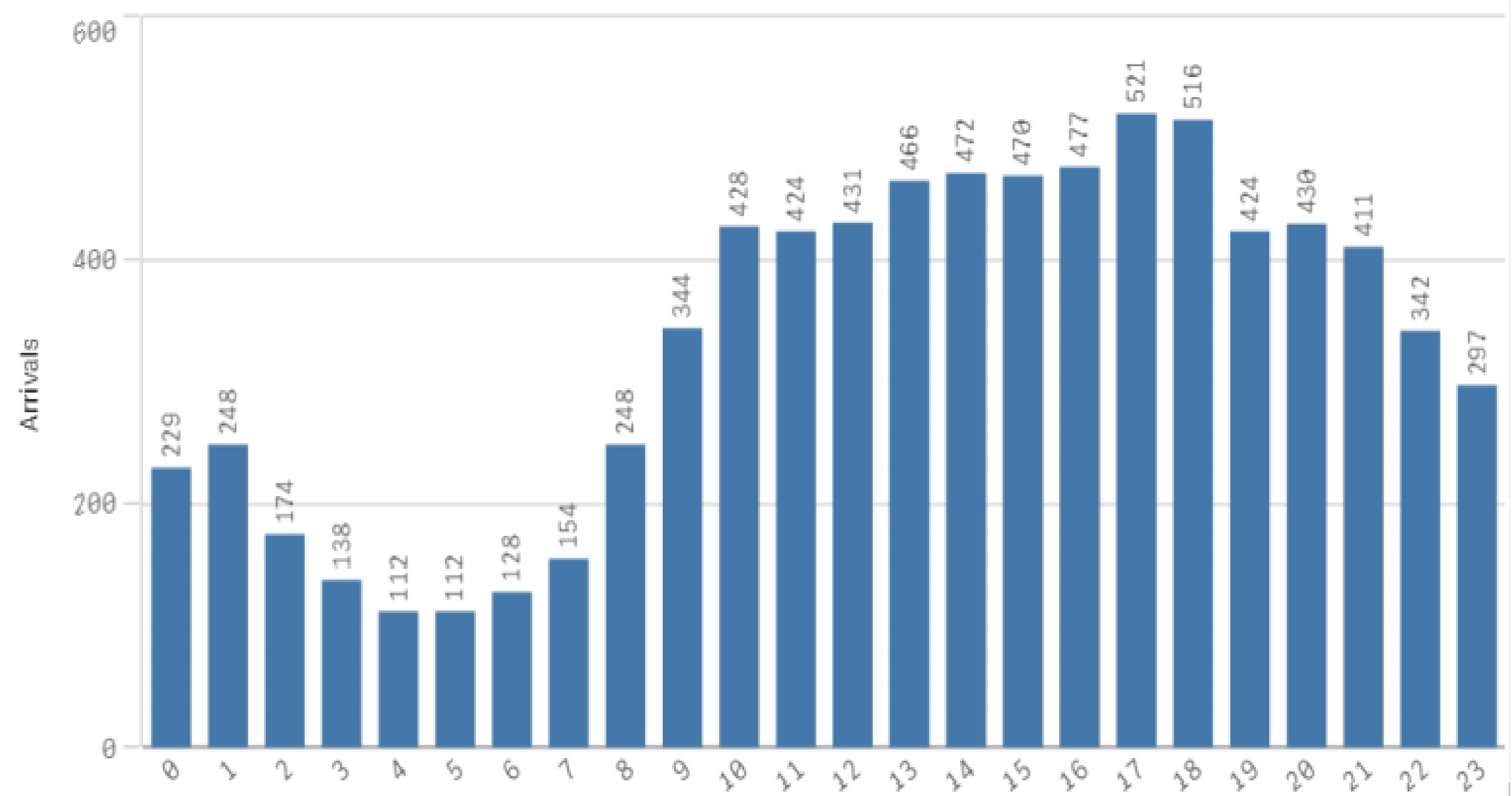
Adult Arrivals

7,148 11.8
Per Day

Child Arrivals

848 1.4
Per Day

Arrivals By Hour



72 Hour Bounceback Rate

8.0% 4.3%
All others

SERVICE PROJECTIONS

- Estimated additional 3,592 total individuals served by Crisis programs annually.
- Estimated 110 individuals per year diverted from jail.

Thus preliminary estimates suggest that DCSC will serve 5,849 individuals or approximately 16 individuals per day (24/7).

CLIENT PROFILE

Example Candidate for Stabilization

- Single mother of an adolescent girl.
- Diagnosed with Bipolar Disorder.
- Daughter has been removed from her care by DHS due to her mental health diagnosis causing her to be unable to care for her child's needs.
- Engaged in services with several DCHS teams in the past and at the present.
- Over the past year, has lived at the Bethlehem Inn.



