To: Mental Health Commissioners  
From: Karen Klatt, Commission Secretary  
Date: July 17, 2018

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AGENDA

All Agenda Items are for Discussion and Possible Action

Public Comment Policy: Members of the public may speak on any items on the Agenda and items not on the Agenda during the initial Public Comment period. Members of the public may also comment on any item listed on the agenda as the item is taken up. Members of the public may not speak more than once on any given item. The Chair may limit public comment to 3 minutes or less.

7:00 pm 1. Roll Call

2. PRELIMINARY MATTERS
   A. Action Item: Agenda Approval
   B. Public Comment
   C. Action Item: Approval of the June 28, 2018 Minutes

3. MHSA Innovations Trauma Informed Care Plan Public Hearing
   – Karen Klatt

4. Pathways STAIR Center Presentation – Jamie Almanza,
   Bay Area Community Services

5. Committee Reports:
   - Sub-committee on Fiscal and Programmatic Accountability
   - Diversity Subcommittee
   - Site Visit Subcommittee

6. Staff Announcements/Updates

7. Discuss concerns about staffing for HOTT and Mobile Crisis

8. Mental Health Manager Update

9. Motion to establish a Data and Technology Subcommittee

11. Prioritize Agenda Items for September Meeting

12. Announcements

9:00pm  13. Adjournment

Communications to Berkeley boards, commissions or committees are public record and will become part of the City's electronic records, which are accessible through the City’s website. Please note: Email addresses, names, addresses, and other contact information are not required, but if included in any communication to a City board, commission or committee, will become part of the public record. If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service or in person to the secretary of the relevant board, commission or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the secretary to the relevant board, commission or committee for further information. The Health, Housing and Community Services Department does not take a position as to the content.

Contact person: Karen Klatt, Mental Health Commission Secretary at 981-7644 or kklatt@ci.berkeley.ca.us.

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

SB 343 Disclaimer
Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection in the SB 343 Communications Binder located at the Family, Youth and Children’s Clinic at 3282 Adeline St, Berkeley.
1. **Call to Order at 7:03pm**
   Commissioners Present: Erlinda Castro, boona cheema, Margaret Fine, Shelby Heda, Paul Kealoha-Blake, Ben Ludke, Vylma Ortiz.
   Commissioners Absent: Cheryl Davila (arrived 7:10), Shirley Posey (arrived 7:10).

2. **Preliminary Matters**
   A. **Approval of the June 28, 2018 Agenda**
      M/S/C (Heda, Castro) Approve the June 28, 2018 Mental Health Commission Agenda – PASSED
      Ayes: Castro, cheema, Fine, Heda, Kealoha-Blake, Ludke, Ortiz. Noes: None;
      Abstentions: None; Absent: Davila (arrived 7:10), Posey (arrived 7:10).

   B. **Public Comment**
      Jonah Markowitz shared how donations could be made to the Berkeley Lions Club in honor of his life story. The proceeds from any donations will go to Berkeley area agencies. Mr. Markowitz also mentioned how the Mental Health Division should be collaborating more with “Easy Does It Emergency Services.”

   C. **Approval of the May 24, 2018 Meeting minutes – PASSED**
      M/S/C (Fine, Kealoha-Blake) Move to approve the May 24, 2018 Meeting minutes - PASSED
      Ayes: Castro, cheema, Fine, Heda, Kealoha-Blake, Ludke, Ortiz. Noes: None;
      Abstentions: None; Absent: Davila (arrived 7:10), Posey (arrived 7:10).

3. **MHSA Innovations Reversion Expenditure Plan Public Hearing**
   M/S/C (Heda, Ortiz) Move to approve the MHSA Innovations Reversion Expenditure Plan as submitted – PASSED
   Ayes: Castro, cheema, Davila, Fine, Heda, Kealoha-Blake, Ludke, Ortiz, Posey; Noes: None; Abstentions: None.

4. **Committee Reports** – No action taken.
5. **Staff Announcements/Updates** – Commission Secretary, Karen Klatt, spoke about and answered questions on the Trauma Informed Care Draft Plan that has been revised and posted for a 30-Day Public Review.

6. **BMH Staff Presentation** – Mental Health Program Supervisor, Nancy Njissang, shared information and answered questions regarding the Berkeley Mental Health Adult Service Teams.

7. **Mental Health Manager Update** – Mental Health Manager, Steve Grolnic-McClurg spoke briefly about the Suicide Prevention Resources Report which was prepared by UC Berkeley Student Intern Colleen Budenholzer.

*At this point it was 8:55pm and a motion was made to extend the meeting.*

**M/S/C (Davila, Posey) Motion to extend the meeting to 9:15pm** - PASSED  
**Ayes:** Castro, cheema, Davila, Fine, Kealoha-Blake, Ludke, Ortiz, Posey;  
**Noes:** Ortiz; **Abstentions:** None; **Absent:** Heda (out of the room during the vote).

**M/S/C (Ortiz, Davila) The Mental Health Commission recommends the creation of a Suicide Prevention Leadership/Steering Committee for Alameda County** - PASSED  
**Ayes:** Castro, cheema, Davila, Fine, Kealoha-Blake, Ludke, Ortiz, Posey;  
**Noes:** None; **Abstentions:** None; **Absent:** Heda (out of the room during the vote).

Mr. Grolnic-McClurg also announced that the Deputy City Manager, Jovan Grogan, had accepted a City Manager position in San Bruno and that the Health, Housing and Community Services Department (HHCS) Director, Paul Buddenhagen, would be the Interim Deputy City Manager, and Kelly Wallace would be the Interim HHCS Director.

8. **Discuss development of a law regulating the concurrent sales of gasoline and Alcoholic beverages** – This item was removed from the agenda.

9. **Mental Health Care Programs and Financing in California** – This item was removed from the agenda.

10. **Health Disparities/Equity Report** – This item was moved to the September Meeting Agenda.

11. **Prioritize Agenda Items for June Meeting** – No action taken.

12. **Announcements** – Commissioner Posey shared information about the Alameda County Pool of Consumer Champions Conference she had been attending, and the Keynote Speaker of the conference who spoke about Trauma Informed Care. Commissioner Posey also commented about the growth of the Consumer movement to 1,500 members since 2007. Lastly, Commissioner Posey inquired as to whether anyone wanted “two for one” tickets to the Alameda county State Fair and she gave tickets to individuals who wanted them.

13. **Adjournment** – 9:13pm.

Minutes submitted by: _________________________________  
Karen Klatt, Commission Secretary
City of Berkeley
Mental Health Services Act (MHSA) Innovations (INN)
Trauma Informed Care Plan

Mental Health Division
Health, Housing & Community Services (HHCS) Department
The City of Berkeley has created a Draft Mental Health Services Act (MHSA) Innovations (INN) plan to propose changes to the currently approved Trauma Informed Care (TIC) for Educators Project. The proposed modifications include: switching the project population recipients from Berkeley Unified School District (BUSD) to four area Head Start Centers, and changing the remaining project budget amount to $340,000. The proposed INN project will seek to learn whether modifying the mental health approach of TIC Training for teachers, staff, and administrators in a Head Start setting will increase access to mental health services and supports for students in need, particularly for underserved ethnic groups, and increase the quality of mental health services, including better outcomes for low income children ages 0-5, and their families.

MHSA INNOVATIONS BACKGROUND AND OVERVIEW

Enacted by voters on November 2, 2004, the Mental Health Services Act (MHSA) is Proposition 63 that places a 1% tax on every dollar of personal income over $1 million. MHSA revenues are allocated to mental health jurisdictions across the state for the purposes of transforming and expanding the public mental health system by helping systems become more integrated, culturally competent, consumer and family member driven, and wellness and recovery oriented. Through five funding components, MHSA is designed to create the capacity for a broad continuum of prevention, early intervention and treatment services along with the necessary infrastructure, technology, and training elements to support effective mental health system transformation.

One of the five funding components of MHSA is Innovations (INN). The purpose of INN is to implement short-term pilot projects that contribute to new learning in the Mental Health field. These funds provide the opportunity to pilot test creative strategies that can inform future practices in communities/or mental health settings. INN projects can target any population and any aspect of the mental health system as long as the strategies or approaches that are being implemented address at least one of the following areas:

- Increase access to mental health services
- Increase access to mental health services for underserved groups
- Increase the quality of mental health services, including better outcomes
- Promote interagency collaboration

INN projects must also either: introduce new mental health practices or approaches that have never been done before; or make changes to existing mental health practices/approaches, including adapting them to a new setting or community; or introduce a new promising community-driven practice/approach that has been successful in non-mental health contexts or settings. Mental Health jurisdictions are required to report on the results of strategies and projects that were implemented through this funding component. As with all MHSA components, INN funds are made available through an approved INN Plan which includes the following required steps: conducting a planning process informed by community stakeholders, plan development, a 30-Day Public Review, a Public Hearing, and obtaining approvals by the local City Council and the California Mental Health Services Oversight and Accountability Commission (MHSOAC).
COMMUNITY PROGRAM PLANNING (CPP)

Community Program Planning (CPP) for this proposed modification to the City of Berkeley’s Trauma Informed Care for Educators Innovations Plan took place over a two month period enabling opportunities for input from the MHSA Advisory Committee members, consumers, family members, representatives from community-based organizations, individuals from unserved, underserved and inappropriately served populations; BMH Staff, City Commissioners, and other MHSA Stakeholders. During this process, two MHSA Advisory Committee meetings and four Community Input meetings were held.

Feedback acquired during the CPP process was largely favorable. Input received included utilizing a portion of the INN funds on a new project that would implement a Trauma-Informed Dynamic Mindfulness Program for Early Childhood Education to reach early childhood educators, families, and children aged 0-5.

A 30-Day Public Review is currently being held from Wednesday, June 27 through Thursday, July 26, 2018 to invite input on this modified MHSA Trauma Informed Care Project. A copy of the plan has been posted on the BMH MHSA website and is available for reviewing in hard copy format at the downtown Public Library at 2090 Kittredge Street. An announcement of the 30-Day Public Review has been mailed and/or emailed to community stakeholders. Immediately following the 30-day Public Review period a Public Hearing will be held at the Mental Health Commission on Thursday, July 26, 2018 at 7:00pm at the North Berkeley Senior Center.

CITY OF BERKELEY MHSA INN TRAUMA INFORMED CARE FOR EDUCATORS PROJECT

In May 2016, the City of Berkeley received approval from the Berkeley City Council and the Mental Health Oversight and Accountability Commission (MHSOAC) to implement a Trauma Informed Care (TIC) for Educators project into several Berkeley Unified School District (BUSD) schools to assess whether educators who are trained to become aware of their own trauma and trauma triggers (and how to address them), are better equipped to recognize and make appropriate decisions on how to help students who are exhibiting trauma symptoms, and assist them in accessing the mental health services and supports they may need. The approved INN Plan made a change to existing TIC for Educator models through the following:

- Implementing a “Train the Trainer” model to build capacity and sustainability in the participating schools and to create an institutional culture of trauma informed educators;
- Implementing the project through an existing Learning Collaborative (City of Berkeley 2020 Vision Program) which will stay involved in, connected to, and provide support on the strategy on an ongoing basis through “Peer Support Learning Circles”;
- Focusing on the educator’s recognition of their own trauma/trauma triggers as a conduit to better understanding youth “acting out” behaviors;
- Inviting parents to participate in the training to assist them in recognizing their children’s, and their own, trauma/trauma triggers and in seeking supports.

The Intended Outcomes and Learning Objectives are to:

- To create a change in the way Head Start educators and staff view and handle challenging student and parent behaviors (which often mask trauma);
- To create an increase in access to mental health services and supports for children/families in need;
- To promote better mental health outcomes by increasing child/family referrals to “appropriate” mental health services.

This project was originally approved from June 2016 through June 2018. In May 2018, the City of Berkeley requested and was granted an extension for this project through June 2021. The Budget for the current approved project is $180,000.

PROPOSED CHANGES

The proposed changes to the approved TIC Project are to: shift the population from BUSD, to four area YMCA Head Start Centers; and to change the remaining project Budget amount to $340,000. Aside from these proposed changes, the project and Learning Objectives will remain the same in all other aspects.
REASONS FOR PROPOSED CHANGES
Upon the Mental Health Services Oversight and Accountability Commission (MHSOAC) approval of the original TIC Project, it was implemented through the 20/20 Vision Program which is operated out of the City of Berkeley, City Manager’s Office. After a year of the TIC Project being executed, there were two vacancies in the 20/20 Vision Program which impacted the ability to continue the implementation of the TIC Project. The project was only able to be implemented for one year and during that timeframe an evaluation was conducted by an outside consultant on the project outcomes which are reflected in the “City of Berkeley Mental Health Services Act (MHSA) Fiscal Year 2017 Innovations Evaluation Report” which is located on the City of Berkeley MHSA Website. Although an evaluation was conducted, given that there was only one year of project implementation, it was not enough time to adequately evaluate the learning objectives.

Additionally once the new 2020 Vision Manager was hired, meetings were held with several of the BUSD principals who indicated that although their schools received a lot of positive benefits out of the TIC project, additional training requirements within the school system have been added for teachers and administrators that will need to be fulfilled over the next couple of years. As a result, the TIC Project may not be able to be prioritized within the school system at this time. In light of the changes in the school system, the 2020 Vision Manager did some outreach and found that four area Head Start Centers are interested in executing the same TIC Project for their early childhood educators and staff, to impact the children and families who are served at the centers. As such, the City of Berkeley would like to change the population from recipients at BUSD to area Head Start centers.

Changing the remaining Project Budget to $340,000 (which includes $70,733.28 of unspent funds from the current approved project budget amount) will ensure there is enough funding available to appropriately execute all aspects of the project and evaluation, over the three year timeframe.

PROJECT BACKGROUND AND OVERVIEW

BACKGROUND
Repeatedly voiced through multiple MHSA Community Planning processes has been the need to institute supportive services to address trauma within the youth population. A call for solutions to be implemented within school settings has been especially noted. Children and youth who have been traumatized often “act out” at school through various behaviors that are traditionally viewed as “problematic”. Youth exhibiting acting out behaviors are customarily subjected to disciplinary sanctions, which don’t address their trauma issues and instead, often re-traumatize (or further traumatize) the individual. It is also often the case, in particular with African American youth that acting out behaviors may lead to inappropriate over-referrals to the mental health system.

The effects of trauma can have ripple effects on an individual’s ability to be successful in school. According to UCSF Healthy Environments and Response to Trauma in Schools (HEARTS), children who have experienced early, chronic trauma such as family or community violence can develop emotional, behavioral, cognitive, and relationship difficulties that can make it very hard for them to learn and function well in school (Cole et al., 2005). Exposure to trauma is associated with a higher risk for school dropout (Porche et al., 2011), and in turn, dropping out of school increases the risk of being imprisoned (Center for Labor Market Studies, 2009). African American, Latino and Native American families are often disproportionately impacted by trauma. Based on research, it has been determined that trauma, which can be caused by racism and the social determinants associated with it, leads to stress and a child’s ability to cope, thrive and succeed in life.

The YMCA of the East Bay (YMCA) currently serves 368 low income children from birth to age five and their families in Berkeley with the primary goal of preparing children for school success. Approximately 90% of the families meet the federal poverty guidelines ($25,100 for a family of 4) and at least 10% of the children have disabilities. The children come from a variety of cultures and speak a variety of languages reflecting the low income community at large (31% African American, 26% Latino, 5% Asian, 4% White, 4% Other, 4% multi/biracial and 26% unspecified [typically Middle Eastern or Latino families]).
These students and their families are subject to high stressors due to poverty, disability, instability, homelessness, among other factors. Head Start gives hiring preference to parents of current and former students. As a result, many Head Start staff experience similar stresses in their lives while also experiencing the stresses of the children and parents they serve. Because of the nature of early education and the age of participant children in the program (birth to age 5) it is impossible to “treat” the child only without involvement of the family. Research clearly demonstrates that 90% of children’s brain development occurs in the first five years of life, clearly impacting any interventions at this age.

The 2020 Vision is a city-wide movement that was created to ensure academic success and well-being for all children and youth growing up in Berkeley, by closing the achievement gap in Berkeley’s public schools by the year 2020. On June 24, 2008, Resolutions were adopted by the Berkeley City Council and Governing School Board to authorize the development of plans and models for internal and cross-jurisdictional collaboration to remove barriers to learning and to promote healthy development for all Berkeley children and youth (64,113-N.S).

To date, there has been significant input during the 2020 Vision work and the Berkeley Unified School District (BUSD) “Local Control and Accountability Plan” (LCAP) process (which informs the plan on how certain state funding will be allocated) that the mental health needs of students in BUSD, particularly children of color, are not being adequately addressed. Feedback around this has largely been based on information gathered from other school systems who have implemented the “Adverse Childhood Experience Survey” (ACES) which measures abuse, neglect and other traumatic experiences that occur to individuals under 18 years of age. Additionally, many Head Start teachers have provided input that they don’t feel adequately prepared to support children who are coming into area programs with so much trauma.

The 2020 Vision collaborative partners have proposed to address some of the issues associated with child trauma and the achievement gap through becoming a Trauma Informed Care (TIC) program. The mental health approach of TIC has become an innovative strategy to change the way agencies serve children of color, who have been historically and systematically marginalized. A TIC system is one that builds awareness and knowledge of trauma to shape policies and practices aimed at reducing the re-traumatization of youth and families and the professionals who serve them. TIC trained systems operate under the following six principles and competencies:

i. Trauma Understanding
ii. Cultural Humility and Responsiveness
iii. Safety and Stability
iv. Compassion and Dependability
v. Collaboration and Empowerment
vi. Resiliency and recovery

A review of the research on school systems and other agencies that have implemented a TIC model showed that following TIC Training for educators there were decreases in disciplinary actions and suspensions around “problematic” student behaviors. However, it is unknown if while decreasing disciplinary actions/suspensions, whether the approach had a simultaneous effect on assisting students who were suffering from trauma and mental health issues to receive the supports they needed. It was also found that schools utilized outside trainers who came into the system and worked with school staff. However, the model was not sustainable once the trainers left the system and the funding ended.

PROJECT OVERVIEW

The modified INN project will implement TIC training for educators (and interested parents) in four Head Start centers. The primary purposes of this project are to increase access to mental health services for children/families in need, increase access for underserved groups, and increase the quality of mental health and other support services, resulting in better outcomes for children, families and staff.

The project will test whether a change in the mental health approach of TIC training in a Head Start setting will assist children (particularly those who are underserved) in receiving the services and supports they need in direct response to trauma and stress induced behaviors. For children who are referred, the project will also examine the appropriateness of the mental health services they receive. The proposed INN project will make a change to existing TIC for educator models through the following:

- Implementing a “Train the Trainer” model to build capacity and sustainability in the participating Head Start centers and to create an institutional culture of trauma informed staff;
- Implementing the project through an existing Learning Collaborative (2020 Vision) which will stay involved in, connected to, and provide support on the strategy on an ongoing basis through “Peer Support Learning Circles”;
- Focusing on the staff and educator’s recognition of their own trauma/trauma triggers as a conduit to better understanding child “acting out” behaviors;
- Inviting parents to participate in the training to assist them in recognizing their children’s and their own trauma/trauma triggers and in seeking supports, and helping facilitate peer support among families in the program.

The timeline of the project is October 2018 through June 2021. An Evaluator will be involved at the beginning and throughout the project, and Stakeholders will have opportunities to meet with the Evaluator to provide their perspectives on the evaluation methodology and the methods for disseminating the results.

The Intended Outcomes are to:

- To create a change in the way Head Start educators and staff view and handle challenging student and parent behaviors (which often mask trauma);
- To create an increase in access to mental health services and supports for children/families in need; and
- To promote better mental health outcomes by increasing child/family referrals to “appropriate” mental health services.

Outcomes may be measured through the following: TIC Training of educators pre and post trauma perception surveys; review of number and type of mental health referrals compared to a baseline of the previous year. Following the completion of the project, the evaluation results will be written up, communicated through various venues and disseminated throughout the City via a variety of means.

It is anticipated that the modified INN TIC Project will contribute to a changed practice in the Head Start system on how these centers deal with children and parents who have been exposed to trauma and/or have mental health issues. Ideally, the modified project will enable Head Start educators and staff to recognize their own trauma triggers and will assist them in increasing their own self-care around these issues so they are better able to recognize what may be behind children who are exhibiting “acting out” behaviors. As such, they will be better equipped to make appropriate decisions on how to address children who are experiencing trauma symptoms and thus be first responders in assisting children in accessing the mental health services and supports they need. In an effort to support children and their families in the home, parents who are interested will be able to participate in the same TIC training to help them in recognizing their own trauma/trauma triggers and provide them with tools to better assist them in recognizing and supporting their children’s trauma induced symptoms.

This INN project represents a confluence of other local initiatives around Trauma Informed Care. The San Francisco Department of Public Health is currently implementing a Substance Abuse, Mental Health, Services Administration (SAMHSA) grant that created a regional clearinghouse and coordinating center that integrates existing knowledge and new ideas, addresses challenges to training and sustaining an effective and diverse trauma informed workforce, and develops mechanisms to support the implementation and sustainability of best practices. This “Trauma Transformed (T2)” Regional Center is the only clearinghouse in the Bay Area that promotes a trauma-informed system through training and policy guidance to systems of care professionals and organizations.
1.) Restate the INN Project’s primary learning question(s) or objective(s). What is it you want to learn or better understand over the course of the Innovative Project?

To learn whether modifying the mental health approach of Trauma Informed Care (TIC) Training for Educators will increase access to mental health services and supports for students in need, (particularly for underserved ethnic groups), and increase the quality of mental health services, including better outcomes. The learning objectives for the TIC Project are as follows:

- To create a change in the way teachers view and handle problematic student behaviors (which often mask trauma);
- To create an increase in access to mental health services and supports for students in need; and
- To promote better mental health outcomes by increasing student referrals to “appropriate” mental health services.

2.) Changes to the INN Project Requiring Approval

What change(s) would you like to make to this INN Project? (Check all that apply)

- [ ] Change the primary purpose
- [ ] Change the basic practice or approach
- [x] An increase in expenditures, such that more funds are expended than previously approved
- [x] Any other change for which you would like to voluntarily submit for approval – A change to the population involved in the project (from schools to Head Start Centers).

For each change:

A.) State what was approved and describe the proposed change(s).

Approved Trauma Informed Care for Educators Project

The current approved INN Project implements a Trauma Informed Care (TIC) for Educators training into several Berkeley Unified School District (BUSD) schools to assess whether educators who are trained to become aware of their own trauma and trauma triggers (and how to address them), are better equipped to recognize and make appropriate decisions on how to help students who are exhibiting trauma symptoms, and assist them in accessing the mental health services and supports they may need.

