



Human Welfare and Community Action Commission

AGENDA

Wednesday, March 17, 2021
6:30 PM

PUBLIC ADVISORY: THIS MEETING WILL BE CONDUCTED EXCLUSIVELY THROUGH VIDEOCONFERENCE AND TELECONFERENCE

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

To access the meeting remotely using the internet: Join from a PC, Mac, iPad, iPhone, or Android device: Use URL –<https://zoom.us/j/4863098496>. If you do not wish for your name to appear on the screen, then use the drop down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon on the screen.

To join by phone: Dial 1-669-900-6833 and Enter Meeting ID: 486 309 8496. If you wish to comment during the public comment portion of the agenda, press *9 and wait to be recognized by the Chair.

Preliminary Matters

1. Roll Call
2. Agenda Approval
3. Public Comment

Update/Action Items

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

Berkeley Community Action Agency Board Business

4. Approve minutes from the 2/24/2021 Special Meeting (Attachment A)
5. Discuss CSBG Berkeley Community Action Agency Community Action Plan, 2022-23 – (Attachment B)
6. Discuss low-income commissioner stipend – Staff
7. Review City of Berkeley funded agency Program and Financial reports — Staff (Attachment C)
 - a. LifeLong Medical Care - Access to Primary Care/Acupuncture for the Low-Income/Uninsured

Other Discussion Items

8. Review and discuss City of Berkeley Commission minutes – All
9. Presentation on Tenant Opportunity to Purchase Act – Sarah Scruggs, Northern California Land Trust

10. Discuss Budget Review Subcommittee recommendation regarding cannabis tax revenue – Commissioners Sood and Romo
11. Update on Accessibility at the STAIR Center – Behm-Steinberg (Attachments D and E)
12. Discuss report regarding homeless encampment in South Berkeley near Here/There sign – Commissioner Romo
13. Discuss Citywide Restroom Assessment - All
14. Discuss encampments proposal – Commissioner Behm-Steinberg
15. Discuss rent control recommendation – Commissioners Behm-Steinberg and Omodele
16. Discuss report on the South Adeline Corridor Plan – Commissioner Romo
17. Discuss disabled accessibility in high-density corridors – Commissioner Behm-Steinberg
18. Discuss lack of phone booths and charging stations in Berkeley – Commissioner Behm-Steinberg
19. Discuss housing issues that impact the poor – Commissioner Behm-Steinberg
20. Discuss possible improvements to the HWCAC request for proposal review process – Commissioner Kohn
21. Discuss consequences of failed elevators in buildings – Commissioner Behm-Steinberg
22. Discuss City grant writer procurement – Commissioner Behm-Steinberg
23. Update on the closure of Alta Bates Hospital – Commissioner Omodele
24. Update on HWCAC recommendation to Council regarding Assessment of Vacant Properties – Commissioner Sood
25. Discuss potential questionnaire to City Council regarding HWCAC priorities – Commissioner Bookstein
26. Discuss current state of homelessness in Berkeley – Commissioner Omodele
27. Review latest City Council meeting agenda
28. Announcements

29. Future Agenda Items

Adjournment

Attachments

- A. Draft Minutes of the 2/24/2021 Meeting
- B. Community Action Plan Template, 2022-23
- C. Program and financial reports from LifeLong Medical Care
- D. STAIR email to Disability Commission secretary
- E. Local Adoption of Emergency Amendments to the 2016 California Building Code Governing Emergency Housing
https://www.cityofberkeley.info/Clerk/City_Council/2018/06_June/Documents/2018-06-12_Item_42_Local_Adoption_of_Emergency_Amendments.aspx

Review City Council Meeting Agenda at City Clerk Dept. or
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Secretary:

Mary-Claire Katz
Health, Housing & Community Services Department
510-981-5414
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Mailing Address:

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



Human Welfare and Community Action Commission

DRAFT MINUTES

Wednesday, February 24, 2021
6:00 PM

PUBLIC ADVISORY: THIS MEETING WILL BE CONDUCTED EXCLUSIVELY THROUGH VIDEOCONFERENCE AND TELECONFERENCE

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

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To join by phone: Dial 1-669-900-6833 and Enter Meeting ID: 941 8040 4326. If you wish to comment during the public comment portion of the agenda, press *9 and wait to be recognized by the Chair.

Preliminary Matters

1. Roll Call

Present: Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Romo, Sim, Yun, Hill

Absent: Pelley

Quorum: 6 (Attended: 9)

Staff Present: Rhianna Babka, Mary-Claire Katz

Public Present: Carole Marasovic

2. Agenda Approval

Action: M/S/C (Kohn/Bookstein) to reorder agenda section "Other Discussion Items" and discuss as follows: #10, #26, #12, #14.

Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Romo, Sim, Yun, Hill; Noes - None; Abstain - None; Absent – Pelley.

3. Public Comment

None

Update/Action Items

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

Berkeley Community Action Agency Board Business

4. Approve minutes from the 12/9/2020 Special Meeting (Attachment A)

Action: M/S/C (Omodele/Sood) to approve the minutes from the 12/9/20 special meeting.

Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Romo, Sim, Yun, Hill; Noes - None; Abstain - None; Absent – Pelley.

5. Election of Chair and Vice Chair

Action: Roll call vote to elect HWCAC Chair. Omodele nominates Behm-Steinberg. Bookstein nominates Yun.

Roll Call Vote: Dunner - Yun, Sood - Yun, Kohn - Yun, Omodele – Behm-Steinberg, Behm-Steinberg – Behm-Steinberg, Romo - Yun, Yun - Yun, Hill – Yun, Bookstein - Yun; Noes - None; Abstain - Sim; Absent – Pelley.

The motion passed to elect Yun as Chair with 7 votes in favor of Yun, 2 votes in favor of Behm-Steinberg, and one abstention.

Action: M/S/C (Bookstein/Hill) to close nomination and elect Mary Behm-Steinberg as Vice Chair.

Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Romo, Sim, Yun, Hill; Noes - None; Abstain - None; Absent – Pelley.

6. Adopt 2021 Meeting Schedule (Attachment B) – Staff

Action: M/S/C (Sood/Bookstein) to adopt the 2021 meeting schedule with the new meeting time of 6:30PM – 8:30PM.

Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Romo, Sim, Yun, Hill; Noes - None; Abstain - None; Absent – Pelley.

7. Public Hearing Date – Staff

Action: M/S/C (Sood/Bookstein) to hold a public hearing at the April 21, 2021 HWCAC regular meeting.

Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Romo, Sim, Yun, Hill; Noes - None; Abstain - None; Absent – Pelley.

8. Review City of Berkeley funded agency Program and Financial reports — Staff (Attachment C)

- a. Bay Area Outreach and Recreation Program – Recreational Services for Disabled Commissioners review program and financial reports from Bay Area Outreach and Recreation Program.

Other Discussion Items

9. Review and discuss City of Berkeley Commission minutes – All

Continued to 3/17/2021 meeting.

10. HWCAC Commission Meeting Discussion and Training – Commissioner Kohn

Commissioner Kohn provides training on the HWCAC to commissioners.

11. Discuss Budget Review Subcommittee recommendation regarding cannabis tax revenue – Commissioners Sood and Romo

Continued to 3/17/2021 meeting.

12. Update on Accessibility at the STAIR Center – Behm-Steinberg (Attachments D and E)

Commissioner Behm-Steinberg provides an update on this topic, which includes purchasing the trailers at Pathways and whether ADA considerations had been part of the design process.

13. Discuss report regarding homeless encampment in South Berkeley near Here/There sign – Commissioner Romo
Continued to 3/17/2021 meeting.
14. Discuss Tenant Opportunity to Purchase Act – Commissioner Yun
Action: M/S/C (Yun/Behm-Steinberg) to send the HWCAC secretary contact information to schedule a guest speaker to discuss TOPA.
Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Romo, Sim, Yun, Hill; Noes - None; Abstain - None; Absent – Pelley.
15. Discuss Citywide Restroom Assessment - All
Continued to 3/17/2021 meeting.
16. Discuss encampments proposal – Commissioner Behm-Steinberg
Continued to 3/17/2021 meeting.
17. Discuss rent control recommendation – Commissioners Behm-Steinberg and Omodele
Continued to 3/17/2021 meeting.
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21. Discuss housing issues that impact the poor – Commissioner Behm-Steinberg
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22. Discuss possible improvements to the HWCAC request for proposal review process – Commissioner Kohn
Continued to 3/17/2021 meeting.
23. Discuss consequences of failed elevators in buildings – Commissioner Behm-Steinberg
Continued to 3/17/2021 meeting.
24. Discuss City grant writer procurement – Commissioner Behm-Steinberg
Continued to 3/17/2021 meeting.
25. Update on the closure of Alta Bates Hospital – Commissioner Omodele
Continued to 3/17/2021 meeting.
26. Update on HWCAC recommendation to Council regarding Assessment of Vacant Properties – Commissioner Sood

Action: M/S/C (Sood/Yun) for Commissioner Sood to contact the Measure O Bond Oversight Committee as a representative of the HWCAC and to request an update on the status of the assessment of vacant properties.

Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Romo, Sim, Yun, Hill; Noes - None; Abstain - None; Absent – Pelley.

Action: M/S/C (Kohn/Sim) to extend the meeting to 8:10PM.

Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Romo, Sim, Yun, Hill; Noes - None; Abstain - None; Absent – Pelley.

27. Review latest City Council meeting agenda

Continued to 3/17/2021 meeting.

28. Announcements

29. Future Agenda Items

Review of past CSBG Community Action Plan (Bookstein).

Discuss comprehensive issues on the subject of homelessness (Omodele).

Draft questionnaire to Council about HWCAC priority areas (Bookstein).

Adjournment

Action: M/S/C (Sood/Yun) to adjourn at 8:10PM.

Vote: Ayes – Dunner, Sood, Kohn, Omodele, Behm-Steinberg, Romo, Sim, Yun, Hill; Noes - None; Abstain - None; Absent – Pelley.

Attachments

- A. Draft Minutes of the 12/9/2020 Meeting
- B. 2021 Meeting Dates
- C. Program and financial reports from Bay Area Outreach and Recreation Program
- D. STAIR email to Disability Commission secretary
- E. Local Adoption of Emergency Amendments to the 2016 California Building Code Governing Emergency Housing

https://www.cityofberkeley.info/Clerk/City_Council/2018/06_June/Documents/2018-06-12_Item_42_Local_Adoption_of_Emergency_Amendments.aspx

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2022/2023

DRAFT

Community Needs Assessment and
Community Action Plan

California Department of
Community Services and Development

Community Services Block Grant



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Introduction

The Department of Community Services and Development (CSD) has developed the 2022/2023 Community Needs Assessment (CNA) and Community Action Plan (CAP) template for the Community Services Block Grant (CSBG) network. Each agency must submit a completed CAP, including a CNA to CSD on or before **June 30, 2021**. In an effort to reduce administrative burden during the Novel Coronavirus (COVID-19) pandemic, CSD has made changes to the CAP template. The changes are detailed below in the “What’s New for 2022/2023?” section. Provide all narrative responses in 12-point Arial font with 1.5 spacing. When the CNA and CAP are complete, they should not exceed 52 pages, excluding the appendices.

