



Office of the City Manager

WORKSESSION

April 2, 2013

To: Honorable Mayor and Members of the City Council

From:  Christine Daniel, City Manager

Submitted by: Jane Micallef, Director, Health, Housing &amp; Community Services

Subject: Compassionate Sidewalks Background Information

SUMMARY

On December 18, 2012 and January 29, 2013, related to its discussion of the Compassionate Sidewalks proposal, Council referred five topics to Health, Housing & Community Services for discussion at a worksession. The following topics are addressed in this report:

- The demographics and causes of homelessness
- A survey of existing homeless services
- An assessment of potential funding needs and sources
- Existing laws and enforcement
- Best practices

CURRENT SITUATION AND ITS EFFECTS**The Demographics and Causes of Homelessness**

The most recent data the City has on homelessness in Berkeley comes from the 2009 count. While there is a Countywide count every other year, obtaining Berkeley-specific statistics requires extra City funding to cover the cost of increased sampling at Berkeley sites. The City made this investment in 2003 and 2009, but not in 2011 or 2013.<sup>1</sup>

The count combines statistical analysis of people staying in emergency shelter and transitional housing with surveys of people using various daytime service sites include drop-in centers, meal programs, and food pantries. The 2009 count found a total of 824 people homeless in Berkeley. This included 680 people who were homeless at that time, and another 144 in certain temporary situations.

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<sup>1</sup> The 2013 Count was conducted in January and data will be released later this spring.

Specifically, the count found:

- 680 literally homeless people, meaning people without permanent housing: residing on the streets, places not meant for human habitation, in shelters or in transitional housing programs. This included 526 adults without dependents, and 125 people in families.
- 276 chronically homeless adults in Berkeley, a subset of the literally homeless—adults unaccompanied by children, who have at least one disability and have been homeless for over a year or four or more times in the last year. This represented a remarkable decrease of 48% from the 529 people counted in 2003. Still, Berkeley had 27% of the County’s chronically homeless population, while making up just 7% of the County’s overall population.
- 144 hidden homeless people, meaning people in precarious housing situations: living temporarily with a friend or relative, in a motel, or facing eviction within seven days. This represented a ten-fold increase from 2003. In Berkeley, the hidden homeless still constituted a much smaller proportion of the homeless population (17%) than countywide (41%).

The 2009 count also found that Berkeley’s homeless population was more likely to be disabled than homeless people in other parts of the county, which is not surprising since people in Berkeley are more likely to be chronically homeless, and the HUD definition of chronic homelessness includes at least one disability. The following statistics are based on the respondent’s self-report, not an assessment:

- 41% of Berkeley’s literally homeless were severely mentally ill, compared to 30% countywide.
- 40% of Berkeley’s literally homeless were chronic substance abusers, similar to 36% countywide.
- Half of Berkeley’s chronically homeless population had both a mental illness and alcohol or other drug dependence.<sup>2</sup>
- 20% of Berkeley’s homeless population are veterans, similar to 17% countywide. Although 23% of veterans did not serve in a war zone, the most commonly reported war zones were Vietnam (46% of veterans), Korea (8%), Europe (7%), and the Persian Gulf (6%). Less than one percent reported Iraq or Afghanistan.

The following table shows the race and ethnicity of people using homeless services in Berkeley as identified by the Homeless Count in 2009 (“service users”), compared to Berkeley’s general population and service users countywide. Berkeley had a much smaller percentage of Hispanic/Latino service users (4%) than the county as a whole (15%).

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<sup>2</sup> 2009 Alameda Countywide Homeless Count and Survey, Table A6-4: Alcohol dependence, drug abuse and dependence, and mental illness by region.

**People Using Homeless Services During the 2009 Homeless Count, in Berkeley and Alameda County, Compared to Berkeley's Population**

	Berkeley		Alameda County Services Users
	Service Users (%)	Entire Population	
<b>Race</b>			
Black/African American	59%	11%	53%
White	24%	59%	33%
Two or more races	8%	3%	8%
Unknown	7%	—	2%
Asian	1%	17%	4%
Native Hawaiian/Other Pacific Islander	1%		2%
American Indian/Alaska Native	<1%	1%	6%
Hispanic/Latino (any race)	4%	10%	15%
<b>Gender</b>			
Male	56%		55%
Female	44%		45%
<b>Age Categories</b>			
13-17	<1%		<1%
18-25	5%		4%
26-40	21%		19%
41-60	63%		62%
61+	12%		15%
<b>Average Age</b>	48		49

Sources: Alameda Countywide Homeless Count and Survey 2009, Tables 3-4 and A3-1, with additional calculations by the City of Berkeley Housing and Community Services Department, and US Census Bureau ACS 2005-2007 3-Year Estimate Table B03002

The *2011 Alameda Countywide Homeless Count and Survey* documented a 13.6% reduction in the number of people homeless countywide since the *2009 Homeless Count and Survey*. This included a 28% decrease in family homelessness but a 10% increase in the number of homeless adults unaccompanied by children. It is not possible to estimate changes in Berkeley's homeless population since the 2009 Countywide count data.

## Existing Homeless Services

The City funds a wide range of homeless programs. They are described here by category, location, and City funding.

When a person becomes homeless in Berkeley, they may first seek emergency shelter. The City funds agencies providing 118 year round shelter beds and 121 seasonal shelter beds, as well as winter hotel vouchers as funding permits, through 8 emergency shelter programs. After working hours, these beds are filled through evening Centralized Shelter Reservation Hotline<sup>3</sup>.

A portion of the beds at the BFHP Men's and Women's shelters and at the BOSS Harrison House shelter are available by referral only through Alameda County Social Services Agency's Community Housing and Shelter Services (CHASS) program, or through Alameda County Behavioral Health Care Services Agency (BHCS), with the remaining beds available to the general homeless population in Berkeley.

