



## Human Welfare and Community Action Commission

### AGENDA

Wednesday, June 21, 2023  
6:30 PM

**PUBLIC ADVISORY: THIS MEETING WILL BE AVAILABLE TO ATTEND AT TWO DIFFERENT LOCATIONS.**

#### **MEETING LOCATION #1**

Frances Albrier Community Center  
2800 Park Street  
Berkeley, CA 94702

#### **MEETING LOCATION #2**

1447 Kains Avenue  
Berkeley, CA 94702

#### **Preliminary Matters**

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

#### **Update/Action Items**

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

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

4. Review and approve the Community Action Plan Public Hearing and Approval of the 2024-25 Draft Community Services Block Grant Community Action Plan and Needs Assessment (Attachment A)
5. Approve minutes from the 4/19/2023 Regular Meeting (Attachment B) – All
6. Election of Low-Income Representatives
7. HWCAC Commission Seats Vacancies (Attachment C)– Chair and Staff
8. HWCAC Strategic Plan Update– Staff
9. Review City of Berkeley funded agency Program and Financial reports (Attachment D) — Staff
  - a. J-Sei program and financial reports

#### **Other Discussion Items**

10. Discussion and possible action on supporting the Commission on Aging’s communication regarding the Hopkins Corridor Reimagining (Attachment E) – Commissioner Behm-Steinberg
11. Discussion and possible action regarding appointments to the HWCAC (Attachment F) – Commissioner Behm-Steinberg
12. Discussion and possible action on holding hybrid commission meetings (Attachment G) – Commissioner Behm-Steinberg
13. Review latest City Council meeting agenda
14. Announcements
15. Future Agenda Items

## **Adjournment**

### **Attachments**

- A. 2024-25 Draft Community Services Block Grant Community Action Plan and Needs Assessment
- B. Draft Minutes of the 4/19/2023 Meeting
- C. Letter from David Knight of the California Community Action Partnership Association
- D. Program and financial reports from J-Sei
- E. Letter of Support for the Commission on Aging’s communication regarding the Hopkins Corridor Reimagining
- F. Draft Council item regarding appointments to the HWCAC
- G. Draft Council item supporting hybrid commission meetings

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 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. **Please refrain from wearing scented products to this meeting.**

**Secretary:**

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

**Mailing Address:**

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

# COMMUNITY NEEDS ASSESSMENT

## Community Needs Assessment Background and Data Collection Method

The Berkeley Community Action Agency's (BCAA) Community Needs Assessment is informed by the City of Berkeley Public Health Division data and reports, the City of Berkeley HOME Investment Partnerships American Rescue Plan Program (HOME-ARP) Allocation Plan community consultations and public hearings, City of Berkeley community agency program data, the 2022 Alameda County Point-in-Time (PIT) Count of individuals, youth, and families experiencing homelessness, and the City of Berkeley 2023-2031 Housing Element Update.

During the last community agency request for proposal (RFP) cycle, the City received proposals for health-related programs, including geriatric primary care health services; access to delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents; and supportive services and housing to the chronically homeless population in Berkeley, most of whom have active mental health and substance use issues, as well as poor physical health. Since those community agency contracts were awarded, agencies have submitted regular program reports detailing demographic data and client service outcomes. This data allows the City to track the highest need demographic communities and areas, and guides the contract allocation decisions in the next funding cycle.

The City of Berkeley's 2023-2031 Housing Element Update provided information specific to housing insecurity, including homelessness and other key demographic data related to income levels and housing. Additionally, the Housing Element process included an extremely robust community engagement and stakeholder process,

**City of Berkeley Community Action Plan, 2023****Appendix A**

including interviews with housing advocacy groups, community organizations, organizations representing special needs, education institutions, and both affordable and market-rate housing developers.

The City of Berkeley is a recipient of HOME-ARP HUD funds, which are used to support programs that reduce homelessness and increase housing stability. This funding requires a Citizen Participation Process, and Berkeley accomplished this through an online survey sent to 29 different agencies and service providers whose clientele include the HOME-ARP qualifying populations to identify unmet needs and gaps in housing or service delivery systems, and to determine potential areas of collaboration. Because the HOME-ARP qualifying populations intersect directly with the CSBG-eligible populations, the HOME-ARP public participation activities and public hearing provide another avenue for the community to inform the City of its priorities and highest-need areas.

The 2022 Point In Time Count Unsheltered & Sheltered Report for Berkeley provides comprehensive counts of people experiencing homelessness in order to measure the prevalence of homelessness in each local community. This report specifically provided key data on the intersection of homelessness, race, ethnicity, gender identity, and age.

## Key Findings

### Health Inequities in Berkeley

Residents of Berkeley generally enjoy high levels of health, education, employment and income, and yet a significant portion of Berkeley residents are living in poverty. The Berkeley poverty rate is approximately 18%, which is double that of Alameda County (9%). There are multiple intersectional challenges for individuals living in poverty in Berkeley, which include health inequities related to disability, race, housing, and age.

### City of Berkeley Demographics

	City of Berkeley	Alameda County	California
<b>Age</b>			
Under 5 years	5.7%	5.38%	5.8%
5 to 17 years	9%	14.5%	16.18%
18 to 64 years	70%	64.33%	61.88%
65 years and over	15.3%	15.79%	16.15%
<b>Race</b>			
White	57.5%	29.48%	39.59%
African American	7.5%	9.72%	5.64%
American Indian	0.7%	1.22%	1.69%
Asian	20.5%	33.97%	15.64%
Pacific Islander	0.4%	.80%	0.4%
Other Race	0.9%	13.77%	22.02%
Two or more races	8.7%	11.03%	15.03%
<b>Ethnicity</b>			
Hispanic/Latino	13.69%	23.72%	40.91%
Non-Hispanic/Latino	86.31%	76.28%	59.09%
<b>People with Disabilities (under 65 years)</b>	6.7%	5.7%	6.8%
<b>People Without Health Insurance</b>	3.8%	4.9%	8.1%

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Berkeley residents over the age of 75 comprise 47% of disabled Berkeley residents, with 37% of individuals over 75 experiencing ambulatory difficulty (ACS, 2021). Seniors ages 65 to 74 are the fastest growing age group in the Berkeley, and now comprise 9.2% of the population, compared to 6.5% in 2010<sup>1</sup>. Additionally, the percentage of Berkeley residents who are African American are three times more likely to have a disability than White residents (ACS, 2021).

Below is an overview of resident health across ages and demographics.

Sociodemographic Characteristics & Social Determinants of Health	Pregnancy & Birth	Child & Adolescent Health	Adult Health	Life Expectancy & Mortality
Families headed by a White householder earn 3.4 times more than African American families, 1.9 times more than Latino families, and 1.4 times more than Asian families.	The risk of an African American mother having a LBW baby is 2.5 times higher than the risk for White mothers.	African American children (under 18) are 7 times more likely, Latino children are 5 times more likely, and Asian children are 2 times more likely than White children to live in poverty.	African Americans are 3 times more likely than Whites to be hospitalized due to coronary heart disease.	African Americans are 2.3 times more likely to die in a given year from any condition compared to Whites.
The proportion of families living in poverty is 8 times higher among African American families, 5 times higher among Latin families and 3 times higher among Asian families, compared to White families.	The risk of an African American mother having a premature baby is 2 times higher than the risk for White mothers.	African American high school students are 1.4 times more likely than White students to drop out of high school.	African Americans are 34 times more likely than Whites to be hospitalized due to hypertension.	African Americans are 2.0 times more likely than Whites to die of cardiovascular disease.
African Americans are 2.8 times less likely, Latinos are 1.6 times less likely and Asian children are 1.1 times less likely than Whites to have a bachelor's degree or higher.	The teen birth rate among African Americans is 9 times higher, and among Latinas is 3 times higher than the rate among White teens.	The asthma hospitalization rates for children under 5 for African American children is 10 times higher, and for Latino children is 2.8 times higher than the rate among White children.	African American women are 1.5 times more likely than Whites to be diagnosed with breast cancer.	African Americans are 1.8 times more likely than Whites to die of cancer.

Source: 2018 City of Berkeley Health Status Report<sup>2</sup>

<sup>1</sup> City of Berkeley. *City of Berkeley 2023-2031 Housing Element Update*. Revised Draft, October 17, 2022. Pg. 24.

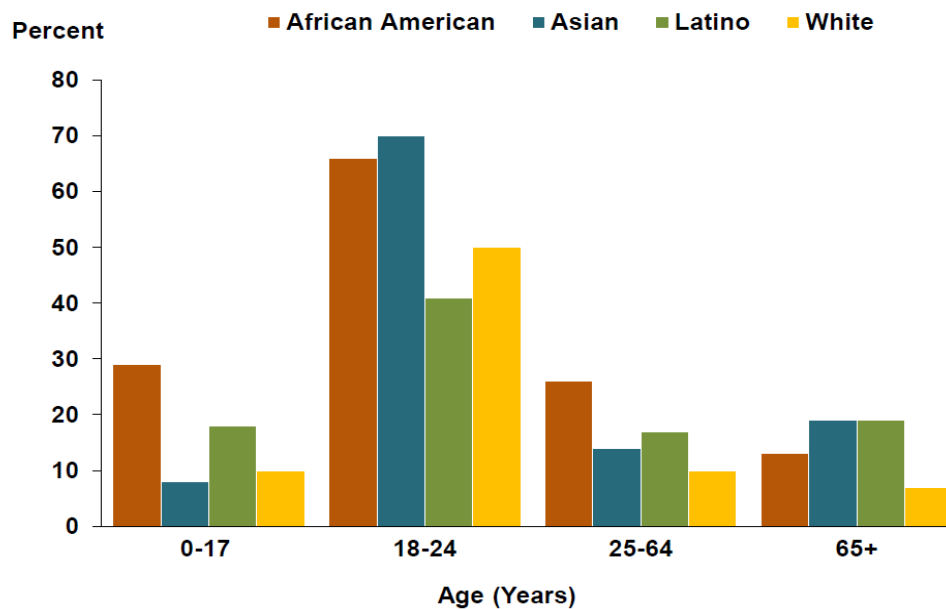
<sup>2</sup> City of Berkeley. City of Berkeley Public Health Division. *City of Berkeley Health Status Report 2018*. By Lisa B. Hernandez, José A. Ducos, Alvan Quamina, and Rebecca L. Fisher. Berkeley, CA: City of Berkeley Public Health Division, 94704. 1-136.

## Income and Poverty

The median household income in Berkeley was \$95,360 in 2019, according to the American Community Survey. Based on HUD’s income definitions, about 42% of Berkeley’s households are considered lower income<sup>3</sup>.

Poverty rates vary drastically by race and ethnicity. Compared to White families, the proportion of families living in poverty is 8 times higher among African American families, 5 times higher among Latino families and 3 times higher among Asian families.<sup>4</sup> While African Americans make up only 7.5% of Berkeley’s population, they represent 57% of Berkeley’s homeless population (ACS, 2021).

