Human Welfare and Community Action Commission

AGENDA

Wednesday, June 4, 2025
6:30 PM
2180 Milvia Street
Berkeley, CA 94704

Preliminary Matters

1. Roll Call
2. Agenda Approval
3. Public Comment

Update/Action Items

The Commission may take action related to any subject listed on the agenda, except where noted.

Berkeley Community Action Agency Board Business

4. Public Hearing for the Community Services Block Grant 2026-27 Community Action Plan and Community Needs Assessment

Adjournment

Attachments

A. 2026-27 Community Action Plan and Community Needs Assessment

Review City Council Meeting Agenda at City Clerk Dept. or
http://www.cityofberkeley.info/citycouncil

Communications

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This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. **Please refrain from wearing scented products to this meeting.**

Secretary:
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Mary-Claire Katz, Secretary
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DRAFT

2026/2027 Community Needs Assessment and Community Action Plan

Berkeley Community Action Agency

Template Revised - 02/13/2025

Contents

Introduction

The Department of Community Services and Development (CSD) has developed the 2026/2027 Community Needs Assessment (CNA) and Community Action Plan (CAP) template for the Community Services Block Grant (CSBG) Service Providers network. CSD requests agencies submit a completed CAP, including a CNA, to CSD on or before **June 30, 2025**. Changes from the previous template are detailed below in the "What's New for 2026/2027?" section. Provide all narrative responses in 12-point Arial font with 1.15 spacing. A completed CAP template should not exceed 65 pages, excluding the appendices.

Purpose

Public Law 105-285 (the CSBG Act) and the California Government Code require that CSD secure a CAP, including a CNA from each agency. Section 676(b)(11) of the CSBG Act directs that receipt of a CAP is a condition to receive funding. Section 12747(a) of the California Government Code requires the CAP to assess poverty-related needs, available resources, feasible goals, and strategies that yield program priorities consistent with standards of effectiveness established for the program. Although CSD may prescribe statewide priorities or strategies that shall be considered and addressed at the local level, each agency is authorized to set its own program priorities in conformance to its determination of local needs. The CAP supported by the CNA is a two-year plan that shows how agencies will deliver CSBG services. CSBG funds are by their nature designed to be flexible. They shall be used to support activities that increase the capacity of low-income families and individuals to become self-sufficient.

Federal CSBG Programmatic Assurances and Certification

The Federal CSBG Programmatic Assurances are found in Section 676(b) of the CSBG Act. These assurances are an integral part of the information included in the CSBG State Plan. A list of the assurances that are applicable to CSBG agencies has been provided in the Federal Programmatic Assurances section of this template. CSBG agencies should review these assurances and confirm that they are in compliance. Signature of the board chair and executive director on the Cover Page certify compliance with the Federal CSBG Programmatic Assurances.

State Assurances and Certification

As required by the CSBG Act, states are required to submit a State Plan as a condition to receive funding. Information provided in agencies' CAPs will be included in the CSBG State Plan. Alongside Organizational Standards, the state will be reporting on State Accountability Measures in order to ensure accountability and program performance improvement. A list of the applicable State Assurances is provided in this template. CSBG agencies should review these assurances and confirm that they are in compliance. Signature of the board chair and executive director on the Cover Page certify compliance with the State Assurances.

Compliance with CSBG Organizational Standards

As described in the Office of Community Services (OCS) Information Memorandum (IM) #138 dated January 26, 2015, CSBG agencies will comply with the Organizational Standards. A list of Organizational Standards that are met by an accepted CAP, including a CNA, are found in the Organizational Standards section of this template. Agencies are encouraged to utilize this list as a resource when reporting on the Organizational Standards annually.

What's New for 2026/2027?

Due Date. The due date for your agency's 2026/2027 CAP is June 30, 2025. However, earlier submission of the CSBG Network's CAPs will allow CSD more time to review and incorporate agency information in the CSBG State Plan and Application. CSD, therefore, requests that agencies submit their CAPs on or before May 31, 2025.

ROMA Certification Requirement. CSD requires that agencies have the capacity to provide their own ROMA, or comparable system, certification for your agency's 2026/2027 CAP. Certification can be provided by agency staff who have the required training or in partnership with a consultant or another agency.

Federal CSBG Programmatic and State Assurances Certification. In previous templates, the federal and state assurances were certified by signature on the Cover Page and by checking the box(es) in both federal and state assurances sections. In the 2026/2027 template, CSD has clarified the language above the signature block on the Cover Page and done away with the check boxes. Board chairs and executive directors will certify compliance with the assurances by signature only. However, the Federal CSBG Programmatic Assurances and the State Assurances language remain part of the 2026/2027 template.

Other Modifications. The title page of the template has been modified to include your agency's name and logo. Please use this space to brand your agency's CAP accordingly. CSD has also added references to the phases of the ROMA Cycle i.e. assessment, planning, implementation, achievement of results, and evaluation throughout the 2026/2027 template. Additionally, there are a few new questions, minor changes to old questions, and a reordering of some questions.

Checklist

- ☒ **Cover Page**
- ☒ **Public Hearing Report**

Part I: Community Needs Assessment Summary

- ☒ **Narrative**
- ☒ **Results**

Part II: Community Action Plan

- ☒ **Vision and Mission Statements**
- ☒ **Causes and Conditions of Poverty**
- ☒ **Tripartite Board of Directors**
- ☒ **Service Delivery System**
- ☒ **Linkages and Funding Coordination**
- ☒ **Monitoring**
- ☒ **ROMA Application**
- ☒ **Federal CSBG Programmatic Assurances**
- ☒ **State Assurances**
- ☒ **Organizational Standards**

Part III: Appendices

- ☒ **Notice of Public Hearing**
- ☒ **Low-Income Testimony and Agency's Response**
- ☒ **Community Needs Assessment**

Cover Page

Agency Name:	Berkeley Community Action Agency
Name of CAP Contact:	Mary-Claire Katz
Title:	Associate Management Analyst
Phone:	510-981-5414
Email:	mkatz@berkeleyca.gov

Date Most Recent CNA was Completed: (Organizational Standard 3.1)	6/29/23

Board and Agency Certification

The undersigned hereby certifies that this agency will comply with the Federal CSBG Programmatic Assurances (CSBG Act Section 676(b)) and California State Assurances (Government Code Sections 12747(a), 12760, and 12768) for services and programs provided under the 2026/2027 Community Needs Assessment and Community Action Plan. The undersigned governing body accepts the completed Community Needs Assessment. (Organizational Standard 3.5)

Name: **Name:**

Title:	**Executive Director**	**Title:**	**Board Chair**
Date:	Margot Ernst	**Date:**	Jose Lara Cruz

ROMA Certification

The undersigned hereby certifies that this agency's Community Action Plan and strategic plan document the continuous use of the Results Oriented Management and Accountability (ROMA) system or comparable system (assessment, planning, implementation, achievement of results, and evaluation). (CSBG Act 676(b)(12), Organizational Standard 4.3)

Name: Kat Larrowe

ROMA Title:	California ROMA Representative
Date:	

CSD Use Only

Dates CAP		
Received	Accepted	Accepted By

Public Hearing(s)

California Government Code Section 12747(b)-(d)

State Statute Requirements

As required by California Government Code Section 12747(b)-(d), agencies are required to conduct a public hearing for the purpose of reviewing the draft CAP. Testimony presented by low-income individuals and families during the public hearing shall be identified in the final CAP.

Guidelines

Notice of Public Hearing

1. Notice of the public hearing should be published at least 10 calendar days prior to the public hearing.
2. The notice may be published on the agency's website, social media channels, and/or in newspaper(s) of local distribution.
3. The notice should include information about the draft CAP; where members of the community may review, or how they may receive a copy of, the draft CAP; the dates of the comment period; where written comments may be sent; date, time, and location of the public hearing; and the agency contact information.
4. The comment period should be open for at least 10 calendar days prior to the public hearing. Agencies may opt to extend the comment period for a selected number of days after the hearing.
5. The draft CAP should be made available for public review and inspection approximately 30 days prior to the public hearing. The draft CAP may be posted on the agency's website, social media channels, and distributed electronically or in paper format.
6. Attach a copy of the Notice(s) of Public Hearing in Part III: Appendices as Appendix A.

