

Community Services

Setting and Issues

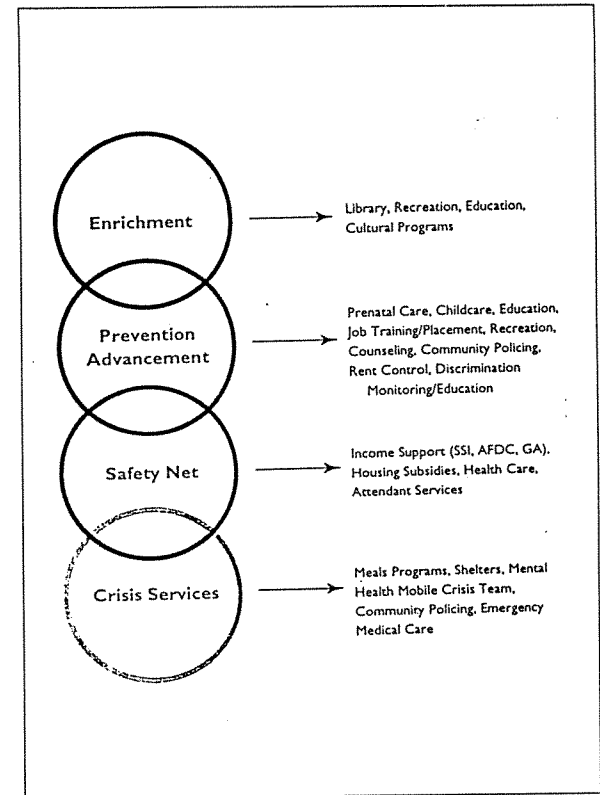
Like most major urban corridors in the Bay Area, and the United States generally, University Avenue is home to a diverse group of health and social service organizations. Many of these organizations do the important job of helping to stabilize and enrich the lives of adult and youth residents of the area and other parts of the City. Religious organizations and nonprofit groups constitute the bulk of service providers in the University Avenue corridor. Many of them serve both general and special-needs populations through a variety of health, social, educational and vocational services.

In order to respond to community concerns for information regarding types and uses of social services, and to develop social service strategies and actions, staff from the Planning and Development and Health and Human Services Departments developed a profile of the 32 existing social services in the planning area together with location maps by sub-area.

One of the first challenges was to define what constitutes a social service along the corridor and then to develop the appropriate level of detail about each of the respective agencies and their clients. The profile of social services along University Avenue includes a range of social services from primary prevention at the West Berkeley Health Clinic to crisis resolution at the Family Violence Law Center.

As seen in the accompanying matrix, social services have been categorized by agency, description of services, levels of service, target population, clients served and residence.¹⁴ These tables use the City's draft General Plan concept of four service level categories: Enrichment, Prevention/Advancement, Safety Net and Crisis.

Ten of the service providers offer Enrichment services which include the library, recreation, education and cultural programs. Twenty-seven of the providers offer Prevention/Advancement services such as prenatal care, child care, education, job training, recreation, counseling, and community policing. Twenty-four offer Safety Net