**Percent of Population Below the Federal Poverty Level by Age and Race/Ethnicity, Berkeley, 2011-2015**



Source: City of Berkeley Public Health Division, Epidemiology & Vital Statistics; U.S. Census, ACS 2011-2015

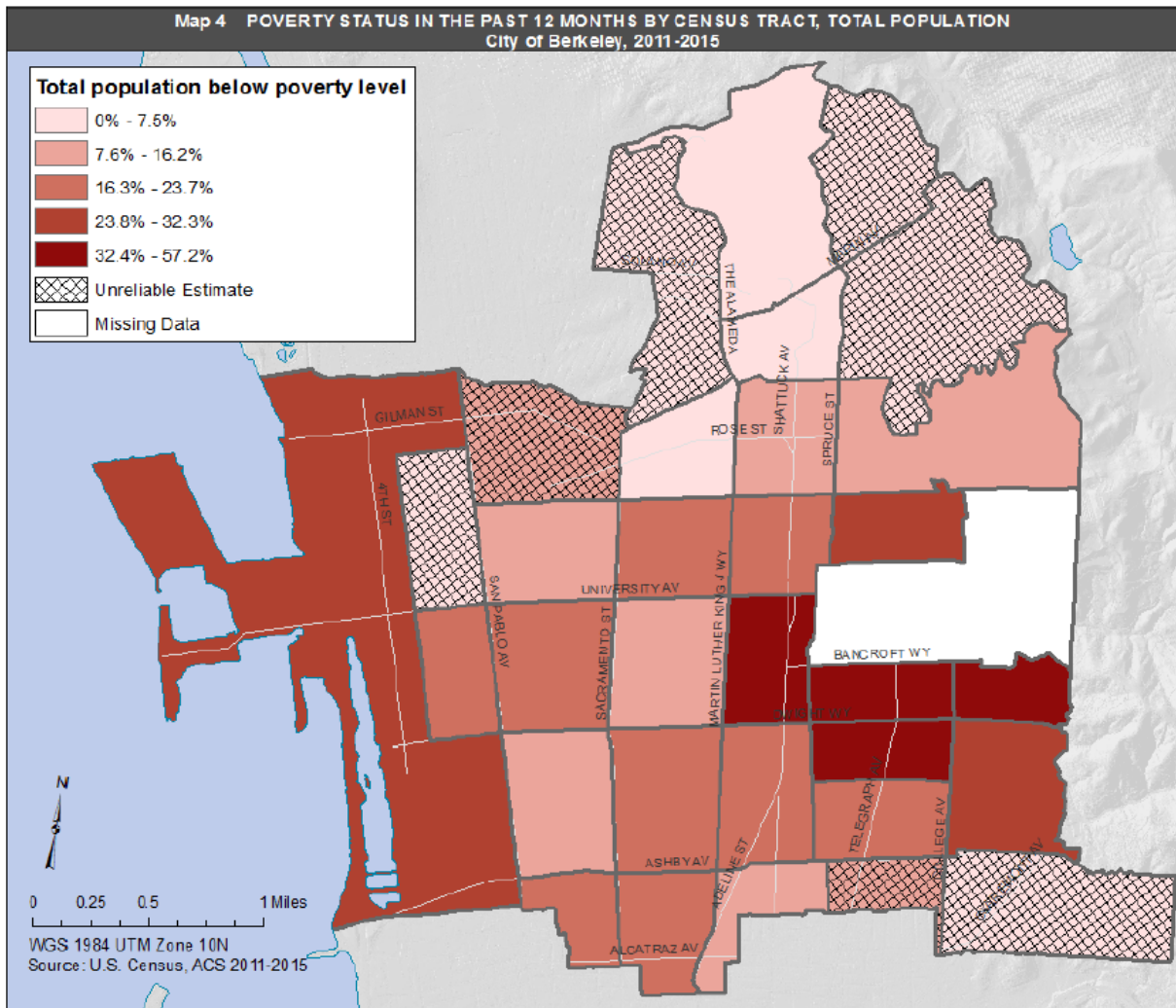
<sup>3</sup> City of Berkeley 2023-2031 Housing Element Update, pg. 24.

<sup>4</sup> City of Berkeley Health Status Report 2018, pg. 11.



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Poverty status is also unequally distributed by geographic areas in Berkeley. This distribution also corresponds with areas with high concentrations of African Americans and Latinos. Except for census tracts predominantly populated by students around the University Campus, census tracts in South and West Berkeley show the highest rates of poverty in Berkeley.<sup>5</sup>



Source: 2018 City of Berkeley Health Status Report<sup>6</sup>

<sup>5</sup> City of Berkeley Health Status Report 2018, pg. 12.

<sup>6</sup> City of Berkeley Health Status Report 2018, pg. 9.

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At the individual level, about 18% of all Berkeley residents live below the federal poverty level, which is strongly influenced by the large university student population in Berkeley. The Asian population has the highest rate of individual poverty, reflecting the large Asian student population. Although college students commonly have very low income during their limited student years, they are less likely to live in poverty throughout their adult lives than those who do not attend college. Poverty rates also vary by age. The proportion of individuals living in poverty is highest among those 18–24 years old, and the rates are lowest among those 0–17 and those 65 and older. For African Americans over the age of 65, the poverty rates decrease substantially compared to those age 64 and under.<sup>7</sup>

## Community Health

The City of Berkeley has a Public Health Division that is made up of public health nurses, community outreach workers, health educators, health care providers, and other public health professionals. Berkeley is one of only three cities in the State of California with the distinction of being its own health jurisdiction, while most health jurisdictions are the responsibility of the county. Having a City health jurisdiction means more individualized, higher quality services for residents and more resources for better programs and services to meet their needs.

Some of the services that the Public Health Division provides include:

- Giving shots to babies and children to prevent diseases such as polio, diphtheria, measles and hepatitis B.
- Joining with merchants, parents and school officials to reduce teenage smoking by not selling cigarettes to minors.
- Providing women with a safe place to make decisions about family planning and providing pregnancy prevention services.
- Helping residents understand how to protect children from lead poisoning.
- Providing people in physically abusive relationships with information, referrals and assistance with getting help.
- Providing a nurse for residents to call when they have health related questions.
- Helping residents understand how to reduce the risk of getting a sexually transmitted disease.

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<sup>7</sup> City of Berkeley Health Status Report 2018, pg. 11.

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- Educating children and teenagers about how wearing a bicycle helmet can protect them from injury.
- Giving pregnant women and their babies nutrition information and access to healthy foods.

Health insurance coverage is an important determinant of access to health care. Uninsured children and nonelderly adults are substantially less likely to have a usual source of health care or a recent health care visit than their insured counterparts. The majority (52%) of persons under age 65 who have health coverage, have coverage through private employer- sponsored group health insurance. The percentage of uninsured in Berkeley (7%) is lower than in Alameda County (10%). The recent decrease in uninsured rate may reflect the impact of the Affordable Care Act expanding health care coverage. The percentage of uninsured varies by race/ethnicity, as well as by age and education. People of color are at higher risk of being uninsured than non-Hispanic Whites. The percentage of uninsured is higher among African American, Latino, and Asians compared to Whites.<sup>8</sup>

In terms of economic disparities for the disabled population, 1 in 5 people with disabilities live in poverty in Alameda County, while only 1 in 10 people without disabilities live in poverty. People with disabilities tend to have higher rates of high blood pressure, heart disease, diabetes, obesity, asthma, and psychological distress than those living without disabilities. The majority of the disabled population in Alameda County are older ( $\geq 65$  years of age), with more women with any disability than men, and African Americans and American Indian/Alaskan Natives being the highest percentages of people with a disability.<sup>9</sup>

## Recommendations

The health inequities and need in the City of Berkeley were clear throughout the community needs assessment process. As a result, the City chose to continue to support the delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents of Berkeley at the LifeLong Ashby and LifeLong West Berkeley Health Centers. LifeLong services are designed to remove barriers to care and reduce health disparities for typically underserved populations who are at the greatest risk for

<sup>8</sup> City of Berkeley Health Status Report 2018, pg. 19..

<sup>9</sup> Davis, Muntu, and Sandi Soliday. *Persons with Disabilities in Alameda County*. Alameda County Public Health Department. County Board of Supervisors' Health Committee. April 23, 2017. Accessed June 12, 2019. [http://www.acgov.org/board/bos\\_calendar/documents/DocsAgendaReg\\_4\\_23\\_18/HEALTH\\_CARE\\_SERVICES/Regular\\_Calendar/Persons\\_with\\_disabilities\\_Alameda\\_County\\_H\\_4\\_23\\_18.pdf](http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_4_23_18/HEALTH_CARE_SERVICES/Regular_Calendar/Persons_with_disabilities_Alameda_County_H_4_23_18.pdf).

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poor health outcomes. Funding will also support the provision of acupuncture detox services for Berkeley residents living with substance use disorders.

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

DRAFT

# 2024/2025 Community Needs Assessment and Community Action Plan

California Department of Community Services  
and Development

Community Services Block Grant



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## Introduction

The Department of Community Services and Development (CSD) has developed the 2024/2025 Community Needs Assessment (CNA) and Community Action Plan (CAP) template for the Community Services Block Grant (CSBG) Service Providers network. Each agency must submit a completed CAP, including a CNA to CSD on or before **June 30, 2023**. Changes from the previous template are detailed below in the “What’s New for 2024/2025?” section. Provide all narrative responses in 12-point Arial font with 1.15 spacing. When the CNA and CAP are complete, they should not exceed 65 pages, excluding the appendices.

## Purpose

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

## Federal CSBG Programmatic Assurances and Certification

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

## State Assurances and Certification

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

## Compliance with CSBG Organizational Standards

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

## What's New for 2024/2025?

**Community Action Plan Workgroup (CAPWG)**. In summer 2022, CSD organized a workgroup to inform the development of the 2024/2025 CNA and CAP. Workgroup members were selected from the CSBG Service Provider network and the ROMA Coalition. The feedback CSD received from the workgroup has informed not only the 2024/2025 template but also the accompanying CAP training scheduled for mid-December 2022.

**Public Hearings – Additional Guidance**. The public hearing requirement has been modified. Two years ago, we were in an active pandemic due to the COVID-19 virus. The public health guidelines throughout the state advised communities against large gatherings. CSD advised agencies to follow public health protocols and hold public meeting virtually if an in-person meeting was not an option. For the public hearing on the 2024/2025 draft CAP, CSD requests that agencies conduct in-person, virtual, or hybrid public hearings. While transmission rates of COVID-19 remain high in many communities, agencies are requested to follow their local public health guidelines when deciding in which format to conduct the public hearing. For more information, please see the Public Hearing section of this template.

**CNA Helpful Resources**. The Helpful Resources section in Part I: Community Needs Assessment contains additional data sets and resources. On recommendation of the CAPWG, CSD has added data sets from the Massachusetts Institute of Technology, the University of Wisconsin, and a point-in-time data set from the U.S. Department of Housing and Urban Development. We have also added links to the Local Agencies Portal where you can find examples of completed Community Needs Assessments and project timelines from the CSBG Service Providers network.

**Part II: Community Action Plan**. The number of questions in the Tripartite Board of Directors, Service Delivery System, Linkages and Funding Coordination, and Monitoring sections has changed. Questions were removed because it was determined that agencies meet these reporting requirements through other CSBG work products such as monitoring and Organizational Standards. In the Service Delivery System and Linkages and Funding Coordination sections, new questions were added. These questions will be covered during the template training webinar.

**Sunset of COVID-19 Flexibilities**. In the 2022/2023 template, CSD allowed agencies to indicate on selected questions whether there were changes to the response provided in the 2020-2021 CAP or whether agencies would like CSD to accept the 2020-2021 response without adaptations. This option was an effort to reduce administrative burden on agencies during the COVID-19 pandemic. While



CSD has retained some of the flexibilities developed in the previous template, the option for agencies to reference responses in their prior CAP has been discontinued.

**Response and Community Awareness.** This section replaces the “Additional Information” section in the previous template. For 2024/2025 CSD has included questions pertaining to Diversity, Equity, and Inclusion (DEI). The questions about disaster preparedness have been retained from the previous template. While none of this information is directly mandated by statute, CSD is requesting the information to gauge where the CSBG Service Provider network is as a whole on these topics. Responses to the questions in this section are mandatory.

**ROMA Certification Requirement.** Under section 676(b)(12) of the CSBG Act, CSD and all CSBG agencies are required to assure that we will participate in a Results Oriented Management and Accountability System “not later than fiscal year 2001.” CSD and the CSBG Service Providers have fulfilled this requirement through various approaches. With respect to the ROMA certification of the network CAPs (Organizational Standard 4.3), CSD has allowed agencies to submit their CAP without the signature of a ROMA trainer or implementer if the agency did not have a ROMA trainer or implementer on staff. CSD staff who had the requisite training would certify those CAPs on behalf of the agencies. This process will still be in place for the 2024/2025 template. However, for the 2026/2027 template, CSD will require that CSBG Service Providers provide their own ROMA certification either by staff who have the required ROMA training or in partnership with another agency or organization. CSBG Service Providers should begin formulating a plan to fulfill this requirement.