Public Hearing

1. Agencies must conduct at least one public hearing on the draft CAP.
2. Public hearing(s) must be held in the designated CSBG service area(s).
3. Low-income testimony presented at the hearing or received during the comment period should be memorialized verbatim in the Low-Income Testimony and Agency's Response document and appended to the final CAP as Appendix B in Part III: Appendices.
4. The Low-Income Testimony and Agency's Response document should include the name of low-income individual, his/her testimony, an indication of whether or not the need was addressed in the draft CAP, and the agency's response to the testimony if the concern was not addressed in the draft CAP.

Additional Guidance

For the purposes of fulfilling the public hearing requirement on the draft CAP, agencies may conduct the public hearing in-person, remotely, or using a hybrid model based on community need at the time of the hearing.

Public Hearing Report

Date(s) the Notice(s) of Public Hearing(s) was/were published	TBD
Date Public Comment Period opened	May 5, 2025
Date Public Comment Period closed	June 6, 2025
Date(s) of Public Hearing(s)	June 4, 2025
Location(s) of Public Hearing(s)	2180 Milvia Street, 1st Floor Cypress Room, Berkeley
Where was the Notice of Public Hearing published? (agency website, newspaper, social media channels)	City of Berkeley website, Berkeley Voice Newspaper, community agency database, City commission outreach.
Number of attendees at the Public Hearing(s)	TBD

Part I: Community Needs Assessment Summary

CSBG Act Section 676(b)(11)
California Government Code Section 12747(a)

Helpful Resources

A community needs assessment provides a comprehensive "picture" of the needs in your service area(s). Resources are available to guide agencies through this process.

- CSD-lead training – "Community Needs Assessment: Common Pitfalls and Best Practices" on Tuesday, September 10, 2024, at 1:00 pm. Registration is required. The training will be recorded and posted on the Local Agencies Portal after the event.
- Examples of CNAs, timelines, and other resources are on the Local Agencies Portal.
- Community Action Guide to Comprehensive Community Needs Assessments published by the National Association for State Community Service Programs (NASCSP).
- Community Needs Assessment Tool designed by the National Community Action Partnership (NCAP).
- National and state quantitative data sets. See links below.

Sample Data Sets		
U.S. Census Bureau Poverty Data	**U.S. Bureau of Labor Statistics** Economic Data	**U.S. Department of Housing and Urban Development** Housing Data & Report
HUD Exchange PIT and HIC Data Since 2007	**National Low-Income Housing Coalition** Housing Needs by State	**National Center for Education Statistics** IPEDS
California Department of Education School Data via DataQuest	**California Employment Development Department** UI Data by County	**California Department of Public Health** Various Data Sets
California Department of Finance Demographics	**California Attorney General** Open Justice	**California Health and Human Services** Data Portal
CSD Census Tableau Data by County		**Population Reference Bureau** KidsData
Data USA National Public Data	**National Equity Atlas** Racial and Economic Data	**Census Reporter** Census Data
Urban Institute SNAP Benefit Gap	**Race Counts** California Racial Disparity Data	**Rent Data** Fair Market Rent by ZIP

Sample Data Sets		
UC Davis Center for Poverty & Inequality Poverty Statistics	**University of Washington Center for Women's Welfare** California Self-Sufficiency Standard	**University of Wisconsin Robert Wood Johnson Foundation** County Health Rankings
Massachusetts Institute of Technology Living Wage Calculator	**Nonprofit Leadership Center** Volunteer Time Calculator	**Economic Policy Institute** Family Budget Calculator

Narrative

CSBG Act Section 676(b)(9)
Organizational Standards 2.2, 3.3
ROMA – Assessment

Based on your agency's most recent CNA, please respond to the questions below.

1. Describe the geographic location(s) that your agency is funded to serve with CSBG. If applicable, include a description of the various pockets, high-need areas, or neighborhoods of poverty that are being served by your agency.
LifeLong Medical Care, the primary CSBG-recipient agency, uses their own location-specific poverty data to concentrate its services and provide outreach in the highest-need areas of Berkeley. Although LifeLong serves all areas of Berkeley, LifeLong concentrates on the highest need areas of Berkeley, South and West Berkeley. South and West Berkeley has the highest Hispanic/Latinx population (24%), highest Black population (27%) and where the highest concentration of children in poverty resides. South and West Berkeley residents are among the poorest in the city with a median income of $38,790. Residents are more likely to have not completed high school and have limited English speaking skills in these locations.

2. Indicate from which sources your agency collected and analyzed quantitative data for its most recent CNA. (Check all that apply.) (Organizational Standard 3.3)

Federal Government/National Data Sets

☒Census Bureau
☐Bureau of Labor Statistics
☐Department of Housing & Urban Development
☐Department of Health & Human Services
☐National Low-Income Housing Coalition
☐National Equity Atlas
☐National Center for Education Statistics
☐Academic data resources
☒Other online data resources
☒Other

Local Data Sets

☐Local crime statistics
☐High school graduation rate
☐School district school readiness
☐Local employers
☐Local labor market
☐Childcare providers
☐Public benefits usage
☐County Public Health Department
☒Other

California State Data Sets
☐Employment Development Department
☐Department of Education
☐Department of Public Health
☐Attorney General
☐Department of Finance
☐Other

Agency Data Sets
☒Client demographics
☒Service data
☐CSBG Annual Report
☒Client satisfaction data
☐Other

Surveys
☒Clients
☒Partners and other service providers
☒General public
☐Staff
☐Board members
☒Private sector
☒Public sector
☐Educational Institutions
☐Other

3. Indicate the approaches your agency took to gather qualitative data for its most recent CNA. (Check all that apply.) (Organizational Standard 3.3)

Surveys
☐Clients
☒Partners and other service providers
☒General public
☐Staff
☐Board members
☐Private sector
☒Public sector
☐Educational institutions

Interviews
☐Local leaders
☐Elected officials
☐Partner organizations' leadership
☐Board members
☐New and potential partners
☒Clients

Focus Groups
☐Local leaders
☐Elected officials
☐Partner organizations' leadership
☐Board members
☐New and potential partners
☐Clients
☐Staff
☒**Community Forums**
☐**Asset Mapping**
☐**Other**

4. Confirm that your agency collected and analyzed information from each of the five community sectors below as part of the assessment of needs and resources in your service area(s). Your agency must demonstrate that all sectors were included in the needs assessment by checking each box below; a response for each sector is required. (CSBG Act Section 676(b)(9), Organizational Standard 2.2)
Community Sectors ☒Community-based organizations ☒Faith-based organizations ☒Private sector (local utility companies, charitable organizations, local food banks) ☒Public sector (social services departments, state agencies) ☒Educational institutions (local school districts, colleges)

Results

CSBG Act Section 676(b)(11)
California Government Code Section 12747(a)
Organizational Standards 4.2
State Plan Summary and Section 14.1a
ROMA – Planning

Based on your agency's most recent CNA, please complete Table 1: Needs Table and Table 2: Priority Ranking Table.

Table 1: Needs Table

Needs Identified	Level (C/F)	Agency Mission (Y/N)	Currently Addressing (Y/N)	If not currently addressing, why?	Agency Priority (Y/N)
Individuals lack medical care	F	Y	Y	Need met by local partner.	Y
Severely disabled individuals lack emergency services	F	Y	Y	Need met by local partner.	Y
				Choose an item.	
				Choose an item.	
				Choose an item.	

Needs Identified: Enter each need identified in your agency's most recent CNA. Ideally, agencies should use ROMA needs statement language in Table 1. ROMA needs statements are complete sentences that identify the need. For example, "Individuals lack living wage jobs" or "Families lack access to affordable housing" are needs statements. Whereas "Employment" or "Housing" are not. Add row(s) if additional space is needed.
Level (C/F): Identify whether the need is a community level (C) or a family level (F) need. If the need is a community level need, the need impacts the geographical region directly. If the need is a family level need, it will impact individuals/families directly.

Agency Mission (Y/N): Indicate if the identified need aligns with your agency's mission.
Currently Addressing (Y/N): Indicate if your agency is addressing the identified need.
If not currently addressing, why?: If your agency is not addressing the identified need, please select a response from the dropdown menu.
Agency Priority: Indicate if the identified need is an agency priority.

