



# Human Welfare and Community Action Commission

## AGENDA

Wednesday, May 15, 2019

7:00 PM

South Berkeley Senior Center, 2939 Ellis St.

Berkeley, CA 94703

### Preliminary Matters

1. Roll Call
2. Public Comment

### Update/Action Items

*The Commission may take action related to any subject listed on the agenda, except where noted.*

### **Berkeley Community Action Agency Board Business**

1. Approve Minutes from the 4/17/2019 Regular Meeting (Attachment A)
2. Election of Vice Chair
3. Review City Of Berkeley Funded Agency Program And Financial Reports — Staff (Attachment B)
  - a. Bonita House – Creative Wellness Center (CWC)

### **Other Discussion Items**

4. Presentation and discussion by Kelly Glossup from the Alameda County Sheriff's Office on the topic of Positive Behavior Support
5. Discuss Budget Review Subcommittee Set-Up – Commissioner Sood
6. Discuss possible recommendations to City Council relating to the City of Berkeley 1000 Person Plan to Address Homelessness (Attachment C) – Commissioner Sood
7. Discuss a City of Berkeley “Baby Bond” – Commissioner Sood
8. Update on West Berkeley Air Quality – Commissioner Bookstein
9. Update on the Closure of Alta Bates Hospital – Commissioner Omodele (Attachment D)
10. Review Latest City Council Meeting Agenda
11. Announcements
12. Future Agenda Items

### Adjournment

## **Attachments**

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

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

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### **Secretary:**

Mary-Claire Katz  
Health, Housing & Community Services Department  
510-981-5414  
[mkatz@CityofBerkeley.info](mailto:mkatz@CityofBerkeley.info)

### **Mailing Address:**

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



## Human Welfare and Community Action Commission

### DRAFT MINUTES

Wednesday, April 17, 2019

7:00 PM

South Berkeley Senior Center, 2939 Ellis St.

Berkeley, CA 94703

### Preliminary Matters

1. Roll Call: 7:05PM  
 Present: Dunner, Smith, Sood, Kohn, Omodele, Bookstein (7:08PM), Deyhim  
 Absent: Holman  
 Quorum: 6 (Attended: 7)  
 Staff Present: Mary-Claire Katz, Rhianna Babka  
 Public Present: Brianne Imada, Michael Harank
2. Public Comment

### Update/Action Items

*The Commission may take action related to any subject listed on the agenda, except where noted.*

### **Berkeley Community Action Agency Board Business**

1. Approve Minutes from the 3/20/2019 Regular Meeting (Attachment A)  
**Action:** M/S/C (Sood/Dunner) to approve the 3/20/2019 minutes with edits.  
**Vote:** Ayes – Dunner, Smith, Sood, Kohn, Omodele, Bookstein, Deyhim, Romo;  
 Noes – None; Abstain – None; Absent – Holman.  
  
**Action:** M/S/C (Kohn/Romo) to discuss agenda item number 5 before agenda item number 2.  
**Vote:** Ayes – Dunner, Smith, Sood, Kohn, Omodele, Bookstein, Deyhim, Romo;  
 Noes – None; Abstain – None; Absent – Holman.
2. Review City of Berkeley FY 2018 Single Audit Report (Attachment B) – Staff  
 Staff presented the results of the FY 2018 Single Audit to the commission.  
 Commissioner Sood requests information about the amount of CSBG funding spent on staff time.
3. CSBG 2019 Discretionary Funding Update (Attachment C) — Staff  
**Action:** M/S/C (Kohn/Smith) to recommend that the CSBG 2019 Discretionary Funding be used to support Shelter Plus Care rental subsidies.  
**Vote:** Ayes – Dunner, Smith, Sood, Kohn, Romo; Noes – Bookstein, Deyhim;  
 Abstain – Omodele; Absent – Holman.
4. Review City Of Berkeley Funded Agency Program And Financial Reports — Staff (Attachment D)
  - a. BORP Outreach Update
  - b. Family Violence Law Center - Domestic Violence & Homeless Prevention
 Commissioners reviewed and discussed the Program and Financial Reports for Family Violence Law Center.

## Other Discussion Items

5. Presentation and discussion by Michael Harank on the topic of Positive Behavior Support  
Michael Harank presented his experience using Positive Behavior Support with LifeLong Medical Care. The commissioners discuss a possible subcommittee to discuss Positive Behavior Support in the coming months.
6. Discuss a report from the Peace and Justice Commission regarding the Case of Mr. Leonard Powell – Commissioner Kohn (Attachment E)  
**Action:** M/S/C (Sood/Smith) to have commissioner Kohn draft a communication to Council to support the sentiment of the Peace and Justice Commission report regarding the case of Mr. Leonard Powell.  
**Vote:** Ayes – Dunner, Smith, Sood, Kohn, Omodele, Bookstein, Deyhim, Romo; Noes – None; Abstain – None; Absent – Holman.  
  
**Action:** M/S/C (Kohn/Smith) to extend the meeting to 9:15PM.  
**Vote:** Ayes – Dunner, Smith, Sood, Kohn, Omodele, Bookstein, Deyhim, Romo; Noes – None; Abstain – None; Absent – Holman.
7. Discuss the inclusion of other Commissions in the discussion of vacant housing units – Commissioner Kohn  
**Action:** M/S/C (Sood/Dunner) to send the Council item written by commissioner Sood on the topic of vacant housing units to the Housing Advisory Commission for their input.  
**Vote:** Ayes – Dunner, Smith, Sood, Kohn, Omodele, Bookstein, Deyhim, Romo; Noes – None; Abstain – None; Absent – Holman.  
  
**Action:** M/S/C (Kohn/Dunner) to extend the meeting to 9:20PM.  
**Vote:** Ayes – Dunner, Smith, Sood, Kohn, Omodele, Deyhim, Romo; Noes – None; Abstain – Bookstein; Absent – Holman.
8. Discuss Budget Review Subcommittee Set-Up – Commissioner Sood  
Continued to the 5/15/2019 meeting.
9. Discuss 2018 City of Berkeley Health Status Report data from a socioeconomic perspective (Attachment F) – Commissioner Sood  
The commissioners discuss the City of Berkeley Health Status Report. Commissioner Sood would like to see a socioeconomic focus in subsequent Berkeley Health Status Reports.
10. Discuss possible recommendations to City Council relating to the City of Berkeley 1000 Person Plan to Address Homelessness (Attachment G) – Commissioner Sood  
Continued to the 5/15/2019 meeting.

11. Discuss a City of Berkeley “Baby Bond” – Commissioner Sood  
Continued to the 5/15/2019 meeting.
12. Update on West Berkeley Air Quality – Commissioner Bookstein  
Continued to the 5/15/2019 meeting.
13. Update on the Closure of Alta Bates Hospital – Commissioner Omodele  
(Attachment H)  
Continued to the 5/15/2019 meeting.
14. Review Latest City Council Meeting Agenda  
Continued to the 5/15/2019 meeting.
15. Announcements  
None.
16. Future Agenda Items  
None.

## Adjournment

## Attachments

- A. Draft Minutes of the 3/20/2019 Meeting
- B. City of Berkeley FY 2018 Single Audit Report
- C. CSBG Discretionary Funding Update
- D. Family Violence Law Center – Domestic Violence & Homeless Prevention Program Report and Statement of Expense
- E. Peace and Justice Commission Report: “Recommendation to Bring Justice to Mr. Leonard Powell and to Change Certain Policies that Provide Housing Stability for Homeowners and Tenants”
- F. 2018 City of Berkeley Health Status Report
- G. City of Berkeley 1000 Person Plan to Address Homelessness Council Report
- H. Draft Council Report on the Closure of Alta Bates Hospital

Review City Council Meeting Agenda at City Clerk Dept. or  
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*Draft Minutes – HWCAC*  
*April 17, 2019*  
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Mary-Claire Katz  
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[mkatz@CityofBerkeley.info](mailto:mkatz@CityofBerkeley.info)

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Mary-Claire Katz, Secretary  
2180 Milvia Street, 2<sup>nd</sup> Floor  
Berkeley, CA 94704

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**CITY OF BERKELEY  
COMMUNITY AGENCY STATEMENT OF EXPENSE  
07/01/2018 TO 09/30/2018**

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

Agency Name: **Bonita House** Contract #: **010573**  
 Program Name: **Creative Wellness Center (CWC)** PO #: **115118**  
 Funding Source : **General Fund**

Expenditure Category	Staff Name	Approved Budget	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Total Expenditure	Budget Balance
Case Manager II	Paula Shryne	\$10,821.00	\$2,705.00				\$2,705.00	\$8,116.00
Taxes/Benefits		\$2,705.00	\$677.00				\$677.00	\$2,028.00
Indirect Costs		\$1,352.00	\$338.00				\$338.00	\$1,014.00
<b>TOTAL</b>		<b>\$14,878.00</b>	<b>\$3,720.00</b>				<b>\$3,720.00</b>	<b>\$11,158.00</b>

Advances Received **\$3,720.00**  
 Underspent/(Overspent) **\$0.00**

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

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

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

Prepared By: **Lori Magistrado** Email: [lori@bonitahouse.org](mailto:lori@bonitahouse.org) Date: **10/31/2018**  
 Authorized By: **Lori M. Magistrado** Email: [Lori@bonitahouse.org](mailto:Lori@bonitahouse.org)  
 Name of Authorized Signatory with Signature on File

<b>Approved By:</b> <b>Wing Wong</b> 11/30/2018 Project Manager Date	<b>Examined By:</b> _____ CSA Fiscal Unit Date	<b>Approved By:</b> _____ CSA Fiscal Unit Date
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Initially submitted: Oct 31, 2018 - 10:38:30



City of Berkeley Housing & Community Services Department  
2180 Milvia Street  
Berkeley, CA 94704  
Contact: Rhianna Babka, [RBabka@cityofberkeley.info](mailto:RBabka@cityofberkeley.info) 510.981.5410

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**Program: Creative Wellness Center (CWC)**  
Agency: Bonita House