## Checklist

- Cover Page and Certification**
- Public Hearing(s)**

### **Part I: Community Needs Assessment**

- Narrative**
- Results**

### **Part II: Community Action Plan**

- Vision Statement**
- Mission Statement**
- Tripartite Board of Directors**
- Service Delivery System**
- Linkages and Funding Coordination**
- Monitoring**
- Data Analysis, Evaluation, and ROMA Application**
- Response and Community Awareness**
- Federal CSBG Programmatic Assurances and Certification**
- State Assurances and Certification**
- Organizational Standards**
- Appendices**

## COMMUNITY SERVICES BLOCK GRANT (CSBG) 2024/2025 Community Needs Assessment and Community Action Plan Cover Page and Certification

<b>Agency Name</b>	Berkeley Community Action Agency
<b>Name of CAP Contact</b>	Mary-Claire Katz
<b>Title</b>	Associate Management Analyst
<b>Phone</b>	510-981-5414
<b>Email</b>	mkatz@cityofberkeley.info

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

### Board and Agency Certification

The undersigned hereby certifies that this agency complies with the Federal CSBG Programmatic, and State Assurances as outlined in the CSBG Act and California Government Code, respectively for services provided under the Federal Fiscal Year 2024/2025 Community Action Plan. The undersigned further certifies the information in this Community Needs Assessment and the Community Action Plan is correct and has been authorized by the governing body of this organization. (Organizational Standard 3.5)

Mary Behm-Steinberg		
<b>Board Chair (printed name)</b>	<b>Board Chair (signature)</b>	<b>Date</b>
Margot Ernst		
<b>Executive Director (printed name)</b>	<b>Executive Director (signature)</b>	<b>Date</b>

### Certification of ROMA Trainer/Implementer (If applicable)

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

<b>NCRT/NCRI (printed name)</b>	<b>NCRT/NCRI (signature)</b>	<b>Date</b>

### CSD Use Only

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

## Public Hearing(s)

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

### State Statute Requirements

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

### Guidelines

#### Notice of Public Hearing

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

#### Public Hearing

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

### Additional Guidance

COVID-19 poses unique challenges to fulfilling the public hearing requirement. CSD asks that agencies continue to adhere to state and local public health guidance to slow the spread of the virus and ensure public safety. The health and safety of agency staff and the communities you serve is paramount. Therefore, for the purposes of fulfilling the public hearing requirement on the draft CAP, agencies may conduct the public hearing in-person, remotely, or using a hybrid model (in-person and remotely) based on the public health protocols in place in their communities.

### Public Hearing Report

Date(s) of Public Hearing(s)	June 21, 2023
Location(s) of Public Hearing(s)	North Berkeley Senior Center, 1901 Hearst Ave, Berkeley, CA 94709
Dates of the Comment Period(s)	May 29 – June 22, 2023
Where was the Notice of Public Hearing published? (agency website, newspaper, social media channels)	City of Berkeley Human Welfare and Community Action Webpage, Berkeley Voice, City of Berkeley Community Agency list.
Date the Notice(s) of Public Hearing(s) was published	
Number of Attendees at the Public Hearing(s) (Approximately)	

## Part I: Community Needs Assessment

CSBG Act Section 676(b)(11)

California Government Code Section 12747(a)

### Helpful Resources

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

The National Community Action Partnership has an [Assessment Tool](#) designed specifically for the community needs assessment process. Here you can select from a variety of county-specific data sets.

Examples of Community Needs Assessments and project timelines from agencies within the California CSBG Providers network can be found on the [Local Agencies Portal](#) under the CSBG – Resources tab. If you do not have an account or have not received CSD login credentials, please email CSD at [ExternalAccess@csd.ca.gov](mailto:ExternalAccess@csd.ca.gov).

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

Sample Data Sets			
U.S. Census Bureau <a href="#">Poverty Data</a>	U.S. Bureau of Labor Statistics <a href="#">Economic Data</a>	U.S. Department of Housing and Urban Development <a href="#">Housing Data &amp; Report</a>	
HUD Exchange <a href="#">PIT and HIC Data Since 2007</a>	National Low-Income Housing Coalition <a href="#">Housing Needs by State</a>	National Center for Education Statistics <a href="#">IPEDS</a>	
Massachusetts Institute of Technology <a href="#">Living Wage Calculator</a>		University of Wisconsin Robert Wood Johnson Foundation <a href="#">County Health Rankings</a>	
California Department of Education <a href="#">School Data via DataQuest</a>	California Employment Development Department <a href="#">UI Data by County</a>	California Department of Public Health <a href="#">Various Data Sets</a>	
California Department of Finance <a href="#">Demographics</a>	California Attorney General <a href="#">Open Justice</a>	California Governor's Office <a href="#">Covid-19 Data</a>	California Health and Human Services <a href="#">Data Portal</a>
CSD Census Tableau <a href="#">Data by County</a>			Population Reference Bureau <a href="#">KidsData</a>

## Community Needs Assessment Narrative

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

Organizational Standards 1.1, 1.2, 1.3, 2.2, 3.2, 3.3, 3.4

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

**Organizational 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).**

The Berkeley Community Action Agency's (BCAA) Community Needs Assessment is informed by the City of Berkeley Public Health Division data and reports, the City of Berkeley HOME Investment Partnerships American Rescue Plan Program (HOME-ARP) Allocation Plan community consultations and public hearings, City of Berkeley community agency program data, the 2022 Alameda County Point-in-Time (PIT) Count of individuals, youth, and families experiencing homelessness, and the City of Berkeley 2023-2031 Housing Element Update.

Additionally, LifeLong Medical Care, the primary CSBG-recipient agency, uses their own location-specific poverty data to concentrate its services and provide outreach in the highest-need areas of Berkeley. Although LifeLong serves all of areas of Berkeley, LifeLong concentrates on the highest need areas of Berkeley, South and West Berkeley. South and West Berkeley has the highest Hispanic/Latinx population (24%), highest Black population (27%) and where the highest concentration of children in poverty reside. South and West Berkeley residents are among the poorest in the city with a median income of \$38,790. Residents are more likely to have not completed high school and have limited English speaking skills.

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

Despite local job growth and a booming tech industry, poverty rates in LifeLong's service area remains high, with barriers compounded by an extremely high cost of living. LifeLong's service area encompasses over 100 census tracts including the cities of Berkeley, Oakland, Emeryville and Hayward in Alameda County; and extending into western Contra Costa to the north; and Marin County to the west. The service area is home to 1,355,030 residents (UDS Mapper), of whom 31% are living below 200% of the federal poverty level (US Census Bureau).

In Berkeley, African Americans, Hispanic/Latinx, and other people of color die prematurely and are more likely than White people to experience a wide variety of adverse health conditions. In Berkeley, African Americans have lower income than any other ethnic/racial group. For every dollar a white family earns, an African American family earns 28 cents. This income inequality paired with unemployment or under employment can increase stress levels, exacerbate health conditions, make it difficult to find safe and affordable housing, and lower educational prospects. Research demonstrates that poverty is the single greatest threat to children's well-being. Children living in poverty are at significantly higher risk for poor health and development. In Berkeley, 10% of all

children under the age of 18 live in poverty.

More Berkeley health statistics:

- The asthma hospitalization rates for children under 5 for African American children is 10 times higher, and for Latino children is 2.8 times higher than the rate among White children.
- African Americans are 3 times more likely than Whites to be hospitalized due to coronary heart disease.
- African Americans are 34 times more likely than Whites to be hospitalized due to hypertension.
- African American women are 1.5 times more likely than Whites to be diagnosed with breast cancer.
- African Americans are 2.3 times more likely to die in a given year from any condition compared to Whites. African Americans are 2.0 times more likely than Whites to die of cardiovascular disease.
- African Americans are 1.8 times more likely than Whites to die of cancer.

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

#### Federal Government/National Data Sets

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

#### Local Data Sets

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



**California State Data Sets**

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

**Surveys**

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

**Agency Data Sets**

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

4. If you selected "Other" in any of the data sets in Question 3, list the additional sources.

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

**Surveys**

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

**Interviews**

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

**Focus Groups**

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

 **Community Forums** **Asset Mapping** **Other**

6. If you selected “Other” in Question 5, please list the additional approaches your agency took to gather qualitative data.

The Berkeley Community Action Agency’s (BCAA) Community Needs Assessment is informed by the City of Berkeley Public Health Division data and reports, the City of Berkeley HOME Investment Partnerships American Rescue Plan Program (HOME-ARP) Allocation Plan community consultations and public hearings, City of Berkeley community agency program data, the 2022 Alameda County Point-in-Time (PIT) Count of individuals, youth, and families experiencing homelessness, and the City of Berkeley 2023-2031 Housing Element Update.

7. Describe your agency’s analysis of the quantitative and qualitative data collected from low-income individuals and families. (Organizational Standards 1.1, 1.2, 3.3)

The agency reports that are reviewed by the City contract monitor include a breakdown of client income levels, demographic data, and performance measurement data. This information, along with the narrative explanation provided by the agency, is collected and analyzed on a quarterly basis. The contract monitor may request more information from the agency if any of the data is unclear, and amend the report as needed. Public comment received during public hearings for HOME-ARP report and the 2023-2031 Housing Element were also resources for qualitative data from service providers and service recipients. Community agency program reports are reviewed by the Human Welfare and Community Action Commission (HWCAC) at every commission meeting. These reports include performance measure targets and actuals, as well as a customized customer satisfaction section.

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

A. Community-based organizations

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

B. Faith-based organizations

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

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

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

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

Departments within the City provide different information gathered from a variety of resources that inform the planning process throughout the year. The City also partners with Alameda County and neighboring jurisdictions to share information and resources. Because the BCAA is operated out of the City's Health, Housing and Community Services Department (comprised of Public Health, Mental Health, and Environmental Health Divisions, as well as Community Services, Housing, and Aging Services), the entire CAP and CNA is directly informed by these social service departments and staff. Resources include program and financial reports from community agencies, the RFP (includes two public hearings) to allocate City funding to community agencies in four service areas—Anti-Poverty Services (reviewed by the Human Welfare and Community Action Commission), Berkeley's 2020 Vision (reviewed by the Children and Youth Services, overseen by the Children, Youth and Recreation Commission), the Homeless Services Commission, and the Housing, Public Services and Public Facility Improvements Commission (reviewed by the Housing Advisory Commission).

### E. Educational institutions (local school districts, colleges)

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

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

In 2018, the City of Berkeley Public Health Department released their Health Status Report which identified inequities in health and the importance of prevention for Berkeley residents. The health inequities identified in the report include the poverty level as it relates to race/ethnicity, the geographic element of poverty within the City, the rate of uninsured people within the City, and others. One of the key causes of poverty identified by LifeLong, through their direct service with low-income clients, is inadequate access to culturally relevant and high-quality health services, and a lack of community and economic development in their communities

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

The Berkeley Public Health Department Health Status Report notes that social determinants of health and barriers result in persistent health disparities that disproportionately impact low-income residents. For example, African American residents experience higher rates of poverty compared to other Berkeley residents, and worse health outcomes. African Americans and Latinos have the highest proportions of obese and overweight children in Berkeley; and African Americans experience substantially higher rates of poorly controlled asthma, diabetes, and hypertension.

11. Describe your agency's approach or system for collecting, analyzing, and reporting customer satisfaction data to the governing board. (Organizational Standard 1.3)

The City of Berkeley uses City Data Services (CDS), which is an online data management portal, to gather data from community agency contracts. The data is submitted on a quarterly basis to the assigned contract monitor, who analyzes the data and follows up with agencies if there are any discrepancies or incomplete reports. Along with quantitative data elements, such as demographic and outcome performance measurements, agencies also provide qualitative narratives to support their customer satisfaction and outcome data. These CDS reports are reviewed at each Human Welfare and Community Action Commission meeting, where commissioners are given the opportunity to ask questions of City staff, and to request more information from agencies.

## Community Needs Assessment Results

CSBG Act Section 676(b)(11)

California Government Code Section 12747(a)

State Plan 14.1a

### Table 1: Needs Table

Complete the table below. Insert row(s) if additional space is needed.

Needs Identified	Level	Agency Mission (Y/N)	Currently Addressing (Y/N)	Agency Priority (Y/N)
Reducing Health Disparities	Family	Y	Y	Y
Emergency Services for the Severely Disabled	Family	Y	Y	Y

**Needs Identified:** List the needs identified in your most recent CNA.

**Level:** List the need level, i.e., community or family. Community Level: Does the issue impact the community, not just clients or potential clients of the agency? For example, a community level employment need is: There is a lack of good paying jobs in our community. Family Level: Does the need concern individuals/families who have identified things in their own life that are lacking? An example of a family level employment need would be: Individuals do not have good paying jobs.

**Essential to Agency Mission:** Indicate if the identified need aligns with your agency's mission.

**Currently Addressing:** Indicate if your agency is already addressing the identified need.

**Agency Priority:** Indicate if the identified need will be addressed either directly or indirectly.

**Table 2: Priority Ranking Table**

List all needs identified as an agency priority in Table 1. Insert row(s) if additional space is needed.

Agency Priorities	Description of programs, services, activities	Indicator(s) or Service(s) Category	Why is the need a priority?
1. Reducing Health Disparities	Integrated primary care and behavioral health services to low-income, uninsured and underinsured residents of Berkeley	FNPI 5b.	The CNA identified health disparities in the low-income populations and areas of Berkeley.
2. Emergency Services for the Severely Disabled	Emergency attendant, wheelchair adjustments, and transportation services to Berkeley residents who are severely physically disabled, and provides case management to help clients with the recruitment, selection, training, and retention of quality attendants, resulting in an increase in client participation in services related to disability and a decreased reliance on emergency services.	FNPI 5g.	The CNA identified disability as a condition experienced by those in poverty at higher rates. Additionally, the CNA identified the rapidly aging population of Berkeley and the specific needs that are associated with older ages and mobility.

