

Human Welfare and Community Action Commission

AGENDA

Wednesday, September 21, 2016

7:00 PM

South Berkeley Senior Center, 2939 Ellis St. (Corner Ellis/Ashby)
Berkeley, CA 94703

Preliminary Matters

1. Roll Call
2. Public Comment

Update/Action Items

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

3. Approve Minutes From The 7/20/2016 Regular Meetings (Attachment A)
4. Elect Two To Three Commissioners To Attend Public Hearing Regarding Community Needs At 6PM On 10/19/2016 – Staff
5. Update Community Services Block Grant (CSBG) 2016 Targeted Initiative Funds Contract Amendment – Staff
6. Discuss Content and Schedule for HWCAC Community Action Agency Board Training – Staff
7. Review City Of Berkeley Funded Agency Program And Financial Reports – Staff
A. LifeLong Medical Care (Attachment B)
8. Review City Of Berkeley 2016 CSBG Organizational Standards Report -- Staff (Attachment C)
9. Discuss The Development Of An African American Resource Center Recommended By Community Health Commission (Attachment D)
10. Review Draft HWCAC Council Report On Air Quality in West Berkeley – Commissioner McMullan
11. Review Draft HWCAC Council Report On Berkeley Homeless Policy – Commissioner Omodele (Attachment E)
12. Discuss Actions To Support Street Spirit Magazine – Commissioner McMullan
13. Discuss Volunteer Rewards Program For Very Low-Income People Spending More Than 60% Of Their Income On Rent – Commissioner McMullan
14. Review Latest City Council Meeting Agenda – All (Attachment F)
15. Announcements
16. Future Agenda Items

Adjournment

Attachments

- A. Draft Minutes of the 7/20/2016
- B. LifeLong Medical Care Program and Financial Reports
- C. African American Holistic Resource Center in South Berkeley Council Report
- D. City of Berkeley 2016 CSBG Organizational Standards Report
- E. Draft Council Report on Homeless Policy
- F. Review City Council Meeting Agenda at City Clerk Dept. or
<http://www.cityofberkeley.info/citycouncil>

Communications

Communications to Berkeley boards, commissions or committees are public record and will become part of the City's electronic records, which are accessible through the City's website. **Please note: e-mail addresses, names, addresses, and other contact information are not required, but if included in any communication to a City board, commission or committee, will become part of the public record.** If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service or in person to the secretary of the relevant board, commission or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the secretary to the relevant board, commission or committee for further information. Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection at Housing and Community Services Department located at 2180 Milvia Street, 2nd Floor.

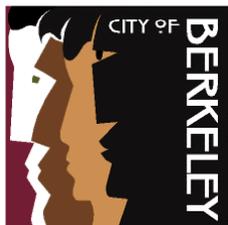
This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6342 (V) or 981-6345 (TDD) at least three business days before the meeting date. **Please refrain from wearing scented products to this meeting.**

Secretary:

Wing Wong
Health, Housing & Community Services Department
510-981-5428
wywong@CityofBerkeley.info

Mailing Address:

Human Welfare and Community Action Commission
Wing Wong, Secretary
2180 Milvia Street, 2nd Floor
Berkeley, CA 94704



Human Welfare and Community Action Commission

DRAFT MINUTES

Wednesday, July 20, 2016

7:00 PM

South Berkeley Senior Center, 2939 Ellis St. (Corner Ellis/Ashby)
Berkeley, CA 94703

Preliminary Matters

1. Roll Call: 7:05PM
Present: Dunner, Sood, McMullan, Davila, Browne (7:30PM)
Absent: Bookstein (excused), Omodele (excused), DaSilva, Trigueros
Quorum: 4 (Attended: 5)
Staff Present: Kristen Lee and Wing Wong
2. Public Comment: 1

Update/Action Items

3. Approve Minutes from the 5/18/2016 and the 6/15/2016 Regular Meetings
Action: M/S/C (Sood/Dunner) to approve the 5/18/2016 minutes as submitted and to approve the 6/15/2016 after changing the word “impractical” to “unworkable” in item #11.
Vote: Ayes – Dunner, Sood, McMullan, Davila; Noes – None; Abstain – None; Absent – Browne, Bookstein (excused), Omodele (excused), DaSilva, Trigueros.
4. Presentation On Police Militarization In The Bay Area
Speaker: 3

Speaker Woods Ervin, representing Stop Urban Shield Coalition, spoke about how police forces in the Bay Area are being militarized through a program called Urban Shield. Urban Shield is an annual training exercise to prepare local police forces for a terrorist-type attack. The Coalition is concerned about three areas: (1) Financial: too much of the national budget is being spent on the military; (2) Police Militarization: local and state governments mirror national spending, rather than spending more on education, Social Security, and other services; and (3) Healthcare: Fire and Paramedics do not have leadership roles in the Urban Shield trainings. Woods stated that the exercises are glorified weapons expos for local governments to test out and purchase new weapons. Moreover, the training exercise is a highly racialized process because the perpetrators in the exercise scenarios are always people of color.

Officers Spencer Fomby and Jen Louis, representing Berkeley Police Department (BPD), spoke about Urban Shield as a critical component of the Incident Command System that cities and counties in the Bay Area participate in during disasters and acts of terrorism. Officer Fomby reported that Urban Shield is a two-day training, paid for by the federal government, focused on a multi-disciplinary team approach to respond to real world events. Police work closely with Fire and Paramedics. Moreover, Urban Shield focuses on medical training and saving lives. In a disaster, each law enforcement team will follow its own policy to support a larger goal. Officer Fomby reported that BPD received a grant as part of Urban Shield to purchase an armored van but no other weaponry. The

City of Berkeley allocates 40% its General Fund to BPD, Fire Department, and Paramedics.

5. Presentation on Commissioner Conflict Of Interest (City Attorney)

Speaker: 1

Kristy van Herick from City Attorney's office spoke about conflict of interest as pertains to commissioners making funding recommendations. Ms. Van Herick reviewed Government Code Section 1090 and discussed financial interests and remote interests. She also reviewed the importance of Commissioners fully disclosing any conflict and recusing themselves from discussions and funding decisions.

6. Review Community Services Block Grant (CSBG) Draft Plan for Spending 2016 Targeted Initiative Funds

Action: M/S/C (Sood/Browne) to accept CSBG 2016 Targeted Initiative Funds in the initial amount of \$17,000 and any future amendments that would increase this amount to a maximum of \$35,000.

Vote: Ayes – Dunner, Sood, McMullan, Davila, Browne; Noes – None; Abstain – None; Absent – Bookstein (excused), Omodele (excused), DaSilva, Trigueros.

Action: M/S/C (McMullan/Davila) to authorize staff Kristen Lee to explore all spending options.

Vote: Ayes – Dunner, Sood, McMullan, Davila, Browne; Noes – None; Abstain – None; Absent – Bookstein (excused), Omodele (excused), DaSilva, Trigueros.

7. Review City of Berkeley Funded Agency Program And Financial Reports

A. Family Violence Law Center

B. J-Sei

Commissioners reviewed and discussed the program and financial reports of (A) Domestic Violence & Homeless Prevention Program of Family Violence Law Center and (B) J-Sei senior services for the period of 1/1/2016 to 3/31/2016.

Commissioners were concerned that, of the people J-Sei served, only 29% is low-income.

8. Update On HWCAC Recommendation to City Council on Resources For Sexual Assault Survivors

The Commission submitted a report to City Council requesting the City Manager to improve the provision of resources for sexual assault survivors. At its 7/19/2016 meeting, the City Council adopted the HWCAC recommendation to create a web portal that connects residents to health and wellness resources in cases of sexual violence.

9. Review Draft Memo to City Council on Air Quality in West Berkeley

Continued to 9/21/2016 meeting.

10. Discuss Possible Action Regarding Bike Stations And Bikers Not Using Reflectors at Night

Continued to 9/21/2016 meeting.

11. Review Draft HWCAC Council Report on Berkeley Homeless Policy
Continued to 9/21/2016 meeting.

12. Discuss HWCAC Recommendations to City Council to Change BMC Sections 3.78.030, 040, and 050 Related to Commission Procedures
Berkeley Municipal Code Chapter 3.78 is the ordinance governing the functions and procedures of HWCAC.

Action: M/S/C (Sood/Davila) to submit this report to City Council for consideration to amend vacancy and termination procedures.

Vote: Ayes – Sood, McMullan, Davila, Browne; Noes – Dunner; Abstain – None; Absent – Bookstein (excused), Omodele (excused), DaSilva, Trigueros.

13. Discuss Aquatic Park Development
Continued to 9/21/2016 meeting.

14. Review Latest City Council Meeting Agenda
Continued to 9/21/2016 meeting.

Adjournment

Adjourned at: 10:00PM

Minutes approved on: _____

Commission Secretary: _____

[Return to Reports Page](#)

**CITY OF BERKELEY
COMMUNITY AGENCY STATEMENT OF EXPENSE
04/01/2016 TO 06/30/2016**

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

Agency Name: [Lifelong Medical Care](#) Contract #: 10009
 Program Name: [Access to Primary Care for the Low-Income/Uninsured](#) PO #: 105578
 Funding Source : General Fund

Expenditure Category	Approved Budget	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Total Expenditure	Budget Balance
WB - Registered Nurse	\$13,283.00	\$3,320.75	\$3,320.75	\$3,320.75	\$3,320.75	\$13,283.00	\$0.00
WB - MA	\$9,641.00	\$2,410.00	\$2,410.00	\$2,410.00	\$2,411.00	\$9,641.00	\$0.00
WB - Medical Receptionist	\$4,771.00	\$1,193.00	\$1,193.00	\$1,193.00	\$1,192.00	\$4,771.00	\$0.00
WB - Physician	\$27,080.00	\$6,770.00	\$6,770.00	\$6,770.00	\$6,770.00	\$27,080.00	\$0.00
BPC - Registered Nurse	\$14,514.00	\$3,628.50	\$3,628.50	\$3,628.50	\$3,628.50	\$14,514.00	\$0.00
BPC - Medical Assistant	\$9,239.00	\$2,309.75	\$2,309.75	\$2,309.75	\$2,309.75	\$9,239.00	\$0.00
BPC - Physician	\$386.00	\$96.50	\$96.50	\$96.50	\$96.50	\$386.00	\$0.00
WB - Clinic Director	\$8,741.00	\$2,185.25	\$2,185.25	\$2,185.25	\$2,185.25	\$8,741.00	\$0.00
BPC - Clinic Director	\$7,913.00	\$1,978.25	\$1,978.25	\$1,978.25	\$1,978.25	\$7,913.00	\$0.00
Taxes/Benefits	\$28,672.00	\$7,168.00	\$7,168.00	\$7,168.00	\$7,168.00	\$28,672.00	\$0.00
TOTAL	\$124,240.00	\$31,060.00	\$31,060.00	\$31,060.00	\$31,060.00	\$124,240.00	\$0.00

Advances Received [\\$124,240.00](#)
 Underspent/(Overspent) [\\$0.00](#)

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

Upload of General Ledger and Summary Income/Expenditure Statement (required):

General Ledger: [0430 - General Ledger FY16.pdf](#)

Summary Income/Expenditure Statement: [0430 - Income Statement FY16.pdf](#)

Other:

Other:

- 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 government agencies. Furthermore, the employer's share or contributions for Social Security, Unemployment and State Disability insurance, and any related government contribution remitted as well.

Prepared By: [Kanwar Singh](#)

Email: ksingh@lifelongmedical.org

Date: 08/04/2016

Authorized By: [Marty Lynch](#)

Email: mlynch@lifelongmedical.org

Name of Authorized Signatory with Signature on File

[Return to Reports Page](#)

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

Contract No: 10009A

Agency:	Lifelong Medical Care	Period of:	2nd Half 2016
Program:	Access to Primary Care for the Low-Income/Uninsured	Report Prepared By:	Michele Grim
Phone:	510-981-3226	E-mail:	mgrim@lifelongmedical.org

1. CLIENT SUMMARY - 2nd Half

	2nd Half	YTD
A. Total New Clients Served by the Program (Berkeley and Non-Berkeley)	21,303	29,398
B. Total New Berkeley Clients Served for Whom You Were Able to Gather Statistics on Age, Race/Ethnicity, and Income:	8,458	11,686
C. Total New Berkeley Clients Served for Whom You Were NOT Able to Gather Statistics on Age, Race/Ethnicity, and Income:		0
D. Total New Berkeley Clients Served:	8,458	11,686

2. DEMOGRAPHIC DATA

RACE - Unduplicated Count	Previous Periods		Report Period		Year-To-Date	
	Non-Hispanic	Hispanic Ethnicity	Non-Hispanic	Hispanic Ethnicity?	Non-Hispanic	Hispanic Ethnicity
Single Race Categories						
American Indian/Alaskan Native	11	4	7	9	18	13
Asian	286	30	767	8	1,053	38
Black/African American	657	49	1,866	34	2,523	83
Native Hawaiian/Pacific Islander	19	0	21	0	40	0
White	656	65	1,912	87	2,568	152
Combined Race Categories						
American Indian/Alaskan Native & White	8	1	22		30	1
Asian & White	28	5	33	2	61	7
Black/African American & White	13	2	43		56	2
American Indian/Alaskan Native & Black/African American	1	0			1	0
Other Combined Race Categories	422	971	1,344	2,303	1,766	3,274
TOTALS	2,101	1,127	6,015	2,443	8,116	3,570
TOTAL SERVED	3,228		8,458		11,686	

3. INCOME LEVEL

Income Level - Unduplicated Count	Previous Periods	This Period	YTD
Poverty	1,615	4,229	5,844
Poverty to 30% of AMI (Ex. Low)	645	1,269	1,914
31-50% of AMI (Low)	421	1,099	1,520
51-80% of AMI (Moderate)	322	761	1,083
Above 80% of AMI	225	1,100	1,325
TOTALS	3,228	8,458	11,686

4. AGE

Age - Unduplicated Count	Previous Periods	This Period	YTD
0-5	237	650	887
6-11	163	197	360
12-17	121	164	285
18-24	216	517	733

25-44	1,113	2,824	3,937
45-54	628	1,460	2,088
55-61	412	1,206	1,618
62 and Over	338	1,440	1,778
Unknown	0		0
TOTALS	3,228	8,458	11,686

5. OTHER CHARACTERISTICS

Other Characteristics - Unduplicated Count	Previous Periods	This Period	YTD
Female	1,881	5,535	7,416
Male	1,347	2,323	3,670
Disabled	196	580	776
Homeless	170	375	545
Chronically Homeless	39	47	86
Female Head of Household	32	30	62

6. SERVICE MEASURES

Service Measures	Annual Goal		1st Half		2nd Half		Served YTD		% Served	
	UOS	New Clients	UOS	New Clients	UOS	New Clients	UOS	New Clients	UOS	New Clients
***** Health Care Services *****										
1 Healthcare Detection/Screening Services	19,035	3,427	12,492	3,226	16,916	8,458	29,408	11,684	154%	341%

1st Half Narrative

2nd Half Narrative

During the second half of the reporting period, 8,458 Berkeley residents accessed preventive healthcare detection and screening services, more than double from last reporting period. LifeLong has exceeded our goal for the year.