<b>Emergency Shelter</b>	<b>Address</b>	<b>Beds</b>	<b>FY 2013 City Funding</b>
Berkeley Food and Housing Project (BFHP) Men's Overnight Shelter	1931 Center St.	10 CHASS beds and 26 beds available to public	180,986
BFHP Women's Shelter	2140 Dwight Way	24 beds for singles and 8 family beds in 2 family rooms.	116,469
Building Opportunities for Self Sufficiency (BOSS) Harrison House Singles/Recovery Program	711 Harrison St.	17 CHASS beds, 10 BHCS beds and 23 beds available to public	110,277
Dorothy Day Berkeley Emergency Storm Shelter	2345 Channing Way	50 in severe weather only	16,206
Winter Motel Voucher Program (administered by WDDIC and BFHP's drop in centers)	multiple	Hotel vouchers as funding permits during winter	34,888
Winter Shelter Program/City of Oakland	Oakland Army Base	50 seasonal	61,000

<sup>3</sup> The Centralized Shelter Bed Hotline opens after 7:00 pm and makes available shelter beds operated by BOSS and BFHP that were not filled after the daytime shelter bed reservation process. Sometimes people have a bed reserved but do not come in to the shelter in the evening. Before this program was implemented in 2009, as a result of PCEI, these beds stayed vacant all night.

<b>Emergency Shelter</b>	<b>Address</b>	<b>Beds</b>	<b>FY 2013 City Funding</b>
Youth Engagement, Advocacy, Housing (YEAH!) Youth Emergency Assistance Hostel	1744 University Ave.	21 seasonal	109,115
BFHP PCEI Centralized Shelter Reservation Hotline – <i>not a shelter program; program supports shelter access</i>			34,103

Sometimes people move right from street homelessness into transitional housing, but more often they move into transitional housing from emergency shelter. The City funds 98 transitional housing beds in five programs, and five other programs operate without City funding:

<b>Transitional Housing</b>	<b>Address</b>	<b>Beds</b>	<b>FY 2013 City Funding</b>
Berkeley Food & Housing Project (BFHP) Independent House	2140 Dwight Way	11	0
BFHP Men's Overnight Shelter (Veterans Program)	1931 Center St.	12	Funding included in the contract reported under Emergency Shelter
BFHP Women's Transitional House	2140 Dwight Way	14	0
Building Opportunities for Self Sufficiency (BOSS) Harrison House Family Shelter	711 Harrison St.	26	27,706
BOSS McKinley Family Transitional House	2111 McKinley Street	24	0
BOSS Sankofa Transitional Housing	711 Harrison St.	30	26,253
Fred Finch Youth Center Turning Point (18-25 year olds)	3404 King St.	18	86,655
Resources for Community Development (RCD) Ashby House	1621 Ashby Ave.	10	0
Women's Daytime Drop In Center Bridget Transitional House	2218 Acton St.	12	23,838

Once people are permanently housed, they are no longer homeless. The City funds six programs which provide support services in permanent housing. Four are associated with specific sites, while the others serve tenants renting private apartments using rental subsidies.

<b>Services in Permanent Supportive Housing</b>	<b>Address</b>	<b>People Served FY 2012</b>	<b>FY 2013 City Funding</b>
Berkeley Food and Housing Project Russell Street Residence Board and Care Facility	1741-43 Russell St.	20	13,045
Bonita House Supported Independent Living	2937 Martin Luther King Jr. Way and 1910-12 Hearst	9	18,151
Lifelong Medical Care COACH Shelter Plus Care Social Worker	tenant-based	12	58,322
Lifelong Medical Care Supportive Housing Program at UA Homes	1040 and 1330 University Ave.	81	52,250
Lifelong Medical Care PCEI Square One Supportive Housing	tenant-based	16	95,330
Toolworks, Inc. Supportive Housing	1040 and 1330 University Ave.	81	47,665

In addition, the City administers six federal Shelter Plus Care (S+C) grants that provide permanent housing subsidies for more than 220 people. Shelter Plus Care is a collaboration with community agencies which provide supportive services to program participants. The City partially funds these services.

#### **Permanent Housing Rental Subsidy Programs Administered by HHCS**

<b>Program</b>	<b>People Served Calendar 2012</b>	<b>Funding</b>	<b>Source</b>
Shelter Plus Care	231 single adults and 47 families	3,079,165	Federal HUD McKinney Vento funds – 2013
Square One (PCEI)	12 adults	110,000	City General Fund

In addition to the emergency shelter, transitional and permanent housing described above, the City supports a variety of services that are not connected to housing. These include meal programs, drop in centers, substance abuse treatment, legal, employment and homelessness prevention and rapid rehousing.

The City funds two meal programs that specifically target people who are homeless:

<b>Meal Programs</b>	<b>Address</b>	<b>Meals Provided</b>	<b>FY 2013 City Funding</b>
Berkeley Food and Housing Project Quarter Meal	2362 Bancroft Way	Dinner M to F 145/day	45,786
Dorothy Day Trinity Church Breakfast (funding includes 10,894 for Trinity Church lease)	2362 Bancroft Way	Breakfast M to Sat 168 /day	41,223

Note: HHCS staff calculated Quarter Meal average meals per day by using statistics BFHP reported y for FY 2012. HHCS staff calculated Dorothy Day average meals per day by using statistics Dorothy Day reported for FY 2011.

The City funds four drop in centers. Drop in centers play multiple roles. First, they provide a welcoming indoor place for people to go during the day and some basic services, like bathrooms, in some cases mail delivery, or even medical care. The Multi-Agency Service Center (MASC) operated by BOSS provides access to showers and laundry services. Second, they may provide housing case management and related support to assist people in becoming housed. This is an area of new emphasis as funders including HUD and the City emphasize housing outcomes. For example, the MASC reconfigured its service hours to provide more housing support, and the Women's Daytime Drop In Center and Berkeley Food and Housing Project participated in the Everyone Housed Academy, a technical assistance program presented by Everyone Home this year designed to support increased housing outcomes. Third, drop in centers provide case management and retention services to many of the 220 S+C program participants and social supports to people who have become housed but return the familiar and welcoming environment drop in centers offer. Berkeley's drop-in centers are:

<b>Drop In Centers</b>	<b>Address</b>	<b>People Served in FY 2012</b>	<b>FY 2013 City Funding</b>
Alameda County Network of Mental Health Clients – Berkeley Drop In Center	3234 Adeline St.	711	89,817
Berkeley Food & Housing Project – MultiService Center (MSC)	2362 Bancroft Way	226	236,996
Building Opportunities for Self-Sufficiency (BOSS) Multi Agency Service Center (MASC)	1931 Center St.	195	226,725
United for Health Youth Suitcase Clinic - Monday night clinic	2300 Bancroft Way	168	9,828
Women's Daytime Drop In Center Health & Housing Support Services	2218 Acton St.	1,193 (755 adults and 438 children)	120,643

The City also funds three substance abuse treatment programs for the homeless population, while Bonita House operates a fourth without City funds. Substance abuse is prevalent in the homeless population (affecting 40% of the chronic homeless population in Berkeley according to the 2009 count).