Table 2: Priority Ranking Table			
	Agency Priorities	Description of programs, services, activities	Indicator(s) or Service(s) Category
1.	Reducing health disparities	Implemented by City of Berkeley community agency partner, LifeLong Medical Care (LLMC). LLMC delivers primary care and behavioral health services to low-income, uninsured, and underinsured residents of Berkeley at the LifeLong West Berkeley Health Center. These services are designed to eliminate barriers to care and improve health, particularly for underserved populations facing the highest risks of poor health outcomes. Additionally, the funding will support the provision of acupuncture detox services for Berkeley residents affected by substance use disorders.	FNPI 5b.
2.	Emergency services for the severely disabled	Implemented by City of Berkeley community agency partner, Easy Does It (EDI). EDI provides critical services to primarily low-income Berkeley residents and seniors with physical disabilities: 1. Emergency attendant services • Emergency attendants are available to assist with activities such as transferring in and out of bed, bathing, dressing, feeding, and toileting. Workers can also perform other tasks such as cooking basic meals, grocery shopping, washing dishes, and paying bills. 2. Emergency wheelchair and scooter repairs • EDI wheelchair repair technicians will evaluate a client's mobility equipment and determine a repair plan. 3. Transportation services • EDI provides emergency rescue rides for persons and seniors with physical disabilities within Berkeley. EDI provides rides to urgent medical appointments, to the ER, to pick up urgently needed medication and during inclement weather. 4. Case Management counseling services • EDI also provides case-management counseling services to help EDI clients with the recruitment, selection, training,	FNPI 5g.

		and retention of quality attendants, resulting in an increase in client participation in receiving other disability community services and their decreased reliance on EDI emergency services.	

Agency Priorities: Rank the needs identified as a priority in Table 1: Needs Table according to your agency's planned priorities. Ideally, agencies should use ROMA needs statement language. Insert row(s) if additional space is needed.

Description of programs, services, activities: Briefly describe the program, services, or activities that your agency will provide to address the need. Including the number of clients who are expected to achieve the indicator in a specified timeframe.
Indicator/Service Category: List the indicator(s) (CNPI, FNPI) or service(s) (SRV) that will be reported on in Modules 3 and 4 of the CSBG Annual Report.

Part II: Community Action Plan

CSBG Act Section 676(b)(11)
California Government Code Sections 12745(e), 12747(a)
California Code of Regulations Sections 100651 and 100655

Vision and Mission Statements

ROMA – Planning

1. Provide your agency's Vision Statement.
Our vision is to address and eradicate the various systemic issues that have long plagued the most vulnerable communities in our city. The commission will lead in addressing these issues by working in collaboration with city officials/services, community organizations, and community members to provide robust support for the community's most marginalized groups. We envision a city that is solutions-oriented, based on outreach into these communities that listens to their needs. An essential component of this vision involves a focus on ensuring diversity, equity, and inclusion throughout our processes, while integrating the perspectives of commissioners representing these vulnerable communities.
2. Provide your agency's Mission Statement.
Our goal is to provide City Council with recommendations to support a fully integrated system of community services and policies that provide for residents in these vulnerable communities. Recognizing that these needs will shift as challenges are addressed and unforeseen challenges arise, we aim to be flexible and fluid to meaningfully respond as needs arise in the community. Our legally mandated responsibility is to review grants made from Community Service Block Grants (CSBG) while also advising on Measure E funds. It is our intention to take an active advisory role in these reviews. We are unique among Berkeley commissions in our ability to review the performance of grantees and proposals to Council, reflecting the tripartite nature of the commission. Federal regulations require the inclusion of the voices of low-income people in selecting and overseeing programs that benefit them, particularly CSBG. We intend to fully review the aims of awarded grants, as well as the actual outcomes produced by those grants. We seek to unite the expertise of our members who have extensive backgrounds with educational, work, and lived direct experience of those who are or have been program clients.

Causes and Conditions of Poverty
Organizational Standards 1.1, 1.2, 3.2, 3.4
ROMA – Planning

1. Describe the key findings of your analysis of information collected directly from low-income individuals to better understand their needs. (Organizational Standards 1.1, 1.2)
The Human Welfare and Community Action Commission (HWCAC) includes low-income members who provide valuable insights into the immediate needs of their community. The agenda items presented by these commissioners reflect the challenges faced by low-income individuals and their suggestions for improvement. Often, these commissioners possess critical information about local issues that City staff may not otherwise access. During the community agency request for proposals and process, several public meetings and hearings were held at various City commissions and Council Meetings. At these meeatings, staff heard from members of the public and community agencies, including low-income individuals, where they shared direct input and feedback regarding existing and needed programs/services. The Additionally, LifeLong Medical Care's client satisfaction surveys allow clients to share feedback on how well the services meet their needs and to highlight areas for potential improvement.
2. Describe your agency's assessment findings specific to poverty and its prevalence related to gender, age, and race/ethnicity for your service area(s). (Organizational Standard 3.2)
In Berkeley, women's earnings are 81% of men's earnings. Moreover, women are more likely to live below the poverty level than men, with 11% of men and 14% of women living at less than 100% of the poverty line. The median household income for African American households is $52,000, which is less than half of the city's overall median. Similarly, the median income for Hispanic/Latine populations is $67,000, also significantly lower than the average. Household income in Berkeley varies greatly by geographic area. Census tracts in the Berkeley Hills report the highest median household incomes, exceeding $200,000, while tracts in South Berkeley and West Berkeley (areas with the highest concentrations of African Americans) report the lowest income levels, which are below $100,000. Senior citizens in Berkeley who live under the poverty level rate their health almost 40% lower than the highest-earning seniors. This data highlights the need for programs specifically in South and West Berkeley, where LifeLong Medical Care offers various health services.
3. “Causes of poverty” are the negative factors that create or foster barriers to self-sufficiency and/or reduce access to resources in communities in which low-income individuals live. After review and analysis of your needs assessment data, describe the causes of poverty in your agency’s service area(s). (Organizational Standard 3.4)
In 2025, the City of Berkeley released a Community Health Assessment (CHA) which identified inequities in health for Berkeley residents. The health inequities and causes of poverty identified in the report include racial disparities and discriminatory practices, mortality rate disparities, housing insecurity, and environmental risks based on geography. Additionally, LifeLong, through their direct service with low-income clients, noted the importance of access to culturally relevant and high-quality health services, and a lack of community and economic development in their communities.

4. "Conditions of poverty" are the negative environmental, safety, health and/or economic conditions that may reduce investment or growth in communities where low-income individuals live. After review and analysis of your needs assessment data, describe the conditions of poverty in your agency's service area(s). (Organizational Standard 3.4)
The CHA, a key resource for the findings in both the CAP and CNA, notes that social determinants of health and barriers result in persistent health disparities that disproportionately impact low-income residents. For example, the neighborhoods in South and West Berkeley experience higher rates of poverty compared to other Berkeley residents, and worse health outcomes. Additionally, the median household income in Berkeley varies significantly by geography. Census tracts in the Berkeley Hills report the highest median household income levels (more than $200,000) while census tracts in South Berkeley and West Berkeley report the lowest levels (less than $100,000).
5. Describe your agency's data and findings obtained through the collecting, analyzing, and reporting of customer satisfaction data.
The City of Berkeley uses City Data Services (CDS), which is an online data management portal, to gather data from community agency contracts. The data is submitted on a quarterly basis to the assigned contract monitor, who analyzes the data and follows up with agencies if there are any discrepancies or incomplete reports. Along with quantitative data elements, such as demographic and outcome performance measurements, agencies also provide qualitative narratives to support their customer satisfaction and outcome data. These CDS reports are reviewed at each Human Welfare and Community Action Commission meeting, where commissioners are given the opportunity to ask questions of City staff, and to request more information from agencies.