Purpose

Public Law 105-285 (the CSBG Act) and the California Government Code require that CSD secure a CAP, including a CNA from each agency. Section 676(b)(11) of the CSBG Act directs that receipt of a CAP is a condition to receive funding. Section 12747(a) of the California Government Code requires the CAP to assess poverty-related needs, available resources, feasible goals and strategies that yield program priorities consistent with standards of effectiveness established for the program. Although CSD may prescribe statewide priorities or strategies that shall be considered and addressed at the local level, each agency is authorized to set its own program priorities in conformance to its determination of local needs. The CAP supported by the CNA is a two-year plan that shows how agencies will deliver CSBG services. CSBG funds are by their nature designed to be flexible. They shall be used to support activities that increase the capacity of low-income families and individuals to become self-sufficient.

Federal CSBG Programmatic Assurances and Certification

The Federal CSBG Programmatic Assurances are found in section 676(b) of the CSBG Act. These assurances are an integral part of the information included in the CSBG State Plan. A list of the assurances that are applicable to CSBG agencies has been provided in the Federal Programmatic Assurances section of this template. CSBG agencies should review these assurances and certify that they are in compliance.

State Assurances and Certification

As required by the CSBG Act, states are required to submit a State Plan as a condition to receive funding. Information provided in agencies’ CAPs will be included in the CSBG State Plan. Alongside Organizational Standards, the state will be reporting on [State Accountability Measures](#) in order to ensure accountability and program performance improvement. A list of the applicable State Assurances and the agency certification for them are found in the State Assurances section of this template.

Compliance with CSBG Organizational Standards

As described in the Office of Community Services (OCS) [Information Memorandum \(IM\) #138 dated January 26, 2015](#), CSBG agencies will comply with implementation of the Organizational Standards. CSD has identified the Organizational Standards that are met through the completion of the CAP and the CNA. A list of Organizational Standards that will be met upon completion of the CAP can be found in the Organizational Standards section of this template. Agencies are encouraged to utilize this list as a resource when reporting on the Organizational Standards annually.

What's New For 2022/2023?

Two-Part Layout. The 2022/2023 template has been divided into two parts:

Part I: Community Needs Assessment (CNA); and

Part II: Community Action Plan (CAP).

The CNA portion has sections for the needs assessment narrative and the results. Surveys and analysis documents may be attached as appendices. The CAP portion encompasses all the usual topics such as Vision and Mission Statement, Tripartite Board of Directors, Service Delivery System, Linkages, Monitoring, etc.

Revised Public Hearing Section. In addition to including the statute for the public hearing requirement, CSD has incorporated new guidelines for issuing the Notice of Public Hearing and the draft CAP, and documenting low-income testimony delivered at the public hearing. The Low-Income Testimony and Agency Response document will be required as an appendix. See the section on Public Hearing(s) for more details.

CNA Helpful Resources. Part I: Community Needs Assessment contains resources on conducting a needs assessment, influence of COVID-19 on the process, and updated links to state and national quantitative data sets.

Revised and Reduced Narrative Sections. Every effort has been made to reduce the administrative burden of conducting a CNA and preparing a CAP during an active pandemic. Although these tasks are fundamental to CSBG and should not be overlooked, CSD is aware of the reduced capacity and other circumstances under which many of the agencies are functioning. CSD has removed questions, utilized check boxes when possible, and made some questions optional. Many questions about the federal and state assurances have been removed. However, agencies are still required to certify that they are in compliance with the assurances. In the sections pertaining to the Tripartite Board of Directors and Linkages, for instance, agencies may indicate whether there are changes to the response in the 2020-2021 CAP or whether they would like CSD to accept the 2020-2021 CAP response without adaptations. Please keep in mind that these flexibilities are made because of the COVID-19 pandemic and may not be utilized in future years.

Additional Information. CSD has added a section to address disaster preparedness and agency capacity building. While this information is not directly mandated by statute, it is important to know agencies have disaster response plans in place and are making efforts to increase their own capacities. Responses to these questions are optional.

Federal and State Assurances Certification. Pertaining to the federal and state assurances, CSD removed questions where possible. If compliance to an assurance could be demonstrated without a narrative, the question was removed. However, agencies will still be required to certify that the Federal CSBG Programmatic Assurances and the State Assurances are being met. Agency certifications are found in those sections.

CSBG State Plan References. Information for the CSBG State Plan comes largely from CAPs submitted by agencies. To help agencies understand their roll in preparing the CSBG State Plan, CSD has indicated which questions contribute to the development of the annual CSBG State Plan.

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Checklist

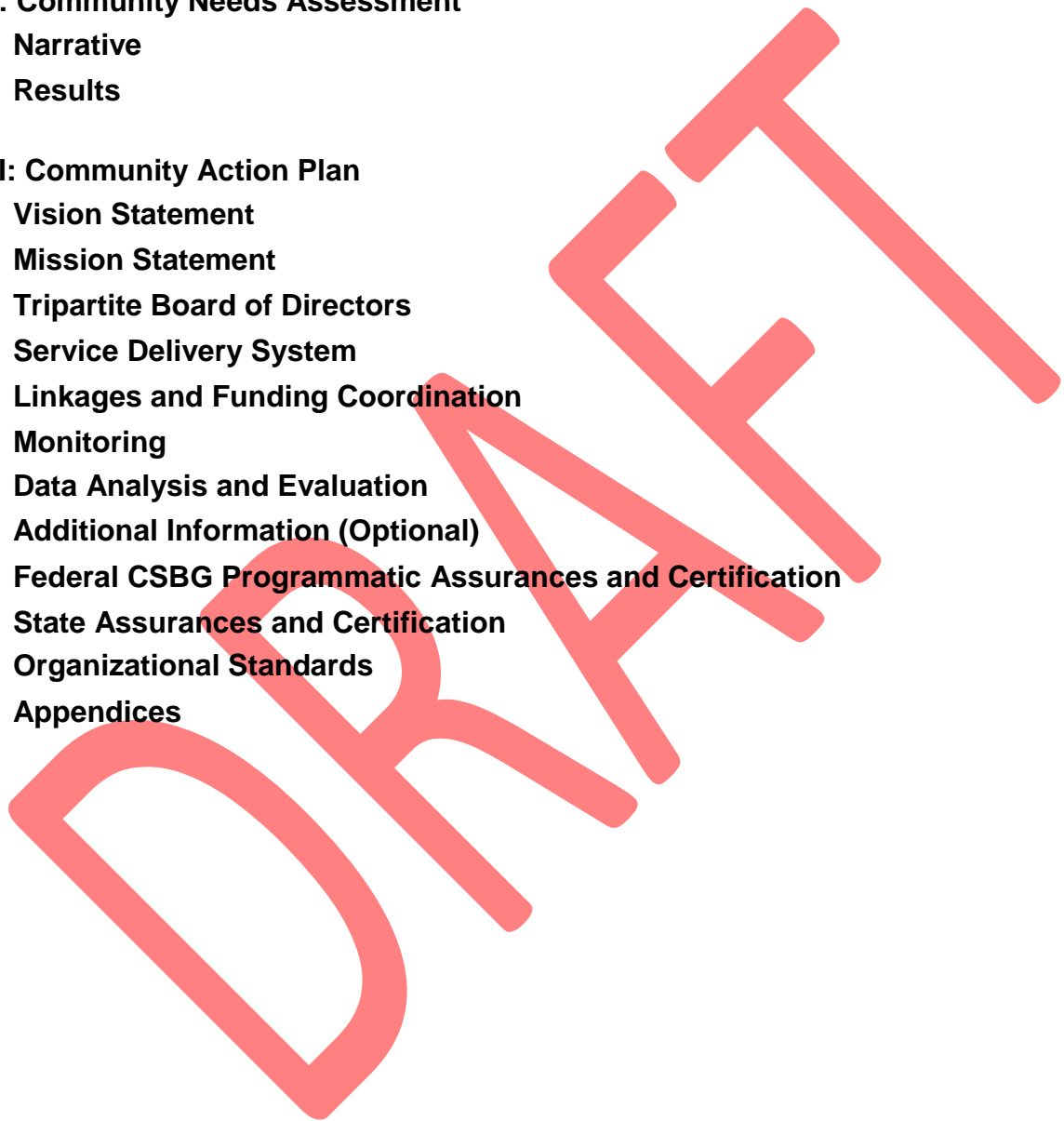
- Cover Page and Certification
- Public Hearing(s)

Part I: Community Needs Assessment

- Narrative
- Results

Part II: Community Action Plan

- Vision Statement
- Mission Statement
- Tripartite Board of Directors
- Service Delivery System
- Linkages and Funding Coordination
- Monitoring
- Data Analysis and Evaluation
- Additional Information (Optional)
- Federal CSBG Programmatic Assurances and Certification
- State Assurances and Certification
- Organizational Standards
- Appendices



COMMUNITY SERVICES BLOCK GRANT (CSBG)
2022/2023 Community Needs Assessment and Community Action Plan
Cover Page and Certification

Agency Name	Berkeley Community Action Agency
Name of CAP Contact	Kristen Lee
Title	Executive Director
Phone	510-981-5427
Email	kslee@cityofberkeley.info

CNA Completed MM/DD/YYYY:
 (Organizational Standard 3.1)

3/12/21

Board and Agency Certification

The undersigned hereby certifies that this agency complies with the Federal CSBG Programmatic and State Assurances as outlined in the CSBG Act and California Government Code, respectively for services provided under the Federal Fiscal Year 2022/2023 Community Action Plan. The undersigned further certifies the information in this Community Needs Assessment and the Community Action Plan is correct and has been authorized by the governing body of this organization. (Organizational Standard 3.5)

Kelly Yun		
Board Chair (printed name)	Board Chair (signature)	Date
Kristen Lee		
Executive Director (printed name)	Executive Director (signature)	Date

Certification of ROMA Trainer/Implementer (If applicable)

The undersigned hereby certifies that this agency's Community Action Plan and strategic plan documents the continuous use of the Results Oriented Management and Accountability (ROMA) system (assessment, planning, implementation, achievement of results, and evaluation).

N/A		
NCRT/NCRI (printed name)	NCRT/NCRI (signature)	Date

CSD Use Only

Dates CAP (Parts I & II)		Accepted By
Received	Accepted	

Public Hearing(s)

California Government Code Section 12747(b)-(d)

State Statute Requirements

As required by California Government Code Section 12747(b)-(d), agencies are required to conduct a public hearing for the purpose of reviewing the draft CAP. All testimony presented by low-income individuals and families during the public hearing shall be identified in the final CAP. Agencies shall indicate whether or not the concerns expressed by low-income individuals and families have been addressed. If an agency determines that any of the concerns have not been addressed in the CAP, the agency shall include in its response document, information about the concerns and comment as to their validity.