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	3,427	3,226	8,458	11,684	341%	100%
1 Participants exhibited improved health	1,712	2,186	905	3,091	181%	26%

1st Half Narrative

In the first half of the program year, 3,226 participants enrolled at LifeLong to receive necessary treatment. During the first half of the program year, 2,186 participants exhibited improved health outcomes. These patients are diagnosed with hypertension or diabetes and hypertension or diabetes and demonstrated controlled blood pressure levels received lab results in the program period showing Hba1c levels at less than or equal to 7 percent (the general accepted measure for showing healthy blood sugar levels).

2nd Half Narrative

In the second half of the program year, 8,458 Berkeley patients enrolled at Lifelong received necessary treatment under the Access to Primary Care for Low Income and Uninsured program. 238 Berkeley patients with diabetes had HbA1c levels less than or equal to 7%, which is at healthy levels. 667 Berkeley patients with hypertension had blood pressure readings less than or equal to 120/80, which are at healthy levels. LifeLong has exceeded our goal of participants exhibiting improved health with our program.

Date Signed 07/19/2016

Approved By Rhianna Babka

Date Signed 08/04/2016

Initially submitted: Jul 19, 2016 - 09:53:12

[Return to Reports Page](#)

**CITY OF BERKELEY
COMMUNITY AGENCY STATEMENT OF EXPENSE
04/01/2016 TO 06/30/2016**

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

Agency Name: [Lifelong Medical Care](#) Contract #: 10009
 Program Name: [Acupuncture Drop-in Clinic](#) PO #: 105578
 Funding Source : General Fund

Expenditure Category	Approved Budget	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Total Expenditure	Budget Balance
Equipment	\$11,356.00	\$2,839.00	\$2,839.00	\$2,839.00	\$2,380.50	\$10,897.50	\$458.50
Professional Svcs	\$46,834.00	\$11,708.50	\$11,708.50	\$11,708.50	\$12,167.00	\$47,292.50	-\$458.50
TOTAL	\$58,190.00	\$14,547.50	\$14,547.50	\$14,547.50	\$14,547.50	\$58,190.00	\$0.00

Advances Received \$58,190.00
 Underspent/(Overspent) \$0.00

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

Upload of General Ledger and Summary Income/Expenditure Statement (required):

General Ledger: [0406 - General Ledger FY16.pdf](#)
 Summary Income/Expenditure Statement: [0406 - Income Statement FY16.pdf](#)
 Other:
 Other:

- 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 government agencies. Furthermore, the employer's share or contributions for Social Security, Unemployment and State Disability insurance, and any related government contribution remitted as well.

Prepared By: [Kanwar Singh](#) Email: ksingh@lifelongmedical.org Date: 08/04/2016
 Authorized By: [Marty Lynch](#) Email: mlynch@lifelongmedical.org
 Name of Authorized Signatory with Signature on File

Approved By: Rhianna Babka 08/08/2016 Project Manager Date	Examined By: _____ CSA Fiscal Unit Date	Approved By: _____ CSA Fiscal Unit Date
---	--	--

Initially submitted: Aug 4, 2016 - 14:29:26

[Return to Reports Page](#)

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

Contract No: 10009

Agency: [Lifelong Medical Care](#)
 Program: [Acupuncture Drop-in Clinic](#)
 Phone: [510-981-3226](#)

Period of: **2nd Half 2016**
 Report Prepared By: [Michele Grim](#)
 E-mail: mgrim@lifelongmedical.org

1. CLIENT SUMMARY - 2nd Half

	2nd Half	YTD
A. Total New Clients Served by the Program (Berkeley and Non-Berkeley)	273	654
B. Total New Berkeley Clients Served for Whom You Were Able to Gather Statistics on Age, Race/Ethnicity, and Income:	92	129
C. Total New Berkeley Clients Served for Whom You Were NOT Able to Gather Statistics on Age, Race/Ethnicity, and Income:	0	39
D. Total New Berkeley Clients Served:	92	168

2. DEMOGRAPHIC DATA

RACE - Unduplicated Count	Previous Periods		Report Period		Year-To-Date	
	Non-Hispanic	Hispanic Ethnicity	Non-Hispanic	Hispanic Ethnicity?	Non-Hispanic	Hispanic Ethnicity
Single Race Categories						
American Indian/Alaskan Native	0	0	2		2	0
Asian	2	0	4		6	0
Black/African American	6	0	33		39	0
Native Hawaiian/Pacific Islander	0	0			0	0
White	15	1	32	1	47	2
Combined Race Categories						
American Indian/Alaskan Native & White	0	0	1		1	0
Asian & White	0	0	1		1	0
Black/African American & White	0	0			0	0
American Indian/Alaskan Native & Black/African American	0	0			0	0
Other Combined Race Categories	7	6	9	9	16	15
TOTALS	30	7	82	10	112	17
TOTAL SERVED	37		92		129	

3. INCOME LEVEL

Income Level - Unduplicated Count	Previous Periods	This Period	YTD
Poverty	25	54	79
Poverty to 30% of AMI (Ex. Low)	7	30	37
31-50% of AMI (Low)	5	8	13
51-80% of AMI (Moderate)	0		0
Above 80% of AMI	0		0
TOTALS	37	92	129

4. AGE

Age - Unduplicated Count	Previous Periods	This Period	YTD
0-5	0		0
6-11	0		0
12-17	0		0
18-24	0	7	7

25-44	11	31	42
45-54	10	46	56
55-61	8	4	12
62 and Over	8	4	12
Unknown	0		0
TOTALS	37	92	129

5. OTHER CHARACTERISTICS

Other Characteristics - Unduplicated Count	Previous Periods	This Period	YTD
Female	25	57	82
Male	12	35	47
Disabled	0		0
Homeless	4		4
Chronically Homeless	1		1
Female Head of Household	0		0

6. SERVICE MEASURES

Service Measures	Annual Goal		1st Half		2nd Half		Served YTD		% Served	
	UOS	New Clients	UOS	New Clients	UOS	New Clients	UOS	New Clients	UOS	New Clients
***** AOD Services (non-homeless) *****										
1 AOD Sessions	6,224	162	3,806	76	3,312	92	7,118	168	114%	104%

1st Half Narrative

In the first half of the year, LifeLong Acupuncture clinic and AOD sessions saw 76 new patients and 3,806 units of service. This puts us on track to meet our goal for the year.

2nd Half Narrative

In the second half of the year, the LifeLong Acupuncture clinic saw 92 new patients and 3,312 units of service. The LifeLong acupuncture clinic has exceeded their goal for the year.

7. OUTCOMES

Outcomes	Annual Goal	1st Half Achieved Outcome	2nd Half Achieved Outcome	Achieved Outcome YTD	% Achieved Outcome of Annual Goal	% Achieved Outcome of Total Served
1 Clients completed AOD program	162	76	92	168	104%	100%
1 Clients reduced/eliminated use of AOD substances	162	67	60	127	78%	76%

1st Half Narrative

In the first half of the year, 76 clients completed the AOD program and 89% (67 clients) reported a reduction in usage of alcohol and other drugs, as well as a reduction in mental health symptoms of stress, anxiety, and depression.

2nd Half Narrative

In the second half of the year, 92 clients completed the AOD program. 69 clients were surveyed this reporting period and 87% (60) reported a reduction/elimination in usage of alcohol and other drugs, as well as a reduction in mental health systems of stress, anxiety, and depression.

[Return to Reports Page](#)

**CITY OF BERKELEY
COMMUNITY AGENCY STATEMENT OF EXPENSE
04/01/2016 TO 06/30/2016**

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

Agency Name: [Lifelong Medical Care](#) Contract #: 10009
 Program Name: [Hypertension Drop-in Clinic](#) PO #: 105578
 Funding Source : General Fund

Expenditure Category	Approved Budget	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Total Expenditure	Budget Balance
Physician Assistant	\$11,569.00	\$2,892.00	\$2,892.00	\$2,892.00	\$2,893.00	\$11,569.00	\$0.00
Medical Assistant	\$12,439.00	\$3,373.75	\$3,373.75	\$2,845.75	\$2,845.75	\$12,439.00	\$0.00
Chronic Care Assistant-1	\$13,495.00	\$3,241.50	\$3,241.50	\$3,506.00	\$3,506.00	\$13,495.00	\$0.00
Chronic Care Assistant-2	\$12,966.00	\$3,109.75	\$3,109.75	\$3,373.25	\$3,373.25	\$12,966.00	\$0.00
Clinic Director	\$5,184.00	\$1,296.00	\$1,296.00	\$1,296.00	\$1,296.00	\$5,184.00	\$0.00
Taxes/Benefits	\$16,696.00	\$4,174.00	\$4,174.00	\$4,174.00	\$4,174.00	\$16,696.00	\$0.00
TOTAL	\$72,349.00	\$18,087.00	\$18,087.00	\$18,087.00	\$18,088.00	\$72,349.00	\$0.00

Advances Received \$72,349.00
 Underspent/(Overspent) \$0.00

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

Upload of General Ledger and Summary Income/Expenditure Statement (required):

General Ledger: [0431 - General Ledger FY16.pdf](#)
 Summary Income/Expenditure Statement: [0431 - Income Statement FY 16.pdf](#)
 Other:
 Other:

- 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 government agencies. Furthermore, the employer's share or contributions for Social Security, Unemployment and State Disability insurance, and any related government contribution remitted as well.

Prepared By: [Kanwar Singh](#) Email: ksingh@lifelongmedical.org Date: 08/04/2016
 Authorized By: [Marty Lynch](#) Email: mlynch@lifelongmedical.org
 Name of Authorized Signatory with Signature on File

Approved By: Rhianna Babka 08/08/2016 Project Manager Date	Examined By: _____ CSA Fiscal Unit Date	Approved By: _____ CSA Fiscal Unit Date
---	--	--

[Return to Reports Page](#)

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

Contract No: 10009A

Agency: [Lifelong Medical Care](#)
 Program: [Hypertension Drop-in Clinic](#)
 Phone: [510-981-3226](#)

Period of: **2nd Half 2016**
 Report Prepared By: [Michele Grim](#)
 E-mail: mgrim@lifelongmedical.org

1. CLIENT SUMMARY - 2nd Half

	2nd Half	YTD
A. Total New Clients Served by the Program (Berkeley and Non-Berkeley)	944	4,223
B. Total New Berkeley Clients Served for Whom You Were Able to Gather Statistics on Age, Race/Ethnicity, and Income:	583	1,389
C. Total New Berkeley Clients Served for Whom You Were NOT Able to Gather Statistics on Age, Race/Ethnicity, and Income:		0
D. Total New Berkeley Clients Served:	583	1,389

2. DEMOGRAPHIC DATA

RACE - Unduplicated Count	Previous Periods		Report Period		Year-To-Date	
	Non-Hispanic	Hispanic Ethnicity	Non-Hispanic	Hispanic Ethnicity?	Non-Hispanic	Hispanic Ethnicity
Single Race Categories						
American Indian/Alaskan Native	4	0	7	0	11	0
Asian	67	0	49		116	0
Black/African American	346	0	251	2	597	2
Native Hawaiian/Pacific Islander	6	1	3	0	9	1
White	163	7	142	4	305	11
Combined Race Categories						
American Indian/Alaskan Native & White	1	0	0	0	1	0
Asian & White	2	1	4	1	6	2
Black/African American & White	6	3	4	0	10	3
American Indian/Alaskan Native & Black/African American	1	1			1	1
Other Combined Race Categories	89	108	76	40	165	148
TOTALS	685	121	536	47	1,221	168
TOTAL SERVED	806		583		1,389	

3. INCOME LEVEL

Income Level - Unduplicated Count	Previous Periods	This Period	YTD
Poverty	403	291	694
Poverty to 30% of AMI (Ex. Low)	160	116	276
31-50% of AMI (Low)	120	76	196
51-80% of AMI (Moderate)	80	60	140
Above 80% of AMI	43	40	83
TOTALS	806	583	1,389

4. AGE

Age - Unduplicated Count	Previous Periods	This Period	YTD
0-5	0		0
6-11	0		0
12-17	1	0	1
18-24	1	1	2

25-44	65	31	96
45-54	130	57	187
55-61	153	66	219
62 and Over	456	428	884
Unknown	0		0
TOTALS	806	583	1,389

5. OTHER CHARACTERISTICS

Other Characteristics - Unduplicated Count	Previous Periods	This Period	YTD
Female	458	356	814
Male	348	227	575
Disabled	0		0
Homeless	0		0
Chronically Homeless	0		0
Female Head of Household	0		0

6. SERVICE MEASURES

Service Measures	Annual Goal		1st Half		2nd Half		Served YTD		% Served	
	UOS	New Clients	UOS	New Clients	UOS	New Clients	UOS	New Clients	UOS	New Clients
***** Health Care Services *****										
1 Healthcare Detection/Screening Services	3,774	1,241	2,359	806	1,502	583	3,861	1,389	102%	112%

1st Half Narrative

In the first half of the program year, LifeLong provided 2,359 units of service in the form of medical encounters to 806 Berkeley residents with hypertension at LifeLong Berkeley clinics, on track to meeting our goal of 1,241 patients.