The approved INN Plan made a change to existing TIC for Educator models through the following:

- Implementing a “Train the Trainer” model to build capacity and sustainability in the participating schools and to create an institutional culture of trauma informed educators;
- Implementing the project through an existing Learning Collaborative (City of Berkeley 2020 Vision Program) which will stay involved in, connected to, and provide support on the strategy on an ongoing basis through “Peer Support Learning Circles”;
- Focusing on the educator’s recognition of their own trauma/trauma triggers as a conduit to better understanding youth “acting out” behaviors;
- Inviting parents to participate in the training to assist them in recognizing their children’s, and their own, trauma/trauma triggers and in seeking supports.

This project was originally approved from June 2016 through June 2018. In May 2018, the City of Berkeley requested and was granted an extension for this project through June 2021. The Budget for the current approved project is $180,000.
Proposed Changes to the Trauma Informed Care for Educators Project

The proposed changes to the project are to:

- Shift the population from BUSD, to four area YMCA Head Start Centers; and
- Change the remaining project Budget amount to $340,000.

Aside from these proposed changes, the project and Learning Questions will remain the same in all other aspects.

B.) List the reasons for the changes

Upon the Mental Health Services Oversight and Accountability Commission (MHSOAC) approval of the original TIC Project, it was implemented through the 20/20 Vision Program which is operated out of the City of Berkeley, City Manager's Office. After a year of the TIC Project being executed, there were two vacancies in the 20/20 Vision Program which impacted the ability to continue the implementation of the TIC Project. The project was only able to be implemented for one year and during that timeframe an evaluation was conducted by an outside consultant on the project outcomes which are reflected in the “City of Berkeley Mental Health Services Act (MHSA) Fiscal Year 2017 Innovations Evaluation Report” which is located on the City of Berkeley MHSA Website. Although an evaluation was conducted, given there was only one year of project implementation, it was not enough time to adequately evaluate the learning objectives.

Additionally once the new 2020 Vision Manager was hired, meetings were held with several of the BUSD principals who indicated that although their schools received a lot of positive benefits out of the TIC project, additional training requirements within the school system have been added for teachers and administrators that will need to be fulfilled over the next couple of years. As a result, the TIC Project may not be able to be prioritized within the school system at this time. In light of the changes in the school system, the 2020 Vision Manager did some outreach and found that four area Head Start Centers are interested in executing the same TIC Project for their early childhood educators and staff, to impact the children and families who are served at the centers. As such, the City of Berkeley would like to change the population from recipients at BUSD to area Head Start centers.

Changing the remaining Project Budget to $340,000 (which includes $70,733.28 of unspent funds from the current approved project budget amount) will ensure there is enough funding available to appropriately execute all aspects of the project and evaluation, over the three year timeframe.

C.) Describe how stakeholder involvement contributed to this change request

Community Program Planning (CPP) for the proposed changes to the City of Berkeley’s Trauma Informed Care for Educators Innovations Plan was conducted at the same time as planning for the MHSA FY2019 Annual Update. CPP took place over a two month period enabling opportunities for input from the MHSA Advisory Committee members, consumers, family members, representatives from community-based organizations, individuals from unserved, underserved and inappropriately served populations; BMH Staff, City Commissioners, and other MHSA Stakeholders. During this process, two MHSA Advisory Committee meetings and four Community Input meetings were held.

Feedback acquired during the CPP process was largely favorable. Input received included utilizing a portion of the INN funds on a new project that would implement a Trauma-Informed Dynamic Mindfulness Program for Early Childhood Education to reach early Childhood Educators, Families, and Children aged 0-5.

A 30-Day Public Review is currently being held from Tuesday, June 26 through Wednesday, July 25 to invite input on the proposed changes to the MHSA Trauma Informed Care for Educators Plan. A copy of the Plan has been posted on the BMH MHSA website and is available for reviewing in hard copy format at the downtown Public Library at 2090 Kittredge Street. An announcement of the 30-Day Public Review has been mailed and/or emailed to community stakeholders. Immediately following the 30-day public review period a Public Hearing will be held at the Mental Health Commission on Thursday, July 26, 2018 at 7:00pm at the North Berkeley Senior Center.

D.) Desired date that the change would take effect: mm/dd/yyyy

The desired date that the change would take effect, following the anticipated schedule for meeting all MHSA regulations for approval processes and obtaining MHSOAC approval would be October 25, 2018.
INNOVATIONS TRAUMA INFORMED CARE (TIC) MODIFIED PROJECT*

*This modified INN TIC Project has all the same learning objectives and program aspects of the original approved project with the exception of a change to the population and program budget amount as previously stated above.

1. Select one of the following purposes that most closely corresponds to the Innovative Project’s learning goal and that will be a key focus of your evaluation.

☒ Increase access to underserved groups
☒ Increase the quality of services, including better outcomes
☒ Promote interagency collaboration
☒ Increase access to services

2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovative Project reflects more than one primary purpose in addition to the one you have selected, you may explain how and why other primary purposes also apply and will be reflected in the Innovative Project.

This project is being prioritized in response to community input around the need for trauma services and supports for children/families in need. The primary purposes of this project are to increase access to mental health services for children in need, increase access for underserved groups, and increase the quality of mental health services, including better outcomes. The project will test whether a change in the mental health approach of Trauma Informed Care (TIC) training for Head Start educators and staff will assist children (particularly those who are underserved) in receiving the services and supports they need in direct response to trauma and stress induced behaviors. For students who are referred, the project will also examine the appropriateness of the mental health services they receive.

3. Which MHSA definition applies to your new Innovative Project, i.e. how does the Innovative Project a) introduce a new mental health practice or approach; or b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovative Project to contribute to the development and evaluation of a new or changed practice within the field of mental health? Why is this change significant and worth your investment in MHSA Innovation?

The proposed strategy will make a change to an existing mental health approach that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.

The proposed INN project will make a change to existing TIC for Educator models through the following:

- Implementing a “Train the Trainer” model to build capacity and sustainability in the participating schools and to institutionalize a trauma-informed culture at Berkeley’s Head Start centers
- Implementing the project through an existing Learning Collaborative (2020 Vision) which will stay involved in, connected to, and provide support on the strategy on an ongoing basis through “Peer Support Learning Circles”;
- Focusing on the Head Start educators and staff’s recognition of their own trauma/trauma triggers as a conduit to better understanding child “acting out” behaviors;
- Inviting parents to participate in the training to assist them in recognizing their children’s, and their own, trauma/trauma triggers and in seeking supports; and
- Serving a population that includes very young children and their families.

It is anticipated that the proposed INN project will contribute to a changed practice in the Head Start system on how these centers deal with children and parents who have been exposed to trauma and/or have mental health issues. Ideally, the proposed INN project will enable Head Start educators and staff to recognize their own trauma and trauma triggers and will assist them in increasing their own self-care around these issues so they are better able to recognize what may be behind child “acting out” behaviors. As such, they will be better equipped to make appropriate decisions on how to address students who are exhibiting trauma symptoms and thus be first responders in assisting children in accessing the mental health services and supports they need. In an effort to support children and families in the home, parents who are
interested will be able to participate in the same TIC training to help them in recognizing their own trauma/trauma triggers and provide them with tools to better assist them in recognizing and supporting their children’s trauma induced responses.

The results of the modified INN project will potentially inform future efforts of utilizing the TIC model for educators in Head Start Centers. Additionally, given the increased understanding of the effect of ACES (Adverse Childhood Events) on child development, health, and mental health, an improvement of the TIC model can have huge effects as the model continues to be implemented.

4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.

Through this modified TIC Project the City of Berkeley is proposing to change the existing mental health approach of TIC for educators by utilizing several strategies to embed the TIC model in Head Start Centers including: training lead trainers in four YMCA Head Start centers who will be program champions for the approach; and creating ongoing Peer Support Learning Circles within the participating centers to enable educators to receive ongoing consultation from the lead trainers and the 2020 Vision Partners. Head Start lead trainers will conduct the TIC training of teachers, school staff and interested parents, at the participating Head Start Centers.

The changed TIC model will assist early childhood educators in becoming aware of their own trauma/trauma triggers as a first step towards recognizing and assisting both children and families exhibiting trauma related behaviors and responses. In the second year, parents will also be invited to receive the TIC Training. The proposed project will test whether adapting the mental health approach of TIC training for educators will provide teachers and staff with a better ability to identify and support children who are suffering from trauma and to refer those in need to appropriate mental health services and supports.

While increasing an understanding around trauma related behaviors, current TIC training for educators that have been implemented have not done the following:
- Implemented this model through a “Train the Trainer” approach to ensure consistency and sustainability;
- Instituted ongoing support for educators through “Peer Support Learning Circles”;
- Tested whether this approach increases access to mental health services and promotes better mental health outcomes for young children and their families.

4a. If applicable, describe the population to be served, including demographic information relevant to the specific Innovative Project such as age, gender identity, race, ethnicity, sexual orientation, and language used to communicate

The population to be served will be Teachers/School Staff/Administrators (and Parents) from four Head Start centers located in Berkeley, CA. The approach will measure the impact on all children (aged 0-5) which will include various races, and ethnicities, and may include various sexual orientations, gender and gender identities. However, of primary interest will be the impact the approach has on African Americans, Latinos and other marginalized ethnic populations.

4b. If applicable, describe the estimated number of clients expected to be served annually

It is anticipated that approximately 500 individuals will be impacted by this approach.

4c. Describe briefly, with specific examples, how the Innovative Project will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovative Project, explain why. The following are the General Standards to address. Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards:

i. Community collaboration - This will be a Collaboration with the selected Head Start centers and the communities’ 2020 Vision Collaborative partners.

ii. Cultural competence - The mental health approach of TIC training for educators has become an innovative strategy to change the way the Head Start system serves children of color who have been
historically and systematically marginalized.

iii. **Client-driven** The “clients” of this approach are twofold: (1) Head Start teachers, staff, and administrators who will be surveyed pre and post the implementation of the modified TIC Training; and (2) students and their families who receive mental health supports, both of which will have opportunities to inform the process through such avenues as participant self-report, focus groups, etc.

iv. **Family-driven** – Head Start’s Policy Council, which includes 25 parents and community members, will be involved in project design and oversight.

v. **Wellness, recovery, and resilience-focused** – The proposed INN TIC project utilizes strengths-based, recovery oriented approaches to intervene in, and provide supports for trauma exposed individuals.

vi. **Integrated service experience for clients and families** – The proposed INN TIC project is an integration between the 2020 Vision collaborative, Head Start, Berkeley Mental Health, Public Health, etc., and will provide a seamless experience for children and families.

4d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with MHSA Innovation funds

NA. Individuals in need of mental health services will ideally have been referred to BMH and/or area providers, and those services will be funded through non-MHSA Innovations funding streams from program onset.

5. Specify the total timeframe of the Innovative Project. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement throughout.

The timeline for the proposed INN TIC project will be from October 2018 through June 2021 which will provide the necessary timeframe for the development, implementation, evaluation, decision making and communication of the results and lessons learned. An Evaluator will inform and shape the evaluation methodology. MHSA and 2020 Vision stakeholders will be informed of the project implementation throughout and will be provided with opportunities for input.

**Proposed Timeline**

- **Oct. – Nov. 2018:** Planning and Program Development
- **Nov. – Dec 2018:** Training of 8-12 Trainers (~16 hours of training/person)
- **Jan. – Mar 2019:** Administer pre-test measurements. Train Head Start educators and staff
- **Feb. – Apr. 2019:** Begin Peer Learning Circles to reinforce TIC training and encourage application of these strategies and techniques in classrooms and all interactions with students and their families (each participant will attend 4 - 6 circles per year; circles will be facilitated by the TIC trainers)
- **Mar. – Jun. 2019:** Launch classroom and one-on-one teacher coaching via Head Start’s Mental Health consultants (all of whom will participate in the TIC training)
- **Jun. – Aug. 2019:** Establish training module for new staff
- **Aug. – Oct. 2019:** Launch TIC Training and Peer Learning circles for parents. Launch peer learning circle for Leaders (Center and program administrators) to develop strong institution-wide leadership for the TIC strategy. Administer post-test measurements
- **Nov. 2019 – Apr. 2021:** Continue project, collect data. Analyze data
- **Apr. 2021 – June 2021:** Communicate results and lessons learned
6. Describe how you plan to measure the results, impact, and lessons learned from your Innovative Project. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders’ perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.

An Evaluator will be involved at the beginning and throughout the project, as such, the specific evaluation design, methodology and strategies to ensure the evaluation will be culturally competent has yet to be developed. Stakeholders will have the opportunity to meet with the Evaluator to provide their perspectives on the evaluation methodology and design and the methods for disseminating the results.

The intended outcomes are:

- To create a change in the way Head Start educators, staff and administrators view and handle problematic student and parent behaviors (which often mask trauma);
- To create an increase in access to mental health services and supports for students in need; and
- To promote better mental health outcomes by increasing child/family referrals to “appropriate” mental health services.

Outcomes will be measured through the following: TIC Training pre and post trauma perception surveys; review of number and type of mental health referrals compared to a baseline of the previous year.

7. Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned as a result related to your Innovative Project: within your County and to other counties.

It is anticipated that evaluation results will be communicated through a report and presentation that will be presented at several Community Meetings; on the City of Berkeley MHSA website and available to the public.

The 2020 Vision collaborative effort utilizes the principles of collective impact to leverage resources and solve complex social issues, such as social-emotional challenges, equity, and educational achievement. As such, results and lessons learned from the modified INN TIC project will be communicated, and disseminated through the City of Berkeley’s Public Information Office and 2020 Vision communications strategies.

8. If applicable, provide a list of resources to be leveraged.

-2020 Vision Collaborative partner in-kind services
-YMCA Head Start Program
-Existing Mental Health services for referred children and families.
## PROPOSED BUDGET AND BUDGET NARRATIVE

### REQUESTED BUDGET FOR REMAINDER OF PROJECT

#### A. EXPENDITURES

<table>
<thead>
<tr>
<th>Type of Expenditure</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personnel expenditures, including salaries, wages, and benefits</td>
<td>$30,333</td>
<td>$72,800</td>
<td>$54,600</td>
<td>$157,733</td>
</tr>
<tr>
<td>2. Operating expenditures</td>
<td>$3,000</td>
<td>$14,000</td>
<td>$10,000</td>
<td>$27,000</td>
</tr>
<tr>
<td>3. Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovative Project</td>
<td>$5,000</td>
<td>$10,000</td>
<td></td>
<td>$15,000</td>
</tr>
<tr>
<td>4. Contracts (Training Consultant Contracts)</td>
<td>$9,000</td>
<td>$40,300</td>
<td>$20,000</td>
<td>$69,300</td>
</tr>
<tr>
<td>5. Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative (Costs for an Evaluator)</td>
<td>$5,000</td>
<td>$17,800</td>
<td>$14,500</td>
<td>$37,300</td>
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<tr>
<td>6. Total Direct Expenses</td>
<td>$52,333</td>
<td>$154,900</td>
<td>$99,100</td>
<td>$306,333</td>
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<td>7. Indirect</td>
<td>$5,757</td>
<td>$17,010</td>
<td>$10,900</td>
<td>$33,667</td>
</tr>
<tr>
<td>Total Proposed Expenditures</td>
<td>$58,090</td>
<td>$171,910</td>
<td>$110,000</td>
<td>$340,000</td>
</tr>
</tbody>
</table>

### B. TOTAL FUNDING REQUESTED

<table>
<thead>
<tr>
<th></th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MHSA Innovations Funds</td>
<td>$58,090</td>
<td>$171,910</td>
<td>$110,000</td>
<td>$340,000</td>
</tr>
<tr>
<td>Total Revenues</td>
<td>$58,090</td>
<td>$171,910</td>
<td>$110,000</td>
<td>$340,000</td>
</tr>
</tbody>
</table>

### BUDGET NARRATIVE

**Personnel Expenditures:** Costs for Project Manager and personnel with YMCA who will be directly implementing the project.

**Operating Expenditures:** Costs for infrastructure, administrative support, mileage, travel, office supplies, space and other common operating expenses for the project.

**Non-recurring Expenditures:** Costs for curriculum and IT required for the project.

**Contracts - Training Consultant:** Costs to utilize T2 Regional Center Trainers to train 2020 Vision Collaborative partners.

**Other Expenditures:** Planned costs for an outside independent evaluator for the project.
PERSONAL SERVICES CONTRACT

THIS CONTRACT is between the CITY OF BERKELEY (“City”), a Charter City organized and existing under the laws of the State of California, and BAY AREA COMMUNITY SERVICES (“Contractor”), a nonprofit organization doing business at 629 Oakland Avenue, Oakland, California, 94611, who agree as follows:

1. **SCOPE OF SERVICES**

   Contractor agrees to perform all services described in Exhibit A, in accordance with its stated terms and conditions. Exhibit A is attached to and made a part of this Contract.

2. **PAYMENT**

   For services referred to in Section 1, City will pay Contractor a total amount not to exceed $2,440,000. City shall make payments to Contractor in accordance with the provisions described in Exhibit B, which is attached to and made a part of this Contract.

3. **TERM**

   a. This Contract shall begin on May 10, 2018 and end on June 09, 2019. The City Manager of the City may extend the term of this contract by giving written notice.

   b. Either party may terminate this Contract for default upon five (5) days’ written notice to the other if the other party has substantially failed to fulfill any of its obligations under this Contract in a timely manner. City may terminate this Contract at its convenience and without cause upon thirty (30) days written notice to Contractor. Except as provided in this Contract, in no event shall City be liable for costs incurred by or on behalf of Contractor after the effective date of a notice of termination.

   c. A written notice is deemed served when a party sends the notice in an envelope addressed to the other party to this Contract and deposits it with the U.S. Postal Service, first class mail, postage prepaid. For purposes of this Contract, all notices to City shall be addressed as follows:

      City Manager  
      City of Berkeley  
      2180 Milvia Street  
      Berkeley, California 94704

   For purposes of this Contract, all notices to Contractor shall be addressed as follows:

      Jamie Almanza  
      Bay Area Community Services  
      629 Oakland Avenue  
      Oakland, California, 94611

   d. If City terminates this Contract for convenience before Contractor completes the services in Exhibit A, Contractor shall then be entitled to recover its costs expended up to that point plus a reasonable profit, but no other loss, cost, damage, expense or liability may be claimed, requested or recovered.
4. **INDEMNIFICATION**

Contractor, for itself and its heirs, successors and assigns, agrees to release, defend, indemnify and hold harmless City, its officers, agents, volunteers and employees from and against any and all claims, demands, liability, damages, lawsuits or other actions, including, but not limited to, personal injury or death or property damage arising out of or in any way connected with Contractor’s operations under this Contract, or with the performance of this Contract by Contractor or its officers, employees, partners, directors, subcontractors or agents.

5. **INSURANCE**

a. Contractor shall maintain at all times during the performance of this Contract a commercial general liability insurance policy with a minimum occurrence coverage in the amount of $25,000,000 (twenty-five million dollars); an automobile liability insurance policy in the minimum amount of $1,000,000 (one-million dollars); and, if any licensed professional performs services under this contract, a professional liability insurance policy in the minimum amount of $1,000,000 to cover any claims arising out of Contractor’s performance of services under this Contract. All insurance, except professional liability, shall name the City, its officers, agents, volunteers and employees as additional insureds and shall provide primary coverage with respect to the City.

   All insurance policies shall: 1) provide that the insurance carrier shall not cancel, terminate or otherwise modify the terms and conditions of said policies except upon thirty (30) days written notice to the City’s Contract Administrator; 2) be evidenced by the original Certificate of Insurance, specifying the required coverage and the insurance carrier’s standard additional insured form endorsement; and 3) be approved as to form and sufficiency by the City’s Contract Administrator. The original insurance certificates and all extensions to the insurance certificates should be sent to the address identified below and include the CMS#.

b. If the commercial general liability insurance referred to above is written on a Claims Made Form then, following termination of this Contract, coverage shall survive for a period of not less than five years. Coverage shall also provide for a retroactive date of placement coinciding with the effective date of this Contract.

c. If Contractor employs any person, it shall carry workers’ compensation and employer’s liability insurance and shall provide a certificate of insurance to the City. The workers’ compensation insurance shall: 1) provide that the insurance carrier shall not cancel, terminate or otherwise modify the terms and conditions of said insurance except upon thirty (30) days written notice to the City’s Contract Administrator; 2) provide for a waiver of any right of subrogation against City to the extent permitted by law; and 3) shall be approved as to form and sufficiency by the Contract Administrator.

d. Contractor shall forward all insurance documents to:

  **Contact Person:** Peter Radu  
  **Department Name:** Health, Housing and Community Services Department  
  **CMS#** PRX75  
  **Department Address:** 2180 Milvia Street, 2nd Floor, Berkeley CA 94704
6. **CONFORMITY WITH LAW AND SAFETY**

   a. Contractor shall observe and comply with all applicable laws, ordinances, codes and regulations of governmental agencies, including federal, state, municipal and local governing bodies having jurisdiction over any or all of the scope of services, including all provisions of the Occupational Safety and Health Act of 1979 as amended, all California Occupational Safety and Health Regulations, and all other applicable federal, state, municipal and local safety regulations. All services performed by Contractor must be in accordance with these laws, ordinances, codes and regulations. Contractor shall release, defend, indemnify and hold harmless City, its officers, agents, volunteers and employees from any and all damages, liability, fines, penalties and consequences from any noncompliance or violation of any laws, ordinances, codes or regulations.

   b. If a death, serious personal injury or substantial property damage occurs in connection with the performance of this Contract, Contractor shall immediately notify the City’s Risk Manager by telephone. If any accident occurs in connection with this Contract, Contractor shall promptly submit a written report to City, in such form as the City may require. This report shall include the following information: 1) name and address of the injured or deceased person(s); 2) name and address of Contractor’s subcontractor, if any; 3) name and address of Contractor’s liability insurance carrier; and 4) a detailed description of the accident, including whether any of City’s equipment, tools or materials were involved.

   c. If a release of hazardous materials or hazardous waste that cannot be controlled occurs in connection with the performance of this Contract, Contractor shall immediately notify the Berkeley Police Department and the City’s Health Protection office.

   d. Contractor shall not store hazardous materials or hazardous waste within the City of Berkeley without a proper permit from the City.

7. **MATERIAL SAFETY DATA SHEETS**

   a. To comply with the City’s Hazard Communication Program, Contractor agrees to submit Material Safety Data Sheets (MSDS) for all “hazardous substances” Contractor intends to use in the performance of work under this Contract in any City facility. “Hazardous substances” are defined as those substances so designated by the Director of Industrial Relations pursuant to the Hazardous Substances Information and Training Act (Labor Code sec. 6360 et seq.). The MSDS for all products must be submitted to the City before commencing work. The MSDS for a particular product must be reviewed and approved by the City’s Risk Manager before Contractor may use that product.

   b. City will inform Contractor about hazardous substances to which it may be exposed while on the job site and protective measures that can be taken to reduce the possibility of exposure.