<b>Substance Use Treatment Program</b>	<b>Address</b>	<b>People Served in FY 2012</b>	<b>FY 2013 City Funding</b>
Bonita House Inc.	1410 Bonita Street	Program capacity is 15 beds	0
Lifelong Medical Care Acupuncture Detox Clinic	2001 Dwight Way	271	64,656
New Bridge Foundation	1820 Scenic Ave.	Residential program (6 - 9 months) 15	83,537
Options Recovery Services Day Treatment Program (includes contracts for the Housing/Benefits Coordinator who served 287 people and Dual Diagnosis Clinic which served 233 people in FY2012)	1931 Center St.	895	191,839

Legal services are also available to people who are homeless to help them access entitlements and address legal issues which can be barriers to housing.

<b>Legal Services</b>	<b>Address</b>	<b>People Served in FY12</b>	<b>Services</b>	<b>FY 2013 City Funding</b>
Alameda County Homeless Action Center	3126 Shattuck Ave.	SSI (138) PCEI (49)	SSI advocacy (includes PCEI services)	126,349
Family Violence Law Center Domestic Violence and Homelessness Prevention Project	470 27 <sup>th</sup> St., Oakland	228	crisis intervention, advocacy, case management, financial assistance, & legal representation	87,030

The City funds four employment programs in addition to the two that appear below. Those programs may serve people who are homeless in addition to those who are housed. The two employment programs on this chart, both at Rubicon, are targeted to the homeless:

<b>Employment Programs</b>	<b>Address</b>	<b>People Served FY12</b>	<b>Services</b>	<b>FY 2013 City Funding</b>
Rubicon Workforce Services	1918 Bonita Ave.	80	job readiness and pre-employment workshops, vocational assessment, planning and counseling, transitional employment, job placement, business services, job retention and career advancement services	35,266
Rubicon Work Maturity Training Program	1918 Bonita Ave.	20	focus on landscape service; provide on-the-job training, counseling, preparation workshops, and placement assistance	55,292

As a result of the Public Commons for Everyone Initiative, the City also funds the Telegraph Business Improvement District for the Berkeley Host Program at \$49,139 in FY 2013.

Through the Mental Health Division, the City has contracted with Youth Engagement, Advocacy, Housing (YEAH!) for \$101,978, to provide services, supports, and/or referrals to Transition Age Youth (TAY) with serious mental illness who are homeless or marginally housed and not currently receiving services in its TAY Support Services. This program is part of the City's Mental Health Services Act (MHSA) implementation. Through MHSA, the City also funds several other programs which may serve people who are homeless but are not specifically targeted to serve this population. The Berkeley Food and Housing Project, the Niroga Institute, Options Recovery Services, and others provide these programs. A package of MHSA contracts will go before Council on April 30, 2013.

The Mental Health Division delivers another MHSA service program—the TAY, Adult and Older Adult Full Service Partnership program—that provides intensive treatment and support services to TAY, Adults and Older Adults with severe mental illness who are homeless or at risk of becoming homeless.

Berkeley's rich array of services was developed over the years when resources were more plentiful. Due to the impact of the recession on public and private funding sources, HHCS and community agencies are struggling to continue the services they once provided with greatly diminished staffing. One example is the City's Homeless Outreach Team, which has been reduced to one Mental Health Division staff person (Eve Ahmed).

The City's Homeless Outreach Team (HOT) was created in 1991 in the Community Services Division. Funded by the General Fund, the program had two main goals: First, to outreach and engage homeless people who were considered hard to reach, and/or service resistant. Second, to respond to the concerns of the community, including citizens, BPD, and city officials, regarding homeless people in general and problematic street behavior in particular.

The original team had three members, at least some of whom were temporary hourly workers. Eve Ahmed was hired in 1993, when the team expanded to about twelve to fifteen people, including some temporary hourly workers. The program came to the Mental Health Division in 1996. Many members of the team were graduate students in psychology or social work who left the team when they finished their degrees, and were never replaced. The team continued to shrink over the next several years, eventually down to three, then two people. Eve Ahmed became the sole HOT staff in 2001, and was for several years supplemented by a second position as a result of PCEI.

At its peak, the team was responsible for installing the bathrooms in People's Park. During this time also (starting in 1998 and lasting five or six years), the Mental Health Division had two Mobile Crisis Teams, one of which was active on Telegraph Ave during the day, and essentially an outreach team targeting the homeless on Telegraph.

HHCS staff are seeing increased staffing turnover at community agencies, possibly a result of the many changes agencies have made trying to balance their budgets—freezing wages, reducing benefits, and cutting back on funding for things like training and updated technology. Ideally, everyone seeking services in Berkeley would be offered the same services based on their needs, but knowing the eligibility requirements and availability of other programs requires stable staffing with time to spend on coordinating and communicating with other agencies. Staff, including HHCS staff, who are stretched thin to cover the basic responsibilities of their jobs, simply do not have the time to spend on the intensive work of coordination that is needed to make this array of services truly function in a systemic way. Instead, it often falls on the individual to navigate the system, or case managers to do the work of coordination on a client by client basis. A centralized or coordinated intake system, described under Promising Practices below, could provide more consistent access to services for consumers and reduce duplicative intake activities for providers and consumers.

#### *Interaction with Alameda County*

Interaction and coordination with Alameda County on homeless issues takes place primarily through Everyone Home, the organization started to coordinate countywide implementation of *Everyone Home: the Alameda Countywide Homeless and Special Needs Housing Plan* which the City adopted in 2006. HHCS participates in the Leadership Board of Everyone Home, which meets every other month and has representatives from Oakland and other cities, community agencies, and many departments of Alameda County, including Housing and Community Services, Behavioral Health Care Services, Social Services, and the Sheriff.