With the help of the DCHS, she was able to stabilize on medication, consistently attend therapy, qualify for a grant which awarded her a year's rent paid for, obtain custody back of her daughter and obtain employment.

As individuals with Severe and Persistent Mental Illness do at times, she stopped taking her medication a few months ago and started to decompensate. She became floridly psychotic and was involuntarily hospitalized. She was evicted from her apartment, lost custody of her daughter again to DHS and is now homeless.

Due to the strict nature of the civil commitment laws, she did not qualify for a civil commitment and although she began taking medication again while in the hospital, she is not currently taking it as prescribed while living on the street. It is very difficult for her treatment team to find her to ensure that she has the correct medication or attends her appointments. Because of her complete disorganization due to her mental illness, she did not attend a court hearing and was arrested on a warrant for failure to appear. She is extremely vulnerable to being taken advantage of by others and she does not have a place that she can go each day to ensure that she can connect with her treatment providers, which ultimately would get her back on the path to recovery.

The Stabilization Center would provide a place that she could come to see her treatment providers, ensure that her basic needs are being cared for, assess as to whether she meets criteria for hospitalization, begin to case plan as to how to move forward and ultimately get well.

CLIENT PROFILE

Example Candidate for Stabilization

- Diagnosed with schizophrenia
- Refuses medication due to the belief that he is not mentally ill
- Homeless
- Has a good relationship with law enforcement



Individual was evicted at the completion of his allotted time living in a supported housing unit. He believes he is the owner of the housing facility from which he was evicted and therefore refused to leave the premises. He had to be physically removed and would not assist in planning for alternative housing due to the belief that he owned the facility.

There are no friends or family to help with care taking and meeting basic needs. He does not meet the required criteria to be involuntarily committed to the hospital and is unwilling to admit himself voluntarily. Upon contact with his support specialist at DCHS, he reported that he had paid for one night at a local motel and would have nowhere to go after that time.

The Stabilization Center would provide a resource within the community for this individual to have his basic needs met and engage in treatment including psychiatric services. He would have the ability to socialize with treatment team, peer support specialists, staff and others, as loneliness and isolation are a significant trigger for this individual. It would provide opportunities to engage with peers that can help to support him through re-engagement with his team and allow him to work with case management to develop a plan for housing solutions.

Presentation on crisis stabilization program model in Bend, Oregon with Q&A and Commission discussion.

Action: M/S/C Marasovic/Bookstein move to support the Homeless Commission recommendation to the City Manager to consider establishing a 24/7 crisis stabilization program based on the Bend, Oregon model tailored to Berkeley with Measure P funding that partners with medical, police, and community-based organizations.

Vote: Ayes: Marasovic, Bookstein, Kealoha-Blake, Scheider, De la Guardia, Carrasco.

Noes: None. *Abstain:* None. *Absent:* None.

Discussion and possible action of Commission-initiated recommendations including earlier recommendation of crisis stabilization center as well as discussion on funding for domestic violence transitional house/shelter.

Action: M/S/C Marasovic/Bookstein move to recommend that some Measure P monies be allocated to people experiencing domestic violence/gender-based violence in a shelter and/or transitional housing program. This residential setting should provide services for singles as well as families with targeted services and resources available for domestic/gender-based violence. The program should serve approximately ten singles or families.

Vote: Ayes: Marasovic, Bookstein, Kealoha-Blake, Jones, De la Guardia, Meany, Feller.
Noes: None. *Abstain:* None. *Absent:* None.

Berkeley Daytime Drop-In Center Locker Program Budget

Expenditure Category	Approved Budget
Program Manager	\$2,600.00
Front Desk 1	\$13,315.00
Front Desk 2	\$13,315.00
Janitor	\$5,371.00
Taxes/Benefits	\$4,172.00
Rent	\$8,070.00
Utilities	\$700.00
Telephone	\$2,457.00
TOTAL	\$50,000.00