8. **OWNERSHIP OF DOCUMENTS**

   a. When this Contract is terminated, Contractor agrees to return to City all documents, drawings, photographs and other written or graphic material, however produced, that it received from City, its contractors or agents, in connection with the performance of its services under this Contract. All materials shall be returned in the same condition as received.

   b. Contractor grants City a royalty-free, exclusive and irrevocable license to reproduce, publish, use and to authorize others to do so, all original computer programs, writing, sound recordings, pictorial reproductions, diagrams, charts, computations, drawings
and other works of similar nature produced in the course of the performance of this Contract. Contractor shall not publish any such material without the prior written agreement of the City.

c. With the prior written approval of City’s Project Manager, Contractor may retain and use copies of its work for reference and as documentation of its experience and capabilities.

9. **NON-DISCRIMINATION**

Contractor hereby agrees to comply with the provisions of Berkeley Municipal Code (“B.M.C.”) Chapter 13.26 as amended from time to time. In the performance of this Contract, Contractor agrees as follows:

a. Contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, ancestry, national origin, age (over 40), sex, pregnancy, marital status, disability, sexual orientation or AIDS.

b. Contractor shall permit the City access to records of employment, employment advertisements, application forms, EEO-1 forms, affirmative action plans and any other documents which, in the opinion of the City, are necessary to monitor compliance with this non-discrimination provision. In addition, Contractor shall fill-out, in a timely fashion, forms supplied by the City to monitor this non-discrimination provision.

10. **INDEPENDENT CONTRACTOR**

a. Contractor shall be deemed at all times to be an independent contractor and shall be wholly responsible for the manner in which Contractor performs the services required of Contractor by the terms of this Contract. Contractor shall be liable for its acts and omissions, and those of its employees and its agents. Nothing contained herein shall be construed as creating an employment, agency or partnership relationship between City and Contractor.

b. Direction from City regarding the subject of this Contract shall be construed as providing for direction as to policy and the result of Contractor’s Work only and not as to the means or methods by which such a result is obtained.

c. Except as expressly provided in this Contract, nothing in this Contract shall operate to confer rights or benefits on persons or entities not party to this Contract.

d. Payment of any taxes, including California Sales and use Taxes, levied upon this Contract, the transaction, or the services or goods delivered pursuant hereto, shall be the obligation of Contractor.

11. **CONFLICT OF INTEREST PROHIBITED**

a. In accordance with Government Code section 1090, Berkeley City Charter section 36 and B.M.C. Chapter 3.64, neither Contractor nor any employee, officer, director, partner or member of Contractor, or immediate family member of any of the preceding, shall have served as an elected officer, an employee, or a City board, committee or commission member, who has directly or indirectly influenced the making of this Contract.

b. In accordance with Government Code section 1090 and the Political Reform Act, Government Code section 87100 et seq., no person who is a director, officer, partner, trustee, employee or consultant of the Contractor, or immediate family member of any of the preceding, shall make or participate in a decision made by the City or a City board,
commission or committee, if it is reasonably foreseeable that the decision will have a material effect on any source of income, investment or interest in real property of that person or Contractor.

c. Interpretation of this section shall be governed by the definitions and provisions used in the Political Reform Act, Government Code section 87100 et seq., its implementing regulations, manuals and codes, Government Code section 1090, Berkeley City Charter section 36 and B.M.C. Chapter 3.64.

12. **NUCLEAR FREE BERKELEY**

Contractor agrees to comply with B.M.C. Chapter 12.90, the Nuclear Free Berkeley Act, as amended from time to time.

13. **OPPRESSIVE STATES CONTRACTING PROHIBITION.** (Waived pursuant to Council Resolution No. 68,206-N.S.)

   a. In accordance with Resolution No. 59,853-N.S., Contractor certifies that it has no contractual relations with, and agrees during the term of this Contract to forego contractual relations to provide personal services to, the following entities:

      (1) The governing regime in any Oppressive State.

      (2) Any business or corporation organized under the authority of the governing regime of any Oppressive State.

      (3) Any individual, firm, partnership, corporation, association, or any other commercial organization, and including parent entities and wholly owned subsidiaries (to the extent that their operations are related to the purpose of its contract with the City), for the express purpose of assisting in business operations or trading with any public or private entity located in any Oppressive State.

   b. For purposes of this Contract, the Tibet Autonomous Region and the provinces of Amdo, Kham, and Ü-Tsang shall be deemed oppressive states.

   e. Contractor’s failure to comply with this section shall constitute a default of this Contract and City may terminate this Contract pursuant to Section 3. In the event that the City terminates Contractor due to a default under this provision, City may deem Contractor a non-responsible bidder for not more than five (5) years from the date this Contract is terminated.

14. **RECYCLED PAPER FOR WRITTEN REPORTS**

If Contractor is required by this Contract to prepare a written report or study, Contractor shall use recycled paper for said report or study when such paper is available at a cost of not more than ten percent more than the cost of virgin paper, and when such paper is available at the time it is needed. For the purposes of this Contract, recycled paper is paper that contains at least 50% recycled product. If recycled paper is not available, Contractor shall use white paper. Written reports or studies prepared under this Contract shall be printed on both sides of the page whenever practical.
15. **BERKELEY LIVING WAGE ORDINANCE** (Waived pursuant to Council Resolution No. 68,206-N.S.)

   a. Contractor hereby agrees to comply with the provisions of the Berkeley Living Wage Ordinance, B.M.C. Chapter 13.27. If Contractor is currently subject to the Berkeley Living Wage Ordinance, as indicated by the Living Wage Certification form, attached hereto, Contractor will be required to provide all eligible employees with City mandated minimum compensation during the term of this Contract, as defined in B.M.C. Chapter 13.27, as well as comply with the terms enumerated herein. Contractor expressly acknowledges that, even if Contractor is not currently subject to the Living Wage Ordinance, cumulative contracts with City may subject Contractor to the requirements under B.M.C. Chapter 13.27 in subsequent contracts.

   b. If Contractor is currently subject to the Berkeley Living Wage Ordinance, Contractor shall be required to maintain monthly records of those employees providing service under the Contract. These records shall include the total number of hours worked, the number of hours spent providing service under this Contract, the hourly rate paid, and the amount paid by Contractor for health benefits, if any, for each of its employees providing services under the Contract. These records are expressly subject to the auditing terms described in Section 17.

   c. If Contractor is currently subject to the Berkeley Living Wage Ordinance, Contractor shall include the requirements thereof, as defined in B.M.C. Chapter 13.27, in any and all subcontracts in which Contractor engages to execute its responsibilities under this Contract. All subcontractor employees who spend 25% or more of their compensated time engaged in work directly related to this Contract shall be entitled to a living wage, as described in B.M.C. Chapter 13.27 and herein.

   d. If Contractor fails to comply with the requirements of this Section, the City shall have the rights and remedies described in this Section, in addition to any rights and remedies provided by law or equity.

**Contractor’s failure to comply with this Section shall constitute a material breach of the Contract, upon which City may terminate this Contract pursuant to Section 3. In the event that City terminates Contractor due to a default under this provision, City may deem Contractor a non-responsible bidder for not more than five (5) years from the date this Contract is terminated.**

   In addition, at City’s sole discretion, Contractor may be responsible for liquidated damage in the amount of $50 per employee per day for each and every instance of an underpayment to an employee. It is mutually understood and agreed that Contractor’s failure to pay any of its eligible employees at least the applicable living wage rate will result in damages being sustained by the City; that the nature and amount of the damages will be extremely difficult and impractical to fix; that the liquidated damage set forth herein is the nearest and most exact measure of damage for such breach that can be fixed at this time; and that the liquidated damage amount is not intended as a penalty or forfeiture for Contractor’s breach. City may deduct any assessed liquidated damages from any payments otherwise due Contractor.

16. **BERKELEY EQUAL BENEFITS ORDINANCE** (Waived pursuant to Council Resolution No. 68,206-N.S.)

   a. Contractor hereby agrees to comply with the provisions of the Berkeley Equal Benefits Ordinance, B.M.C. Chapter 13.29. If Contractor is currently subject to the
Berkeley Equal Benefits Ordinance, as indicated by the Equal Benefits Certification form, attached hereto, Contractor will be required to provide all eligible employees with City mandated equal benefits, as defined in B.M.C. Chapter 13.29, during the term of this contract, as well as comply with the terms enumerated herein.

b. If Contractor is currently or becomes subject to the Berkeley Equal Benefits Ordinance, Contractor agrees to provide the City with all records the City deems necessary to determine compliance with this provision. These records are expressly subject to the auditing terms described in Section 17 of this contract.

c. If Contractor fails to comply with the requirements of this Section, City shall have the rights and remedies described in this Section, in addition to any rights and remedies provided by law or equity.

Contractor’s failure to comply with this Section shall constitute a material breach of the Contract, upon which City may terminate this contract pursuant to Section 3. In the event the City terminates this contract due to a default by Contractor under this provision, the City may deem Contractor a non-responsible bidder for not more than five (5) years from the date this Contract is terminated.

In addition, at City’s sole discretion, Contractor may be responsible for liquidated damages in the amount of $50.00 per employee per day for each and every instance of violation of this Section. It is mutually understood and agreed that Contractor’s failure to provide its employees with equal benefits will result in damages being sustained by City; that the nature and amount of these damages will be extremely difficult and impractical to fix; that the liquidated damages set forth herein is the nearest and most exact measure of damages for such breach that can be fixed at this time; and that the liquidated damage amount is not intended as a penalty or forfeiture for Contractor’s breach. City may deduct any assessed liquidated damages from any payments otherwise due Contractor.

17. **AUDIT**

Pursuant to Section 61 of the Berkeley City Charter, the City Auditor’s Office may conduct an audit of Contractor’s financial, performance and compliance records maintained in connection with the operations and services performed under this Contract. In the event of such audit, Contractor agrees to provide the City Auditor with reasonable access to Contractor’s employees and make all such financial, performance and compliance records available to the Auditor’s Office. City agrees to provide Contractor an opportunity to discuss and respond to any findings before a final audit report is filed.

18. **SETOFF AGAINST DEBTS**

Contractor agrees that City may deduct from any payments due to Contractor under this Contract any monies that contractor owes City under any ordinance, contract or resolution for any unpaid taxes, fees, licenses, unpaid checks or other amounts.

19. **CONFIDENTIALITY OF INFORMATION**

Contractor understands and agrees that, in the performance of the services under this Contract or in the contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Contract. Contractor shall exercise
the same standard of care to protect such information as a reasonably prudent consultant would use to protect its own proprietary data.

20. **PREVAILING WAGES**

Certain labor categories under this contract may be subject to prevailing wages as identified in the State of California Labor Code commencing with Sections 1720 et. seq. and 1770 et. seq. These labor categories, when employed for any “work performed during the design and preconstruction phases of construction including, but not limited to, inspection and land surveying work,” constitute a “Public Work” within the definition of Section 1720(a)(1) of the California Labor Code requiring payment of prevailing wages. In performing its obligations under this contract, Contractor is solely responsible to determine which, if any, of the work is governed by a labor category pursuant to California Labor Code sections 1720 et. seq. and 1770 et. seq. and pay the pertinent prevailing wage. Contractor shall defend, indemnify and hold harmless City concerning any liability arising out of Labor Code section 1720 et. seq. and 1770 et. seq.

21. **GOVERNING LAW**

This Contract shall be deemed to have been executed in Alameda County. The formation, interpretation and performance of this Contract shall be governed by the laws of the State of California, excluding its conflict of laws rules. Venue for all litigation relative to the formation, interpretation and performance of this Contract shall be in Alameda County, California.

22. **AMENDMENTS**

The terms and conditions of this Contract shall not be altered or otherwise modified except by a written amendment to this Contract executed by City and Contractor.

23. **ENTIRE CONTRACT**

a. The terms and conditions of this Contract, all exhibits attached and any documents expressly incorporated by reference represent the entire Contract between the parties with respect to the subject matter of this Contract. This Contract shall supersede any and all prior contracts, oral or written, regarding the subject matter between City and Contractor. No other contract, statement, or promise relating to the subject matter of this Contract shall be valid or binding except by a written amendment to this Contract.

b. If any conflicts arise between the terms and conditions of this Contract and the terms and conditions of the attached exhibits or any documents expressly incorporated, the terms and conditions of this Contract shall control.

24. **SEVERABILITY**

If any part of this Contract or the application thereof is declared invalid for any reason, such invalidity shall not affect the other provisions of this Contract which can be given effect without the invalid provision or application, and to this end the provisions of this Contract are declared to be severable.

25. **WAIVER**

Failure of City to insist on strict performance shall not constitute a waiver of any of the provisions of this Contract or a waiver of any other default of Contractor.
26. **ASSIGNMENT**

Contractor may not assign this Contract without the prior written consent of the City, except that Contractor may assign its right to any money due or to become due hereunder.

27. **EFFECT ON SUCCESSORS AND ASSIGNS**

This Contract shall be binding on and inure to the benefit of the heirs, executors, administrators, successors, and assigns of the parties hereto.

28. **CONSULTANTS TO SUBMIT STATEMENTS OF ECONOMIC INTEREST**

The City’s Conflict of Interest Code, Resolution No. 60,788-N.S., as amended, requires consultants who make a governmental decision or act in a staff capacity as defined in 2 Cal. Code of Regs. §18700, as amended from time to time, to disclose conflicts of interest by filing a Statement of Economic Interest (Form 700). Consultants agree to file such statements with the City Clerk at the beginning of the contract period and upon termination of the Contractor’s service.

29. **SECTION HEADINGS**

The sections and other headings of this Contract are for convenience of reference only and shall be disregarded in the interpretation of this Contract.

30. **CITY BUSINESS LICENSE, PAYMENT OF TAXES, TAX I.D. NUMBER**

Contractor has obtained a City business license as required by B.M.C. Chapter 9.04, and its license number is written below; or, Contractor is exempt from the provisions of B.M.C. Chapter 9.04 and has written below the specific B.M.C. section under which it is exempt. Contractor shall pay all state and federal income taxes and any other taxes due. Contractor certifies under penalty of perjury that the taxpayer identification number written below is correct.

Business License Number BL-009235  
B.M.C. § N/A  
Taxpayer ID Number 94-1708069
IN WITNESS WHEREOF, City and Contractor have executed this Contract as of the date first mentioned above.

CITY OF BERKELEY

By: ________________________________
    CITY MANAGER

Registered by: Pre-approved as to form:

_______________________________
CITY AUDITOR

Attest:

_______________________________
CITY CLERK
CONTRACTOR

Contractor Name (print or type)  Signature

Print Name

Tax Identification #
Berkeley Business License #
Incorporated: Yes ☐ No ☐
Certified Woman Business Enterprise: Yes ☐ No ☐
Certified Minority Business Enterprise: Yes ☐ No ☐
If yes, state ethnicity:
Certified Disadvantaged Business Enterprise: Yes ☐ No ☐
EXHIBIT A

SCOPE OF SERVICES

Contractor Name: Bay Area Community Services
Contracting Department: Health, Housing and Community Services Department (HHCS), City of Berkeley

On behalf of the City of Berkeley, Bay Area Community Services (“BACS”) and its subcontractors shall operate the Berkeley Pathways Center for Stability and Respite (“STAIR Center”) to provide housing and respite for literally homeless individuals residing in Berkeley. Contracted services shall take place between the period of April 1, 2018 and May 14, 2019.

BACS shall provide four principal service components, as well as additional supportive activities, as part of this contract:

1. **Respite services** through the operation of a low-barrier shelter program.
2. Operate **sustained outreach services** to people living in homeless encampments in Berkeley, including housing problem-solving activities.
3. **Housing navigation** to each person residing in a STAIR Center bed (“guest”) that focuses on placing people in permanent housing.
4. Administration of **flexible funding** in support of housing navigation and housing problem-solving activities, in accordance with the terms of service below.

Program Goals:
- Provide low-barrier, compassionate, and non-judgmental respite to homeless encampment residents in Berkeley.
- Assist literally homeless encampment residents in Berkeley to rapidly obtain permanent housing.
- Capture data in real-time in the Homeless Management Information System (HMIS) (or an interim solution in the event HMIS is unavailable for prolonged periods) on all clients served and all major services rendered.

Target Population:
At the STAIR Center, BACS will serve literally homeless adults without custody of minor children (defined as individuals who have no fixed, regular and adequate nighttime residence) and who are living in homeless encampments in Berkeley. “Encampments” shall be defined by the City of Berkeley.

Service Components
BACS agrees to provide four service components, as follows:

- **Respite services**:
  - Operate a 45 bed, low-barrier, housing-focused homeless shelter program at a pop-up program at 2nd and Cedar Streets in Berkeley, California. Provide access 24 hours a day, seven days a week with no shelter curfews for those clients referred and active with the program. BACS is not required to hold beds for longer than 72 hours. If a guest is absent from their bed for 72 hours without appropriate notification of staff regarding absence, the guest may be discharged.
  - Provide at least 1 meal a day for each guest, in accordance with available food preparation facilities at the program site.
  - Provide storage for personal belongings of each shelter guest with secure and controlled access on the program site.
• Provide accommodations for pets and other service animals for each shelter guest, such as portable kennels.
• Allow flexible sleeping accommodations for couples wherever possible, insofar as such accommodations do not pose a disruption to the overall community.

**Sustained outreach services:**
• Outreach to and engage unsheltered, literally homeless persons residing in encampments in Berkeley for Coordinated Entry assessments, housing problem solving, connection to temporary or permanent housing, and connection to other resources to help them end their homelessness.
• Identify and engage potential candidates for vacant STAIR Center beds and assist with the referral and warm handoff of these clients to the program.
• Initial placements into the STAIR Center will be made by making beds available to any encampment residents in encampments specified by City staff. For any vacancies thereafter, encampment residents will be assessed using the County-wide assessment tool, and only clients identified through the Coordinated Entry process will be allowed to access a bed.
• Link participants with interim or bridge housing resources as desired and available and for which the client is eligible.
• Regularly collaborate with the City of Berkeley in planning responses to and performing outreach to encampments that violate city ordinances and/or have been identified for removal or cleaning.
  ▪ Attend regular meetings with HHCS, the City Manager’s Office, and/or other City staff to perform assessments of encampments and their residents, and plan outreach and resolution activities.
  ▪ The focus of this outreach is to link encampment residents, wherever possible, to STAIR vacancies, housing problem-solving, or other community referrals in advance of an encampment enforcement.
  ▪ In no way shall this provision be construed to require, at any point, BACS’ participation in the actual enforcement of said ordinances or the actual removal/cleaning of encampments.
• Maintain an unwavering commitment to nonjudgmental compassion and support for those living without shelter; maintain commitment to client choice.

**Navigation services:**
• Provide intensive housing search assistance to each guest residing at the program, including but not limited to: assistance in applying for affordable housing lists; assistance with enrollment in any rapid rehousing or permanent supportive housing opportunities to which guests may be matched through the Alameda County Coordinated Entry System; advocacy on behalf of guests; identification of roommates for shared housing opportunities; and exploring relocation to other communities and/or reunification with family in accordance with client choice.
• Provide one-time or short-term housing financial assistance using Flexible Funds (see below).
• Provide assistance with income improvements through the provision of services that will include, but not be limited to: linkages to employment and job-placement resources; linkages to assistance with applications to cash and non-cash benefits (including, when necessary for housing stability, medical, CalFresh, and in-home supportive service benefits).
• Assist the client in obtaining and providing documentation for rapid rehousing, permanent supportive housing, and/or other subsidized or permanent housing opportunities for which the client is eligible.
• Provide up to 6 months of transitional case management, and up to 9 months of financial support, to clients who have been housed and are receiving subsidy.
assistance through the Flexible Funds. Transitional case management shall include, but not be limited to: reviewing key elements of rental agreement and expectations with client to ensure understanding; establishing utilities for the housing unit/applying for low-income assistance utility programs; working with client on ensuring rents are paid on time; developing a housing crisis response plan outlining plans if challenges arise that may jeopardize housing stability; and planning for self-sufficiency after assistance ends.

- Plan for warm handoffs to Alameda County tenancy sustaining services case managers and City of Berkeley Shelter Plus Care case managers, wherever necessary.
- Maintain a case management ratio of no greater than 20 guests per 1 FTE housing navigator.
- Believe that every client is housing-ready and maintain unwavering commitment to creatively ending homelessness; maintain a commitment to client choice.

**Flexible Funds Administration:**
- Support program guests at the STAIR Center in overcoming barriers to housing and in moving into housing. BACS management shall be granted the discretion to determine eligible activities for funding, but should be able to defend why expenditure choices are necessary for ending a client’s homelessness.
- Support individuals living in encampments identified for closure by the City of Berkeley with housing problem-solving in the form of one-time or limited financial assistance that creatively reduces or eliminates a housing barrier. BACS may dedicate up to, but no more than, 20% of flexible funding to encampment housing problem-solving.
- Wherever possible, exhaust other sources of funding for which the guest is eligible first.

**Participation in Coordinated Entry:**
BACS agrees to participate in the Alameda County Coordinated Entry System (CES) and all assessment and service referral/matching processes this entails on behalf of its guests. Specifically, BACS shall:

- Obtain signatures on HMIS ROIs and North County Hub Care Coordination ROIs, as appropriate and in accordance with client choice, to support data sharing and care coordination with other homeless services agencies in Berkeley, Albany, and Emeryville.
- Participate in North County Housing Resource Center (“Hub”) and County CES meetings, including:
  - Participate in Quarterly Meeting: Executive Director and lead program manager(s) with program implementation authority.
  - Participation by appropriate Sustained Outreach and Navigation staff in two meetings at least per month at both the operations and policy level who are the nexus of CES, as invited:
    - One Case Conference, with attendance by direct services representatives including supervisors and line staff.
    - One Policy and Procedures Meeting, with attendance by agency representatives including program director level staff and supervisors.
- Participate in other key CES meetings, as necessary.
- Receive program referrals to vacant STAIR Center beds from homeless encampments in Berkeley exclusively in accordance with City of Berkeley/North County HRC policies and processes. Any individuals who are referred by entities other than the established CES referral points or who self-present at the STAIR Center shall be directed to other resources in the community. BACS shall have information regarding other existing services to provide to potential walk-up individuals.
Cooperate with the North County HRC, Alameda County HCSA, EveryOne Home, and other CES partners in linking program guests to any referrals/programs to which they have been found to be eligible and matched.

Site Management:
BACS and its subcontractors agrees to provide staff oversight, janitorial service and maintenance coordination for the shelter trailers, bathrooms/showers, client laundry facilities, client storage areas, the dining/client community room (open around the clock) and general grounds of the program site.

BACS agrees to implement bed bug/pest prevention protocols including but not limited to:
- Prevention and sequestration protocols for guests who show signs of infestations at intake;
- Regular (at least monthly) inspections of guest sleeping, community, and storage areas;
- Ad hoc treatment, as needed, to eliminate any infestations.

BACS and its subcontractors agree to immediately notify HHCS should any of the following occur:
- Major security breaches (clients or visitors on-site without permission);
- Violence or credible threats against staff or other program guests;
- Overdose or major substance abuse complication;
- Presence of any vermin (bed bugs, rodents, etc) or any suspected major communicable disease.

