

2024/2025  
Community Needs Assessment and  
Community Action Plan

California Department of Community Services  
and Development

Community Services Block Grant



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## Introduction

The Department of Community Services and Development (CSD) has developed the 2024/2025 Community Needs Assessment (CNA) and Community Action Plan (CAP) template for the Community Services Block Grant (CSBG) Service Providers network. Each agency must submit a completed CAP, including a CNA to CSD on or before **June 30, 2023**. Changes from the previous template are detailed below in the “What’s New for 2024/2025?” section. Provide all narrative responses in 12-point Arial font with 1.15 spacing. When the CNA and CAP are complete, they 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 certify that they are complying.

## 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 and the agency certification for them are found in the State Assurances section of this template.

## 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 implementation of the Organizational Standards. CSD has identified the Organizational Standards that are met through the completion of the CAP and the CNA. A list of Organizational Standards that will be met upon completion of the CAP can be 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 2024/2025?

**Community Action Plan Workgroup (CAPWG)**. In summer 2022, CSD organized a workgroup to inform the development of the 2024/2025 CNA and CAP. Workgroup members were selected from the CSBG Service Provider network and the ROMA Coalition. The feedback CSD received from the workgroup has informed not only the 2024/2025 template but also the accompanying CAP training scheduled for mid-December 2022.

**Public Hearings – Additional Guidance**. The public hearing requirement has been modified. Two years ago, we were in an active pandemic due to the COVID-19 virus. The public health guidelines throughout the state advised communities against large gatherings. CSD advised agencies to follow public health protocols and hold public meeting virtually if an in-person meeting was not an option. For the public hearing on the 2024/2025 draft CAP, CSD requests that agencies conduct in-person, virtual, or hybrid public hearings. While transmission rates of COVID-19 remain high in many communities, agencies are requested to follow their local public health guidelines when deciding in which format to conduct the public hearing. For more information, please see the Public Hearing section of this template.

**CNA Helpful Resources**. The Helpful Resources section in Part I: Community Needs Assessment contains additional data sets and resources. On recommendation of the CAPWG, CSD has added data sets from the Massachusetts Institute of Technology, the University of Wisconsin, and a point-in-time data set from the U.S. Department of Housing and Urban Development. We have also added links to the Local Agencies Portal where you can find examples of completed Community Needs Assessments and project timelines from the CSBG Service Providers network.

**Part II: Community Action Plan**. The number of questions in the Tripartite Board of Directors, Service Delivery System, Linkages and Funding Coordination, and Monitoring sections has changed. Questions were removed because it was determined that agencies meet these reporting requirements through other CSBG work products such as monitoring and Organizational Standards. In the Service Delivery System and Linkages and Funding Coordination sections, new questions were added. These questions will be covered during the template training webinar.

**Sunset of COVID-19 Flexibilities**. In the 2022/2023 template, CSD allowed agencies to indicate on selected questions whether there were changes to the response provided in the 2020-2021 CAP or whether agencies would like CSD to accept the 2020-2021 response without adaptations. This option was an effort to reduce administrative burden on agencies during the COVID-19 pandemic. While

CSD has retained some of the flexibilities developed in the previous template, the option for agencies to reference responses in their prior CAP has been discontinued.

**Response and Community Awareness.** This section replaces the “Additional Information” section in the previous template. For 2024/2025 CSD has included questions pertaining to Diversity, Equity, and Inclusion (DEI). The questions about disaster preparedness have been retained from the previous template. While none of this information is directly mandated by statute, CSD is requesting the information to gauge where the CSBG Service Provider network is as a whole on these topics. Responses to the questions in this section are mandatory.

**ROMA Certification Requirement.** Under section 676(b)(12) of the CSBG Act, CSD and all CSBG agencies are required to assure that we will participate in a Results Oriented Management and Accountability System “not later than fiscal year 2001.” CSD and the CSBG Service Providers have fulfilled this requirement through various approaches. With respect to the ROMA certification of the network CAPs (Organizational Standard 4.3), CSD has allowed agencies to submit their CAP without the signature of a ROMA trainer or implementer if the agency did not have a ROMA trainer or implementer on staff. CSD staff who had the requisite training would certify those CAPs on behalf of the agencies. This process will still be in place for the 2024/2025 template. However, for the 2026/2027 template, CSD will require that CSBG Service Providers provide their own ROMA certification either by staff who have the required ROMA training or in partnership with another agency or organization. CSBG Service Providers should begin formulating a plan to fulfill this requirement.