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

Contract No: 010573

 This Report Due: **Jul 31, 2018**

Agency: Bonita House  
 Program: Creative Wellness Center (CWC)  
 Phone: 510-923-2269  
 Period of: **2nd Half 2018**  
 Prepared By: Merrie Sennett  
 E-mail: merrie@bonitahouse.org

**1. CLIENT SUMMARY - 2nd Half**

	2nd Half	YTD
A. Total New Clients Served by the Program (Berkeley and Non-Berkeley)	16	94
B. Total New Berkeley Clients Served for Whom You Were Able to Gather Statistics on Age, Race/Ethnicity, and Income:	10	60
C. Total New Berkeley Clients Served for Whom You Were <b>NOT</b> Able to Gather Statistics on Age, Race/Ethnicity, and Income:	2	3
D. Total New Berkeley Clients Served:	12	63

**2. DEMOGRAPHIC DATA**

RACE - Unduplicated Count	Previous Periods		Report Period		Year-To-Date	
	Non-Hispanic	Hispanic Ethnicity	Non-Hispanic	Hispanic Ethnicity?	Non-Hispanic	Hispanic Ethnicity
Single Race Categories						
American Indian/Alaskan Native ?	1	0			1	0
Asian ?	1	0			1	0
Black/African American ?	9	0	3		12	0
Native Hawaiian/Pacific Islander ?	1	0			1	0
White ?	36	1	7		43	1
Combined Race Categories						
American Indian/Alaskan Native & White	0	0			0	0
Asian & White	0	0			0	0
Black/African American & White	0	0			0	0
American Indian/Alaskan Native & Black/African American	0	0			0	0
Other Combined Race Categories	1	0			1	0
<b>TOTALS</b>	<b>49</b>	<b>1</b>	<b>10</b>	<b>0</b>	<b>59</b>	<b>1</b>
<b>TOTAL SERVED</b>	50		10		60	

**3. INCOME LEVEL**

Income Level - Unduplicated Count	Previous Periods	This Period	YTD
Poverty	48	10	58
Poverty to 30% of AMI (Ex. Low)	0		0
31-50% of AMI (Low)	1		1
51-80% of AMI (Moderate)	1		1
Above 80% of AMI	0		0
<b>TOTALS</b>	<b>50</b>	<b>10</b>	<b>60</b>

[View AMI Table](#)
**4. AGE**

Age - Unduplicated Count	Previous Periods	This Period	YTD
0-5	0		0
6-11	0		0
12-17	0		0
18-24	1	1	2
25-44	26	6	32
45-54	16	2	18
55-61	6	1	7
62 and Over	1		1
Unknown	0		0
<b>TOTALS</b>	<b>50</b>	<b>10</b>	<b>60</b>

**5. OTHER CHARACTERISTICS**

Other Characteristics - Unduplicated Count	Previous Periods	This Period	YTD
Female	26	3	29
Male	24	7	31



Disabled	51	12	63
Homeless	0		0
Chronically Homeless	1		1
Female Head of Household	0		0

**6. SERVICE MEASURES**

Service Measures	Annual Goal		1st Half		2nd Half		Served YTD		% Served	
	UOS	New Clients	UOS	New Clients	UOS	New Clients	UOS	New Clients	UOS	New Clients
***** Disability Services *****										
1 Client Sessions	295	32	148	23	148	10	296	33	100%	103%

**Service Measure Definitions:** [Hide](#)

Client Sessions	One-to-one meeting with clinical staff (case manager, clinical coordinator, and/or program director). These staff members have contact with each participant every day they attend and provide longer sessions with each individual on an average of every 2-3 weeks, depending on client's need. In acute or crisis situations contact is more frequent.
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**1st Half Narrative (click to view)**

CWC continues to provide mental health/substance users counseling, living skills training, wellness/recovery programming, activities, socialization, breakfast snacks and a hot lunch, etc. for below poverty level adults living with a mental illness and often co-occurring substance use disorders. We are serving more Berkeley residents this year.

**2nd Half Narrative**

CWC continues to provide mental health/substance users counseling, living skills training, wellness/recovery programming, activities, socialization, breakfast snacks and a hot lunch, etc. for below poverty level adults living with a mental illness and often co-occurring substance use disorders. We have served more Berkeley residents this year than the previous year.

You have 632 characters left.

**7. OUTCOMES**

Outcomes	Annual Goal	1st Half Achieved Outcome	2nd Half Achieved Outcome	Achieved Outcome YTD	% Achieved Outcome of Annual Goal	% Achieved Outcome of Total Served
1 Clients accessed previously inaccessible services	24	0	0	0	0%	0%
1 Clients demonstrate improved functioning	22	11	12	23	105%	37%
1 Participants achieved enhanced skills or knowledge	24	13	11	24	100%	38%

**1st Half Narrative (click to view)**

As has been mentioned, the first outcome is not relevant to our program. We are on track for the other two outcomes. An example of 'improved functioning' is a client who participates in CWC groups and counseling on a regular basis and has taken on more leadership at the program (coordinates a weekly giveaway of donated food).

**2nd Half Narrative**

As has been mentioned, the first outcome is not relevant to our program. We are on track for the other two outcomes. An example of 'improved functioning' is a client who, in addition to participating in groups, has taken on an important client volunteer role at the program (helps in the kitchen one morning a week).

You have 684 characters left.

Report Submitted by: Merrie Sennett

Date: 08/28/2018

Accepted by: Wing Wong

Date: 09/05/2018

Report modified by:

[Modify Report](#)

[Reset](#)

Initially submitted: Aug 28, 2018 - 19:56:13





Office of the City Manager

**24**

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

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

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

Subject: Referral Response: 1000 Person Plan to Address Homelessness

SUMMARY

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

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

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

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

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

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

## CURRENT SITUATION AND ITS EFFECTS

### *Overview of homelessness in Berkeley*

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

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

- Over the course of a year in Berkeley, nearly 2000 people experience homelessness of some duration. This number has been steadily growing at an average rate of 10% every 2 years and is highly disproportionate in its racial disparity: since 2006, 65% of homeless service users in Berkeley identify as Black or African American, compared to a general population of less than 10%.
- Despite this growing population, Berkeley's homeless services beds<sup>1</sup> have been serving fewer unique households over time—even after accounting for the change in system bed capacity over time. The average number of unique individuals served per system bed has dropped from a high in 2011 of over 5 to under 3 by 2017.

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<sup>1</sup> This includes emergency shelter, transitional housing, and rapid rehousing programs.

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

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

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

#### *Overview of a Homelessness Response Plan*

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

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

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<sup>3</sup> See: [https://www.cityofberkeley.info/Clerk/City\\_Council/2018/04\\_Apr/Documents/2018-04-24\\_Item\\_39\\_Rapid\\_Rehousing\\_What\\_it\\_Can.aspx](https://www.cityofberkeley.info/Clerk/City_Council/2018/04_Apr/Documents/2018-04-24_Item_39_Rapid_Rehousing_What_it_Can.aspx)

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

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

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

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

\* Represents an ongoing annual expense

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

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

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

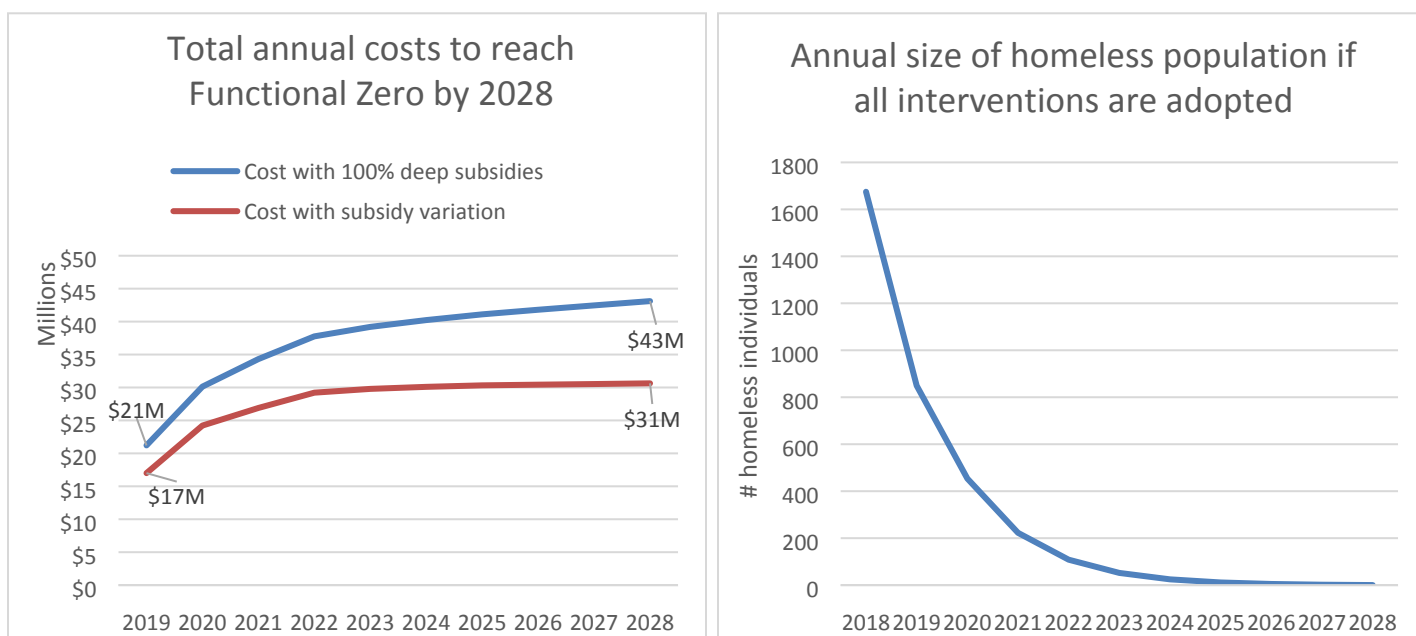
A plan to sustainably end homelessness in Berkeley within 10 years would require:

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

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

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

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



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

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

*Strategic Goals for Addressing Homelessness in Berkeley*

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

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



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

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

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

#### BACKGROUND

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

#### ENVIRONMENTAL SUSTAINABILITY

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

POSSIBLE FUTURE ACTION

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

FISCAL IMPACTS OF POSSIBLE FUTURE ACTION

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

CONTACT PERSON

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

Attachments:

1: Analyses, assumptions, and cost projections.