Public Hearing Guidelines

Notice of Public Hearing

1. Notice of the hearing and comment period must be published at least 15 calendar days prior to the public hearing.
2. The notice may be published on the agency's website, Facebook page, social media channels, and/or in newspaper(s) of local distribution.
3. The notice must include information about the draft CAP; where members of the community may review, or how they may receive a copy of, the draft CAP; the dates of the comment period; where written comments may be sent; date, time, and location of the public hearing; and the agency contact information.
4. The comment period should be open for at least 15 calendar days prior to the hearing. Agencies may opt to extend the comment period for a selected number of days after the hearing.
5. The draft CAP must be made available for public review and inspection at least 30 days prior to the hearing. The draft CAP can be posted on the agency's website, Facebook page, social media channels, and distributed electronically or in paper format.
6. Attach a copy of the Notice(s) of Public Hearing as Appendix A to the final CAP.

Public Hearing

1. Agencies must conduct at least one public hearing on the draft CAP.
2. Public hearing(s) shall not be held outside of the service area(s).
3. Low-income testimony presented at the hearing or received during the comment period must be memorialized verbatim in the Low-Income Testimony and Agency's Response document and appended to the final CAP as Appendix B.
4. The Low-Income Testimony and Agency's Response document should include the name of low-income individual, his/her verbatim testimony, an indication of whether or not the need was addressed in the draft CAP, and the agency's response to the testimony if the concern was not addressed in the draft CAP.

Guidance for Public Hearings During COVID-19

The COVID-19 pandemic poses unique challenges to fulfilling the public hearing requirement. CSD asks that agencies adhere to state and county public health guidance to slow the spread of the virus and ensure public safety. The health and safety of agency staff and the communities you serve is paramount. If a public hearing cannot be conducted in person, CSD encourages agencies to utilize other formats or methods that will still adhere to the state and county public health guidance. If conducting a public hearing through other formats or methods is still not possible, agencies must contact their Field Representative at CSD at least 30 days prior to the submission of the CAP for additional guidance. Agencies will be required to provide documentation to support their constraints to meet the public hearing requirement.

Public Hearing Report

Date(s) of Public Hearing(s)	4/21/21
Location(s) of Public Hearing(s)	Zoom Meeting https://zoom.us/j/97245011849?pwd=T1UrZGN5K3hmWFdZYUw5THYvSzJ4Zz09
Dates of the Comment Period(s)	4/21/21 – 4/28/21
Where was the Notice of Public Hearing published? (agency website, newspaper, social media channels)	City of Berkeley Website https://www.cityofberkeley.info/Clerk/Commissions/Commissions_Human_Welfare_and_Community_Action_Commission_Homepage.aspx Berkeley Voice Newspaper https://www.eastbaytimes.com/author/berkeley-voice/
Date the Notice(s) of Public Hearing(s) was published	3/19/21

Number of Attendees at the Public Hearing(s) (Approximately)	
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DRAFT

Part I: Community Needs Assessment

CSBG Act Section 676(b)(11)

California Government Code Section 12747(a)

Helpful Resources

In 2011, NASCSP published a [Community Action to Comprehensive Community Needs Assessment Tool](#) that supports planning and implementing a comprehensive CNA. The tool lays out design choices, planning steps, implementation practices, analysis, and presentation options.

The National Community Action Partnership has [resources](#) such as an online Community Needs Assessment Tool and information about conducting a needs assessment during the COVID-19 pandemic. The Partnership also has a [Data Hub](#) designed specifically for the community needs assessment process.

To provide a comprehensive “picture” of the community needs in your service area(s), agencies will collect and analyze both quantitative and qualitative data. Links to several national and state quantitative data sets are given below. Local and agency data also provide information about the needs of the community.

National and State Data Sets			
U.S. Census Bureau Poverty Data	U.S. Bureau of Labor Statistics Economic Data	U.S. Department of Housing and Urban Development Housing Data & Report	U.S. Department of Health and Human Services Data Portal
Baseline Census Data by County	National Low-Income Housing Coalition Housing Needs by State	National Center for Education Statistics IPEDS	
California Department of Finance Demographics	California Attorney General Access RSS Data	California Department of Public Health Various Data Sets	California Governor’s Office Covid-19 Data
California Department of Education School Data via DataQuest		California Employment Development Department UI Data by County	

Community Needs Assessment Narrative

CSBG Act Sections 676(b)(3)(C), 676(b)(9)

Organizational Standards 1.1, 1.2, 2.2, 3.2, 3.3, 3.4

State Plan

1. How did the agency share the CAP, including the CNA, with the community, stakeholders, partner organizations? (Check all that apply.)

- The agency's website
- Posted on the agency's Facebook page
- Electronic reports were sent
- Printed copies were distributed
- Social media channels
- Other

2. Describe how your agency collected and included current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for your service area. (Organizational Standard 3.2, State Plan)

Data was collected using American Community Survey, Berkeley Unified School District data, the California Health Interview Survey, the City of Berkeley Public Health Division Vital Statistics Office, the City of Berkeley Strategic Plan, and the City of Berkeley Request for Proposals (RFP) for community agency funding.

3. Describe the geographic location(s) that your agency is funded to serve. If applicable, include a description of the various pockets, high-need areas, or neighborhoods of poverty that are being served by your agency.

The Berkeley Community Action Agency (BCAA) serves the City of Berkeley. LifeLong Medical Care, the recipient of CSBG funding, delivers integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents of Berkeley at the LifeLong Ashby and LifeLong West Berkeley Health Centers. LifeLong services are designed to remove barriers to care and reduce health disparities for typically underserved populations who are at the greatest risk for poor health outcomes. Easy Does It (EDI) provides emergency services and case management, attendant care, accessible transportation, wheelchair repair, and assistive device repair for severely physically disabled person in Berkeley.

4. Indicate from which sources your agency collected and analyzed quantitative data for the CNA. (Check all that apply.) (Organizational Standard 3.3)

Federal Government/National Data Sets

- Census Bureau
- Bureau of Labor Statistics
- Department of Housing & Urban Development
- Department of Health & Human Services
- National Low-Income Housing Coalition
- National Center for Education Statistics
- Other online data resources
- Other

California State Data Sets

- Employment Development Department
- Department of Education
- Department of Public Health
- Attorney General
- Department of Finance
- State Covid-19 Data
- Other

Surveys

- Clients
- Partners and other service providers
- General public
- Staff
- Board members
- Private sector
- Public sector
- Educational institutions

Local Data Sets

- Local crime statistics
- High school graduation rate
- School district school readiness
- Local employers
- Local labor market
- Childcare providers
- Public benefits usage
- County Public Health Department
- Other

Agency Data Sets

- Client demographics
- Service data
- CSBG Annual Report
- Client satisfaction data
- Other

5. If you selected "Other" in any of the data sets in Question 4, list the additional sources.

N/A

6. Indicate the approaches your agency took to gather qualitative data for the CNA. (Check all that apply.) (Organizational Standard 3.3)

Surveys

- Clients
- Partners and other service providers
- General public

Focus Groups

- Local leaders
- Elected officials
- Partner organizations' leadership

- Staff
- Board members
- Private sector
- Public sector
- Educational institutions

- Board members
- New and potential partners
- Clients
- Staff

Interviews

- Local leaders
- Elected officials
- Partner organizations' leadership
- Board members
- New and potential partners
- Clients

Community Forums

Asset Mapping

Other

7. If you selected "Other" in Question 6, please list the additional approaches your agency took to gather qualitative data.

N/A

8. Describe your agency's analysis of the quantitative and qualitative data collected from low-income individuals and families. Include a description of the data collected. (Organizational Standards 1.1, 1.2, 3.3; State Plan)

9. Summarize the data gathered from each sector of the community listed below and detail how your agency used the information to assess needs and resources in your agency's service area(s). Your agency must demonstrate that each sector was included in the needs assessment; A response for each sector is required. (CSBG Act Sections 676(b)(3)(C), 676(b)(9); Organizational Standard 2.2; State Plan)

A. Community-based organizations

The City of Berkeley partners with community-based organizations to provide essential services to residents. These organizations gather client satisfaction, outcome, and demographic data and provide that information to the City on a quarterly basis as part of their contract requirements. The City uses this information to help guide funding priorities, including those programs that provide services to the low-income population.

B. Faith-based organizations

As with the community-based organizations, faith-based organizations that contract with the City to provide services, such as free meals, provide their client satisfaction, outcome, and demographic data as part of their contract requirement.

C. Private sector (local utility companies, charitable organizations, local food banks)

The City of Berkeley works with many business associations that cater to established businesses and startups in specific industry sectors including tourism, technology, biotechnology, life sciences, medical devices and manufacturing. The City also works with regional partners that support local businesses including the East Bay Economic Development Alliance (East Bay EDA) and Bay Area Organization of Black Owned Businesses (BAOBOB).

D. Public sector (social services departments, state agencies)

Departments within the City provide different information gathered from a variety of resources that inform the planning process throughout the year. The City also partners with Alameda County and neighboring jurisdictions to share information and resources.

E. Educational institutions (local school districts, colleges)

The City collaborates with Berkeley Unified School District on a youth programs, including Berkeley's 2020 Vision: Equity in Education, which is a collective impact initiative that works towards eliminating racial disparities in academic achievement in Berkeley's public schools.

10. "Causes of poverty" are the negative factors that create or foster barriers to self-sufficiency and/or reduce access to resources in communities in which low-income individuals live. After review and analysis of the data, describe the causes of poverty in your agency's service area(s). (Organizational Standard 3.4, State Plan)

Two community needs were identified in assessments performed in Berkeley in recent years: health care services, and services for the disabled.

In 2018, The City of Berkeley Public Health Department released their Health Status Report (accessible here:

https://www.cityofberkeley.info/uploadedFiles/Health_Human_Services/Level_3_-_Public_Health/2018-health-status-report-berkeley.pdf) which identified inequities in health and the

importance of prevention for Berkeley residents. The health inequities identified in the report include the poverty level as it relates to race/ethnicity, the geographic element of poverty within the City, the rate of uninsured people within the City, and others.

During the last RFP process for FY20-23, the City received proposals for health-related programs, including LifeLong Medical Care's applications for geriatric primary care health services at the Over 60 Health Center to low-income, elderly Berkeley residents; access to delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents; and

supportive services and housing to the chronically homeless population in Berkeley, most of whom have active mental health and substance use issues, as well as poor physical health.

CSBG currently funds LifeLong Medical Care to support the delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents of Berkeley at the LifeLong Ashby and LifeLong West Berkeley Health Centers. LifeLong services are designed to remove barriers to care and reduce health disparities for typically underserved populations who are at the greatest risk for poor health outcomes. Funding will also support the provision of acupuncture detox services for Berkeley residents living with substance use disorders.

Low-income Berkeley residents require accessible and culturally responsive health services for optimal health. Social determinants of health and barriers result in persistent health disparities that disproportionately impact low-income residents. According to the most recent City of Berkeley Health Status Report, African American residents experience higher rates of poverty compared to other Berkeley residents, and worse health outcomes. For example, African Americans and Latinos have the highest proportions of obese and overweight children in Berkeley; and African Americans experience substantially higher rates of poorly controlled asthma, diabetes, and hypertension.