## Checklist

- Cover Page and Certification**
- Public Hearing(s)**

### **Part I: Community Needs Assessment**

- Narrative**
- Results**

### **Part II: Community Action Plan**

- Vision Statement**
- Mission Statement**
- Tripartite Board of Directors**
- Service Delivery System**
- Linkages and Funding Coordination**
- Monitoring**
- Data Analysis, Evaluation, and ROMA Application**
- Response and Community Awareness**
- Federal CSBG Programmatic Assurances and Certification**
- State Assurances and Certification**
- Organizational Standards**
- Appendices**

**COMMUNITY SERVICES BLOCK GRANT (CSBG)**  
**2024/2025 Community Needs Assessment and Community Action Plan**  
**Cover Page and Certification**

<b>Agency Name</b>	Berkeley Community Action Agency
<b>Name of CAP Contact</b>	Mary-Claire Katz
<b>Title</b>	Associate Management Analyst
<b>Phone</b>	510-981-5414
<b>Email</b>	mkatz@cityofberkeley.info

**CNA Completed MM/DD/YYYY:**  
 (Organizational Standard 3.1)

**Board and Agency Certification**

The undersigned hereby certifies that this agency complies with the Federal CSBG Programmatic, and State Assurances as outlined in the CSBG Act and California Government Code, respectively for services provided under the Federal Fiscal Year 2024/2025 Community Action Plan. The undersigned further certifies the information in this Community Needs Assessment and the Community Action Plan is correct and has been authorized by the governing body of this organization. (Organizational Standard 3.5)

Mary Behm-Steinberg		
<b>Board Chair (printed name)</b>	<b>Board Chair (signature)</b>	<b>Date</b>
Margot Ernst		
<b>Executive Director (printed name)</b>	<b>Executive Director (signature)</b>	<b>Date</b>

**Certification of ROMA Trainer/Implementer (If applicable)**

The undersigned hereby certifies that this agency's Community Action Plan and strategic plan documents the continuous use of the Results Oriented Management and Accountability (ROMA) system (assessment, planning, implementation, achievement of results, and evaluation).

<b>NCRT/NCRI (printed name)</b>	<b>NCRT/NCRI (signature)</b>	<b>Date</b>

**CSD Use Only**

Dates CAP (Parts I & II)		Accepted By
Received	Accepted	

## 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. All testimony presented by low-income individuals and families during the public hearing shall be identified in the final CAP. Agencies shall indicate whether or not the concerns expressed by low-income individuals and families have been addressed. If an agency determines that any of the concerns have not been addressed in the CAP, the agency shall include in its response document, information about the concerns and comment as to their validity.

### Guidelines

#### Notice of Public Hearing

1. Notice of the public hearing and comment period must be published at least 15 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 must 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 15 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 must be made available for public review and inspection at least 30 days prior to the public hearing. The draft CAP can 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 as Appendix A to the final CAP.

#### Public Hearing

1. Agencies must conduct at least one public hearing on the draft CAP.
2. Public hearing(s) will be held in the designated CSBG service area(s).
3. Low-income testimony presented at the hearing or received during the comment period must be memorialized verbatim in the Low-Income Testimony and Agency's Response document and appended to the final CAP as Appendix B.
4. The Low-Income Testimony and Agency's Response document should include the name of low-income individual, his/her verbatim 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

COVID-19 poses unique challenges to fulfilling the public hearing requirement. CSD asks that agencies continue to adhere to state and local public health guidance to slow the spread of the virus and ensure public safety. The health and safety of agency staff and the communities you serve is paramount. Therefore, 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 (in-person and remotely) based on the public health protocols in place in their communities.