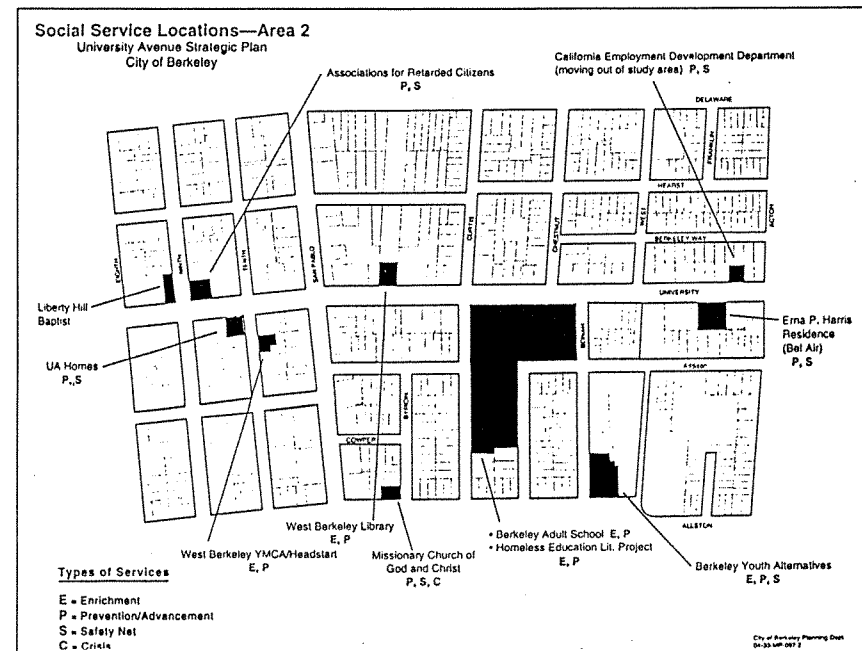
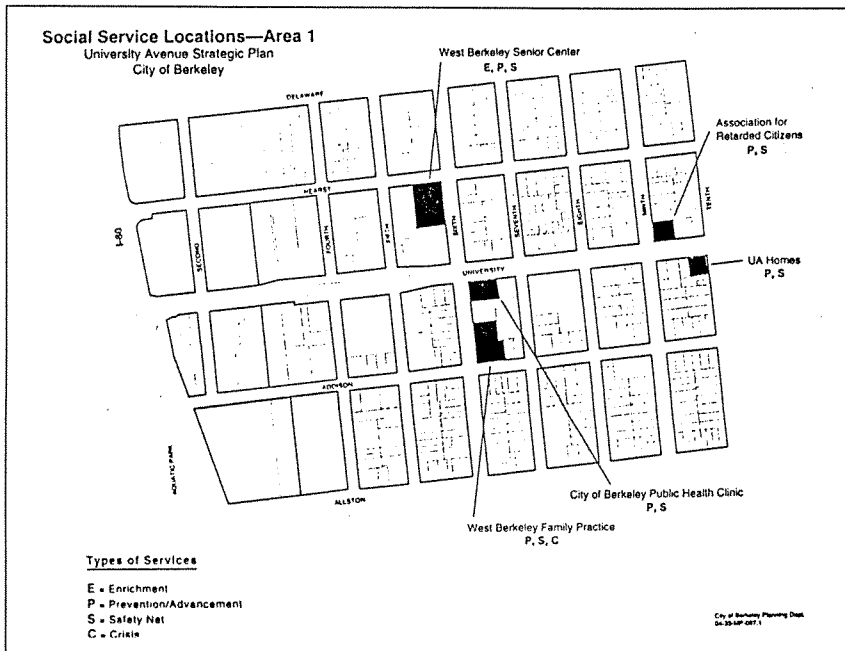
services related to income support (SSI, AFDC, GA), housing subsidies, health care, and attendant services. Nine of the service providers offer Crisis services such as meals, shelters, mental health mobile crisis, community policing and emergency medical care.

The majority of these providers, 13 in number or 41%, are located in the Downtown, with the remainder distributed accordingly: 5 (16%) in Sub-Area Three; 11 (34%) in Sub-Area Two; and 5 (16%) in Sub-Area One. Geographically-specific data describing these social service providers was gathered by interview for the planning area only. Given the scope of this study, similar data could not be gathered on a city-wide level for purposes of comparison.

During one of the community meetings, participants identified what they perceived to be the positive and negative impacts of social service delivery in the study area.

Positive impacts of community services include:

- Provides a place for people to go;
- Creates “eyes on the neighborhood;”
- Provides a stabilizing influence for low income populations;
- People are taken off the street and given a place to live;
- Provides an opportunity to volunteer and give back to the community;
- Creates meaningful jobs that build self-esteem;
- Services enhance quality of life and community self-esteem; and
- Social services support people who do not have available family resources.