LifeLong's primary care and acupuncture detox services target low income, uninsured and underinsured Berkeley residents. This population is more racially and ethnically diverse than the general population. For example, while income levels have increased in Berkeley overall, for African American residents there has been a slight decrease. LifeLong health centers are also located in areas with higher rates of low-income residents and people experiencing homelessness: West Berkeley and South Berkeley. Services are designed to meet the needs of low-income residents, with an emphasis on chronic disease prevention and management, and early detection and intervention, and strategies to address social determinants of health (such as food insecurity, housing instability or social isolation).

To address opioid overdose hospitalizations (higher in Berkeley than in Alameda County as a whole) and other needs related to substance use disorders, LifeLong offers an acupuncture clinic; the only program of its kind that is accessible to low income Berkeley residents free of charge using a harm reduction model. The target population of the Acupuncture program is low income adults with chemical dependency issues. Within this population, many are homeless and/or are living with mental health needs.

According to the American Community Survey from 2017, XX% of the County of Alameda population reported having a disability. There are significant disparities between the disabled and non-disabled population. In Alameda County in 2019, XX% of individuals with a disability lived below 100 percent of the poverty level, compared to XX% of the non-disabled population. Additionally, XX% of people with disabilities have incomes that are less than XX% of the Federal poverty level, compared with XX% for the non-disabled population. The median earnings for people with disabilities is approximately \$XX, whereas the non-disabled population earns over \$XX per year. Among the homeless population for the City of Berkeley, XX% reported having a physical disability. The disabled population is more than twice as likely to visit hospital emergency rooms, smoke, have high blood pressure and diabetes, and more than XX times more likely to have heart disease.

Berkeley voters concerned about the welfare of disabled Berkeley residents continue to support funding for emergency services and case management, attendant care, accessible transportation, wheelchair repair, and assistive device repair for severely physically disabled persons in Berkeley.

11. “Conditions of poverty” are the negative environmental, safety, health and/or economic conditions that may reduce investment or growth in communities where low-income individuals live. After review and analysis of the data, describe the conditions of poverty in your agency’s service area(s). (Organizational Standard 3.4, State Plan)

12. Describe your agency’s approach or system for collecting, analyzing, and reporting customer satisfaction data to the governing board. (Organizational Standard 6.4, State Plan)

- No change to the response in your agency’s 2020-2021 CAP.
- Adaptations to the response in your agency’s 2020-2021 CAP are described below.

Community Needs Assessment Results

CSBG Act Section 676(b)(11)

California Government Code Section 12747(a)

Table 1: Needs Table

Complete the table below. Insert a row if additional space is needed.

Needs Identified	Level	Integral to Agency Mission (Y/N)	Currently Addressing (Y/N)	Agency Priority (Y/N)
Reducing Health Disparities	Family	Y	Y	Y
Emergency Services for the Severely Disabled	Family	Y	Y	Y
<p>Needs Identified: List the needs identified in your most recent CNA.</p> <p>Level: List the need level, i.e. community or family. <u>Community Level:</u> Does the issue impact the community, not just clients or potential clients of the agency? For example, a community level employment need is: There is a lack of good paying jobs in our community. <u>Family Level:</u> Does the need concern individuals/families who have identified things in their own life that are lacking? An example of a family level employment need would be: Individuals do not have good paying jobs.</p> <p>Integral to Agency Mission: Indicate if the identified need aligns with your agency’s mission.</p> <p>Currently Addressing: Indicate if your agency is already addressing the identified need.</p> <p>Agency Priority: Indicate if the identified need will be addressed either directly or indirectly.</p>				

Table 2: Priority Ranking Table

Prioritize all needs identified as an agency priority in Table 1. Insert a row if additional space is needed.

Agency Priorities	Description of programs, services, activities	Indicator(s)/Service(s) Category (CNPI, FNPI, SRV)
1. Reducing Health Disparities	Integrated primary care and behavioral health services to low-income, uninsured and underinsured residents of Berkeley	FNPI 5b.
2. Emergency Services for the Severely Disabled	(a) Emergency attendant, wheelchair adjustments, and transportation services to Berkeley residents who are severely physically disabled, as well (b) maintains a voluntary disaster registry of Berkeley residents, and (c) provides case-management to help clients with the recruitment, selection, training, and retention of quality attendants, resulting in an increase in client participation in services related to disability and a decreased reliance on emergency services.	FNPI 5g.
<p>Agency Priorities: Rank your agency priorities.</p> <p>Description of programs, services, activities: Briefly describe the program, services or activities that your agency will provide to address the need. Identify the number of clients to be served or the number of units offered, including timeframes for each.</p> <p>Indicator/Service Category (CNPI, FNPI, SRV): List the indicator(s) or service(s) that will be reported in annual report.</p>		

Part II: Community Action Plan

CSBG Act Section 676(b)(11)

California Government Code Sections 12745(e), 12747(a)

California Code of Regulations, Title 22, Division 11, Chapter 1, Sections 100651 and 100655

Vision and Mission Statement

1. Provide your agency's Vision Statement.

The Vision of the City of Berkeley's Community Action Agency (BCAA) is to have a responsive, caring and effective community services delivery system, which provides every resident with the basic prerequisites for a decent life and makes essential long-lasting connections among different constituencies and different neighborhoods. The ideal Berkeley will have: safe, decent and affordable housing, adequate nutritious food for all; primary medical care for all; education, including tutoring and mentoring, for all ages; full access to available City resources/programs which are appropriate with respect to age, family situation, ability, cultural/ethnic background and all other elements of diversity; opportunities to participate in decision-making with respect to the provision of community services; healthy community-based organizations which are fiscally viable, with active and effective boards and good administration; strong collaboration between the City and other levels of government (county, state, and federal) and between community based organizations to maximize resources and provide a holistic range of services to low-income residents specifically those at or below poverty level.

2. Provide your agency's Mission Statement.

The mission of the BCAA is to act as a facilitator for the community to assist low-income individuals, particularly those living at or below poverty level, respecting their own self-determination; and to improve the quality of life, reduce dependency, and achieve self-sufficiency through coordinated services providing employment, education, medical care, childcare, counseling, food, shelter, legal counseling and emergency services.

Tripartite Board of Directors

CSBG Act Sections 676B(a); 676(b)(10)

California Code of Regulations, Title 22, Division 11, Chapter 1, Section 100605

State Plan

1. Describe how your Advisory or Governing Board is involved in the decision-making process and participates in the development, planning, implementation and evaluation of programs to serve low-income communities. (CSBG Act Section 676B(a))

No change to the response in your agency's 2020-2021 CAP.

Adaptations to the response in your agency's 2020-2021 CAP are described below.

2. Describe your agency's procedures under which a low-income individual, community organization, religious organization, or representative of low-income individuals that considers its organization or low-income individuals to be inadequately represented on your agency's board to petition for adequate representation. (CSBG Act Section 676(b)(10), State Plan)

No change to the response in your agency's 2020-2021 CAP.

Adaptations to the response in your agency's 2020-2021 CAP are described below.

3. Describe your Advisory or Governing Board's policy for filling board vacancies in accordance with established bylaws. Include the recruiting process, democratic selections process for low-income board members, and the timeframe established by your agency to fill vacancies. (State Plan)

No change to the response in your agency's 2020-2021 CAP.

Adaptations to the response in your agency's 2020-2021 CAP are described below.

Service Delivery System

CSBG Act Section 676(b)(3)(A)
State Plan

1. Describe your agency's service delivery system. Include a description of your client intake process or system and specify whether services are delivered via direct services or subcontractors, or a combination of both. (CSBG Act Section 676(b)(3)(A), State Plan)

LifeLong provides a full range of integrated primary, preventive, dental, mental health, and substance abuse services for people of all ages. With a focus on providing health care access for low-income community, LifeLong makes it a priority to serve populations who experience access barriers, including older adults, people with HIV, homeless individuals and people experiencing mental health and substance use disorders and/or language and cultural barriers. In 2018, LifeLong served a total of 61,444 unduplicated patients in over 310,801 encounters.

LifeLong operates 16 primary care health centers (3 in Berkeley), 3 dental clinics (1 in Berkeley) and 2 mobile dental vans. In addition, LifeLong provides urgent/immediate care services school health services, and a supportive housing program, all with sites in Berkeley.

LifeLong services are geographically accessible throughout Berkeley, and most are located on major transportation arteries with frequent public transit service. All primary care sites have daytime hours, as well as evening and/or weekend hours by appointment. Berkeley Immediate Care offers same day/walk-in services.

LifeLong's intake process includes benefits eligibility screening and enrollment assistance, as well as new patient registration that includes key information on LifeLong's payment policies, LifeLong's Notice of Privacy Practices and a patient's rights and responsibilities as well as Advance Health Care Directive resources.

Easy Does It (EDI) provides emergency attendant services, emergency wheelchair repairs and transportation services to Berkeley residents with severe physical disabilities, and maintains a voluntary disaster registry of Berkeley residents.

EDI also provides case-management to help clients with the recruitment, selection, training, and retention of quality attendants, resulting in an increase in client participation in services related to disability and a decreased reliance on EDI emergency services.

EDI's clients include adults with severe physical disabilities that are in need of attendant services, accessible transportation and adaptive equipment repair including wheelchairs and scooters. Their clients have a wide range of disabilities including spinal cord injuries, Multiple Sclerosis, Arthritis, ALS, Parkinson's disease and Cerebral Palsy.

2. List your agency's proposed programs/services/activities that will be funded by CSBG. Include a brief explanation as to why these were chosen and how they relate to the CNA. (CSBG Act Section 676(b)(3)(A), State Plan)

CSBG funds LifeLong Medical Care for the delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents of Berkeley at the LifeLong Ashby and LifeLong West Berkeley Health Centers. LifeLong was chosen to receive funding to address health disparities for Berkeley residents, as supported by the data in the CNA. The type of costs that CSBG dollars support include staff salary and program support.

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Linkages and Funding Coordination

CSBG Act Sections 676(b)(1)(B) and (C), (3)(C) and (D), 676(b)(4), (5), (6), and (9)

California Government Code Sections 12747, 12760

Organizational Standards 2.1, 2.4

State Plan

1. Describe how your agency coordinates funding with other providers in your service area. If there is a formalized coalition of social service providers in your service area, list the coalition(s) by name and methods used to coordinate services/funding. (CSBG Act Sections 676(b)(1)(C), 676(b)(3)(C); Organizational Standard 2.1; State Plan)

The BCAA funds community agencies to provide a variety of services to low-income Berkeley residents. These services include: childcare, disability, employment training, health, homeless, housing rehabilitation, legal/advocacy/fair housing, senior and youth services.

2. Provide information on any memorandums of understanding and/or service agreements your agency has with other entities regarding coordination of services/funding. (Organizational Standard 2.1, State Plan)

LifeLong has numerous MOUs, service agreements and funding contracts with governmental and nongovernmental entities. For example, LifeLong is funded by the Alameda County Office of HIV Care to provide integrated HIV primary care and medical case management services. They also receive funding from both the Alameda County Area Agency on Aging and the City of Oakland to provide older adult services to low income older adults. As a federally qualified health center, LifeLong receives federal funding from the Health Resources and Services Administration. Partnerships with Kaiser, Sutter and other healthcare entities further support coordination of services, and enhance LifeLong's ability to expand access to integrated care via partnership and funding agreements.