### Public Hearing Report

Date(s) of Public Hearing(s)	June 21, 2023
Location(s) of Public Hearing(s)	North Berkeley Senior Center, 1901 Hearst Ave, Berkeley, CA 94709
Dates of the Comment Period(s)	May 29 – June 22, 2023
Where was the Notice of Public Hearing published? (agency website, newspaper, social media channels)	City of Berkeley Human Welfare and Community Action Webpage, Berkeley Voice, City of Berkeley Community Agency list.
Date the Notice(s) of Public Hearing(s) was published	
Number of Attendees at the Public Hearing(s) (Approximately)	

## Part I: Community Needs Assessment

CSBG Act Section 676(b)(11)

California Government Code Section 12747(a)

### Helpful Resources

In 2011, NASCSP published a [Community Action to Comprehensive Community Needs Assessment Tool](#) that supports planning and implementing a comprehensive CNA. The tool lays out design choices, planning steps, implementation practices, analysis, and presentation options.

The National Community Action Partnership has an [Assessment Tool](#) designed specifically for the community needs assessment process. Here you can select from a variety of county-specific data sets.

Examples of Community Needs Assessments and project timelines from agencies within the California CSBG Providers network can be found on the [Local Agencies Portal](#) under the CSBG – Resources tab. If you do not have an account or have not received CSD login credentials, please email CSD at [ExternalAccess@csd.ca.gov](mailto:ExternalAccess@csd.ca.gov).

To provide a comprehensive “picture” of the community needs in your service area(s), agencies will collect and analyze both quantitative and qualitative data. Links to several national and state quantitative data sets are given below. Local and agency data also provide information about the needs of the community.

Sample Data Sets			
U.S. Census Bureau <a href="#">Poverty Data</a>	U.S. Bureau of Labor Statistics <a href="#">Economic Data</a>	U.S. Department of Housing and Urban Development <a href="#">Housing Data &amp; Report</a>	
HUD Exchange <a href="#">PIT and HIC Data Since 2007</a>	National Low-Income Housing Coalition <a href="#">Housing Needs by State</a>	National Center for Education Statistics <a href="#">IPEDS</a>	
Massachusetts Institute of Technology <a href="#">Living Wage Calculator</a>		University of Wisconsin Robert Wood Johnson Foundation <a href="#">County Health Rankings</a>	
California Department of Education <a href="#">School Data via DataQuest</a>	California Employment Development Department <a href="#">UI Data by County</a>	California Department of Public Health <a href="#">Various Data Sets</a>	
California Department of Finance <a href="#">Demographics</a>	California Attorney General <a href="#">Open Justice</a>	California Governor’s Office <a href="#">Covid-19 Data</a>	California Health and Human Services <a href="#">Data Portal</a>
CSD Census Tableau <a href="#">Data by County</a>			Population Reference Bureau <a href="#">KidsData</a>

## Community Needs Assessment Narrative

CSBG Act Sections 676(b)(3)(C), 676(b)(9)

Organizational Standards 1.1, 1.2, 1.3, 2.2, 3.2, 3.3, 3.4

1. Describe how your agency collected and included current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for your service area. (Organizational Standard 3.2)

**Organizational Standard 3.2: As part of the community assessment, the department collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).**

The Berkeley Community Action Agency's (BCAA) Community Needs Assessment is informed by the City of Berkeley Public Health Division data and reports, the City of Berkeley HOME Investment Partnerships American Rescue Plan Program (HOME-ARP) Allocation Plan community consultations and public hearings, City of Berkeley community agency program data, the 2022 Alameda County Point-in-Time (PIT) Count of individuals, youth, and families experiencing homelessness, and the City of Berkeley 2023-2031 Housing Element Update.

Additionally, 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 of 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 reside. 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.

2. 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.

Despite local job growth and a booming tech industry, poverty rates in LifeLong's service area remains high, with barriers compounded by an extremely high cost of living. LifeLong's service area encompasses over 100 census tracts including the cities of Berkeley, Oakland, Emeryville and Hayward in Alameda County; and extending into western Contra Costa to the north; and Marin County to the west. The service area is home to 1,355,030 residents (UDS Mapper), of whom 31% are living below 200% of the federal poverty level (US Census Bureau).