Homeless Response Team Budget

	FY 2021 Estimate	FY 2022 Estimate	FY 2023 Estimate	FY 2024 Estimate
<i>Personnel Costs</i>	\$84,337	\$735,100	\$561,799	\$563,735
CMO: Community Services Specialist II		191,000		0
CMO: Health Services Program Specialist		11,000		0
CMO: Social Services Specialist	53,321	163,940	174,136	180,394
PRW: Landscape Gardener	31,016	65,240	65,240	65,240
PW: Helper and Driver	0	246,000	264,503	260,181
PD: Staff Support Overtime		57,920	57,920	57,920
<i>Non-Personnel Costs/ Program Expenses</i>	\$3,946	\$356,350	\$356,350	\$356,350
CMO: Neighborhood Services Outreach Fund		15,000	15,000	15,000
CMO: Neighborhood Services Mitigation Flex Fund		50,000	50,000	50,000
CMO: Staff Operating Costs		21,600	21,600	21,600
CMO: Outreach Vehicle		0	0	0
CMO: Outreach Vehicle - Replacement and Maintenance Fees		6,700	6,700	6,700
Public Works: Downtown Streets Handsweep		100,000	100,000	100,000
Public Works: Tipping Fees	3,946	75,000	75,000	75,000
Public Works: Rear Loader and Stake Bed Truck		0	0	0
Public Works: Truck - Replacement and Maintenance Fees		88,050	88,050	88,050
Total Expenses	\$88,283	\$1,091,450	\$918,149	\$920,085
Measure P Expenses		900,450	918,149	920,085

CMO General Fund, No Measure P

Pathways STAIR Center Budget

Expenditure Category	Approved Budget
Program Manager	\$100,000.00
Property Manager/Maintenance	\$55,000.00
Housing Care Coordinator 1	\$52,000.00
Housing Care Coordinator 2	\$52,000.00
Housing Care Coordinator 3	\$52,000.00
Employment Coordinator 1	\$52,000.00
Quality Improvement Administrator	\$27,040.00
Taxes/Benefits	\$97,510.00
ADA Conversion Fund	\$256,807.00
Travel	\$40,000.00
Utilities	\$60,000.00
Insurance/Legal	\$20,000.00
Rapid Rehousing	\$498,848.00
Indirect Costs	\$136,320.00
TOTAL	\$1,499,525.00

From: Michael De La Guardia <michael_delaguardia@berkeley.edu>
To: carole marasovic <daphnesflight@yahoo.com>
Sent: Monday, April 25, 2022, 12:11:22 PM PDT
Subject: HSPE Meeting Tonight

Hi Carole,

I apologize again for not being able to make it tonight - I have a family matter I have to support this evening and unfortunately cannot back out of this obligation. However, I understand why the Panel needs to meet today.

See below for a few of my thoughts heading into the meeting:

- FY23 HSPE Recommendations
 - I generally agree the recommendations laid out by city management with a few exceptions
 - I would like the panel to dedicate funding to a Crisis Stabilization Center or at least money in FY23 to begin the planning process
 - I would like the panel to dedicate funding to a Domestic Violence / Gender Based Violence Shelter consistent with the recommendation we sent to the city during our March meeting
 - I am against Measure P dollars going towards 5150 transport - I know the city does not appear to want to negotiate on this topic, but perhaps it would be helpful for us to have it on the record that we do not support Measure P dollars going towards 5150. We could say "If the city ends up supporting our recommendation for 5150 funding to not come out of Measure P, we recommend that those dollars be used to support a crisis stabilization center in Berkeley. A crisis stabilization center is a better fit for Measure P dollars and in line with the original intent of Measure P. The crisis stabilization center also has the benefit of potentially reducing the city's 5150 obligations in the future.
 - I will of course, support whatever the Panel decides on in the meeting
- Thinking heading into next year's recommendations cycle
 - Given the funding that we are providing for Josh's role, I think it is important we fully scope out how he can best serve the panel. To me this includes:
 - Working with Josh to identify a template that helps the Panel make recommendations in organized way that includes, the funding line item, the description of the line item, the amount given in the past, the amount city management is recommending, what other funding the line item is receiving from the city, if it receives outside funding, the number of people experiencing homelessness it serves on an annual basis, and if it provides housing/shelter the total capacity used and unused
 - Working with Josh to formally establish roles and responsibilities between the Panel and the city regarding sharing and collection of information related to homelessness in Berkeley; including expectations for timely data sharing from the city
 - I also would be supportive of HSPE dedicating a few meetings for long-term strategic planning for the Panel including what data / reports / templates we feel we need to make sound recommendations in the future

Thanks,
Michael

--

Michael de la Guardia
MBA / MPH Candidate | UC Berkeley
Mobile: +1 (678) 654-7456

YSA Budget Request

On Apr 25, 2022, at 7:22 AM, Sally Hindman <sally@youthspiritartworks.org> wrote:

Dear Ben, Kate, and Jesse (also James and Jac):

Attached is Youth Spirit Artwork's request to the City of Berkeley for 2022/23 Tiny House Empowerment Village Case Management support. Previously, these case management funds were supported at \$78,000, which came from Measure P, but given the increase we are seeking, \$138,723 this program support may this year need to come from Measure P combined with General Funds.

