

**Amber Whitson, Alameda County Health Care for the Homeless Consumer/Community
Advisory Board
D5 Measure W/Home Together Community Meeting November 17, 2025**

Good afternoon. My name is Amber, and I have been living on the streets of Berkeley and Albany for almost 30 years. I speak from lived experience — not theory, not a spreadsheet. Actual life on the streets.

The current situation on the streets is grim.

We all know that no matter how settled we feel, our presence is considered illegal. Our days of living peacefully—wherever we are—are numbered. That constant anxiety wears us down—mentally and physically.

Sweeps kill. Still, cities keep pushing people from place to place, posting signs that threaten arrest or fines if we dare return and installing physical barriers to prevent us from returning.

Further mental health challenges and incarceration are the logical outcomes of most cities' current approach.

Cities are herding their unhoused constituents into shrinking, overcrowded corners of town.

Nearly all of us lack access to 24-hour bathrooms or dumpsters. A public health crisis isn't just possible—it's inevitable if this continues.

Measure W funds can save lives and make a real positive difference in the lives of countless people.

The question remains: Will the money be spent on proven solutions? Or will it be spent on solutions that sound good to the ruling class but are real-world failures?

If you want to spend money in a way that makes actual progress towards resolving homelessness, especially for those of us living in vehicles, here's what needs to be front-and-center:

First: Vehicularly housed people have specific needs that almost never get acknowledged. We need legal, predictable places to park our vehicles so they don't get red-tagged and subsequently cited and impounded. We need access to water, trash and bathrooms. A stable parking spot with basic infrastructure costs a fraction of forced tows and "abatement" operations — and it keeps people safer, healthier, and connected to their communities.

Second: When cities do sweeps, the county ends up paying anyway — in ER visits, lost medication, broken or seized mobility devices, people getting pushed farther into crisis. We

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need coordination and real support for people facing displacement. That means outreach teams who show up before the dump trucks, offering genuine compassion, storage, transportation, and credible alternatives — not just telling us about shelter beds that are full and a basic message to “move along.” What better way for those of us with lived experience to get involved than for us to be that point of contact?

Third: When it comes to interim housing solutions, smaller is better. Motels and small-scale sites work because they’re personal yet often big enough to accommodate an entire encampment. People can actually stabilize in those environments. Massive congregate shelters are expensive revolving doors that amount to simply warehousing people. Small sites cost less per successful outcome because people aren’t constantly running from chaos.

Fourth: There has to be accountability — not just for unhoused people, but for the cities and service providers receiving the money. We need transparency about what they’re spending taxpayer dollars on, what outcomes they’re claiming, and how they’re treating the people they’re supposed to help. If public dollars are being used, then the public — especially the people those dollars are meant to serve — deserve to know where the money is going.

Fifth: Nothing about us without us. People with lived experience need to be at the table shaping solutions. We know what actually works and what’s just a press release. Give us paid seats on planning teams, and oversight committees, as well as employing us to work as staff in the interim housing programs. Our insight and involvement will save money and prevent bad policy.

Finally: Sanctioned encampments are not the enemy of housing — they are a bridge to it. They stabilize people long enough for services to actually be effective. A well-run sanctioned site with bathrooms, trash pickup, security, and basic dignity costs less than endless sweeps and gives people a chance to get their documents, jobs, vehicles, and health back on track and to move into permanent housing. That’s how you move people forward — not by chasing them from block to block or city to city.

The bottom line? Fund the things that keep people stable, not the things that destabilize them. Listen to the people who’ve lived this. And stop burning money on strategies that just push the problem down the road.

Thanks again!!!

Bullet Points/Recommendations

Olivia deBree NP Lifelong Medical Care Street Health Team,

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1. We need a facility similar to medical respite with broader eligibility criteria so that people with certain chronic medical issues (like chronic wounds) and pregnant patients can be accepted into a temporary medical setting.
2. Seniors who do not qualify for medical respite or medically frail housing need a place they can be referred to in order to get indoors faster. There are many unhoused people in their 60's and 70's who fall into this category and are languishing on the street.
3. Individuals who have repeatedly not succeeded at living indoors need a sanctioned site where they can live in tents or RV's with wrap-around services to assist them with completing basic tasks necessary to get benefits. Realistically, these individuals will be on the street indefinitely and need a way to do so that is legal and supportive.
4. Psychiatrists and psychiatric nurse practitioners are needed on the street and in many settings with unhoused people, as many folks have complex mental health histories and need a formal psychiatric evaluation to get an accurate diagnosis and, if the patient desires, to apply for permanent disability and be started on appropriate medications that a street medicine team could help the patient continue on the street.
5. Contingency management, the only treatment for methamphetamine use disorder with any substantial evidence behind it, should be accessible to people on the street. We need to support people seeking to stop using methamphetamine with every resource possible, as the consequences of long-term use (heart failure and other cardiovascular issues, plus cognitive changes that include psychosis, delusions, poor memory and diminished executive function are devastating to the patient and make it harder for people to succeed at getting housing and staying in housing).
6. The County should require private hospitals to enroll every unhoused patient seen in their ER or admitted to their hospital in MediCal, give unhoused patients their discharge medication in hand upon discharge, communicate their follow-up plan to an entity that can disperse the information to relevant medical providers, and

provide data demonstrating they are doing these things. Presently, patients often come to private hospitals with no insurance and leave with no insurance. The hospital provides Charity Care instead of signing the patient up for insurance. The patient is discharged with instructions to pick up prescriptions from a pharmacy or see a specialist, neither of which they can do without support or insurance.