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

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

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

This attachment is structured in three parts.

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

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

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

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

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

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

## Part I - Overview of Berkeley's Homeless System Performance

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

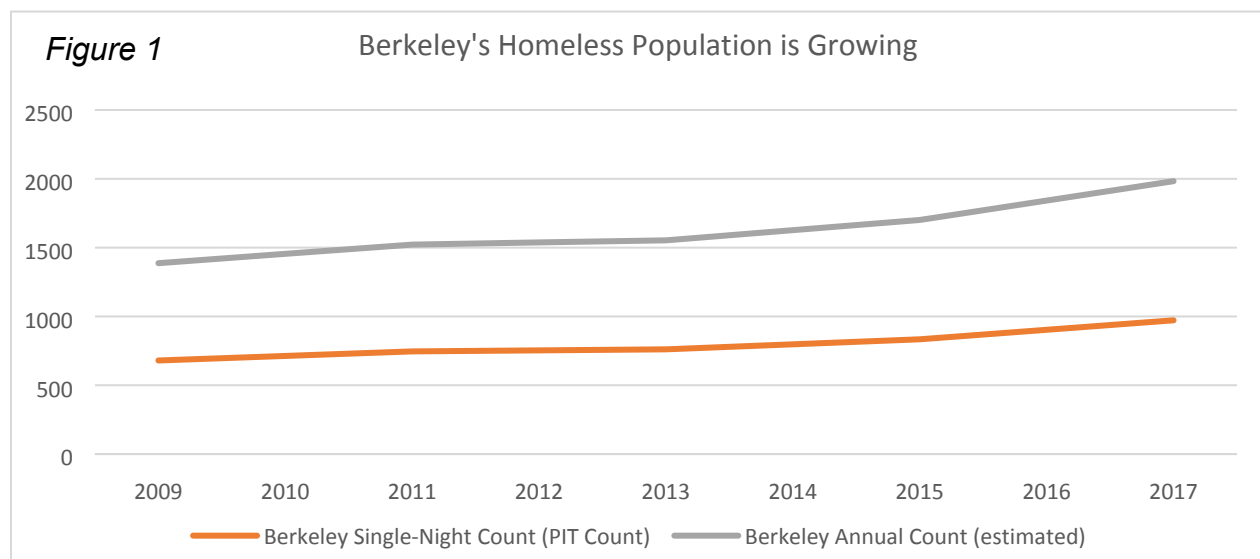
Most homeless services experts agree that the HUD Point-in-Time (PIT) count actually undercounts the number of people experiencing homelessness in a community. If Berkeley’s estimated homeless population size of 972 is based on a single night of data, that number will have missed anyone who lost their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

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

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

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

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



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

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

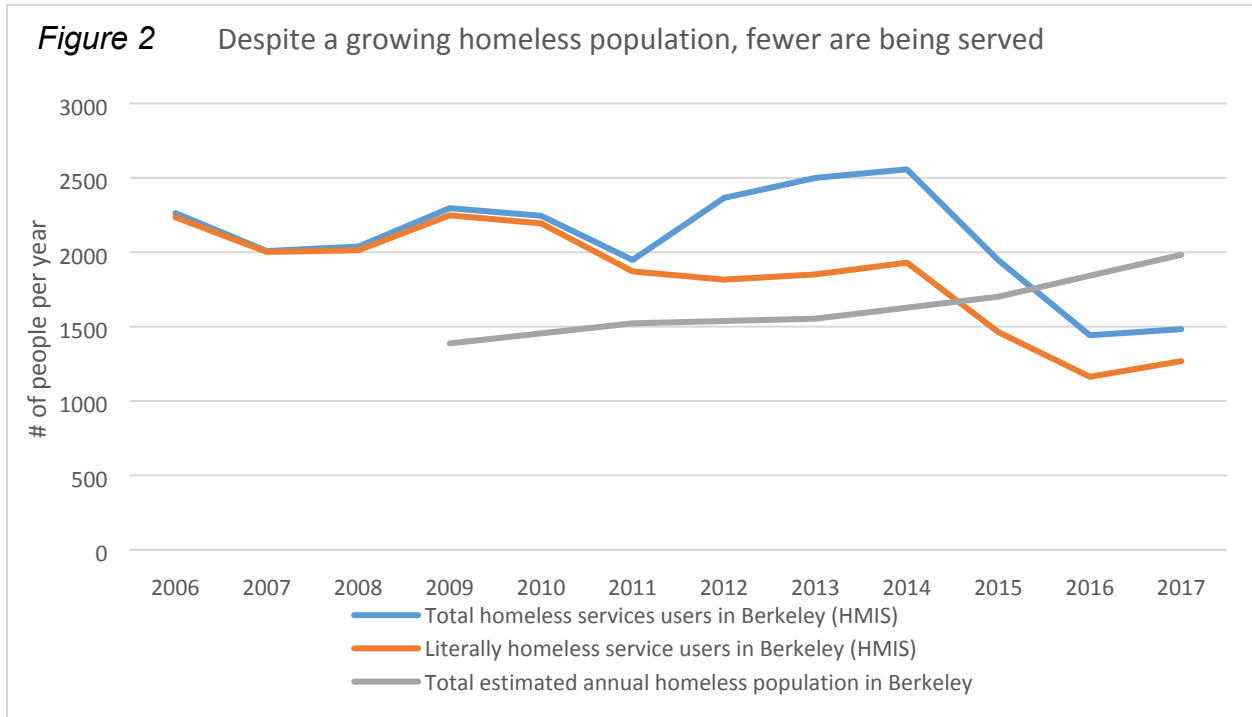
*Finding 2: Despite a growing population, our system is serving a progressively smaller percentage of the literally homeless population.*

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

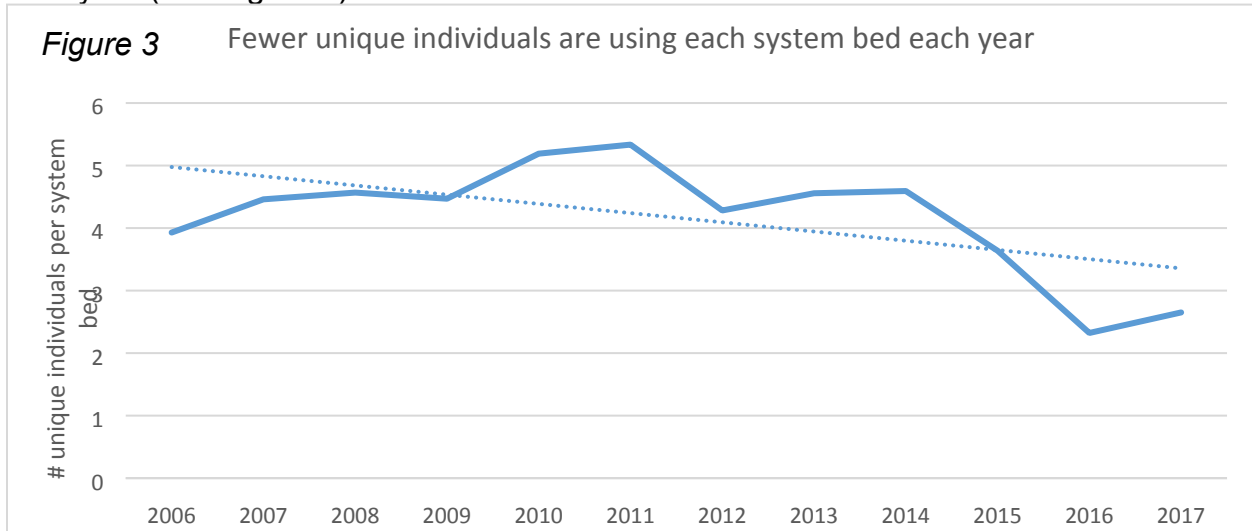
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<sup>2</sup> See: [https://www.cityofberkeley.info/Clerk/City\\_Council/2017/07\\_Jul/Documents/2017-07-25\\_Item\\_53\\_2017\\_Berkeley\\_Homeless.aspx](https://www.cityofberkeley.info/Clerk/City_Council/2017/07_Jul/Documents/2017-07-25_Item_53_2017_Berkeley_Homeless.aspx)

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



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



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

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

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

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

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

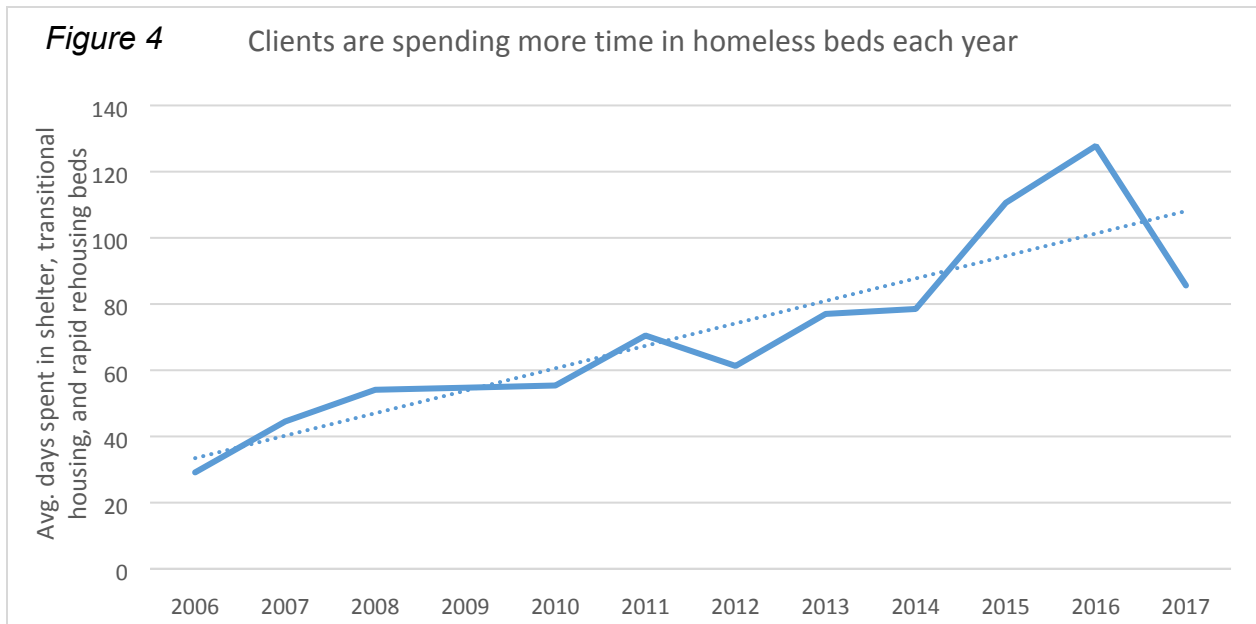
This is a critical distinction with divergent policy solutions: the first hypothesis implies that the system lacks resources to quickly “exit” people from homelessness (for example, rapid rehousing subsidies to create “flow” through system beds). The second hypothesis instead implies that the system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