YSA has other specific funding we will seek to have re-approved by the City of Berkeley from Prop 63 (Youth Mental Health Case Management \$100,000 and African American Youth Trauma Services \$32,046) but this is the grant we really hope will get *increased*--and is very badly needed to address the very real case management needs of the 22 youth we are serving.

Pursuing next steps with fulfilling our "100 Homes for Homeless Youth Campaign," YSA has initiated efforts to acquire the site adjacent to the Village at 633B Hegenberger Rd. (being vacated by Covenant House as they move YEAH shelter to Hayward) for a second 21-unit Tiny House Village, with jobs training and wrap around services linked to our very strong and active Berkeley-based program.

YSA was pleased to receive a new \$150,000 grant this year from Holy Family Sisters making it possible to hire a new Associate Director. We hope to meet as soon as possible to discuss the positive benefits this growth and development offers the City in serving unsheltered and other underserved youth.

Thanks for all of your work to create justice in our community!!!!

Faithfully,

Sally

On Mon, Apr 25, 2022, 10:07 AM McCormick, Jacquelyn <JMcCormick@cityofberkeley.info> wrote:

Hi Sally:

How many of your current residents are directly connected to Berkeley?

Jac

From: Sally Hindman <sally@youthspiritartworks.org>

Sent: Monday, April 25, 2022 10:20 AM

To: McCormick, Jacquelyn <JMcCormick@cityofberkeley.info>

Cc: Harrison, Kate <KHarrison@cityofberkeley.info>; Arreguin, Jesse L. <JARreguin@cityofberkeley.info>; Ben Bartlett <bennybartlett@gmail.com>; Chang, James <jchang@cityofberkeley.info>

Subject: Re: YSA Tiny House Village Case Management Budget

Hi Jac:

Thanks for your question and joyful Spring.

As you know, the Tiny House Empowerment Village is a Berkeley/Oakland partnership responding to the crisis of youth homelessness in the East Bay. Half of the 22 youth at the Village are Berkeley youth and half are Oakland youth. All come through the CES system.

Yet Berkeley is currently only paying 20 percent of the annual direct costs of running the village, with Berkeley contributing \$78,000/year and Oakland contributing \$390,000/year--plus donating free space for the Village. The budget increase to \$138,000 brings Berkeley's contribution up to 35 percent of the total operating cost of running the Village.

Hope this helps.

Sincerely,

Sally

P.S. Jac, one other very specific answer to the question you've asked related to YSA's Tiny House Village Budget...as I've described, Oakland is paying for everything else supporting the Operations of the Tiny House Empowerment Village (\$390,000 plus providing 2 acres of free land in 2021-22)--except for case management.

With \$78,000 from Berkeley to cover case management for 22 very traumatized and challenged residents we literally cannot hire skilled, MSW trained social workers now who are in the licensing process, much less licensed. We are not in any way competitive. YSA is interviewing a fantastic African American recent MSW grad from U of Michigan School of Social Work and we need to be able to offer her supported LCSW supervision hours, as well as a decent Bay Area salary.

We will leverage \$600,000 in wrap-around services supporting these youth from over 1,000 YSA donors and more than twenty foundations, we just need Berkeley to come through with a solid contribution supporting Tiny House Empowerment Village case management.

We are determined that the staff working with YSA youth are representative of those we serve. We need the City's partnership in this work to build equity!

Faithfully,

Sally

San Francisco Rations Housing by Scoring Homeless People's Trauma. By Design, Most Fail to Qualify.

A process called coordinated entry, used by cities across the country, is meant to match homeless people with housing. In San Francisco's version, the system could be making it harder for some populations to get indoors.



Daniel Liévano for ProPublica

by Nuala Bishari, **San Francisco Public Press**

April 14, 9 a.m. EDT

Co-published with **San Francisco Public Press**

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Tabitha Davis had just lost twins in childbirth and was facing homelessness. The 23-year-old had slept on friends' floors for the first seven months of her pregnancy, before being accepted to a temporary housing program for pregnant women. But with the loss of the twins, the housing program she'd applied to live in after giving birth — intended for families — was no longer an option.

After several weeks in a hotel, which a prenatal program for homeless people had paid for while she recovered, Davis went to a brick building in San Francisco's South of Market neighborhood to apply for a permanent, subsidized housing unit. There, a case worker she'd never met asked her more than a dozen questions to determine if she was eligible.

Some of the things he asked: *Have you ever been sexually assaulted while experiencing homelessness? Have you ever had to use violence to keep yourself safe while experiencing homelessness? Have you ever exchanged sex for a place to stay?* “Those are the questions that really bothered me,” she said. “Whatever my experience is of being sexually assaulted, or what I had to do in order to stay safe on the streets, shouldn't pertain to whether or not I deserve housing.”