2nd Half Narrative

LifeLong provided 1,502 units of service to 583 clients in the second half of the program year. LifeLong has exceeded our goal by reaching 1,389 new clients and providing 3,861 units of services.

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	1,241	806	583	1,389	112%	100%
1 Participants exhibited improved health	555	286	467	753	136%	54%

1st Half Narrative

For the first half of the year 286 Berkeley patients with hypertension have exhibited improved health. These 286 patients are those who have been diagnosed with hypertension and their blood pressure with within normal range at the first half of the program year (less than or equal to 120/80).

2nd Half Narrative

In the second half of the year, 467 Berkeley patients with hypertension have exhibited improved health. These 467 patients are those who have been diagnosed with hypertension and their blood pressure is within normal range (less than or equal to 120/80)

Date Signed 07/20/2016

Approved By Rhianna Babka

Date Signed 08/04/2016

Initially submitted: Jul 20, 2016 - 10:24:15

[Return to Reports Page](#)

**CITY OF BERKELEY
COMMUNITY AGENCY STATEMENT OF EXPENSE
04/01/2016 TO 06/30/2016**

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

Agency Name: [Lifelong Medical Care](#) Contract #: 10009
 Program Name: [Primary Geriatric Care](#) PO #: 105578
 Funding Source : General Fund

Expenditure Category	Approved Budget	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Total Expenditure	Budget Balance
Physician Assistant	\$15,732.00	\$3,933.00	\$3,933.00	\$3,933.00	\$3,933.00	\$15,732.00	\$0.00
Medical Receptionist	\$1,853.00	\$463.25	\$463.25	\$463.25	\$463.25	\$1,853.00	\$0.00
Medical Assistant	\$2,089.00	\$522.25	\$522.25	\$522.25	\$522.25	\$2,089.00	\$0.00
New Patient Coordinator	\$2,142.00	\$536.00	\$536.00	\$536.00	\$534.00	\$2,142.00	\$0.00
Medical Receptionist-2	\$2,575.00	\$643.75	\$643.75	\$643.75	\$643.75	\$2,575.00	\$0.00
Physician	\$5,500.00	\$1,375.00	\$1,375.00	\$1,375.00	\$1,375.00	\$5,500.00	\$0.00
Taxes/Benefits	\$8,967.00	\$2,241.75	\$2,241.75	\$2,241.75	\$2,241.75	\$8,967.00	\$0.00
TOTAL	\$38,858.00	\$9,715.00	\$9,715.00	\$9,715.00	\$9,713.00	\$38,858.00	\$0.00

Advances Received **\$38,858.00**
 Underspent/(Overspent) **\$0.00**

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

Upload of General Ledger and Summary Income/Expenditure Statement (required):

General Ledger: [0432 - General Ledger FY 16.pdf](#)
 Summary Income/Expenditure Statement: [0432 - Income Statement FY16.pdf](#)
 Other:
 Other:

- 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 government agencies. Furthermore, the employer's share or contributions for Social Security, Unemployment and State Disability insurance, and any related government contribution remitted as well.

Prepared By: [Kanwar Singh](#) Email: ksingh@lifelongmedical.org Date: 08/04/2016
 Authorized By: [Marty Lynch](#) Email: mlynch@lifelongmedical.org
 Name of Authorized Signatory with Signature on File

Approved By: Rhianna Babka 08/08/2016 Project Manager Date	Examined By: _____ CSA Fiscal Unit Date	Approved By: _____ CSA Fiscal Unit Date
---	--	--

[Return to Reports Page](#)

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

Contract No: 10009A

Agency: [Lifelong Medical Care](#)
 Program: [Primary Geriatric Care](#)
 Phone: [510-981-4124](#)

Period of: **2nd Half 2016**
 Report Prepared By: [Jin Yang](#)
 E-mail: jyang@lifelongmedical.org

1. CLIENT SUMMARY - 2nd Half

	2nd Half	YTD
A. Total New Clients Served by the Program (Berkeley and Non-Berkeley)	2,717	3,415
B. Total New Berkeley Clients Served for Whom You Were Able to Gather Statistics on Age, Race/Ethnicity, and Income:	2,717	3,415
C. Total New Berkeley Clients Served for Whom You Were NOT Able to Gather Statistics on Age, Race/Ethnicity, and Income:		0
D. Total New Berkeley Clients Served:	2,717	3,415

2. DEMOGRAPHIC DATA

RACE - Unduplicated Count	Previous Periods		Report Period		Year-To-Date	
	Non-Hispanic	Hispanic Ethnicity	Non-Hispanic	Hispanic Ethnicity?	Non-Hispanic	Hispanic Ethnicity
Single Race Categories						
American Indian/Alaskan Native	2	2	4		6	2
Asian	57	2	167	7	224	9
Black/African American	216	0	820	15	1,036	15
Native Hawaiian/Pacific Islander	3	0	13	2	16	2
White	295	7	1,201	17	1,496	24
Combined Race Categories						
American Indian/Alaskan Native & White	0	0			0	0
Asian & White	7	0	27	5	34	5
Black/African American & White	3	0	7		10	0
American Indian/Alaskan Native & Black/African American	0	0			0	0
Other Combined Race Categories	75	29	340	92	415	121
TOTALS	658	40	2,579	138	3,237	178
TOTAL SERVED	698		2,717		3,415	

3. INCOME LEVEL

Income Level - Unduplicated Count	Previous Periods	This Period	YTD
Poverty	354	1,358	1,712
Poverty to 30% of AMI (Ex. Low)	137	543	680
31-50% of AMI (Low)	102	353	455
51-80% of AMI (Moderate)	68	244	312
Above 80% of AMI	37	219	256
TOTALS	698	2,717	3,415

4. AGE

Age - Unduplicated Count	Previous Periods	This Period	YTD
0-5	0		0
6-11	0		0
12-17	0		0
18-24	0		0

25-44	0		0
45-54	6	3	9
55-61	31	53	84
62 and Over	661	2,661	3,322
Unknown	0		0
TOTALS	698	2,717	3,415

5. OTHER CHARACTERISTICS

Other Characteristics - Unduplicated Count	Previous Periods	This Period	YTD
Female	462	1,701	2,163
Male	256	1,016	1,272
Disabled	0	50	50
Homeless	29	25	54
Chronically Homeless	0		0
Female Head of Household	0		0

6. SERVICE MEASURES

Service Measures	Annual Goal		1st Half		2nd Half		Served YTD		% Served	
	UOS	New Clients	UOS	New Clients	UOS	New Clients	UOS	New Clients	UOS	New Clients
***** Health Care Services *****										
1 Healthcare Detection/Screening Services	6,655	1,161	2,662	698	5,434	2,717	8,096	3,415	122%	294%

1st Half Narrative

Over the course of the first half of the program period, LifeLong provided 3,574 units of service to 698 Berkeley clients at its Over 60 Health Center. LifeLong is on track to meet the annual goal of 6655 units of service and meet our goal of 1161 new clients.

2nd Half Narrative

During the second half of the year, LifeLong provided 5,434 units of services to 2,717 Berkeley clients at its Over 60 Health Center. LifeLong has exceeded our goal by reaching 3,415 new clients.

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	1,161	698	2,717	3,415	294%	100%
1 Participants exhibited improved health	422	224	179	403	95%	12%

1st Half Narrative

698 patients at the Over 60 Health Center demonstrated improved health outcomes. The 224 patients are those diagnosed with diabetes, but demonstrated healthy HbA1c levels of less than or equal to 7% (the medical standard) within the first half of the program period.

2nd Half Narrative

2,717 Berkeley participants enrolled in necessary treatment for the second half of the year. 179 patients with diabetes demonstrated healthy HBA1c levels of less than or equal to 7% (the medical standard) in the second half of the program period, reaching 95% of our goal.

Date Signed 07/19/2016

Approved By Rhianna Babka

Date Signed 08/04/2016

Initially submitted: Jul 19, 2016 - 10:24:47

Organizational Standards (Public)

Berkeley Community Action Agency
2016

Status: Reviewed-Modifications Requested
Revision: 1 of 1
Created by: Wing Wong [wywong] on 7/6/2016 2:35:33 PM
Submitted by: [] on 7/21/2016 4:58:12 PM
Reviewed by: Kathleen Walker [KWALKER] on 9/6/2016 6:25:31 PM
Printed on: 9/6/2016 6:25 PM

Maximum Feasible Participation - Category 1: Community Engagement

Standard 1.1

The department demonstrates low-income individuals participation in its activities.

Guidance

- This standard is meant to embody "maximum feasible participation".
- The intent of this standard is to go beyond board membership; however, board participation may be counted toward meeting this standard if no other involvement is provided. The tripartite board is only one of many mechanisms through which CEEs engage people with low-incomes.
- Participation can include activities such as Head Start Policy Council, tenant or neighborhood councils, and volunteering, etc.
- Though not mandatory, many CEEs meet this standard by including advisory bodies to the board.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

CAP

Documentation Used:

Activity participation lists

Advisory group documents

Advisory group minutes

Board minutes

Board pre-meeting materials/packet

Other written or online reports

Volunteer lists and Documents

Maximum Feasible Participation - Category 1: Consumer Input and Involvement

Standard 1.2

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

Guidance

- This standard reflects the need for CEEs to talk directly with low-income individuals regarding the needs in the community.
- Data can be collected through a variety of ways including, but not limited to, focus groups, interviews, community forums, customer surveys, etc.
- Analyzing the information can be met through review of the collected data by staff and/or board, including a review of collected data in the written community assessment, with notations of this review in the assessment's appendix, committee minutes, etc.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

CAP

Documentation Used:

Backup documentation/data summaries
Community assessment document (including appendices)
Community forum summaries
Interview transcripts
Other written or online reports

Maximum Feasible Participation - Category 1: Consumer Input and Involvement

Standard 1.3

The department has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the tripartite board/advisory body, which may be met through broader local government processes.

Guidance

- This reflects the need for any business to gather information regarding customer satisfaction. All organizations need to be aware of how satisfied their customers are of the services they receive.
- This standard does not imply that a specific satisfaction level needs to be achieved.
- Documentation is needed to demonstrate all three components in order to meet the standard: 1) collection, 2) analysis, and 3) reporting of data.
- A systematic approach may include, but not be limited to, surveys or other tools being distributed to customers annually, quarterly, or at the point of service (or on a schedule that works for the individuation CEE). Such collection may occur by program or agency-wide at a point in time.
- Analyzing the findings is typically completed by staff.
- Reporting to the board may be via written or verbal formats.

Organization Self-Assessment

- Met
- Not Met

Submitter Notes:

BCAA is required to have a public hearing every two years.

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This Standard is specific to customer satisfaction, not public hearings. The intent of the Standard is to "empower such residents and members to respond to the unique problems and needs within their communities." To comply with the Standard, agencies must show documentation that the community assessment uses data gathered from low-income individuals themselves. Without presenting this data to the Tripartite Board to make changes accordingly, the feedback loop and the full process of the standard cannot be carried out. Board Action is Required!

Documentation Used:

Board/committee minutes

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Nov. 2014 Public Hearing Minutes		07/18/2016		Maintain

Customer satisfaction instruments, e.g., survey, data collection tools and schedule

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Nov. 2014 Public Hearing agenda		07/13/2016		Maintain
Nov. 2014 Public Hearing Notice		07/13/2016		Maintain

Customer satisfaction policy and/or procedures

Customer satisfaction reports to organization leadership, board and/or broader community

Other written or online reports

Maximum Feasible Participation - Category 2: Community Engagement

Standard 2.1

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

Guidance

- Partnerships are considered to be mutually beneficial arrangements wherein each entity contributes and/or receives: time, effort, expertise and/or resources.
- Specifically identified purposes may include but are not limited to: shared projects; community collaborations/coalitions with an identified topic e.g. domestic violence, homelessness, teen pregnancy prevention, transportation task forces, community economic development projects, etc.; contractually coordinated services; etc.
- The IS Report already asks for a list of partners. The intent of this standard is not to have another list, but to have documentation that shows what these partnerships entail and/or achieve.
- These could be documented through MOUs, contracts, agreements, documented outcomes, coalition membership, etc.
- This standard does not require that every partnership is a formal, fully documented relationship.