**Agency Priorities:** Rank your agency's planned programs, services and activities to address the needs identified in Table 1 as agency priorities.

**Description of programs, services, activities:** Briefly describe the program, services or activities that your agency will provide to address the need. Identify the number of clients to be served or the number of units offered, including timeframes for each.

**Indicator/Service Category:** List the indicator(s) (CNPI, FNPI) or service(s) (SRV) that will be reported in CSBG Annual Report.

**Why is this need a priority:** Provide a brief explanation about why this need has been identified as a priority. Connect the need with the data. (CSBG Act Section 676(b)(3)(A))

## Part II: Community Action Plan

CSBG Act Section 676(b)(11)

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

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

### Vision and Mission Statement

#### 1. Provide your agency's Vision Statement.

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

#### 2. Provide your agency's Mission Statement.

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

## Tripartite Board of Directors

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

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

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

The Board of the BCAA is made up of five (5) appointed representatives to represent public concerns, four (4) appointed representatives to represent community interests (business, education, and other community concerns), and six (6) elected representatives of low-income Berkeley residents. The BCAA holds elections every other November for low-income representatives. Notices recruiting elected representatives are posted on the City's website, distributed to service providers, and distributed to potential candidates by Berkeley City Council members and the Human Welfare and Community Action Commission commissioners. Interested candidates must obtain 10 signatures of residents of the target area to be nominated. Two slots on the Board are allocated for each of the three target areas. All of the representatives of the poor on the Board have knowledge of the needs in their community.



## Service Delivery System

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

State Plan 14.3

1. Describe your agency's service delivery system. Include a description of your client intake process or system and specify whether services are delivered via direct services or subcontractors, or a combination of both. (CSBG Act Section 676(b)(3)(A), State Plan 14.3)

LifeLong directly provides a full range of integrated primary, preventive, dental, mental health, and substance abuse services for people of all ages regardless of insurance and income level. LifeLong focuses on health care access for low-income communities and prioritizes serving populations who experience access barriers, including older adults, people with HIV, unhoused populations, people experiencing mental health and substance use disorders, and people facing language and cultural barriers. In 2022, LifeLong served a total of 57,082 unduplicated patients in over 190,000 encounters.

LifeLong operates 16 primary care health centers (3 in Berkeley), 14 behavioral health locations (3 in Berkeley), 3 urgent/immediate care locations (1 in Berkeley), 4 dental clinics (1 in Berkeley) and 2 mobile dental vans.

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

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

2. Describe how the poverty data related to gender, age, and race/ethnicity referenced in Part I, Question 1 informs your service delivery and strategies in your service area?

LifeLong Medical Care is a multi-site Federally Qualified Health Center that was founded in 1976 as a grassroots movement of the Gray Panthers, beginning with the LifeLong Over 60 Health Center that was created address healthcare needs of low-income seniors in Berkeley. With this legacy, and a continued focus on the needs of older adults, LifeLong has been providing healthcare services to people of all ages.

Based on the data drawn from the U.S. Census Bureau, California Health Interview Survey, and UDS Mapper, LifeLong's target population in the service area is 423,829. This population includes individuals who are likely to experience difficulty accessing high quality medical care; low-income residents, the uninsured, the elderly, homeless individuals, residents of public housing, persons

living with HIV/AIDS, trans/LGBTQIA+ population, persons with mental illness and/or substance abuse, as well as those who have difficulty accessing services due to cultural and language barriers. Within the target population, 47% are Latino, 23% are African American, and 25% are best served in a language other than English (US Census).

Under the direction of LifeLong's Board of Directors, and led by LifeLong's Chief Strategy Officer, a comprehensive needs assessment of service area and target population is conducted every three years, and reviewed and updated annually to identify changing needs. This needs assessment informs LifeLong's strategic planning process to improve the delivery of services and to guide program improvements and expansion efforts. To ensure a thorough and informative process of assessing community need, LifeLong regularly evaluates best practices (methodologies, tools, and formats) for conducting service area and target population needs assessments.

Based on past assessments, some strategies that were implemented in Berkeley are:

- Providing low-income Black mothers with pre-natal health care access and social support
- Providing residents with mammograms in a mobile van
- Forming street medicine teams to provide health and benefit enrollment services in encampments.
- Providing health screenings including blood pressure readings in areas where many Black and Latinx people gather because Black and Latinx men in Berkeley are at high risk for hypertension. Screening event locations including Barber shops, day laborer pick up locations, public housing settings, and walking in neighborhoods.
- Establishing a program for older adults (50+) living with HIV that provides social/support groups to address the needs of HIV and aging, caregiver support, and case management/care coordination services.

## Linkages and Funding Coordination

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

California Government Code Sections 12747, 12760

Organizational Standards 2.1, 2.4

State Plan 9.3a, 9.3b, 9.4b, 9.6, 9.7, 14.1b, 14.1c, 14.3d, 14.4

1. Describe how your agency coordinates funding with other providers in your service area. If there is a formalized coalition of social service providers in your service area, list the coalition(s) by name and methods used to coordinate services/funding. (CSBG Act Sections 676(b)(1)(C), 676(b)(3)(C); Organizational Standard 2.1; State Plan 14.1c, 9.6, 9.7)

To best serve the target population and make optimal use of community resources, LifeLong maintains strong relationships with organizations, stakeholders, and community health center programs and providers in and around the service area. The benefits of these collaborative partnerships are multifold and include sharing of best practices, engaging in advocacy work on behalf of underserved communities, and developing mutually beneficial partnerships to collectively meet community needs.

As a federally qualified health center (FQHC) LifeLong routinely demonstrate and document collaboration with other health centers and in our service area. LifeLong has also participated actively for nearly 40 years in the Alameda Health Consortium, which promotes collaboration among safety net providers and seeks to minimize duplication of services.

2. Provide information on any memorandums of understanding and/or service agreements your agency has with other entities regarding coordination of services/funding. (CSBG Act Section 676(b)(9), Organizational Standard 2.1; State Plan 14.1c, 9.6, 9.7)

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

3. Describe how your agency ensures delivery of services to low-income individuals while avoiding duplication of services in the service area(s). (CSBG Act Section 676(b)(5), State Plan 9.3a, California Government Code 12760)

LifeLong conducts outreach to low-income communities and provides primary care access regardless of ability to pay. The vast majority of Lifelong patients are low-income, and eligible for

MediCal benefits. LifeLong serves uninsured patients and offers a sliding fee scale. We have a large outreach team focused on reaching underserved populations and help accessing benefits as well as language access. LifeLong employs trained staff available to help patients gain access to many public assistance programs and disseminating information which they may not have had access to otherwise. To ensure that funds are not used for duplication of services, LifeLong adheres to and maintains appropriate accounting and internal control systems over, and accountability for, all funds, property, and other assets reflecting Generally Accepted Accounting Principles (GAAP), including the separation of functions, to safeguard assets and maintain financial stability, as per federal requirements.

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

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

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

LifeLong's patient fees are the contingency plan for potential funding reductions. LifeLong makes strategic funding decisions to ensure LifeLong can continue programs in the event of a reduction or a conclusion of a grant.

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

Volunteer activities and hours are coordinated and documented as a function of LifeLong's Human Resources department.

7. Describe how your agency will address the needs of youth in low-income communities through youth development programs and promote increased community coordination and collaboration in meeting the needs of youth. (CSBG Act Section 676(b)(1)(B), State Plan 14.1b)

The YouthWorks employment program continued its partnerships with City and nonprofit agencies. YouthWorks targets low income, at-risk youth and provides all youth with workplace skills training. City of Berkeley departments and local community agencies serve as worksites providing valuable work experience to Berkeley youth 14-25 years old.

8. Describe how your agency will promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs such as the establishment of violence-free zones, youth mediation, youth mentoring, life skills training, job creation, entrepreneurship programs, after after-school childcare. (CSBG Act Section 676(b)(1)(B), State Plan 14.1b)

The City's Recreation Division of the Park, Recreation & Waterfront Department partners with the Berkeley Unified School District and YouthWorks on the Achievers Program, which provides leadership development, career exploration and peer-led tutoring. This program is also used as a stepping stone for entry into the City's YouthWorks program.

Funded through the City's Public Works Department, the Downtown Streets Team, a non-profit organization, homeless and low-income persons volunteer to beautify commercial districts while engaging in case management and employment services.

9. Describe the coordination of employment and training activities as defined in Section 3 of the Workforce and Innovation and Opportunity Act [29 U.S.C. 3102]. (CSBG Act Section 676(b)(5); State Plan 9.4b)

The City has contracted with a number of workforce development programs to provide training, education and job placement for low income, under-employed, and unemployed residents:

- Inter-City Services provides employment, training, and education and continues to serve veterans as funded under the Governor's 15% Discretionary pool of Workforce Investment Act (WIOA) funds.
- Biotech Partners operates the Biotech Academy at Berkeley High School, targeting youth from under-represented populations in the fields of science and technology (African American, Latino, South East Asian, and female and low-income youth) and who may be at risk of not graduating from high school.
- The Bread Project provides training in culinary arts and bakery production, and includes the formerly incarcerated as their target population. They operate a social enterprise (wholesale bakery) that creates opportunities for trainees to obtain crucial on-the-job experience.
- Rising Sun Center for Opportunity (formerly known as Rising Sun Energy Center) Green Energy Training Services (GETS) provides pre-apprenticeship classroom and hands-on training in the Building and Construction trades which serves as a pathway for careers in construction including green and clean technologies. Rising Sun also operates the California Youth Energy Services (CYES) program funded by the CA Public Utilities Commission, providing summer jobs for youth conducting residential energy audits.
- Berkeley Youth Alternatives (BYA) receives WIOA funding through Alameda County Workforce Development Board (ACWDB) to provide workforce development services to in-school and out-of-school youth. The area of workforce development is a focus area for increased coordination,

including establishing methods to maximize and leverage resources. BYA, utilizing city funds, provides training to disadvantaged youth in all aspects of park and landscape maintenance in addition to summer and after-school programs for children and youth.

- UC Theatre Concert Careers Pathways (UCCCP) is a nine-month program for young people ages 17-25, providing workshops and paid internships for participants to learn all aspects of live music venue production.
- Continuing the City's Local Hire policies which include the Community Workforce Agreement (CWA) between the City of Berkeley and the Building trades (created in 2011) which applies to publicly funded construction projects estimated at \$500,000 or above, and, the First Source local hiring policy which applies to both public infrastructure projects estimated between \$100,000 - \$499,999.

10. Describe how your agency will provide emergency supplies and services, nutritious foods, and related services, as may be necessary, to counteract conditions of starvation and malnutrition among low-income individuals. (CSBG Act Section 676(b)(4), State Plan 14.4)

During emergencies the City will activate its Emergency Operations Center structure. As part of that activation the City will work to procure and deliver food and water to community members in need. In the past the City has used this structure to provide food and water to unhoused community members in encampments, to seniors at home through expansion and upstaffing of the Meals on Wheels program, and at multiple City sites, including senior centers.

Additionally, should the City need to activate disaster shelters for people who are displaced due to the emergency, the City will provide food at those shelter sites – both for people staying at the shelter and for community members staying at their homes nearby who do not have access to food (for example, if grocery stores are out of stock due to disaster impacts). Depending on the scale of emergency/disaster, food distribution will leverage local, regional, or State/federal resources for implementation.

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

The City of Berkeley works with EveryOne Home, Alameda County Behavioral Health Care Services and Social Service Agency to implement the Berkeley Coordinated Entry System (CES) for homeless services and will participate in EveryOne Home's ongoing implementation of its Coordinated Entry System throughout the county. These efforts have led to the standardization of screening, intake and assessments protocols across the Continuum of Care to better match people who are homeless with the best fit available housing solution.

12. Describe how your agency coordinates services with your local LIHEAP service provider?

TBD

13. Describe how your agency will use funds to support innovative community and neighborhood-based initiatives, which may include fatherhood and other initiatives, with the goal of strengthening families and encouraging effective parenting. (CSBG Act Section 676(b)(3)(D), State Plan 14.3d)

The City of Berkeley will align much of this funding (as appropriate) to support city-wide equity initiative, Youth Equity Partnership (YEP), formerly known as Berkeley's 2020 Vision. YEP continues to support children and youth through its new vision; African American/ Black and Latinx young people who live and go to school in Berkeley thrive academically, physically, and emotionally. YEP's approach spans from early childhood (kindergarten readiness) through a successful transition to college and career. Berkeley City Council has designated a significant allocation of general fund dollars to support the goals of YEP, which also align closely with many of the Community Services Block Grant (CSBG) priorities. With the combined local and federal support, the City of Berkeley is well-positioned to support its most vulnerable populations.