The City’s goal in asking for immediate notification in such instances is to help reduce harm and negative impacts as much as possible, and not to initiate punitive action against BACS or its subcontractors (unless evidence of gross negligence clearly warrants such action).

Program Outcomes:
BACS agrees to the following program success measures:
- Outreach: Move 70% of encampment residents who are offered a STAIR bed into the program within 14 days. Occupancy: Maintain a nightly bed occupancy rate of 90%.
- Exits:
  - Exit 75% of clients from STAIR beds to permanent housing destinations.
  - Exit 100% of clients from housing navigation to known destinations.
- Length of Assistance:
  - Among those receiving short-term subsidies using flexible funds, provide 9 months of financial assistance or less to 100% of recipients.
- Data completion:
  - Complete HMIS project entries and exits within 72 hours for 100% of clients served.
  - Maintain 100% HMIS data completion rate for HMIS Universal Data Elements (UDEs).

BACS further agrees to participate in the Alameda County Coordinated Entry System Results Based Accountability (RBA) Framework for Street Outreach and Housing Navigation.

Program Non-Compliance Protocols
BACS agrees that only the following reasons, adapted from the 2017 Alameda County Shelter Standards Section A.36, may be used as a basis for discharge from a the STAIR facility:
- Possession of a weapon at the facility.
- Assault or other violent behavior.
- Theft.
- Destruction of property.
- Restraining order precludes continued residence.
- Guest behavior endangers health or safety of guests or staff.
- Repeated interference with the rights of other guests to peaceful enjoyment of the facility.
- Possession of illegal drugs on premises. If alcohol or drugs are found, guests should be given the opportunity to dispose of the prohibited substance or leave the shelter for that night if they do not wish to dispose of the prohibited substance. A violation of this policy cannot be a reason for discharge unless the violation compromises the health or safety of other guests or staff or repeatedly interferes with the rights of other guests to peaceful enjoyment of the facility.
- Presence of infectious disease that significantly increases the risk of harm to other guests. Note that guests with lice or scabies or exhibiting symptoms of TB should be allowed to stay and sent to a health care provider for treatment as soon as possible, insofar as precautions can realistically be taken to avoid spread. Noncompliance with treatment or containment measures that endangers other guests may be cause for discharge.
- Guest requires care and supervision to manage their activities of daily living (feeding, toileting, selecting proper attire, grooming, maintaining continence, putting on clothes, bathing, walking and transferring) without appropriate supports available on-site. Guests discharged due to care and supervision needs cannot be discharged to the streets.
- Guest refuses to work towards a housing plan and/or refuses three housing opportunities that are realistic given the guest’s housing barriers. Evidence must be present that STAIR staff actively attempted to engage the guest in services designed to support an exit to stable housing and/or made a realistic housing offer.

BACS may not impose arbitrary lengths of stay for guests who are otherwise compliant with these protocols. Any discharge for a violation of these protocols must be fully documented (for example, in agency case notes) and made available solely to HHCS upon request.

Clients who are discharged shall be afforded the opportunity to file a grievance. BACS agrees to establish a grievance policy for the STAIR Center that shall comport with any Alameda County Coordinated Entry System grievance policy guidelines.

While guests may be encouraged to get a TB test, lack of a test cannot be used as a reason for discharge. If a guest is exhibiting symptoms of TB and does not comply with testing and treatment recommendations, the guest may be discharged to protect the health and safety of other shelter guests and staff.

**Reporting Requirements:**
For every client engaged by the Sustained Outreach Team, BACS shall:
- Provide monthly reports to HHCS on the following, no later than 10 days after the start of the following month, using a form provided by HHCS:
  - Unduplicated total number of encampments engaged and the geographic location of the encampment (cross streets/actual address and census tract).
  - Unduplicated number of clients engaged per encampment;
  - Number and percentage of unsheltered individuals offered a STAIR Center bed and...
of that:
  - Number and percentage who accept or deny the offer;
  - The average length of time (days) between initial bed offer and placement.

- Number and percentage of unsheltered individuals who have been served by outreach services and subsequently entered shelter.
- Number and percentage of unsheltered individuals who have been served by outreach services and subsequently entered permanent housing.
- Number and percent of unsheltered individuals who have accessed the services at least once in the past month and moved into housing in the past month.
- Number and percentage of unsheltered individuals connected to or maintaining enrollment in mainstream benefits, by type of benefit.
- Number and percentage of unsheltered individuals who received flexible funding assistance, and the amount spent.
- Directly enter all CES assessments into HMIS, and/or ensure that all CES assessments are entered into HMIS.

For every STAIR guest, BACS will:
- Complete all entry/exit Universal Data Elements (UDEs) in HMIS;
- Record service provision activities in HMIS (case management, referrals, and subsidy provision—see below).
- Offer guests (to the extent feasible) the opportunity to complete a satisfaction survey upon vacating a STAIR bed.

For every client receiving flexible funds (encampment resident or STAIR guest), BACS shall:
- Enter all activities, assistance types (rent subsidy, deposit assistance, etc), and dollar amounts in HMIS for every instance of assistance provision. For encampment residents, this entails completion of an HMIS project entry and exit.

HHCS shall have on-demand access to all BACS STAIR HMIS data and will regularly, but no less frequently than monthly, pull these data to create program performance dashboards on program outcomes listed above. BACS agrees to work iteratively with HHCS if data quality issues are identified during the course of reporting evaluation and dashboard creation, and to correct all data entry errors identified by HHCS in a timely manner. BACS agrees to provide to HHCS a total count of the number of vacant and occupied beds at STAIR on an as-needed basis.

BACS agrees to provide exit surveys (to the extent feasible) to clients exiting STAIR beds and to provide a report on client satisfaction no less frequently than every 6 months.

In the event HMIS is not available for a prolonged period, BACS agrees to work with HHCS to develop a comparable interim data collection solution. This interim solution shall pertain to all provisions in this Exhibit that otherwise refer to HMIS data collection, until such time as HMIS becomes sufficiently available and staff can be trained to use it. BACS further agrees to ensure that all data recorded in this interim solution is eventually transferred to HMIS when it becomes available for use.

BACS agrees to provide spending reports and accompanying documentation, with format and frequency as required by other funding sources.

**Monitoring Activities:**

**Program Monitoring:**
- Program monitoring may include review of operations, client eligibility, client records including any required releases or documentation for federal/county funding, back-up documentation for reporting progress towards meeting service and outcome objectives,
coordination and communication with HHCS and Alameda County, and coordination with service providers who come to the site or serve as client referrals.

Fiscal Compliance and Contract Monitoring:
- Fiscal monitoring may include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals.
- Compliance monitoring will include review of Personnel Manual, Policy Manuals or Documentation, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs.
EXHIBIT B

PAYMENT

Budget
BACS shall comply with the Budget as provided herein. BACS may modify budget line items as needed, with approval from the City of Berkeley’s Health, Housing and Community Services Department (HHCS), provided that total grant amount is not exceeded. HHCS shall have sole authority to approve budget modification requests. Budget line item modifications shall not alter any terms of this Agreement, including but not limited to the scope of services, time of performance, or grant amount.

### Project Budget

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<th>Personnel/Staffing Expenses</th>
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<th>Total</th>
<th>Budget Justification (Narrative)</th>
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</table>

| Non-Personnel Expenses      |              |     |       |                                  |
| IT, Facilities, Operations  | $102,384     |     | $102,384 | IT support, Maintenance and Repair, Facilities, Janitorial, etc. |
| Meals                       | $90,338      |     | $90,338 | 45 meals at $5.50/meal at 365 days |
| Furniture                   | $9,658       |     | $9,658 | Replacement Furniture, etc.      |
| Travel                      | $30,000      |     | $30,000 | 5 staff at $500/month in mileage at 12 months |
| Operational Supplies        | $10,000      |     | $10,000 | Linens, Cleaning, Program Supplies |
| Flex Funds                  | $540,000     |     | $540,000 | 90 clients receiving approximately $6,000 per move |
| Subcontracts                | $36,000      |     | $36,000 | Subcontracted partner fee to provide Property Mgmt |
| Utilities and capital rents | $294,338     |     | $294,338 | *Per City Itemization |
| Insurance                   | $30,001      |     | $30,001 | Professional Liability, General Liability, etc |
| Start-Up                    | $40,000      |     | $40,000 | $20,000 IT, $20,000 Furniture and Start-Up Program Supplies |
| Miscellaneous               | $55,165      |     | $55,165 | Flexible program funds for contingencies |
| Subtotal                    | $1,237,884   |     |        |                                  |

### Indirect/Overhead Expense

| Subtotal                    | $233,852     |     |        | Current Indirect is 10.6% based on Simplified Method of Independent Audit |

### Terms and Conditions of Payment

- The total amount of reimbursement for eligible activities as set forth in Exhibit B of this Agreement shall not exceed $2,440,000 during the Contract Period as set forth in Exhibit B of this agreement.
- BACS will keep records to substantiate all expenditures and make these documents available to City staff at any time. These include record keeping on all invoices for rental equipment on-site.
- BACS shall submit a statement of expense to HHCS on a quarterly basis. The final statement of expense for the contract period must be accompanied by a General Ledger which clearly delineates all sources and uses of funds. BACS shall keep copies of all books, records and reports for at least five years after the contract expiration.
• BACS shall receive quarterly advances for projected expenditures:
  o May 10th for the first quarter of the contract and start-up period;
  o September 10th for the second quarter of the contract;
  o December 10th for the third quarter of the contract;
  o March 10th for the fourth quarter of the contract.

Flexible Funding:
• HHCS shall advance BACS quarterly the anticipated expenses for actual flexible funds financial assistance and housing problem solving financial assistance, within the budgeted maximums.
• Budgeted Sustained Outreach Team problem solving funds (up to 20% of the total flexible funding) that aren’t fully utilized may be added to budgeted STAIR flexible funds for housing assistance in any month, and vice-versa.

Sub-Contractor Requirements:
If a portion of the services under this Agreement are to be performed by a third-party, BACS must submit a formalized agreement to HHCS for approval prior to the execution of the contract and the provision of services by the sub-contractor. Failure to initiate, request, and receive written prior approval from HHCS of sub-contractor may result in the disallowance of payments to the third-party.

BACS shall ensure that all sub-contracts, scopes of services, line item budgets and budget narratives are submitted in the format as set forth by City, County, State and Federal mandates depending on funding sources. The decision to approve or disapprove any sub-contracts will be based on the information contained in the contract documents. Therefore the contracts must, as applicable, describe the activities or functions involved, a time schedule, a justification for the performance by a third-party, rate of compensation, a breakdown of and justification for the estimated costs, including the manner in which indirect costs, if any, will be reimbursed, the grant policies and requirements that are applicable to sub-contractor, other policies and procedures to be followed, the maximum amount of money for which BACS may become liable under the agreement, and the cost principles to be used in determining allowable costs in the case of cost-type contracts.

BACS shall reimburse subcontractors or personal consultants only for those services provided or for those activities performed.

Financial Controls and Records
BACS shall bear financial responsibility for the provision of services rendered to the target population.

Financial Records: BACS has sole authority over accounting and systems for the development, preparation and safekeeping of records and books of account relating to contracted services, including the preparation and submission of any cost reports, supporting data, and other materials in connection with reimbursement under other third-party payment contracts and programs.

Other Provisions:
The continuation of this Agreement and payments hereunder shall be subject to the availability of funds to the City of Berkeley. The City of Berkeley agrees to notify BACS in writing of any modifications related to changes in available funding.
Coordinated Entry Access Packet

Instructions: Fill out this access packet for ONE ADULT IN EACH HOUSEHOLD seeking services. If there are multiple adults in a household, choose one adult to complete the access packet as the head of household. The head of household should be the adult with the most barriers to obtaining and maintaining housing, such as the longest history of homelessness or greatest medical need. Or, each adult can access the housing crisis response system independently as separate households. It is up to the clients.

Ask each question as written, in order, and mark the response. Some questions include prompts or additional clarifications you can say if a question is unclear.

Notes and directions for staff appear in italics.

Questions and answer options for the client appear in regular type.

Notes and directions for data entry staff appear in shaded text boxes

The workflow through the access packet will depend on whether the household is literally homeless or not literally homeless. The workflows are as follows:

Not Literally Homeless Households
1. Safety Screening
2. Housing Crisis Screening
3. Housing Problem Solving
4. Referrals

Literally Homeless Households
1. Safety Screening
2. Housing Crisis Screening
3. Housing Problem Solving
4. Referrals
5. Option to complete the Assessment immediately or schedule an appointment with an HRC
6. Release of Information
7. Client Profile
8. Assessment

When complete, return the entire packet to the appropriate person at your agency for data entry and secure storage.

Introduction to Client Household: Hi! My name is FIRST NAME. Can you share your first name with me?

The Alameda County housing crisis response system is shifting to a new way of connecting people to available housing and support. Everything I’m going to ask will help with knowing what supports we may be able to offer. Some of the questions are personal. You don’t have to answer anything that makes you uncomfortable, but you should know that not answering questions may make it harder to connect you and your household with support.

For most people it takes 30 minutes to go through these questions. It’s best if we can get through them today, but we can come back to them later if needed. Answering the questions will also help us figure out some referrals to immediate support.

If it’s okay with you, let’s get started.
Coordinated Entry Access Packet: Screening and Housing Problem Solving

Date: __ __ / __ __ / __ __  Staff Name: ________________________________

Agency: __________________________

Setting: ☐ Housing Education Workshop  ☐ HRC Walk-in  ☐ Outreach  ☐ Other in Person Setting

SAFETY SCREENING

1. Are you in immediate danger now or do you need immediate medical attention?  ____No  ____Yes (call 911)

2. Are you currently fleeing or attempting to flee domestic violence?  ____No  ____Yes

2a. If No to 2, continue to the housing crisis screening.

2b. If Yes to 2 ask, Are you interested in services specifically for victims of domestic violence?

- A domestic violence service provider can help you arrange a safe shelter and other specialized things you might need, like a safety plan.
- The housing crisis response system can connect you with non-domestic violence related housing support.

Household choice:

☐ Victim of domestic violence interested in accessing services via a Domestic Violence Hotline. Connect the household to a DV hotline. Stop.
  - A Safe Place crisis line 510-536-7233
  - Building Futures with Women and Children 1-866-292-9688
  - Ruby's Place 888-339-7233
  - Tri-Valley Haven 1-800-884-8119
  - Next Door Solutions 408-279-2962
  - Family Violence Law Center Mobile Response Team 1-800-947-8301
  - National Domestic Violence Hotline 1-800-799-7233

☐ Victim of domestic violence interested in accessing services via the Housing Crisis Response System. Households that are actively fleeing a domestic violence situation are considered literally homeless. Skip the housing crisis screening. Proceed to housing problem solving.
Client Name (Print): __________________________________________

Accompanying children: ________________________________________
(under the age of 18)

I have received and reviewed the “What is InHOUSE and Why Should I Use It” information sheet.

(Initial Here)

Consent to share and view my data:

By signing below, I agree that program intake/exit and service information collected about me and my household can be shared among InHOUSE participating agencies for the purposes of helping me to obtain and maintain permanent housing.

- I understand that a regularly updated list of the agencies participating in InHOUSE is available at (acgov.org/cda/hcd/documents/roi_providers.pdf).
- I know that the agencies participating in the system (listed at acgov.org/cda/hcd/documents/roi_providers.pdf) must follow strict privacy laws regarding protection of electronic and paper records.
- I understand that this acknowledgement is valid for ten (10) years from the date that I sign this form.
- I understand that my name, date of birth, gender and Social Security Number are used to identify my record in the database.
- I understand that my photo may be shared in the system.
- I understand that my services and project data will be used in reporting and in research or analysis about programs, specific service types, targeting of services, or other uses to improve the homeless and housing service delivery system.

_________________________________________  __________________________
Signature of Client                Date

_________________________________________  __________________________
Agency Representative              Date

_________________________________________
Agency Representative Printed Name
**RELEASE OF INFORMATION (ROI)**

☐ Client received data privacy and security notice and opted into the HMIS by signing the Release of Information.

Start Date: Reference the ROI form for start date  
End Date: 10 years after start date  
Documentation Type:  
Location: With what agency is the signed document on file?

*Keep the signed ROI with this form. Continue to the client profile.*

☐ Client declined to share information and did not sign Release of Information (ROI). STOP. Be sure to complete housing problem solving, provide referrals, and reiterate that the household can reach out to 211 to get assessed at a later date.

**CLIENT PROFILE**

What is your Social Security Number?  __ __ __ - __ __ __ __ __ __

☐ Full SSN Reported  ☐ Approximate or Partial SSN Reported  ☐ Client Doesn’t Know  ☐ Client Refused

What is your full name?  
First: ___________________________ Middle: ___________________________ Last: ___________________________

Suffix: ___________  Alias: ___________

☐ Full Name Reported  ☐ Partial, Street, or Code Name  ☐ Client Doesn’t Know  ☐ Client Refused

What is your Date of Birth?  __ __ / __ __ / __ __ __ __

☐ Full DOB Reported  ☐ Approximate or Partial DOB Reported  ☐ Client Doesn’t Know  ☐ Client Refused

How do you describe or identify your gender?

☐ Female  ☐ Trans Female (MTF or Male to Female)  ☐ Male  ☐ Trans Male (FTM or Female to Male)

☐ Gender Non-Conforming (doesn’t identify as female, male, or transgender)  ☐ Client Doesn’t Know  ☐ Client Refused

How do you describe or identify your sexual orientation?

☐ Heterosexual/Straight  ☐ Lesbian  ☐ Bisexual  ☐ Questioning/unsure

☐ Gay  ☐ Client Doesn’t Know  ☐ Client Refused

What race do you identify with? You can identify more than one. Please select all that apply:

☐ American Indian or Alaskan Native  ☐ Asian  ☐ Black or African American  ☐ White  ☐ Client Doesn’t Know  ☐ Client Refused

What is your ethnicity? Do you identify as Hispanic or Latino?

☐ Hispanic/Latino  ☐ Non-Hispanic/Non-Latino  ☐ Client Doesn’t Know  ☐ Client Refused

Have you served on, or completed a call to, active duty in the Armed Forces of the United States?

☐ Yes  ☐ No (skip additional veteran questions)  ☐ Client Doesn’t Know (skip additional veteran questions)  ☐ ClientRefused (skip additional veteran questions)


3. What kind of place did you sleep or stay last night?

☐ Homeless Situation, (LITERALLY HOMELESS) such as:
  • Place not meant for habitation like the street, outside, in a tent, in a car/van/RV, in an abandoned building, on a bus or BART, etc.
  • Emergency Shelter, including a hotel or motel paid for with an emergency shelter voucher
  • Interim Housing
  • Fleeing domestic violence

☐ Institutional or Transitional Housing Situation, such as:
  • Psychiatric hospital or other psychiatric facility
  • Substance abuse treatment facility or detox center
  • Hospital or other residential non-psychiatric medical facility
  • Jail, prison, or juvenile detention facility
  • Foster care home or foster care group home
  • Long term care facility or nursing home
  • Transitional housing for homeless (including homeless youth)
  • Residential project or halfway house with no homeless criteria.

☐ AND Has the household been staying in this kind of place less than 90 days?

☐ AND Was the household staying on the streets or in a shelter prior to this stay? (LITERALLY HOMELESS)

☐ Temporary Housing Situation, such as:
  • Hotel or motel paid for without emergency shelter voucher
  • Staying or living temporarily in a FRIEND’S or FAMILY MEMBER’s room, apartment, or house

☐ Permanent Housing Situation, such as:
  • Owned by client, no ongoing housing subsidy
  • Permanent housing (other than RRH) for formerly homeless persons*
  • Rental by client, with VASH subsidy*
  • Rental by client, with GPD TIP (transition-in-place) subsidy*
  • Rental by client with other housing subsidy (including RRH) *
  • Owned by client, with ongoing housing subsidy
  • Rental by client, no ongoing subsidy
  • Living with friends or family on a permanent or long-term basis

**Staff Use Only:**

Is the household literally homeless? ___ No ___ Yes

To be literally homeless the household must meet one of the below criteria:
  • Did the household stay in a homeless situation last night (see answer to question 3)?
  • Is the household exiting an institution where they have stayed for 90 days or less and did they reside in an emergency shelter or place not meant for human habitation immediately before entering that institution (all 3 Institutional Setting boxes)?

What is the final disposition of the housing crisis screening?

☐ Not literally homeless (continue to housing problem solving and referral)

☐ Literally homeless (continue to housing problem solving, referral, and assessment)
HOUSING PROBLEM SOLVING

What is happening with your housing situation?
Engage in active listening. Repeat and reflect back what is being said to clarify and ensure understanding.

Possible exploratory questions:
- What have you already tried to help with this situation?
- Who is in your support system? Could these people help you resolve your housing situation and what would it take?
- Do you have a social worker, advocate, case manager, or someone else who is working with you? Do they know about what's happening?

What do you think would help to resolve your housing crisis?

Based on what you've said, would information about [affordable housing, eviction prevention, legal, financial assistance, relocation, etc.] resources would be helpful? Check all referrals provided

Information About Affordable Housing
- Bay Area Community Services Housing Education and Counseling Workshops: M-F around Alameda County, call 510-613-0330 for more information or visit bayareacs.org
- Eden I&R’s affordable housing list: call 2-1-1
- AIDS Housing Information Project, M-F 9am-4pm through 510-537-2600 or 877-424-3746

Eviction Prevention
- Bay Area Legal Aid’s Tenant Rights Line: leave a message at 1-888-382-3405
- Catholic Charities Housing Clinics, 2nd and 4th Tuesday of the month from 9-11:30AM @ 433 Jefferson St. in Oakland, call 510-768-3100 for more information
- Causa Justa/Just Cause: 510-TENANTS/ 510-836-2687 @ 3022 International Blvd Suite 205, Oakland
- Centro Legal de la Raza: 510-437-1554 or visit centrolegal.org
- East Bay Community Law Center: 510-548-4040 or visit info@ebclc.org
- ECHO Housing: 510-581-9380 or toll free 855-ASK-ECHO
- Eviction Defense Center: (510) 452-4541 or visit www.evictiondefensecenteroakland.org
- Tenants Together Tenant Rights Hotline: 1-888-495-8020

Financial Assistance
- Catholic Charities Housing and Financial Services Center: 510-768-3100 @ 433 Jefferson St, Oakland
- ECHO Housing: 510-581-9380 or toll free 855-ASK-ECHO
- Eden I&R: call 2-1-1
- Neighborhood Law Corps: 510-238-6628 (utility shut-off help)
- Season of Sharing: 510-272-3700
- Utility Assistance, REACH: 1-800-933-9677 or HEAP: 510-881-0300

Legal (including, but not limited to, clean slate and credit repair services)
- Bay Area Legal Aid’s Legal Advice Line: 1-800-551-5554
- East Bay Community Law Center: 510-548-4040 or info@ebclc.org
- Housing and Economic Rights Advocates (HERA): 510-271-8443
- Neighborhood Law Corps: 510-238-6628

Information and Referral to Other Services:
- Eden I&R information and referral service: call 2-1-1

Veteran Specific Services
- VA Homeless Triage 510-453-8478; M-F 8am-4pm @ 525 21st St Oakland (shower, laundry, referrals, connections to VA housing)
- Swords to Plowshares 510-844-7500 @ 2719 Telegraph Ave, Oakland (legal, employment, housing, prevention assistance)
- VA Drop-In Housing Resource Group Wednesday 11:30am-12:30pm @ 39199 Liberty St. Fremont
- VA Drop-In Housing Resource Group Mon 10am-11am @ 4951 Arroyo Rd, Bldg. 62 Room 505, Livermore

Other:

Stop for Not Literally Homeless households.
Coordinated Entry Access Packet: Screening and Housing Problem Solving

**Literally Homeless Households:**

There may be additional housing and support resources (like shelter, transitional housing, or housing navigation) available to you. Alameda County is using an assessment to prioritize and match people to resources as they become available. Would you like to do the assessment now? Or, I can help you connect with a housing resource center, and they can do they assessment.