Tripartite Board of Directors

CSBG Act Sections 676B(a) and (b), 676(b)(10)
Organizational Standards 1.1. 3.5
ROMA – Evaluation

1. Describe your agency's procedures under which a low-income individual, community organization, religious organization, or representative of low-income individuals that considers its organization or low-income individuals to be inadequately represented on your agency's board to petition for adequate representation. (CSBG Act Section 676(b)(10), Organizational Standard 1.1)
Per Berkeley Municipal Code 3.78 for the Human Welfare and Community Action Commission (commission), the commission consists of nine members. Three of the members are low-income representatives. These are individuals who are at or below the federal poverty line, and who reside within the City of Berkeley; or individuals from a group(s) or organization(s) composed primarily of low-income persons and representing the interest of the low-income population in the City of Berkeley, whose membership duly select a representative chosen in accordance with a democratic selection procedure. Potential low-income representatives submit a petition signed by at least ten individuals within the City of Berkeley nominating them for a low-income seat. The petition is verified by the commission secretary for eligibility. If an individual is eligible, at the next possible commission meeting, there is an election item on the agenda for the commissioners to determine whether they will vote that individual onto the commission.
2. Describe your process for communicating with and receiving formal approval from your agency board of the Community Needs Assessment (Organizational Standard 3.5).
The commission secretary provides commissioners with the Community Needs Assessment at their meeting(s). Commissioners review and provide feedback on the assessment. Each commission meeting offers an opportunity for public comment, and commissioners may take into consideration public comment on the Community Needs Assessment when providing their feedback. The commission secretary may collect commissioner feedback during the commission meetings, via email, and one-on-one meetings, as needed.

Service Delivery System
CSBG Act Section 676(b)(3)(A)
State Plan 14.3a
ROMA - Implementation

1. Describe your agency's service delivery system. Include a description of your client intake process or system and specify whether services are delivered via direct services or subcontractors, or a combination of both. (CSBG Act Section 676(b)(3)(A), State Plan 14.3a)

LifeLong directly provides a full range of integrated primary, preventive, dental, mental health, and substance abuse services for people of all ages regardless of insurance and income level. LifeLong focuses on health care access for low-income communities and prioritizes serving populations who experience worsening health outcomes, including older adults, people with HIV, unhoused populations, people experiencing mental health and substance use disorders, and people facing language and cultural barriers. In 2024, LifeLong served a total of 53,082 unduplicated patients in over 200,000 encounters. LifeLong operates 16 primary care health centers (2 in Berkeley), 14 behavioral health locations (2 in Berkeley), 3 urgent/immediate care locations (1 in Berkeley), 4 dental clinics (1 in Berkeley) and 2 mobile dental vans.

LifeLong services are geographically accessible throughout Berkeley, and most are located on major transportation arteries with frequent public transit service. All primary care sites have daytime hours, and evening and/or weekend hours are available at select sites. Berkeley Immediate Care offers same day/walk-in services

LifeLong's intake process includes benefits eligibility screening and enrollment assistance, and patient registration that includes key information on LifeLong's payment policies, LifeLong's Notice of Privacy Practices and a patient's rights and responsibilities as well as Advance Health Care Directive resources.

2. Describe how the poverty data related to gender, age, and race/ethnicity referenced in Part II: Causes and Conditions of Poverty, Question 2 will inform your service delivery and strategies in the coming two years?

LifeLong Medical Care is a multi-site Federally Qualified Health Center that was founded in 1976 as a grassroots movement of the Gray Panthers, beginning with the LifeLong Over 60 Health Center that was created address healthcare needs of low-income seniors in Berkeley. With this legacy, and a continued focus on the needs of older adults, LifeLong now provides comprehensive healthcare services to people of all ages.

Based on the data drawn from the U.S. Census Bureau, California Health Interview Survey, and UDS Mapper, LifeLong's target population in the service area is 423,829. This population includes individuals who are likely to experience difficulty accessing high quality medical care; low-income residents, the uninsured, the elderly, homeless individuals, residents of public housing, persons living with HIV/AIDS, trans/LGBTQIA+ population, persons with mental illness and/or substance abuse, as well as those who have difficulty accessing services due to cultural and language barriers. Within the target population, 47% are Latino, 23% are African American, and 25% are best served in a language other than English (US Census).

Under the direction of LifeLong's Board of Directors, and led by LifeLong's Chief Executive Officer, a comprehensive needs assessment of service area and target population is conducted every three

years and reviewed and updated annually to identify changing needs. This needs assessment informs LifeLong's strategic planning process to improve the delivery of services and to guide program improvements and expansion efforts. To ensure a thorough and informative process of assessing community need, LifeLong regularly evaluates best practices (methodologies, tools, and formats) for conducting service area and target population needs assessments.

Based on past assessments, some strategies that were implemented in Berkeley are:

- Providing low-income Black mothers with pre-natal health care access and social support
- Providing residents with mammograms in a mobile van
- Forming street medicine teams to provide health and benefit enrollment services in Encampments

Providing health screenings including blood pressure readings in areas where many Black and Latinx people gather because Black and Latinx men in Berkeley are at high risk for hypertension. Screening event locations including Barber shops, day laborer pick up locations, public housing settings, and walking in neighborhoods.

Establishing a program for older adults (50+) living with HIV that provides social/support groups to address the needs of HIV and aging, caregiver support, and case management/care coordination services.

Linkages and Funding Coordination

CSBG Act Sections 676(b)(1)(B) and (C); 676(b)(3)(B), (C) and (D); 676(b)(4), (5), (6), and (9)
California Government Code Sections 12747(a), 12760
Organizational Standards 2.1
State Plan 9.3b, 9.4b, 9.5, 9.7, 14.1b, 14.1c, 14.3d, 14.4

1. Describe how your agency coordinates funding with other providers in your service area. If there is a formalized coalition of social service providers in your service area, list the coalition(s) by name and methods used to coordinate services/funding. (CSBG Act Sections 676(b)(1)(C), 676(b)(9); Organizational Standard 2.1; State Plan 14.1c)
To best serve the target population and make optimal use of community resources, LifeLong maintains strong relationships with organizations, stakeholders, and community health center programs and providers in and around the service area. The benefits of these collaborative partnerships are multifold and include sharing of best practices, engaging in advocacy work on behalf of underserved communities, and developing mutually beneficial partnerships to collectively meet community needs. As a federally qualified health center (FQHC) LifeLong routinely demonstrates and documents collaboration with other health centers in our service area. LifeLong has also participated actively for nearly 40 years in the Alameda Health Consortium, which promotes collaboration among safety net providers and seeks to minimize duplication of services.
2. Provide information on any memorandums of understanding and/or service agreements your agency has with other entities regarding coordination of services/funding. (CSBG Act Section 676(b)(3)(C), Organizational Standard 2.1, State Plan 9.7)
LifeLong has numerous MOUs, service agreements and funding contracts with governmental and non-governmental entities. For example, LifeLong is funded by the Alameda County Office of HIV Care to provide integrated HIV primary care and medical case management services in coordination with numerous community partners. As a federally qualified health center, LifeLong receives federal funding from the Health Resources and Services Administration to support key operations and workforce development. Partnerships with Kaiser, Sutter and other healthcare entities further support coordination of services and enhance LifeLong's ability to expand access to integrated care via partnership and funding agreements.
3. Describe how your agency ensures delivery of services to low-income individuals while avoiding duplication of services in the service area(s). (CSBG Act Section 676(b)(5), California Government Code 12760)
LifeLong conducts outreach to low-income communities and provides primary care access regardless of ability to pay. The vast majority of Lifelong patients are low-income, and eligible for MediCal benefits. LifeLong serves uninsured patients and offers a sliding fee scale and has a large outreach team focused on reaching underserved populations and helping them obtain benefits as well as providing language access. LifeLong employs trained staff available to help patients gain access to many public assistance programs and disseminates information which they may not have had otherwise. To ensure that funds are not used for duplication of services, LifeLong adheres to and maintains appropriate accounting and internal control systems over, and accountability for, all funds, property, and other assets reflecting Generally Accepted Accounting Principles (GAAP), including the

separation of functions, to safeguard assets and maintain financial stability, as per federal requirements.

4. Describe how your agency will leverage other funding sources and increase programmatic and/or organizational capacity. (CSBG Act Section 676(b)(3)(C))

LifeLong has various funding streams to ensure stability of the organization, care services would need to submit, and minimize disruption due to any potential funding reductions. With a goal of maintaining 90 days of cash on hand, LifeLong consistently has more than 100 days of cash on hand. Development personnel focus on cultivating donors for many of LifeLong's programs and services, and a strategic planning and grants team continuously seeks and manages private, corporate, government funding. LifeLong's strategic plan also includes expanding geographic and programmatic services. With growth comes increased revenue sources and a continued emphasis on infrastructure development. LifeLong makes both in-person and telehealth visits available to patients, maximizing visits while also responding to patient needs and preferences. Finally, LifeLong is actively optimizing its staffing and systems to participate in enhanced state Medi-Cal reimbursement through the CalAIM program.