14. Describe how your agency will develop linkages to fill identified gaps in the services, through the provision of information, referrals, case management, and follow-up consultations. (CSBG Act Section 676(b)(3)(B), State Plan 9.3b)

The City of Berkeley contracts with numerous community agencies, and one of the contract provisions includes a referral system.

## Monitoring

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

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

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

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

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

Upon completion of a monitoring, the City concludes with a letter to the agency summarizing the results. If necessary based on the monitoring results, the City may follow through with corrective action in different ways based on the severity of the finding or concern. For example, corrective action may be included in future contract terms, such as submitting more frequent/detailed reporting than the standard reporting requirements. In severe instances, there have been recommendations to Council to do an in-depth audit of the organization.

Additionally, the City receives regular program reports showing agency outcomes for review and approval.



## Data Analysis, Evaluation, and ROMA Application

CSBG Act Section 676(b)(12)

Organizational Standards 4.2, 4.3

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

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

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

In 2022, LifeLong's administrative, clinical and operational leadership effectively transitioned agency operations to a hybrid model, using both in-person and remote methods. This includes equipping administrative personnel for remote access, and continuing to deliver telehealth services using phone and video appointments as an option for many health services. As the COVID-19 emergency has evolved, with pervasive workforce challenges and other barriers impeding access to care, this hybrid model has been an important alternative way to engage both personnel and patients, including people who are for example, immunocompromised and especially vulnerable to COVID-19.

To further improve access to care for Berkeley residents, targeted community outreach has effectively linked residents to COVID-19 testing, vaccines and treatment, as well as LifeLong primary care services. As another example of how LifeLong has implemented new methods of healthcare access, LifeLong has been providing remote monitoring devices for patients with hypertension and other tools to manage complex health needs. These services have been critical to enhance access to care and continuity of care in the past year.

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

LifeLong is currently partnering with the City of Berkeley to develop a new health center site in Berkeley, The LifeLong Berkeley Trust Health Center, to address the medical and behavioral healthcare needs of people experiencing homelessness in Berkeley. Often, people who are unhoused experience multiple-morbidities – physical ailments, substance use, and mental illness. The new center will address these needs in a brick-and-mortar place and provide a safe space for this vulnerable and high risk population to receive services. The health center will also provide case management, which often involves helping unhoused people with paperwork to get essential

documents such as IDs and birth certificates as well as fundamental resources for food and housing. To ensure continuity of care, the health center will work closely with LifeLong's Street Medicine team in Berkeley. This new health center is slated to open in 2023.

DRAFT

## Response and Community Awareness

### Diversity, Equity, and Inclusion

1. Does your agency have Diversity, Equity, and Inclusion (DEI) programs in place that promote the representation and participation of different groups of individuals, including people of different ages, races and ethnicities, abilities and disabilities, genders, religions, cultures, and sexual orientations?

Yes

No

2. If yes, please describe.

TBD

### Disaster Preparedness

1. Does your agency have a disaster plan in place that includes strategies on how to remain operational and continue providing services to low-income individuals and families during and following a disaster? The term disaster is used in broad terms including, but not limited to, a natural disaster, pandemic, etc.

Yes

No

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

TBD

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

## Federal CSBG Programmatic Assurances and Certification

### CSBG Act 676(b)

#### Use of CSBG Funds Supporting Local Activities

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

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

#### Needs of Youth

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

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

## **Coordination of Other Programs**

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

## **Eligible Entity Service Delivery System**

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

## **Eligible Entity Linkages – Approach to Filling Service Gaps**

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

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

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

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

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

## **Eligible Entity Emergency Food and Nutrition Services**

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

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

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

## **State Coordination/Linkages and Low-income Home Energy Assistance**

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

## Community Organizations

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

### Eligible Entity Tripartite Board Representation

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

### Eligible Entity Community Action Plans and Community Needs Assessments

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

### State and Eligible Entity Performance Measurement: ROMA or Alternate System

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

### Fiscal Controls, Audits, and Withholding

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

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

## State Assurances and Certification

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

### **For CAA, MSFW, NAI, and LPA Agencies**

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

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

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

### **For MSFW Agencies Only**

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

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

## Organizational Standards

### Category One: Consumer Input and Involvement

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

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

**Standard 1.3 (Private)** The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.

**Standard 1.3 (Public)** 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.

### Category Two: Community Engagement

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

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

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

### Category Three: Community Assessment

**Standard 3.1 (Private)** Organization conducted a community assessment and issued a report within the past 3 years.

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

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



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

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

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

#### **Category Four: Organizational Leadership**

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

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

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

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

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

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

## Appendices

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

Document Title	Appendix Location
Copy of the Notice(s) of Public Hearing	A
Low-Income Testimony and Agency’s Response	B
Community Need Assessment	C



## Human Welfare and Community Action Commission

### DRAFT MINUTES

Wednesday, April 19, 2023

6:30 PM

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

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

**To access the meeting remotely using the internet: Join from a PC, Mac, iPad, iPhone, or Android device: Use URL –<https://zoom.us/j/4863098496>**

If you do not wish for your name to appear on the screen, then use the drop down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon on the screen. **To join by phone: Dial 1-669-900-6833 and Enter Meeting ID: 486 309 8496.** If you wish to comment during the public comment portion of the agenda, press \*9 and wait to be recognized by the Chair.

#### **Preliminary Matters**

1. Roll Call  
Present: Behm-Steinberg, Zou.  
Absent: None.  
Quorum: 2 (Attended: 2).  
Staff Present: Mary-Claire Katz.  
Public Present: None.
2. Agenda Approval  
No agenda changes were made.
3. Public Comment  
None.

#### **Update/Action Items**

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

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

4. Approve minutes from the 2/15/2023 Regular Meeting (Attachment A) – All  
**Action:** M/S/C (Behm-Steinberg/Sood) to approve the minutes.  
**Vote:** Ayes – Behm-Steinberg, Zou; Noes – None; Abstain – None; Absent – None.

5. Review City of Berkeley Single Audit for FY 2022 (Attachment B) – All  
 No action taken.
6. Review City of Berkeley funded agency Program and Financial reports (Attachment B) — Staff
  - a. Through The Looking Glass program and financial reports  
 No action taken.

### Other Discussion Items

7. Discussion and possible action on holding a concurrent meeting with the Commission on Disabilities regarding action items of mutual interest, including but not limited to road plans; integral universal design planning and oversight; and gaps and redundancies in existing service, as well as accessibility on the City's website and next steps when the City fails to comply with local, state, and or federal law – Behm-Steinberg  
 No action taken.  
  
**Action:** M/S/C (Behm-Steinberg/Zou) to move item no. 12 before item no. 8.  
**Vote:** Ayes –Behm-Steinberg, Zou; Noes – None; Abstain – None; Absent – None.
8. Update and discussion about the City's current mechanisms for City employees and service providers to communicate (Attachment D) – Commissioner Behm-Steinberg  
 No action taken.
9. Discussion and possible action regarding draft Council item “Requirements for Contracted Non-Profit Service Providers and Transparency of Grant Reports” – Commissioner Behm-Steinberg (Attachment E)  
 No action taken.
10. Discussion and possible action regarding draft Council item “Eligibility for Service as a Representative of the Poor” – Commissioner Behm-Steinberg  
 No action taken.
11. Discussion and possible action regarding draft Council item “Accessibility and Availability of Materials on City Website” – Commissioner Behm-Steinberg (Attachment F)  
 No action taken.
12. Discussion and possible action for the letter of support for Center for Independent Living's action on Pathways STAIR Center - Commissioner Behm-Steinberg (Attachment G)

**Action:** M/S/C (Behm-Steinberg/Zou) to send the letter of support to Council with edits.

**Vote:** Ayes –Behm-Steinberg, Zou; Noes – None; Abstain – None; Absent – None.

13. Discussion and possible action regarding draft Council item “Accessibility Quality Assessment program to handle non-conforming public facilities and complaints from seniors and disabled people over substandard services or services not provided” (Attachment H)

No action taken.

14. Review latest City Council meeting agenda

No action taken.

15. Announcements

None.

16. Future Agenda Items

None.

### **Adjournment**

**Action:** M/S/C (Behm-Steinberg/Zou) to adjourn at 8:30PM.

**Vote:** Ayes – Behm-Steinberg, Zou; Noes – None; Abstain –None; Absent – None.

### **Attachments**

- A. Draft Minutes of the 2/15/2023 Meeting
- B. City of Berkeley Audit
- C. Program and financial reports from Through The Looking Glass
- D. Draft Council item “Project Wiki for City Staff and contracted agencies to share information”
- E. Draft Council item “Requirements for Contracted Non-Profit Service Providers and Transparency of Grant Reports”
- F. Draft Council item “Eligibility for Service as a Representative of the Poor”
- G. Draft Council item “Accessibility and Availability of Materials on City Website”
- H. Draft Council item “Accessibility Quality Assessment program to handle non-conforming public facilities and complaints from seniors and disabled people over substandard services or services not provided”

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,**

*Draft Minutes – HWCAC*  
*April 19, 2023*  
Page 4 of 4

**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 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. **Please refrain from wearing scented products to this meeting.**

**Secretary:**

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

**Mailing Address:**

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



CALIFORNIA COMMUNITY ACTION PARTNERSHIP  
ASSOCIATION  
225 30th Street, Suite 200, Sacramento, CA 95816  
Phone 916.443.1721

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May 9, 2023

Mary Behm-Steinberg, Chair  
Human Welfare and Community Action Commission  
City of Berkeley  
2180 Milvia Street, 2nd Floor  
Berkeley, CA 94704

**RE: Human Welfare and Community Action Commission, City of Berkeley must act to fill Commission membership vacancies promptly.**

Dear Mary Behm-Steinberg,

California Community Action Partnership Association (CalCAPA) exists to support Community Action Agencies and CSBG Eligible Entities to strengthen communities and enforce a unified Community Action presence in California. Sixty agencies across California's fifty-eight counties strive to create opportunities to overcome the causes and conditions of poverty and help communities and families of low-income reach self-sustainability. Human Welfare and Community Action Commission, City of Berkeley is one of the sixty agencies that CalCAPA represents.

CalCAPA wants to express a strong desire for the City of Berkeley to fill current Community Action Commission membership vacancies in a prompt manner. In order for CalCAPA to fully represent the best interest of the community action movement and advocate for you, the laws of receiving Community Service Block Grant dollars must be followed.

The Community Services Block Grant Act, last reauthorized in 1998, states:

In order for a public organization to be considered to be an eligible entity for purposes of section 673(1), the entity shall administer the community services block grant program through—

“(1) a tripartite board, which shall have members selected by the organization and shall be composed so as to assure that not fewer than 1/3 of the members are persons chosen in accordance with democratic selection procedures adequate to assure that these members—

**THE PROMISE OF  
COMMUNITY ACTION**

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community and we are dedicated to helping people help themselves and each other.

“(A) are representative of low-income individuals and families in the neighborhood served;

“(B) reside in the neighborhood served; and

“(C) are able to participate actively in the development, planning, implementation, and evaluation of programs funded under this subtitle;  
or

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 funded under this subtitle.

The State of California does not currently authorize or allow other methods. Currently, your commission has no representation from individuals of low income. Since no alternative mechanism is established by the state, then the federal CSBG Act requires a public CAA to use the tripartite structure, which must be composed of:

- At least one third democratically-selected representatives of the low-income community residing in the area served by the CAA;
- One-third local elected officials (or their representatives); and
- The remaining members from major groups and interests in the community.

The federal CSBG Act requires that the tripartite board be selected by the “organization.” For a public CAA, such as yourself, employing a tripartite board structure, the decision-making body of the organization is the local governing body, unless that body has delegated the responsibility of selecting board members to the tripartite board itself. If the governing body retains the authority to choose the board, then the tripartite board can, and should, make recommendations to the governing officials. One way for a public CAA board to be involved in the selection of board members is to establish a board committee charged with overseeing these tasks. This committee is often referred to as the board governance committee and may perform several tasks including maintaining a list of potential board members that it reviews and updates regularly.