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

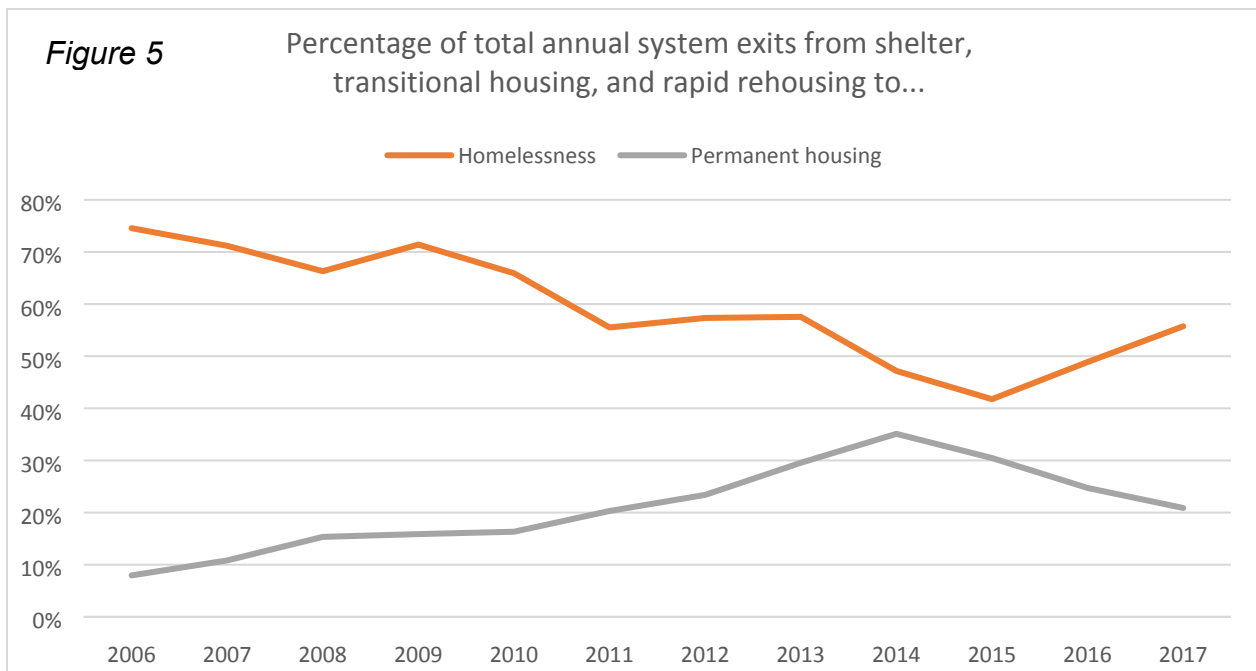
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<sup>4</sup> Note that, beginning with the initiation of Coordinated Entry in 2016, the upward trend of time spent in homeless beds sharply reversed. There are two potential explanations for this trend reversal: either (i) the average shelter stay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





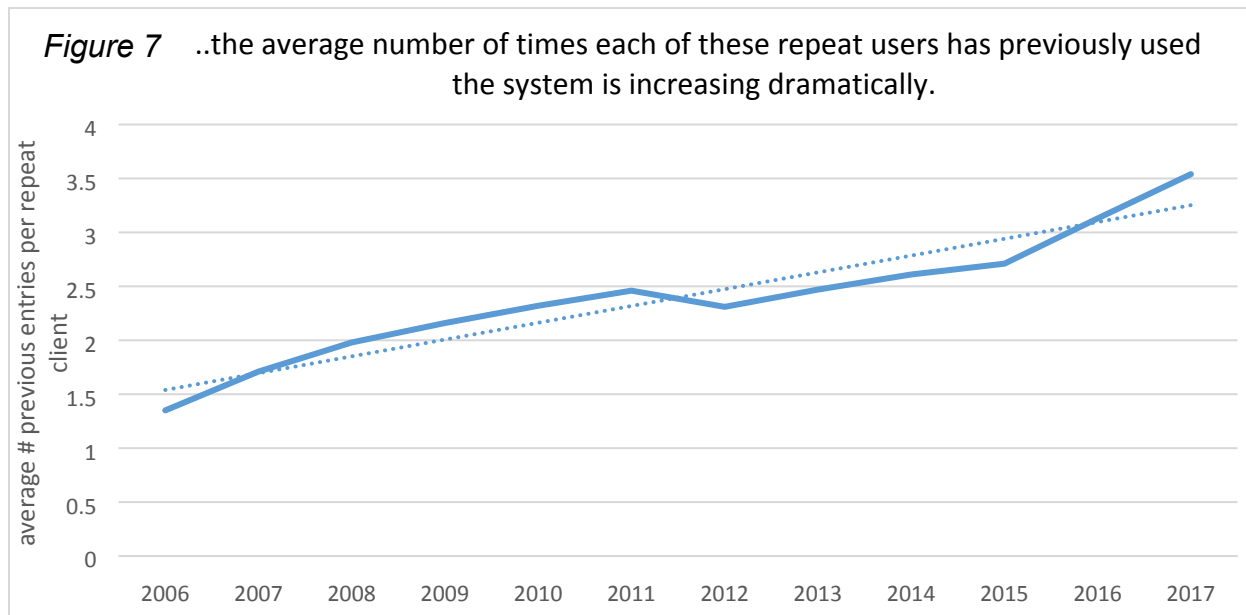
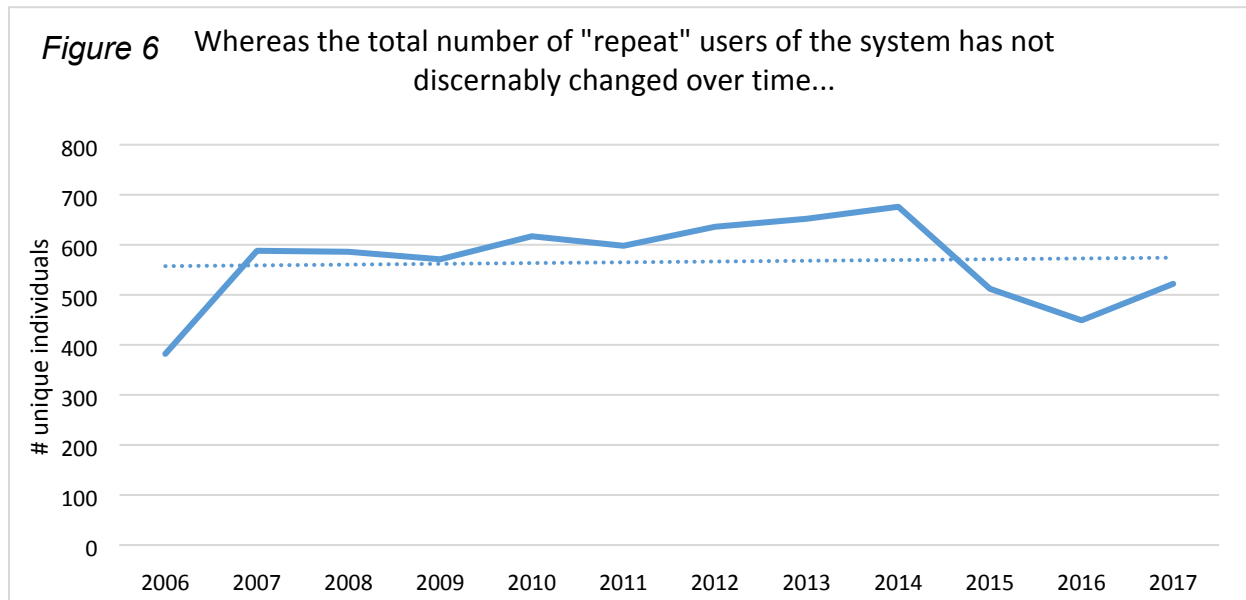
Moreover, in recent years, Berkeley has seen a reversal of an otherwise positive trend: since 2014, clients are increasingly likely to exit the system to homelessness, and less likely to exit to permanent housing destinations (see Figure 5)<sup>5</sup>:



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

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

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



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

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

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

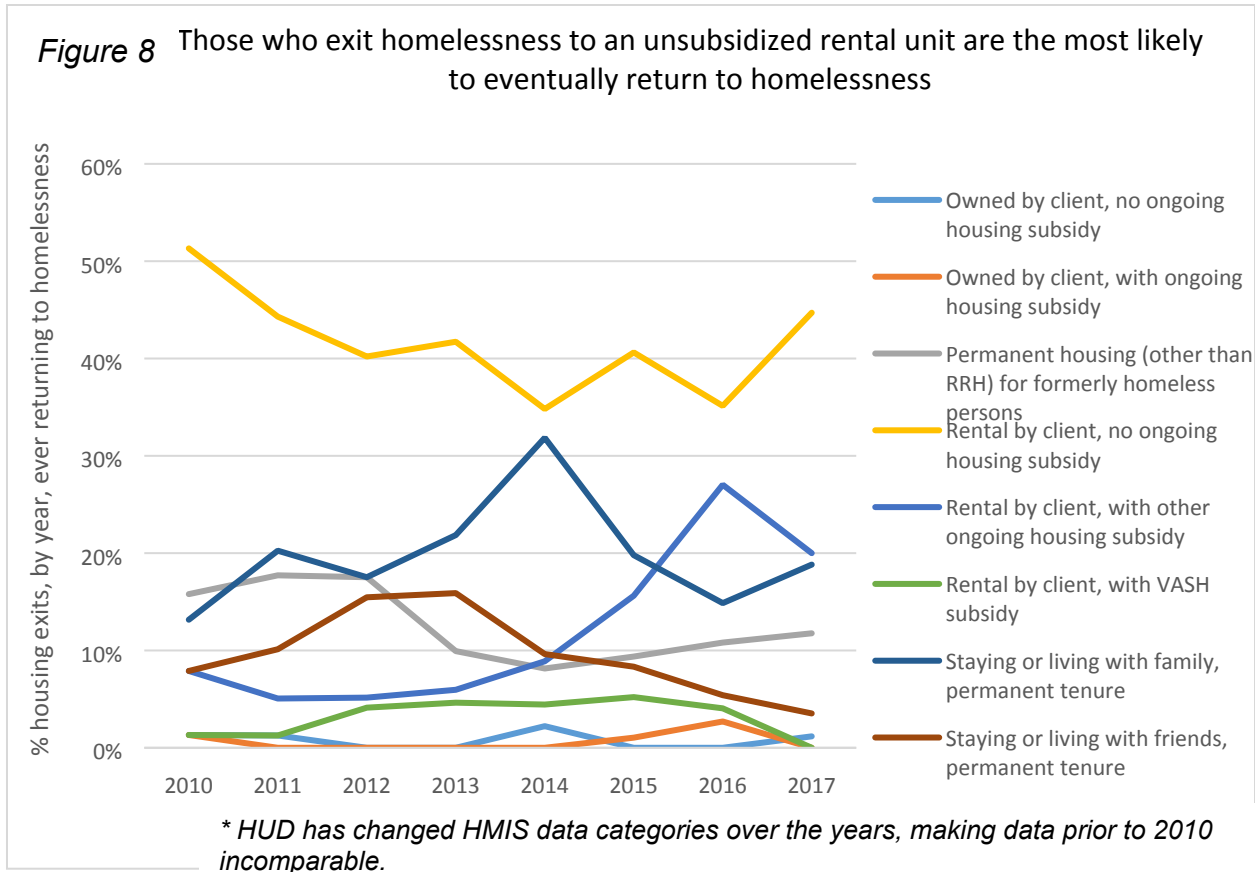
None of this is especially surprising when viewed in light of the East Bay's dramatic uptick in rental prices and housing instability, at all income levels, over the past several years. Between January 2015 and December 2017, for example, average asking rents in Berkeley jumped 54% (from \$1,371 to \$2,113). Meanwhile, homeless Berkeleyans' incomes are increasingly unable to keep pace: in 2017, homeless people exited the system with an average of only \$628 in monthly income, with only 7% able to increase their income by any amount during their stay in the system (from an average of \$481 to an average of \$1,190), irrespective of the type of service accessed. Meanwhile, the average asking rent for a one bedroom apartment in Berkeley in 2017 was \$2,581;<sup>6</sup> in Oakland over the same period, rent averaged \$2,285.<sup>7</sup>

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

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

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



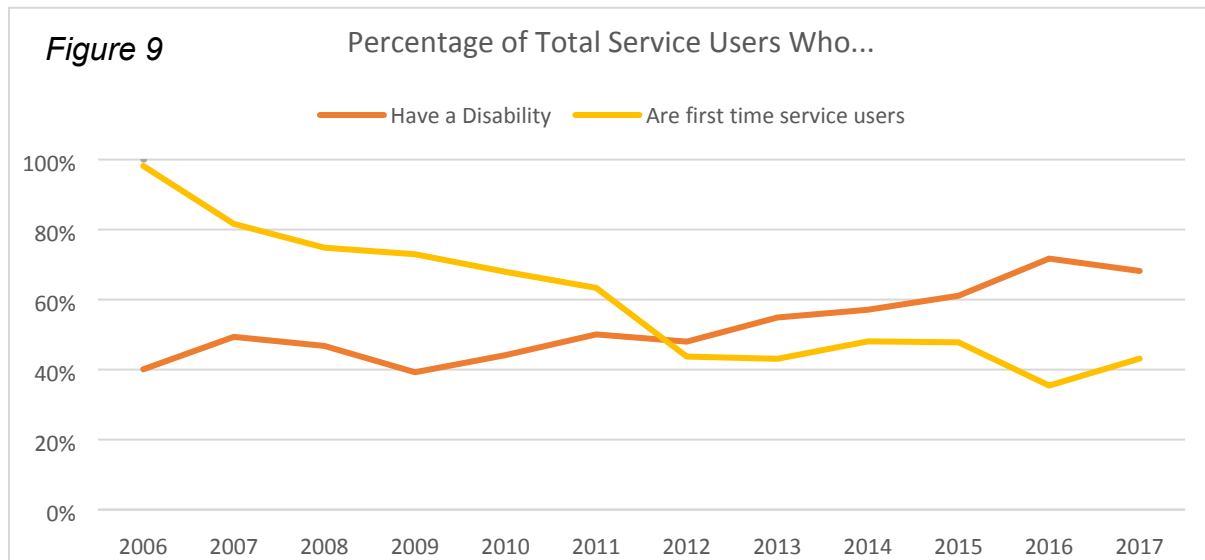
**Finding 4: Berkeley’s homeless population is getting increasingly harder to serve**

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

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

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

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



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

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

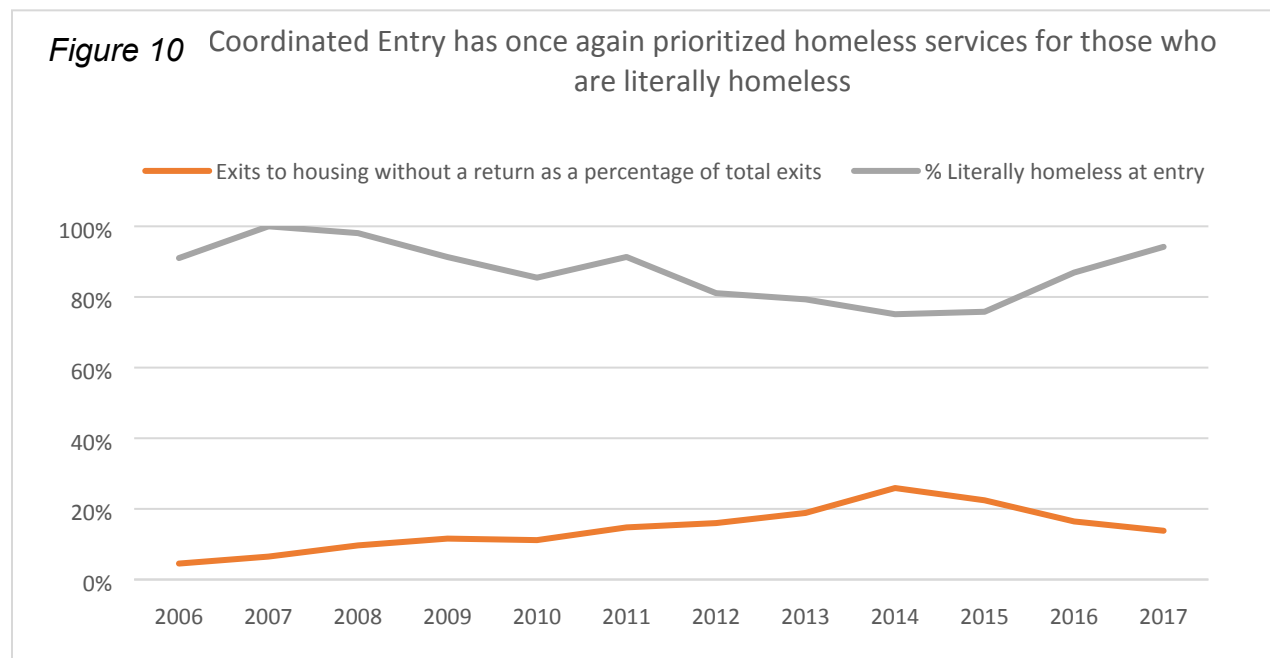
The previous analyses have found that, over the past 11 years, (i) fewer first-time homeless individuals are being served, (ii) more people with disabilities are entering, and (iii) fewer people are exiting to permanent housing—and fewer are likely to keep their housing once they leave. While much of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

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

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

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

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

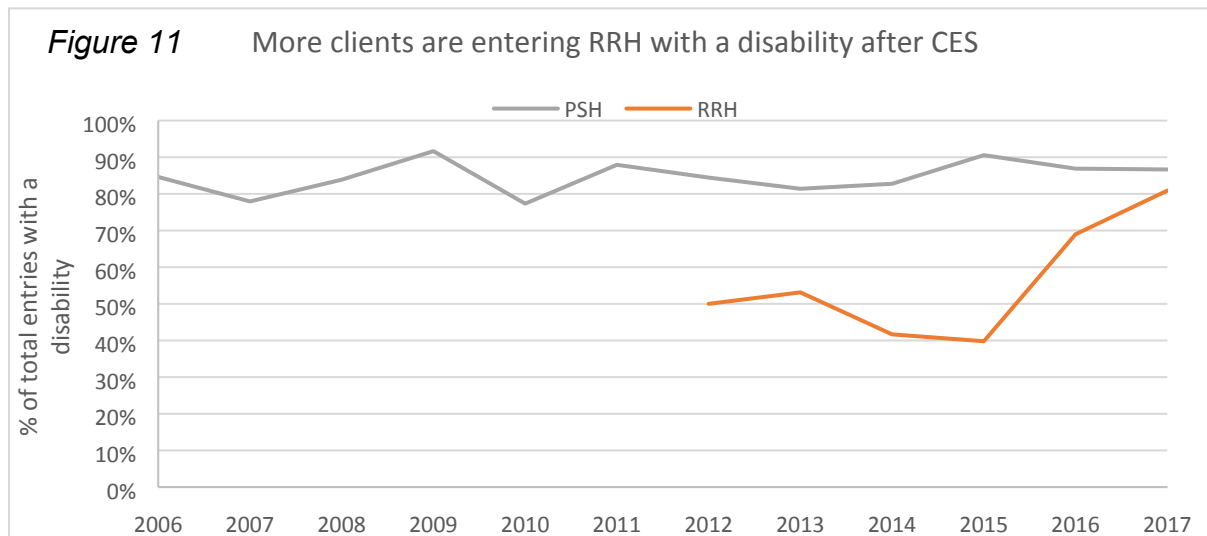


Additional analyses suggest not that Coordinated Entry is ineffective at housing high-needs homeless people in Berkeley, but rather that Berkeley has not had access to sufficient tools needed to implement this policy shift. Berkeley has roughly 260 permanent supportive housing (PSH) vouchers for homeless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