**Assigning a Resource Zone:**

In what part of the Bay Area do you spend most of your time? Or, what city do you identify as “home?”

<table>
<thead>
<tr>
<th>Alameda = Mid County</th>
<th>Emeryville = North County Adults or North County Families</th>
<th>Piedmont = Oakland Adults or North County Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany = North County Adults or North County Families</td>
<td>Fremont = South County</td>
<td>Pleasanton = East County</td>
</tr>
<tr>
<td>Berkeley = North County Adults or North County Families</td>
<td>Hayward = Mid-County</td>
<td>San Leandro = Mid-County</td>
</tr>
<tr>
<td>Castro Valley = Mid County</td>
<td>Livermore = East County</td>
<td>San Lorenzo = Mid-County</td>
</tr>
<tr>
<td>Dublin = East County</td>
<td>Newark = South County</td>
<td>Sunol = South County</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oakland = Oakland Adults or North County Families</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Union City = South County</td>
</tr>
</tbody>
</table>

How are you/your household connected there?

- Family
- Job
- School
- Sleep/stay
- Support service programs
- Support system
- Other: ____________________________

Based on where you usually stay, it sounds like you should be connected with and HRC in [insert appropriate resource zone]. Your HRC is [Use following list of HRCs by resource zone to assign an HRC. When there are multiple HRCs in a zone, the client can choose the HRC that they'd prefer to access.]

For households wishing to schedule an appointment with the HRC: Call the HRC with the household and schedule the appointment together, provide HRC contact information to the household so they can remain in touch (reverse of this page). If they lose the contact info or can’t remember, the household can call 211. Stop.

For households wishing to do the assessment now, assign the HRC and provide contact information to the household so that they can remain in touch (reverse of this page). If they lose the contact info or can’t remember, the household can call 211. Proceed to the ROI.
Coordinated Entry Access Packet: Screening and Housing Problem Solving

East County:
  - Abode Services Tri-Valley Housing Resource Center (all households)
    o Call 2-1-1

Oakland
  - Bay Area Community Services (BACS) Downtown Oakland Housing Resource Center (adults)
    o Call 2-1-1
    o Walk in hours M-W 12-3 @ 559 16th St. Oakland, CA 94612
  - East Oakland Community Project (EOCP) East Oakland Housing Resource Center (adults)
    o Call 2-1-1
    o Walk in ours Th and F 12-3 @ 7515 International Blvd, Oakland CA 94621
  - Family Front Door (families)
    o Call 2-1-1

North County
  - Berkeley Food and Housing North County Housing Resource Center (adults)
    o Call 2-1-1
  - Family Front Door (families)
    o Call 2-1-1

Mid County
  - Abode Services Mid County East Housing Resource Center (all households)
    o Call 2-1-1
  - Building Futures with Women and Children (BFWC), Mid County West Housing Resource Center (all households)
    o Call 2-1-1

South County
  - Abode Services Tri-City Housing Resource Center (all households)
    o Call 2-1-1
What is InHOUSE and Why Should I Use It?

InHOUSE is a database system used to
- Coordinate efforts to help you obtain and maintain permanent housing
- Secure files electronically
- Ensure these projects continue receiving funding to keep them open
- Reduce the information you have to repeat and answer at multiple agencies

The InHOUSE system is used by many agencies throughout the county that provide services to homeless and low-income persons. A current list of participating health, housing, and human service agencies that provide housing-related supports is available at (acgov.org/cda/hcd/documents/roi_providers.pdf). InHOUSE data is used to assess your needs, track and improve services provided, and to match you to helpful resources based on priorities and standards established by the Alameda County HUD Continuum of Care (viewable at everyonehome.org).

When you request or receive services from a program participating in the Alameda County Continuum of Care, information collected about your household is entered into the InHOUSE system.

What information is shared about me?

My name, social security number, alias, date of birth, gender, race, ethnicity, veteran status, education, employment, if I have a disability, household relationships, living situation, income amount(s) and type, benefit(s) information, if I have health coverage and type, assessments, services needed and provided, and outcomes of services provided, including the name of the projects where I received services. Other information that might be collected (dependent on program) include income, non-cash benefits, health insurance, physical disability, developmental disability, chronic health condition, HIV/AIDS status, mental health, substance abuse, domestic violence, sexual orientation, etc. Additional information may include sharing of my photo and previously collected InHOUSE data.
Who can view and share information about me?

Information shared about me will ONLY be viewable by the participating agencies listed at (acgov.org/cda/hcd/documents/roi_providers.pdf). Each person or agency with access rights to the InHOUSE system must sign an agreement to maintain the security and confidentiality of client records.

Funders, cities, and other housing-related planning groups require InHOUSE to provide reports, which enable them to better understand the people-served, services provided and outcomes achieved. InHOUSE helps by pooling your data with others for these reports. This supports continued funding and improvement of services and housing projects for you and other homeless and low-income households. In addition, InHOUSE data is used for research purposes (including coordination with other systems of care), analysis about programs, specific service types, targeting of services, understanding best practices and improvements needed, or other uses to enhance the homeless and housing service delivery system. Keeping your information within the InHOUSE system helps us pool your data with others for these reports.

You have the right to receive a copy of all information collected about you and shared between the participating agencies. You may also amend and correct information collected about you that may be incorrect.
Coordinated Entry Access Packet: Assessment

STAFF USE ONLY

Referrals Provided (Check ALL that APPLY)

☐ Community Mental Health

☐ Employment Assistance

☐ Health Insurance

☐ Identification Documents

☐ Income Assistance

☐ Non-Cash Benefits (Cal-Fresh, Cal-Works Childcare, Cal-Works Transportation, WIC, etc.)

☐ Primary Health/Dental Care

☐ Substance Use Treatment

☐ Applicant declined referral/acceptance.

☐ Applicant terminated assessment prior to completion.

☐ Other/Specify: ____________________________
Coordinated Entry Access Packet: Assessment

Non-Cash Benefits:
- [ ] Supplemental Nutrition Assistance Program (SNAP), CalFresh, Food Stamps, EBT
- [ ] TANF Child Care Services
- [ ] TANF Transportation Services
- [ ] Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC)
- [ ] Other TANF Services
- [ ] Other

Health Insurance:
- [ ] MEDICAID/MediCal
- [ ] MEDICARE
- [ ] State Children’s Health Insurance (SCHIP)
- [ ] VA Medical Services
- [ ] Employer-Provided Health Insurance
- [ ] Health Insurance obtained through COBRA
- [ ] Private Pay Health Insurance
- [ ] State Health Insurance for Adults
- [ ] Indian Health Services Program
- [ ] Other:

Let’s think together about the personal strengths, connections, and positive supports that you have in your life, and how they could help you get back into permanent housing with support from our program or other programs.

We have completed the coordinated entry assessment. Let’s talk now about staying in touch and next steps.

As you know there are very few affordable housing resources available and many people in need. I do not know at this point if your household will be prioritized for housing support, or when support may become available. If you are matched to housing support, you will be contacted using the information you provided. Please stay in touch and let us know if anything changes in your life, either positive or negative, that may impact your housing situation. Here is the contact information for:

HRC: ____________________________

Outreach Worker: ____________________________

Before we go, are there any other resources or services I can connect you to?
Coordinated Entry Access Packet: Assessment

When you last had any type of housing, have you or another adult in your household experienced difficulties with things like shopping, preparing food, using public or other forms of transportation, taking medications, or handling your money and paying bills?

☐ Yes  ☐ No  ☐ Client Doesn’t Know  ☐ Client Refused

Have you or anyone in your household been told by a medical provider that you have a life-threatening illness that requires you to have stable shelter before you can obtain the treatment you need? For example, people that need oxygen, chemotherapy/radiation treatment, regular insulin injections, organ transplants, etc.

☐ Yes  ☐ No  ☐ Client Doesn’t Know  ☐ Client Refused

Violence and Risk

We are almost done. These next questions are about things that have happened to you or members of your household.

In the past 30 days, have you or another member of your household had to do things that felt unsafe to survive?

☐ Yes  ☐ No  ☐ Client Doesn’t Know  ☐ Client Refused

If yes, how frequently did you or another member of your household do things that felt unsafe to survive?

☐ 0 / None  ☐ Daily  ☐ Once a week  ☐ Two or three times a month  ☐ Once  ☐ Client Doesn’t Know  ☐ Client Refused

Have you or any other adult in your household ever become homeless because you ran away from your family home, a group home, or a foster home?

☐ Yes  ☐ No  ☐ Client Doesn’t Know  ☐ Client Refused

Current Resources Assessment

Currently, do you and/or members of your household receive any of the below? Would you be interested in seeing if you qualify for these types of income and support?

Income Sources:

☐ Earned income (i.e. employment, job
☐ Supplemental Security Income (SS)
☐ Retirement Income from Social Security
☐ VA Non-Service Connected Disability Pension
☐ Temporary Assistance for Needy Families (TANF)
☐ Private disability insurance
☐ Child Support
☐ Unemployment Insurance
☐ Social Security Disability Insurance (SSDI)
☐ Workers Compensation
☐ General Assistance
☐ Pension/Retirement income from a former job
☐ Alimony or other spousal support
☐ Other

(resource assessment continues, next page)
**Income and Benefits**

What is your household’s monthly income?

*Use the annualized household income to identify the corresponding Area Median Income (AMI)*

---

**Health Information**

How many times have you or any other adult in your household been hospitalized or used health care crisis services (like an emergency room, ambulance, psychiatric emergency services, suicide prevention hotline, detox program) in the past 30 days? Answer this question for the adult with the most hospitalizations/highest use of health care crisis services.

<table>
<thead>
<tr>
<th>0 / None</th>
<th>1 time</th>
<th>2 times</th>
<th>3-5 times</th>
<th>6 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Doesn't Know</td>
<td>Client Refused</td>
<td></td>
<td></td>
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</tbody>
</table>

Do any of the following specific conditions apply to **you**? *Mark all that apply.*

- Physical disability
- Chronic health condition(s) such as, but not limited to, heart disease, severe asthma, diabetes, traumatic brain injury, post-traumatic stress syndrome, dementia, severe headache/migraine, cancer, chronic bronchitis, etc.
- Psychiatric/Mental health conditions such as depression or schizophrenia
- Excessive use or dependency on alcohol
- Use of illegal drugs or prescriptions not written for them
- Both alcohol and drugs
- Developmental disability
- HIV/AIDS

Do any of the following specific conditions apply to any **other household members**? *Mark all that apply.*

<table>
<thead>
<tr>
<th>Household Member’s Name</th>
<th>Condition (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Physical Disability</td>
</tr>
<tr>
<td></td>
<td>Chronic health condition(s)</td>
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<td></td>
<td>Psychiatric/Mental Health such as depression or schizophrenia</td>
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<td>Excessive use or dependency on alcohol</td>
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<td>Use of illegal drugs or prescriptions not written for them</td>
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<tr>
<td></td>
<td>Both alcohol and drugs</td>
</tr>
<tr>
<td></td>
<td>Developmental Disability</td>
</tr>
<tr>
<td></td>
<td>HIV/AIDS</td>
</tr>
</tbody>
</table>

|                         | Physical Disability               |
|                         | Chronic health condition(s)      |
|                         | Psychiatric/Mental Health such as depression or schizophrenia |
|                         | Excessive use or dependency on alcohol |
|                         | Use of illegal drugs or prescriptions not written for them |
|                         | Both alcohol and drugs            |
|                         | Developmental Disability          |
|                         | HIV/AIDS                          |
Coordinated Entry Access Packet: Assessment

Household Information

Please indicate the total number of persons in your household for whom you are seeing assistance for right now. By household, I mean the people you are planning to live with and are seeking assistance for right now. 

Please list the names and date of birth of all household members and their relationship to you.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth/ Age</th>
<th>Relationship (Spouse, child, etc.)</th>
</tr>
</thead>
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</tbody>
</table>

True for any of the household members, including the head of household

☐ Age 2 years or younger
☐ Age 3-5 years
☐ Age 62 or older
☐ Head of Household age 18-24 years

Pregnancy Status: Are you or anyone in your household currently pregnant?

☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Client Refused

Formerly a Ward of Child Welfare or Foster Care Agency: Have you or anyone in your household aged out of foster care?

☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Client Refused

Housing Barriers

These next questions are things a property manager might ask about or find out about as they consider you for housing. Please answer these questions as honestly as you can. Having these kinds of things in your past will not prevent you from getting assistance from us and knowing about them will help us work with you to address these housing challenges.

In the past five years, have you or another adult in your household been arrested by the police?

Answer this question for the adult with the most arrests in the past five years.

☐ 0 / Never ☐ 1 to 3 times ☐ 4 or more times

Have you or another adult in your household ever been convicted of any of the following offenses? (May select more than one)

<table>
<thead>
<tr>
<th>Arson ☐ Yes ☐ No</th>
<th>Methamphetamine production ☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A sexual offense that requires you to register with law enforcement ☐ Yes ☐ No</td>
<td>A crime that led to an eviction or loss of your housing ☐ Yes ☐ No If yes, please specify:</td>
</tr>
<tr>
<td>☐ No, none of these</td>
<td>☐ Client Doesn’t Know ☐ Client Refused</td>
</tr>
</tbody>
</table>
Coordinated Entry Access Packet: Assessment

**Times Homeless in the Past Three Years:** Over the past three years, how many separate times have you been homeless in an Emergency Shelter or a place not meant for people to sleep, including today?

<table>
<thead>
<tr>
<th>□ One time</th>
<th>□ Two times</th>
<th>□ Three times</th>
<th>□ Four or more times</th>
<th>□ Client Doesn’t Know</th>
<th>□ Client Refused</th>
</tr>
</thead>
</table>

**Total Months Homeless in the Past Three Years:** Over the past three years, what is the total number of months you have been homeless in an Emergency Shelter, on the street, in a vehicle, or in another place not meant for people to sleep, including today?

<table>
<thead>
<tr>
<th>□ One month (this time is first month)</th>
<th>□ 2 months</th>
<th>□ 3 months</th>
<th>□ 4 months</th>
<th>□ 5 months</th>
<th>□ 6 months</th>
<th>□ 7 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 8 months</td>
<td>□ 9 months</td>
<td>□ 10 months</td>
<td>□ 11 months</td>
<td>□ 12 months</td>
<td>□ More than 12 months</td>
<td>□ Client Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Client Doesn’t Know</td>
</tr>
</tbody>
</table>

**Over your whole life, how long have you lived in an emergency shelter or place not meant for people to sleep?**

<table>
<thead>
<tr>
<th>□ One night or less</th>
<th>□ Two to six nights</th>
<th>□ One week or more, but less than one month</th>
<th>□ Between 30 and 90 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 90 days or more, but less than one year</td>
<td>□ One year or more, but less than 2 years</td>
<td>□ Two years or more, but less than 5 years</td>
<td>□ Five years or more, but less than 10 years</td>
</tr>
<tr>
<td>□ Ten years or more</td>
<td>□ Client Doesn’t Know</td>
<td>□ Client Refused</td>
<td></td>
</tr>
</tbody>
</table>

When was the last time you or any adult in your household had a lease on an apartment (or owned a property) that was in your name? *Answer this question for the adult who had a lease the longest time ago.*

<table>
<thead>
<tr>
<th>□ Now/Currently</th>
<th>□ One year ago, or less</th>
<th>□ 1 to 5 years ago</th>
<th>□ More than 5 years ago</th>
<th>□ Never</th>
</tr>
</thead>
</table>

Have you or any adult in your household left housing due to a legal eviction or foreclosure notice in the last 5 years? I’m talking about a situation in which you/they were legally forced to leave by a court order. *Answer this question for the adult with the most legal evictions/foreclosures in the past 5 years.*

<table>
<thead>
<tr>
<th>□ 0 / Never</th>
<th>□ 1 to 2 times</th>
<th>□ 3 or more times</th>
</tr>
</thead>
</table>

*Continued on next page.*
Coordinated Entry Access Packet: Assessment

Living Situation

What kind of place did you sleep or stay last night?

☐ Homeless Situation, such as:
- Place not meant for habitation like the street, outside, in a tent, in a car/van/RV, in an abandoned building, on a bus or BART, etc.
- Emergency Shelter, including a hotel or motel paid for with an emergency shelter voucher
- Interim Housing
- Fleeing domestic violence

☐ Institutional or Transitional Housing Situation, such as:
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Hospital or other residential non-psychiatric medical facility
- Jail, prison, or juvenile detention facility
- Foster care home or foster care group home
- Long term care facility or nursing home
- Transitional housing for homeless (including homeless youth)
- Residential project or halfway house with no homeless criteria.

☐ And, has the household been staying in this kind of place less than 90 days?

☐ And, was the household staying on the streets or in a shelter prior to this stay?

☐ Temporary Housing Situation, such as:
- Hotel or motel paid for without emergency shelter voucher
- Staying or living temporarily in a FRIEND’S or FAMILY MEMBER’s room, apartment, or house

☐ Permanent Housing Situation, such as:
- Owned by client, no ongoing housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons*
- Rental by client, with VASH subsidy*
- Rental by client, with GPD TIP (transition-in-place) subsidy*
- Rental by client with other housing subsidy (Including RRH) *
- Owned by client, with ongoing housing subsidy
- Rental by client, no ongoing subsidy
- Living with friends or family

☐ And, has the household been living in this kind of place for less than 7 days?

☐ And, was the household staying on the streets or in a shelter prior to this stay?

How long have you been sleeping or staying in this kind of place (e.g. a homeless, institutional, transitional housing or permanent housing situation)?

<table>
<thead>
<tr>
<th>☐ One night or less</th>
<th>☐ Two to six nights</th>
<th>☐ One week or more, but less than one month</th>
<th>☐ One month or more, but less than 90 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 90 days or more, but less than one year</td>
<td>☐ One year or more, but less than 2 years</td>
<td>☐ Two years or more, but less than 5 years</td>
<td>☐ Five years or more, but less than 10 years</td>
</tr>
<tr>
<td>☐ Ten years or more</td>
<td>☐ Client Doesn’t Know</td>
<td>☐ Client Refused</td>
<td></td>
</tr>
</tbody>
</table>

Approximate date homelessness started: When did you become homeless this time? When did you start staying in a shelter or a place not meant for people to sleep? If not previously homeless but will be tonight, use today’s date. Approximate date is okay.

___/___/______
Coordinated Entry Access Packet: Assessment

Date: _____ / _____ / _____  Staff Name: ________________________________

Agency: ________________________________________________________________

Setting: ☐ Housing Education Workshop   ☐ HRC Walk-in   ☐ Outreach   ☐ Other in Person Setting

Please assign the resource zone by referencing the household configuration (Adults only or Families with minor children) and where the household spends most of their time. Answer the below question by referencing the housing crisis screening on page 5 or verbally verifying with the head of household.

In what part of the Bay Area do you spend most of your time? Or, what city do you identify as “home?”

<table>
<thead>
<tr>
<th>☐ Alameda = Mid County</th>
<th>☐ Emeryville = North County Adults or North County Families</th>
<th>☐ Piedmont = Oakland Adults or North County Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Albany = North County Adults or North County Families</td>
<td>☐ Fremont = South County</td>
<td>☐ Pleasanton = East County</td>
</tr>
<tr>
<td>☐ Berkeley = North County Adults or North County Families</td>
<td>☐ Hayward = Mid-County</td>
<td>☐ San Leandro = Mid-County</td>
</tr>
<tr>
<td>☐ Castro Valley = Mid County</td>
<td>☐ Livermore = East County</td>
<td>☐ San Lorenzo = Mid-County</td>
</tr>
<tr>
<td>☐ Dublin = East County</td>
<td>☐ Newark = South County</td>
<td>☐ Sunol = South County</td>
</tr>
<tr>
<td></td>
<td>☐ Oakland = Oakland Adults or North County Families</td>
<td>☐ Union City = South County</td>
</tr>
</tbody>
</table>

Zone Assignment: ☐ North County Adults (Adults from Albany, Berkeley, Emeryville)

☐ Oakland Adults (Adults from Oakland, Piedmont)

☐ North County Families (Families with minor children from Albany, Berkeley, Emeryville, Oakland, Piedmont)

☐ Mid County Adults and Families (All households from Alameda, Ashland, Castro Valley, Cherryland, Hayward, San Leandro, San Lorenzo)

☐ East County Adults and Families (All households from Dublin, Livermore, Pleasanton, and surrounding unincorporated areas)

☐ South County Adults and Families (All households from Fremont, Newark, Sunol, Union City, and surrounding unincorporated areas)
**LOCATION AND CONTACT INFORMATION**

What is/are the best way(s) to contact you? *Prompt: We want to be able to reach you when something useful becomes available for you.*

<table>
<thead>
<tr>
<th>Client Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Phone Number (if more than one):</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Frequent location or address:</td>
</tr>
<tr>
<td>Other ways to contact</td>
</tr>
<tr>
<td>(workplace phone number, etc.?):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Relationship to Client:</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Phone Number (if more than one):</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Location or Address:</td>
</tr>
<tr>
<td>Other ways to contact</td>
</tr>
<tr>
<td>(workplace phone number, etc.?):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Person or Organization (someone who knows how to get in contact with you)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Relationship to Client:</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Phone Number (if more than one):</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Location or Address:</td>
</tr>
<tr>
<td>Other ways to contact</td>
</tr>
<tr>
<td>(workplace phone number, etc.?):</td>
</tr>
</tbody>
</table>

Additional contact places or methods: If we can’t reach you or your contacts, how can we get in touch with/find you?
If yes, a veteran: There are some resources that are only for veterans, so I have a few additional questions to help determine if you may be eligible for these veteran resources.

