
To: Mayor and City Council Ad-Hoc Committee on Homelessness,
City Manager and Staff

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Re: **Integrating Feedback from the Homeless and into Service Excellence
Report on CBO Convening and Next Steps
Feedback from Business Associations**

Through Berkeley's Coordinated Entry System (CES), approximately 20% of Berkeley's homeless population will receive permanent housing and wrap around services over the next 5 years. Delivery of this housing prioritizes the chronically homeless – high need individual and those individuals where time-limited subsidies and accompanying employment/income supports a rented apartment that will become their own when intervention ends (rapid-rehousing).

However, due to current funding levels and mandated prioritization, the remaining 80 percent of the homeless population are fragile and vulnerable and will not be permanently housed for years. Unless a strategy is developed and the needs of this population are met now, they will move into chronic homelessness, economic instability and worsening health situations. These circumstances will become more persistent and debilitating with each additional year spent in homelessness, requiring even more resources to provide higher levels of care down the road.

Housing that is both permanent and affordable is the solution – but the inventory will never meet the need. Even if we were able to double the rate of current housing placement, it would take over 10 years to house all of our homeless population. People are going to be on our streets for longer periods of time, at risk of criminalization and inclement weather. And shelters currently do not provide the level of case management and support services needed to increase incomes, stabilize physical health, and receive mental health care and recovery support. For those who are destined to wait years for permanent housing, the instability and indignity of shelter living and life on the street is disempowering.

By delaying response to **the needs of this underserved group**, we leave people spiraling downward - they will become the next round of frequent users of expensive hospital services and our criminal justice system resulting in a multifaceted industry around the chronic homeless.

It is the belief of this committee that while stable housing is the most significant catalyst for empowerment as the *Housing First* model proves, personal transformation can begin to happen while people are in encampments, single tents, in sleeping bags on the street, in our shelters if economic opportunities, supportive services and resources are accessible. However, it is our observation that despite a multitude of homeless services in the City, there is a shortage of case management/coordination services. Coordination needs to be improved substantially to ensure service linkages for consumers. This requires investment in staff training and capacity building through peer counseling and homeless advocacy volunteers.

Our findings are based on real human conditions and experiences and grounded in strategies that will enable our single folk and families with children to be supported regardless of where they sleep. We are confident that these needs will be addressed in the near future with the addition of our Homeless Coordinator, by the leadership in our Health, Housing and Community Services Department, the compassion of our CBOs and commitment of our Mayor and City Council to make Berkeley a model for Alameda County.

METHODOLOGY

1. Anonymous, self-administered survey

We developed an 18-question survey with Likert-type multiple choices and a comment section for each question (Appendix A). The survey covers topics including program accessibility, cultural competency, self-determination, staff attitudes, and overall satisfaction to capture consumers' experiences with the City's homeless services. 100 survey forms were passed out, and 42 current consumers completed the survey in March and April 2017. It should be noted that this is a self-selected group who have accessed homeless services and does not represent the entire homeless population.

2. Face-to-face interviews

We visited 10 program sites and also talked with people in the streets, in the evenings and early morning, and spoke directly with approximately 150 consumers. 16 were Transitional Age Youth (TAY), 30 were female heads of household, and the rest were single men and women. The interviews were semi-structured with a set of prepared questions; however, consumer responses directed the course of conversation to gain insights on their experience.

3. Group sessions

Two group sessions were held. At one of the sites, a sense of community had developed among the shelter guests, and the group format allowed us to learn from their more candid discussions. At the other site, 8 guests were given a document on the Pathways Project in advance so that informed feedback could be obtained.

FINDINGS

A majority of the consumers we talked with expressed gratitude for the services they are receiving. The survey responses indicate that most consumers are satisfied with service locations, the level of introduction to program rules, the ability to set their own goals, and cultural sensitivity (Appendix B). However, they also emphasized that their needs are not being fully met due to lack of coordination and misinformation. While the basic needs of shelter and food may be fulfilled, the current system falls short in supporting people experiencing homelessness to move further along in their goals of getting housed, receiving income support, gainful employment, and safety and security for the family. There is a strong need for empowerment; homeless people have the capacity for self-sufficiency, and will be successful when opportunities and resources are available to them. "Don't treat us like children" is a recurring theme that we heard at multiple sites.