3. Describe how services are targeted to low-income individuals and families and indicate how staff is involved, i.e. attend community meetings, provide information, make referrals, etc. Include how you ensure that funds are not used to duplicate services. (CSBG Act Section 676(b)(9), California Government Code Section 12760, State Plan)

- No change to the response in your agency's 2020-2021 CAP.
- Adaptations to the response in your agency's 2020-2021 CAP are described below.

4. Describe how your agency will leverage other funding sources and increase programmatic and/or organizational capacity. (California Government Code Section 12747, State Plan)

LifeLong has developed diverse funding streams to ensure stability of the organization and minimize disruption due to any potential funding reductions. With a goal of maintaining 90 days of cash on hand, LifeLong currently has 117 days of cash on hand. Development personnel focus on cultivating donors for many of LifeLong's programs and services, and a strategic planning and grants team continuously seeks and manages private, corporate, government funding. LifeLong's strategic plan also includes expanding geographic and programmatic access to services. With growth comes increased revenue sources and a continued emphasis on infrastructure development. LifeLong also leverages resources by utilizing new technologies such as telehealth to enhance the access to services and making judicious use of resources.

5. Describe your agency's contingency plan for potential funding reductions. (California Government Code Section 12747, State Plan)

- No change to the response in your agency's 2020-2021 CAP.
- Adaptations to the response in your agency's 2020-2021 CAP are described below.

6. Describe how your agency documents the number of volunteers and hours mobilized to support your activities. (Organizational Standard 2.4)

- No change to the response in your agency's 2020-2021 CAP.
- Adaptations to the response in your agency's 2020-2021 CAP are described below.

7. Describe how your agency will address the needs of youth in low-income communities through youth development programs and promote increased community coordination and collaboration in meeting the needs of youth. (CSBG Act Section 676(b)(1)(B), State Plan)

- No change to the response in your agency's 2020-2021 CAP.
- Adaptations to the response in your agency's 2020-2021 CAP are described below.

8. Describe how your agency will promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs such as the establishment of violence-free zones, youth mediation, youth mentoring, life skills training, job creation, entrepreneurship programs, after after-school child care. (CSBG Act Section 676(b)(1)(B), State Plan)

- No change to the response in your agency's 2020-2021 CAP.
- Adaptations to the response in your agency's 2020-2021 CAP are described below.

9. If your agency uses CSBG funding to provide employment and training services, describe the coordination of employment and training activities as defined in Section 3 of the Workforce and Innovation and Opportunity Act [29 U.S.C. 3102]. (CSBG Act Section 676(b)(5), State Plan)

N/A

10. Describe how your agency will provide emergency supplies and services, nutritious foods, and related services, as may be necessary, to counteract conditions of starvation and malnutrition among low-income individuals. (CSBG Act Section 676(b)(4), State Plan)

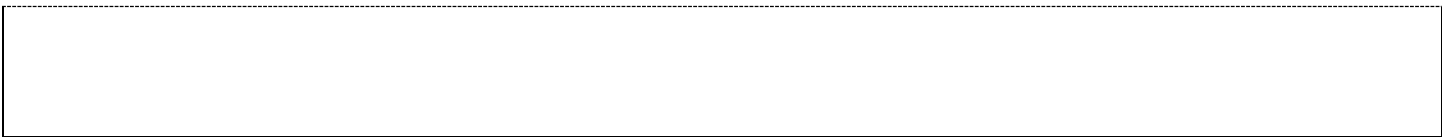
- No change to the response in your agency's 2020-2021 CAP.
- Adaptations to the response in your agency's 2020-2021 CAP are described below.

11. Describe how your agency coordinates with other antipoverty programs in your area, including the emergency energy crisis intervention programs under title XVI (relating to low-income home energy assistance) that are conducted in the community. (CSBG Act Section 676(b)(6), State Plan)

- No change to the response in your agency's 2020-2021 CAP.
- Adaptations to the response in your agency's 2020-2021 CAP are described below.

12. Describe how your agency will use funds to support innovative community and neighborhood-based initiatives, which may include fatherhood and other initiatives, with the goal of strengthening families and encouraging effective parenting. (CSBG Act Section 676(b)(3)(D), State Plan)

- No change to the response in your agency's 2020-2021 CAP.
- Adaptations to the response in your agency's 2020-2021 CAP are described below.



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Monitoring

CSBG Act Section 678D(a)(1)(A) and (B)

1. Describe how your agency's monitoring activities are related to establishing and maintaining the integrity of the CSBG program. Include your process for maintaining high standards of program and fiscal performance.

The City of Berkeley collects outcome reports from all agencies who are funded by the City. These outcome and service measure reports allow the City and the non-profit to measure the programs' success at meeting the intended goals. Agencies are required to provide regular outcome reports through the City's online reporting tool, City Data Services.

2. If your agency utilizes subcontractors, please describe your process for monitoring the subcontractors. Include the frequency, type of monitoring, i.e., onsite, desk review, or both, follow-up on corrective action, and issuance of formal monitoring reports.

Agencies that receive federal or state funding submit quarterly outcome reports. Agencies that are funded by the City submit either quarterly or semi-annual outcome reports, as determined by the City. The City also performs on-site monitoring yearly.

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Data Analysis and Evaluation

CSBG Act Section 676(b)(12)

Organizational Standards 4.2, 4.3

1. Describe your agency's method for evaluating the effectiveness of programs and services. Include information about the types of measurement tools, the data sources and collection procedures, and the frequency of data collection and reporting. (Organizational Standard 4.3)

In addition to requiring either quarterly or semi-annual performance and outcome reports, BCAA staff periodically monitor agencies to ensure the fidelity of financial record keeping and the recording and provision of direct services to clients. BCAA staff also consult with CSBG-funded programs to gather anecdotes for the year-end CSBG reports.

2. Applying the Results Oriented Management and Accountability (ROMA) cycle of assessment, planning, implementation, achievement of results, and evaluation, describe one change your agency made to improve low-income individuals' and families' capacity for self-sufficiency. (CSBG Act Section 676(b)(12), Organizational Standard 4.2)

- No change to the response in your agency's 2020-2021 CAP.
- Adaptations to the response in your agency's 2020-2021 CAP are described below.

3. Applying the full ROMA cycle, describe one change your agency facilitated to help revitalize the low-income communities in your agency's service area(s). (CSBG Act Section 676(b)(12), Organizational Standard 4.2) (Optional)

Additional Information (Optional)

Disaster Preparedness

1. Does your agency have a disaster plan in place that includes strategies on how to remain operational and continue providing services to low-income individuals and families during and following a disaster?

Yes

No

2. If so, when was the disaster plan last updated?

3. Briefly describe your agency's main strategies to remain operational during and after a disaster.

Agency Capacity Building

1. Although the CNA focused on Community and Family Level needs, if your agency identified Agency Level need(s) during the CNA process, list them here.

2. Describe the steps your agency is planning to take to address the Agency Level need(s).

Federal CSBG Programmatic Assurances and Certification

CSBG Act 676(b)

Use of CSBG Funds Supporting Local Activities

676(b)(1)(A): The state will assure “that funds made available through grant or allotment will be used – (A) to support activities that are designed to assist low-income families and individuals, including families and individuals receiving assistance under title IV of the Social Security Act, homeless families and individuals, migrant or seasonal farmworkers, and elderly low-income individuals and families, and a description of how such activities will enable the families and individuals--

- i. to remove obstacles and solve problems that block the achievement of self-sufficiency (particularly for families and individuals who are attempting to transition off a State program carried out under part A of title IV of the Social Security Act);
 - ii. to secure and retain meaningful employment;
 - iii. to attain an adequate education with particular attention toward improving literacy skills of the low-income families in the community, which may include family literacy initiatives;
 - iv. to make better use of available income;
 - v. to obtain and maintain adequate housing and a suitable living environment;
 - vi. to obtain emergency assistance through loans, grants, or other means to meet immediate and urgent individual and family needs;
 - vii. to achieve greater participation in the affairs of the communities involved, including the development of public and private grassroots
 - viii. partnerships with local law enforcement agencies, local housing authorities, private foundations, and other public and private partners to
-
- I. document best practices based on successful grassroots intervention in urban areas, to develop methodologies for wide-spread replication; and
 - II. strengthen and improve relationships with local law enforcement agencies, which may include participation in activities such as neighborhood or community policing efforts;

Needs of Youth

676(b)(1)(B) The state will assure “that funds made available through grant or allotment will be used – (B) to address the needs of youth in low-income communities through youth development programs that support the primary role of the family, give priority to the prevention of youth problems and crime, and promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs that have demonstrated success in preventing or reducing youth crime, such as--

- I. programs for the establishment of violence-free zones that would involve youth development and intervention models (such as models involving youth mediation, youth mentoring, life skills training, job creation, and entrepreneurship programs); and
- II. after-school childcare programs.

Coordination of Other Programs

676(b)(1)(C) The state will assure “that funds made available through grant or allotment will be used – (C) to make more effective use of, and to coordinate with, other programs related to the purposes of this subtitle (including state welfare reform efforts)

Eligible Entity Service Delivery System

676(b)(3)(A) Eligible entities will describe “the service delivery system, for services provided or coordinated with funds made available through grants made under 675C(a), targeted to low-income individuals and families in communities within the state;

Eligible Entity Linkages – Approach to Filling Service Gaps

676(b)(3)(B) Eligible entities will describe “how linkages will be developed to fill identified gaps in the services, through the provision of information, referrals, case management, and follow-up consultations.”

Coordination of Eligible Entity Allocation 90 Percent Funds with Public/Private Resources

676(b)(3)(C) Eligible entities will describe how funds made available through grants made under 675C(a) will be coordinated with other public and private resources.”

Eligible Entity Innovative Community and Neighborhood Initiatives, Including Fatherhood/Parental Responsibility

676(b)(3)(D) Eligible entities will describe “how the local entity will use the funds [made available under 675C(a)] to support innovative community and neighborhood-based initiatives related to the purposes of this subtitle, which may include fatherhood initiatives and other initiatives with the goal of strengthening families and encouraging parenting.”

Eligible Entity Emergency Food and Nutrition Services

676(b)(4) An assurance “that eligible entities in the state will provide, on an emergency basis, for the provision of such supplies and services, nutritious foods, and related services, as may be necessary to counteract conditions of starvation and malnutrition among low-income individuals.”

State and Eligible Entity Coordination/linkages and Workforce Innovation and Opportunity Act Employment and Training Activities

676(b)(5) An assurance “that the State and eligible entities in the State will coordinate, and establish linkages between, governmental and other social services programs to assure the effective delivery of such services, and [describe] how the State and the eligible entities will coordinate the provision of employment and training activities, as defined in section 3 of the Workforce Innovation and Opportunity Act, in the State and in communities with entities providing activities through statewide and local workforce development systems under such Act.”