Organization Self-Assessment

- Met
- Not Met

Submitter Notes:

BCAA has contracts and MOUs with 54 community agencies.

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

The agency must partner with other anti-poverty organizations in their service area to comply with this standard. It is integral to the CSBG intent, "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."

Documentation Used:

Coalition membership lists

Other written or online reports

Partnership documentation : agreements, emails, MOU / MOAs, charts

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
FY 2016 Partnership agreement		07/11/2016		As Needed

Strategic plan (including appendices)

Sub contracts with delegate/partner agencies

Maximum Feasible Participation - Category 2: Community Engagement

Standard 2.2

The 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.

Guidance

- If gathered during the community assessment, it would be documented in the assessment. If done during "other times" this may be reflected in reports, data analysis, or staff/board meeting minutes
- Engagement may include: key informant interviews, staff participation in other community groups/advisory bodies, community-wide processes, etc.
- Documentation is needed to demonstrate that all five sectors have been engaged: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions. There is no requirement for how many individual organizations the CEE must contact, or what data is collected.
- If one or more of these sectors are not present in the community or refuses to participate, then the CEE needs to demonstrate the gap or a good faith effort to engage the sector(s).
- Demonstrating that the department has "gathered" and "used" the information may be met in a variety of ways including, but not limited to: summarizing the data in the community assessment or its appendices; documentation of phone calls, surveys interviews, focus groups in CEE files (hard copy or electronic); documentation in planning team minutes; summary reports on the data shared at board meetings or board committees; etc.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

CAP

Documentation Used:

Backup documentation of involvement: surveys, interview documentation, community meeting Board/committee minutes
Community assessment document (including appendices)
Other written or online reports

Maximum Feasible Participation - Category 2: Community Engagement

Standard 2.3

The department communicates its activities and its results to the community.

Guidance

- This may be met through a CEEs annual report, Social Media activity, traditional news media, community outreach activities, etc.
- Community would be defined by the CEE but needs to include those outside of the staff and board of the CEE.

Organization Self-Assessment

- Met
- Not Met

Submitter Notes:

BCAA is required to have a public hearing every two years.

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the attached documentation.

Documentation Used:

Annual Report

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
2014 Annual report		07/11/2016		As Needed

Communication plan

Community event information

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Nov. 2014 Public Hearing agenda		07/13/2016		As Needed
Nov. 2014 Public Hearing Minutes		07/18/2016		As Needed
Nov. 2014 Public Hearing Notice		07/13/2016		As Needed

Media files of stories published

News release copies

Other written or online reports

Website, Facebook page, Twitter account, etc. (regularly updated)

Maximum Feasible Participation - Category 2: Community Engagement

Standard 2.4

The department documents the number of volunteers and hours mobilized in support of its activities.

Guidance

- There is no requirement to utilize volunteers, only to document their number and hours, if utilized.
- This information should already be collected as part of current National Performance Indicators.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

NPI's & CSBG IS

Documentation Used:

Board minutes

Data on number of volunteers and hours provided

Documentation of tracking system(s)

Other written or online reports

Maximum Feasible Participation - Category 3: Community Assessment

Standard 3.1

The department conducted or was engaged in a community assessment and issued a report within the past 3 years, if no other report exists.

Guidance

- This standard refers to what is sometimes called a community needs assessment, and requires that CEEs assess both needs and resources in the community. The requirement for this assessment is outlined in the CSBG Act.
- This may require CSBG Lead Offices to adjust time frames for required submission.
- The report may be electronic or print, and may be circulated as the CEE deems appropriate. This can include: websites, mail/email distribution, social media, press conference, etc.
- It may be helpful for CEEs to document the report release date such as April 2014 or December 2015.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

CAP

Documentation Used:

Community assessment document (including appendices)

Other written or online reports

Maximum Feasible Participation - Category 3: Community Assessment

Standard 3.2

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

Guidance

- Documentation is needed to demonstrate all four categories in order to meet the standard: gender, age, race, and ethnicity.
- Data on poverty is available from the U.S. Census Bureau.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

CAP

Documentation Used:

Backup information including census and other demographic Data

Community assessment document (including appendices)

Other written or online reports

Maximum Feasible Participation - Category 3: Community Assessment

Standard 3.3

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

Guidance

- Documentation is needed to demonstrate that both types of data are collected in order to meet the standard:
 - Qualitative: this is opinions, observations, and other descriptive information obtained from the community through surveys, focus groups, interviews, community forums, etc.
 - Quantitative: this is numeric information, e.g. Census data, program counts, demographic information, and other statistical sources.
- Documentation on data analysis is also required in order to meet the standard.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

CAP

Documentation Used:

Backup documentation

Broader community-wide assessments

Committee/team meeting minutes reflecting analysis

Community assessment document (including appendices)

Other data collection process on poverty

Other written or online reports

Maximum Feasible Participation - Category 3: 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.

Guidance

- There is no required way to reflect this information.
- The department may choose to include a key findings section in the assessment report and/or executive summary.
- The conditions of poverty may include items such as: numbers of homeless, free and reduced school lunch statistics, SNAP participation rates, etc.
- Causes of poverty may include items such as: lack of living wage jobs, lack of affordable housing, low education attainment rates, etc.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

CAP

Documentation Used:

Backup documentation

Committee/team meeting minutes reflecting analysis

Community assessment document (including appendices)

Other written or online reports

Maximum Feasible Participation - Category 3: Community Assessment

Standard 3.5

The tripartite board/advisory body formally accepts the completed community assessment.

Guidance

- This would be met through the Board voting on a motion to accept the assessment at a regular board meeting and documenting this in the minutes.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

CAP

Documentation Used:

Board minutes

Board pre-meeting materials/packet

Community assessment document (including appendices)

Other written or online reports

Vision and Direction - Category 4: Organizational Leadership

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.

Guidance

- "Addresses poverty" does not require using the specific word poverty in the department's mission.
- Language such as but not limited to: low-income, self-sufficiency, economic security, etc. is acceptable.
- It is the board that determines if the programs and services are in alignment with the mission. This review and formal determination would be recorded in the board minutes.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with documentation provided

Documentation Used:

Board minutes

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
May 2016 Minutes		07/21/2016		07/21/2021

Mission statement

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Berkeley Municipal Code Chapter 3.78		07/21/2016		07/21/2021
Bylaws		07/21/2016		07/21/2021

Other written or online reports

Strategic plan (including appendices)

Vision and Direction - Category 4: Organizational Leadership

Standard 4.2

The department's Community Action plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.

Guidance

- The State Lead Agency is responsible for determining the Plan's format, and needs to ensure that the three components are readily identifiable.
- The Plan needs to be focused on outcomes, i.e., changes in status (such as hunger alleviation vs. food baskets).
- The Community Action plan is sometimes referred to as the CSBG Work plan.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

CAP

Documentation Used:

CAP plan (*sometimes referred to as the CSBG Plan or CSBG WorkPlan)

Community assessment document (including appendices)

Logic model

Other written or online reports

Vision and Direction - Category 4: Organizational Leadership

Standard 4.3

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

Guidance

- There is no requirement to have a certified ROMA trainer on staff at the department.
- While a ROMA trainer (or equivalent) must be involved, it is up to the department to determine the manner in which this individual is utilized. Examples include: involving the trainer in strategic planning meetings, consultation on implementation, etc.
- This includes involving a ROMA trainer (or equivalent) in the course of ROMA-cycle activities such as the community assessment, strategic planning, data and analysis, and does not need to be a separate activity.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

CAP

Documentation Used:

Agreement with certified trainer not within the organization to provide ROMA services
Certified ROMA trainer in the organization
Community action work plan update/report
Meeting summaries of ROMA trainer participation
Other written or online reports
Strategic plan (including appendices)

Vision and Direction - Category 4: Organizational Leadership

Standard 4.4

The tripartite board/advisory body receives an annual update on the success of specific strategies included in the Community Action plan.

Guidance

- The CSBG Act requires that boards be involved with assessment, planning, implementation, and evaluation of the programs: this standard supports meeting that requirement.
- This standard is met by an update being provided at a regular tripartite board/advisory body meeting, and documented in the minutes.
- The update provided to the tripartite board/advisory board may be written or verbal.
- The update provided to the tripartite board/advisory board should include specific strategies outlined in the Community Action plan and any progress made over the course of the last year, or by another period of time as determined by the board that is less than one year.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

The documentation does not clearly outline the strategic goals to determine the board received an update.

Documentation Used:

Board minutes

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
June 2016 Minutes		07/21/2016		07/21/2017
May 2016 Minutes		07/21/2016		07/21/2017

Board pre-meeting materials/packet

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
June 2016 Packet		07/11/2016		07/11/2017
May 2016 packet		07/12/2016		07/12/2017

Community action work plan update/report Other written or online reports

Vision and Direction - Category 4: Organizational Leadership

Standard 4.5

The department adheres to its local government's policies and procedures around interim appointments and processes for filling a permanent vacancy.

Guidance

- This will vary by local government; department provides documentation of the local procedures and is able to show compliance.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

The standard is referencing agency staff not board members

Documentation Used:

Board minutes

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
March 2016 Vacancy appointment		07/11/2016		Maintain

Other written or online reports

Short term succession plan

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
BCAA 2012 Short term succession Plan		07/11/2016		Maintain

Succession plan / policy

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Appointment Policy		07/11/2016		Maintain
Berkeley Municipal Code Chapter 3.78		07/11/2016		Maintain

Vision and Direction - Category 4: Organizational Leadership

Standard 4.6

The department complies with its local government's risk assessment policies and procedures.

Guidance

- This will vary by local government; department provides documentation of the local procedures and is able to show compliance.
- The department may be part of a broader municipality-based/county-based risk assessment, this would be considered meeting the standard.

Organization Self-Assessment

Met

- Not Met

Submitter Notes:

We are confused regarding this Standard and is waiting on our state monitor for further guidance.

Reviewer Assessment

Met

- Not Met

Documentation Used:

Board minutes

Completed risk assessment tool

Other written or online reports

Risk assessment policy and/or procedures

Risk assessment reports

Technical Assistance Plan:

- Item** Performance Deliverable
1 waiting on state monitor for further guidance

<u>Deliverable Date</u>	<u>Person Responsible</u>	<u>Initial Review Date</u>	<u>Progress Review Date</u>	<u>Previous Actions</u>	<u>Status</u>	<u>Comments</u>
					Not Started 07/21/2016 16:55 PM	

Vision and Direction - Category 5: Board Governance

Standard 5.1

The department's tripartite board/advisory body is structured in compliance with the CSBG Act, by either:

1. Selecting the board members as follows:
 - At least one third are democratically-selected representatives of the low-income community;
 - One-third are local elected officials (or their representatives); and
 - The remaining members are from major groups and interests in the community; or
2. Selecting the board through another mechanism specified by the State to assure decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs.

Guidance

- This standard is based on the CSBG Act and addresses the composition structure of the tripartite board/advisory body only.
- See the CSBG Act and IM 82 for comprehensive guidance.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

There is no supporting documentation

Documentation Used:

Board bylaws
Board minutes
Board roster
Other written or online reports

Vision and Direction - Category 5: Board Governance

Standard 5.2

The department's tripartite board/advisory body either has:

1. Written procedures that document a democratic selection process for low-income board members adequate to assure that they are representative of the low-income community, or
2. Another mechanism specified by the State to assure decision-making and participation by low-income individuals in the development, planning, implementation, and evaluation of programs.

Please note under IM 82 for Public Entities the law also requires that a minimum of 1/3 of tripartite board membership be comprised of representatives of low-income individuals and families who reside in areas served.

Guidance

- See the CSBG Act and IM 82 for comprehensive guidance.
- See definitions list for additional clarity on democratic selection - please note that the CSBG Act requires a democratic selection process, not election process.
- Examples of democratic selection procedures for low-income sector directors include: (1) election by ballots cast by the CEE's clients and/or by other low-income people in the CEE's service area (ballots could be cast, for example, at designated polling place(s) in the service area, at the CEE's offices, or via the Internet); (2) vote at a community meeting of low-income people (the meeting could serve not simply to select low-income sector directors but also to address a topic of interest to low-income people); (3) designation of one or more community organization(s) composed predominantly of and representing low-income people in the service area (for example, a Head Start policy council, low-income housing tenant association, or the board of a community health center) to designate representative(s) to serve on the CEE's board.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the attached documents.

Documentation Used:

Board bylaws

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Board Bylaws		07/12/2016		Maintain

Board minutes

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
May 2016 Minutes		07/21/2016		Maintain

Board policies And procedures

Other written or online reports

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Berkeley Municipal Code Chapter 3.78		07/12/2016		Maintain

Vision and Direction - Category 5: Board Governance

Standard 5.4

The department documents that each tripartite board/advisory body member has received a copy of the governing documents, within the past 2 years.

Guidance

- Distribution may be accomplished through electronic or hard copy distribution.
- Acknowledgement of receipt may be accomplished through a signed and dated written acknowledgement, email acknowledgement, tripartite board/advisory body minutes documenting receipt for those in attendance, etc.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the attached documents.

Documentation Used:

Board bylaws

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Board Bylaws		07/12/2016		07/12/2018

Board minutes

Board pre-meeting materials/packet

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
May 2016 packet		07/12/2016		07/12/2018

Copies of acknowledgements

List of signatures

Other written or online reports

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Berkeley Municipal Code Chapter 3.78		07/12/2016		07/12/2018

Vision and Direction - Category 5: Board Governance

Standard 5.5

The department's tripartite board/advisory body meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its governing documents.