7. Coordination and communication with Santa Rita Jail needs to improve to ensure that unhoused people who come off of drugs while in jail can maintain their sobriety when released and so health care providers know what medications they were on, as patients frequently wish to continue medications from jail. Jail medical records are challenging for health care providers to get. This is especially important when it comes to psychiatric evaluations and treatment, as it is often the only place these evaluations happen for unhoused people. With better planning, providers outside SRJ can ensure a patient who was started on buprenorphine continues to receive it after release.
8. We need roving government workers from the DMV and Social Services on the street and in all settings where unhoused people are. ID's and documentation should not be the enormous obstacle they are to getting housing. In the same way that we have created street medicine teams that go to unhoused people to provide medical care, because it does not make sense to wait for people on the street to come to a clinic when that is impossible or very unlikely, so too should we bring identification and benefits services to unhoused people. This will increase the speed with which people are housed, which is the best treatment to improve their health.
9. Nutritious food should be offered in hotels and cabins that serve as transitional housing. Street Medicine providers have observed over the years that patients on the street do not often have high cholesterol (due to not eating much dairy or meat) and commonly have prediabetes but generally not type 2 diabetes while on the street—due to lack of access to food. Once in a hotel or cabin, where the food is ample and not nutritious, street medicine providers have noticed that patients often develop high cholesterol and type 2 diabetes. We should not be providing food that causes disease.
10. Unhoused people need assistance establishing care at clinics right after they become housed and more Trust-type clinics are needed in order for appropriate care to be geographically close to where people are newly housed. Many unhoused people receive health care on the street, but once they go inside, they do not establish care on their own and go without health care.

Women's Daytime Drop-In Center – Family Homelessness

Women's Daytime Drop-In Center, now in its 37th year has been serving unhoused and low income families and women since 1988 in Berkeley.

We support unhoused families through multiple service offerings:

As the North County Family Housing Resource Center, we provide assessments and refer those families who are on the Crisis Queue for emergency housing at shelters or transition houses.

Too few family shelters: We serve Berkeley, Albany & Emeryville, currently have 100 families who are awaiting emergency shelter. Berkeley has about 20 family housing slots which are usually full. We fill one room every few months when one of the families moves from shelter or transition house to permanent housing. There are not enough family shelters in our area.

Unhoused families are undercounted: PIT, Emergency Shelter List

PIT Counts are improving yet many unhoused Families are reluctant to be counted even if they are aware of the count because

1. They fear they may lose custody of their children
2. They may be undocumented
3. They may not understand the value of being counted since they may have not had positive experiences with social services in the past

National studies through the National Alliance on Homelessness show that the greatest **predictor for adult homelessness is having experienced it as a child** – thus we remain committed to fight for our unhoused families now. **Start to prevent homelessness at an earlier age.**

Currently, Berkeley Unified Schools shows about 100 students identified as receiving McKinney Vento services – family #s are not available but this could represent 30-70 families depending on size. As you probably know, McKinney Vento includes families who may be living double or tripled up and not just those who are in cars or other places not meant for human habitation.

Due to fear of being identified we suspect that the number of families unhoused is much larger than the 100 that we currently show on our Emergency Shelter List.

Families who experience domestic/intimate partner violence are also considered unhoused and eligible for emergency shelter and yet their numbers are undercounted as incidents occur throughout the year and not one point in time.

Support access & coordination efforts between agencies: Our agency allocates many resources to building trust with unhoused families. We offer weekly hospitality services where

families come to get free diapers, groceries and free meals and emergency hygiene supplies. Over 3,000 people use our center for these services annually and we are dedicated to sharing resources to meet their needs and goals.

Often this is how we first meet our families, provide some basic needs and build trust.

City of Berkeley supports WDDC in providing one Berkeley Housing Authority Section 8 Voucher each year; and in providing inclement weather motel stays for a handful of families in the winter.

WDDC works closely with Family Violence Law Center and other Gender based violence providers to push for more resources for families, and with Bananas to link to free childcare resources for unhoused families. Berkeley Unified School links families to WDDC when they request shelter or housing services. We generally collaborate with many agencies to improve the network and help families survive through these challenging times.

Special consideration for families:

When considering shelters for families, safety and security is a prominent issue since they cannot be placed in large room, warehouse-like shelters **due to the vulnerability of small children being present in adult settings** where all the staff and/or other guests cannot be screened for safety and criminal background. Families need to be kept separated in their own shelters designed to meet their needs.

We especially wish to highlight that while all of the community is very attuned to helping our vulnerable neighbors whether they are individuals or families, **the availability of temporary and permanent housing for families needs to be vastly expanded**

WDDC's Bridget Transition Housing Program since 2004 has permanently housed more than 80 families. Five private rooms are filled with families from the Coordinated Entry Crisis Queue.

2 things to ask for measure W

1. Due to this special need to keep families in separate accommodations, **expand the number of family shelter facilities and expand emergency hotel vouchers for families in need.** This will help to prevent further trauma and bring stability and hope to our youngest neighbors so that they are more likely to be able to create stability for themselves in adulthood.
2. Continued support for coordination between agencies that support unhoused families. This allows us to build trust among those families and meet their needs.