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

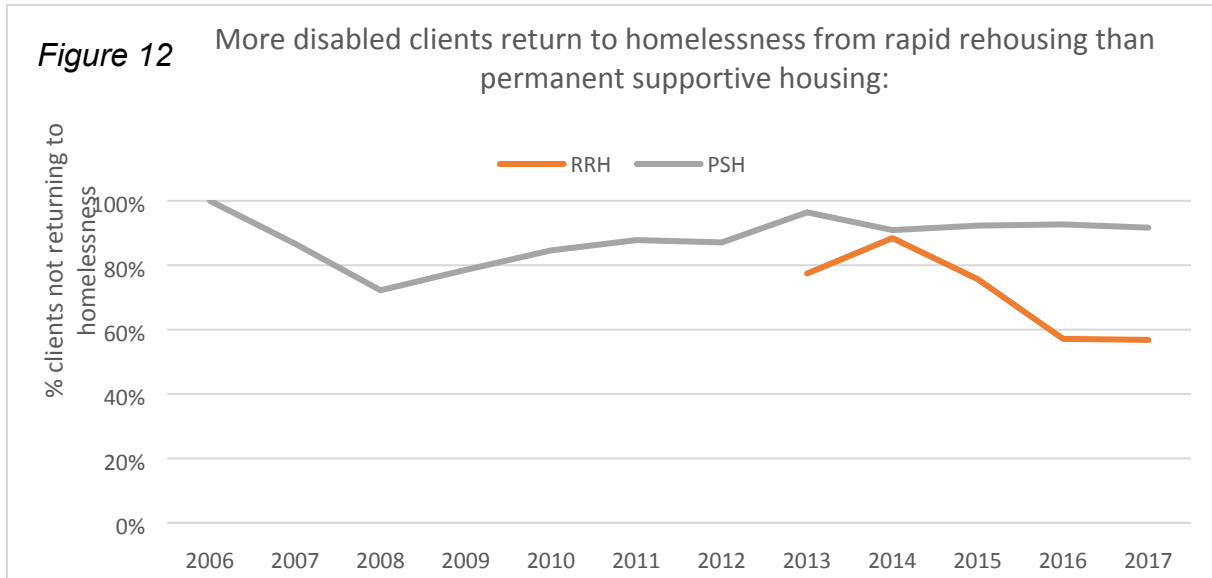
in any given year. Meanwhile, 27% of Berkeley's homeless population is chronically homeless—261 individuals *on any given night*.

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

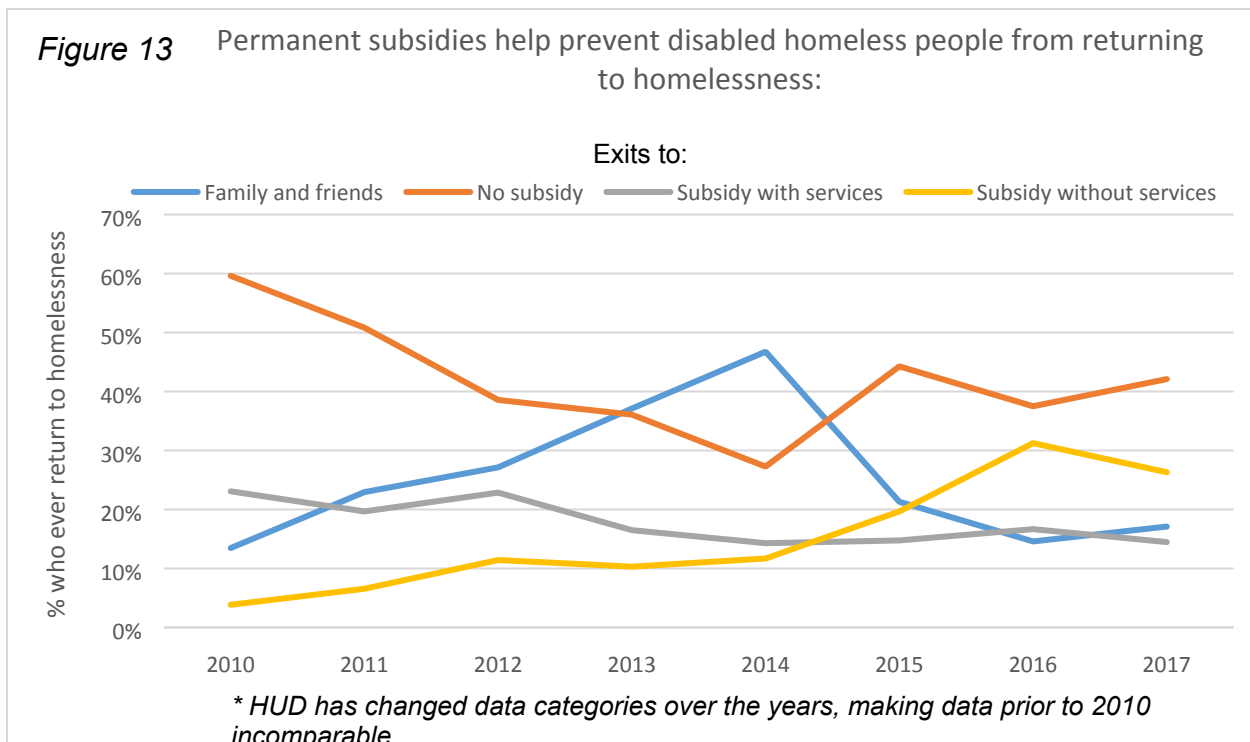


Given what we now know about the statistical effect of disability on housing success, this has had the predictable effect of reducing the percentage of clients who are able to ultimately keep their housing after the subsidy and intervention ends, from a pre-CES average of 81% to a post-CES average of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

<sup>11</sup> For more information on rapid rehousing as an intervention for homelessness, see: [https://www.cityofberkeley.info/Clerk/City\\_Council/2018/04\\_Apr/Documents/2018-04-24\\_Item\\_39\\_Rapid\\_Rehousing\\_What\\_it\\_Can.aspx](https://www.cityofberkeley.info/Clerk/City_Council/2018/04_Apr/Documents/2018-04-24_Item_39_Rapid_Rehousing_What_it_Can.aspx)



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



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

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



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

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

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

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

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

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

<sup>12</sup> See: [https://www.cityofberkeley.info/Clerk/City\\_Council/2018/04\\_Apr/Documents/2018-04-24\\_Item\\_39\\_Rapid\\_Rehousing\\_What\\_it\\_Can.aspx](https://www.cityofberkeley.info/Clerk/City_Council/2018/04_Apr/Documents/2018-04-24_Item_39_Rapid_Rehousing_What_it_Can.aspx)

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

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

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

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

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

### *Targeted Homeless Prevention*

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

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

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

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

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

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

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

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

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



### *Light-touch Interventions with No Financial Assistance*

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

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

### *Rapid Rehousing*

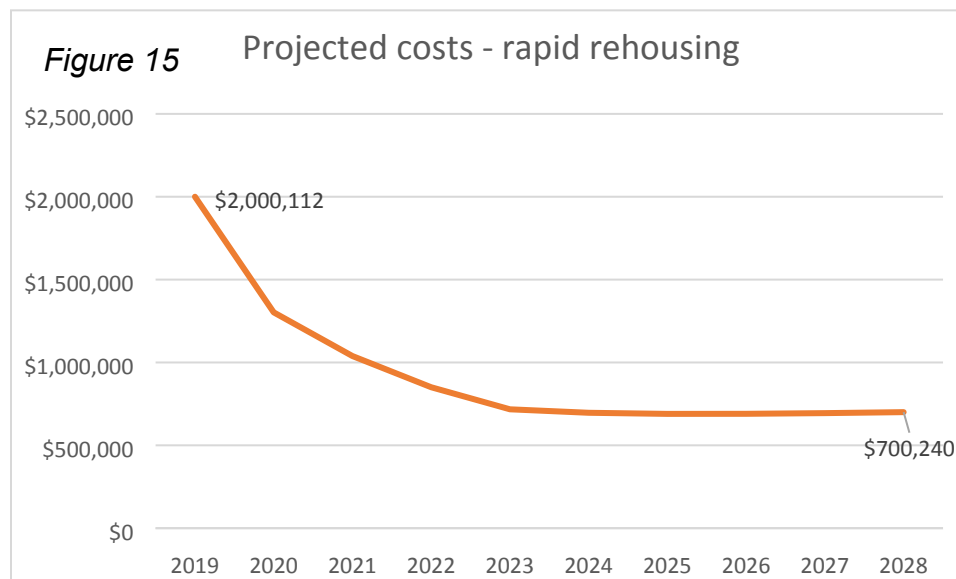
The 2017 point-in-time homeless count revealed that 94% of Berkeley's homeless population consists of single, unaccompanied adults. As we have previously reported to the Council,<sup>17</sup> very little research exists on the long-term efficacy of rapid rehousing in ending homelessness among single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

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

<sup>17</sup> See: [https://www.cityofberkeley.info/Clerk/City\\_Council/2018/04\\_Apr/Documents/2018-04-24\\_Item\\_39\\_Rapid\\_Rehousing\\_What\\_it\\_Can.aspx](https://www.cityofberkeley.info/Clerk/City_Council/2018/04_Apr/Documents/2018-04-24_Item_39_Rapid_Rehousing_What_it_Can.aspx)

From national literature, a highly important predictor of success is the ability to increase income over the course of the intervention.<sup>18</sup> Locally, the analyses in this report reveal that the single largest predictor of returning to homelessness over the long-run is having a disability of any kind. Therefore, to estimate the proportion of individuals in Berkeley who are likely to benefit from rapid rehousing and not eventually return to homelessness, we examined the proportion of non-disabled individuals who had some capacity to increase their income (either they already worked or did not report a fixed disability income as their only source). From these numbers, we estimate that roughly 10% of the population is likely to permanently exit homelessness with a rapid rehousing intervention, with roughly half of that requiring only one-time assistance (e.g., assistance with security deposits) and the other half requiring up to several months of rental subsidy and case management. This translates into 211 rapid rehousing “slots” at an annual cost of \$2 million in year one, and shrinking to \$700,000 by 2028<sup>19</sup> as the overall homeless population shrinks.