State Coordination/Linkages and Low-income Home Energy Assistance

676(b)(6) “[A]n assurance that the State will ensure coordination between antipoverty programs in each community in the State, and ensure, where appropriate, that emergency energy crisis intervention programs under title XXVI (relating to low-income home energy assistance) are conducted in such community.”

Community Organizations

676(b)(9) An assurance “that the State and eligible entities in the state will, to the maximum extent possible, coordinate programs with and form partnerships with other organizations serving low-income residents of the communities and members of the groups served by the State, including religious organizations, charitable groups, and community organizations.”

Eligible Entity Tripartite Board Representation

676(b)(10) “[T]he State will require each eligible entity in the State to establish procedures under which a low-income individual, community organization, or religious organization, or representative of low-income individuals that considers its organization, or low-income individuals, to be inadequately represented on the board (or other mechanism) of the eligible entity to petition for adequate representation.”

Eligible Entity Community Action Plans and Community Needs Assessments

676(b)(11) “[A]n assurance that the State will secure from each eligible entity in the State, as a condition to receipt of funding by the entity through a community service block grant made under this subtitle for a program, a community action plan (which shall be submitted to the Secretary, at the request of the Secretary, with the State Plan) that includes a community needs assessment for the community serviced, which may be coordinated with the community needs assessment conducted for other programs.”

State and Eligible Entity Performance Measurement: ROMA or Alternate System

676(b)(12) “[A]n assurance that the State and all eligible entities in the State will, not later than fiscal year 2001, participate in the Results Oriented Management and Accountability System, another performance measure system for which the Secretary facilitated development pursuant to section 678E(b), or an alternative system for measuring performance and results that meets the requirements of that section, and [describe] outcome measures to be used to measure eligible entity performance in promoting self-sufficiency, family stability, and community revitalization.”

Fiscal Controls, Audits, and Withholding

678D(a)(1)(B) An assurance that cost and accounting standards of the Office of Management and Budget (OMB) are maintained.

- By checking this box and signing the Cover Page and Certification, the agency’s Executive Director and Board Chair are certifying that the agency meets the assurances set out above.**

State Assurances and Certification

California Government Code Sections 12747(a), 12760, 12768

[California Government Code § 12747\(a\)](#): Community action plans shall provide for the contingency of reduced federal funding.

[California Government Code § 12760](#): CSBG agencies funded under this article shall coordinate their plans and activities with other agencies funded under Articles 7 (commencing with Section 12765) and 8 (commencing with Section 12770) that serve any part of their communities, so that funds are not used to duplicate particular services to the same beneficiaries and plans and policies affecting all grantees under this chapter are shaped, to the extent possible, so as to be equitable and beneficial to all community agencies and the populations they serve.

For MSFW Agencies Only

[California Government Code § 12768](#): Migrant and Seasonal Farmworker (MSFW) entities funded by the department shall coordinate their plans and activities with other agencies funded by the department to avoid duplication of services and to maximize services for all eligible beneficiaries.

- By checking this box and signing the Cover Page and Certification, the agency's Executive Director and Board Chair are certifying the agency meets assurances set out above.**

Organizational Standards

MAXIMUM FEASIBLE PARTICIPATION

Category One: Consumer Input and Involvement

Standard 1.1 The organization/department demonstrates low-income individuals' participation in its activities.

Standard 1.2 The organization/department analyzes information collected directly from low-income individuals as part of the community assessment.

Category Two: Community Engagement

Standard 2.1 The organization/department has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other anti-poverty organizations in the area.

Standard 2.2 The organization/department utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.

Standard 2.4 The organization/department documents the number of volunteers and hours mobilized in support of its activities.

Category Three: Community Assessment

Private Agency - Standard 3.1 Organization conducted a community assessment and issued a report within the past 3 years.

Public Agency - Standard 3.1 The department conducted or was engaged in a community assessment and issued a report within the past 3-year period, if no other report exists.

Standard 3.2 As part of the community assessment, the organization/department collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).

Standard 3.3 The organization/department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.

Standard 3.4 The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.

Standard 3.5 The governing board or tripartite board/advisory body formally accepts the completed community assessment.

VISION AND DIRECTION

Category Four: Organizational Leadership

Private Agency - Standard 4.1 The governing board has reviewed the organization's mission statement within the past 5 years and assured that:

- 1.The mission addresses poverty; and
- 2.The organization's programs and services are in alignment with the mission.

Public Agency - Standard 4.1 The tripartite board/advisory body has reviewed the department's mission statement within the past 5 years and assured that:

- 1.The mission addresses poverty; and
- 2.The CSBG programs and services are in alignment with the mission.

Standard 4.2 The organization's/department's Community Action Plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.

Standard 4.3 The organization's/department's Community Action Plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.

Category Six: Strategic Planning

Standard 6.4 Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process, or comparable planning process.

Appendices

Please complete the table below by entering the title of the document and its assigned appendix letter. Agencies must provide a copy of the Notice(s) of Public Hearing and the Low-Income Testimony and the Agency's Response document as appendices A and B, respectively. Other appendices such as need assessment surveys, maps, graphs, executive summaries, analytical summaries are encouraged. All appendices should be labeled as an appendix (e.g., Appendix A: Copy of the Notice of Public Hearing) and submitted with the CAP.

Document Title	Appendix Location
Copy of the Notice(s) of Public Hearing	A
Low-Income Testimony and Agency's Response	B

[Return to Reports Page](#)

**CITY OF BERKELEY
COMMUNITY AGENCY STATEMENT OF EXPENSE
10/01/2020 TO 12/31/2020**

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

Agency Name: [Lifelong Medical Care](#) Contract #: [010586](#)
 Program Name: [Access to Primary Care/Acupuncture for the Low-Income/Uninsured](#) PO #: [115084](#)

Funding Source : [General Fund](#)

Expenditure Category	Approved Budget	Jul-Sep 2020	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Total Expenditure	Budget Balance
Professional Svcs	\$29,855.00	7463.75	\$7,463.75			\$14,927.50	\$14,927.50
TOTAL	\$29,855.00	\$7,463.75	\$7,463.75			\$14,927.50	\$14,927.50

Advances Received [\\$14,928.00](#)
 Underspent/(Overspent) [\\$0.50](#)

Funding Source : [CSBG](#)

Expenditure Category	Staff Name	Approved Budget	Jul-Sep 2020	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Total Expenditure	Budget Balance
REGISTERED NURSE	O	\$14,397.00	3599.25	\$3,599.25			\$7,198.50	\$7,198.50
REGISTERED NURSE 4	MORAIS, LUISA	\$4,594.05	1148.51	\$1,148.51			\$2,297.02	\$2,297.03
MED RECEPTIONIST 1	WALKER, CHARLOTTE	\$3,648.50	912.13	\$912.13			\$1,824.26	\$1,824.24
PHYSICIAN	WOOLF, SARAH	\$22,795.06	5698.77	\$5,698.77			\$11,397.54	\$11,397.52
CENTER MANAGER 1	GILLESPIE, JUDY	\$12,141.49	3035.37	\$3,035.37			\$6,070.74	\$6,070.75
REGISTERED NURSE 1	HARANK, MICHAEL	\$15,860.60	3965.15	\$3,965.15			\$7,930.30	\$7,930.30
PHYSICIAN 2	BORES, NICOLE	\$4,948.96	1237.24	\$1,237.24			\$NaN	\$NaN
CENTER MANAGER 2	ROHRER, RACHELLE	\$13,114.80	3278.70	\$3,278.70			\$6,557.40	\$6,557.40
MED ASSISTANT 2	REYES, MARIELA	\$8,998.00	2249.50	\$2,249.50			\$4,499.00	\$4,499.00
MED ASSISTANT 5	ZARATE, JENNIFER	\$8,385.40	2096.35	\$2,095.35			\$4,191.70	\$4,193.70
Taxes/Benefits		\$30,487.48	7621.87	\$7,621.87			\$15,243.74	\$15,243.74
Equipment		\$11,356.00	2839	\$2,839.00			\$5,678.00	\$5,678.00
Professional Svcs		\$9,272.66	2318.17	\$2,318.17			\$4,636.34	\$4,636.32
TOTAL		\$160,000.00	\$39,999.77	\$39,999.01			\$NaN	\$NaN

Advances Received [\\$80,000.00](#)
 Underspent/(Overspent) [\\$80,000.00](#)

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

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

Expenditures reported in this statement are in accordance with our contract agreement and are taken from our books of account which are supported by source documentation.

- All federal and state taxes withheld from employees for this reporting period were remitted to the appropriate government agencies. Furthermore, the employer's share or contributions for Social Security, Medicare, Unemployment and State Disability insurance, and any related government contribution required were remitted as well.

Prepared By: [Kanwar Singh](#)

Email: ksingh@lifelongmedical.org

Date: 03/11/2021

Authorized By: [David B. Vliet](#)

Email: dvliet@lifelongmedical.org

Name of Authorized Signatory with Signature on File

Approved By:		Examined By:		Approved By:	
Mary-Claire Katz	03/11/2021				
Project Manager	Date	CSA Fiscal Unit	Date	CSA Fiscal Unit	Date

Initially submitted: Mar 11, 2021 - 13:54:11



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

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Program: Access to Primary Care/Acupuncture for the Low-Income/Uninsured
 Agency: Lifelong Medical Care

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

Contract No:

Agency: Lifelong Medical Care Period of: **1st Qtr 2021**
 Program: Access to Primary Care/Acupuncture for the Low-Inc Prepared By: Smita Dey
 Phone: 510-981-3226 E-mail: sdey@lifelongmedical.org

1. CLIENT SUMMARY - QTR 1

	Previous Periods	Report Period	YTD
A. Total New Clients Served by the Program (Berkeley and Non-Berkeley)	0	13,249	13,249
B. Total unduplicated number of NEW INDIVIDUALS about whom one or more characteristics were obtained:	0	4,790	4,790
C. Total unduplicated number of NEW HOUSEHOLDS about whom one or more characteristics were obtained:	0		0
D. Total New Berkeley Clients Served for Whom You Were Able to Gather Statistics on Age, Race/Ethnicity, and Income:	0	4,790	4,790
E. Total New Berkeley Clients Served for Whom You Were NOT Able to Gather Statistics on Age, Race/Ethnicity, and Income:	0		0
F. Total New Berkeley Clients Served:	0	4,790	4,790

INDIVIDUAL LEVEL CHARACTERISTICS

1. Gender

Gender Unduplicated Count	Previous Periods	This Period	YTD
Male	0	1,867	1,867
Female	0	2,921	2,921
Other	0		0
Unknown/not reported	0	2	2
TOTALS	0	4,790	4,790

2. Age

Age Unduplicated Count	Previous Periods	This Period	YTD
0-5	0	195	195
6-13	0	110	110
14-17	0	70	70
18-24	0	293	293
25-44	0	1,595	1,595
45-54	0	760	760
55-59	0	728	728
60-64	0	346	346
65-74	0	346	346
75+	0	347	347
Unknown/not reported	0		0
TOTALS	0	4,790	4,790