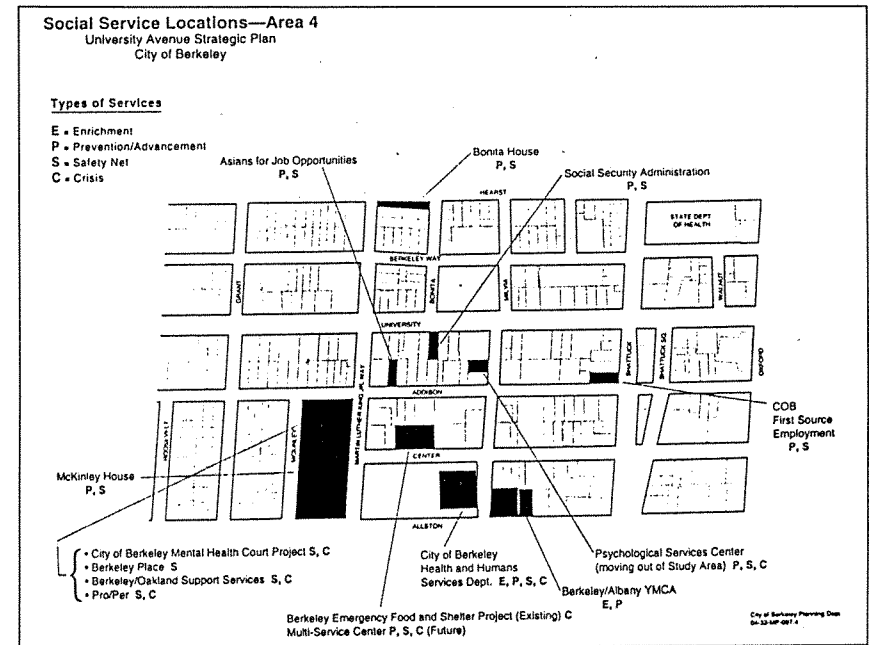
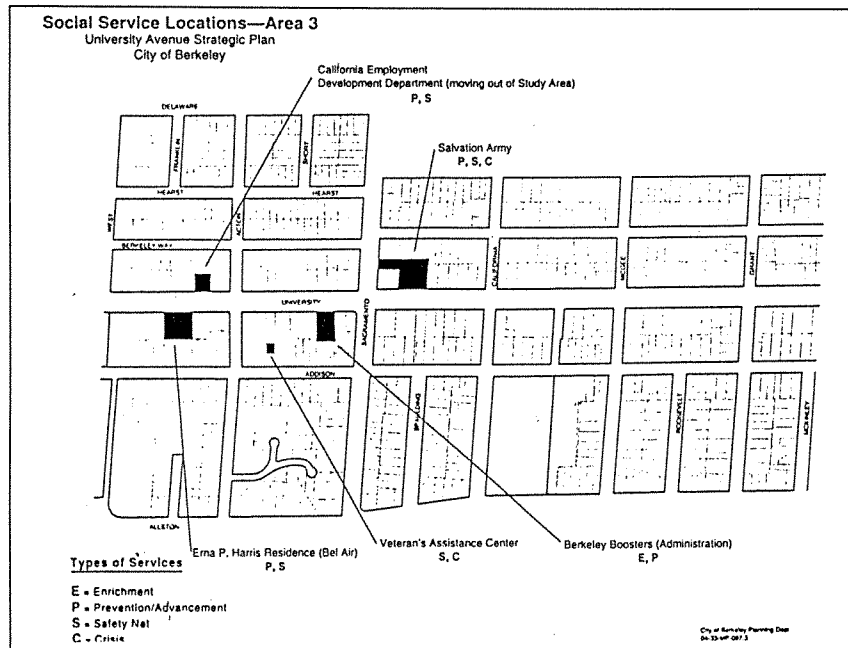


Negative impacts of community services include:

- There is an over concentration of social services in the study area; these services create safety problems and effect economic and residential opportunities.
- The community is paying for services that are being abused by some individuals, creating a co-dependence; there is a “selective use of social programs that allow people to stay on the streets.”
- Some individuals remain on same corner for years without any action from the providers; nobody even knows their names (service resistant individuals).
- City governments cannot control “regulars” who float from one community to the other; there are no agreements between communities.

