

**Mental Health Services Act (MHSA) Performance Contract Review Report
Berkeley City Program Review
September 21, 2021**

FINDING

Finding #1: Berkeley City did not provide an estimate of the number of clients, in each age group, to be served in the Full Service Partnership (FSP) service category for each fiscal year of the adopted FY 2019-20 Annual Update (Update). (Welfare and Institutions Code (W&I) section 5847(e)).

Recommendation #1: The City must provide an estimate of the number of clients, in each age group, to be served in the FSP service category for each fiscal year of the adopted FY 2020-23 Three-Year Program and Expenditure Plan (Plan), FY 2021-22 Update and each subsequent Plan and Update thereafter.

Finding #2: Berkeley City's Community Services and Supports (CSS) programs/services were not consistent with the adopted FY 2019-20 Update, and FY 2019-20 Annual Revenue and Expenditure Report (ARER). Specifically, the Homeless FSP and Outreach Team, Homeless Outreach & Treatment Team (HOTT) and Fitness to Independence were included in the adopted FY 2019-20 Update and not included in the FY 2019-20 ARER. (W&I Code Section 5892(g)).

Recommendation #2: The County must ensure that the program names listed in the CSS component section of the adopted FY 2020-23 Plan and FY 2019-20 Update, and each subsequent year thereafter, are consistent with the budget pages and names in the ARER. If the program or service did not occur, report the program or service on the ARER and indicate zero expenditures. Any discrepancies or name changes must be explained in the adopted Update.

SUGGESTED IMPROVEMENTS

Item #1: Community Program Planning Process (CPPP)

Suggested Improvement #1a: Department of Health Care Service (DHCS) recommends the City include a description of training provided to participants in CPPP for the adopted Plans and Updates.

Suggested Improvement #1b: DHCS recommends that the City include dates of Advisory Committee meetings, Community Input meetings and any other CPPP related meetings in the Plans and Updates.

Suggested Improvement #1c: DHCS recommends the City collect stakeholder demographic and report this information in the adopted Plans and Updates to ensure the required stakeholders are included and reflect the diversity of the City. The City may redact demographic information that may be considered identifiable.

**Mental Health Services Act (MHSA) Performance Contract Review Report
Berkeley City Program Review
September 21, 2021**

Suggested Improvement #1d: DHCS recommends that City ensure the following stakeholders are engaged in the CPPP: law enforcement, education, social services, veterans, providers of alcohol and drug services and health care organizations. The City's description of stakeholders in the adopted FY 2017-20 Plan and FY 2019-20 Update do not include these required stakeholders.

Item #2: Consistency

Suggested Improvement #2a: DHCS recommends that each category be categorized as a Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Stigma and Discrimination Reduction, Access and Linkage to Treatment, Improve Timely Access to Services for Underserved Populations or Suicide Prevention (optional) in the budget summaries for the adopted Plans and Updates.

TECHNICAL ASSISTANCE

The Findings and Suggested Improvements outlined above pertain to the adopted FY 2019-20 Update. The following items represent list of technical assistance provided to the City during the review call on September 21, 2021 and pertain specifically to inconsistencies and clarity issues identified in the adopted FY 2017-20 Plan. All Findings, Suggested Improvements and Technical Assistance items on this Performance Contract Review must be addressed by the County in all future adopted Plans and Updates.

#1: The County must include an assessment of its capacity to implement mental health programs and services in the next adopted FY 2020-23 Plan, and each subsequent Plan thereafter which includes:

- a. The strengths and limitations of the county and service providers that impact their ability to meet the needs of racially and ethnically diverse populations. The evaluation should include an assessment of bilingual proficiency in threshold languages.
- b. Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.
- c. Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.
(Cal. Code Regs., tit. 9, § 3650(a)(5)).

#2: The County must update the PEI budget worksheet to identify programs as Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Stigma and Discrimination Reduction, Suicide Prevention, Access and Linkage to Treatment, and Improve Timely Access to Services for Underserved Populations in the adopted FY 2020-23 Plan, FY 2021-22 Update and each subsequent

Mental Health Services Act (MHSA) Performance Contract Review Report
Berkeley City Program Review
September 21, 2021

Plan and Update thereafter. (Cal. Code Regs., tit. 9, §3755(l)(2)).

#2: Berkeley City's adopted FY 2017-20 Plan indicates the City has the following PEI programs: Behavioral-Emotional Assessment, Screening, Treatment and Referral (Be a Star), Supportive Schools Program, Community Education & Supports, TAY Trauma Support Project, Community-Based Child & Youth Risk Prevention Program and Homeless Outreach Program. The City shall identify in the program description which PEI programs fall under each PEI program category: Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Access & Linkage to Treatment, Stigma and Discrimination Reduction, Suicide Prevention (optional) in the PEI component section of the Plans/Updates. (Cal. Code Regs., tit. 9, § 3755).

SUMMARY

The Department of Health Care Services' MHSA Program Monitoring Unit conducted a review of The City of Berkeley Mental Health Division's adopted FY 2017-20 Plan and FY 2019-20 Update on September 21, 2021.

The City of Berkeley is located in Alameda County in the heart of the San Francisco Bay Area with a land mass of 17.6 square miles and a population of 124,321. Berkeley is home to the oldest campus in the University of California system, the University of California, Berkeley.

The City of Berkeley has a large homeless population and the primary method of providing in-person and field services changed drastically with COVID-19 (COVID). It became more difficult to locate clients, provide private spaces to utilize telehealth services and be able to offer resources. The majority of the homeless population does not have access to information technology (IT) nor the knowledge to utilize IT, thereby making it more difficult to provide services at the same level as pre-COVID.

The staff quickly pivoted with a smooth transition from work to home and the technology side of things worked well. Many staff were already working from home so telework expanded during COVID. The city was able to mitigate challenges and make adjustments to schedules and reduced hours in clinics without experiencing any cessation of services.

Prior to COVID, housing was a challenge at all levels of support; especially for the homeless population. Many in this population have dual or triple diagnosis with physical limitations and significantly high substance use disorders (SUD).

Many of the successes the city has been able to celebrate pre-COVID are:

- The solid working relationship and partnership with the county resulting in creation of a wellness center.
- Increased funding for the unserved and underserved providers and focus on increased levels of care.

**Mental Health Services Act (MHSA) Performance Contract Review Report
Berkeley City Program Review
September 21, 2021**

- Creation of a specialized care team providing 24/7 response to crisis without law enforcement.
- Awarded housing funds, like No Place Like Home, to expand housing options with more units for MHSA partners, and currently waiting on the final development of 2-3 housing projects.
- The fortunate and rare opportunity in having tenured staff with an abundance of historical MHSA knowledge. The MHSA Coordinator has been in the position for 15 years and the Behavioral Health Director for the last 8 years, prior to working in another like county position.