Service coordination

Shelter guests pointed out two major signs that the level of service coordination is subpar. One is vacancies in shelter and transitional housing. It is puzzling and upsetting for them to see unused beds when they know there are people who desperately need service. The other is the continuum of case management services once accepted into a shelter program. Consumers are caught between providers each insisting that the other is responsible for providing case management, as a result they are unable to receive crucial support they need.

Insufficient and “alternative” information about services

Clarity is needed on the array of homeless services offered in the City and at the County level. Consumers find the service criteria to be “mysterious.” This is especially true for referrals to Home Stretch and case management services. Consumers are reasonably informed of the priorities in the CES, and sounded indignant that no clear explanation was given when they did not qualify for services. A woman with children in transitional housing was told that being in transitional housing for over 90 days disqualified her from permanent supportive housing, although this may not be the case. A male shelter guest who called the HUB for general information encountered curt responses from a staff member who ended the call prematurely without providing requested information. The lack of up-to-date information on service availability is a source of frustration for consumers and there was an overwhelming suggestion that services **at shelter sites**, available on an established schedule, would help tremendously.

Advocacy and Grievance Resolution

Consumers count on program staff to understand their needs and competently guide them to achieve their goals. However, some experience a lack of advocacy and empowerment. Consumers feel that staff does not pay enough attention to their individual needs, and acts as a “knowledge keeper” instead of providing accurate information so that consumers can take action on their own. In one instance, a caseworker did not show for an appointment or respond to subsequent calls from a consumer who needed assistance in obtaining an ID and General Assistance. When consumers express grievances, the agency policies and procedures are not always honored.

Housing

For those who are not eligible for permanent supportive housing, the prospect of finding a home is bleak. Some shelter guests work two jobs to save money for housing. A woman had to move out of an affordable rental because her SSI was not enough to cover the rent. Even those who meet the criteria for Home Stretch encounter significant barriers. A consumer submitted her application for Home Stretch and followed up to check on the application status; however, she has not heard back and is afraid that her application is “sitting in limbo.” Another expressed exasperation as she “keep getting bounced down on the list.” In some cases, consumers were concerned that the transition from shelter to independent housing might be too drastic, and expressed the need for ongoing support pre- and post-placement.

Employment services

Many, if not most, homeless people wish to work to the best of their abilities. As a male shelter guest articulated, “There is a built-in workforce here. Use it, invest in it!” Services that offer mentorships, internships, and job placement are in high demand. Job fairs tailored to TAY and childcare for family shelter guests were identified as needs specific to these groups.

Daytime drop-in services

Shelter guests face a daily struggle of having no place to go during the day. Daytime could be spent more productively if they have a place that is consistently available and allows them to access a range of services on site. This is specific and critical need for TAY clients.

Expanding shelter hours to allow for service appointments early in the morning and later in the day are something that needs to be considered.

Medical/behavioral health care

Accessing medical and behavioral health care can be challenging when shelter guests move away from their previous providers in search of housing opportunities. Finding new providers and scheduling appointments are difficult, especially with specialists. Some consumers resort to the use of alcohol and other drugs to cope with pain or depend on emergency room visits. Declining health adds to the already stressful life of consumers and causes them to worry that they may not be able to maintain housing even if it becomes available. Shelter guests want primary and behavioral health care accessible, and want to see the capacity of respite beds increased at emergency shelters for those who temporarily need a place to rest all day to recover from an illness. Patients should not be released from the hospital in the middle of the night as most shelters are closed due to curfews. Resources such as immediate/urgent care at Herrick may be underutilized as consumers are not aware of them. Alameda Health Care Services mobile units for the homeless need to expand into Berkeley.