Guidance

- There are no requirements on the meeting frequency or quorum; only that the department abide by its governing documents.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the attached documents.

Documentation Used:

Board bylaws

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Board Bylaws		07/11/2016		07/11/2017

Board minutes

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
June 2016 Minutes		07/21/2016		07/21/2017
March 2016 Vacancy appointment		07/10/2016		07/10/2017
May 2016 Minutes		07/21/2016		07/21/2017

Board roster

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
July 2016 Board Roster		07/12/2016		07/12/2017

Other written or online reports

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Quorum		07/11/2016		07/11/2017

Vision and Direction - Category 5: Board Governance

Standard 5.6

Each tripartite board/advisory body member has signed a conflict of interest policy, or comparable local government document, within the past 2 years.

Guidance

- There is no requirement to use a specific conflict of interest policy, only that the department utilizes one that meets its needs.
- The signed conflict of interest policies are collected, reviewed, and stored by the Organization.
- 2 CFR Part 200 (Super Circular) is in effect for any grant periods after December 26, 2014 and has additional information on conflict of interest policies and specific disclosures.
- As a point of reference, the 990 asks: Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If so, describe how.
- Standard allows for "comparable local government document" as many Public CEEs address conflict of interest within required ethics training.

Organization Self-Assessment

- Met
- Not Met

Submitter Notes:

City Attorney to talk about Conflict of Interest in July 2016 Meeting

Reviewer Assessment

- Met
- Not Met

Documentation Used:

Board minutes

Conflict of interest policy/procedures

Other written or online reports

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
CA Form 700		07/13/2016		07/13/2018
conflict of interest materials		07/13/2016		07/13/2018
July 2016 Meeting Packet		07/11/2016		07/11/2018

Signed policies/signature list

Vision and Direction - Category 5: Board Governance

Standard 5.7

The department has a process to provide a structured orientation for tripartite board/advisory body members within 6 months of being seated.

Guidance

- There is no specific curricula requirement, or training methodology required; Board Orientation should have many organization-specific elements. These may include bylaws, overview of programs, and review of fiscal reports.
- Training may be delivered at board meetings, special sessions, in person, through electronic media, or through other modalities as determined by the board.
- The department must have documentation of its process (including content), as well as documentation that each board member has been provided with the opportunity for orientation.

Organization Self-Assessment

Met

- Not Met

Submitter Notes:

We are in a process of scheduling a training with calcapa.org

Reviewer Assessment

Met

- Not Met

Documentation Used:

Board member acknowledgement/signature

Board policies And procedures

Board training materials

Other written or online reports

Technical Assistance Plan:

- Item** Performance Deliverable
1 We are in a process of scheduling a training with calcapa.org

<u>Deliverable Date</u>	<u>Person Responsible</u>	<u>Initial Review Date</u>	<u>Progress Review Date</u>	<u>Previous Actions</u>	<u>Status</u>	<u>Comments</u>
					Not Started 07/21/2016 16:55 PM	

Vision and Direction - Category 5: Board Governance

Standard 5.8

Tripartite board/advisory body members have been provided with training on their duties and responsibilities within the past 2 years.

Guidance

- There is no specific curricula requirement, or training methodology required.
- Training may be delivered at board meetings, special sessions, conferences, through electronic media, or other modalities as determined by the board.
- The department needs to have documentation that the training occurred (including content) as well as documentation that each board member has been provided with training opportunities.

Organization Self-Assessment

Met

- Not Met

Submitter Notes:

We are in a process of scheduling a training with calcapa.org

Reviewer Assessment

Met

- Not Met

Documentation Used:

Attendee list

Board minutes

Documentation of board attendance at offsite training conferences/events/webinars etc.

Other written or online reports

Training agendas

Technical Assistance Plan:

<u>Item</u>	<u>Performace Deliverable</u>	<u>Deliverable Date</u>	<u>Person Responsible</u>	<u>Initial</u>	<u>Review Date</u>	<u>Progress</u>	<u>Review Date</u>	<u>Previous Actions</u>	<u>Status</u>	<u>Comments</u>
1	We are in a process of scheduling a training with calcapa.org								Not Started 07/21/2016 16:55 PM	

Vision and Direction - Category 5: Board Governance

Standard 5.9

The department's tripartite board/advisory body receives programmatic reports at each regular board/advisory meeting.

Guidance

- This standard does not require a report on each program at every board meeting; however it does call for some level of programmatic reporting at every board meeting. The department determines their own process to report programs to the board. For example, some departments may cycle through their programs semi-annually, others may do so on a quarterly basis, and yet others may do a brief summary at every board meeting.
- Board minutes should reflect that programmatic reports have been received documentation.
- Programmatic reporting may be in writing (reports, dashboards) and/or verbal.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

The advisory body has been receiving programmatic reports as evidenced by the attached board minutes. This standard has been met.

Documentation Used:

Board minutes

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
June 2016 Minutes		07/21/2016		07/21/2017
May 2016 Minutes		07/21/2016		07/21/2017

Board pre-meeting materials/packet

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
June 2016 Packet		07/11/2016		07/11/2017
May 2016 packet		07/11/2016		07/11/2017

Other written or online reports Programmatic Reports

Vision and Direction - Category 6: Strategic Planning

Standard 6.1

The department has a strategic plan, or comparable planning document, in place that has been reviewed and accepted by the tripartite board/advisory body within the past 5 years. If the department does not have a plan, the tripartite board/advisory body will develop the plan.

Guidance

- This is intended to be an department-wide document, not a list of individual program goals.
- This would be met through the Board voting on a motion to accept the strategic plan at a regular board meeting and documenting this in the minutes.

Organization Self-Assessment

Met

- Not Met

Submitter Notes:

We are in a process of scheduling a strategic plan training with calcapa.org

Reviewer Assessment

Met

- Not Met

Reviewer Notes:

Please provide a due date

Documentation Used:

Board minutes

Other written or online reports

Strategic plan (including appendices)

Technical Assistance Plan:

Item Performance Deliverable

- 1 We are in a process of scheduling a strategic plan training with calcapa.org

<u>Deliverable Date</u>	<u>Person Responsible</u>	<u>Initial Review Date</u>	<u>Progress Review Date</u>	<u>Previous Actions</u>	<u>Status</u>	<u>Comments</u>
					Not Started 07/21/2016 16:56 PM	

Vision and Direction - Category 6: Strategic Planning

Standard 6.2

The approved strategic plan, or comparable planning document, addresses reduction of poverty, revitalization of low-income communities, and/or empowerment of people with low incomes to become more self-sufficient.

Guidance

- These are the purposes of CSBG as laid out in the Act.
- These specific terms are not required, but the Plan needs to include one or more of the themes noted in the standard.

Organization Self-Assessment

Met

- Not Met

Submitter Notes:

We are in a process of scheduling a strategic plan training with calcapa.org

Reviewer Assessment

Met

- Not Met

Reviewer Notes:

Please provide a due date

Documentation Used:

Other written or online reports

Strategic plan (including appendices)

Technical Assistance Plan:

Item Performance Deliverable

- 1 We are in a process of scheduling a strategic plan training with calcapa.org

<u>Deliverable Date</u>	<u>Person Responsible</u>	<u>Initial Review Date</u>	<u>Progress Review Date</u>	<u>Previous Actions</u>	<u>Status</u>	<u>Comments</u>
					Not Started 07/21/2016 16:56 PM	

Vision and Direction - Category 6: Strategic Planning

Standard 6.3

The approved strategic plan, or comparable planning document, contains family, agency, and/or community goals.

Guidance

- These goals are set out as part of ROMA, referenced in IM 49, and provide the framework for the National Performance Indicators.
- These specific terms are not required, but the Plan must address one or more of these dimensions.
- There is no requirement to address all three: Family, Agency, and Community.

Organization Self-Assessment

Met

- Not Met

Submitter Notes:

We are in a process of scheduling a strategic plan training with calcapa.org

Reviewer Assessment

Met

- Not Met

Reviewer Notes:

Please provide a due date

Documentation Used:

Other written or online reports
Strategic plan (including appendices)

Technical Assistance Plan:

Item Performance Deliverable

- 1 We are in a process of scheduling a strategic plan training with calcapa.org

<u>Deliverable Date</u>	<u>Person Responsible</u>	<u>Initial Review Date</u>	<u>Progress Review Date</u>	<u>Previous Actions</u>	<u>Status</u>	<u>Comments</u>
					Not Started 07/21/2016 16:56 PM	

Vision and Direction - Category 6: 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.

Guidance

- This standard links the community assessment with strategic planning.
- There is no requirement to do additional data collection.
- Please see guidance and glossary under Customer Engagement for more information on customer satisfaction and customer input.
- The standard may be documented by references to the analysis of customer satisfaction data and input within the plan, or by including the analysis of customer satisfaction data in the plan or its appendices, with a brief explanation of how it was used.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

CAP 2016-2017 - City staff review data from the county-wide Homeless Management Information System (HMIS). This is not specific to the City of Berkeley.....

Documentation Used:

Customer input data/reports
Customer satisfaction data/reports
Notes from strategic planning process
Other written or online reports
Strategic plan (including appendices)

Vision and Direction - Category 6: Strategic Planning

Standard 6.5

The tripartite board/advisory body has received an update(s) on progress meeting the goals of the strategic plan/comparable planning document within the past 12 months.

Guidance

- The CSBG Act requires that Boards be involved with assessment, planning, implementation and evaluation of programs; this standard supports meeting that requirement.
- The standard would be met by an update provided at a regular Board meeting, or a planning session, and documented in the minutes.
- The update provided to the tripartite board/advisory board may be written or verbal.
- The update provided to the tripartite board/advisory board should include goals outlined in the strategic plan and any progress made over the course of the last year, or by another period of time as determined by the board that is less than one year.

Organization Self-Assessment

Met

- Not Met

Submitter Notes:

We are in a process of scheduling a strategic plan training with calcapa.org

Reviewer Assessment

Met

- Not Met

Reviewer Notes:

Please provide a due date

Documentation Used:

Board minutes

Board pre-meeting materials/packet

Other written or online reports

Strategic plan (including appendices)

Technical Assistance Plan:

Item Performance Deliverable

- 1 We are in a process of scheduling a strategic plan training with calcapa.org

<u>Deliverable Date</u>	<u>Person Responsible</u>	<u>Initial Review Date</u>	<u>Progress Review Date</u>	<u>Previous Actions</u>	<u>Status</u>	<u>Comments</u>
					Not Started 07/21/2016 16:56 PM	

Operations and Accountability - Category 7: Human Resource Management

Standard 7.2

The department follows local governmental policies in making available the employee handbook (or personnel policies in cases without a handbook) to all staff and in notifying staff of any changes.

Guidance

- Each local government will have its own process; department provides documentation of the local policies and is able to show compliance.
- The Handbook may be made available in electronic (such as an agency intranet, a location on a shared server, or distributed via email) or print formats.
- The process for notification of changes is up to the individual department.
- Agencies are encouraged to have staff sign off that they have received and read the Employee Handbook.

Organization Self-Assessment

- Met
- Not Met

Submitter Notes:

Policy changes are announced in weekly BCAA internal newsletter.

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the documentation provided..

Documentation Used:

Documentation of location and availability of handbook/policies Employee handbook/personnel policies

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Personnel policy		07/12/2016		As Needed

Identified process for notifying staff of updates (may be included within the handbook/policy)

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Notifying employees		07/19/2016		As Needed

Other written or online reports

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Union agreements		07/12/2016		As Needed

Operations and Accountability - Category 7: Human Resource Management

Standard 7.3

The department has written job descriptions for all positions. Updates may be outside of the purview of the department.

Guidance

- Each local government will have its own process; see local documentation.
- This references job descriptions for each type of position, not each staff person.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the attached documents.

Documentation Used:

Board or committee minutes noting documents have been updated

Job descriptions

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Associate Management Analyst		07/12/2016		07/12/2021
Community Services Specialist		07/12/2016		07/12/2021
Department Director		07/12/2016		07/12/2021
Fiscal Manager		07/12/2016		07/12/2021
Housing and Community Services Manager		07/12/2016		07/12/2021
Office Specialist		07/12/2016		07/12/2021

Organizational chart/staff list

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Dept. organizational chart		07/12/2016		07/12/2021
Division organizational chart		07/12/2016		07/12/2021

Other written or online reports

Operations and Accountability - Category 7: Human Resource Management

Standard 7.4

The department follows local government procedures for performance appraisal of the department head.

Guidance

- Each local government will have its own process; department provides documentation of the local procedures and is able to show compliance.

Organization Self-Assessment

- Met
- Not Met

Submitter Notes:

Performance evaluations can apply to Department Heads, although they are at-will positions

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the attached procedures.

Documentation Used:

Board minutes

Other written or online reports

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Performance evaluation procedures		07/18/2016		07/18/2017

Operations and Accountability - Category 7: Human Resource Management

Standard 7.5

The compensation of the department head is made available according to local government procedure.

Guidance

- Each local government will have its own process; department provides documentation of the local procedures and is able to show compliance.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the attached documentation.

Documentation Used:

Board minutes

Executive Director/CEO contract (if applicable)

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
2016 Dept. Head appointment		07/12/2016		07/12/2017

Other written or online reports

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Salaries		07/18/2016		07/18/2017

Operations and Accountability - Category 7: Human Resource Management

Standard 7.6

The department follows local governmental policies for regular written evaluation of employees by their supervisors.