Everyone Home coordinates the annual U.S. Department of Housing and Urban Development (HUD) Continuum of Care application process, which brings about \$25 million annually into the county and last year resulted in five new permanent housing vouchers for Berkeley in the Alameda County (AC) Impact program. Everyone Home spearheaded the effort to develop and adopt a single set of homeless program performance benchmarks countywide and provided a series of intensive workshops designed to support agencies in increasing outcomes. Everyone Home also coordinated implementation of the Homelessness Prevention and Rapid Rehousing (HPRP) stimulus program funds and is helping to coordinate the new Emergency Solutions Grant (ESG) Priority Home Partnership Program; both of these projects feature countywide collaborations to offer a standardized program, which includes financial assistance to rapidly re-house homeless households, and assistance to help prevent households at imminent risk of homelessness to avoid entering shelter.

How do we measure success?

In 2010, the City helped fund and HHCS participated in an Everyone Home-led initiative to develop a single coordinated set of outcome benchmarks for homeless programs. The measures are shown in *Attachment 1*. They have been adopted by HHCS for use in City contracts, and by the City of Oakland, Alameda County Housing and Community Development, and County agencies including Behavioral Health Care Services. The most recent report on countywide outcomes was distributed as an attachment to the July 17, 2012 information report, *Outcomes of Community Agency Contracts*.

The outcomes emphasize HUD and local priorities, particularly exiting people from services into permanent housing. For at least seven years, ending homelessness by moving people into permanent housing has been an increasing focus of the homeless service system at the federal, state, and local levels. Increasing income, whether via earned income or entitlements like SSI, is also a focus, since most types of housing require an income. The outcomes also measure the extent to which people leave to a known destination, since outcome data is an important part of evaluating and improving outcomes.

Strategic Plan

On May 16, 2006, with Resolution No. 63,301-N.S. the City adopted the Everyone Home Plan as its strategic plan for ending homelessness:

“NOW THEREFORE, BE IT RESOLVED that the Council of the City of Berkeley adopts the Alameda County-wide Homeless and Special Needs Housing Plan and directs the City Manager to use it as a guide for allocation of resources available within programs assisting those who are homeless, or live with serious mental illness or HIV/AIDS to

- 1) Increase the amount and range of affordable housing opportunities in Berkeley for extremely low-income and disabled residents;
- 2) Strengthen the continuum of services the City provides to ensure that residents can be successful in their housing;
- 3) Inform relevant advisory commissions of Council’s intent that the Plan be used to guide City policy; and
- 4) Broaden the City’s approach to services and housing to allow for better outcomes among people with long-term homeless histories and severe disabling conditions.”

The Everyone Home Plan serves as the Alameda countywide Continuum of Care Plan. All City homeless planning documents completed subsequently reference the Everyone Home Plan. These include the Housing Element and the Consolidated Plan with its related Annual Action Plans.

City staff continue to work closely with Everyone Home, other jurisdictions, and community agencies on the implementation of Everyone Home through participation in its Leadership Board and several committees. Tracking and improving housing and service outcomes have been a major focus of implementation, as a tool for identifying successful programs and improving those with weaker outcomes. Implementing the Homelessness Prevention and Rapid Rehousing (HPRP) stimulus program in a coordinated way countywide, and following that experience with coordinated implementation of new Emergency Shelter Grant (ESG) requirements has been another important project. Most recently, City staff worked with Everyone Home to implement HUD's newly revised Continuum of Care application process, now a more competitive process in which renewal funding is not guaranteed for all programs, in a way that reflected local priorities and maximized resources countywide.

### **Potential Funding Needs and Sources**

Since the start of the recession in 2008, the City and the community agencies providing homeless services have faced funding challenges. Despite extra funding through the American Recovery and Reinvestment Act of 2009, now fully expended, the City has seen decreases in federal funds and in the General Fund. Community agencies have seen decreases in individual and foundation funds available. For example, the Chronicle of Philanthropy reported that charitable giving by people with incomes over \$200,000 per year dropped by \$31 billion nationwide from 2007 to 2009. At the same time, many operating costs of nonprofit organizations, such as rent, employee benefits, insurance, and supplies, have increased. Simultaneously, more people are seeking assistance due to the recession, increasing the need for resources.

HUD requires that the City report annually on the resources available locally for addressing homelessness in the Consolidated Annual Performance and Evaluation Report (CAPER) and Annual Action Plan. The following information comes from the City's most recently completed Annual Action Plan and CAPER.

#### *Supportive Housing Program Grant Awards*

Berkeley agencies continue to compete successfully for Supportive Housing Program Grants from the U.S. Department of Housing and Urban Development (HUD) through the Continuum of Care process. The following table lists supportive housing and support services programs in Berkeley that received allocations in FY 2011. HUD also awarded \$3.5 million to programs that benefit people who are homeless in Berkeley as well as in other parts of Alameda County (particularly Oakland).

Berkeley's supportive services and housing programs obtain in-kind and money matches that leverage HUD's grant awards through SHP.

**Supportive Housing Program (SHP) Renewal Awards to the  
City of Berkeley and Berkeley Community Agencies in FY 2012**

<b>Program</b>	<b>Funding</b>
Bonita House - Channing Way Apartments	\$33,080
BFHP - Russell Street Residence	253,627
AHA - Peter Babcock House	36,665
RCD - Regent Street	75,528
BFHP - Transitional House	242,217
BFHP - North County Women's Center	141,019
BOSS - McKinley Family Transitional House	74,500
RCD - Ashby House	55,392
BOSS - Harrison House Family Services	114,997
Rubicon Berkeley Services	1,018,766
<b>Total</b>	<b>\$2,045,791</b>
<b>Other Awards that serve Berkeley and other communities:</b>	
InHOUSE (HMIS) - County-wide	\$384,582
BOSS - Self-Sufficiency Project	736,155
COB Shelter Plus Care Programs	2,421,924
<b>Total</b>	<b>\$3,542,661</b>

Source: US Department of Housing and Urban Development. Dated December 20, 2011. Available online: [http://portal.hud.gov/hudportal/documents/huddoc?id=11\\_california\\_renewals.pdf](http://portal.hud.gov/hudportal/documents/huddoc?id=11_california_renewals.pdf)  
Accessed July 6, 2012.