- People using the services are not the problem; service delivery needs to be improved (through greater input from and coordination with the community).
- Berkeley has assumed responsibility for more than its regional “fair share” of social services.

After examining the range of community services in detail, it became clear that the issues raised during this planning process are of city-wide and regional significance and are not limited to the University Avenue area. There was general agreement that improved city-wide siting, planning and monitoring of social service programs is required. The existing data reflects a concentration of safety net and crisis services in the Downtown section of the study area relative to other parts of the City. Any future



siting of social service programs in the study area take into account the economic impact of such programs on the vitality of the area. In developing a set of broad recommendations, community concern generally centered around: how programs are sited in the City; the cumulative impact of special needs populations; monitoring and evaluation; the level of community outreach; program development; the coordination of services; and the need for other communities to provide their “fair share” of crisis level social services.

These recommendations also reflect much of what the private and public sectors have been identifying as important to the delivery of public services: accountability, responsible management and the most cost-effective delivery of services possible.

The City is currently updating the General Plan in which there will be a Community Services section to address many of the city-wide issues raised in the University Avenue Plan. The following strategies should be incorporated into the Community Services section of the General Plan. Furthermore, these strategies should also be used as a basis for the internal evaluation now underway in the Health and Human Services Department, which is responsible for the delivery and coordination of many of the City’s community services.

Community Service Policies and Strategies

(Note: Those strategies that are recommended for city-wide implementation are identified with a *; all others are intended to be specific to University Avenue.)

POLICY 23: COORDINATE PLANNING, MONITORING AND EVALUATION OF ALL EXISTING AND PROPOSED PROGRAMS

Strategy 23A: *The City should develop city-wide policies to address the siting, planning, monitoring and evaluation of social service and housing programs. In order to assess the positive and negative impacts of these city-wide programs, and particularly along the University Avenue corridor, the City should commission an independent report to help in the development of policies and strategies to minimize the adverse impacts and maximize the benefits to program participants.

Strategy 23B: *Review the evaluation and assessment process for social services.

Strategy 23C: *Conduct regular monitoring and program evaluation, including data collection and mechanisms for gathering information about what is and is not working.

Strategy 23D: Examine the following issues specific to the University Avenue corridor: areas of program overlap; levels of efficiency; funding sources; impact on neighborhoods; “fair share” distribution within the city.

POLICY 24: IMPROVE COMMUNITY OUTREACH, INFORMATION AND PUBLICITY

Strategy 24A: Conduct periodic neighborhood meetings with neighborhood associations, agencies, service providers and the community to encourage joint problem-solving and to better publicize services.

Strategy 24B: *Conduct periodic outreach to identify problems and public education on how to effectively utilize City resources to resolve problems when local efforts are unsuccessful.

Strategy 24C: Increase the use of mobile intervention units; clearly post crisis phone numbers publicly.

POLICY 25: IMPROVE PROGRAM DEVELOPMENT

Strategy 25A: *Initiate performance/outcome-based programs for all community-based organizations that receive funding through the City.

Strategy 25B: *Work closer with non-profits and community-based organizations on contracts for program development and coordination with the City's Health and Human Services Department, particularly in the areas of case management, data collection, information sharing and referrals.

Strategy 25C: *All development proposals that include special-needs housing should include a plan for health and social services as part of the pro forma.

Strategy 25D: Further promote job development; employ social services recipients and youth to keep the corridor and the city clean.

POLICY 26: FACILITATE BETTER INTRACITY AND INTERAGENCY COMMUNICATION AND COORDINATION.

Strategy 26A: *Develop a plan consistent with HUD block granting guidelines for creating improved linkages between private providers, non-profits and public agencies; focus particular attention on County efforts to provide a continuum of care.