Immediate needs

Transportation emerged as a major need for the homeless. Not having money for public transit, inconvenient service locations, and having to travel with young children are some of the reasons that make it difficult for them to access services and many give up on the system. Lack of access to restrooms also makes their daily life more challenging. Emergency rent assistance was identified as a preventive need to address the anti-displacement issue.

Feedback on the Pathways Project

The group session participants welcomed the concept for STAIR Center and Bridge Living Community with reservation, as one consumer stressed that he liked it “in theory.” Consumers want to see that 1) services are well-coordinated and available on site; 2) unique needs of subgroups (e.g., women, men, families, and people with mental health challenges) are addressed and reflected in allocation and separation of spaces; 3) it is staffed with case managers who are resourceful and experienced to work with diverse group of people; and 4) pathways from a Bridge Living Community to permanent housing are identified.

RECOMMENDATIONS

1. **Comprehensive services for those living on the street and in encampments**
 - a) In addition to the interdisciplinary HOTT (Homeless Outreach and Treatment Team), which has a specific mandate, we need to support both the contracted (service providers) and the non-contracted outreach efforts like Consider the Homeless. A supportive services team that could consist of trained volunteers and peers (to expand capacity), could augment outreach efforts. Outreach could also be expanded to include the Ambassadors from DBA and TBID. *All outreach should be consistent and coordinated.*

- b) All street outreach workers need to have easy access to first aid kits, water to distribute, sleeping bags, energy bars and other simple ready-to-eat food items, garbage bags, and gloves so that they can *take care of immediate issues, build relationships and create goodwill.*
- c) When an encampment is dismantled, this needs to be done according to the new policy, by which people's belongings are respected and *an alternate site to move to is suggested.*
- d) Add porta potties and garbage pick-up as soon as possible. This will relieve the unsanitary living conditions of the homeless and provide relief to the neighborhoods.
- e) Consider adding more peer based support to reach more of our homeless population and be reflective of current mandates.

2. Rich blend of services in the shelters

- a) Services which address the residents safety, health, mental health, recovery, social and material needs *be integrated into programming and consistently delivered* in the shelters; these could include support groups, housing readiness groups, children's services, women's health, job readiness and others. Case management or "concierge" services need to be increased.
- b) A supportive services team of uniquely qualified staff out of CBOs can be created and charged with providing support groups, support with ordering birth certificates, ID's, coordinating transportation, paying for prescriptions, and obtaining medical and mental health care. The housed population of Berkeley possesses many of the skills needed to serve people in our shelters. Volunteers, professionals and peers need to be organized and deployed to provide these services. A volunteer coordinator is critical to this effort.
- c) Staff and volunteers need to be trained with a focus in advocacy and supporting self-reliance for our homeless population and outreach.

3. Children's services

Children who live in homelessness very quickly develop post-traumatic stress disorders, have problems with continuation of their education and behavioral issues. There are a substantial number of children and adolescents ranging from newborn to 21 years of age living in our shelters and transitional housing. In our shelters and transitional housing facilities where children live, there is an effort to provide child-centered services. Almost all the sites have indoor and outdoor space for children; however, the programs they offer are limited.

- a) Our CBOs should grow their pool of volunteers. Volunteers could come into the programs to spend time with children, help with school work, play, do art activities, and monitor the play areas activities. This will give the children access to community members who live outside the shelters, provide mentoring and further engage the community in their support for our homeless service providers.

- b) Child/Youth centered services and supports are greatly needed yet not available to this very vulnerable population.

4. Seniors

As our population ages, more people become dependent on fixed income, putting them at risk of displacement. Commitment to service excellence requires us to proactively identify and provide for the need of seniors who are precariously housed or in our shelters and require supportive services. It is also imperative that we track older adults as a distinct age group in our homeless counts. Older adults are more likely to experience declining health, limited mobility, and isolation compared to other age groups. While the community offers a variety of services and social opportunities specifically for seniors, accessing them can be difficult.