5. Describe your agency's contingency plan for potential funding reductions. (California Government Code Section 12747(a))

LifeLong's patient fees are the contingency plan for potential funding reductions. LifeLong makes strategic funding decisions to ensure that it can continue programs in the event of a reduction or a conclusion of a grant.

As a Federally Qualified Health Center, LifeLong Medical Care generates revenue from patient fees and third-party payers (insurance plans) for the delivery of medical, dental and behavioral health services to eligible patients. Should there be funding reductions to grant-funded programs, LifeLong may redirect revenue from patient fees and third-party payers to supplement the programs. The types of funding decisions that may be considered depend on the specific program that is facing reduction, though LifeLong's agency strategic plan provides a road map for decision-making.

Contingency planning for funding reductions is independent of insurance; LifeLong carries appropriate levels of insurance to protect its staff and operations.

6. Describe how your agency will address the needs of youth in low-income communities through youth development programs and promote increased community coordination and collaboration in meeting the needs of youth. (CSBG Act Section 676(b)(1)(B), State Plan 14.1b)

The City of Berkeley addresses the needs of young people in low-income communities through a wide range of programs that span multiple agencies, including City Departments, the Berkeley Unified School District (BUSD), Berkeley City College and community-based organizations. Interagency collaboration - with a clear focus on supporting the success of young people - is a key component of our strategy. Several of our partners, including YouthWorks and YEP, have explicitly adopted a positive youth development approach to their work. Several examples of partner organizations and collaborations are described here.

The City supports a number of programs at BUSD, including an on-campus Health Center at Berkeley High School, which provides reproductive health services and mental health counseling. The mental health services focus on low-income young people. In addition, the City is supporting a

new Wellness Center at Berkeley High. This is drop-in center where students can reset during a hard day and/or talk to a mental health, restorative justice or peer counselor.

7. Describe how your agency will promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs such as the establishment of violence-free zones, youth mediation, youth mentoring, life skills training, job creation, entrepreneurship programs, after after-school childcare. (CSBG Act Section 676(b)(1)(B), State Plan 14.1b)

The examples below focus on some of the many services and collaboratives underway to meet the needs of Berkeley youth. Berkeley's YouthWorks employment program continues its partnerships with City Departments, private employers and nonprofit agencies. YouthWorks targets low income, youth and provides all youth with workplace skills training. City of Berkeley departments and local community agencies serve as worksites providing valuable hands-on work experience to Berkeley youth 14-25 years old. YouthWorks offers internships year-round. The YouthWorks team is currently gearing up to hire 144 young people as interns during summer 2025.They have also strengthened their training program. All YouthWorks interns, in addition to working, will be paid to participate in weekly job readiness trainings.

Housed in the Health, Housing and Community Services (HHCS) Department, the Youth Equity Partnership focuses on expanding opportunities and improving outcomes for African-American/Black and Latinx children and youth. YEP provides $1.68 million dollars per year in funding to community agencies to offer a wide range of programs from infancy through high school. Funded services include subsidized child care, afterschool programs, and college readiness.

In early March 2025, the City of Berkeley hosted the first collaborative meeting of its new Community Violence Intervention Collaborative. This effort is being coordinated by a national nonprofit called Live Free. This two-year project is focused on improving community safety in Berkeley communities impacted by gun violence. This initiative aims to strengthen violence prevention efforts by identifying and coordinating existing resources and addressing service gaps. The collaborative unites social sector organizations, nonprofits, and advocacy partners to enhance our collective impact on community safety in Berkeley.

8. Describe your agency's coordination of employment and training activities as defined in Section 3 of the Workforce and Innovation and Opportunity Act [29 U.S.C. 3102]. (CSBG Act Section 676(b)(5); State Plan 9.4b)

The City's aims to increase livable wage employment opportunities by supporting related community services and working with public and private regional partners. Strategies include:

- Funding and refinement of anti-poverty programs provided by community-based organizations and by the City. Federally funded community agency contracts are outlined in the Annual Action Plan.
- Continuing implementation of the City of Berkeley's Living Wage Ordinance.
- Coordinating job placement to benefit Berkeley residents in the construction trades.
- Supporting community agencies that provide employment training and placement opportunities to people experiencing homelessness.

The City has also contracted with workforce development programs to provide training, education, and job placement for low income, under-employed, and unemployed residents in addition to

administering local hire policies and a youth employment program. The following programs are funded with General Funds from the City:

- Inter-City Services (ICS) provides employment, training, and education and continues to residents in Berkeley. ICS workforce development program prepares participants for high-tech careers through digital courses.
- Biotech Partners operates the Biotech Academy at Berkeley High School for students interested in exploring a career in biotechnology. Students complete a six to eight-week paid internship at a biotech company and learn job skills.
- The Bread Project provides job training and placement assistance for low/no-income individuals with multiple barriers to employment. They operate a social enterprise (wholesale bakery) that creates opportunities for trainees to obtain crucial on-the-job experience.
- Rising Sun Center for Opportunity, Opportunity Build program is a construction apprenticeship readiness program that offers intensive hands-on training along with a full year of job placement support and comprehensive wraparound services. Rising Sun also operates the California Youth Energy Services (CYES) program funded by the CA Public Utilities Commission, providing summer jobs for youth conducting residential energy audits.
- BANANAS operates the Berkeley LaunchPad program which provides support for new and launching Family Child Care home businesses in Berkeley, specifically targeting new business owners.

9. Describe how your agency will provide emergency supplies and services, nutritious foods, and related services, as may be necessary, to counteract conditions of starvation and malnutrition among low-income individuals. (CSBG Act Section 676(b)(4), State Plan 14.4)

During emergencies, the City of Berkeley will activate its Emergency Operations Center structure. As part of that activation the City will work to procure and deliver food and water to community members in need. In the past the City has used this structure to provide food and water to unhoused community members in encampments, to seniors at home through expansion and upstaffing of the Meals on Wheels program, and at multiple City sites, including senior centers.

Additionally, should the City need to activate disaster shelters for people who are displaced due to the emergency, the City will provide food at those shelter sites – both for people staying at the shelter and for community members staying at their homes nearby who do not have access to food (for example, if grocery stores are out of stock due to disaster impacts). Depending on the scale of emergency/disaster, food distribution will leverage local, regional, or State/federal resources for implementation.

10. Is your agency a dual (CSBG and LIHEAP) service provider?

☐ Yes
☒ No

11. For dual agencies:
Describe how your agency coordinates with other antipoverty programs in your area, including the emergency energy crisis intervention programs under Title XXVI, relating to low-income home energy assistance (LIHEAP) that are conducted in the community. (CSBG Act Section 676(b)(6), State Plan 9.5)
For all other agencies:
Describe how your agency coordinates services with your local LIHEAP service provider?

N/A

12. Describe how your agency will use funds to support innovative community and neighborhood-based initiatives, which may include fatherhood and other initiatives, with the goal of strengthening families and encouraging effective parenting. (CSBG Act Section 676(b)(3)(D), State Plan 14.3d)

The City of Berkeley's Youth Equity Partnership (YEP) program supports African American/Black and Latinx young people who live and go to school in Berkeley thrive academically, physically, and emotionally. YEP's approach spans from early childhood (kindergarten readiness) through a successful transition to college and career. Berkeley City Council has designated a significant allocation of general fund dollars to support the goals of YEP, which also align closely with many of the Community Services Block Grant (CSBG) priorities. With the combined local and federal support, the City of Berkeley is well-positioned to support its most vulnerable populations.

13. Describe how your agency will develop linkages to fill identified gaps in the services, through the provision of information, referrals, case management, and follow-up consultations. (CSBG Act Section 676(b)(3)(B), State Plan 9.3b)

The City of Berkeley contracts with numerous community agencies, and one of the contract provisions includes a referral system.