- What year did you enter military service? 
- What year did you leave military service? 
- In what theater of Operations did you serve?
  - World War II  
  - Korean War  
  - Vietnam War  
  - Persian Gulf War  
  - Afghanistan  
  - Iraq (Iraqi Freedom)  
  - Iraq (New Dawn)  
  - Other Operations  
  - Client Doesn’t Know  
  - Client Refused  
- In what branch of the military did you serve?
  - Army  
  - Air Force  
  - Navy  
  - Marines  
  - Coast Guard  
  - Client Doesn’t Know  
  - Client Refused  
- What is your discharge status?
  - Honorable  
  - General under honorable conditions  
  - Other Than Honorable (OTH)  
  - Bad Conduct  
  - Dishonorable  
  - Uncharacterized  
  - Client Doesn’t Know  
  - Client Refused

Where was the last permanent housing where you lived for 90 days or more?
- Alameda  
- Albany  
- Berkeley  
- Castro Valley  
- Dublin  
- Fremont  
- Hayward  
- Livermore  
- Newark  
- Oakland  
- Piedmont  
- Pleasanton  
- San Leandro  
- San Lorenzo  
- Sunol  
- Union City  
- Other Unincorporated Alameda County  
- Contra Costa County  
- Marin County  
- San Francisco  
- San Mateo County  
- Santa Clara County  
- Another California County  
- Another State
- Another Country

Where did you go to high school (if applicable)?
- Alameda  
- Albany  
- Berkeley  
- Castro Valley  
- Dublin  
- Fremont  
- Hayward  
- Livermore  
- Newark  
- Oakland  
- Piedmont  
- Pleasanton  
- San Leandro  
- San Lorenzo  
- Sunol  
- Union City  
- Other Unincorporated Alameda County  
- Contra Costa County  
- Marin County  
- San Francisco  
- San Mateo County  
- Santa Clara County  
- Another California County  
- Another State
- Another Country

Where were you born?
- Alameda  
- Albany  
- Berkeley  
- Castro Valley  
- Dublin  
- Fremont  
- Hayward  
- Livermore  
- Newark  
- Oakland  
- Piedmont  
- Pleasanton  
- San Leandro  
- San Lorenzo  
- Sunol  
- Union City  
- Other Unincorporated Alameda County  
- Contra Costa County  
- Marin County  
- San Francisco  
- San Mateo County  
- Santa Clara County  
- Another California County  
- Another State
- Another Country
**InHOUSE Standard Intake Form**  v. 5.5.2 Effective 10/1/2017

<table>
<thead>
<tr>
<th>Project Name: _________________________________</th>
<th>Start: [ ] / [ ] / [ ]</th>
<th>HMIS ID: [ ] [ ] [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry Type: [ ] HUD [ ] VA [ ] PATH [ ] RHY</td>
<td>[ ] Full name reported [ ] Partial, Street or Code Name</td>
<td></td>
</tr>
<tr>
<td>First: _________________________________</td>
<td>[ ] Client doesn’t know [ ] Client refused</td>
<td></td>
</tr>
<tr>
<td>Middle: _________________________________</td>
<td>[ ] Client doesn’t know [ ] Client refused</td>
<td></td>
</tr>
<tr>
<td>Last: _________________________________</td>
<td>[ ] Client doesn’t know [ ] Client refused</td>
<td></td>
</tr>
<tr>
<td>Alias: _________________________________</td>
<td>[ ] Client doesn’t know [ ] Client refused</td>
<td></td>
</tr>
<tr>
<td>Social Security Number: _________________________________</td>
<td>[ ] Client doesn’t know [ ] Client refused</td>
<td></td>
</tr>
<tr>
<td>[ ] Full SSN [ ] Approximate or Partial SSN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Client doesn’t know [ ] Client refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Household Information</strong></td>
<td>[ ] Full DOB reported [ ] Approx or Partial DOB</td>
<td></td>
</tr>
<tr>
<td>[ ] Client doesn’t know [ ] Client refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Single adult, no children</td>
<td>[ ] Female single parent</td>
<td>[ ] Male single parent</td>
</tr>
<tr>
<td>[ ] Two parent family with children</td>
<td>[ ] Couple (parent and friend) and children</td>
<td>[ ] Foster parent(s) and children</td>
</tr>
<tr>
<td>[ ] Non-custodial caregiver(s)</td>
<td>[ ] Other: _________________________________</td>
<td></td>
</tr>
<tr>
<td><strong>Relationship to Head of Household:</strong></td>
<td>[ ] HoH’s child</td>
<td>[ ] HoH’s spouse or partner</td>
</tr>
<tr>
<td>[ ] Self (Head of Household)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] CoC Location: [ ] CA-502</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>[ ] Non-Hispanic/Non-Latino</td>
<td>[ ] Hispanic/Latino</td>
</tr>
<tr>
<td>[ ] American Indian or Alaska Native</td>
<td>[ ] Asian</td>
<td>[ ] Black or African American</td>
</tr>
<tr>
<td>[ ] Native Hawaiian or Other Pacific Islander</td>
<td>[ ] White</td>
<td>[ ] Client doesn’t know</td>
</tr>
<tr>
<td>[ ] Client doesn’t know</td>
<td>[ ] Client refused</td>
<td></td>
</tr>
</tbody>
</table>

**Ethnicity**

| [ ] Client doesn’t know | [ ] Client refused | |

**Education**

What is the highest level of school that you have completed?

| [ ] Less than Grade 5 | [ ] Grades 5-6 | [ ] Grades 7-8 | [ ] Grades 9-11 | [ ] Grade 12/High school diploma |
| [ ] School program does not have grade levels | [ ] GED | [ ] Some college | |
| [ ] Associates degree | [ ] Bachelor’s degree | [ ] Graduate degree | [ ] Vocational certification | [ ] Client doesn’t know | [ ] Client refused |
| [ ] Client doesn’t know | [ ] Client refused | |

**Employment**

Are you presently employed?

| [ ] No | [ ] Yes | [ ] Client doesn’t know | [ ] Client refused |

If employed, is this permanent, temporary or seasonal work?

| [ ] Full-time | [ ] Part-time | [ ] Seasonal | [ ] Client doesn’t know | [ ] Client refused |
| [ ] Client doesn’t know | [ ] Client refused | |

**Last night’s location (Geographical Location)**

| [ ] Alameda | [ ] Albany | [ ] Berkeley | [ ] Castro Valley | [ ] Dublin |
| [ ] Emeryville | [ ] Fremont | [ ] Hayward | [ ] Livermore | [ ] Newark |
| [ ] Oakland | [ ] Piedmont | [ ] Pleasanton | [ ] San Leandro | [ ] San Lorenzo |
| [ ] Sunol | [ ] Union City | [ ] Other unincorporated Alameda County | [ ] Other California County | [ ] Other State |
| [ ] Other Country | [ ] Other Country | [ ] Other Country | [ ] Other Country | [ ] Other Country |
**InHOUSE Standard Intake Form**

### Residence Prior to Project Entry

(Where did you stay last night?) (Select ONE)

#### Homeless Situation
- [ ] Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)
- [ ] Emergency Shelter (including hotel or motel paid for with an emergency shelter voucher)
- [ ] Safe Haven
- [ ] Interim Housing

#### Transitional and Permanent Housing
- [ ] Hotel or motel paid for without emergency shelter voucher
- [ ] Owned by client, no ongoing housing subsidy
- [ ] Owned by client, with ongoing housing subsidy
- [ ] Permanent housing (other than RRH) for formerly homeless persons
- [ ] Rental by client, no ongoing housing subsidy
- [ ] Rental by client, with VASH subsidy
- [ ] Rental by client, with GPD TIP subsidy
- [ ] Rental by client, with other housing subsidy (including RRH)
- [ ] Residential project or halfway house with no homeless criteria
- [ ] Staying or living in a FAMILY member’s room, apartment or house
- [ ] Staying or living in a FRIEND’s member’s room, apartment or house
- [ ] Transitional housing for homeless persons (including homeless youth)

#### Institutional Situation
- [ ] Foster care home or foster care group home
- [ ] Hospital or other residential non-psychiatric medical facility
- [ ] Jail, prison or juvenile detention facility
- [ ] Long-term care facility or nursing home
- [ ] Psychiatric hospital of other psychiatric facility
- [ ] Substance abuse treatment facility or detox center

#### Unknown
- [ ] Client doesn’t know
- [ ] Client refused

### How long have you been staying in the situation you were in last night? (Length of Stay in Prior Living Situation)
- [ ] One night or less
- [ ] Two to six nights
- [ ] One week or more, but less than one month
- [ ] One month or more, but less than 90 days
- [ ] 90 days or more, but less than one year
- [ ] One year or longer
- [ ] Client doesn’t know
- [ ] Client refused

### On the night before your previous stay, was that on the streets, in an Emergency Shelter, or Safe Haven?
- [ ] No
- [ ] Yes

### Approximate start date of homelessness:

### Total number of times homeless on the street, in ES, or SH in the past three years
- [ ] One time
- [ ] Two times
- [ ] Three times
- [ ] Four or more times
- [ ] Client doesn’t know
- [ ] Client refused

### Total number of months homeless on the street, in emergency shelter or SH in the past three years

### Domestic Violence
Are you, or have you been a survivor of domestic or intimate partner violence?
- [ ] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused

If YES, how long ago did you have this experience?
- [ ] Within the past 3 months
- [ ] 3 to 6 months ago
- [ ] 6 months to 1 year ago
- [ ] 1 year ago or more
- [ ] Client doesn’t know
- [ ] Client refused

If YES, are you currently fleeing?
- [ ] No
- [ ] Yes
- [ ] Client doesn’t know
- [ ] Client refused

### In permanent housing
- [ ] No
- [ ] Yes (complete Housing Assessment form)

Move-in date: ___ / ___ / ___

### City/State Info

Answer the questions below, using the values at right:

What is the City, State of your last permanent housing where you lived for 90 days or more?

____________________________

What is the City, State of the high school you last attended? (child: blank)

____________________________

What is the City, State of your family residence when you were born?

____________________________

**Alameda County:**
- 1 Alameda
- 2 Albany
- 3 Berkeley
- 4 Castro Valley
- 5 Dublin
- 6 Emeryville
- 7 Fremont
- 8 Hayward
- 9 Livermore
- 10 Newark
- 11 Oakland
- 12 Piedmont
- 13 Pleasanton
- 14 San Leandro
- 15 San Lorenzo
- 16 Sunol
- 17 Union City
- 18 Other unincorporated
- 19 Contra Costa
- 20 Marin
- 21 San Francisco
- 22 San Mateo
- 23 Santa Clara
- 24 Other California County
- 25 Other State
- 26 Other Country
**Income**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned income (i.e., employment income)</td>
<td>$ __ __ __ __ . 00</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>$ __ __ __ __ . 00</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>$ __ __ __ __ . 00</td>
</tr>
<tr>
<td>Social Security Disability Insurance (SSDI)</td>
<td>$ __ __ __ __ . 00</td>
</tr>
<tr>
<td>Retirement Income from Social Security</td>
<td>$ __ __ __ __ . 00</td>
</tr>
<tr>
<td>VA Service-Connected Disability Compensation</td>
<td>$ __ __ __ __ . 00</td>
</tr>
<tr>
<td>VA Non-Service-Connected Disability Pension</td>
<td>$ __ __ __ __ . 00</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>$ __ __ __ __ . 00</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>$ __ __ __ __ . 00</td>
</tr>
<tr>
<td>General Assistance (GA)</td>
<td>$ __ __ __ __ . 00</td>
</tr>
<tr>
<td>Private disability Insurance</td>
<td>$ __ __ __ __ . 00</td>
</tr>
<tr>
<td>Pension or retirement income from a former job</td>
<td>$ __ __ __ __ . 00</td>
</tr>
<tr>
<td>Child Support</td>
<td>$ __ __ __ __ . 00</td>
</tr>
<tr>
<td>Alimony or other spousal support</td>
<td>$ __ __ __ __ . 00</td>
</tr>
<tr>
<td>Other source: _____________________________</td>
<td>$ __ __ __ __ . 00</td>
</tr>
</tbody>
</table>

**Total Monthly Income:** $

---

**Non-Cash Benefits**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP/CalFresh)</td>
<td></td>
</tr>
<tr>
<td>Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)</td>
<td></td>
</tr>
<tr>
<td>TANF Child Care services</td>
<td></td>
</tr>
<tr>
<td>TANF transportation services</td>
<td></td>
</tr>
<tr>
<td>Other TANF-funded services</td>
<td></td>
</tr>
<tr>
<td>Other: ____________________________________</td>
<td></td>
</tr>
</tbody>
</table>

---

**Health Insurance**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAID/MediCal</td>
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<tr>
<td>MEDICARE</td>
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<tr>
<td>State Children’s Health Insurance (SCHIP)</td>
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<td>VA Medical Services</td>
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<tr>
<td>Employer-Provided Health Insurance</td>
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<tr>
<td>Health Insurance obtained through COBRA</td>
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<td>Private Pay Health Insurance</td>
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<tr>
<td>State Health Insurance for Adults</td>
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<tr>
<td>Indian Health Services Program</td>
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<tr>
<td>Other: ____________________________________</td>
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**Disability**

**Do you have a physical, mental or emotional impairment, a post-traumatic stress disorder, or brain injury; a developmental disability, HIV/AIDS, or a diagnosable substance abuse problem?**

<table>
<thead>
<tr>
<th>Physical</th>
<th>Mental Health</th>
<th>Chronic Health Condition</th>
<th>Alcohol Drugs Both</th>
<th>Developmental</th>
<th>HIV/AIDS</th>
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<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:

- Yes
- Yes
- Yes
- Yes
- N/A
- N/A

Expected to substantially impair ability to live independently:

- N/A
- N/A
- N/A
- N/A
- Yes
- Yes

---

Staff Completing (Printed Name): 

Date:
### Project Name: _________________________________   Date: ____________________________   ServicePoint ID: ____________________________

First: ____________________________   Last: ____________________________   SSN (Last 4 digits): ____________________________

#### Permanent Housing Type (What type of housing will you be moving into?)

- [ ] Permanent housing for formerly homeless persons (CoC project; HUD legacy programs; or HOPWA PH, or Rapid Re-housing)
- [ ] Rental by client, no ongoing housing subsidy
- [ ] Rental by client, with other (non-VASH) ongoing subsidy
- [ ] Owned by client, no ongoing housing subsidy
- [ ] Staying or living with FAMILY, permanent tenure
- [ ] Staying or living with FRIENDS, permanent tenure
- [ ] Rental by client, with other ongoing subsidy
- [ ] Rental by client, with VASH subsidy
- [ ] Owned by client, with ongoing housing subsidy

#### Start Date (Date moved into Permanent Housing):

[ ] Full address reported
- [ ] Incomplete or estimated address reported
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Data not collected

Client’s Phone Number: ( _____ ) ________- ___________________________   Email Address: ________________________________

#### ***COMPLETE THE FOLLOWING WHEN PERMANENT HOUSING HAS ENDED ***

### Housing Information (Where are you moving out of?)

- Street address (of housing client is leaving/has left): __________________________________________________________

End Date (Date client is leaving/left this Permanent Housing):

[ ] Eviction from rental, house or apartment
- [ ] Foreclosure from the place I owned
- [ ] Left because I couldn’t afford the rent
- [ ] Left voluntarily to move into different housing
- [ ] Asked or forced to leave housing by those I was living with
- [ ] Admitted to hospital, prison or jail
- [ ] Fleeing domestic violence situation
- [ ] Aged out of foster care
- [ ] Death

Client’s Phone Number: ( _____ ) ________- ___________________________   Email Address: ________________________________

#### Where will you be staying tonight?

- [ ] Emergency Shelter (including hotel or motel paid for with an emergency shelter voucher)
- [ ] Transitional Housing for homeless persons (including homeless youth)
- [ ] Place not meant for habitation (e.g. vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)
- [ ] Hotel or motel paid for without emergency shelter voucher
- [ ] Rental by client, no ongoing housing subsidy
- [ ] Rental by client, with VASH subsidy
- [ ] Residential project or halfway house with no homeless criteria
- [ ] Hospital or other residential non-psychiatric medical facility
- [ ] Psychiatric hospital or other psychiatric facility
- [ ] Jail, prison or juvenile detention facility
- [ ] Staying or living in a FAMILY member’s room, apartment or house
- [ ] Staying or living in a FRIEND’S room, apartment or house
- [ ] Substance abuse treatment facility or detox center
- [ ] Owned by client, no ongoing housing subsidy
- [ ] Owned by client, with ongoing housing subsidy
- [ ] Permanent housing for formerly homeless persons (CoC project; HUD legacy programs; or HOPWA PH, or Rapid Re-housing)
- [ ] Long-term care facility or nursing home
- [ ] Safe Haven (note: none in Alameda Co.)
- [ ] Foster care home or foster care group home
- [ ] Client doesn’t know
- [ ] Client refused
- [ ] Other: ____________________________
What is InHOUSE and Why Should I Use It?

InHOUSE is a database system used to

- Coordinate efforts to help you obtain and maintain permanent housing
- Secure files electronically
- Ensure these projects continue receiving funding to keep them open
- Reduce the information you have to repeat and answer at multiple agencies

The InHOUSE system is used by many agencies throughout the county that provide services to homeless and low-income persons. A current list of participating health, housing, and human service agencies that provide housing-related supports is available at [acgov.org/cda/hcd/documents/roi_providers.pdf](acgov.org/cda/hcd/documents/roi_providers.pdf). InHOUSE data is used to assess your needs, track and improve services provided, and to match you to helpful resources based on priorities and standards established by the Alameda County HUD Continuum of Care (viewable at everyonehome.org).

When you request or receive services from a program participating in the Alameda County Continuum of Care, information collected about your household is entered into the InHOUSE system.

What information is shared about me?

My name, social security number, alias, date of birth, gender, race, ethnicity, veteran status, education, employment, if I have a disability, household relationships, living situation, income amount(s) and type, benefit(s) information, if I have health coverage and type, assessments, services needed and provided, and outcomes of services provided, including the name of the projects where I received services. Other information that might be collected (dependent on program) include income, non-cash benefits, health insurance, physical disability, developmental disability, chronic health condition, HIV/AIDS status, mental health, substance abuse, domestic violence, sexual orientation, etc. Additional information may include sharing of my photo and previously collected InHOUSE data.
Who can view and share information about me?

Information shared about me will ONLY be viewable by the participating agencies listed at [acgov.org/cda/hcd/documents/roi_providers.pdf](http://acgov.org/cda/hcd/documents/roi_providers.pdf). Each person or agency with access rights to the InHOUSE system must sign an agreement to maintain the security and confidentiality of client records.

Funders, cities, and other housing-related planning groups require InHOUSE to provide reports, which enable them to better understand the people-served, services provided and outcomes achieved. InHOUSE helps by pooling your data with others for these reports. This supports continued funding and improvement of services and housing projects for you and other homeless and low-income households. In addition, InHOUSE data is used for research purposes (including coordination with other systems of care), analysis about programs, specific service types, targeting of services, understanding best practices and improvements needed, or other uses to enhance the homeless and housing service delivery system. Keeping your information within the InHOUSE system helps us pool your data with others for these reports.

You have the right to receive a copy of all information collected about you and shared between the participating agencies. You may also amend and correct information collected about you that may be incorrect.
Client Name (Print): ______________________________________________________

Accompanying children: ___________________________________________________
(under the age of 18)

___________________________________________________

I have received and reviewed the “What is InHOUSE and Why Should I Use It”
information sheet.

**Consent to share and view my data:**

By signing below, I agree that program intake/exit and service information collected about me
and my household can be shared among InHOUSE participating agencies for the purposes of
helping me to obtain and maintain permanent housing.

- I understand that a regularly updated list of the agencies participating in InHOUSE is
  available at (acgov.org/cda/hcd/documents/roi_providers.pdf).
- I know that the agencies participating in the system (listed at
  acgov.org/cda/hcd/documents/roi_providers.pdf) must follow strict privacy laws regarding
  protection of electronic and paper records.
- I understand that this acknowledgement is valid for ten (10) years from the date that I sign
  this form.
- I understand that my name, date of birth, gender and Social Security Number are used to
  identify my record in the database.
- I understand that my photo may be shared in the system.
- I understand that my services and project data will be used in reporting and in research or
  analysis about programs, specific service types, targeting of services, or other uses to
  improve the homeless and housing service delivery system.

__________________________  ____________  ____________________________  ____________
Signature of Client        Date                  Agency Representative        Date

__________________________
Agency Representative Printed Name
Filling out this document authorizes the disclosure and use of your health information.

Name of patient: _______________________________________________________

Date of Birth: _________________________________________________________

The North County Hub Care Coordination Team ("Team") is a collaboration between the City of Berkeley's Housing and Community Services Division, Mental Health Division, the Berkeley Food and Housing Project (BFHP), and other agencies that provide services for people experiencing homelessness. The Team’s goal is to better coordinate housing and services for people experiencing homelessness in Berkeley, Albany, or Emeryville. By signing this authorization, I authorize the organizations on the Team Providers list below to communicate with and disclose to one another my protected health information to help me obtain appropriate services and coordinate my services between community agencies.

I authorize release of the following information to the programs and community partner agencies identified below [check the line that applies]:

- [ ] All health information pertaining to my medical history, mental or physical condition and treatment received; OR
- [ ] Only the following records/types of health information (including any dates):

I specifically authorize release of the following information (initial as appropriate):

- [ ] Mental health treatment information
- [ ] HIV test results
- [ ] Alcohol/drug treatment information
- [ ] Sexually transmitted diseases

**The purpose of the disclosures authorized in this consent is to** enable the Team to evaluate my need and desire for services, to communicate with community partners who are currently involved in my care, provide and coordinate services to me, and determine my eligibility for specific service and housing programs.

This authorization expires on **(date): _______________________.** If no expiration given, this authorization will expire 12 months from the signature date below.
I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. Pts. 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that records concerning mental health services I receive are protected by state law.

I may refuse to sign this authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits at any of the participating agencies. If I refuse to sign this authorization, the ability of participating agencies to coordinate my services will be limited. I may inspect or obtain a copy of the health information that I am being asked to allow the use or disclosure of. I may revoke this authorization at any time, but I must do so in writing and submit it to the Berkeley Food and Housing Project, 1901 Fairview St., Berkeley, CA 94703. My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this authorization.

I recognize that if I am disclosing my health information to someone who is not legally required to keep it confidential, it may be disclosed and may no longer be protected. California law requires that recipients refrain from redisclosing such information except with my written authorization or as specifically required or permitted by law.

Information disclosed pursuant to this authorization may be subject to further disclosure by recipients not covered by federal HIPAA regulations. Although disclosed information may no longer be subject to federal privacy protections, state law requires recipients to refrain from re-disclosing such information unless another written authorization is obtained or specifically required by law.

I have been provided a copy of this form.