3. Education Levels

Education Levels Unduplicated Count	Previous Periods		This Period		YTD	
	Ages 14-24	Ages 25+	Ages 14-24	Ages 25+	Ages 14-24	Ages 25+
Grades 0-8	0	0			0	0
Grades 9-12/Non-Graduate	0	0			0	0
High School Graduate/ Equivalency Diploma	0	0			0	0
12 grade + Some Post-Secondary	0	0			0	0
2 or 4 years College Graduate	0	0			0	0
Graduate of other post-secondary school	0	0			0	0
Unknown/not reported	0	0	668	4,122	668	4,122
TOTALS	0	0	668	4,122	668	4,122

4. Disconnected Youth

4. Disconnected Youth Unduplicated Count	Previous Periods	This Period	YTD
Youth ages 14-24 who are neither working or in school	0		0

5. Health

Health Unduplicated Count	Previous Periods			This Period			YTD		
	Yes	No	Unknown	Yes	No	Unknown	Yes	No	Unknown
Disabling Condition	0	0	0	11		4,779	11	0	4,779
Health Insurance	0	0	0				0	0	0

Health Insurance Sources

Insurance Sources Unduplicated Count	Previous Periods	This Period	YTD
Medicaid	0		0
Medicare	0	4,030	4,030
State Children's Health Insurance Program	0		0
State Health Insurance for Adults	0		0
Military Health Care	0		0
Direct-Purchase	0		0
Employment Based	0	100	100
Unknown/not reported	0	660	660
TOTALS	0	4,790	4,790

6. Ethnicity

Ethnicity Unduplicated Count	Previous Periods	This Period	YTD
Hispanic, Latino or Spanish Origins	0	999	999
Not Hispanic, Latino or Spanish Origins	0	3,128	3,128
Unknown/not reported	0	663	663
TOTALS	0	4,790	4,790

Race

Race Unduplicated Count	Previous Periods	This Period	YTD
American Indian or Alaska Native	0	29	29
Asian	0	408	408
Black or African American	0	1,146	1,146
Native Hawaiian and Other Pacific Islander	0	31	31
White	0	1,304	1,304
Other	0		0
Multi-race (two or more of the above)	0	147	147
Unknown/not reported	0	1,725	1,725
TOTALS	0	4,790	4,790

7. Military Status

Military Status Unduplicated Count	Previous Periods	This Period	YTD
Veteran	0		0
Active Military	0		0
Unknown/not reported	0	4,790	4,790
TOTALS	0	4,790	4,790

8. Work Status (Individuals 18+)

Work Status (Individuals 18+) Unduplicated Count	Previous Periods	This Period	YTD
Employed Full-Time	0		0
Employed Part-Time	0		0
Migrant Seasonal Farm Worker	0		0
Unemployed (Short-Term, 6 months or less)	0		0
Unemployed (Long-Term, more than 6 months)	0		0
Unemployed (Not in Labor Force)	0		0
Retired	0		0
Unknown/not reported	0	4,790	4,790
TOTALS	0	4,790	4,790

HOUSEHOLD LEVEL CHARACTERISTICS

9. Household Type

Household Type Unduplicated Count	Previous Periods	This Period	YTD
Single Person	0		0
Two Adults NO Children	0		0
Single Parent Female	0		0
Single Parent Male	0		0
Two Parent Household	0		0
Non-related Adults with Children	0		0
Multigenerational Household	0		0
Other	0		0
Unknown/not reported	0	4,790	4,790
TOTALS	0	4,790	4,790

10. Household Size

Household Size Unduplicated Count	Previous Periods	This Period	YTD
Single Person	0		0
Two	0	3,720	3,720
Three	0	445	445
Four	0	210	210
Five	0	148	148
Six or more	0	26	26
Unknown/not reported	0	241	241
TOTALS	0	4,790	4,790

11. Housing

Housing Unduplicated Count	Previous Periods	This Period	YTD
Own	0		0
Rent	0		0
Other permanent housing	0	18	18
Homeless	0	109	109
Other	0	65	65
Unknown/not reported	0	4,598	4,598
TOTALS	0	4,790	4,790

12. Level of Household Income, % of HHS Guideline

[HHS Guideline](#)

Level of Household Income, % of HHS Guideline Unduplicated Count	Previous Periods	This Period	YTD
Up to 50%	0	143	143
51% to 75%	0	153	153
76% to 100%	0	528	528
101% to 125%	0	143	143
126% to 150%	0	95	95
151% to 175%	0	61	61
176% to 200%	0	37	37
201% to 250%	0	167	167
250% and over	0	94	94
Unknown/not reported	0	3,369	3,369
TOTALS	0	4,790	4,790

13. Sources of Household Income

Sources of Household Income Unduplicated Count	Previous Periods	This Period	YTD
Income from Employment Only	0		0
Income from Employment and Other Income Source	0		0
Income from Employment, Other Income Source, and Non-Cash Benefits	0		0
Income from Employment and Non-Cash Benefits	0		0
Other Income Source Only	0		0
Other Income Source and Non-Cash Benefits	0		0
No Income	0		0
Non-Cash Benefits Only	0		0
Unknown/not reported	0	4,790	4,790
TOTALS	0	4,790	4,790

14. Other Income Source

Other Income Source Unduplicated Count	Previous Periods	This Period	YTD
TANF	0		0
Supplemental Security Income (SSI)	0		0
Social Security Disability Income (SSDI)	0		0
VA Service-Connected Disability Compensation	0		0
VA Non-Service Connected Disability Pension	0		0
Private Disability Insurance	0		0
Worker's Compensation	0		0
Retirement Income from Social Security	0		0
Pension	0		0
Child Support	0		0
Alimony or other Spousal Support	0		0
Unemployment Insurance	0		0
EITC	0		0
Other	0		0
Unknown/not reported	0	4,790	4,790

15. Non-Cash Benefits

Non-Cash Benefits Unduplicated Count	Previous Periods	This Period	YTD
--------------------------------------	------------------	-------------	-----

SNAP	0		0
WIC	0		0
LIHEAP	0		0
Housing Choice Voucher	0		0
Public Housing	0		0
Permanent Supportive Housing	0		0
HUD-VASH	0		0
Childcare Voucher	0		0
Affordable Care Act Subsidy	0		0
Other	0		0
Unknown/not reported	0	4,790	4,790

16. Estimated total number of Individuals not included in the Totals above

#of lines needed:

Program Name	# of Individuals
--------------	------------------

17. Estimated total number of Households not included in the Totals above

#of lines needed:

Program Name	# of Households
--------------	-----------------

18. SERVICE MEASURES

Service Measures	Annual Goal		1st Half		2nd Half		Served YTD		% Served	
	UOS	New Clients	UOS	New Clients	UOS	New Clients	UOS	New Clients	UOS	New Clients
***** 0 *****										
1 Healthcare Detection/Screening Serv	0	5,200	11,358	4,790			11,358	4,790		92%
2 AOD Sessions	622	16	295	32			295	32	47%	200%
***** Other Services *****										
3 COVID-19 Testing	1,500	0	2,736	2,736			2,736	2,736	182%	

Service Measure Definitions: [Hide](#)

AOD Sessions	AOD services are provided three mornings per week at LifeLong Ashby on a drop in basis. Assessments and acupuncture treatments are provided in a group setting, with patients undergoing treatment free to stay in the acupuncture room as long as needed.
COVID-19 Testing	While acupuncture services are reduced due to COVID-19, acupuncturists (and other providers) are being deployed to assist with COVID-19 testing in Berkeley. The acupuncturist can deliver swab testing at COVID-19 tents and support other needs related to COVID-19 testing. Testing must be documented in LifeLong's electronic health record, and will be delivered at COVID-19 testing sites in Berkeley.
Healthcare Detection/Screening Services	Healthcare Detection/Screening Services are clinical visits defined as documented, face-to-face contacts between a patient and a licensed clinical provider who exercises independent professional judgment in the provision of patient care. Services rendered must be documented in LifeLong's electronic health record, and will be delivered at LifeLong Ashby Health Center or LifeLong West Berkeley Health Center.

1st Half Narrative

LifeLong Medical Care provided fundamental and necessary medical and behavioral health services to 4,790 low income Berkeley residents during the reporting period. We provided 32 residents with acupuncture services to reduce substance use, depression, and anxiety. LifeLong also provided 2,736 COVID-19 tests during the reporting period. We are on track to meet and/or exceed our deliverables.

You have 600 characters left.

7. OUTCOMES

Outcomes	Annual Goal	1st Half Achieved Outcome	2nd Half Achieved Outcome	Achieved Outcome YTD	% Achieved Outcome of Annual Goal	% Achieved Outcome of Total Served
1 Participants enrolled in necessary treatment	5,200	4,790		4,790	92%	100%
1 Participants exhibited improved health	1,200	97		97	8%	2%
2 Average length of time in program	0			0		0%
2 Clients completed AOD program	16	30		30	188%	1%
2 Clients reduced/eliminated use of AOD substances	13	28		28	215%	1%
3 COVID-19 tests provided to Berkeley residents	1,500	2,736		2,736	182%	57%

1st Half Narrative

97 patients who are Berkeley residents with a diagnosis of hypertension demonstrated improved health by having a blood pressure reading equal or less than 140/90, representing a normal blood pressure. This reporting period, many residents opted for telehealth appointments over in-person appointments due to COVID-19 restrictions and shelter in place orders. Older adults living in Berkeley were highly suggested to stay home because of the populations' increased risk to the virus. This resulted in lower patient numbers coming into the clinic to get their blood pressure checked. LifeLong is in the process of obtaining and distributing remote monitoring devices that can measure patient blood pressure at home and automatically upload results to the clinic.

Survey results from 30 Berkeley patients indicate that 95% (28) of patients reported a reduction of substance use, anxiety, and depression after a series of acupuncture treatments.

You have 53 characters left.

Attachments: (Optional, Up to 10 documents can be attached)

[Click here to go to the Upload Documents page](#) (Your report will be saved)

Report Submitted by: Smita Dey Date: 02/05/2021

Accepted by: Mary-Claire Katz Date: 02/07/2021

Report modified by:

Initially submitted: Feb 5, 2021 - 15:41:17

City Data Services - San Mateo, CA
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From: Mary BehmSteinberg [mailto:marybehmsteinberg@gmail.com]

Sent: Wednesday, February 5, 2020 5:22 PM

To: Katz, Mary-Claire <MKatz@cityofberkeley.info>

Subject: Copy of letter to Dominika about Pathways

Mary BehmSteinberg <marybehmsteinberg@gmail.com>

Tue, Jan 21, 10:11 AM

Hi Dominika,

I hope this finds you well. I toured the Stair Center before I left town last Wednesday, and I was really disturbed by what I saw and heard there. I wish I had remembered to bring a camera and tape measure, because simply slapping an ADA accessibility label and a wheelchair icon on something doesn't make it so. These aren't nit-picky things: they are actually causing damage to peoples' mobility equipment and preventing them from using the bathrooms at all at times. I wanted to get this done as quickly as possible, so please excuse the lack of better editing.

