

**Mental Health Services Act (MHSA) Performance Review Report**  
**Berkeley City Program Review**  
**November 24<sup>th</sup>, 2023**

**FINDINGS**

**Finding #1:** Berkeley City did not submit the Fiscal Year (FY) 2020-23 Three-Year Plan (Plan) within 30 days after adoption. The Plan was adopted on 12/1/2020 and was submitted to the Department of Health Care Services (DHCS) on 3/15/2021. Berkeley City submitted the MHSA Extension request (form 5510) to DHCS on 8/19/2020; however, the MHSA extension request form was for the Annual Update (Update), not the Plan. (Welfare and Institution (W&I) Code Section 5847(a)).

**Recommendation #1:** Berkeley City must submit the adopted MHSA Plan and/or Update to DHCS within 30 days after adoption.

**Finding #2:** Berkeley City did not include a description of any substantive changes made to the Plan from the written recommendations for revisions received during the 30-day comment period in the adopted FY 2020-23 Plan. (California Code of Regulations (Cal. Code Regs.), tit. 9, § 3315(a)(4)).

**Recommendation #2:** Berkeley City must include a summary and analysis of any substantive recommendations received during the 30-day public hearing held by the local mental health board or commission, including any substantive changes made to the Plan and/or Update in response to the public comments. If no changes made, identify no changes made in the Plan and/or Update.

**Finding #3:** Berkeley City did not provide sufficient evidence to demonstrate that a Personal Service Coordinator (PSC)/Case Manager was responsible for developing an Individual Services and Supports Plan (ISSP) with the client and, when appropriate, the client's family; identification of Full-Service Partnership (FSP) eligibility criteria, assigned FSP agreement, position(s) that serve as the PSC/single point of contact for FSP clients, and process for ensuring that a PSC or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hours interventions. Berkeley City indicated there are no formal policies and procedures for the Full-Service Partnership (FSP) PSC/Case Manager. (Cal. Code Regs., tit. 9, § 3620(e-j)).

**Recommendation #3:** Berkeley City must provide sufficient evidence to demonstrate the PSC/Case Manager requirements are fulfilled as indicated per Cal. Code Regs., tit. 9, § 3620(e-j).

**Finding #4:** Berkeley City did not include a narrative analysis of the mental health needs of unserved, underserved/ inappropriately served, and fully served County residents who qualify for MHSA services in the FY 2020-23 Plan. (Cal. Code Regs., tit. 9, § 3650(a)(1)).

**Mental Health Services Act (MHSA) Performance Review Report**  
**Berkeley City Program Review**  
**November 24<sup>th</sup>, 2023**

Recommendation #4: Berkeley City must include a narrative analysis of the mental health needs of unserved, underserved/ inappropriately served, and fully served County residents who qualify for MHSA services in each subsequent adopted Plan thereafter.

Finding #4a: Berkeley City did not identify the number of children, transition-aged youth, adult, and older adults by gender, race/ethnicity, and primary language in the narrative analysis (see Finding #4 above). (Cal. Code Regs., tit. 9, § 3650(a)(1)(A)).

Recommendation #4a: Berkeley City must include identification on the number of children, transition-aged youth, adult, and older adults by gender, race/ethnicity, and primary language in the narrative analysis in each subsequent adopted Plan thereafter.

Finding #5: Berkeley City did not provide an estimate of the number of clients, in each age group, to be served in the FSP category for each fiscal year of the FY 2020-23 Plan. The Plan included only an estimate number to be served for FY 2020-21. (Cal. Code Regs., tit. 9, § 3650(a)(3)).

Recommendation #5: Berkeley 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 Plan, in each subsequent adopted Plan thereafter.

Finding #6: Berkeley City did not indicate the number of children, transition-aged youth, adults, and older adults to be served and the cost per person for Community Services and Support (CSS), Prevention, and Early Intervention (PEI), and Innovation (INN) programs for each fiscal year of the Plan. The Plan only included an estimated number to be served for FY 2020-21 and did not include cost per person. (Cal. Code Regs., tit. 9, §§ 3650(a)(3), 3755(k)(1), 3930(c)(4)(C), W&I Code section 5847(e)).

Recommendation #6: Berkeley City must indicate the number of children, transition-aged youth, adults, and older adults to be served, and indicate the cost per person for CSS, PEI, and INN, in each subsequent adopted Plan and Update thereafter.

Finding #7: Berkeley City did not include a description of the Access and Linkage to Treatment Program and Strategy in the adopted FY 2020-23 Plan and FY 2022-23 Update and explain how individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to County mental health services, a primary care provider, or other mental health treatment. (Cal. Code Regs., tit. 9, § 3755(h)(4)).

Recommendation #7: Berkeley City must explain how individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to County mental health services, a primary care provider, or other mental health treatment in each subsequent adopted Plan and Update thereafter.

**Mental Health Services Act (MHSA) Performance Review Report**  
**Berkeley City Program Review**  
**November 24<sup>th</sup>, 2023**

**Finding #7a:** Berkeley City did not include how the Access and Linkage to Treatment Program and Strategy in the adopted FY 2020-23 Plan and FY 2022-23 Update will follow up with the referral to support engagement in treatment. (Cal. Code Regs., tit. 9, § 3755(h)(5)).

**Recommendation #7a:** Berkeley City must describe how the Access and Linkage to Treatment Program and Strategy will follow up with the referral to support engagement in treatment each subsequent adopted Plan and Update thereafter.

**SUGGESTED IMPROVEMENTS**

**Suggested Improvement #1:** DHCS recommends that the adopted Update be submitted to DHCS by June 30<sup>th</sup>, and before July 1<sup>st</sup> of the fiscal year the Update is due. The FY 2022-23 Update was adopted on 7/26/2022 and submitted to DHCS on 8/25/2022; after the fiscal year the Update was due.