Guidance

- Each local government will have its own process; department provides documentation of the local policies and is able to show compliance.
- The standard calls for a policy being in place.
- It is recognized that it is best practice to have annual reviews for every employee, but the standard is not intended to imply that 100% of employees must have an annual review. This caveat is noted given normal business conditions that may impact individual employees at any given time, e.g. timing of resignation/dismissal, FMLA leave, seasonal, etc.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the attached documentation.

Documentation Used:

Evaluation process/policy (likely found in personnel policies and procedures)

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Employee evaluation policy		07/12/2016		Maintain
Performance evaluation program		07/12/2016		Maintain

Other written or online reports

Operations and Accountability - Category 7: Human Resource Management

Standard 7.7

The department provides a copy of any existing local government whistle-blower policy to members of the tripartite board/advisory body at the time of orientation.

Guidance

- Each local government will have its own process; see local documentation.
- Many incorporate their whistle-blower policy into their Personnel Policies or Employee Handbook. If incorporated in a larger document, there is no requirement that the whistle-blower policy be pulled out separately.
- Some local governments include whistle-blower policy within other ethics laws/policies.
- This would be met through documentation of orientation.

Organization Self-Assessment

Met

- Not Met

Submitter Notes:

BCAA follows State of CA Labor Code 1102.5

Reviewer Assessment

Met

- Not Met

Reviewer Notes:

Please provide a due date

Documentation Used:

Board minutes

Board pre-meeting materials/packet

Other written or online reports

Whistleblower policy

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
CA Labor Code 1102.5	CA Whistleblower	07/18/2016		Maintain

Technical Assistance Plan:

Item Performance Deliverable

- 1 We are in a process of scheduling a training with calcapa.org

<u>Deliverable Date</u>	<u>Person Responsible</u>	<u>Initial Review Date</u>	<u>Progress Review Date</u>	<u>Previous Actions</u>	<u>Status</u>	<u>Comments</u>
					Not Started 07/21/2016 16:56 PM	

Operations and Accountability - Category 7: Human Resource Management

Standard 7.8

The department follows local governmental policies for new employee orientation.

Guidance

- Each local government will have its own process; department provides documentation of the local procedures and is able to show compliance.
- There are not curricula requirements for the orientation; it is up to the organization to determine the content. Some examples of content include time and effort reporting, ROMA, data collection, mission, history of Community Action, etc.
- If no policy exists, department should still do an orientation for new employees.
- This may be met through individual or group orientations, and documented in personnel files.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the documentation provided..

Documentation Used:

Employee handbook/personnel policies

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Personnel policy		07/11/2016		As Needed

Orientation materials

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
New employee orientation material		07/12/2016		As Needed

Other written or online reports

Sampling of HR/personnel files for documentation of attendance

Operations and Accountability - Category 7: Human Resource Management

Standard 7.9

The department conducts or makes available staff development/training (including ROMA) on an ongoing basis.

Guidance

- There are no specific requirements for training topics, with the exception of ROMA (or comparable system if one is used and approved by the State).
- This standard may be met through in-house, community-based, conference, on-line and other training modalities. Agencies may conduct their own training in-house, or may make on-line or outside training available to staff.
- This should be documented in personnel files.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

Staff development and training is well established as evidenced by the attached. They also have access to a ROMA certified trainer. This standard has been met.

Documentation Used:

Documentation of attendance at offsite training events/conferences
Documentation of trainings: presentations, evaluations. attendee lists
HR/personnel files
Other written or online reports
Training plan(s)

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Berkeley training program		07/12/2016		As Needed

Operations and Accountability - Category 8: Financial Operations and Oversight

Standard 8.1

The department's annual audit is completed through the local governmental process in accordance with Title 2 of the Code of Federal Regulations, Uniform Administrative Requirements, Cost Principles, and Audit Requirement (if applicable) and/or State audit threshold requirements. This may be included in the municipal entity's full audit.

Guidance

- Each local government will have its own process; department provides documentation of the local procedures and able to show compliance.
- It is important to note that there may be cases where the department's audit information is subsumed within a broader division of government and may not be specifically mentioned by name in the local government's audit.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the documentation provided.. Annual Audit

Documentation Used:

Completed audit

Other written or online reports

Operations and Accountability - Category 8: Financial Operations and Oversight

Standard 8.2

The department follows local government procedures in addressing any audit findings related to CSBG funding.

Guidance

- Each local government will have its own process; department provides documentation of the local procedures and able to show compliance.
- Findings are those noted in the Audit itself, not the Management Letter.
- Any findings that are addressed should be reported back to the advisory board.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the documentation provided..

Documentation Used:

Board minutes

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Jan. 2016 minutes	Board reviewed CSBG Desk Review monitoring report	07/12/2016		07/12/2017
May 2016 Minutes		07/21/2016		07/21/2017

Completed audit

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
2015 Desk Monitoring Result		07/13/2016		07/13/2017

Management response to the audit

Other written or online reports

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
2015 City of Berkeley Single audit		07/18/2016		07/18/2017

Operations and Accountability - Category 8: Financial Operations and Oversight

Standard 8.3

The department's tripartite board/advisory body is notified of the availability of the local government audit.

Guidance

- Each local government will have its own process; see local documentation.
- Department's tripartite/advisory body is notified of the audited financial statements and management letter, if applicable.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the attached single audit documentation

Documentation Used:

Board pre-meeting materials/packet

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
May 2016 packet		07/11/2016		07/11/2017

Board/committee minutes

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
May 2016 Minutes		07/21/2016		07/21/2017

Completed audit

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
2015 Desk Monitoring Result		07/12/2016		07/12/2017

Other written or online reports

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
2015 City of Berkeley Single audit		07/17/2016		07/17/2017

Operations and Accountability - Category 8: Financial Operations and Oversight

Standard 8.4

The department's tripartite board/advisory body is notified of any findings related to CSBG funding.

Guidance

- Each local government will have its own process; see local documentation.
- Notified could include: meeting, email, newsletter, bulletin
- If there were no findings related to CSBG, the department will provide documentation stating that no findings related to CSBG exist.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the attached board minutes. However, there was no indication that it was discussed.

Documentation Used:

Board minutes

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Jan. 2016 minutes	Board reviewed CSBG Desk Review monitoring report	07/11/2016		07/11/2017

Completed audit

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
2015 Desk Monitoring Result		07/12/2016		07/12/2017
May 2016 packet		07/18/2016		07/18/2017

Other written or online reports

Operations and Accountability - Category 8: Financial Operations and Oversight

Standard 8.7

The tripartite board/advisory body receives financial reports at each regular meeting, for those program(s) the body advises, as allowed by local government procedure.

Guidance

- Each local government will have its own process; department provides documentation of the local procedures and able to show compliance.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the attached documentation.

Documentation Used:

Board pre-meeting materials/packet

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
May 2016 packet		07/11/2016		As Needed

Board/committee minutes

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
May 2016 Minutes		07/21/2016		As Needed

Financial reports as noted above

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
BOSS Family Financial		07/12/2016		As Needed
BOSS Payee Financial		07/12/2016		As Needed
BOSS Shelter Financial		07/12/2016		As Needed

Other written or online reports

Operations and Accountability - Category 8: Financial Operations and Oversight

Standard 8.9

The tripartite board/advisory body has input as allowed by local governmental procedure into the CSBG budget process.

Guidance

- Each local government will have its own process; department provides documentation of the local procedures and able to show compliance. If no input is allowed, this could be met through documentation of either a tripartite board/advisory body discussion or departmental procedures noting such.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the attached documentation.

Documentation Used:

Agency-wide budget

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
FY 17 Agency Budget		07/13/2016		07/13/2017

Board minutes

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Feb. 18, 2015 Board minutes	participation in FY 16-17 funding allocation	07/13/2016		07/13/2017
Feb. 9, 2015 Board minutes	participation in FY 16-17 funding allocation	07/13/2016		07/13/2017
Mar.12, 2015 Board Minutes	Final recommendation on funding allocation	07/13/2016		07/13/2017

Board pre-meeting materials/packet

Other written or online reports

Operations and Accountability - Category 8: Financial Operations and Oversight

Standard 8.13

The department follows local governmental policies for document retention and destruction.

Guidance

- Each local government will have its own process; department provides documentation of the local procedures and able to show compliance.
- This Policy may be a stand-alone policy or may be part of a larger set of department policies.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the documentation provided.

Documentation Used:

Documentation retention and destruction policy

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
Record retention schedule		07/13/2016		Maintain

Other written or online reports

Operations and Accountability - Category 9: Data and Analysis

Standard 9.1

The department has a system or systems in place to track and report client demographics and services customers receive.

Guidance

- Some funders require their own systems be used; the department may or may not have a department-wide system in place. As long as all services and demographics are tracked, this standard would be met.
- The CSBG Information Survey data report already requires the reporting of client demographics. This standard does not require additional demographic data collection/reporting.

Organization Self-Assessment

- Met
Not Met

Reviewer Assessment

- Met
Not Met

Reviewer Notes:

This standard has been met with the documentation NPI's & CSBG IS

Documentation Used:

CSBG Information Survey data report

Data system documentation and/or direct observation

Other written or online reports

Reports as used by staff, leadership, board or cognizant funder

Operations and Accountability - Category 9: Data and Analysis

Standard 9.2

The department has a system or systems in place to track family, agency, and/or community outcomes.

Guidance

- Some funders require their own systems be used; the department may or may not have a department-wide system in place. As long as all outcomes are tracked, the standard would be met.
- This may or may not be the same system(s) as referenced in standard 9.1.

Organization Self-Assessment

- Met
- Not Met

Submitter Notes:

BCAA tracks outcomes using citydataservices.net

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

This standard has been met with the attached documentation.

Documentation Used:

Data system documentation and/or direct observation

Other written or online reports

Reports as used by staff, leadership, board or cognizant funder

<u>Document</u>	<u>Description</u>	<u>Document Date</u>	<u>Reference</u>	<u>Expires On</u>
BOSS Family Program		07/12/2016		Maintain
BOSS Payee program		07/12/2016		Maintain
BOSS Shelter Program		07/12/2016		Maintain

Operations and Accountability - Category 9: Data and Analysis

Standard 9.3

The department has presented to the tripartite board/advisory body for review or action, at least within the past 12 months, an analysis of the agency's outcomes and any operational or strategic program adjustments and improvements identified as necessary.

Guidance

- This standard could be met through board or staff discussions, as long as the analysis and discussion are documented.
- It is important to note that a department is likely to have multiple programs with varying program years. This standard addresses an annual review of department outcomes. Departments are likely to make operational and strategic program adjustments throughout the year, making a single point in time analysis less effective than ongoing performance management.
- The department can meet this standard by having an annual board discussion of agency outcomes, multiple conversations over the course of the year or other process the department deems appropriate as long as these discussions are reflected in the minutes, with any operational or program adjustments or improvements being noted.
- The department is not required to make adjustments in order to meet the standard, only to have conducted an analysis.

Organization Self-Assessment

Met

- Not Met

Reviewer Assessment

Met

- Not Met

Reviewer Notes:

Please provide a due date

Documentation Used:

Board minutes

Board pre-meeting materials/packet

Notes from staff analysis

Other outcome report

Other written or online reports

Strategic plan (including appendices)

Technical Assistance Plan:

<u>Item</u>	<u>Performace Deliverable</u>	<u>Deliverable Date</u>	<u>Person Responsible</u>	<u>Initial Review Date</u>	<u>Progress Review Date</u>	<u>Previous Actions</u>	<u>Status</u>	<u>Comments</u>
1	We are in a process of scheduling a strategic plan training with calcapa.org						Not Started 07/21/2016 16:57 PM	

Operations and Accountability - Category 9: Data and Analysis

Standard 9.4

The department submits its annual CSBG Information Survey data report and it reflects client demographics and CSBG-funded outcomes.

Guidance

- See State CSBG Lead Agency for specifics on submission process.
- The CSBG Information Survey data report already requires the reporting of client demographics and organization-wide outcomes. This standard does not require additional data collection or reporting.

Organization Self-Assessment

- Met
- Not Met

Reviewer Assessment

- Met
- Not Met

Reviewer Notes:

NPI's & CSBG IS

Documentation Used:

Backup documentation gathered agency-wide to support submission
CSBG Information Survey data report
Email or upload documentation reflecting submission
Other written or online reports



Community Health Commission

ACTION CALENDAR

July 19, 2016

To: Honorable Mayor and Members of the City Council

From: Community Health Commission

Submitted by: Neal Nathan, Chairperson, Community Health Commission

Subject: African American Holistic Resource Center in South Berkeley

RECOMMENDATION

The Community Health Commission (CHC) strongly recommends that the City of Berkeley take immediate action steps towards the development and support of an African American Holistic Resource Center in South Berkeley.

The primary objective of the African American/Black Holistic Resource Center is to serve as a prevention and intervention model to consistently reduce the racial health disparities in Berkeley. It is to progressively increase positive health and wellness outcomes among the populations most affected. The Center will responsibly address the alarming health status rates among African American citizens in the City of Berkeley by providing culturally responsive and community defined-practices that will increase positive health outcomes. Furthermore, the CHC urges the City Manager and the City Council to both endorse and direct The Department of Health, Housing, and Community Services in general, the Public Health and Mental Health Divisions in particular, to set the development of such a Center as an urgent priority (with guidance and oversight of the project from the AABPCN, BNAACP, PCAD, BLM and HBF).