Strategy 26B: Target a portion of the Planning and Development, Health and Human Services, and Housing Departments' study (Strategy 23A) to deal specifically with tough problems and service resistant individuals within the University Avenue corridor.

Strategy 26C: *Increase the level of joint training for program management issues and handling difficult clients, e.g. service resistance individuals.

Strategy 26D: *Further develop mechanisms for sharing client information on an interagency basis, consistent with confidentiality requirements.

Strategy 26E: *Strengthen the City's ability to identify problem individuals; strengthen case management and the continuum of care.

Strategy 26F: *Special population housing and service providers must be ready to remove an individual from a housing unit when he/she violates terms of the lease agreement. Consequences must be understood and enforced.

POLICY 27: ENCOURAGE OTHER COMMUNITIES TO TAKE RESPONSIBILITY FOR THEIR "FAIR SHARE" OF SOCIAL SERVICES.

Strategy 27A: *Develop a fact-based policy position as a basis for dialogue with other cities regarding "fair share" responsibilities.

Strategy 27B: *Encourage the Planning and Development, Health and Human Services and Housing Departments to work together with other cities and the county on joint service planning and evaluation.

Area-Wide Issues and Strategies Footnotes

- 1 See subsequent chapters for additional detailed information on each of these topics.
- 2 All crime data has been provided by the City of Berkeley Police Department.
- 3 Source: "The University Avenue Area Statistical Profile." Prepared by the City of Berkeley Planning Department, January, 1994.
- 4 Data is only available for the census tracts that include the study area.
- 5 County-wide income ranges are used as the standard for low income housing development by federal and state programs, as well as the City of Berkeley's Inclusionary Housing Ordinance. Source: 1990 U.S. Census and Bay Area Economics.
- 6 From 1980 to 1990 ownership housing increased at total of 6.2% in the study area vs. 5.8% in the city as a whole.
- 7 In 1990, median contract rents for the study area census tracts were \$364/month as compared with the city-wide median of \$392/month. Source: 1990 U.S. Census and Bay Area Economics.
- 8 Between 1980 and 1990, median contract rents in the study area census tracts increased by 5.7%, as compared with a 5.8% increase city-wide. Source: 1990 U.S. Census and Bay Area Economics.
- 9 In 1995, homeless services within the study area provided 227 of the city's 441 units/beds. A total of 350 of the city's 394 SRO units (not including student housing units and rooming houses) are in the study area. The Bel Air (35 units) and UA Homes (74 units), both considered SRO's, are targeted to the homeless population and are counted in those figures.
- 10 For further information on 1995 crime data analysis and geocoding process for University Avenue see April 22, 1996 memo from Patrick DeTemple to John Ledbetter titled "GIS Request: University Avenue Crime Data."
- 11 New buildings in Avenue Nodes will be required to be a minimum of 2 stores in height and may be a maximum of 5 stories. Buildings in other parts of the Avenue (Avenue Mixed-Use) will be required to be at least 2 stories high and may be a maximum of 3 stories. These heights may only be granted if all other solar, privacy, open space, signage, parking, and design standards are met. Current height requirements allow 3 story buildings to a maximum of 4 stories with a Conditional Use Permit all along the Avenue.
- 12 For purposes of this analysis, "units" defined for homeless populations include shelter beds, transitional housing beds, and rooms in single room occupancy hotels (SROs) which are specifically targeted to homeless populations.
- 13 These units could revert back to the market at any time, should these households choose to move.
- 14 When reviewing the social service matrix, it is important to note that while there are similarities in general types of services, there are also significant differences. The social service matrix provides nominal background information on types of services but it does not provide interval measures of volume or intensity of service in each of these specific categories. Thus, it would be inaccurate to "homogenize," or lump together, service providers based solely on the fact that, for example, they each provide some crisis services. One service provider may provide 20 hours of crisis services, or less than 5% of total service volume, while another may provide 2,000 hours, or more than 50% of total service volume.