- a) Transportation services need to be increased for homeless seniors. Shuttle services between shelters and the senior centers and rides provided by volunteers may be considered to meet this need.

5. Job Programs and Support

Various models and approaches exist to combat poverty and help those who are homeless, unemployed, and/or underemployed move toward self-sufficiency. Most of them are at program levels, but a community-level approach could have a large impact although it is more costly and time-consuming. Berkeley has lost its long time provider of job placement, readiness and training and while San Francisco has a program that helps transition people from cash assistance to employment, Alameda County does not.

- a) Advocacy at the County level is needed to provide funding for jobs programs that would reduce the number of people dependent on cash assistance. One option is to model a program after the JOBSNOW! Wage Subsidy Program in San Francisco.

6. Expand Housing

Adding housing that is available to our homeless community is key. We must increase our pool of funds for flexible housing and anti-displacement subsidies and look to existing inventory to increase housing availability in addition to constructing new projects.

- a) Home sharing should be a serious consideration. HIP Housing in San Mateo has provided this service (which includes screening of the home provider and home seeker) to their community since 1972. In 2014-15 alone, HIP had approximately 700 people living in home sharing arrangements.
- b) Continue to consider tiny homes on faith-based property, landlord incentives, expanding Section 8 and Shelter + Care and combining and expanding housing resources and relationships currently held in individual CBOs.

7. Increase Flexible Funding

Improving and expanding service delivery and initiating new programs requires new funding. With the exception of new money coming from Measure A-1 for housing, there is little expectation that any additional program funding will be available through the State or Federal Government. City Council must commit to soliciting additional funding to provide customer centered services.

- a) With the help of City staff and our Homeless Services Coordinator identify and quantify funding gaps and needs to ensure coordination and availability of services to support Berkeley's entire homeless community.
- b) Create a City Council Capital Campaign to fund shelter and housing availability.

FEEDBACK FROM THE BUSINESS COMMUNITY

We met with Downtown Business Association and Telegraph Business Improvement District to hear about their engagement with homeless residents. Both organizations operate an Ambassador Program that places ambassadors on the street daily to monitor and modify inappropriate conduct as well as provide helpful information. The business community wants immediate enforcement of municipal codes to universally address problem behavior such as open alcohol and substance use, smoking, and consistent loitering, and supports the adoption and distribution of conduct agreements for public spaces.

Approximately half of the homeless in the Downtown and Telegraph areas are reportedly chronically homeless while the others are transient. When homeless people move along, spaces vacated by them are quickly filled by newcomers. The business community understands that the fundamental solutions to homelessness is housing; however, "responsible" use of streets is of great concern to them, and they urge that compassion be balanced with enforcement and that better metrics be developed to accurately understand homelessness in the City and evaluate progress. They are also open to discussing how to better utilize their Ambassador Programs for outreach and service connection.

CONVENING OF THE CBO MEETING

On April 18th, Mayor Arreguin convened the first CBO meeting, attended by 13 CBO leaders, 2 councilmembers, and representatives from HHCS and BHA. The group received a briefing on the current status, capacity, and needs for homeless services in Berkeley, and began conversations on how to streamline coordination. Participants shared ideas on person-centered care, improved access and assessment, appropriate assignment, and expanding housing opportunities and services. They also discussed expanding the group to include members from our faith based community, BPD, business community, service organizations, advocates and homeless leaders in order to ensure input from the entire community.

Three subcommittees will explore specific topics and report back to the group at the next meeting, which is scheduled for May 23, 2017:

- Services menu
- Community engagement
- Engaging the homeless voice

NEXT STEPS

We will continue to gain a more comprehensive understanding of the current system by talking to the Berkeley Police Department, neighborhood groups and councils and additional providers such as BYA and Toolworks.