Dated: ___________________________  
Signature of Participant/Patient

Signature of person signing form if not participant/patient 
Describe authority to sign on behalf of patient: ___________________________

Agency Representative that helped with this consent form:

Print Agency Representative Name ___________________________ Agency Name ___________________________

Signature of Agency Representative
CARE Team Providers:

City Health Care Providers:
City of Berkeley Department of Health, Housing & Community Services, Housing and Community Services Division
City of Berkeley Department of Health, Housing & Community Services, Aging Services – Support Services Unit
City of Berkeley Department of Health, Housing & Community Services, Mental Health Division

Community Partners:
Abode Services
Alameda County Behavioral Health Care Services
Alameda County Health Care Services Agency
Alameda County Housing and Community Development Department
Alta Bates Summit Medical Center
Bay Area Community Services
Berkeley Drop-In Center
Berkeley Food and Housing Project (BFHP)
Building Opportunities for Self-Sufficiency (BOSS)
Building Futures with Women and Children
Cherry Hill Detox and Sobering Station
Covenant House California
Dorothy Day House
East Oakland Community Project
Fred Finch Youth Center
Highland Hospital, Alameda Health System
Home Stretch, a project of Everyone Home
Homeless Action Center
Kaiser Permanente
Lifelong Medical Care
Options Recovery Services
Toolworks, Inc. Supportive Housing
UC Berkeley, School of Social Welfare
Women’s Daytime Drop-In Center

I also authorize the addition of these providers:

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<th>Initials</th>
<th>Agency/Contact</th>
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Welcome and Overview
Welcome to the Stair Center, a program of Bay Area Community Services (BACS). The Stair Center is probably unlike other programs you have been involved with – we aren’t a typical shelter or transitional housing program. The purpose of the Stair Center is to help you obtain permanent housing as quickly as possible by
1) helping you connect with landlords, family, or roommates in the community,
2) helping you to develop any skills you need,
3) helping you access resources and supportive services in the community, and
4) providing you with temporary housing at the Stair Center until you can move to permanent housing.

In the short time you are an occupant of the Stair Center, the program will help you develop skills and remove barriers to obtaining permanent housing. Once you have obtained permanent housing, staff will continue to provide you with support for up to six months based on need to ensure you are set up for success.

Eligibility Criteria
Stair Center is committed to providing Housing First, no barrier, voluntary services to all homeless adults over 18. The goal of Stair Center is to secure permanent housing in an abbreviated time frame of 2-4 months.
No Income is not an eligibility barrier.

Entering Services
When you join the program, you are committing to end homelessness for yourself. In deciding to join the program you have already taken the first step towards your future. You will be welcomed in to the program by staff who are committed to partnering with you on your hopes and dreams and your short-term goals.

You will be asked to review, sign, and submit the following documents related to your participation in the program:

- Program Agreement – this explains many of the program expectations and processes while you participate in the program. The Agreement is not meant to cover every circumstance. If changes are needed, you will be notified.
- Occupancy Agreement – an agreement between you and BACS, which explains the housing expectations and processes when you are living at the Stair Center. This document references and compliments this Program Agreement.
- Provide proof of income source(s)

Expectations
By being here to enroll in Stair Center, we know you are ready for success in ending your homelessness. We ask you to hold us and yourself accountable to doing what it takes to get yourself into housing as soon as possible. You can expect:
- A safe environment in the Stair Center where staff and participants support safety, cleanliness, respectfulness, and a peacefully working through any disagreements that may arise.
- A collaborative partnership to help you locate permanent housing as quickly as possible in the community whether with a roommate, family member, friend, or a landlord.
- Support to connect you to resources you may need to help you keep your housing.
- To support yourself by honoring the agreements you make in this Program Agreement and the Occupancy Agreement, and by working aggressively to get back into permanent housing.

Description and Partnership Expectations For The Program

1. Housing Support to Find Permanent Housing
The program provides you with dedicated staff members called Housing Coordinators who will help you find permanent housing. You will receive individualized housing support to help connect you to landlords and reduce any barriers to permanent housing that you may have. This individualized housing support starts upon enrollment in Stair Center and may include: benefits advocacy, income assessment, criminal record clearance, housing search, application assistance, and move-in support, such as credit repair and advocacy with landlords.
2. Services Delivered
Your housing coordinator will work with you to create and implement a Service Plan with goals and action steps for you to be successful in the program and in housing. This plan is individualized and based on your strengths and needs and may include areas such as: getting employment, accessing benefits, connecting you to health care, and more. You are responsible for meeting with your Housing Coordinator at regular intervals and times determined by the plan. These meetings are essential to you reaching your goals of permanent housing. Some of these meetings will be located in your room so that we are able to work with you on independent living skills/needs you may have related to your permanent housing goal.

The primary goal of this program is to help you access permanent housing and to work with you to develop the resources and skills to successfully keep your housing. You can pick goals in the areas below for your service plan that you want to work on. Staff will work with you to obtain services and supports both within the program and by linking you to resources in the community.

- Employment
- Financial
- Physical Health
- Spiritual
- Emotional
- Social
- Housing
- Educational

3. Support in Maintaining Permanent Housing
Once you have successfully obtained permanent housing, a Support Counselor will work with you for up to six months based on need to support you with developing skills to maintain your housing and connect with both formal (other service agencies, programs) and informal (churches, neighbors) supports in the community. The most intense support may be provided during the first two months after you move and as times goes on you will have less and less contact with program staff.

4. Income Verification
You will be required to verify your income upon entry and when you complete the program. A photocopy of this verification given to program staff is required for program reporting to funders and to help with your permanent housing.

Acceptable forms of income verification include a copy of your check stub; print-out from your employer; a copy of your benefits check or a bank statement if your check is direct deposited, or a print-out from the Department of Social Services, the Social Security Administration or EDD. Participants who are self-employed may fill out a verification form. Participants who have a representative payee may have her/him fill out a verification form available from the Program.

General Program Guidelines for Occupants at the Stair Center
- Respect & Community
  All occupants at the Stair Center are to treat everyone and themselves with respect as well as all facilities and resources, as we are all one community.
- Meals
  One meal a day will be provided at the Program Site. Staff will work with you to locate more sustainable sources of meals.
- Smoking
  Smoking is prohibited within all areas of the building including sleeping quarters, bathrooms, and hallways as well as all other enclosed areas. There is a designated area for smoking on the site.
• **Disagreement with Roommate(s)**
  All disagreements or concerns will be handled by discussion between the two parties. If you need some assistance about what to say to the other party or assistance in witnessing or mediating the conversation, please let staff know.

• **Garbage**
  Waste containers are provided for garbage and recycling. All garbage must be discarded in the appropriate containers. Cardboard boxes must be broken down and flattened before being placed in the recycling containers. Garbage should be bagged and tied securely. Only Occupants’ normal household garbage is to be disposed of in the containers. It is Occupant’s responsibility to haul away any large, unwanted items.

• **Signs**
  No signs, advertisements, etc., are to be affixed to any part of the Property without prior written approval from the operator.

• **Mold and Mildew**
  Excessive moisture can lead to mold and mildew growth, which can cause allergies, respiratory infections, and damage to the premises. Occupant must report any and all mold and mildew to Landlord immediately, and take corrective action to prevent future moisture buildup.

• **Bicycles**
  Bicycles must be walked at all times on the property, including on all exterior pathways and inside the Building. Bicycles may be stored on site at the designated bike areas. Bike locks will not be provided by Stair Center. Operator is not responsible for theft, tampering, or damage to bicycles or any other Occupant personal property.

• **Parking**
  There is no parking available on the property. Occupants are solely responsible for their automobiles and for parking arrangements.

• **Solicitation**
  All solicitation is strictly prohibited on the property, including between occupants. Solicitors are forbidden from trespassing and entering the building. Occupants must not solicit other Occupants, guests, staff, or neighbors for money, donations, or any other items or services.

**General Information**

• **Emergency Situations**
  In the case of an emergency, please contact staff or call 911 for assistance.

• **Re-Admission**
  Former participants requesting re-admission in to Program will be reviewed based on application, prior circumstances, openings, etc.

**CONFIDENTIALITY**

All participants have the right to have their personal and private information kept confidential. Therefore, the staff is committed to keeping your participant information confidential to the full extent that regulation allows. If you wish for us to share information about you to anyone outside of the program, you will need to sign a written Release of Information form before we will release the requested information.

By law, there are a few exceptions to confidentiality that allow for disclosure of information without your consent. These exceptions are as follows:

• If there is a reasonable suspicion of abuse or neglect towards a child.
• If there is a reasonable suspicion of the abuse or neglect of an elder adult (age 65 or over) or of a dependent adult (someone who is not capable of caring for themselves)
• If an occupant presents a danger to self.
• If an occupant presents a danger to others.
• In the case of a medical emergency for purposes of obtaining medical treatment.
• If a court subpoenas your records.
Reasons for Program Discharge

We want you to succeed and move from this program to permanent housing. Program success relies on you meeting the expectations of the Program Guidelines and Occupancy Agreement. Failing to meet the expectations outlined in either agreement will compromise your success and eligibility to continue to participate. It is important to understand that the Program and Occupancy agreements work hand-in-hand; therefore failure to meet expectations of one agreement places your participation in the overall program in jeopardy. If you violate either or both the Program and/or Occupancy agreement, you will be notified by a staff member of the violation so that the situation can be rectified. Violations can result in a notice to vacate the premises and discharge from services.

Engaging in any of the following activities may lead to discharge from the Program and a loss of your occupancy and services with the program (this list is not inclusive):

- Bringing weapons or firearms of any kind (including those that are unloaded) onto the Stair Center premises.
- Violent, discriminatory, inappropriate, and/or aggressive behavior such as verbal or physical threats, or physical violence.
- Engaging in any type of illegal activities including, but not limited to theft, gambling, prostitution, and/or using, buying, selling or distributing drugs and/or alcohol on the Stair Center premises.
- Consistent failure to be in compliance with the Program, as agreed upon in the Program Agreement and the Occupancy Agreement.

Staff are trained to determine the fair resolution of program violations and will address the situation considering the safety of all residents, the safety of those involved in the incident, patterns of behavior, and other relevant factors when determining consequences.

Complaint/Grievance Procedure

The program operates on the basis of transparent and direct communication. Participants are strongly encouraged to discuss problems or complaints directly with staff involved and/or go up the chain of command. At no time will there be negative consequences for any participant who raises complaints or concerns. If, after speaking directly with the staff involved, you still are not satisfied, you should speak with the Program Manager. You may also file a written grievance if you choose, which will be responded to within 15 business days.

Acknowledgement of Receipt

This is to acknowledge that I have received a copy of the Program Handbook and understand that it contains important information on the rules of engagement and participation in the program. I acknowledge that I am expected to read, understand, and adhere to the Program Guidelines. I understand the program may add to, delete, modify, or revise any guideline described in this Program Handbook. The program will advise occupants of changes.

I understand that my participation in the program is contingent upon participation in services, and adherence to the Program Handbook and terms of the Occupancy Agreement. I understand that if I do not maintain these agreements, staff will bring this to my attention so that I can change my behavior or have the opportunity to discuss this situation before being asked to leave the program.

Furthermore, I understand that my participation in the Program is not for a specified term and is at the discretion of the program.

____ I agree to work with staff on my permanent housing as described in the Description and Partnership Expectations 1-6 described above.
____ I understand that I may forfeit my opportunity to participate in this program if I do anything noted in the “Reasons for Program Discharge” above or violate any of the terms of this Agreement or the Occupancy Agreement.

Participant Signature: _______________________________________________________________ Date: ________________________
MEMORANDUM

To: Mental Health Commission
From: Steven Grolnic-McClurg, Mental Health Manager
Date: July 16, 2018
Subject: Mental Health Manager Report

Triage Grant
The mental health division continues to dialogue with the Mental Health Services Oversight and Accountability Commission (MHOAC) around a revised proposal for the SB82 Adult Crisis Triage Grant. Berkeley was partially funded by the MHOAC for this grant, and we have submitted a budget for approval that would allow us to operate a modified program for the full three years of grant funding. Subsequent to sending our revised proposal, MHOAC informed us that their funding for triage grants was reduced in the budget process, and advised us and others who received funding to wait to hear from them about implications of this change. As of yet, the MHOAC has not given any further information.

Wellness Center
Bonita House submitted a revised bid for the Wellness Center to be located in Berkeley of approximately 1.5 million dollars. This bid was approved by Alameda County Behavioral Health Care Services, after consulting with Berkeley Mental Health. Bonita House has reported construction should begin in early August. In order to fund the construction costs, the mental health division plans to include a transfer of CSS funds into Capital Facilities and Technological Needs, in order to pay our share of the construction costs. After cost settling with Bonita House, ACBHCS will return the unspent portions of our funding of the Wellness Center for FY17 and FY18.

Staffing Changes
As mentioned last month, Paul Buddenhagen has been appointed as the Interim Deputy City Manager. As Paul's position is interim, Kelly Wallace (the Deputy Director of HHCS) has been appointed the Interim HHCS Director. There will be a hiring process for a temporary Deputy Director of HHCS in the coming months. Kelly Wallace has acted as Interim HHCS Director in the past and is very familiar with the mental health division.
In the Mental Health Division, many of the staffing positions that were added in during the last budget cycle have been hired, and we are starting to see increased staffing in many program areas. These increases in staffing will allow us to continue to increase the number of individuals seen on an ongoing basis by Berkeley Mental Health while maintaining agreed upon caseloads.
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<th></th>
<th>Monthly Cost Per Participant Per Budget*</th>
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<tr>
<td><strong>Berkeley Mental Health Caseload Statistics for June 2018</strong></td>
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<td><strong>Adult Services</strong></td>
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<td><strong>Intended Ratio of staff to clients</strong></td>
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<td><strong>Clinical Staff Positions Filled</strong></td>
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<td><strong>Yearly Demographics as of May 2018</strong></td>
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</tbody>
</table>
### Yearly Demographics as of April 2018

<table>
<thead>
<tr>
<th>Program</th>
<th>Monthly Cost Per Client</th>
<th># of Clients</th>
<th>Filled Positions</th>
<th>Clinical Staff</th>
<th>Intended Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family, Youth and Children's Services</td>
<td>$2,750</td>
<td>16</td>
<td>2</td>
<td>N/A</td>
<td>2-20</td>
</tr>
<tr>
<td>Transitional Aged Youth Services</td>
<td>$3,490</td>
<td>16</td>
<td>2</td>
<td>0.25</td>
<td>1-100</td>
</tr>
<tr>
<td>ERMHS/EDMSP</td>
<td>$2,413</td>
<td>12</td>
<td>2</td>
<td>0.20</td>
<td>1-8</td>
</tr>
</tbody>
</table>

**Clinical Staff Positions Filled**:
- Transitional Aged Youth Services: Post Masters – 1, Non Degreed Clinical – 1.5
- ERMHS/EDMSP: Post Masters – 1, Non Degreed Clinical – 1.5
- Transitional Aged Youth Services: Post Masters – 1, Non Degreed Clinical – 1.5

**Time Spent on**:
- Transitional Aged Youth Services: Majority of time spent on 1-6 Clinical – 1-20
- General: Process (TAY TP FSP)
- Transitional Aged Youth Services: Transition to Independence Program, Berkeley/Albany Specific – High Intensity Clinical Case Management

**Demographics as of April, 2018**

<table>
<thead>
<tr>
<th>Program</th>
<th>Female</th>
<th>Male</th>
<th>White</th>
<th>African-American</th>
<th>Hispanic</th>
<th>Other</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Family, Youth and Children's Services</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Transitional Aged Youth Services</td>
<td>7</td>
<td>1</td>
<td>19</td>
<td>3</td>
<td>1</td>
<td>23</td>
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<tr>
<td>ERMHS/EDMSP</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>7</td>
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</tbody>
</table>

**Monthly Cost Per Client**
- Transitional Aged Youth Services: $2,750
- ERMHS/EDMSP: $2,413
- Transitional Aged Youth Services: $3,490

**Programs**
- Transitional Aged Youth Services (TAY TIP FSP)
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT), Health Services (ERTHMS)
- Children’s Full Service Partnership
- Transitional Aged Youth Services – Berkeley/Albany Specific – High Intensity Clinical Case Management
<table>
<thead>
<tr>
<th>Academy Berkeley Technological – High School Health Center</th>
<th>N/A</th>
<th>Summer Schedule</th>
<th>0</th>
<th>1.5 FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intern, 1-6 counseling, 1-5 crisis counseling, 1-6 on campus, 1-10 (portion of time spent on drop-in and school-wide supports)</td>
<td>Summer</td>
<td>Schedule</td>
<td></td>
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</tbody>
</table>
### Homeless Outreach and Treatment Team (HOTT)

<table>
<thead>
<tr>
<th>Position/Role</th>
<th>Total # of Enrolled Clients</th>
<th>Total # of Non-enrolled Individuals Received</th>
<th>Monthly Incidents</th>
<th>Monthly Staff Hours</th>
<th>Total Clinical Staff Hours</th>
<th>Total # of Evals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Manager, 1 Clinic</td>
<td>1</td>
<td>0</td>
<td>29</td>
<td>1</td>
<td>N/A</td>
<td>5,150</td>
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<tr>
<td>Team Lead, 2 Clinicians</td>
<td>2</td>
<td>0</td>
<td>16</td>
<td>2</td>
<td>N/A</td>
<td>5,150</td>
</tr>
<tr>
<td>Team Lead, 2 Clinicians/1 Team Manager</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
<td>5,150</td>
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</tbody>
</table>

**Note:**

- **Enrolled Clients** for the month.
- **Non-enrolled individuals** received.

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**Monthly cost per participant was calculated using budgeted costs for program, divided by number of participants, divided by 12 (months).**

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Not reflected in above chart is Early Childhood Consultation, ACCESS, Wellness, and Recovery Programming, or Family Support.
CITY of BERKELEY MENTAL HEALTH COMMISSION BY-LAWS

ARTICLE I.

Name

The name of this Commission shall be the City of Berkeley Mental Health Commission.

ARTICLE II.

Authority

The authority of this Commission is established in California Welfare and Institutions Code Section 5604 et. seq. and in Resolution № 57, 078-N.S. which amended the City of Berkeley's Mental Health Commission legislation on November 27, 2012. These sources of legislation are incorporated by reference into these by-laws.

ARTICLE III.

Membership

The membership of the Commission is established by Resolution № 57, 078-N.S adopted on November 27, 2012.

The Commission shall be composed of thirteen (13) members. The membership of the Commission shall come from recommendations made by the Commission to the City Council of Berkeley who shall make the final decision on appointments except as to the City of Albany.

Members of the Commission shall be persons representative of the public interest in mental health as follows:

A. At least seven (7) members of the members of the public interest shall be special public interest members.

B. Of these special public interest members, at least three (3) of these persons shall be persons who are receiving or have received mental health services.
C. At least three (3) of the members representing the special public interest shall be the parents, spouses, sibling or adult children of persons who are receiving or have received mental health services.

D. The remaining five (5) members shall be designated as General Public Interest and shall be persons representing a broad range of disciplines, professions, and fields of knowledge. One member shall be a member of the governing body, that being the Berkeley City Council. That member shall be a non-voting member and cannot hold office on the Commission, such rule enacted for the purposes of avoiding any potential conflict of interest.

E. As to the City of Albany, two (2) members of the Commission shall be residents of the City of Albany. At least one of the Albany members shall be a representative of the Special Public Interest. The Albany City Council shall make recommendations to the Commission and subsequently, the City of Berkeley as to the appointments of the Albany members.

No member of the Commission or his/her spouse shall be a full-time City of Berkeley employee of a City mental health service; a full-time or part-time employee of a County mental health service; an employee of the state Department of Health and Human Services; or an employee of, or a paid member of, a governing body of a mental health contract agency.

ARTICLE IV.

Terms of Office of Members

The term of each member shall be for three (3) years. Appointments shall be equitably staggered so that approximately one-third of the appointments expire each year. Members may serve a maximum of three three-year consecutive terms.

ARTICLE V.

Compensation

City of Berkeley members, in attendance at the general Commission meeting, who earn $20,000 or less annually shall receive a $40.00 stipend for the monthly Commission meeting in lieu of necessary and reasonable actual expenses incurred.
ARTICLE VI.

Demographics of the Commission

The Commission shall insure that the composition of the mental health commission represents the demographics of the city as a whole to the extent feasible.

ARTICLE VII.

Quorum

In order to take a vote, a quorum shall be one person more than one-half of the Commission members.

ARTICLE VII.

Chairperson's relationship with mental health director

The chairperson of the mental health commission and the vice-chair, if the chair so chooses, shall be in consultation with the local mental health director on a regular basis.

ARTICLE VIII.

Executive Committee

The Commission shall have an Executive Committee. That Executive Committee shall consist of the Chair, the Vice-Chair and one other Commissioner selected by the Commission. In order for the Executive Committee to approve an action, there must be a quorum of two persons.

The Executive Committee shall create the agenda for all general Commission meetings and subcommittee meetings with the support services of the City of Berkeley staff secretary to the Commission as needed and as provided for by City of Berkeley administrative procedures. The Executive Committee shall also insure that all reports, for recommendations made by the Commission, are drafted and timely submitted to the City Council.

Special meetings may be called by the Executive Committee in accordance with City of Berkeley administrative procedures.
ARTICLE IX.
Ad-hoc committees and subcommittees

Ad-hoc committees and subcommittees may be created in accordance with City of Berkeley procedures.

Anti-Discrimination, Assurances and Dispute Procedures

The City of Berkeley and Albany Mental Health Commission, consistent with all federal, state and local laws prohibiting discrimination and harassment of persons based on race, gender, religion, national origin, age, disability and sexual orientation or preference, adheres to all principles from discrimination, harassment and abuse.

If a colleague commissioner or a member of the public believes that a statement has been made or an act committed by a member of the Mental Health Commission, during the course of Commission business, which violates the above principles, and makes a complaint of such, then a complaints procedure shall be made available to address that complaint.

That complaints procedure shall be as follows:

1. Initially, the complainant and the person who is the subject of the complaint shall meet privately, respectfully discuss the nature of the complaint and attempt to resolve their differences amicably if possible. Either the complainant and the subject of the complaint may choose to opt out of this stage of the complaint;

2. If the complaint is not resolved as is set out in the initial stage, the complainant and the subject of the complaint may take the complaint to mediation with an independent mediation service. Costs of the mediation shall be borne by the City of Berkeley Mental Health Division. Either the Complainant or the subject of the complaint may choose to opt out of this stage;

3. If the complaint is not resolved at either of the above stages, the complaint shall be taken publicly before the full Commission. After hearing the complainant and the subject of the complaint's positions, the full Commission, upon motion, shall choose to do one of the following:

(a) Take no action;

(b) Admonish/provide a warning to the Commissioner and place them on notice that another discriminatory statement or action may result in recommendation for their removal to the City Council which appointed them whether that be Berkeley or Albany;

(c) Vote to recommend to the City Council of appointment that they be removed as a Commissioner.

The above procedures shall not constitute an administrative remedy to be exhausted under the law nor exclude any other legal remedy available that the Complainant may choose to seek.