The catalyst for this is doors without push buttons, though that is far from the only serious problem. While there are ramps to get into the buildings, without push buttons on the doors, you still can't safely access the buildings. Other people on the tour kindly opened them for me, and staff were certainly friendly and personable, but the group became quite diffuse, and the first time I tried to open one of those doors myself, I found out how heavy it was, and that it slams shut the minute you let go of it. My shoulder is still cursing at whoever signed off on this being accessible. I wondered how someone with a wheelchair might handle that. I soon found out--as well as finding out that while staff was very friendly and personable to me, and promised to work on my suggestions, their responses to the people who actually live there are allegedly quite different.

I was allowed to take a look in each of the dorm rooms. There were a couple people home in one of them, and while staff were busy with the other visitors' questions, I got to chat with them for a few minutes. One was in a chair and said he couldn't walk, the other was a single mother who, as an aside from access issues, had been separated from her son. The lady's son has a job and is couchsurfing, and Stair is trying to push her into a shared housing arrangement with a stranger instead of her own family, who wasn't brought to the Stair Center with her. She said she's just using it for a roof over her head while she looks for housing herself, since staff isn't responding to her needs.

Art Saldana was the man in the wheelchair, and he told me he can't walk. He informed me that his chair has been damaged more than once by those doors slamming on the control mechanism. Easy Does It can't always just run over for an instant fix, and even if they could, it is horrifying that someone would have to risk bodily injury to use the facilities, and from a budget standpoint, it is beyond stupid to keep paying for repair fees that should never have been necessary in the first place, had common sense accessibility been in place. So when someone in a powerchair is even able to wrangle the door open and it slams shut, it damages the joysticks on the chairs, leaving the person without any means of reaching the bathrooms or showers. Art told me he had asked repeatedly for a backup manual chair to be available, and BACS staff ignored him. He also stated that staff would use the ramps as a place to leave

things out of convenience, so access was often blocked anyway. When I mentioned this to staff, they were open to getting another chair and tried to make it seem like they were doing a great job from having obtained a chair for Art in the first place, but I wondered why it took someone like me, who isn't a client, to have them make that promise when there had been such humiliating problems happening there that they had been informed of, repeatedly. One of them said "Oh, you've been talking to Art. He's my favorite. We get along great." Funny, but that's not what Art said.

Art also said he was told that they were allowed to bring electrical appliances that were less than 13" high, and that he had brought a new microwave that he bought himself. They said it was a fire hazard, which I understand, but he claims they took it away and won't tell him where it is. He doesn't think he'll get it back when he moves.

Art has a speech impediment, and I had problems understanding everything he said, so I wanted him to write me a note to confirm that I had heard him correctly on all points. He promised to do so. He told me that BACS had placed him in an accessible place, then stopped paying for it and moved him to two other places, both with access issues. I would like to sit down with him and write things down to confirm that I understood him right, but if staff is doing things like this and what the single mother mentioned above was saying, they need to be removed.

The bathrooms themselves also had accessibility issues. The only gender neutral bathroom is in the office. Sadly, simply hanging a sign on the door with a wheelchair icon and an ADA accessible sign doesn't make it so. There was maybe 12" of clearance between the front of the toilet and a shelf they put in front of it to hold toilet paper and cleaning supplies. Even without the walker, I would be concerned people would hit their knees on it. Staff first made excuses that that's really a staff bathroom, and clients only come in there to talk about housing options, but anyone with even rudimentary training in access issues would know that people in chairs frequently have neurological issues that make easy and immediate access to a bathroom essential. Not having an accessible bathroom also precludes BACS from hiring staff with mobility issues, and clearly, they need someone with that expertise. They promised to move the shelf, but even if they do, I don't think there's adequate room to turn a chair in there. I'd like to go back with a camera and a tape measure when I'm not constrained by time and find out.

The showers I saw also had a hard lip on them that was at least an inch high, presumably to block water getting out, and I was having a hard time imagining how someone who couldn't get up would be able to get in and out by themselves.

As an aside, there were no gender neutral shower facilities, and the only gender neutral toilet was in the office, not accessible, and not available at night. Staff stated that gender non-binary and trans people were just expected to use the facilities for the gender they most identify with. Men and women are kept together in the dorms. which is a recipe for fear in a place that has had fights break out.

There were also problems they hadn't even considered with access to medications.

*If you need to refrigerate a medication you need 24 hour access to, the only possible place right now is in the communal refrigerators in the dining area. Insulin-dependent diabetes is a good example of how this could be a recipe for disaster. There are only a handful of insulin types, and people frequently reuse

their own needles (I did when I was uninsured, I can see people doing it if they're running low and not able to get out to resupply). Grabbing someone else's bottle is a recipe for spreading contagion.

*Marinol/Dronabinol is a Big Pharma synthetic THC that is prescribed instead of cannabis for some people and must be refrigerated or it melts. Anyone who knew what that was and had access to it might be tempted to steal someone's prescription for a little recreational fun. The same is obviously true for things like opioids.

*There is no locking storage next to beds for things like needles, or other prescriptions (like opioids, which could also be targeted for recreational theft) that have to be available 24/7. Again, if someone needs cannabis for neurological issues, those issues are often worse at night, when circulation slows down. Nausea from digestive disorders and chemo can also necessitate 24-hour access. Where can someone store it where they don't have to worry about being shaken down by someone who just wants to get high?

*I didn't see any sharps containers. Staff told me they were behind the trash cans in the dorms, but I didn't get a chance to go back and confirm that, and for obvious reasons, I'm not just ready to take staff's word for it at this point.

Other problems that came to light via Carole Marasovic but aren't necessarily access-related included violence in overcrowded conditions. It's also worth noting that men, women, and trans people are all expected to bunk in the same rooms, and that according to staff, 75% or so of Stair residents are male. Carole had a lot of very useful input on this and regularly follows the incident reports. One such fight involved someone using a lead pipe as a weapon. Talking about problems I encountered at Stair yesterday, one activist on condition of anonymity told me that one of the reasons people don't want to accept shared placements is that staff is completely insensitive to who people are being paired with, and one person allegedly turned down a placement because they were trying to pair the client with someone who assaulted them. As the example of the single mother mentioned above would seem to illustrate, they certainly have no problem with separating families.

Carole had a lot of very useful questions regarding this visit that I'd like to hear more about. We got separated during the visit, and I haven't been able to sit down with her yet and compare notes for a larger report. I will be sending her my notes, but have already gone over the broad strokes with her. This is not looking good for expansion before some very fundamental problems are addressed.

I will be refining this report further as I follow up at the Stair Center, hopefully with an architect with expertise on ADA issues (I have someone in mind who I hope will be available and has no bias or connection with city politics). The bottom line is that I see a lot of reasons for people not to feel safe here, and I'm hearing a lot of excuses for what never should have been designed this way in the first place. I hope that these things can be rectified in a timely manner.

Thanks so much for all you do—I know how difficult all of this is, and I realize that options are limited with the available funding. All the more reason that hiring a professional grant-writing team to go after our share of the \$4.5 billion dollars pledged regionally by Big Tech to provide VLI housing and combat homelessness is so essential. Priorities like permanent subsidies and keeping Dorothy Day House open shouldn't have to compete with each other and leave us all arguing over crumbs, and it is scandalous to me that we aren't aggressively pursuing that money so that we can make places like Dorothy Day

earthquake safe and no one has to take their life in their hands to access it. There's no excuse for not doing everything we can to gain resources in a humanitarian crisis.

As long as we're discussing access and poverty, I'm hard pressed to understand why, after the HWCAC already recommended it, we aren't using the Ed Roberts Campus for emergency shelter as well. There is no greater need among people with disabilities than from those who are already struggling just to survive on the streets, and it is embarrassing to me personally to live in the so-called home of the disability rights movement and have the poorest and most desperate among us left behind by the very institutions that are supposed to be looking out for our best interests. Repeated calls and showing up in person have not gotten me calls back or a response. When I show up in person and wait in line (which is very difficult for me to do at present), I'm told by the front desk that they only want to deal with people registering for some event or other, and I should just leave a message (which is of course, never responded to). If it's a matter of inadequate funding for sufficient staff, then they should be speaking up and advocating for this issue even as they make their case for more resources. To ignore it and ignore advocates (who are part of their cohort, and have not gotten personal help when necessary from them either) seems really unconscionable to me, but I remain open to dialog (if anyone ever bothers even acknowledging my requests for coffee, information, help, etc.!).

Thank you for all your time and hard work on this--I know there are far more access issues in the city than are reasonable for one person to have to address, and I also realize that the city took far too much time to hire you at all, so I know you're playing catch up. I hope that with clear, frank, communication on all sides, people in leadership roles can address the challenges we're facing head-on, without deflection, and engage in a productive, collaborative process with stakeholders that gives everyone the respect they deserve and the services they need.

Thanks again for all you do. I look forward to speaking with you further soon.

N105.1 General. Manufactured homes, mobilehomes, multifamily manufactured homes, **commercial modulars**, recreational vehicles, and park trailers used as emergency transportable housing shall comply with all applicable requirements in the Health and Safety Code, Division 13, Part 2; and Title 25, Division 1, Chapter 3, Subchapter 2.

SECTION N106 **TENTS AND MEMBRANE STRUCTURES**

N106.1 General. Tents **and membrane structures** shall not be used to house occupants for more than 7 days unless such tents **and membrane structures** are maintained with tight wooden floors raised at least 4 inches (101.6 mm) above the ground level and are equipped with baseboards on all sides to a height of at least 6 inches (152.4 mm). Tents **and membrane structures** may be maintained with concrete slabs with the finished surface at least 4 inches (101.6 mm) above grade and equipped with curbs on all sides at least 6 inches (152.4 mm) high.

A tent **or membrane structure** shall not be considered a suitable sleeping place when it is found necessary to provide heating facilities in order to maintain a minimum temperature of 50 degrees Fahrenheit (10 degrees Celsius) within such **tent or membrane structure** during the period of occupancy.

Tents and membrane structures shall comply with Chapter 31 of the California Fire Code and shall not be erected for a period of more than 180 days within a 12 month period. Tents and membrane structures shall be limited to one level located at the level of Fire Department vehicle access road or lane. Tents and membrane structures complying with Chapter 31 of the California Fire Code shall not be subject to additional provisions of Section N112 of this Appendix.

Tents and membrane structures used for sleeping purposes shall be equipped with single station battery powered smoke alarms installed in accordance with Section 907.2.11 of the California Fire Code.

SECTION N107 **ACCESSIBILITY**

N107.1 General. Emergency housing shall comply with the applicable requirements in Chapter 11B and/or the US Access Board Final Guidelines for Emergency Transportable Housing.

Note: The Architectural and Transportation Barriers Compliance Board (US Access Board) issued the Final Guidelines for Emergency Transportable Housing on May 7, 2014. The final guidelines amended the 2004 ADA Accessibility Guidelines (2004 ADAAG) and the 2004 Architectural Barriers Act (ABA) Accessibility Guidelines (2004 ABAAG) to specifically address emergency transportable housing units provided to disaster survivors by entities subject to the ADA or ABA. The final rule ensures that the