**Federal, State, and Local Public and Private Sector Resources for Homeless Services in FY 2013 for Homeless Services**

<b>Source</b>	<b>Amount</b>	<b>Services</b>
Community Development Block Grant (CDBG)	262,469	Funding allocated to the BFHP Men's Overnight Shelter and the Women's Daytime Drop-In Center (shown above)
Community Services Block Grant	86,778	Funding allocated to the BOSS MASC and BOSS Harrison House (shown above)
Emergency Solutions Grant (ESG)	269,115	Funding for homelessness prevention and rapid re-housing
Shelter Plus Care	3,079,165	Tenant-based rental subsidies administered by the City
<b>Total Federal Funds Received by the City</b>	<b>3,679,527</b>	
McKinney-Vento Act – Supportive Housing Program funds	2,040,183	Detailed above for FY 2012. These go directly to community agencies.
<b>Other Federal Funds Available</b>	<b>2,040,183</b>	
Mental Health Services Act Community Services and Supports (CSS) Funds	101,978	Funds services at YEAH!
<b>Total State Sources</b>	<b>101,978</b>	
City General Funds for Homeless Services	2,141,501	Described earlier in this report.
City General Funds for Homelessness Prevention Programs	150,603	Described earlier in this report.
<b>Total Local Sources</b>	<b>2,292,104</b>	
<b>Total All Sources</b>	<b>8,113,792</b>	

Source: City of Berkeley Housing and Community Services Department

\*Note: This amount does not reflect Berkeley's share of the new supportive housing countywide collaborative program proposed through the Continuum of Care,

## Existing Laws and Enforcement

There are no State or local laws which apply specifically to people who are homeless. However, people who are homeless on the street conduct parts or all of their private lives in public spaces. There are laws which address behavior on the street and in other public places as well as access to private property. These laws apply to everyone, regardless of their housing status. These laws include:

- Business and Professions Code 25620: Possession of an open container of alcohol.
- Penal Code 352: No urinating or defecating in public.
- Penal Code 602(o) and Berkeley Municipal Code (BMC) 13.52.010 and 13.52.020: No trespassing on private property.
- Penal Code 647(e): No lodging overnight in a public place without permission.
- Penal Code 647(f): Drunk in public.
- BMC 6.32.020: No lodging overnight in City parks.
- BMC 12.70.030: No smoking in most areas open for public use, including all commercial sidewalks and City parks.
- BMC 12.76.020: No living in a vehicle modified for human habitation.
- BMC 13.36.015: No lying down on commercial sidewalks during certain business hours.
- BMC 13.36.065: No remaining inside of City buildings, such as City Hall or on the front steps thereof, without business to conduct there.
- BMC 13.36.070: No alcohol consumption in public.
- BMC 13.37.020: No aggressive solicitation and ATM solicitation.
- BMC 13.52.010: Trespassing.
- BMC 14.48.020: No placing large or numerous objects on sidewalks that cannot be readily moved.
- BMC 14.48.210 and inherent police power: Allowing the City to remove unattended property left on sidewalks and in parks, respectively.
- Health and Safety Code 114395: Restrictions on food giveaways in public.

Assemblymember Tom Ammiano has introduced AB5, known as the Homeless Bill of Rights. Generally, AB5 would nullify all but four of the laws outlined above. Those still in effect if AB5 were passed would be those prohibiting trespassing on private property, drinking in public, defecating in public, and smoking in most public spaces. More information about AB5 is attached as *Attachment 2*.

The Berkeley Police Department has established a Crisis Intervention Team (CIT), composed of specially trained officers whose function is to respond to incidents which involve a mental health crisis. CIT is a nationally recognized best practice model developed in Memphis, Tennessee in 1988. Team members have completed 38 hours of CIT training and achieved CIT certification. The training covers signs and symptoms of mental illness, appropriate medications and their side effects, use of verbal de-escalation techniques, active listening skills, and local resources for people with mental illness and their families. Whenever possible, CIT officers will respond to specified calls for service involving individuals experiencing mental health crises. The CIT Program has four primary objectives:

- a) To attempt to de-escalate crisis situations.
- b) To attempt to reduce the necessity for the use of force.
- c) To attempt to reduce recidivism among mentally ill criminal offenders.
- d) In collaboration with the community mental health system, consumer advocacy groups and the courts, to continuously work toward meeting these goals.

### **Program Models and Promising Practices**

More information on the program models below appears in *Attachment 3*.

#### *Centralized or Coordinated Intake*

Currently, each agency in Berkeley completes its own intake process with every person seeking services. The resources the person can access depend on what that particular agency has available at that point in time, and other agencies' programs the individual staff member is familiar with. Although investing significantly in homeless programs, the City does not have any control over who receives services beyond a basic set of eligibility criteria, since admissions decisions are made at the individual program level. A person seeking assistance is likely to go to several agencies, completing the intake process each time, while trying to find the resources to meet their needs. The individuals who receive services or access to housing are typically those who reach them first, not necessarily those who need them most or are the most appropriate fit.

In a centralized or coordinated system, each person goes through the intake process one time, and can access the same information and resources no matter when or where they complete the intake. While complex to design and implement, centralized and coordinated intake has been used successfully in communities including San Francisco (Connecting Point), Columbus, Ohio, Cincinnati, Ohio, and Grand Rapids, Michigan. Such systems may include a mechanism to triage people seeking assistance, and match people with the type of assistance that best meets their needs.

HUD's new regulations for the ESG program, released in 2012, require communities to develop centralized or coordinated intake. Such a system has the potential to

streamline the experience for those seeking services, ensure a higher quality of care, and eliminate duplication of services. In order to remain competitive in the HUD Continuum of Care funding process, which brings about \$25 million a year into Alameda County for homeless programs, Alameda County agencies will need to develop and implement a centralized or coordinated intake system in the next few years. A centralized or coordinated intake system is likely to reduce duplication in intake and resource identification activities for both providers and consumers. It could also make a more efficient use of existing resources by facilitating better matches between consumers and the interventions they receive. However, design and implementation will require staffing resources from a system that is already stretched thin.