Appendix A: Client satisfaction survey

1. How did you hear of this service?

☐ Referral ☐ Outreach ☐ Word of mouth ☐ Prior experience

Comment: _____

2. When you first entered the program, was it clean and welcoming?

☐ 4 ☐ 3 ☐ 2 ☐ 1
Yes, definitely Yes, generally No, not really No, definitely not

Comment: _____

3. Was the food of high quality and nutritious?

☐ 4 ☐ 3 ☐ 2 ☐ 1
Yes, definitely Yes, generally No, not really No, definitely not

Comment: _____

4. Did you feel that the program's environment was a safe one for you to be in?

☐ 4 ☐ 3 ☐ 2 ☐ 1
Yes, definitely Yes, generally No, not really No, definitely not

Comment: _____

5. Do you make friends and experience a sense of community while obtaining the services?

☐ 4 ☐ 3 ☐ 2 ☐ 1
Yes, definitely Yes, generally No, not really No, definitely not

Comment: _____

6. Did you get the kind of service you wanted?

☐ 4 ☐ 3 ☐ 2 ☐ 1
Yes, definitely Yes, generally No, not really No, definitely not

Comment: _____

7. Did you have enough personal space to securely store your belongings?

☐ 4 ☐ 3 ☐ 2 ☐ 1
Yes, definitely Yes, generally No, not really No, definitely not

Comment: _____

8. Was the location of the services convenient?

☐ 4 ☐ 3 ☐ 2 ☐ 1
Yes, definitely Yes, generally No, not really No, definitely not

Comment: _____

9. Were the hours that the services were available good for you?

☐ 4 ☐ 3 ☐ 2 ☐ 1
Yes, definitely Yes, generally No, not really No, definitely not

Comment: _____

10. Were you respectfully oriented to the rules, and were they easily understood?☐ 4

Yes, definitely

☐ 3

Yes, generally

☐ 2

No, not really

☐ 1

No, definitely not

Comment: _____

11. Did you decide your own plans and goals?☐ 4

Yes, definitely

☐ 3

Yes, generally

☐ 2

No, not really

☐ 1

No, definitely not

Comment: _____

12. Did you feel comfortable raising any complaints that you might have had about the services?☐ 4

Yes, definitely

☐ 3

Yes, generally

☐ 2

No, not really

☐ 1

No, definitely not

Comment: _____

13. How would you rate the quality of the staff's attitudes toward you and others?☐ 4

Excellent

☐ 3

Good

☐ 2

Fair

☐ 1

Poor

Comment: _____

14. Were the staff supportive of your growth and help you to obtain the information you needed?☐ 4

Yes, definitely

☐ 3

Yes, generally

☐ 2

No, not really

☐ 1

No, definitely not

Comment: _____

15. Were staff sensitive to your cultural background?☐ 4

Yes, definitely

☐ 3

Yes, generally

☐ 2

No, not really

☐ 1

No, definitely not

Comment: _____

16. Has the amount of services been satisfactory, and the services meet your needs?☐ 4Almost all of my needs
have been met☐ 3Most of my needs have
been met☐ 2Only a few of my needs
have been met☐ 1None of my needs have
been met

Comment: _____

17. How would you rate the overall quality of service you have received?☐ 4

Excellent

☐ 3

Good

☐ 2

Fair

☐ 1

Poor

Comment: _____

18. If a friend were in need of similar help, would you recommend the services to them?☐ 4

Yes, definitely

☐ 3

Yes, generally

☐ 2

No, not really

☐ 1

No, definitely not

Comment: _____

Appendix B: Consumer satisfaction scorecard

Item	Score*	Grade
Program Environment: Clean and Welcoming?	78	C+
Food Quality	65	D
Safety	78	C+
Sense of Community	71	C-
Desired Services	64	D
Space for Belongings	65	D
Location Convenience	81	B-
Service Quality	69	D+
Orientation to Program	85	B
Goal Setting Opportunity	83	B
Receptivity to Complaints	52	F
Staff Attitudes	64	D
Staff Supportiveness	76	C
Cultural Sensitivity	81	B-
Services Meet Needs	50	F
Overall Quality	60	D
Will Refer Friends	78	C+

*Scores show the percentage of “Yes” responses to each question.