Monitoring

ROMA – Planning, Evaluation

1. If your agency utilizes subcontractors, please describe your process for monitoring the subcontractors. Include the frequency, type of monitoring, i.e., onsite, desk review, or both, follow-up on corrective action, issuance of formal monitoring reports, and emergency monitoring procedures.
The City of Berkeley collects outcome reports from all agencies who are funded by the City. These outcome and service measure reports allow the City and the non-profit to measure the programs' success at meeting the intended goals. Agencies are required to provide regular outcome reports through the City's online reporting tool, City Data Services.

ROMA Application

CSBG Act Section 676(b)(12)
Organizational Standards 4.2, 4.3
ROMA – Planning, Evaluation

1. Describe how your agency will evaluate the effectiveness of its programs and services. Include information about the types of measurement tools, the data sources and collection procedures, and the frequency of data collection and reporting. (Organizational Standard 4.3)
As a requirement of receiving the funding, the subrecipient is required to submit a contract information document that sets targeted service measures. Quarterly thereafter the agency submits program reports that includes demographic data, program narrative, and actual outputs and outcome data for that quarter. The City of Berkeley contract monitor regularly reviews this data to ensure completeness and that the subrecipient is adhering to targets. Additionally, at each board meeting, the board members review program reports where they may evaluate the data, ask for follow up information, or request an on-site visit to the agency. The analyzed data is used to make further funding decisions in future cycles, develop the CNA/CAP, determine the need in the community, and showcase the impact through annual reporting.
2. Select one need from Table 2: Priority Ranking Table and describe how your agency plans to implement, monitor progress, and evaluate the program designed to address the need. Organizational Standard 4.2)
Priority: Reducing Health Disparities The priority to reduce health disparities is implemented by a BCAA community agency partner, LifeLong. As a condition of the contract and to monitor progress, LifeLong is required to submit quarterly progress reports describing activities and submitting quantitative data. The BCAA staff regularly review the reports through desk review and at least once per cycle conduct a monitoring site visit to further review documents and on-site program activities. In addition, the BCAA board (HWCAC) reviews the program reports on a regular basis at their meetings. The data collected and information from site visits are evaluated to ensure that the programs are designed as intended, and identify areas of additional need or support.
Optional 3 . Select one community level need from Table 2: Priority Ranking Table or your agency's most recent Community Needs Assessment and describe how your agency plans to

implement, monitor progress, and evaluate the program designed to address the need. (CSBG Act Section 676(b)(12), Organizational Standard 4.2)
N/A

Federal CSBG Programmatic Assurances

CSBG Act Section 676(b)

Use of CSBG Funds Supporting Local Activities

676(b)(1)(A): The state will assure "that funds made available through grant or allotment will be used – (A) to support activities that are designed to assist low-income families and individuals, including families and individuals receiving assistance under title IV of the Social Security Act, homeless families and individuals, migrant or seasonal farmworkers, and elderly low-income individuals and families, and a description of how such activities will enable the families and individuals--

a. to remove obstacles and solve problems that block the achievement of self- sufficiency (particularly for families and individuals who are attempting to transition off a State program carried out underpart A of title IV of the Social Security Act);
b. to secure and retain meaningful employment;
c. to attain an adequate education with particular attention toward improving literacy skills of the low-income families in the community, which may include family literacy initiatives;
d. to make better use of available income;
e. to obtain and maintain adequate housing and a suitable living environment;
f. to obtain emergency assistance through loans, grants, or other means to meet immediate and urgent individual and family needs;
g. to achieve greater participation in the affairs of the communities involved, including the development of public and private grassroots
h. partnerships with local law enforcement agencies, local housing authorities, private foundations, and other public and private partners to
   –
   i. document best practices based on successful grassroots intervention in urban areas, to develop methodologies for wide-spread replication; and
   ii. strengthen and improve relationships with local law enforcement agencies, which may include participation in activities such as neighborhood or community policing efforts;

Needs of Youth

676(b)(1)(B) The state will assure "that funds made available through grant or allotment will be used – (B) to address the needs of youth in low-income communities through youth development programs that support the primary role of the family, give priority to the prevention of youth problems and crime, and promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs that have demonstrated success in preventing or reducing youth crime, such as--

I. programs for the establishment of violence-free zones that would involve youth development and intervention models (such as models involving youth mediation, youth mentoring, life skills training, job creation, and entrepreneurship programs); and
II. after-school childcare programs.

Coordination of Other Programs
676(b)(1)(C) The state will assure "that funds made available through grant or allotment will be used – (C) to make more effective use of, and to coordinate with, other programs related to the purposes of this subtitle (including state welfare reform efforts)
Eligible Entity Service Delivery System
676(b)(3)(A) Eligible entities will describe "the service delivery system, for services provided or coordinated with funds made available through grants made under 675C(a), targeted to low-income individuals and families in communities within the state;
Eligible Entity Linkages – Approach to Filling Service Gaps
676(b)(3)(B) Eligible entities will describe "how linkages will be developed to fill identified gaps in the services, through the provision of information, referrals, case management, and follow-up consultations."
Coordination of Eligible Entity Allocation 90 Percent Funds with Public/Private Resources
676(b)(3)(C) Eligible entities will describe how funds made available through grants made under 675C(a) will be coordinated with other public and private resources."
Eligible Entity Innovative Community and Neighborhood Initiatives, Including Fatherhood/Parental Responsibility
676(b)(3)(D) Eligible entities will describe "how the local entity will use the funds [made available under 675C(a)] to support innovative community and neighborhood-based initiatives related to the purposes of this subtitle, which may include fatherhood initiatives and other initiatives with the goal of strengthening families and encouraging parenting."
Eligible Entity Emergency Food and Nutrition Services
676(b)(4) An assurance "that eligible entities in the state will provide, on an emergency basis, for the provision of such supplies and services, nutritious foods, and related services, as may be necessary to counteract conditions of starvation and malnutrition among low-income individuals."
State and Eligible Entity Coordination/linkages and Workforce Innovation and Opportunity Act Employment and Training Activities
676(b)(5) An assurance "that the State and eligible entities in the State will coordinate, and establish linkages between, governmental and other social services programs to assure the effective delivery of such services, and [describe] how the State and the eligible entities will coordinate the provision of employment and training activities, as defined in section 3 of the Workforce Innovation and Opportunity Act, in the State and in communities with entities providing activities through statewide and local workforce development systems under such Act."
State Coordination/Linkages and Low-income Home Energy Assistance
676(b)(6) "[A]n assurance that the State will ensure coordination between antipoverty programs in each community in the State, and ensure, where appropriate, that emergency energy crisis intervention programs under title XXVI (relating to low-income home energy assistance) are conducted in such community."

Community Organizations

676(b)(9) An assurance "that the State and eligible entities in the state will, to the maximum extent possible, coordinate programs with and form partnerships with other organizations serving low-income residents of the communities and members of the groups served by the State, including religious organizations, charitable groups, and community organizations."

Eligible Entity Tripartite Board Representation

676(b)(10) "[T]he State will require each eligible entity in the State to establish procedures under which a low-income individual, community organization, or religious organization, or representative of low-income individuals that considers its organization, or low-income individuals, to be inadequately represented on the board (or other mechanism) of the eligible entity to petition for adequate representation."

Eligible Entity Community Action Plans and Community Needs Assessments

676(b)(11) "[A]n assurance that the State will secure from each eligible entity in the State, as a condition to receipt of funding by the entity through a community service block grant made under this subtitle for a program, a community action plan (which shall be submitted to the Secretary, at the request of the Secretary, with the State Plan) that includes a community needs assessment for the community serviced, which may be coordinated with the community needs assessment conducted for other programs."

State and Eligible Entity Performance Measurement: ROMA or Alternate System

676(b)(12) "[A]n assurance that the State and all eligible entities in the State will, not later than fiscal year 2001, participate in the Results Oriented Management and Accountability System, another performance measure system for which the Secretary facilitated development pursuant to section 678E(b), or an alternative system for measuring performance and results that meets the requirements of that section, and [describe] outcome measures to be used to measure eligible entity performance in promoting self-sufficiency, family stability, and community revitalization."

Fiscal Controls, Audits, and Withholding

678D(a)(1)(B) An assurance that cost and accounting standards of the Office of Management and Budget (OMB) are maintained.

State Assurances

California Government Code Sections 12747(a), 12760, 12768

For CAA, MSFW, NAI, and LPA Agencies

California Government Code § 12747(a): Community action plans shall provide for the contingency of reduced federal funding.