### Targeted Outreach, Services, and Housing

One program model used in other communities and in Berkeley is to identify specific individuals who are in need of services and to target outreach, services, and housing resources to them. For example, the national 100,000 Homes Campaign seeks to identify the 100,000 most vulnerable homeless adults nationwide and get them permanently housed. In participating communities, volunteers identify, photograph, and complete a Vulnerability Index assessment for everyone who is homeless, to identify those who are most vulnerable from a health perspective, then prioritize them for housing resources. Of course, having permanent housing resources available for everyone in need is a challenge. Santa Monica used this approach, creating a registry of each chronically homeless person in the city and prioritizing them by vulnerability.<sup>4</sup>

Berkeley implemented a targeted outreach, service, and housing program with the Square One program initiated via the Public Commons for Everyone Initiative. The program consists of housing subsidies administered by HHCS, street outreach provided by the Mental Health Division Homeless Outreach Team, intensive case management provided by LifeLong Medical Care, and SSI advocacy services from the Homeless Action Center. It targeted homeless adults who were frequently cited and arrested due to quality of life crimes in public areas, identified in collaboration with the Berkeley Police Department. A detailed evaluation of Square One was completed for a PCEI status update report for Council on May 17, 2011. By the end of calendar 2012, 12 adults who had been chronically homeless previously were permanently housed.

Through countywide collaboration, HHCS gained access to another five Shelter Plus Care certificates through the new AC Impact program in 2012. These certificates will be available for clients identified according to the Square One criteria. Staffing for these programs is at maximum capacity; any further expansion would require additional City staffing to administer.

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<sup>4</sup> [http://www.bobbyshriver.com/im/sm\\_content/EndingHomelessness.pdf](http://www.bobbyshriver.com/im/sm_content/EndingHomelessness.pdf)

### Street Outreach

Nationwide, there are many examples of street outreach programs to address street homelessness. More than just encouraging people to come to facility-based programs, some programs provide a range of services in the field. For example, the HOST program operated by the Downtown Emergency Service Center (DESC) in Seattle, consists of 16 mental health, chemical dependency, and medical professionals who reach out to homeless people with mental illness in the street, shelters, libraries, and other places. Because DESC operates 300 shelter beds and 800 Housing First Apartments in Seattle, the HOST program can connect clients with housing resources.

Street outreach is a frequently used model for addressing youth homelessness, at Larkin Street in San Francisco, Janus Services in Portland, and Youthcare in Seattle, for example. At the Crossroads (ATC) is a small organization in San Francisco working with homeless youth and young adults primarily using street outreach. They walk the street several nights a week in the Mission and downtown, handing out basic necessities like food, condoms, and socks and use these to build counseling relationships. ATC specifically targets youth and young adults who have not been successful in other service programs. They then work with the youth and young adults on an individual basis to “build outstanding lives,” meaning identify and fulfill personal goals including but not limited to housing, employment, education, health care, and positive social relationships. They continue to work with clients after they are housed for as long as the client wants. In 2009, ATC reported outcomes on clients who had been in services for three or more years: 95% had achieved stable housing, 87% had improved their legal income, and 74% were working, in school, or both. ATC makes very extensive use of volunteers and relies entirely on private contributions.

### Collaboration with Law Enforcement

In addressing street behavior, homelessness, and mental health, and responding to related crises, some communities have combined social services approaches with law enforcement interventions. One example is the Crisis Intervention Team (CIT) model which has been adopted by the Berkeley Police Department and is described earlier in this report. San Diego has Homeless Outreach Teams made up of police officers, County psychiatric clinicians and County Mental Health eligibility technicians. Denver combined street ambassadors with police officers assigned to homelessness, and donation meters, to discourage panhandling and support long term solutions to homelessness. The Santa Monica Police Department formed a Homeless Liaison

Program Unit which consists of one sergeant and six police officers.<sup>5</sup> The program combines law enforcement and social services approaches.<sup>6</sup>

#### BACKGROUND

The issues discussed in this report were referred to HHCS by Council at its December 18, 2012 meeting and its January 29, 2013 meeting.

#### POSSIBLE FUTURE ACTION

City Council will discuss possible future action at the work session.

#### FISCAL IMPACTS OF POSSIBLE FUTURE ACTION

Because future actions have not yet been determined, no analysis of their fiscal impacts is available.

#### CONTACT PERSON

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#### Attachments:

- 1: Everyone Home Outcome Measures
2. AB5: Homeless Bill of Rights
- 3: Program Models and Best Practices

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<sup>5</sup> <http://santamonicapd.org/HLP.aspx>

<sup>6</sup> [http://seattletimes.com/html/nationworld/2008791502\\_homeless27.html](http://seattletimes.com/html/nationworld/2008791502_homeless27.html);  
[http://www.surfsantamonica.com/ssm\\_site/the\\_lookout/news/News-2005/August-2005/08\\_02\\_05\\_On\\_the\\_Front\\_Lines.htm](http://www.surfsantamonica.com/ssm_site/the_lookout/news/News-2005/August-2005/08_02_05_On_the_Front_Lines.htm)



## **Attachment 2**

### **AB5: Homeless Bill of Rights**

Assemblymember Tom Ammiano has introduced Assembly Bill 5, the Homeless Bill of Rights. The City Attorney's Office completed the following analysis of the provisions of AB5 and their relationship with existing laws.

AB 5 would do the following:

1. Amend the Unruh Civil Rights act to include the homeless. That means equal access to restaurants, businesses, etc.
2. Add Civil Rights for the homeless as follows:
  - a. Right to rest, sleep, or lie down in any "public spaces," which is defined very broadly and includes public buildings, public transportation, and private property that is open to the public such as courtyards and parking lots. However, malicious and substantial blocking of pedestrians on the sidewalk will still be prohibited.
  - b. Right to leave one's personal property in said spaces.
  - c. Right to share food in said places.
  - d. Right to urinate in said places.
  - e. Right to collect recycling materials.
  - f. Right to clean and safe bathrooms 24/7.
  - g. Right to clean and safe showers 24/7 or hygiene kits.
  - h. Right to clean water for washing.
  - i. Right to solicit for donations in said places.
  - j. Right to fully staffed shelters 24/7 that can accommodate any special need.
  - k. Right not to utilize homeless services.
  - l. Right to live in a legally parked vehicle.
  - m. Right to medical care/mental health care.
  - n. Right to a lawyer on any "failure to appear" or commitment proceeding.
  - o. Right to compensation for unlawfully confiscated personal property.
  - p. Right to offer food or any other assistance to homeless persons in public place.
3. Law enforcement agencies must compile stats on all enforcement of ordinances and infractions against homeless persons, and an annual report to State Attorney General is required.
4. Right to sue any person or entity for injunction, damages, punitive damages, and attorney's fees for any violation of the above.
5. Amend other "civil rights" provided in state law to include homeless persons as a category for which discrimination is prohibited.