That day, Davis was informed that the score she'd been given based on her answers to the questionnaire wasn't high enough to qualify for permanent supportive housing. It was a devastating blow after an already traumatizing few months. “I thought, ‘You put me on the streets right now, mentally, I will kill myself,’” she said.

What Davis encountered with those questions is called coordinated entry, a system designed to match people experiencing homelessness with housing. In San Francisco's system, applicants are asked 16 core questions, and their answers are given a point value which is then tallied. The total number is intended to reflect applicants' vulnerability; currently, a score of 118 points means they qualify for one of the city's permanent supportive housing units, which is subsidized by the government and comes with wraparound supportive services. Applicants with lower scores may qualify for rent assistance or a bus ticket out of town, but if they want housing in San Francisco, they have to wait six months before taking the test again.

Though the city's Department of Homelessness and Supportive Housing has an annual budget of \$598 million and the majority of that is spent on housing, there simply aren't enough permanent supportive housing units available to accommodate the thousands of homeless people in San Francisco. (A [2019 survey](#) estimated the number of homeless people at more than 8,000.) The threshold for approval is directly tied to housing availability, and right now, roughly one-third of people who take the assessment score high enough to qualify.

“It's really prioritizing scarce resources,” said Cynthia Nagendra, the department's deputy director of planning and strategy. “There has to be some prioritization, unfortunately, until we have some housing resource for every single person.”

Coordinated entry was meant to be a more objective tool than the previous system, which offered resources on a first-come, first-served basis. In contrast, coordinated entry aims to determine who is most vulnerable and who should therefore get access to the limited supply of available housing.

Through records requests, the San Francisco Public Press and ProPublica obtained the questions and scoring algorithm used in San Francisco's coordinated entry questionnaire, which has never before been made public. The news organizations solicited feedback on that tool from front-line workers, academics and people experiencing homelessness. Some raised objections to how the questions were phrased. Others pointed out inequities in the scoring. And many more criticized the way it was administered, suggesting that the process itself — in which applicants are asked very personal questions by a stranger — might make it unlikely that already-distressed people would answer accurately.

In our interviews, it became clear that the survey fails to identify many of the vulnerabilities it was intended to catch. And what was supposed to be an objective tool winds up, as a result of how it's written and administered, making it harder for certain populations — immigrants, young people and transgender people, among others — to get indoors, experts and advocates told us.

For Davis, that meant some of the hardships she was experiencing were overlooked. For instance, there was no question in the survey that would give her points for the losses she had just suffered. Failing to qualify for housing resulted in weeks of stress and instability while she recovered from the trauma of losing her children. Eventually, with the assistance of case workers at several organizations, she found a place in a transitional housing program for youth. But being told, during the lowest moment of her life, that she did not qualify for permanent housing left its mark. "It made me feel invalid in my own experience," she said.

In response to these critiques, homelessness department spokesperson Denny Machuca-Grebe said in an email, "I want to make it clear that anyone who comes to our department for help should NOT 'be left out.'" For those deemed ineligible for housing, he said the city offers other services; these may include shelter placements, relocation help and rental assistance. In general, the department had not responded to requests for comments about individual cases in the past, and it didn't comment on Davis' experience.

Excluded Populations

Coordinated entry was first implemented in 2018, after the Department of Housing and Urban Development began requiring regions that apply for federal homelessness funds to create a tool "to ensure that people who need assistance the most can receive it in a timely manner." Much of the rest of the country adopted a tool called the Vulnerability Index, Service Prioritization Decision Assistance Tool. San Francisco developed its own set of questions, intended to determine which unhoused people are in greatest need of a home.

In the four years since the requirement was implemented, some cities and counties have reviewed their coordinated entry systems and uncovered trends such as significant racial or gender biases. A [2019 analysis](#) of data from Oregon, Virginia, and Washington found that even though people of color were overrepresented in the homeless population, they tended to score significantly lower than their white counterparts, making it harder for them to access permanent supportive housing. The study recommended that HUD consider revising its coordinated entry guidelines to ensure that communities “equitably allocate resources and services.” This year, San Francisco started its own analysis of its coordinated entry process, and it expects to present the findings before the end of the year.

Nearly every expert we interviewed suggested that the experiences of people of color may not be fully reflected in their answers to the coordinated entry questions. San Francisco’s own data shows Black, white, Asian and Indigenous people being approved for housing at roughly equal rates. But Nagendra, from the Department of Homelessness and Supportive Housing, is looking into concerns that conditions that often make people of color more vulnerable are not being fully captured and that the numbers may not tell the whole story. “When you look at quantitative data, ours will show we are actually prioritizing people who are Black at an equitable rate. But when we talk to people, they might tell a different story,” she said.