California Government Code § 12760: CSBG agencies funded under this article shall coordinate their plans and activities with other agencies funded under Articles 7 (commencing with Section 12765) and 8 (commencing with Section 12770) that serve any part of their communities, so that funds are not used to duplicate particular services to the same beneficiaries and plans and policies affecting all grantees under this chapter are shaped, to the extent possible, so as to be equitable and beneficial to all community agencies and the populations they serve.

For MSFW Agencies Only

California Government Code § 12768: Migrant and Seasonal Farmworker (MSFW) entities funded by the department shall coordinate their plans and activities with other agencies funded by the department to avoid duplication of services and to maximize services for all eligible beneficiaries.

Organizational Standards

Category One: Consumer Input and Involvement

Standard 1.1 The organization/department demonstrates low-income individuals' participation in its activities.
Standard 1.2 The organization/department analyzes information collected directly from low-income individuals as part of the community assessment.

Category Two: Community Engagement

Standard 2.1 The organization/department has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other anti-poverty organizations in the area.
Standard 2.2 The organization/department utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.

Category Three: Community Assessment

Standard 3.1 (Private) Organization conducted a community assessment and issued a report within the past 3 years.
Standard 3.1 (Public) The department conducted or was engaged in a community assessment and issued a report within the past 3-year period, if no other report exists.
Standard 3.2 As part of the community assessment, the organization/department collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).
Standard 3.3 The organization/department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.
Standard 3.4 The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.
Standard 3.5 The governing board or tripartite board/advisory body formally accepts the completed community assessment.

Category Four: Organizational Leadership

Standard 4.2 The organization's/department's Community Action Plan is outcome-based, anti- poverty focused, and ties directly to the community assessment.
Standard 4.3 The organization's/department's Community Action Plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.

Part III: Appendices

Please complete the table below by entering the title of the document and its assigned appendix letter. Agencies must provide a copy of the Notice(s) of Public Hearing, the Low-Income Testimony and the Agency's Response document, and a copy of the most recent community needs assessment as appendices A, B, and C, respectively. Other appendices as necessary are encouraged. All appendices should be labeled as an appendix (e.g., Appendix A: Notice of Public Hearing) or separated by divider sheets and submitted with the CAP.

Document Title	Appendix Location
Notice of Public Hearing	A
Low-Income Testimony and Agency's Response	B
Community Needs Assessment	C

DRAFT
2026/2027
Community Needs Assessment
Berkeley Community Action Agency

Data Collection Method

The Berkeley Community Action Agency's (BCAA) Community Needs Assessment (CNA) is informed by the City of Berkeley (City) 2025 Community Health Assessment, the City FY 2025-28 Community Agency Request for Proposal (RFP), the City 2025-2029 Consolidated Plan for United States Department of Housing and Urban Development (HUD), the City 2025 Annual Action Plan for HUD, the City 2023 HOME Investment Partnerships American Rescue Plan Program (HOME-ARP) Allocation Plan community consultations and public hearings, and the 2024 Alameda County Point-in-Time (PIT) Count of individuals, youth, and families experiencing homelessness.

The City of Berkeley 2025 Community Health Assessment (CHA) includes both qualitative and quantitative data metrics to paint a picture of the current state of health of the Berkeley community. Data from a series of community focus groups, a community survey, and key informant interviews with community partners and leaders helped to inform the qualitative data components.

In 2023, the City issued a Request for Proposals (RFP) for community agencies covering Fiscal Years 2025 through 2028. This RFP prioritized applications for programs that provide services to Berkeley residents who are at or below the poverty line. Proposals included programs related to healthcare, including geriatric primary care health services; access to delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents; and, supportive services and housing to the chronically homeless population in Berkeley, most of whom have active mental health and substance use issues as well as poor physical health. Community agencies who were awarded in 2024 are submitting program reports detailing demographic data and

client service outcomes on a bi-annual/quarterly basis. This data allows the City to monitor he highest need communities, performance outcomes, community impact,and provides additional guidance for the contract allocation decisions in the next funding cycle.

The City organized several public hearings and community surveys to help guide funding decisions and identify the areas with greatest need. A public hearing focused on community needs took place on January 25, 2024, in front of the Housing Advisory Commission (HAC). The purpose of this hearing was to gather input from Berkeley residents regarding the most essential services and housing opportunities. Additional public meetings were held with the Human Welfare Community Action Commission (HWCAC), Homeless Services Panel of Experts (HSPOE), and the Commission on Labor (COL) to review subject area priorities and funding opportunities for community agency grants. Each commission represents the Berkeley community and advises City Council on decisions related to their focus area. In these public meetings, the Commissions evaluated community agency applications for funding on their program design, organizational capacity, prior performance and/or experience in the community, and overall budget. Community members and representatives from the community-based organizations were notified of the meetings via email and through the commission webpages on the City website.

In 2023, the City also sent an online survey to agencies and service providers whose clientele include the HOME Investment Partnerships American Rescue Plan Program (HOME-ARP) qualifying populations to identify unmet needs and gaps in housing or service delivery systems, and to determine the HOME-ARP eligible activities currently taking place within the City to identify potential areas of collaboration. The survey requested that agencies and serviceproviders upload data that would help the City better understand the needs and gaps in services of the qualifying populations. The survey was emailed to 44 agencies and service providers on January 18, 2023, and the collection period ended on January 25, 2023. Fourteen responses were received from agencies serving all four qualifying populations, including eight respondents serving Veterans. The City gained a greater understanding of the unmet needs and gaps in services, with respect to the qualifying populations, by meeting with individuals from agencies and service providers. Responses included the need for supportive services to help unhoused people meet their essential needs, more peer-led programs, flexible and low barrier short-term motel stays and liaison services between landlords and eligible program participants, and resources for severe mental health illness and substance abuse.

The City's Consolidated Plan for HUD, along with its Annual Action Plan, includes both a Housing Market Analysis and a Needs Assessment. These reports offer detailed insights into the City's specific needs regarding affordable housing, special needs housing, community development, and homelessness. They also provide a clear understanding of the environment in which the City will implement its federally funded programs.

The 2024 Point In Time (PIT) Count for Alameda County provides a comprehensive overview and analysis of individuals, youth, and families experiencing homelessness, providing specific data about their demographics and characteristics. This report provided key data on the intersection of homelessness, race, ethnicity, gender identity, and age.

City of Berkeley Demographics

U.S. Census Bureau, American Community Survey, ACS, 2023

	City of Berkeley	***Alameda County***	***California***
Age			
Under 5 years	5%	5%	5%
5 to 19 years	18%	17%	19%
20 to 64 years	60%	62%	59%
65 years and over	17%	16%	17%
Race			
White	54.8%	47.1%	70.4%
African American	7.4%	10.5%	6.5%
American Indian	0.7%	1.2%	1.7%
Asian	20.7%	34.5%	16.5%
Native Hawaiian or Pacific Islander	0.2%	0.9%	0.5%
Other Race	5%	0.1%	0.1%
Two or more races	11.2%	5.7%	4.3%
Ethnicity			
Hispanic/Latino	12.1%	23.3%	40.4%
White alone, Non-Hispanic/Latino	51.7%	27.9%	34.3%
People with Disabilities (<65 years)	7%	6%	7%
People Without Health Insurance (<65 years)	3%	5%	7%