AB 5 would prohibit enforcing the following state and local laws against homeless people, who are broadly defined to include not only those on the street or in cars, but those in SRO's, shelters, staying with friends, in transitional housing, and substandard apartments. Each law is cited with a short description of its content:

- Penal Code 352: No urinating in public;
- Penal Code 647(e): No lodging overnight in a public place without permission;
- BMC 6.32.020: No lodging overnight in City parks;
- BMC 12.76.020: No living in a vehicle modified for human habitation;
- BMC 13.36.015: No lying down on commercial sidewalks during certain business hours;
- BMC 13.36.065: No remaining inside City buildings such as City Hall or on the front steps thereof without business to conduct there;
- BMC 13.37.020: No aggressive panhandling and ATM panhandling;
- BMC 14.48.020: No placing large or numerous objects on sidewalks that cannot be readily moved;
- BMC 14.48.210 and inherent police power: Allowing the City to remove unattended property left on sidewalks and in parks, respectively; and
- Health and Safety Code 114395: Restrictions on food giveaways in public.

It might also preempt the City's recyclable poaching ordinance (BMC 12.36.070) because it expressly allows recyclable collection by homeless.

Generally, AB5 would nullify all but four of the laws outlined in the body of the report under Existing Laws and Enforcement. Those still in effect if AB5 were passed would be those prohibiting trespassing on private property, drinking in public, defecating in public, and smoking in most public places.

## **Attachment 3 Program Models and Best Practices**

### Centralized or Coordinated Intake

The following information comes from HUD resources regarding this program model:

Recent national research (Burt) has highlighted centralized intake as a key factor in the success of homelessness prevention and rapid re-housing programs (and many other kinds of homeless programs). Centralized intake can enhance the quality of client screening and assessment, and better target program assistance to where it can be most effective. As a result, the system for preventing and ending homelessness is less fragmented and scarce resources are used more efficiently.

Centralized intake, in this context, refers to a single place or process for people to access the prevention, housing, and/or other services they need. It may be the only “door” for particular kinds of assistance, or there may be other ways to access assistance. It includes the following core components:

- Information so that people will know where or how to access centralized intake;
- A place or means to request assistance, such as a walk-in center or a 211 call center;
- A screening and assessment process and tools to gather and verify information about the person and his/her housing and service needs and program eligibility and priority;
- Information about programs and agencies that can provide needed housing or services;
- A process and tools for referral of the person to appropriate programs or agencies;
- In some cases, a process and tools for making program admissions decisions.

### Targeted Outreach, Services, and Housing: Square One

Square One is one example of a targeted program. The following information on Berkeley’s Square One program comes from the May 17, 2011 evaluation of the program:

On November 27, 2007, the City Council adopted 15 recommendations under the Public Commons for Everyone Initiative. One of these created the Square One program, a permanent supportive housing program serving individuals prioritized by the Berkeley Police Department and other staff as a result of frequent quality of life crimes in public commons areas that result in numerous complaints and arrests. By providing stable housing and ongoing services, the goal of the program is to retain individuals in housing and services and thereby reduce problematic street behavior and the frequency of arrests. Approximately \$350,000 of the annual funding has been allocated to provide up

to fifteen housing subsidies administered by the Housing and Community Services Department (HCSD), along with street outreach provided by the Berkeley Mental Health Homeless Outreach Team (HOT) and intensive case management provided by LifeLong Medical Care (LMC).

Outreach was initiated with the first cohort of 10 individuals targeted for the program who had the highest arrest and citation rates. After extensive outreach efforts to encourage their participation, only 5 of these individuals were willing to participate in Square One. Consequently, additional homeless individuals who were high profile in the public common areas were identified. Eventually, a total of 27 individuals were targeted for the program. In some cases, these individuals had fewer arrests and citations than the people identified in the initial cohort. However, they otherwise met the PCEI criteria and were willing and motivated to participate in the program.

The outreach worker conducted outreach to all 27, and 14 of them were receptive to the program and consented to be referred to LMC for case management and assistance to obtain housing. Three of them had long-term partners who were with them on the streets, and their partners were also enrolled in the program, so that a total of 17 homeless individuals have been served to date.

LMC assists the clients to find an apartment and provides ongoing supportive services in collaboration with the HOT outreach worker. Once housed, the client pays 30% of their income for rent, and the HCSD makes monthly subsidy payments to the landlord. Based on the funding available and the amount currently being paid in monthly rental assistance, the program can subsidize a maximum of 12 households at any one time.

Of the 17 individuals enrolled, 14 remain stably housed. Of the remaining 3: one elderly client who had been on the streets for many years and in frail health died after several months in a skilled nursing facility; another client was recently arrested for violating his parole and has returned to jail, and is expected to continue to be served by the program again upon his release; and the third client had obtained other subsidized housing, but unfortunately he was evicted due to symptoms related to his disability. After a period of inpatient treatment, he is now receiving mental health services from BMH and on the waiting list for a rental subsidy through the Square One Program. He is receiving a temporary rental subsidy through BMH to stay in a residential hotel until the Square One Program has a subsidy available.

All of the remaining 14 participants (12 separate households) have retained their housing since being enrolled in the program. One of them successfully transferred into the Berkeley Housing Authority's Section 8 Program after being initially housed by the Square One Program, and thus no longer needs rental assistance through the program. He continues to receive supportive services from LMC, while another individual was served with the subsidy that became available.

There are five other individuals from the list of 27 targeted for PCEI who have since been housed through the City of Berkeley Shelter Plus Care Program. One individual

was housed through another Shelter Plus Care program, and one individual was housed through a full-service treatment program. Including these individuals, a combined total of 17 households or 63% of the 27 persons initially targeted through PCEI are in stable housing.