Furthermore, Office of Community Services (OCS) CSBG Information Memorandum (IM) 82 does not distinguish between the responsibilities of nonprofit CAA and public CAA tripartite boards, requiring both to take responsibility for oversight and governance of CAAs. The tripartite board also plays an important role in leading a public CAA’s compliance with the CSBG Organizational Standards. Many of the concepts and



directives in IM 82 are reflected in the CSBG Organizational Standards, which require the tripartite board to be involved in matters such as:

- Reviewing the CAA's mission statement;
- Participating in strategic planning and the community needs assessment;
- Receiving strategic, organizational, and programmatic updates;
- Receiving financial and audit reports; and
- Participating in the CSBG budget process, as allowed by local government procedures.

CalCAPA is expressing a dire concern due to the lack of membership of your commission. This includes a lack of representation from persons of low-income, city council appointed positions and representation from major groups and interests in the community. All three areas of the tripartite structure currently lack representation on the commission.

CalCAPA is here to support the efforts but must observe action immediately or at least within the next thirty days. Without action, CalCAPA will lack the ability to continue to support Human Welfare and Community Action Commission, City of Berkeley to be a Community Service Block Grant funding recipient. Without action, the California Department of Community Services and Development, the California CSBG administrator, will more than likely begin to take recourse as well. It is our desire to prevent this from occurring. Instead, we hope the City of Berkeley will work with CalCAPA to reach the desired full Commission membership swiftly.

In order to expedite this process, I am available and request a meeting with interested City Councilmembers to further express this dire situation. My office can be reached at [dknight@calcapa.org](mailto:dknight@calcapa.org). Thank you for your attention to this matter and for the work do for the people we serve.

Sincerely,



David Knight  
Executive Director, CalCAPA

CC: Mary-Claire Katz, Secretary, Human Welfare and Community Action Commission  
Mayor and City Councilmembers, City of Berkeley

[Return to Reports Page](#)

**CITY OF BERKELEY  
COMMUNITY AGENCY STATEMENT OF EXPENSE  
01/01/2023 TO 03/31/2023**

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

Agency Name: [J-Sei](#) Contract #: [31900264](#)  
 Program Name: [Senior Services](#) PO #: [22000514](#)  
 Funding Source : General Fund

Expenditure Category	Staff Name	Approved Budget	Jul-Sep 2022	Oct-Dec 2022	Jan-Mar 2023	Apr-Jun 2023	Total Expenditure	Budget Balance
<a href="#">Case Manager Bilingual</a>	<a href="#">Choose</a>	\$4,110.00	\$1,028.00	\$1,028.00	\$1,028.00		\$3,084.00	\$1,026.00
<a href="#">Senior Nutrition Manager</a>	<a href="#">Choose</a>	\$5,000.00	\$1,250.00	\$1,250.00	\$1,250.00		\$3,750.00	\$1,250.00
<b>TOTAL</b>		<b>\$9,110.00</b>	<b>\$2,278.00</b>	<b>\$2,278.00</b>	<b>\$2,278.00</b>		<b>\$6,834.00</b>	<b>\$2,276.00</b>

Advances Received [\\$4,555.00](#)  
 Underspent/(Overspent) [\(-\\$2,279.00\)](#)

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

Upload of Resumes for New Staff (required):

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

Prepared By: [Diane Wong, Suzanne Otani](#) Email: [diane@j-sei.org](mailto:diane@j-sei.org), [suzanne@j-sei.org](mailto:suzanne@j-sei.org) Date: [05/02/2023](#)  
 Authorized By: [Diane Wong](#) Email: [diane@j-sei.org](mailto:diane@j-sei.org)  
 Name of Authorized Signatory with Signature on File

<b>Approved By:</b> <a href="#">Mary-Claire Katz</a> <a href="#">05/10/2023</a> Project Manager Date	<b>Examined By:</b> _____ CSA Fiscal Unit Date	<b>Approved By:</b> _____ CSA Fiscal Unit Date
--	--	--

Initially submitted: May 2, 2023 - 11:19:58



City of Berkeley Housing & Community Services Department  
2180 Milvia Street  
Berkeley, CA 94704  
Contact: Joshua Oehler, [joehler@cityofberkeley.info](mailto:joehler@cityofberkeley.info) 510.981.5408

[Return to Main Page](#)

**Program: Senior Services**  
Agency: J-Sei

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

Contract No: 31900264

This Report Due: **Jan 31, 2023**

Agency: J-Sei  
Program: Senior Services  
Phone: 510-654-4000  
Period of: **1st Half 2023**  
Prepared By: Diane Wong  
E-mail: [diane@j-sei.org](mailto:diane@j-sei.org)

**1. CLIENT SUMMARY - 1st Half**

	1st Half	YTD
A. Total New Clients Served by the Program (Berkeley and Non-Berkeley)	206	206
B. Total New Berkeley Clients Served for Whom You Were Able to Gather Statistics on Age, Race/Ethnicity, and Income:	78	78
C. Total New Berkeley Clients Served for Whom You Were <b>NOT</b> Able to Gather Statistics on Age, Race/Ethnicity, and Income:	128	128
D. Total New Berkeley Clients Served:	206	206

**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	7		7	0
Asian ?	0	0	42		42	0
Black/African American ?	0	0	3		3	0
Native Hawaiian/Pacific Islander ?	0	0	15		15	0
White ?	0	0	11		11	0
Combined Race Categories						
American Indian/Alaskan Native & White	0	0	0		0	0
Asian & White	0	0	0		0	0
Black/African American & White	0	0	0		0	0
American Indian/Alaskan Native & Black/African American	0	0	0		0	0
Other Combined Race Categories	0	0	0		0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>78</b>	<b>0</b>	<b>78</b>	<b>0</b>
<b>TOTAL SERVED</b>			78		78	

**3. INCOME LEVEL**

Income Level - Unduplicated Count	Previous Periods	This Period	YTD
Poverty	0	25	25
Poverty to 30% of AMI (Ex. Low)	0	15	15
31-50% of AMI (Low)	0	10	10
51-80% of AMI (Moderate)	0	22	22
Above 80% of AMI	0	6	6
<b>TOTALS</b>	<b>0</b>	<b>78</b>	<b>78</b>

[View AMI Table](#)

**4. AGE**

Age - Unduplicated Count	Previous Periods	This Period	YTD
0-5	0		0
6-11	0		0
12-17	0		0
18-24	0		0
25-44	0		0
45-54	0		0
55-61	0	3	3
62 and Over	0	75	75
Unknown	0		0
<b>TOTALS</b>	<b>0</b>	<b>78</b>	<b>78</b>

**5. OTHER CHARACTERISTICS**

Other Characteristics - Unduplicated Count	Previous Periods	This Period	YTD
--	------------------	-------------	-----

Female	0	60	60
Male	0	18	18
Other	0	0	0
Disabled	0	78	78
Homeless	0	0	0
Chronically Homeless	0	0	0
Female Head of Household	0	44	44

**6. SERVICE MEASURES**

Service Measures	Annual Goal		1st Half		2nd Half			Served YTD		% Served	
	UOS	New Clients	UOS	New Clients	UOS	# of Existing Clients	New Clients	Total UOS ?	Total New Clients ?	UOS ?	Total Clients ?
**** Senior Services ****											
1 Respite/Socialization Days	6,250	241	3,624	206				3,624	206	58%	85%

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

Respite/Socialization Days	<p>J-Sei provides service approximately 250 days a year. Many activities are provided each day. The daily average of UOS is 45 activity units on any given day as detailed below. For the FY21-22 grant period, the total UOS will be 11,290 units a year.</p> <p>Case Management - home visits, assessments, escort, resource gathering and phone support approximately one hour every other week one-to one at client's home.                      Home Delivered Meals - hot nutritious Japanese lunch provided daily and client assessments average 5 minutes per meal delivery to client's home.                      Congregate Meals - hot nutritious Japanese lunch provided in J-Sei dining room Monday to Thursday. Socialization and meal 1 hour.                      Education - health/socialization/adult learning classes can be weekly or more periodic. Average ratio one teacher to 8 students in J-Sei class room.                      Transportation - round trip rides from home to center and grocery shopping. Rides 1 to 4 times/week. Average time 1.5 hours.                      Friendly Visitor - home socialization or outing with volunteer Friendly Visitor, one hour every week, one-to-one in client's home.                      Caregiver Registry - assessment and match senior to needed in-home care worker. 6 hours per match as needed, one-on-one in client's home and over phone.</p>
----------------------------	--

**1st Half Narrative**

J-Sei's senior nutrition and education/wellness programs continue to operate at a very high capacity exceeding prepandemic delivery numbers with case management, friendly visitor and caregiver registry programs running at usual levels. Due to covid surges in-person congregating dining has not been resumed but these clients are receiving home delivered meals. Transportation services have slowly ramped up but are not back to pre-pandemic levels. J-Sei has been offering more in person and hybrid special events and gatherings. It is very important to see seniors and to be able to offer early intervention and support whenever possible. However, seniors still have hesitancy to gather and the ease of online programs has reduced interest in face-to-face programming.

You have 229 characters left.

**7. OUTCOMES**

Outcomes	Annual Goal	1st Half Achieved Outcome	2nd Half Achieved Outcome	Achieved Outcome YTD	% Achieved Outcome of Annual Goal	% Achieved Outcome of Total Served
1 Clients avoid institutionalization	241	206		206	85%	100%
1 Clients participated in services related to client needs	241	206		206	85%	100%

**1st Half Narrative**

J-Sei has been successful in helping older adults maintain health and individual choice. A combination of in-person and online program options have met physical and emotional needs. In the second half of our contract year, J-Sei will provide more in-person options that include outdoor dining and presentations in front of our building. Outdoor tents and heaters have been purchased for this purpose. We also plan to combine enjoyable unique and affordable dining events paired with wellness programs to further engage seniors onsite. New technology will also be used to help more seniors attain desired content and to participate in educational programs. We envision seniors using J-Sei spaces like a public library where they can sit and read with our modest collection of books, as well as use our technology to browse or participate in J-Sei programs.

You have 140 characters left.

**Upload Attachments: (Up to 10 documents can be attached)**

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

**8. PROGRAM SATISFACTION SURVEY**

Question		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply	I Do Not Understand This Question	Total Number of responses
1. I am satisfied with the services I have received from this program.	This Period						0		0
	Prior Periods								0
	Total	0	0	0	0	0	0	0	0
	% of Total	0%	0%	0%	0%	0%	100%	0%	100%
2. This program's staff treated me with respect.	This Period						0		0
	Prior Periods								0
	Total	0	0	0	0	0	0	0	0
	% of Total	0%	0%	0%	0%	0%	100%	0%	100%
3. This program helped me make progress towards my goals.	This Period						0		0
	Prior Periods								0
	Total	0	0	0	0	0	0	0	0
	% of Total	0%	0%	0%	0%	0%	100%	0%	100%
4. This program met my needs.	This Period						0		0
	Prior Periods								0
	Total	0	0	0	0	0	0	0	0
	% of Total	0%	0%	0%	0%	0%	100%	0%	100%
Additional Questions:									
5. Additional comments from consumers completing the survey	We conduct our surveys in May 2023 and will be able to complete this section in our final report.								

**Select any additional questions (10 Max)**

- As a direct result of participating in the program I have what I need to maintain my independence.
- As a direct result of participating in the program my overall health and wellness has improved.
- As a direct result of participating in the program I have what I need to remain housed.
- As a direct result of participating in this program my housing situation has improved.
- As a direct result of participating in the program I have an increased understanding of community resources and supports.
- As a direct result of participating in the program I have enhanced skills and/or knowledge.
- As a direct result of participating in the program I have what I need to achieve my educational goals.
- As a direct result of participating in the program I have what I need to reach my employment goals.
- As a direct result of participating in the program I feel more connected to my community.
- As a direct result of participating in the program I feel less isolated.
- As a direct result of participating in the program my legal rights have been protected.
- As a direct result of participating in the program I am better able to take care of my own needs.
- As a direct result of participating in this program I feel more financially secure.
- As a direct result of participating in the program,
- I certify that the City of Berkeley has approved this question as written

Update Questions

Report Submitted by: Diane Wong Date: 01/10/2023

Accepted by: Mary-Claire Katz Date: 01/16/2023

Report modified by:

Initially submitted: Jan 10, 2023 - 15:51:09

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To: Mayor Arreguin and City Councilmembers  
([clerk@cityofberkeley.info](mailto:clerk@cityofberkeley.info))

From: Mary Behm-Steinberg, Chair, Human Welfare and Community  
Action Commission

Re: Hopkins Corridor Reconsideration

Honorable Mayor and Councilmembers:

This letter is to strongly support the communications from the Commission on Aging and numerous neighborhood groups, such as the Berkeley Neighborhoods Council, as well as the input of Disability Commissioners. For your convenience, we are attaching the Commission on Aging's communication.