Courtney Cronley, an associate professor of social work at the University of Tennessee who has written about racial bias in coordinated entry systems, pointed to one of San Francisco’s questions as an example of possible bias in action: “How many times have you used crisis services in the past year (for example, mental health crisis services, hospital, detox, suicide prevention hotline)?”

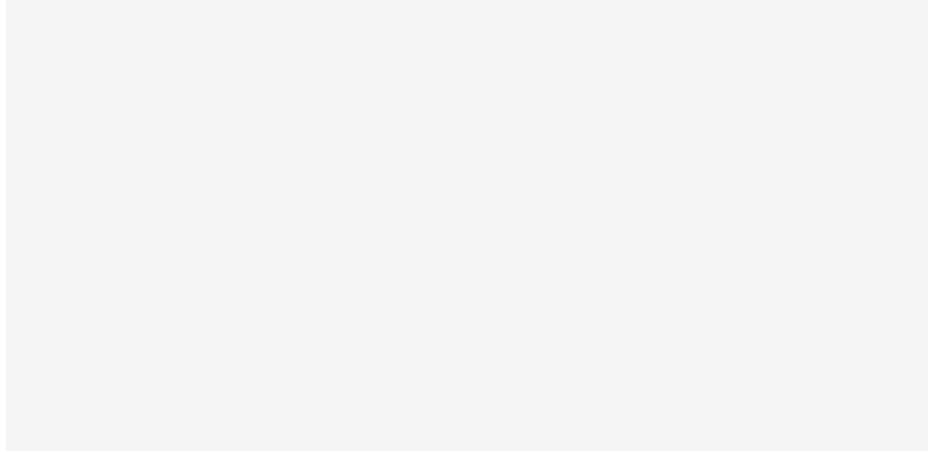
“Black people are less likely to use formal health care systems,” Cronley said. “They’ll reach out to family and friends and social support systems rather than going to the doctor. The doctor is not someone that they necessarily trust. These questions are biased towards persons who are white in our communities and biased against African Americans.”

The Department of Homelessness and Supportive Housing has also said that very few transgender and gender-nonconforming people have been taking coordinated entry assessments. In a December 2021 meeting, Megan Owens, the department’s coordinated entry manager, presented demographic data on who was being assessed. She said that the number of people reporting those gender identities during assessments is “lower than in the best estimates of the homeless population.” In March, [city data](#) showed that transgender and gender-nonconforming people constituted only 2% of those taking assessments to try to get housing.

Critics of San Francisco’s coordinated entry system also say that one of the most basic questions, “How long have you been homeless this time?” leads to the exclusion of immigrants and younger people.

That question might sound simple, but it’s difficult for many people to say how long they’ve been homeless — and answering accurately can be

critical to getting housing. That's because San Francisco's algorithm grants people more points the longer they have been unhoused: A person who has been homeless for more than 15 years receives 12 more points than someone who's been homeless for one to two years. Anyone who says they've been homeless for less than a year gets zero points on this question. (On average, adults who qualify for housing in San Francisco report being homeless for six years.)



Daniel Liévano for ProPublica

Gayle Roberts, the chief development officer at Larkin Street Youth Services, a nonprofit serving young homeless people in San Francisco, said it is “common knowledge among social service providers that it [the coordinated entry system] is weighted heavily toward serving the needs of those who have experienced homelessness the longest.”

Laura Valdéz, executive director of Dolores Street Community Services, is one of several nonprofit leaders who questioned the efficacy of the system. “For many newly arrived immigrants, the way they literally interpret that question is since they've been here in San Francisco,” she explained. “So their scores are really low in comparison to other folks. But a large percentage of our immigrant community were unhoused in their home country.”

Valdéz also said the coordinated entry system can lead people living outdoors to accrue significant trauma before they qualify for permanent supportive housing. The program, she said, “requires people to stay in that system that is creating greater and greater harm to them for them to be able to score higher.”

The duration-of-homelessness question can also be tricky for homeless youth, defined as those between 18 and 24. In a 2019 count, they accounted for 14% of the city's homeless population. Many young people are intermittently homeless, making it difficult to calculate the full length of that experience, said Dr. Colette Auerswald, a professor of community health sciences at the University of California, Berkeley.

“Maybe they stayed on their friend's couch for five days and they were on a bus last night,” she said. “So they may be like, ‘Well, one day,’ but actually they've been in an unstable situation for a really long time.”