The Health Equity Subcommittee of the CHC has developed the following recommended action steps:

1. The City of Berkeley to either fund the Public Health Division or send out an RFP to conduct a thorough feasibility study within the next fiscal year (2016-2017) to determine the potential cost of creating and operating the African American Holistic Resource Center.
 - a. This study will include collaboration with community stakeholders: African American/Black Professionals & Community Network (AABPCN), Berkeley NAACP, Black Lives Matter, Bay Area/Berkeley group, Parents of Children of African Descent (PCAD), Healthy Black Families, and Friends of the CHC.

2. Provide funding that will allow for a culturally responsive driven community needs assessment:
 - a. Collaborative effort to hold African American/Black community focus groups to gather community input into the design, layout of the resource center and services.
 - b. Include focus groups with front-line staff service providers within the HHCS Department.
3. Immediate action: The City Council and City Manager are to direct the Adeline Corridor planning project team to use cultural responsiveness to appropriately consider and address health equity concerns in every phase of planning and development. The Adeline Corridor plan is to include the social determinants of health into each phase of the plan and development.
4. The City Manager and the City Council is to immediately direct the Adeline Corridor Planning committee to partner with the Public Health and Mental Health Divisions and African American/Black community stakeholders. In addition to directing the Planning Department to incorporate the African American/Black Holistic Resource Center into the Adeline Corridor project plan, the plan should consider generous square footage space to build and incorporate a green facility to house the Center, which would include a community garden and a spacious community meeting space that will allow for the gathering of at least 200 people.
5. The City of Berkeley to provide, in part, a generously protected funding stream to contribute to the staffing, business startup, and maintenance of the African American/Black Holistic Resource Center. The City of Berkeley will take the lead in developing collaborative funding from Alameda County, Alta Bates/Summit Medical Center, Children's Hospital/UCSF Benioff Oakland, Kaiser Hospital, University of California at Berkeley, Adeline Corridor Planning, and other public and private organizations in order to support the Center financially.
6. Direct the Department of Health, Housing, and Community Services to incorporate into the department's program plans for the 2017-2018 fiscal year a number of dedicated persons to assist in staffing and/or provide technical assistance to the resource center.
7. Creation of a City of Berkeley African American/Black Community Advisory Council that evaluates health equity status and suggests interventions to improve the health equity status of African American/Black people in Berkeley led by and comprised of 80% African American/Black members.

SUMMARY

Health inequities have impacted the City of Berkeley over a protracted number of years, with little positive change over the past two decades. The African American/Black Holistic Resource Center will create a much needed paradigm shift in the delivery of health and behavioral health services. Finally, the Center will serve as a free to low cost communal meeting space for Black residents and local groups.

FISCAL IMPACTS OF RECOMMENDATION

A substantial investment into culturally appropriate services will prove to be successful in reducing health disparities and improving positive health outcomes. The African American Community Service Agency in San Jose that deals with the health/mental and emotional development of the community is an example of such efforts. Anticipated costs (with a possible initial cost of \$20,000): feasibility study, focus groups, initial startup needs, City staff time (including data collection costs), administrative expenditures, daily operations and maintenance expenditures, supplies, electronic systems costs, and salaries. Additionally, private-public partnerships may provide funding for the feasibility study and operation costs, and/or the Adeline Corridor planning project may provide funding to absorb the costs of the feasibility study if the center is housed within the Adeline Corridor. Furthermore, research shows that the impact of health and behavioral health outcomes that are delivered in a culturally responsive manner will improve health outcomes and substantially reduce the costs of medical attention, for more serious health and mental health conditions, thereby reducing health and mental health cost to the city over time. Thus, the total costs of such a program and services should both be reasonable and justified, as the African American Community Service Agency in San Jose has been realized and sustained via private-public partnerships, which will form in Berkeley as well.

At the regularly scheduled meeting of the Community Health Commission (CHC) on March 24, 2016, the Commission took the following action:

1. M/S/C (Nathan/Stein) Motion to approve recommendation to City Council for African American Holistic Resource Center as amended, and as further amended by Commissioners Kwanele, Nathan, and Stein.

Ayes: Commissioners Chen, Engelman, Kwanele, Namkung, Nathan, Speich, Stein, and M. Wong

Noes: None

Abstain: None

Absent: Commissioners Franklin, Shaw, and A. Wong

Excused: Commissioners Rosales, Smith, and Wertman

Motion passed.

The CHC made further edits to the Council report, and at the regularly scheduled meeting of the Community Health Commission (CHC) on The April 28, 2016, the Commission took the following action:

2. M/S/C (Kwanele/Nathan) Motion to approve edited and revised recommendation to City Council for African American Holistic Resource Center.

Ayes: Commissioners Engelman, Franklin, Kwanele, Lopez, Nathan, Shaw, Speich, Wertman, and Wong

Noes: None

Abstain: None

Absent: Commissioner Rosales

Excused: Commissioners Chen, Namkung, and Stein

Motion passed.

CURRENT SITUATION AND ITS EFFECTS

The Public Health Division within HHCS Department identifies health inequities as a priority. According to the 2013 Health Status report states that in Berkeley, "The death rate for African American men is over twice that of men overall. The death rate for African American women similarly is nearly double that of women overall. African American men stand out as having the highest death rate of all racial/ethnic and gender groups. These vast differences in death rates are the result of differences in health status as seen throughout this report; these are health inequities" (*The City of Berkeley 2013 Health Status Report, pp. 113*). The report further explains that African Americans die much younger than any other racial or ethnic group in Berkeley. The health outcomes for African Americans in Berkeley continue to be staggering and a cause for alarm.

BACKGROUND

The following table from the 2013 Berkeley Health Status report demonstrates health inequities:

HEALTH INEQUITIES IN BERKELEY

Berkeley's health inequities disproportionately affect African American residents in South and West Berkeley neighborhoods. These health inequities are evident at every stage of life.

Compared to a White resident, an African American living in Berkeley is:

Demographics	Pregnancy & Birth	Child & Adolescent Health	Adult Health	Mortality
3 times less likely to have a college degree	20 times more likely to be a teen parent	7 times more likely to live in poverty	4 times more likely to have been diagnosed with diabetes and 14 times more likely to be hospitalized for diabetes	2 times more likely to die in a given year from any condition
2 times more likely to live in poverty	2.5 times more likely to be born too small	9 times more likely to be hospitalized for asthma (<5 years old)	12 times more likely to be hospitalized due to hypertensive heart disease	2.5 times more likely to die of cardiovascular disease

The 1998 Health Status Report identifies, among many issues, “Ambulatory Care Sensitive Conditions are defined group of medical illnesses which hospitalization can be prevented through timely and adequate primary care services. It is a measure of access to primary care”. In this 1998 report in the ambulatory Care Services section, it identifies “Blacks accounted for 60% of all asthma hospitalizations in Berkeley among children 0 to 19 years of age, followed by Whites with 2.1% (*City of Berkeley 1998 Health Status Report, pp. 74*).

The 1999 City of Berkeley Health Status Report informs “The Health Status Report shows that overall Berkeley is a healthy community...However, health status is impacted by the significant economic, educational, social and racial disparities that exist within the City”. It further explains that “African Americans have the highest mortality rate unadjusted for age of all race/ethnicities” (*City of Berkeley 1999, Health Status Report Executive Summary, pp. 1*). The 1999 report continues to identify racial health disparities among African Americans in almost every subcategory of the report, some much more significant than others.

The City of Berkeley 2001 Health Status report in its introduction informs, “Our report also revealed a disparity in mortality for Berkeley residents based on race. African Americans in Berkeley have shorter life spans in general than do Whites in Berkeley. Our health data shows that African Americans in Berkeley have significantly higher premature death rates for preventable or manageable diseases such as hypertension, stroke and diabetes” (*City of Berkeley Health Status Report, 2001, pp. 5*). The report continues on to state that the Department of Public Health worked for three years to understand and pinpoint the disparities. The Department at that time introduced new programs to address the problem such as the Community Action Team (CAT) and the Black Infant Health program, among other programs, with a goal to close the health equity gap in Berkeley. After implementation of such programs, the Public Health Department began to notice some, albeit small, but positive changes in birth rate.

The 2002 Health Status Report credits the Black Infant Health Program for changes and states that “For all births (normal and low birth weight) in the period 1990-1992, African American mothers were 4.5 times more likely to receive untimely prenatal care as compared to Whites. During the last three years (1999-2001), this disparity gap has decreased significantly so that African American mothers are now 2.5 times more likely to receive untimely prenatal care as compared to Whites” (*The City of 2002 Berkeley Health Status Report, pp.20*).

In the next couple of years to follow, the Public Health Department began the process of slowly moving the needle in reducing the daunting racial health disparities numbers in Berkeley. By 2007, The City of Berkeley Health Status report identified Race and Racism as a social determinant of health among other categories. As with the reports in prior years, African Americans in Berkeley (and Nationwide) continued to have significantly larger concerns concerning poor health outcomes.

The 2007 reports states, “Our ability to eliminate health inequities requires that we address the upstream determinants of health. If we truly wish to improve the health of our community, the Public Health Division must work closely together with Berkeley’s residents, schools, community based organizations, policymakers, and many other agencies to achieve greater social justice and a healthier environment for all” (*The City of Berkeley Health Status Report, 2007, Section I: Social Determinants Of Health & Health Inequities, pp. 2*).

By 2013, although the health equity gap in the City of Berkeley has narrowed in some areas, the numbers continue to be sobering and cause for alarm. The steps to address this problem must be aggressive, multi-systemic, multi-dimensional, culturally responsive interventions to address the social determinants of health, community involved, African American/Black culturally specific and centered. The AABPCN authored a document, [A Community Approach for African American/Black Culturally Congruent Services](#), April 2011, which was given to members of the City Council and the prior City Manager in 2011. The report cited several areas of concern within the

City, including concerns about the health and mental health status of African Americans in Berkeley.

The report offered pragmatic solutions to each identified problem, and offered the suggestion that the City of Berkeley should build an African American/Black Resource Center. The AABPCN reports states the following: "The vision for the African American/Black Resource Center is that it would be developed to have office space for various organizations to serve the community. Services would include, but not be limited to community support, career development, legal services, housing assistance, mental health treatment, educational support, nutritional support, and a meeting space that can be divided up when necessary to make smaller meeting spaces, or opened up for large community events. The building would be a modern green building that is environmentally friendly and located in South Berkeley" (*A Community Approach for African American/Black Culturally Congruent Services, AABPCN report April 2011, pp. 23*).

Later, in July 2013, the NAACP, Berkeley Chapter co-sponsored a Community Town hall meeting at the South Berkeley Library where over 150 participants partook in the event. Among the serious topic discussions, the health inequities within the City were identified as a crisis which needed immediate attention. Fast-forwarding to 2016, the racial health inequities in the City of Berkeley continue to be alarming, and continue to require immediate attention.

ENVIRONMENTAL SUSTAINABILITY

The community garden may contribute positivity to the landscape of South Berkeley and may serve as a small sustainable food supply. Possible impacts observed may be increased auto, foot, and/or bicycle traffic in an around the area of the Center. Visible Recycling and refuse receptacles may minimize possible waste resulting from the increased human traffic flow.

RATIONALE FOR RECOMMENDATION

Over the past 2.5 decades the health status rates of African American residents in the City of Berkeley has been horrendous, especially when it is compared to the White population in Berkeley. Many Cities and Counties have taken strong bold successful steps to understand and address the social determinants of health and mental health and see positive outcomes for their residents. Finding a resolution to the City of Berkeley's racial health equity problem will benefit the entire City, and create healthier citizens with increased positive outcomes. An African American/Black Holistic Resource Center will be a stabilizing force in the African American/Black community in South Berkeley. It would increase Community empowerment, support and involvement. Furthermore, culturally congruent services that are provided to African Americans/Blacks and other marginalized people in a respectful and welcoming manner will net great benefits to all parties.

ALTERNATIVE ACTIONS CONSIDERED

- 1 Add culturally congruent health services to existing Department of Health Services and Public Health Division services along with the creation of a City of Berkeley African American/Black Community Advisory Council that evaluates health equity status and suggests interventions to improve the health equity status of African American/Black people in Berkeley led by and comprised of **80%** African American/Black members.
- 2 Partner with Alameda County Public Health Department to develop and provide culturally congruent, responsive services to the African American Community in the City of Berkeley to be delivered with Cultural Humility.

CITY MANAGER

See City Manager companion report.

CONTACT PERSON

Tanya Bustamante, Commission Secretary, HHCS, (510) 981-5324

Attachments:

1: 2013 Health Status Summary Report

2: AABPCN Report: A Community Approach for African American/Black Culturally Congruent Services, April 2011

Proposed Action Calendar, July 2016

To: Honorable Mayor and Members of the City Council
From: Chairman Sood, HWCAC
Submitted by: Chairman Sood HWCAC

Recommendations

Direct the City Manager to prepare a resolution directing the City of Berkeley to develop a program that is aimed categorically at eradicating and preventing homelessness in the City. The program thus developed must have permanent and unconditional housing at its core. As mandated by the United Nations Charter of Human Rights, all categories of homeless people residing in the City must be housed without prioritizing one group over the other. Additionally the City is to strengthen all existing safety nets intended to avert homelessness.

Rationale for Recommendations

HUD puts the annual cost of caring for the homeless at between \$30,000 and \$50,000 per person. Housing costs a lot less.