We are alarmed at the normalization of passing over the Commission on Disabilities and the HWCAC on issues that have a direct and potentially lethal impact on the diverse community of persons with disabilities, not just here, but on issues ranging from homelessness and housing safety and accessibility to the hiring announcement for the next disability coordinator. As the Commission on Disabilities is extremely understaffed right now and was obligated to cancel their last meeting, we are including language from the former chair of that Commission that further details our concerns:

We believe that the "City should comply with existing laws and best practices of complete streets AND support new projects with data, especially in regard to safety and evacuation routes for first responders and residents. At best in a disaster, the roadway will be chaotic. Not many will use bikes to leave an area and cars navigating a narrow, congested car lane will use cycle lanes to get out and away from danger. Moreover, as commissioners, it is our job to review data, documents, and input from a variety of sources to make recommendations.

The presentation by the City makes assumptions that were not supported by data or a report by the fire department (or disaster preparedness dept) as to an evacuation study of the Hopkins Corridor.

Additionally, without quick access to a vehicle or the ability to get access to individuals quickly, along with residential and commercial parking on side streets the onus for my thoughts is has the city done enough due diligence in the Hopkins project that before and in a disaster all the emergent people and needs of residents will work. I am not comfortable looking at street measurements and listening to staff utterances that something will work but then in the next

breath saying that they have no idea how disabled drivers will be able to get out of their vehicles safely because it was not on their radar. It all matters and residents need to have all the information to feel safe.”

We have found ample evidence for Commissioner Freeman’s concerns. In addition to the letter and evidence presented by the Commission on Aging and Commissioner Freeman’s testimony and additional evidence, we are including an article from the Los Angeles Times detailing how road diets were responsible for at least 87 deaths (870 were still missing at the time of the report): <https://www.latimes.com/local/california/la-me-lmparadise-evacuation-road-20181120-story.html>).

Moreover, we are concerned that there is ample evidence that plans such as this actually impede emergency vehicle progress, and endanger the lives of both first responders and bicyclists, who have nowhere to go when it’s necessary to make way for emergency vehicles. In fact, there is documentary evidence where a similar plan on a road with similar importance for evacuation was altered in Eagle Rock, (LA County), as well as other localities in the greater LA Area. The results are shown in the following video:  
<https://www.youtube.com/watch?v=qaA6EvIAQrs>

Councilmember Kesarwani’s office confirmed to me that they did not, in fact, have any hard data concerning the normal throughput of the roads, so it appears to us that once again, adequate data and consideration of local conditions is lacking in this and other decisions, and we are concerned that Farid Javandel, the former head of Transportation, is gone under unknown circumstances following making what were considered misleading comments to Council (<https://www.berkeleyside.org/2023/05/16/berkeley-farid-javandel-transportation-division-hopkins-investigation>).

The results of such poor planning and oversight are easy to see locally as well, when one considers what happened with attempts to narrow Milvia Street:  
<https://www.berkeleyside.org/2022/02/03/berkeley-milviastreet-bike-barriers>.

Though this article cites problems for delivery trucks, we can’t help but wonder how this would affect the egress of emergency vehicles such as ambulances and fire trucks as well. If there are any vehicles you don’t want to slow, they are emergency response vehicles, as minutes can cost lives. We are grateful that the Disaster Fire and Safety Commission is addressing the need to more carefully consider modifications to essential roads for evacuation, and wish to pass on the following video with scenes from the aforementioned 2018 fire in Paradise, California, as well as evidence of risks to emergency vehicles, as well as bicyclists:  
<https://www.youtube.com/watch?v=qaA6EvIAQrs>

In addition to the above concerns, we echo concerns about the ability of disabled drivers and passengers to safely exit in a wheelchair; safe use of modified streets by seniors and other



people with mobility limitations(including parents of children still in strollers, especially while shopping); and the health of local businesses, among others.

We understand the realities of trying to legislate for climate emergency as well as the competing desires of a diverse population, but the reality is that if the solutions the City proposes for climate change are not universally and safely accessible, the City is in fact violating the basic civil and human rights of many of its most vulnerable citizens, and, in a real-time evacuation crisis, the population at large.

Moreover, there is a solution to satisfy bicyclists' needs in the use of Rose St. instead of Hopkins as a bike thoroughfare, which is plenty close to the businesses the bike lobby is seeking access to, and is far less of a risk to those needing emergency services or to evacuation efforts. Moreover, the numerous people who testified at earlier hearings that changes to Hopkins threatened their ability to retain disability attendants and access to a van would retain access to their most basic needs.

Seeing as multiple attempts by at least one Disability Commissioner to influence the findings of the Transportation Commission were to little avail, we can't express strongly enough how important consideration of these issues, even at this late date, are and continue to be. We therefore urge that planning include disability concerns from the outset, to avoid needless injury and suffering and to enhance cost effectiveness to taxpayers.

Sincerely,

Mary Behm-Steinberg  
Chair, Human Welfare and Community Action Commission

To: City Council From: Commission on Aging Re: Hopkins Corridor Reconsideration

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Mayor and Councilmember's,

As regards the reconsideration of the Hopkins corridor project, after examining the situation, receiving much public comment from Berkeley's Elder population (as well as a number of younger citizens) and gathering information from individual commissioners who've attended various public meetings focused on the issue, the Commission on Aging's recommendation is that there should be very little change to the Hopkins corridor from Mc Gee St to San Pablo Ave.

We strongly feel that the simple repaving of the corridor should move forward, but that an investment should be made in a few relatively minor additions. Those additions are:

1. A stop sign on Hopkins at McGee St.
2. A signal at the corner of Monterey and Hopkins that allows for pedestrian crossing (as well as cyclists who choose to dismount their bikes) for an extended period in all directions at once, including diagonally.
3. Signage and pavement markings that encourage the use of Ada St. for through east-west cycling.
4. A highly visible "Hawk" signal at the corner of Sacramento and Ada. As supplement to these additions the Commission also considered these possibilities:
5. Making Ada St. one way running to the east from Ordway to Sacramento for safer cycling while preserving residential parking.
6. A protected bike lane from Ordway to the Ohlone Greenway on the south side of Hopkins.
7. A stop sign at the corner of Ordway and Hopkins.
8. Designated areas near the corner of Hopkins and Monterey where cyclists can safely park and lock their bikes. 9. Designating the area as a historical district, installing signage indicating this and imposing a 15 mph speed limit in the area.

The Existing Situation: The commercial strip near the corner of Hopkins and Monterey was built out many years ago near what has become somewhat of a transportation bottleneck over those years as automobile traffic predominately from Gilman and Sacramento Streets has increased. That said, even during rush hour the combination of through traffic, the local traffic generated by the long-lived shops and markets as well as pedestrian traffic and the needed parking process remains manageable in this vibrant area. As far as bicycle traffic goes, through traffic seems to be predominately choosing various alternative, arterial routes to avoid the area closest the most dangerous intersection - the intersection of Hopkins and Sacramento. For example, those coming down Monterey St. will take Posen to Peralta to access the Ohlone Greenway or areas further west. Those trying to reach North Berkeley Bart will turn left at Monterey (or McGee) and

wsimply continue on California St., a designated bicycle boulevard. As far as bicyclists visiting the shops goes, there is very little impediment for doing so from anywhere east of Sacramento St. or south of Hopkins. Access from the remaining quadrant is compromised by the busy stretch of Hopkins from Gilman to Monterey and, equally important, by Gilman Street itself which is narrow and highly congested along its entire run. (See CoA's 3, 4, 5 and 7 above).

---

Community input and CoA concerns regarding currently proposed new development: The vast majority of input the CoA has received regarding the Hopkins Corridor Project from our elder (as well as number of younger) citizens has essentially taken an "if it isn't broken, don't fix it" point of view. In addition, there is also a widespread sense of exasperation that this position has been characterized as indicative of an incaltrant and fearful resistance to change that is part and parcel of the aging process. Having examined the situation as a commission, we generally agree with that position on the corridor and certainly share the indignation at the agist characterization. Indeed, though there may be a disproportionate number of elders who have spoken out against the Hopkins Corridor Project, elders are certainly not the only ones raising objections, just the most vocal, and perhaps aren't even the majority of those holding that position. This attempt to sway public opinion using the characterization of "old-person thinking" is particularly alarming to the CoA and a serious threat to the health and well being of the entire community.

The resistance in this instance is not simply "resistance to change" nor is it out of animosity to bicycle riders or bike lanes. Indeed, CoA commissioners (and many who have made public comment to it) applaud bicyclists' good sense from both the individual health and fighting climate change angles and support protected bike lanes to ensure their safety wherever practical. Instead it is resistance to the imposition of poorly thought through and narrow minded change that results in public policies that do more harm than good. In this case, the long-lived Hopkins Corridor business district currently remains a healthy and economically high functioning area for nearby residents and locally-based businesses both. The commerce there not only serves those nearby residents but draws in a large number of patrons from adjoining neighborhoods and those further afield even though it has the limited access of a different era. The small business district lacks the "convenient access" and "ample parking" of more modern strip malls or large stores or even our own Elmwood District which is in a much more highly-traveled area and more supported by off-street parking. Despite this, the businesses continue to draw a large number of regular customers, a large number of which are elder or soon to be elder - Berkeley's older population is growing rapidly as established residents age into that demographic. To the CoA's observation, the current amount of curbside and lot parking is by and large adequate. The patrons of the businesses know that there will be times when near in parking will be readily available and other times when it is so crowded they will need to circle round and round or, for the more hale, spill out further into the adjoining neighborhoods. Some of this is just hit or miss, but in general this follows a pattern during the day and patrons have adapted accordingly as have the neighborhood residents.

Of course this functional balance can be thrown off a bit by inclement weather, whether rain or extreme heat, resulting in more overcrowding at times and it can take a few days for things to "return to normal", but, again, current parking is adequate. Indeed, if anything a bit more curbside and lot parking is needed if these businesses want to grow appreciably. As far as

patrons arriving on bicycles go, as mentioned above there are currently few impediments to doing so from most directions though out of prudence less experienced riders might want to dismount and effectively become pedestrians in the busiest sections. The riders, though, could use more space to park and lock their bikes. (See CoA's 8 above.) For those arriving on foot, yes, crossing at the corner of Hopkins and Monterey can be trying and pedestrians need to be careful, but is currently doable and to the best of the CoA's knowledge there have been few pedestrian/auto accidents reported in the two blocks of the Hopkins Business District proper over the years. That elders in particular might currently prefer to park on the south side of Hopkins for safety's sake is quite understandable though. (See CoA's 1, 3, 8 and 9 above).

---

Internal Rational behind the CoA's objection to the current proposal:

In accordance to previous discussion by the CoA as well as examination of newly arriving public comment, objections to the current proposal generally fall into two interrelated categories: equitable access to the area as tied to the health of the existing businesses and general public safety.

- 1) Equitable access / health of existing businesses: Put simply, curbside and lot parking is currently far from ample, but just barely adequate for the current level of commerce in the district. The removal of any curbside parking will reduce the access to the businesses for those who come by car and this has a disproportionately negative effect on the elder and mobility limited population who are understandably more dependent on private vehicles.

The same is true for anyone who comes from a distance not reasonably walkable or bikeable or served by frequent and convenient public transportation. In addition, patrons of the businesses that make purchases that can't be easily carried away or put in a bicycle's basket will be seriously discouraged from frequenting the area - such patrons account for the lion's share of the area's business. Building a two-way bike lane that will remove a large amount of that parking - especially the close in parking favored by those with strength and mobility issues prefer - will inevitably damage the businesses and the community both. As far as bicycle access goes, as mentioned above there are currently few serious impediments for cyclists to frequent the businesses in the area itself except for one quadrant and options other than the proposed bike lanes can address this. (See CoA's 3, 4, 5 and 7 above).

That somehow the increased bicycle traffic will make up for loss business due to the loss of parking seems unlikely given that these won't appreciably increase the existing access. Again, there is little stopping cyclists from frequenting the area now. That the proposed bike lanes could provide a better through route for cyclists is true, but that the possible "stopping along the way" by those who have "discovered the area" could make anything more than a small dent in that loss seems very, very unlikely in this instance.