There was a significant reduction in arrest rates for the individuals targeted for PCEI who have been housed, with an approximate eight-fold drop after housing was obtained (73 arrests while homeless, compared to 9 arrests after being housed). While a few individuals being housed through Square One have had arrests or citations after entering the program, all have been retained in the program and have continued to receive services upon their release from jail.

Most of the Square One clients were not receiving primary care or mental health services at the time of their enrollment. One of the strengths of the program is that the case management provider, LifeLong Medical Care, also provides healthcare and mental health services. Consequently, LMC has been able to assure that the people enrolled in the program are connected with primary medical care. Ten of the participants are now receiving mental health services through LMC, and three participants with a serious mental illness are now receiving services at Berkeley Mental Health.

Ten of the individuals enrolled had no income or were receiving General Assistance, and were referred to the Homeless Action Center for SSI advocacy. Eight of them have had their SSA claim approved. Two applications were denied and have been appealed.

### Street Outreach

The following material is excerpted from a report to the Seattle City Council in March 2010 on best practices in street outreach, available online at:  
[http://clerk.seattle.gov/~public/meetingrecords/hhshc20100428\\_11.pdf](http://clerk.seattle.gov/~public/meetingrecords/hhshc20100428_11.pdf)

The basic goals of street outreach programs are to address immediate needs of safety, provide crisis intervention, and connect people to basic services such as medical care, clothing, food and shelter. Outreach represents the first step in helping homeless people who are not engaged with services either due to a lack of awareness or active avoidance of service providers. Over time and with the establishment of a trusting relationship, services and resources are introduced and individuals are connected to health services, mental health and chemical dependency treatment, and housing.

Outreach programs nationally adopt a relational outreach and engagement framework. The model recognizes outreach as a process that moves through different phases in building relationships, creating care and support systems toward social inclusion, and growing as an active member of the community.

A homeless individual's transition to mainstream services and permanent housing may take months or years to achieve. The duration of each outreach relationship is based on each unique individual and there is no uniform timeline or formula for engagement of

clients. Although the goal of outreach is to move people from the street to services and housing, outreach providers point out that the ability to develop and maintain long-term relationships with clients who have been vulnerable, isolated, and difficult to serve is an important measure of success.

Outreach programs engage people and meet them “where they are” in their own environment -- greenbelts, parks, doorways and alleys, vehicles, tents, temporary shelters or under bridges. People living in these settings are often isolated and highly vulnerable. Many are impaired by severe chemical dependency and physical and mental health challenges, issues that make it difficult for them to seek out services on their own.

Outreach teams carry supplies such as gloves, socks, and hats during the winter and water in the summer. These are simple engagement tools that help highly trained staff develop rapport with people who are alone or stay together on the street.

### **A. Best Practices**

In general, best practice outreach activities in Seattle and other cities are built on relational outreach and engagement principles that develop trust, address immediate needs, and provide linkages to services and resources. Outreach and engagement best practices have remained consistent over the last decade. As a result, there are few articles that have been written recently on the art of outreach.

Best practices and literature reviews found that values and principles, worker stances/characteristics, and goals of outreach were important factors in outreach programs that engage individuals who are not served or underserved by existing agencies:

Programs adhere to a core set of values and principles which drive interventions. These values and principles provide a framework for setting realistic goals in an environment of limited resources and with progress that can move slowly.

Successful outreach workers and programs possess characteristics that are critical in creating a relationship between clients and workers. Cultural competency is one of the key components of these program and staff need to demonstrate an ability work across ethnicity, gender, lifestyle, and age spectrums. In addition, characteristics such as flexibility, commitment, realistic expectations, a sense of humor, creativity and resourcefulness are all strengths that successful outreach workers possess.

While approaches to outreach and engagement in recent years have remained rather constant, other improvements have occurred to strengthen the efficacy of outreach and engagement programs. In a video distributed to mental health providers, homeless service providers and government entities, SAMHSA emphasized the importance of partnerships in ending chronic homelessness.

Studies in the last decade focused on specific project outcomes, tied to Housing First programs or treatment alternatives and jail diversion where outreach played a role in identifying and engaging clients for housing or services.

The National Alliance to End Homelessness identifies outreach as one of the ten essentials needed in a community for effective permanent solutions to prevent and end homelessness. A best practice is designing outreach and engagement systems to reduce barriers and encourage people who are homeless to enter appropriate housing linked with appropriate services. “A key ingredient of effective outreach is a rapid link to housing, which necessitates some form of low-demand housing (housing with few rules or requirements).”

### **B. Examples from National Models**

Many communities have programs funded by behavioral health agencies that draw from local, state and federal resources, in combination with private funds. A review of programs in select cities revealed several key, noteworthy themes.

**Priority for services:** Programs often prioritize outreach services to the most vulnerable people on the street who are not connected to services. In some communities, a vulnerability index is used to ensure services are directed to those most in need.

**Coordination and collaboration among programs:** Denver has created a Street Outreach Collaborative that brings five agencies together. Agencies have developed a common job description for outreach so that expectations are consistent within the collaborative. Agencies work closely to use strengths of individual program/team members and their ability to connect with different populations.

Philadelphia’s lead outreach agency, Project HOME, **coordinates outreach efforts of five providers**, including the services at the Outreach Coordination Center. A 24-hour hotline is available during periods of severe weather to receive calls from businesses, community groups, and citizens about homeless people in need. Outreach workers are dispatched to provide assistance, working in collaboration with the police.

**The role of police in outreach:** San Diego, Philadelphia and Denver police officers have a greater and more collaborative role in street outreach and are members of outreach teams. In Philadelphia, police officers play a central and lead role on these teams; police officers in the “service detail” provide 24 hour linkage to homeless services and provide safety support to outreach providers, when requested, and are available for encampment clean-up.

San Diego police department staff work in coordination with psychiatric and health/human services specialists. Outreach programs also include links to the city’s Serial Inebriate Program, a jail diversion/treatment alternative.

In Portland, officers and outreach workers have a strong relationship and keep each other informed on activities in their defined geographic areas.

Data collection and evaluation is monitored: San Diego police officers regularly report on the number of people on the street, surveying impact on identified areas on a monthly basis. Philadelphia conducts a street count between the hours of midnight and 3:00 a.m., once a quarter.