There shall be no retaliation against the complainant; a witness to a statement or an act resulting in a complaint; or anyone who cooperates in the complaints process. Allegations of such retaliation by a commissioner shall be subject to the same complaints procedure set above.
ARTICLE XI

Amendments to By-laws

These by-laws may be amended at regular or special meetings provided that such proposed by-laws have been reviewed by the Chair, Vice-Chair and the other member of the Executive Committee and brought before the full Commission. Upon such recommendation by the full Commission, the amendments to the by-laws shall be directed to the Berkeley City Council for final approval.
REVISED DRAFT BYLAWS
December 12, 2017

MENTAL HEALTH COMMISSION
for the CITIES of BERKELEY and ALBANY

Commission Secretary: Karen Klatt, M.Ed.
KKlatt@cityofberkeley.info
510-981-7644

ARTICLE I
NAME

The name of the Commission shall be the Mental Health Commission for the Cities of Berkeley and Albany.

ARTICLE II
AUTHORITY

Pursuant to Section 5604 of the Welfare and Institutions Code of the State of California and Resolution No. 65,945-N.S., a Mental Health Commission of the City of Berkeley is hereby established.

ARTICLE III
POWERS and DUTIES
MENTAL HEALTH COMMISSION

The Commission shall exercise its powers and duties according to Resolution No. 65,945-N.S.:

1. Review and evaluate the community’s mental health needs, services, facilities and special problems including as to Berkeley Mental Health.

2. Review any City agreements entered into pursuant to WIC § 5650, if submission of a performance contract is required by the State.

3. Advise the governing body and the local mental health director as to any aspect of the local mental health program.

4. Review and approve the procedures used to ensure citizen and professional involvement at all states of the planning process.

5. Submit an annual report to the governing body on the needs and performance of the City’s mental health system.
6. Review and make recommendations on applicants for the appointment of a local
director of mental health services. The commission shall be included in the selection
process prior to the vote of the governing body.

7. Review and comment on the City’s performance outcome data and communicate its
findings to the State Mental Health Planning Council.

8. Pursuant to WIC § 5604.2(a)(8), the City Council may transfer additional duties or
authority with the Commission.

9. Develop By-Laws, in accordance with § 5604.5 and approved by City Council,
including at the discretion of the Commission, the creation of an Executive
Subcommittee.

**ARTICLE IV
MEMBERSHIP**

The Commission shall be composed of thirteen (13) members, appointed by the City Council
of the City of Berkeley, except as set forth in Section 2(1). The membership shall conform to
the following:

1. One (1) member of the Commission shall be the Mayor of the City of Berkeley. The
City of the City of Berkeley may designate a person of its choice to serve instead of
the Mayor as a member of the Commission.

2. Two (2) members of the Commission shall be residents of the City of Albany. The
remaining members shall be residents of the City of Berkeley. At least one (1) of the
two (2) Albany members shall be representative of the Special Public Interest, as
defined below.

3. Members of the Commission shall be persons representative of the public interest in
mental health as follows:

   a. **Special Public Interest:** Not less than seven (7) of the members representing
      the Public Interest and shall be persons or parents, spouses, siblings, or adult
      children of persons who are receiving or have received mental health
      services.

      i. At least three (3) of the members representing the special public
         interest shall be persons who are receiving or have received mental
         health services.

      ii. At least three (3) of the members representing the special public
          interest shall be parents, spouses, sibling, or adult children of persons
          who are receiving or have received mental health services.
b. **General Public Interest**: The remaining five (5) members shall be designated
   as General Public Interest and shall be person representing a broad range of
   disciplines, professions, and fields of knowledge.

4. No Member of the Commission or his or her spouse shall be a full-time or part-time
   employee dealing with mental health services of the City of Berkeley, the County of
   Alameda and/or the State of California. No Member shall be a paid member of the
   governing body of a mental health contract agency.

**ARTICLE V**

**COMPOSITION OF THE COMMISSION**

The composition of the Commission shall reflect the membership requirements, the
demographics of the minority populations in the Cities of Berkeley and Albany and the
overall demographics of these Cities (the last as feasible). The composition shall reflect the
diversity of the client population of the Division of Mental Health for the Cities of Berkeley
and Albany as required by applicable law, policy and procedure.

**ARTICLE VI**

**APPOINTMENT PROCESS FOR**

**MENTAL HEALTH COMMISSION MEMBERS**

Whenever a vacancy occurs on the Mental Health Commission, the following steps shall be
taken:

1. The Berkeley City Clerk will announce the existence of the vacancy on the City of
   Berkeley website. When the vacancy is a seat previously held by an Albany resident,
   the Secretary will forward the announcement in a timely manner to the Albany City
   Clerk.

2. The Mental Health Commission shall publicize the vacancy and solicit applications for
   appointment. The announcement shall be distributed based on the priorities set by
   the Mental Health Commission. Depending on the specific category to be filled,
   announcements may also be sent to special interest organizations.

3. **Albany Applicants** only: Applications from Albany residents for either of the two
   Albany seats shall be forwarded to the Albany City Clerk.

   a. The Albany City Council will review the Albany applicants and make
      recommendations for appointment to the Commission.

   b. The Albany City Council is responsible for communicating its
      recommendations in a timely manner to the Berkeley City Clerk for
      submission to the Commission Secretary.
c. While the Commission makes the recommendation to the Berkeley City Council for Commission appointments, the Albany City Council’s recommendations have priority in the selection process.

4. **(All Applicants)** When an application is submitted, the Secretary will first review the application for eligibility pursuant to the criteria stated in these By-Laws. The Secretary will then distribute applications from qualified applicants to the Commissioners and place them in the Communications (SB 343) binder for public reviewing prior to the next Mental Health Commission meeting. Applicants are encouraged to attend Commission meetings prior to appointment so that they may become familiar with the work of the Commission.

5. The Commission shall conduct interviews of qualified applicants. After the interview, the Commission shall decide whether to recommend the applicant to the City Council for appointment. If the Commission decides to recommend the appointment, the Secretary will send a Consent Item to Council on behalf of the Commission.

6. All members of commissions shall sign an Affidavit of Residency of the Cities of Berkeley or Albany, take an Oath of Office and file a Statement of Economic Interest with the Berkeley City Clerk within 30 days of appointment. These documents shall be filed directly through the City Clerk, or by Secretaries of Commissions

**ARTICLE VII**

**TERMS OF OFFICE OF MEMBERS**

The term of each member of the Commission shall be for three (3) years. Appointments shall be staggered so that approximately one-third of the appointments expire each year. Except for the Commissions established by initiative, Commissioners shall serve not more than eight consecutive years on a Commission. Commissioners that have served the maximum of eight years on a certain Commission shall not be eligible to serve on that same Commission until a two year break in service has occurred.

**ARTICLE VIII**

**ABSENCES**

Members of the Commission must be present at least one hour, or 50% of the entire meeting, whichever is less, to be counted as present for the purposes of attendance. Commissioners shall be terminated for failure to attend three consecutive meetings or to attend 50% of all regular meetings during a 6 month reporting period.

**ARTICLE IX**

**ELECTION AND TERMS OF OFFICERS**

The Commission shall elect a Chair and Vice-Chair. The Chair shall hold office for one year unless the term of office expires sooner and/or until a successor is elected. New officers shall take office at the following meeting. No Commissioner shall serve as Chair for more
than two consecutive years. The results of the vote shall be publicly announced and the vote recorded in the Commission meeting minutes.

ARTICLE X
DUTIES OF THE OFFICERS

The Chair, or in her or his absence the Vice-Chair, shall perform the following duties pursuant to the Commissioner’s Manual:

1. The Chair presides at all meetings of the Commission and ensures that the work of the Commission is accomplished. To this end the Chair must exert sufficient control of the meeting to eliminate irrelevant, repetitious or otherwise unproductive discussion.

2. The Chair must ensure that all viewpoints are heard and are considered in a fair and impartial manner.

3. The Chair cannot make rules related to the conduct of meetings or Commission procedure without approval of the full Commission.

4. The Chair appoints Commission members to temporary subcommittees and informal bodies subject to the approval of the full Commission.

5. The Chair approves the agenda. This approval is limited to the structure and order of the agenda and does not grant the Chair the authority to remove items submitted by Commissioners or staff.

6. The Chair signs correspondence on behalf of the Commission.

7. The Chair represents the Commission before the City Council with the formal approval of the Commission by motion and vote.

8. The Chair approves Commission reports to Council.

9. The Chair or a quorum of the Commission may call a special meeting. The Chair may also cancel a regular meeting.

10. The Chair shall be in consultation with the local mental health director.

11. The Chair performs other duties necessary or customary to the office.

ARTICLE XI
COMMISSION SECRETARY

The City Manager, or designee, may provide the Commission with staff assistance as provided to all other city commissions.
ARTICLE XII
AGENDA

Any Commissioner may submit an item for consideration on the Commission Agenda. Neither the Commission Secretary nor the Chair may prevent an item from appearing on the agenda. The Chair shall not remove any item from the Agenda.

The Chair has the authority to structure and order the Agenda before distribution to Commissioners for any Mental Health Commission meeting. The agenda shall provide a “brief general description” of each item of business to be “transacted or discussed” (Commissioners’ Manual, 2012; 44).

ARTICLE XIII
MEETINGS

The Commission shall meet up to ten times per year at a regularly scheduled day and time. Additional meetings may be held with approval of the City Council. Regular meetings shall be held on the last Thursday of each month at 7:00 pm. Commissioners shall establish and approve an annual regular meeting schedule at the December meeting for the following next year.

ARTICLE XIV
QUORUM

The Commissioners shall have a quorum in order to take action on any business. A majority of actual appointed Commissioners constitutes a quorum. Thus if the Mental Health Commission has 13 members, seven members constitute a quorum. If there are fewer appointees to the Commission, then a majority of those appointees constitutes a quorum.

If a quorum of the Mental Health Commission is not present at a scheduled meeting, the members who are present can adjourn the meeting to a set time and place or they can continue the meeting as a subcommittee pursuant to § Section 54955 of the Brown Act.

ARTICLE XV
TEMPORARY SUBCOMMITTEES

The Commission or the Chair, with the confirmation of the Commission, may appoint several of its members but fewer than the existing quorum of the present body to serve as a temporary subcommittee. Subcommittees must be comprised of at least two members. Upon creation of the subcommittee, the parent body shall allow it to operate with the following parameters:

1. A specific charge or outline of responsibilities shall be established by the parent body.

2. A target date must be established for a report back to the parent body.
3. Maximum life of the subcommittee shall be one year, with annual review and possible extension by the parent body.

4. There shall be no meeting schedule established by the parent body, law or resolution, which set up the subcommittee.

Subcommittee shall only make recommendations to the parent Commission. Meetings require 24-hour advance public notice prepared by the Secretary of the Commission and must comply with the Brown Act. The subcommittee agenda must be posted on the official City of Berkeley bulletin board. Meetings shall be open to the public and only be conducted in publicly accessible buildings.

City staff may attend and participate in subcommittee meetings. City staff may participate in subcommittee meetings the same as members of the public, or may be called upon to offer insights or provide information during discussion.

ARTICLE XVI
EXECUTIVE COMMITTEE

The Commission may establish an executive committee of the Commission.

ARTICLE XVII
ADVISORY DUTIES TO THE BERKELEY CITY COUNCIL

The Mental Health Commissions shall submit reports as mandated by the Berkeley City Council. The reports shall follow the Council's mandate to include recommendations, the reason and facts for making them, and all points of view including within the Commission, staff and the public in proper format as required by the Commissioners' Manual.

ARTICLE XVIII
COMMISSION WORK PROGRAM AND ANNUAL REPORT

The Mental Health Commission shall establish a work program that specifies its goal statements and outcomes expected to achieve (Commissioners’ Manual, 2012; 50). The Commission shall complete an annual report according to its powers and duties contained in applicable law, resolution, policy and procedure.

ARTICLE XIX
CONFLICTS OF INTEREST

Commissioners shall not engage in conflicts of interest. No Commissioner shall have an interest in any work or business of the Cities of Berkeley and Albany, or any role in influencing the making of the contract (Commissioners’ Manual, 2012; 21-24).
There is an exception if the Commissioner is an officer, member, director or employee of a non-profit corporation which is to receive a contract in question and the law does not prohibit the contract itself (Ibid.).

The Commissioner must disclose his/her interest, the minutes of the commission must reflect this disclosure, and the individual commissioner must disqualify himself/herself from participating in any manner either directly or indirectly in making or influencing any decision related to the contract (Ibid.).

**ARTICLE XX**

**COMPENSATION FOR ELIGIBLE COMMISSIONERS**

The City Council provides a $40 stipend payment for meeting attendance in order to remove barriers from “citizen participation” on Commissions. Commissioners whose annual federal income tax filed jointly is below $20,000 per year shall be entitled to receive stipend payments for compensation of expenses as set forth in the Commissioner’s Manual.

**ARTICLE XXI**

**PUBLIC COMMENT**

The Mental Health Commission welcomes and invites public comment at its meetings according to the following:

1. No member of the public shall be required to provide their name at a Commission meeting.

2. Public comment cannot be used to start a discussion between Commissioners or to take action in response to comments made at public comment.

3. An individual wishing to formally address the commission or make a presentation shall prepare a written request to the secretary to be scheduled on a future agenda. The request is discussed at the next meeting and the commission may grant or deny the request.

**ARTICLE XXII**

**BROWN ACT**

The Commission shall comply with the Brown Act including:

1. All “meetings” shall be conducted in compliance with the Brown Act, Gov. Code §§ 54950, et seq.

2. “Meetings” constitute any contact between a quorum of the Mental Health Commission, directly or through intermediaries to “develop collective concurrence as to action to be taken” on any matter that is “within the subject matter jurisdiction” of the Cities of Berkeley and Albany (See Commissioners’ Manual, 2012; 39).
3. “Meetings” include retreats, forums, workshops and similar types of events.

4. “Meetings” can be by person, by telephonic or other electronic medium, or through intermediaries.

ARTICLE XXIII
COMMISSIONERS’ MANUAL

The Commission shall conduct its business in accordance with Commissioner’s Manual for the City of Berkeley.

ARTICLE XXIV
ROBERT’S RULES OF ORDER

The Commission shall conduct its business in accordance with Robert’s Rules of Order.
Mrs Klatt

I hope you are well

Thank you for your efforts and reply

Note: the below boils down to 11 yes/no "radar" questions...

ICBT stands for "Internet Cognitive Behavior Treatment" (free at ecouch if not moodgym.anu.edu.au)

Are any of these on your radar?:

1. top CBT scientist:
   "...one of the most common causes of suicide-the therapist..." (google this)
   ~see the trick with this claim?~

2. Obama's "Top Doc:"
   "...therapies are often implemented with limited fidelity.."

   22.4% of teen girls want to die each year (22.49% X 4 (years of school)) = 90% of high school girls want to die...assumes no repeats
   (2,600,000 US attempted suicides/yr=1,300,000+ 8% in high school)

4. Congressman Kennedy:
   https://www.patrickj kennedy.net/agenda#Quality and Outcomes
   "...only about ... 11 percent of psychologists in the U.S. routinely administer symptom rating scales..."

5. top CBT scientist:
   https://feelinggood.com/science-behind-t-e-a-m-therapy/
   "...Therapists' misperceptions are not limited to the quality of the therapeutic relationship; they make equally severe errors in their assessments of how depressed, suicidal, anxious, or angry the patient is ...If a patient is feeling
suicidal, but the therapist is not aware of those feelings, it could lead to the **loss of life.** *Sadly, this outcome is not uncommon.*

6  
CDC.gov:  
41,149 suicides in 2013  
23.8% suicide decedents tested positive for antidepressants

7  
600,000 shrinks in US and ~89% refuse to use basic metrics (are quacks? ...aka "systemic lethal quackery")?

7b  

"... laws are on the books, they are too often ignored or not enforced. Millions of Americans still get turned away when seeking treatment for mental illness, even when the interventions are well-established and evidence-based."

8  
UK govt health (also AU, NZ... but somehow "unknown" to UnivCalifornia 5 research med schools):  
[https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8&q=site%3Anhs.uk%20moodgym](https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8&q=site%3Anhs.uk%20moodgym)

Free superior "FDA" stigma free (self stigma free ) treatment

9  
The New Nader's Raiders use (the threat of) suits to force the county govt's to promote moodgym (or similar free ICBT)...

10  
Mayo Research Clinic Director to NYTimes.com: "[among US licensed Mental Providers] we’re not treating people with what actually works"


"...But while exposure therapy has been proved highly effective, few teenagers receive it. “We’re much more likely to medicate kids than to give them therapy,” says Stephen Whiteside, director of the Child and Adolescent Anxiety Disorders Program at the Mayo Clinic. “And when we do give them therapy, it’s unlikely to be exposure. **With a few exceptions, we’re not treating people with what actually works best.**” Part of the reason is that exposure work is hard. Anxious people aren’t typically eager to feel more anxious. “It’s also uncomfortable for many therapists,” Whiteside told me. “Most **people [do] therapy ... to help people**, but with exposure therapy you’re actually helping them feel uncomfortable. It’s not much fun for anybody. It’s much easier to sit in a therapist’s office and talk about feelings.”..."
Was FDR's wife, Eleanor, the last politician that wasn't paid off by Pharma?

Eleanor: "Do one thing that scares you every day."

https://www.google.com/search?q=%22Do+one+thing+that+scares+you+every+day.%22&rlz=1C1GRGR_enUS767US767&oq=%22Do+one+thing+that+scares+you+every+day.%22&aqs=chrome.69i57j0i15l6j0j7&sourceid=chrome&ie=UTF-8

Please reply.

Warmest Regards,
J
<
PS It's shocking that who.it
1
does NOT mention moodgym
2
Uses the "Bullshit Bin" of "Mental Health" (instead of "A.C.T. mental health" and "non-ACT mental health") conflates
ACT (Attempts are Common and Treatable) with
nonACT (e.g., schizophrenia is NOT lethal, NOT common, and NOT cureable)

PPS There are words for someone ignoring this easy to stop killing:

1. "Good German"
2. Complicit
3. Holocaust Denier

PPPS

Pharma and other Quackery may be unnecessarily kicking up the perceived cost of US or California's attempts to switch to Universal Health Care (and scuttling these attempts). Dr. Burns is proving costly Quacks and Pharma are often unnecessary. The Billions of dollars Dr. Burns, etc could save... could be the difference between Universal Health Care and more lethality and oppression by the 1%.
And all that doesn't even mention the need for accessible youth resilience in the "time of Trump!"

PPPPS Palinkas research on request
IMHO, the rapid ascent of Peterson to "Rock Star Status" may portend a shift in youth perception of the treatment of the Big Four (depression, anxiety, habits, relationships), etc...

His website lists weekly concert sized events of 2018....ALL SOLD OUT! 😭😭😭

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Is this a catchy title for Jordan Peterson fans? (Peterson studies our "defective evolution" that leads to genocide, etc)

**How To Find Your "Inner Nazi" and "Liberate Our Inner Auschwitz"**

"**Inner Nazi**":
Here is the science behind chosing Hate over Love:

https://books.google.com/books?id=0qStqX0lVdQC&q=magic+button#v=snippet&q=magic%20button&f=false

(also attached)

Dr. Burns also uses the "Magic Button Technique" to determine resistance to success (see below)

"**Inner Auschwitz""

1
Damages caused by "Cults funded by govt" ... :
The same number killed or intended to be killed in the entire history of Auschwitz (1,300,000) is the same number killed or intended to be killed in US high schools every year by suicidality... (1,300,000/year US high schools... mostly attempts)

2
Scientists find that "schools of psychotherapy" operate like cults:
"...schools of therapy compete much like ... cults... one of the most common causes of suicide--the therapist..." —top Cognitive Therapy scientist
Preventative science is available at:
ecouch.anu.edu.au
and similar free sites.

Health departments that fund cult-like treatment that we threaten legally immediately cave and begin promoting Preventative science that is available at:
ecouch.anu.edu.au

When AMTA students hear about our threatening speech that gets the govt to cave (hint: the Magic Word is "Waves of Class Action Wrongful Death Suits") they are excited to sign up to try it!

We(and our AMTA interns) are sometimes called "The New Nader's Raiders"

reply for more info

The resistance to pushing a button has been studied at length by the scientist who invented (~half of) CBT (and who made it accessible by free books, web, webinar, radio, TV, etc.)

Here is (a best description of) his "Magic Button Technique"....
https://feelinggood.com/tag/t-e-a-m-therapy/
"Here's how to think about ...Resistance[to overcome a bad habit]. Imagine that there's a magic button on this desk, and if you push it, all of your symptoms (such as ... a bad [clutter]habit ...) will instantly disappear, with no effort... Will you push that button?

As it turns out, many people will NOT push the button... the reasons will be different, but they are generally overpowering."

"Inner Nazi!... stop "govt funded* cults** from systemic lethal fraud***" 😐😐😐

(Reply for some clever tricks to get the govt to promote Canadian and NHS.UK quality treatment at your govt health department)

My favorite quotes on the "Inner Nazi"

by Dr. Jordan Peterson:

https://www.youtube.com/watch?v=6bWijwAvYb8
https://www.youtube.com/watch?v=IGR15Q8rkA&t=2s
https://www.youtube.com/watch?v=wqNA85EqEZs

The Slavery, Lynching, Segregation museum founder that's a lawyer that's argued at SCOTUS

https://www.youtube.com/watch?v=RXEQNiujSRg&t=2s

USC.edu Prof on Mai Lai massacre, etc
Top "Science of Therapy" scientist (invented "half and caused all science of Cognitive B. Therapy): 
"...one of the most common causes of suicide--the therapist...

psychologytoday.com/us/blog/in-therapy/200901/seven-questions-david-d-burns

*e.g. county mental health

**see

https://www.google.com/search?ei=warwWoxt6dzSAo2DjdAD&q=site%3Afeelinggood.com+cult&oq=site%3Afeelinggood.com+cult&gs_l=psy-ab.3...3738.7016.0.7737.10.10.0.0.0.0.137.671.9j1.10.0....0...1c.1.64.psy-ab...1.1.136...0i13k1j0i13i30k1j0i8i13i30k1.0.pKs4elKdl

***see "...one of the most common causes of suicide--the therapist..."

psychologytoday.com/us/blog/in-therapy/200901/seven-questions-david-d-burns
I. Power and Control

Power and control are concepts that are important to consider when examining relationships. Power can be defined as the ability to influence others or to make decisions that affect others. Control, on the other hand, refers to the ability to direct or influence the actions of others. Both power and control are often used to maintain or assert dominance in relationships.

Power and control can be exercised in various ways, such as through persuasion, manipulation, or intimidation. It is important to be aware of how power and control are being used in a relationship, as they can impact the well-being and autonomy of the individuals involved.

II. Feeling Good Together

Feeling good together can be a strong motivating factor in relationships. People often seek out relationships that make them feel good and fulfill their needs. However, it is important to remember that feeling good together can also be used as a way to maintain power and control. It is important to consider whether feeling good together is being used as a way to control or manipulate others.

Feeling good together can also be used as a way to justify power and control. People may feel justified in exercising power and control if they believe that it is necessary to maintain a healthy relationship. However, it is important to consider whether the use of power and control is truly necessary or if it is being used to manipulate or control others.

In summary, power and control are important concepts to consider in relationships. It is important to be aware of how power and control are being used and to consider whether they are being used in a way that is healthy and fulfilling for all involved.