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



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

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

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

### *Permanent Supportive Housing and Permanently Subsidized Housing Without Services*

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

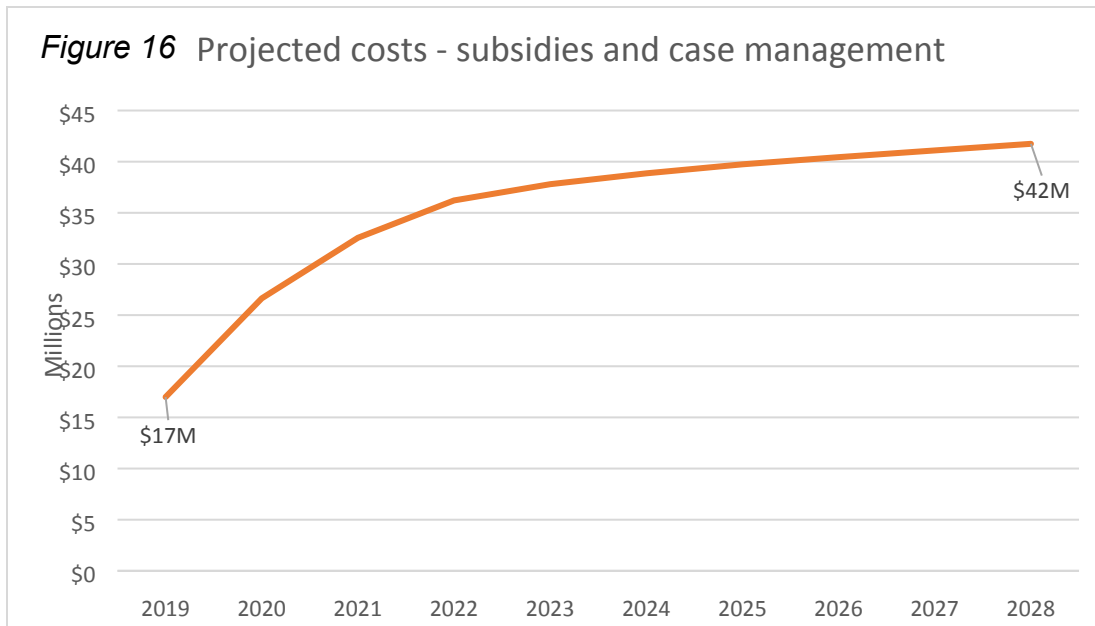
We distinguish between two types of permanent subsidies—those with supportive services, and those without. The former is traditionally reserved for the chronically homeless, but we believe that only 50% of chronically homeless people in Berkeley require ongoing case management. The rest—as well as the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

Figure 16 summarizes the annual costs<sup>20</sup> associated with this intervention through 2028. Note two important characteristics of the cost curve over time:

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

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



### *Experimenting with Permanent Subsidy Variation*

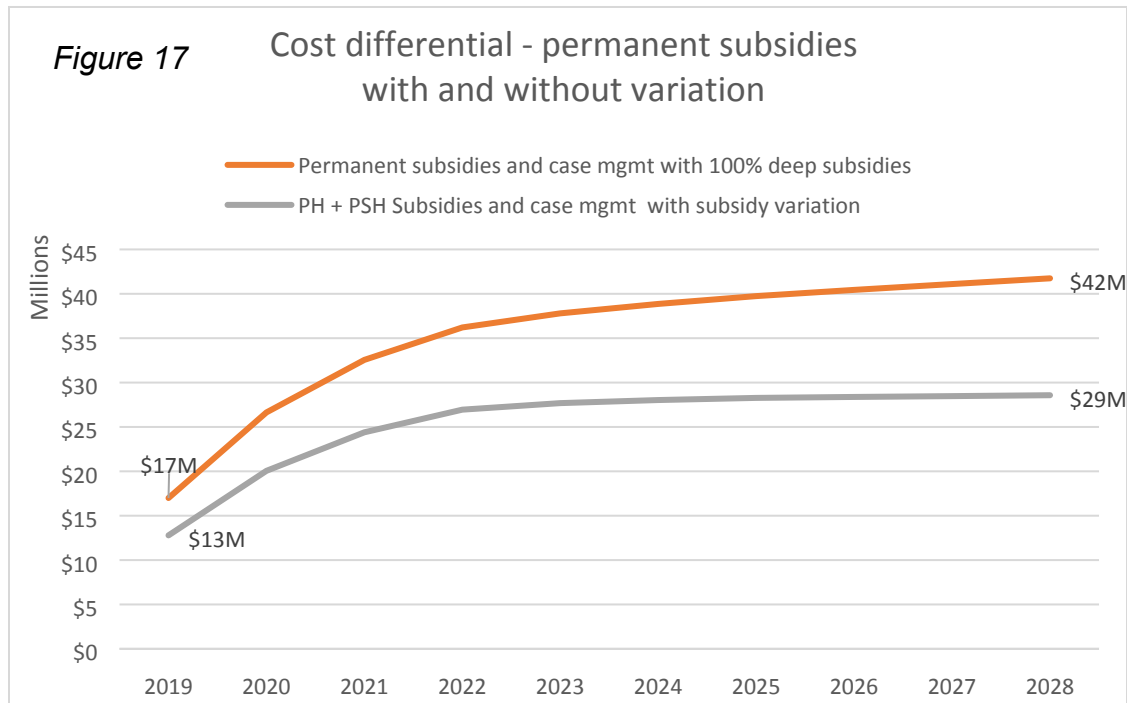
These cost estimates assume a “worst-case scenario” in which all individuals are housed at rents equaling 30% of their income, with subsidy to cover the difference. Emerging evidence suggests, however, that flat or shallow subsidies (for example, a fixed monthly subsidy of, say, \$600 per month) can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

- 1/3 of the population had set-aside access to below market-rate (BMR) affordable units already subsidized for those at 50% AMI;
- 1/4 of the population were housed in market-rate apartments with subsidies covering 50% of the rent;
- 1/5 of the population received a flat subsidy of \$600 per month (akin to the Basic Income experiment starting in Stockton in 2019<sup>22</sup>); and
- 1/4 of the population received permanent subsidy in market-rate apartments at 30% of their income.

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

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

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



### *Capital Expenses*

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

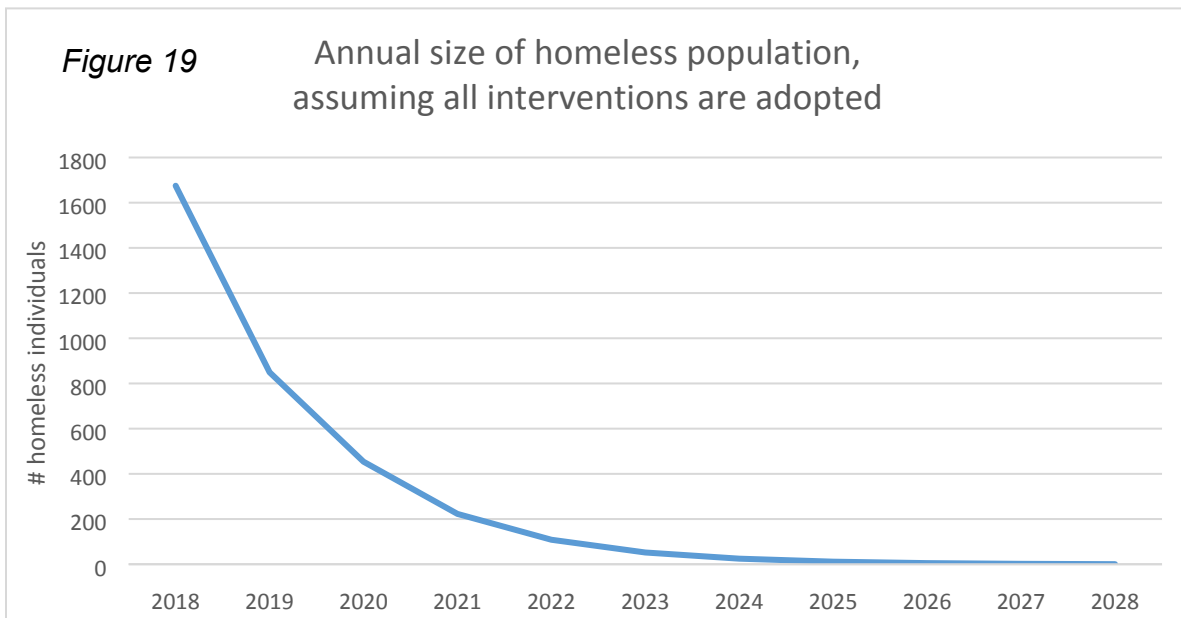
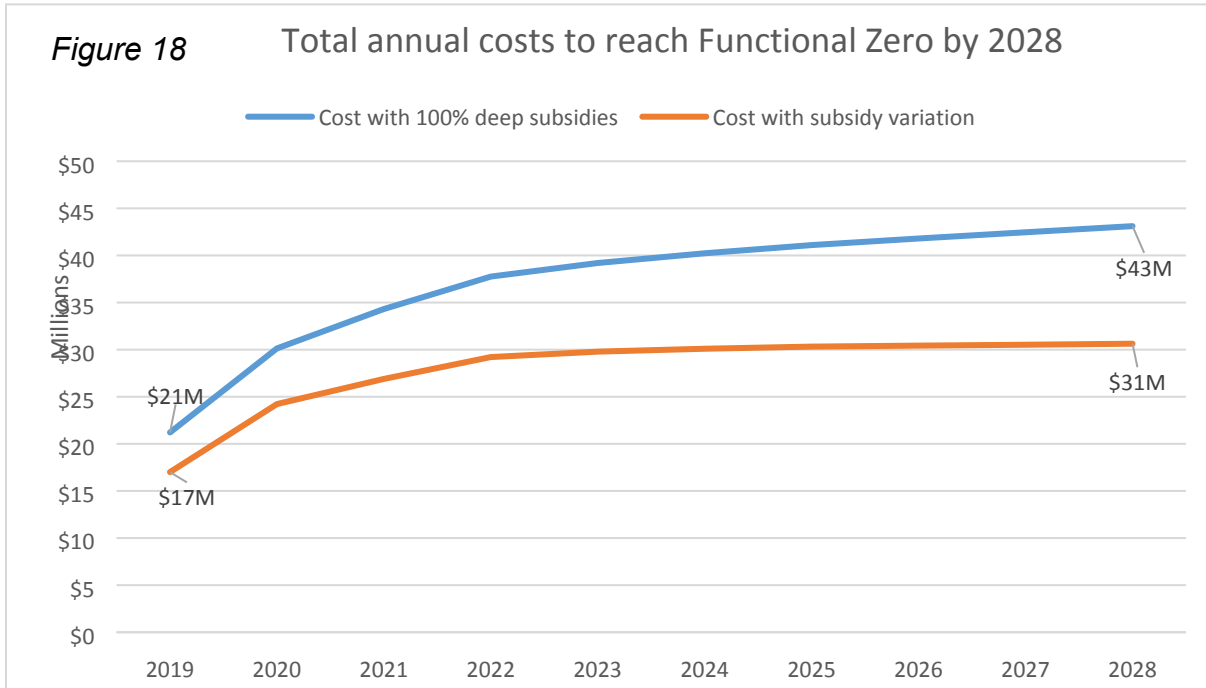
At the time of writing, the outcome of Measure O, the City’s Affordable Housing Bond Measure, is unknown. If the measure passes, City officials must decide how to use the proceeds. If the City opts to utilize all of the \$135 million in bond funds to construct new affordable housing, staff estimate that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