121,385
Total Population
Source: US Census Bureau ACS 5-year 2018-2022

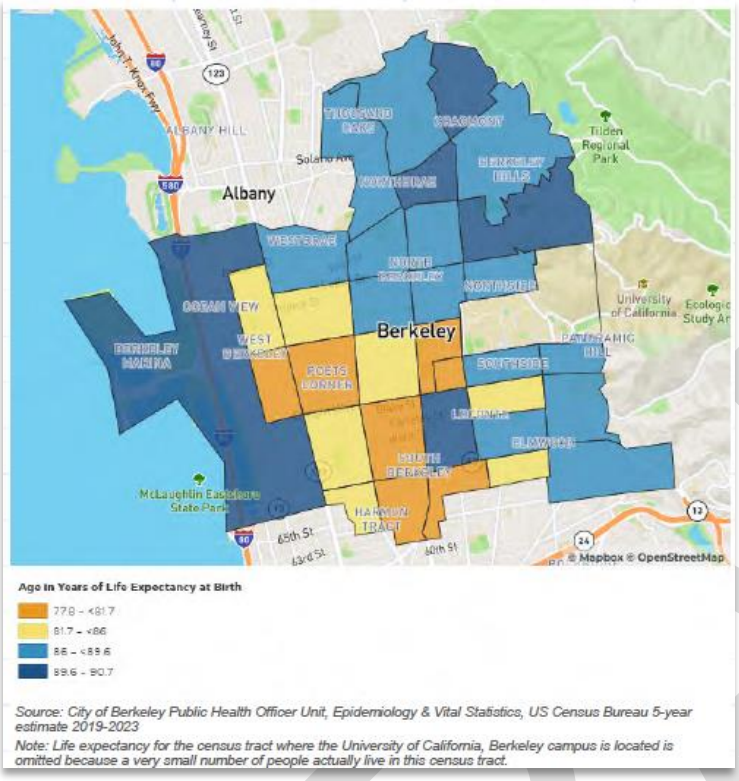
21.5%
Immigrant Population
Source: US Census Bureau ACS 5-year 2018-2022

6.4%
of People ages 5+
Limited English Proficiency
Source: US Census Bureau ACS 5-year 2018-2022
Note: Limited English Proficiency is defined as speaking English less than "very well."

51.8%
Bachelor's Degree
Source: US Census Bureau ACS 5-year 2018-2022

Key Findings

Health Inequities in Berkeley



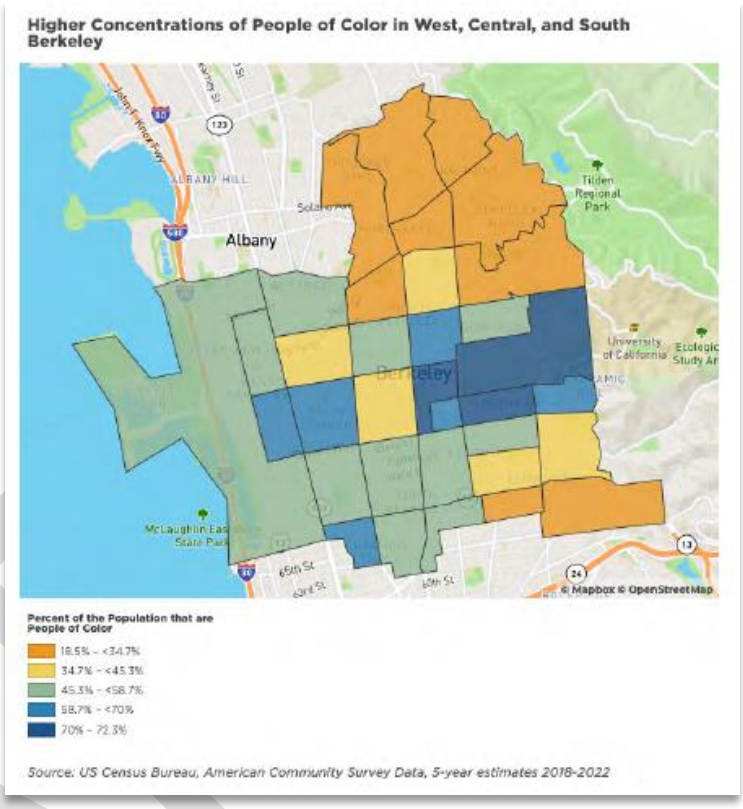
Source: City of Berkeley Public Health Officer Unit, Epidemiology & Vital Statistics, US Census Bureau 5-year estimate 2019-2023
Note: Life expectancy for the census tract where the University of California, Berkeley campus is located is omitted because a very small number of people actually live in this census tract.

While many residents of Berkeley benefit from good health, education, employment, and income, some groups face challenges. In certain neighborhoods, and among individuals experiencing specific health and social difficulties, health outcomes can be significantly worse. In 2024, the Berkeley poverty rate was 17%, nearly double that of Alameda County and five points higher than California as a whole[1]. There are multiple intersectional challenges for individuals living in poverty in Berkeley, which include health inequities related to disability, race, housing, and age.

[1] U.S. Census Bureau, American Community Survey, 2023

Income and Poverty

The median household income for Berkeley is just under $105,000, with African American household income at $52,000, less than half of the citywide average[2]. The median for Hispanic households ($67,000) is also much lower than the average[3]. Much like life expectancy, median household income in Berkeley varies significantly by geography. Census tracts in the Berkeley Hills report the highest median household income levels (more than $200,000) while census tracts in South Berkeley and West Berkeley report the lowest levels (less than $100,000).[4]



The average Berkeley resident can expect to live to the age of 86[5]. However, this longevity is not evenly distributed. Residents in the Berkeley Hills, where resources are more abundant, have the highest life expectancy in the City, with one census tract averaging 91 years[6]. In contrast, residents in South and West Berkeley face significantly shorter life expectancies; one tract averages just 78 years – a 13-year gap. [7]

There are significant economic disparities for the disabled population. Twenty percent of people over the age of 16 with disabilities live in poverty in Alameda County, while 8% without disabilities live in poverty. Additonally, people over the age of 16 with disabilities are nearly six times more likely to be unemployed in Alameda County when compared to people without disabilities. People with disabilities tend to have higher rates of high blood pressure, heart disease, diabetes, obesity, asthma, and psychological distress than those living without disabilities[8]. The majority of the disabled population in

[2] Ibid.
[3] "Berkeley Wellness Blueprint: Community Health Assessment," Berkeley. Health, Housing, and Community Services Department, & JSI Research & Training Institute, pg. 21. 2025
[4] Ibid.
[5] Ibid, 13.
[6] Ibid.
[7] Ibid.
[8] Davis, Muntu, and Sandi Soliday. *Persons with Disabilities in Alameda County*. Alameda County Public Health Department. County Board of Supervisors' Health Committee. April 23, 2017. http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_4_23_18/HEALTH CARE SERVICES/Regular Calendar/Persons_with_disabilities_Alameda_County_H_4_23_18.pdf.

Alameda County are older (≥65 years of age), with more women with any disability than men[9], and African American and Hispanic/Latino people being the highest percentages of people with a disability. Additionally, during the Alameda County 2024 Point In Time (PIT) count, 60% of all people who were homeless reported a disabling condition.

Community Health

The City of Berkeley has a Public Health Division that is made up of public health nurses, community outreach workers, health educators, health care providers, and other public health professionals. Berkeley is one of only three cities in the State of California with the distinction of being its own health jurisdiction, while most health jurisdictions are the responsibility of the county. Having a City health jurisdiction means more individualized, higher quality services for residents and more resources for better programs and services to meet their needs. Some of the services that the Public Health Division provides include:

- Giving vaccines to babies and children to prevent diseases such as polio, diphtheria, measles, and hepatitis B.
- Joining with merchants, parents, and school officials to reduce teenage smoking by not selling cigarettes to minors.
- Providing women with a safe place to make decisions about family planning and providing pregnancy prevention services.
- Helping residents understand how to protect children from lead poisoning.
- Providing people in physically abusive relationships with information, referrals and assistance with getting help.
- Providing a nurse for residents to call when they have health related questions.
- Helping residents understand how to reduce the risk of getting a sexually transmitted disease.
- Educating children and teenagers about how wearing a bicycle helmet can protect them from injury.
- Giving pregnant women and their babies nutrition information and access to healthy foods.

[9] Ibid.

Recommendations

The need for healthcare and affordable housing for Berkeley residents is clearly supported by the data in this community needs assessment. With limited funding available, and a strong existing partnership with LifeLong Medical Care, the City chose to continue to support the delivery of integrated primary care and behavioral health services to low-income, uninsured, and underinsured residents of Berkeley at the LifeLong West Berkeley and Berkeley TRUST Health Centers. LifeLong services are designed to remove barriers to care and reduce health disparities for typically underserved populations who are at the greatest risk for poor health outcomes. Funding will also support the provision of acupuncture detox services for Berkeley residents living with substance use disorders. Berkeley voters concerned about the welfare of disabled Berkeley residents continue to support funding for emergency services and case management, attendant care, accessible transportation, wheelchair repair, and assistive device repair for severely physically disabled persons in Berkeley.