San Francisco's homelessness department acknowledges this bias against young people seeking housing. In an attempt to address the age gap, the

department included two questions that are only scored for people ages 18 to 24: “In the place you are staying, are you experiencing physical or sexual violence?” and, “In the last 12 months have you traded sex for a place to stay?” If they answer yes to either one, it provides a significant bump in their overall score: 12 points for each question. But if anyone older than 24 who has been sexually assaulted or has traded sex for a place to stay gets no points at all. (While the answers to these questions are only scored for 18-to-24-year-olds, they are asked of every person who takes the assessment. When asked why these questions were asked of people who could not receive points for answering, the department said it was for “data gathering.”)

Machuca-Grebe, the department spokesperson, explained that the question was added because “we have found that without the score placed on the questions for youth, they would be seriously under prioritized — leading to a disproportionate exclusion of youth.”

Davis was in the 18-to-24 age range when she first took her coordinated entry assessment, so those questions were scored. But she does not believe they should be asked at all.

“There’s not a single person that I can think of that is female-presenting that hasn’t been sexually assaulted while experiencing any part of their life, not just homelessness,” she said. “So you’re telling me that because someone hasn’t been raped, that she doesn’t get housing, and then she stays on the streets and then does get raped? And now she can? No, that doesn’t make sense.”

Questions From a Stranger

It is not just the wording and scoring of the questions that give experts pause. They also said that the way the assessment is given can fail to accurately assess a person’s vulnerability.

In San Francisco, all questions must be read by a trained staff member from one of the nonprofits that contract with the city to conduct the assessment. The questions are pulled up on an iPad or a computer. A drop-down menu offers a prewritten set of answers to select from, and the score is automatically added up by the software.

Coordinated entry assessments are frequently conducted in semi-public places, like a bustling office or a street corner under a highway. Applicants rarely have a preexisting relationship with the person asking the questions, and, due to understaffing at many nonprofits conducting assessments and the high number of people in need, there may not be time to build one.

“You really need to have interviewers establish rapport and relationship with the client prior to conducting or doing any assessment, because if they don’t trust interviewers, they’re just not going to talk to them,” said Cronley, the University of Tennessee professor.

The stakes are high: When an interviewer chooses the “Client refused” option from the pull-down menu of potential answers, the applicant

receives zero points for that question.

Valdéz also sees lack of trust as a problem in the communities she serves. “Many of us would not feel comfortable speaking about our personal traumas, in 45 minutes, to a complete stranger,” she said. “My family experienced homelessness, and I can tell you right now, if I’m sitting in front of someone that I’ve just met, it is very unlikely that I would share that in an assessment.”

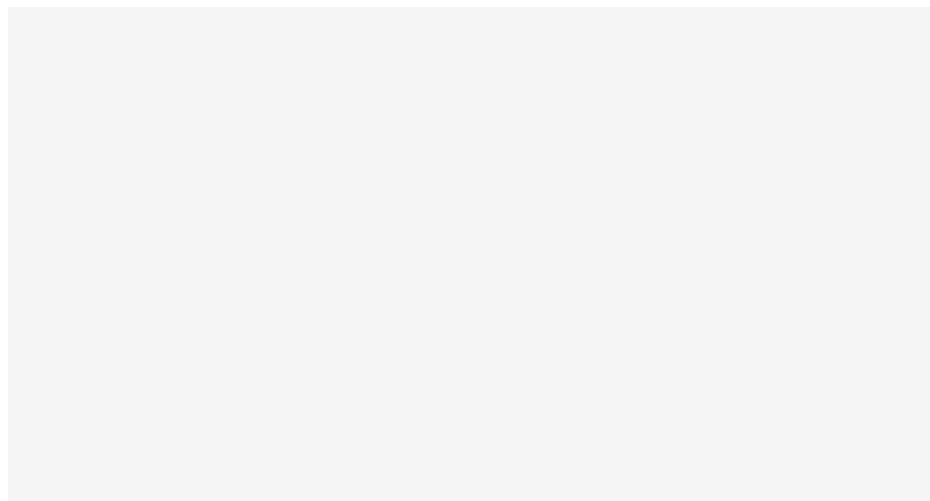
This was a concern voiced by Auerswald, the Berkeley professor, about the youth questions on violence and trading sex for a place to stay. She said the phrasing would not secure accurate results.

“My worries here is that a lot of young people are gonna say no,” she said. “And obviously, here, they really need to say yes. It’s one of their only hopes at prioritizing for housing, even though it’s a super traumatizing question.”

People’s personal interpretation of each question can affect their answers, Auerswald said. “A lot of young people who are trafficked would say no to this question,” she said. “They’d say, ‘Well I wasn’t raped, it wasn’t violent. I have someone taking care of me and I am paid or given something in exchange.’ Definitions of violence are different now. Violence is a lot of things. You can have sex under threat of violence, even if you don’t have a mark on you.”