### *Total Expenses and Effects on Homelessness in Berkeley*

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



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



**1000 Person Plan to Address Homelessness in Berkeley**

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

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

\* Represents an ongoing annual expense

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

### Part III – Strategic Goals and Recommendations

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

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

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

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

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

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

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

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

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

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<sup>23</sup> See: [https://www.cityofberkeley.info/Clerk/City\\_Council/2018/10\\_Oct/Documents/2018-10-09\\_WS\\_Item\\_01\\_An\\_Evaluation\\_of\\_the\\_Pathways.aspx](https://www.cityofberkeley.info/Clerk/City_Council/2018/10_Oct/Documents/2018-10-09_WS_Item_01_An_Evaluation_of_the_Pathways.aspx)

*Achieving this goal will require:*

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

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

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

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

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

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

An emerging body of research links high housing costs and low vacancy rates—and therefore, high rates of homelessness<sup>25</sup>—to land use and development regulations that restrict the creation of new housing of all income levels.<sup>26</sup> For example, a 2015

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

<sup>25</sup> See: [http://urbanpolicy.berkeley.edu/pdf/qrs\\_restat01pb.pdf](http://urbanpolicy.berkeley.edu/pdf/qrs_restat01pb.pdf)

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

report from the bipartisan California Legislative Analyst's Office<sup>27</sup> found that urban density is growing at a slower rate in Coastal California relative to comparable metro areas nationally, in part because California's local governments (i) impose slow and cumbersome project review standards (each additional layer of independent review was associated with a 4 percent increase in a jurisdiction's home prices); (ii) impose growth controls, such as limiting height and densities via zoning regulations (each additional growth control policy a community added was associated with a 3 percent to 5 percent increase in home prices); and (iii) use CEQA and other design review processes to regulate housing construction (only 4 other states impose similar review standards). Such local policy decisions, the report concludes, are worsening California's income inequality, increasing poverty rates, increasing commute times, and forcing lower-income residents into crowded living situations.

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

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

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

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

### *Costs and Impacts of Strategic Goals and Recommendations*

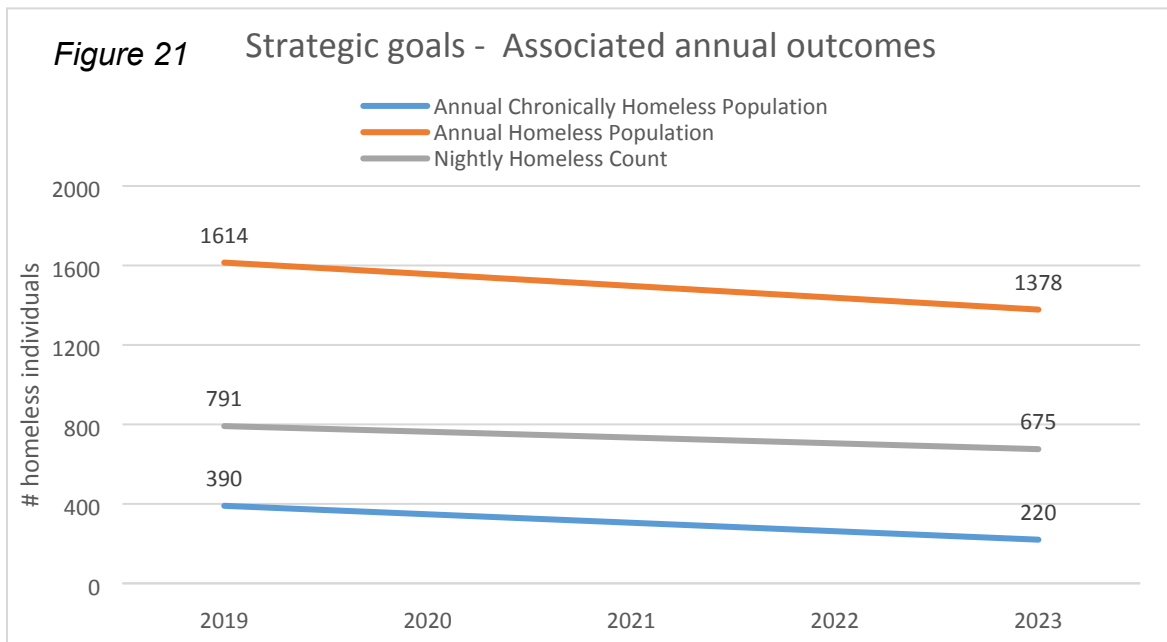
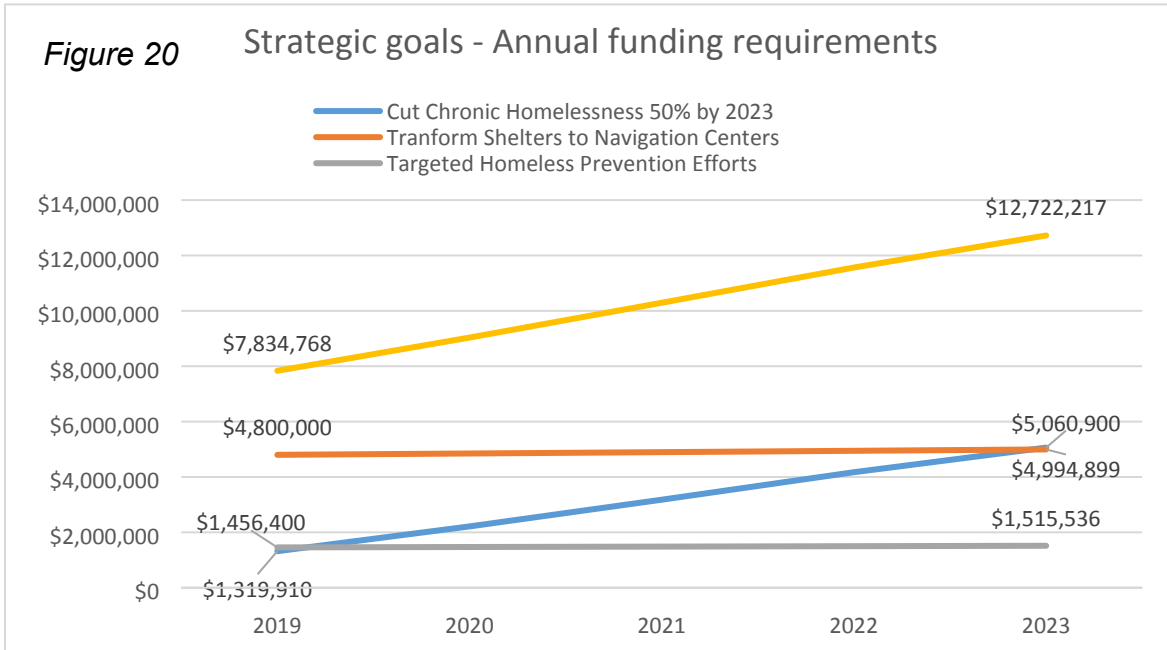
<sup>27</sup> See: <https://lao.ca.gov/reports/2015/finance/housing-costs/housing-costs.pdf>

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

<sup>29</sup> See p. 20: [https://www.usich.gov/resources/uploads/asset\\_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf](https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf)

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

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



**CONTACT PERSON**

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



Human Welfare and Community  
Action Commission

January 2018  
ACTION CALENDAR

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

From: Remi Omodele

Submitted by:

Subject: Imminent Closure of the Alta Bates Summit Hospital

### **RECOMMENDATION**

Direct Council to:

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

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

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

### **RATIONALE FOR RECOMMENDATION**

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

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

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

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

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

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

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

### **FISCAL IMPACTS OF RECOMMENDATION**

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

### **CURRENT SITUATION AND ITS EFFECTS**

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

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

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



**BACKGROUND**

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

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

**ENVIRONMENTAL SUSTAINABILITY**

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

**ALTERNATIVE ACTIONS CONSIDERED**

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

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