There are various root causes of homelessness, be it fleeting or chronic. Regardless of the root cause however, the most rational, efficacious and cost effective solution is permanent, unconditional housing coupled with the appropriate management regimen.

Ours is a generous, tolerant City, but there is nothing kind about condoning homelessness; watching people defecating on themselves or sleeping in the streets, parks and underpasses. The effects of homelessness are not limited, as it is often assumed, on the homeless alone. As a fellow Commissioner once said, “It affects us all” albeit in a variety of ways.

Stubborn and ubiquitous, homelessness can be hard to uproot once it plants itself. This is why it has become one of today’s most puzzling problems. What is perhaps even more challenging is the manner in which this misfortune polarizes communities, dissipating even the most creative ones of the energy necessary to bring about permanent solutions. Yet, all around the globe and indeed in the US, the notion that homelessness is inevitable or impossible to eradicate has been proven invalid—to the surprise of many who previously viewed homelessness as a permanent feature of urban life.

In spite of good intentions and the arduous labor of many citizens, Berkeley’s \$3 million annual spending on temporary shelters and other programs has failed to deliver the desired or commensurate results. Many explanations have been given for the failure, but neither the explanations nor the ensuing recommendations have produced the desirable results particularly for the homeless. Recently, in response to the City’s own finding, namely, that “...Berkeley homeless services have not been as well coordinated as hoped for, resulting in a frustrating experience for clients and a poor use of limited resources”, the City Council approved funding

for a new Centralized Entry. As Councilmember Kriss Worthington noted however, many of the services currently available to the homeless would be more effective if “personalized” and delivered to the recipients in a home setting.

Although the causes have always been multifarious, homelessness is not a new phenomenon in the annals of urban living. As in history, our responses to homelessness in Berkeley today have largely been based on two mindsets: 1) Belief that the problem will go away naturally. 2) Applying series of bandages on the wound as needed and as best as possible--temporary shelters, soup kitchens, rapid re-housing, continuum of care to cite just a few.

Yet there is a 3rd way: The common sense, less expense and proven way--permanent housing. Ironically many of us believe in this third way, but politics, logistics as well as other immediate, often-cited apparent impediments get in the way, and we quickly or quietly revert to the aforementioned ways even as the problem enlarges and festers to points where we begin to believe and declare openly that homelessness is irreversible. There is something to be said for self-fulfilling prophecies. Undoubtedly part of what makes homelessness seem intractable or interminable is the false, but prevailing notion that it is impossible for everyone to be housed. This notion, once embraced and unquestioned, naturally leads to the neglect or abandonment of the proverbial stitch in time.

We have all heard the success story of Salt Lake City and its state, Utah. Yet, Utah was not always a believer in housing as a solution. As a conservative, Lloyd Pendleton, who led the Housing First experiment in Utah, didn't think the government should simply give people a place to live. As Pendleton once admitted, “Because I was raised as a cowboy in the west desert, ... I have said over the years, 'You lazy bums... get a job, pull yourself up by the bootstraps.’” But he changed his mind only after learning about the Housing First model in 2003 at a conference on homelessness led by the founder of the Housing First philosophy, Sam Tsemberis. There Pendleton learnt that chronically homeless people cost the government a lot of money when they're living on the street, due principally to services like emergency room visits and jail time.

Embracing a priori the notion of permanent housing as the main goal worth pursuing might just be the necessary path to the eradication of homelessness for once we accept this notion, it becomes self-evident that there is nothing inevitable about homelessness. What follows is the hard, but not insurmountable task of creating permanent housing for all categories of the homeless people in our City. To begin with, many of the current temporary centers could be reasonably converted to permanent lodgings.

In prioritizing our resources, we will be on par with HUD and we will find many allies. The US Interagency Council on Homelessness (USICH) is coordinating the federal government's work to end homelessness by 2020. Dr. Robert Ratner, a medical doctor and an MPH, is currently coordinating HUD's efforts in Alameda County, and working on a 2020 date for Alameda County to rid itself of homelessness. A firm believer in housing, Dr. Robert noted in a 2008 address, “Housing Options and Programs in Alameda County” that he went into housing because he saw himself “as a housing doctor.” He wished he could “write a prescription that says, ‘Here's a safe place to live and get the support you need’.”

Berkeley must come to terms with the fact that ultimately the victims of homelessness and the disastrous circumstances it creates are not only the homeless, but we as a community. It is incumbent upon us therefore to take on the hard and honest task of pursuing permanent solutions rather than seeking better ways to perfect temporary solutions. Luckily the globe provides us with ample examples of cities where homelessness does not exist as well as those where its existence is in jeopardy.

Finally, as housing becomes available and accessible, street living or encampments in streets, parks and other public spaces will make no sense, and as such, will become socially unacceptable and perhaps indeed unlawful.

The long list of Berkeley's homeless advocates, experts and programs—justifiable as they may seem--also may have produced the unintended consequences of lengthening and thickening the observable tedious bureaucracy as well as increasing expenditure. Perhaps the biggest danger is that an industrial complex has now grown bringing with it all manners of distraction and duplication, dissipating resources and stealing time while the problem festers. This is a recipe for frustration, cynicism and even pessimism, leading some of us, indeed lawmakers to--and I have heard one--conclude categorically that “eradicating homelessness is impossible”. Yet we know of cities that have successfully brought an end to homelessness, or are on their way to doing so.

Fiscal Impacts

HUD puts annual cost caring for a homeless person at [between \\$30,000 and \\$50,000 per person](#). Housing them simply costs a lot less.

Given the current state of homelessness vis-à-vis the City's expenditures and human efforts, it is improbable that permanent housing would be more expensive for the City in the long run.

Currently Berkeley spends about \$3 million on homelessness. This sum does not include the City's costs of police interventions, emergency room, encampment clean-ups by the Parks & Rec department and attorneys' fees. Encampment clean-ups, fencing and other incidentals cost Berkeley approximately \$550,000.

Following the outlaw of those ubiquitous loaded shopping carts on Berkeley's pavements, the Council has approved about \$200,000 to provide storage for the articles of the homeless. Arguably, the countless hours expended on recurring homeless issues are also hours that could be better spent on other urgent City matters, or given as vacation to our workers and law makers.

Based on the experience of other cities where permanent housing has been adopted to combat chronic homelessness, diverting aforementioned funds to provide permanent accommodations for the homeless can only save the city money.

Current situation and Its Effects

Playing whack-a-mole...

The effects of homelessness are not limited, as it is often assumed, on the homeless alone. It affects us all in a variety of ways.

A *Berkeleyside* commentator summarized it neatly: “This is a regional problem. If we continue to address it city by city we will just be playing whack a mole and solving nothing. Many of these people are mentally and/or physically disabled and have substance abuse issues. There is little work for them beyond the salvage that they engage in and very little affordable housing. Making their lives illegal does not make them go away. It just adds to their suffering and degrades our community.”

Often and rightly viewed as generous and welcoming, Berkeley boasts one of the highest resources and inventory of homeless services in Alameda County--if not in Northern California. Berkeley is host to the majority of Contra Costa County’s homeless people and others who are said to prefer the City’s inviting climate. We spend approximately \$3million annually on programs, projects and physical spaces to accommodate the homeless. This does not include the costs of emergency responses by the police, emergency room care and Park & Recreation Department’s clean-ups, to cite a few incidentals or contingencies.

In February 2016, the Allston Post Office encampment was removed, and its residents dispersed. About four months later in June 2016 there was another raid on the homeless encampment on Gilman/I80 overpass. According to an official statement to *Berkeleyside*, “It was the largest, most coordinated effort he could recall to clean up the area. Problems had gotten so bad..[that] it required a large-scale response. ...Homeless residents were cooperative, piling up items they said could be removed, and taking other items to a different sidewalk location so crews could do their work.”

Two years earlier, in June 2014 there was a raid and clean-up at the Gilman/I80 overpass, and in a statement to *The Daily Planet* an official said: "Over the past few months the conditions at the Gilman underpass have gotten worse and there have been particular concerns about the amount of garbage debris and other refuse that was creating a haven for rodents... So out of concern for those conditions and for safety, staff went in today and cleaned up all the garbage and refuse and debris." As on previous occasions, the area’s residents voiced their relief, and one parent described the anxiety she and others had experienced: “Our children were afraid to come out and play...”

A few days later (June 2014), and in what has become an ongoing operation, the City conducted another clean-up along the tracks and camps on Second Street between Cedar and Camellia.

All these efforts cost untold human pains as obscene and endless expenditures. Yet the population grows and remains underserved as evident during the particularly harsh winter season of 2015 when many homeless people were unsheltered. According to a recent head count by EveryOne Home, “There were an estimated 834 people homeless in Berkeley as of January 2015,

showing a 23% increase over 2009. Of those, 266 were in shelters or transitional housing, and 568 were unsheltered..., a 53% increase over 2009.” Guy Lee, an advocate for the homeless and a candidate for mayor of Berkeley, said that the city’s current approach is charity-based, which helps individuals in the short term but does little to solve problems in the long term.

Perhaps even more challenging to reconcile is the long-term effect or outcome of the care and services that cost the City millions of dollars annually. Many observers-- lawmakers and a study conducted by the City in 2014 among them--have blamed some of the failures on poor coordination between agencies, committees and service providers. To address this failure, new, flavor-of-the-day modifications and agencies typically emerge as corrective measures.

One of the most damaging effects of all these is cynicism and inability to see workable solutions even where they are obvious and feasible. Additional and indeed more worrisome is the risk that the longer we live with the current situation, the more likely that we could eventually develop a culture whereby our descendants view homelessness and the conditions that produce it as inevitable and acceptable.

Background

“The significant problems we have cannot be solved at the same level of thinking with which we created them.” Albert Einstein

In most human communities, homelessness, whenever it occurs, is expected to be a passing phase, and the afflicted a small number, not a growing population. This belief often leads, justifiably, to the creation of temporary measures—shelters and soup kitchens. Today, unfortunately these temporary measures have become permanent features of a typical town. In this Berkeley is not unique.

What is perhaps unique is that for its size and resources, the City spends an inordinate amount of time and money on homelessness. It also shoulders a large burden in comparison to the neighboring towns in Alameda and Contra Costa counties, offering a disproportional number of facilities and agencies to cater to the homeless.

Ubiquitous and diverse as they now are, these solutions have proven inadequate, and many of them might actually have created unintended outcomes, among which is a lack of coordination among homeless services, which in turn prevents the city from allocating its resources effectively. There is no valid reason to hope that creating yet another arrangement to mitigate the coordination dilemma, well-intentioned though that may be, would not end up in creating yet another expense and layer of bureaucracy.

Those who believe in permanent housing tend to be discouraged by what is often touted as lack of land and other real estate resources; yet, there have been, according to an August 2015 news report, 20 projects set to produce up to 1500 housing units. Rather than allocate some of these units to the needy, qualified homeless or low income people, the developers are allowed to pay a fee to the trust fund for the city to spend on the care of the homeless and the low income earners.

We have seen the result of this arrangement, and it is high time we considered a serious set of alternative solutions all centered on permanent housing.

Sustainability

Permanent housing: “It’s ultimately a lot cheaper and more effective than chasing people around from one encampment to another.” A *Berkeleyside* commentator.

Based on the anecdotes discernible from cities Salt Lake City, Utah, for example, housing is not only human but more economical. In 2005, Utah figured out that the annual cost of E.R. visits and jail stays for a homeless person was about \$16,670 per person, compared to \$11,000 to provide each homeless person with an apartment and a social worker. So, the state of Utah launched Housing First, and began giving away apartments, with no strings attached. Each participant in Housing First program also gets a caseworker and other services deemed necessary to help them become self-sufficient, but they keep the apartment even if they fail. Clients do have to pay some rent — either 30 percent of income or up to \$50 a month, whichever is greater. Still Salt Lake City and the state of Utah as a whole have continued to save money while reducing (according to Kelley McEvers of NPR’s report,) chronic homelessness by 91% as of 2015...”

If Salt Lake City--a city in an ultra-conservative state--can adopt this unequivocally progressive solution to its own advantage, Berkeley and do better, and in the process, profit economically and simultaneous enhance its image.

Ideas for stemming and preventing homelessness on multiple fronts and making permanent housing both practical and viable:

- Demand units not fees from the developers and such units should be allocated judiciously among those who are capable of independent living.
- Change the current height ordinance to allow developers to add one or two more levels where heights do not constitute any egregious dynamics to the City’s outlook or aesthetics.
- Elicit the participation of neighboring towns in search for properties/vacant lots to hostels
- Where possible, convert current temporary shelters to a variety of houses--apartment units for those capable of living by themselves; cohousing, hostels a la retirement homes for those who need support.
- Expand the City’s current single family rent control exemption ordinance to 2 or 3 units, and eliminate some of the rent control draconian laws that discourage even single family owners from renting. (There are currently too many empty homes for a city in dire need of rentals)
- Instead of a cluster of tiny houses, incentivize private citizens to build more golden units and tiny houses on their properties. In addition to the recently approved accessory building ordinance, provide low or interest free loans to home owners who commit to renting to qualified tenants
- Develop a County initiative to help owners who rent to underprivileged and core persons receive reduced property tax bills
- Develop a City/County based program to offer subsidies to the landlords who rent to tenants whose vouchers are below fair market value
- Expand the current relationship with YMCA to produce more permanent housing units

Funding & Sources

- Grants and philanthropy: Silicon Valley, Exxon ...
- Investors/foundations: Fixed % profit?
- Government and developers: For hostels and Scattered-site Apartments throughout Alameda and Contra Costa