Cronley said racial bias in child welfare and policing plays a similar role in determining how forthcoming people are willing to be when answering these questions.

“Black women are going to be more likely to fear that their children will be taken away from them if they report illicit behaviors, or if they report any sort of mental health challenges,” she said. “If you’ve got kids and you’re homeless and you’ve traded sex for money, you’re not going to tell them that you did that. No way.”



Daniel Liévano for ProPublica

Davis had enough experience with systems for homeless people that she knew not answering the questions was not an option. “I had no choice but to answer them or I couldn’t get into housing,” she said.

For some, though, the experience is so uncomfortable that they drop out of the process entirely. A native of El Salvador, Luis Reyes has lived in San Francisco for 30 years and been homeless for 10 of those. Reyes said he has taken the coordinated entry questionnaire twice — once in 2019 and again in 2020, right before the pandemic hit. Like Davis, he went to the brick building at 123 10th St., the city's largest drop-in center for these assessments.

“There was a guy who did the assessment in Spanish,” Reyes said, through an interpreter, of his 2020 interview. “Are you incapacitated? Are you a senior citizen? Do you have AIDS?” Reyes remembers him asking. “He even asked me if I was gay,” he recalls — a question that is not included in the coordinated entry assessment. Reyes answered no to all of the above and says he was then told he didn't qualify for housing.

The experience discouraged Reyes, who was living in a shelter at the time of his second assessment. He decided not to take the questionnaire again. He has spent some months sleeping in his car, and more recently he stayed with his girlfriend at a senior living facility. But she's not allowed to have guests, and soon he will have to return to the streets.

System Under Review

Across the country, cities and counties are starting to critically examine their coordinated entry systems. Last year, eight communities, including Chicago and Austin, Texas, studied the data on their coordinated entry results and discovered significant racial disparities. Both cities revised their systems using community feedback, redesigned their processes and wound up approving more people of color for services.

In San Francisco, 17,000 coordinated entry assessments were conducted between the launch of the system in 2018 and the middle of 2021. This year, the city announced it would be undertaking its own review to determine if the government is serving people equitably and if the housing options offered are a good fit for those in need. Nagendra, at the Department of Homelessness and Supportive Housing, is overseeing the city's review.

“If things have gotten away from our overall intention and design, we can look at those things and figure out where we need to redesign, refresh, whatever it might be,” she said in an interview.

The city's approach to its review is driven by data and leans heavily on interviews, which are being conducted in focus groups and through outreach at encampments. The agency plans to make the research findings public in late May.

Critics would like to see a more radical overhaul of the coordinated entry system and the way it is pegged only to the supply of housing.

Joe Wilson, executive director of Hospitality House, a community center for homeless people in the Tenderloin neighborhood, where the majority of the city's unhoused population resides, explains the problem with that approach.

“This algorithmic-based decision-making process is designed to keep the problem small enough so we don’t have to truly address it,” he said in an interview. “They’re not filling housing based on need, they’re assigning it based on capacity. It is not logical, it’s not consistent, and it’s not effective.”

For example, families used to be required to hit 40 points to qualify for housing. In February, the Department of Homelessness and Supportive Housing doubled that number to 80 points due to a shortage of family-specific housing. Owens, the coordinated entry manager at the department, estimated that the change would reduce the number of families who qualified for housing to between 50% and 60% of those taking the assessment, down from 75%.

Critics of the coordinated entry program have been proposing solutions as the city begins its review. In a February [report](#), the Coalition on Homelessness, San Francisco’s largest nonprofit advocating for homeless people, recommended that the city “develop an assessment tool that categorizes people according to what type of housing would be the most suitable for their situation, instead of assigning them an eligibility score. This will tell us what type of housing and assistance is needed, versus how much housing we have.”

The organization also proposes letting case workers and housing providers work together to identify the best place to house an applicant. This approach, the Coalition argues, would create “a real-time housing placement system” that would more quickly bring vulnerable people indoors. This could help address the city’s chronic difficulty in filling the vacant units it has available: As the [San Francisco Public Press and ProPublica reported in February](#), 1,633 people who had been approved for housing were still waiting to move in — some for months — even as more than 800 apartments sat vacant. At least 400 people had been on the waitlist for more than a year.

For those working on the front lines of the homelessness crisis, change to the coordinated entry system can’t come fast enough. Last July, in a meeting with the Department of Homelessness and Supportive Housing, Wilson told a story about a client his organization had helped.

“We have an 86-year-old woman who has been homeless for 14 years who has not been prioritized for housing,” he said, noting that she took a coordinated entry assessment but did not hit the 118-point threshold for housing.

A key insight from that experience, he said: Algorithmic decision-making “moves us away from the absolute necessity of human judgment and human interaction in human services.”