- 2) Public Safety For anyone standing at the corner of Gilman and Hopkins and looking up and down the streets, it is quite clear - especially during rush-hours - that for public safety's sake the last thing these sections of roadway need are more rolling vehicles even

if all street parking were removed and the bicycles and EPTDs are separated from the automobile traffic by protected lanes. Add to this the pedestrian traffic in the area concentrated at the corner of Hopkins and Monterey and the public safety concerns are ratcheted up greatly. The intersection and its adjoining sections of roadway simply were not built to safely accommodate this level of congestion - too many things for all involved to watch out for - and this clearly evident safety problem will in all likelihood be exacerbated for the foreseeable future as the automobile traffic becomes greater due to the push to increase population density in the Bay Area. Though getting the citizenry out of cars and onto bicycles will help solve this intractable problem, the speed of this change is unlikely to even keep pace with that growth until considerable public funds are dedicated to improving local transportation infrastructure - the automobile provides us all the freedom to go to the market in the rain, to drive over to a friend's house across town in the dark for a dinner party, to go to a Doctor's appointment in an adjoining City without spending half a day on public transportation, etc..

It will take a long, long while (if ever) for the citizenry to give this up. Given this, the CoA strongly believes it would be wiser to divert bicycle through-traffic away from that intersection and, as suggested above, use Ada St. instead. Skilled cyclists and EPTD riders will, of course, retain the right to ride with the flow of traffic through the area if they so choose.

There are also a number of other arterial routes on slower streets to be taken. As for crossing streets, cyclists uncomfortable in doing so can simply dismount and become pedestrians pushing their bikes aside them. In addition, the CoA has both received and been present at meetings where elder residents in particular have raised concerns about the behavior of cyclists, e-bike and - more often - e-scooter users. The battery assisted devices themselves are more troubling because they accelerate more quickly than bicycles, the E-bikes are quite heavy and both are more silent - it is hard to hear them coming, especially for those with hearing impairments. In the specific case of E-scooter riders, they tend to be younger, less cautious and - using our downtown area as example - often seem unaware that they are not allowed to ride on sidewalks.

The danger? A 45 year old could be knocked down by a scooter and recover in a few days. For even a healthy 75 year old, the healing time could take weeks. For the more impaired? - simply falling down can start a chain of events that can make this a "life altering injury". And in addition to all this, two individual commissioners have brought up concerns that were not previously discussed by the full CoA: 1. That there is an inadequate buffer zone between drivers exiting their cars and automobile traffic. The end result is that though the bike lanes may protect riders from being "doored", it puts drivers at greater risk of being hit by a car and that this is obviously and unacceptable trade-off.

2. That the Hopkins Corridor is a designated evacuation route and that this new configuration may compromise its effectiveness. To the best of this commissioner's knowledge the Berkeley Fire Department has not publicly addressed the issue and nor has the Disaster and Fire Safety Commission been asked to weigh in. This suggests an avoidance of the topic. Given these two concerns, it might be wiser to simply require cyclists and EPTD

ATTACHMENT B ATTACHMENT D HWCAC, 5/17/23, pg. 28 of 44 Internal users to dismount and walk their vehicles through the commercial area.

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CoA conclusions and recommendation for future action: The CoA is fully aware of the existential threat to all of humanity due to climate change and of the need to change our transportation systems to address this. We are also aware of the part policy decisions from the local level all the way up to global agreements will play in this needed change. As stated above, the commission appreciates that encouraging bicycle and EPTD usage is part of this needed change and support investment in the infrastructure needed to move in this direction where and when appropriate. In this specific instance, we strongly believe the proposed plan is inappropriate for the reasons stated above and have accordingly made the recommendations at the beginning of this report to best serve the laudable goals of that proposal while addressing these concerns.

As far as future action goes, for years the CoA has suggested to the Transportation Commission that an integrated system of small shuttles buses on secondary streets be developed around town to reduce car usage, but it seems to have fallen on deaf ears. Tellingly, in the City's Vision 2050 Framework shuttle buses appear twice in the narrative "A Street Corner View of Berkeley in 2050", but to the best of the CoA's knowledge no actual proposals or even feasibility studies have been made to support this truly progressive infrastructure change.

George Porter  
Chair, Commission on Aging



Human Welfare and Community Action Commission (HWCAC)

## ACTION CALENDAR

June 21, 2023,

To: Honorable Mayor and Members of the City Council

From: Human Welfare and Community Action Commission (HWCAC)

Submitted by: Mary Behm-Steinberg, Chair, HWCAC

Subject: Eligibility for Service as a Representative of the Poor

### RECOMMENDATION

Adopt first reading of an Ordinance to allow Representatives of the Poor to come from any location in Berkeley, and requiring them to be in a low-income category.

### CURRENT SITUATION AND ITS EFFECTS

City code currently mandates that six Representatives of the Poor be included on the commission, as follows:

“B. Six of the members shall be representatives of the poor, to be elected two from each of three districts as established by the City Council and shown on the map attached hereto, made a part hereof and marked "Exhibit A" (see Ch. 3.999).

C. The community service block grant (CSBG) target area shall comprise the total area from which three election districts are drawn. Each district will have approximately equal numbers of poverty families utilizing data from the 1980 Census.”

The Commission is responsible for review of CSBG grants, and one of the terms of that review is participation of the aforementioned Representatives of the Poor.

June 21, 2023,

In spite of the best efforts of commission members, we currently have no Representatives of the Poor, and we have willing candidates from outside of the current poverty districts. While we may be able to elect two representatives from the current poverty district, state law requires six. Moreover, while CSBG grant target areas have traditionally been in the current poverty districts, projects such as Project Homekey have shifted potential projects to other areas of the City.

Moreover, according to recent attached correspondence, dated May 9, 2023 from CalCAPA's David Knight, we have funding that is at imminent risk of loss.

Whereas participation of representatives of the poor is essential for compliance with the terms of grants that the City depends on; and

Whereas homeless and low-income individuals are now being placed in areas outside of the traditional poverty districts; and

Whereas representatives of the poor have been significantly underrepresented on the commission, potentially putting City funding at risk; and

Whereas there are low-income community members residing outside of the poverty districts who have an interest in serving in these positions

We recommend that membership as a representative of the poor be opened up to community members from anywhere in Berkeley who also qualify as low-income or below, to be grandfathered in so that any current representatives of the poor who qualified under the old guidelines and wish to continue may serve out their terms.

#### ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

None

#### CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

None

#### RATIONALE FOR RECOMMENDATION

The Commission needs a larger pool of potential candidates in order to fill the seats as legally mandated.



June 21, 2023,

**ALTERNATIVE ACTIONS CONSIDERED**

We have already recruited under the current guidelines, without success. There are willing low-income participants outside the poverty districts, so this appears to be the most logical course of action to ensure that the needs of the poor are represented and the City is in compliance with the law.

**CITY MANAGER**

The City Manager has not taken a position on this item

**CONTACT PERSON****Mary-Claire Katz**

City of Berkeley

Housing and Community Services

(510) 981-5414 (tel)

[mkatz@ci.berkeley.ca.us](mailto:mkatz@ci.berkeley.ca.us)

## ORDINANCE NO. 3.78.010

ELIGIBILITY FOR SERVICE AS A REPRESENTATIVE OF THE POOR IN THE  
HUMAN WELFARE AND COMMUNITY ACTION COMMISSION

BE IT ORDAINED by the Council of the City of Berkeley as follows:

Section 1. That Berkeley Municipal Code Section **3.78.010 sections B and C** are amended to read as follows:

**B.** Six of the members shall be representatives of the poor, who shall be ~~elected~~ individuals residing anywhere within City limits who are low income or below, or who have had significant lived experience in poverty, such as homelessness.

C. The CSBG target area is no longer limited to the former poverty districts drawn according to the 1980 census because the community of individuals in poverty are now spread into a wider area of the community as a result of placement of homeless individuals into residence hotels and RV parking, along with other programs, into other geographical areas.

Section [Number. Single-click and type]. Copies of this Ordinance shall be posted for two days prior to adoption in the display case located near the walkway in front of the Maudelle Shirek Building, 2134 Martin Luther King Jr. Way. Within 15 days of adoption, copies of this Ordinance shall be filed at each branch of the Berkeley Public Library and the title shall be published in a newspaper of general circulation.



Human Welfare and Community Action Commission (HWCAC)

## ACTION CALENDAR

June 21, 2023,

To: Honorable Mayor and Members of the City Council

From: Human Welfare and Community Action Commission (HWCAC)

Submitted by: Mary Behm-Steinberg, Chair, HWCAC

Subject: Reestablishment of Hybrid Commission Meetings

### RECOMMENDATION

Adopt first reading of an Ordinance to allow hybrid participation in Commission and Committee meetings

### CURRENT SITUATION AND ITS EFFECTS

Prior to the pandemic, a number of disability advocates advocated for remote access to Commission meetings. While the City has returned to in-person only meetings for Commissions, City Council meetings continue to be held in a hybrid format, allowing for participation by all and access not only for persons with disabilities, but also seniors; caregivers; and anyone working hours that preclude direct participation.

With the pace of change the City is currently undergoing, it is vital that no one be left behind, and hybrid Council meetings prove that this is achievable even under the Brown Act as currently written.

Moreover, this is easily achievable with nothing more than a laptop and an appropriate zoom license, so we see no reason why the same openness and transparency cannot be made available for all City meetings.

June 21, 2023,

Whereas participation in public meetings is a fundamental civil right of all citizens;

Whereas participation in Council meetings is already available on a hybrid basis;

Whereas many of the most vulnerable people in the City, whether through disability; homelessness; age; caregiver status; or having to work an excessive number of hours or participate in meetings being held simultaneously preclude participation by interested parties in critical events of particular concern;

We recommend that Commission meetings be made available on a hybrid basis as soon as possible

#### ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

The possibility of elimination of carbon emissions through extra car trips, which are often necessary for disabled people when bus lifts aren't functioning consistently

#### CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

None

#### RATIONALE FOR RECOMMENDATION

Public meetings are intended to be accessible for all. This will allow more participation from underrepresented groups.

#### ALTERNATIVE ACTIONS CONSIDERED

We have already proven during the pandemic that this is achievable, and the only alternative we have seen other than amending the Brown Act at the state level is the status quo, which does not work for many. This is especially true as some members of the community have extreme autoimmune deficiencies and are still not able to participate in person due to ongoing COVID concerns.

#### CITY MANAGER

The City Manager has not taken a position on this item

#### CONTACT PERSON

**Mary-Claire Katz**

City of Berkeley

Housing and Community Services

Internal  
Eligibility for Service as a Representative of the Poor

ATTACHMENT G  
ACTION CALENDAR

June 21, 2023,

(510) 981-5414 (tel)  
[mkatz@ci.berkeley.ca.us](mailto:mkatz@ci.berkeley.ca.us)

## REESTABLISHMENT OF HYBRID COMMISSION MEETINGS

BE IT ORDAINED by the Council of the City of Berkeley as follows:

All Commission and Committee meetings, as well as town halls, shall be held in a hybrid format to enable the widest possible participation in local meetings on the same basis as current Council meetings.

Copies of this Ordinance shall be posted for two days prior to adoption in the display case located near the walkway in front of the Maudelle Shirek Building, 2134 Martin Luther King Jr. Way. Within 15 days of adoption, copies of this Ordinance shall be filed at each branch of the Berkeley Public Library and the title shall be published in a newspaper of general circulation.



Human Welfare and Community Action Commission (HWCAC)

## ACTION CALENDAR

May 17th, 2023

To: Honorable Mayor and Members of the City Council

From: Human Welfare and Community Action Commission (HWCAC)

Submitted by: Melinda Zou, Vice Chair, HWCAC

Subject: Hybrid Commission Meetings

### RECOMMENDATION

Allow for a hybrid option for the City of Berkeley's Commission meetings to increase accessibility.

### BACKGROUND

The central provision of the Brown Act requires that all “meetings” of a legislative body be open and public. The Brown Act definition of the term “meeting” (Section 54952.2) is a very broad definition that encompasses almost every gathering of a majority of Council members and includes: “Any congregation of a majority of members of a legislative body at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the legislative body or the local agency to which it pertains.”

During the Covid pandemic, Governor Newsom issued a statewide emergency declaration that was rescinded on February 28, 2023. Rescinding the emergency declaration ended the exemptions to the Brown Act that were codified in AB 361. These exemptions allowed for remote participation by members of the legislative bodies without the need to notify the remote participation location or make the remote location accessible to the public.

Reintroducing a hybrid option will allow commission meetings to be more accessible to the general public, and to commission members as well.

### FINANCIAL IMPLICATIONS

Financial implications of introducing hybrid/remote meeting options could include a zoom subscription and making the meeting link accessible (in interpretable ways like providing laptops, wifi, etc).

CONSENT CALENDAR  
May 17th, 2023

ENVIRONMENTAL SUSTAINABILITY

There are no identifiable negative environmental impacts associated with this action.

CONTACT PERSON

Melinda Zou, Vice Chair, HWCAC