In Berkeley, African Americans, Hispanic/Latinx, and other people of color die prematurely and are more likely than White people to experience a wide variety of adverse health conditions. In Berkeley, African Americans have lower income than any other ethnic/racial group. For every dollar a white family earns, an African American family earns 28 cents. This income inequality paired with unemployment or under employment can increase stress levels, exacerbate health conditions, make it difficult to find safe and affordable housing, and lower educational prospects. Research demonstrates that poverty is the single greatest threat to children's well-being. Children living in poverty are at significantly higher risk for poor health and development. In Berkeley, 10% of all

children under the age of 18 live in poverty.

More Berkeley health statistics:

- The asthma hospitalization rates for children under 5 for African American children is 10 times higher, and for Latino children is 2.8 times higher than the rate among White children.
- African Americans are 3 times more likely than Whites to be hospitalized due to coronary heart disease.
- African Americans are 34 times more likely than Whites to be hospitalized due to hypertension.
- African American women are 1.5 times more likely than Whites to be diagnosed with breast cancer.
- African Americans are 2.3 times more likely to die in a given year from any condition compared to Whites. African Americans are 2.0 times more likely than Whites to die of cardiovascular disease.
- African Americans are 1.8 times more likely than Whites to die of cancer.

3. Indicate from which sources your agency collected and analyzed quantitative data for the 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 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
- State Covid-19 Data
- Other

**Surveys**

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

**Agency Data Sets**

- Client demographics
- Service data
- CSBG Annual Report
- Client satisfaction data
- Other

4. If you selected "Other" in any of the data sets in Question 3, list the additional sources.

5. Indicate the approaches your agency took to gather qualitative data for the 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**

6. If you selected “Other” in Question 5, please list the additional approaches your agency took to gather qualitative data.

The Berkeley Community Action Agency’s (BCAA) Community Needs Assessment is informed by the City of Berkeley Public Health Division data and reports, the City of Berkeley HOME Investment Partnerships American Rescue Plan Program (HOME-ARP) Allocation Plan community consultations and public hearings, City of Berkeley community agency program data, the 2022 Alameda County Point-in-Time (PIT) Count of individuals, youth, and families experiencing homelessness, and the City of Berkeley 2023-2031 Housing Element Update.

7. Describe your agency’s analysis of the quantitative and qualitative data collected from low-income individuals and families. (Organizational Standards 1.1, 1.2, 3.3)

The agency reports that are reviewed by the City contract monitor include a breakdown of client income levels, demographic data, and performance measurement data. This information, along with the narrative explanation provided by the agency, is collected and analyzed on a quarterly basis. The contract monitor may request more information from the agency if any of the data is unclear, and amend the report as needed. Public comment received during public hearings for HOME-ARP report and the 2023-2031 Housing Element were also resources for qualitative data from service providers and service recipients. Community agency program reports are reviewed by the Human Welfare and Community Action Commission (HWCAC) at every commission meeting. These reports include performance measure targets and actuals, as well as a customized customer satisfaction section.

8. Summarize the data gathered from each sector of the community listed below and detail how your agency used the information to assess needs and resources in your agency’s service area(s). Your agency must demonstrate that each sector was included in the needs assessment; A response for each sector is required. (CSBG Act Sections 676(b)(3)(C), 676(b)(9), Organizational Standard 2.2)

A. Community-based organizations

The City of Berkeley partners with community-based organizations to provide essential services to residents. These organizations gather client satisfaction, outcome, and demographic data and provide that information to the City on a quarterly basis as part of their contract requirements. The City uses this information to help guide funding priorities, including those programs that provide services to the low-income population.

B. Faith-based organizations

As with the community-based organizations, faith-based organizations that contract with the City to provide services, such as free meals, provide their client satisfaction, outcome, and demographic data as part of their contract requirement.



C. Private sector (local utility companies, charitable organizations, local food banks)

The City of Berkeley works with many business associations that cater to established businesses and startups in specific industry sectors including tourism, technology, biotechnology, life sciences, medical devices and manufacturing. The City also works with regional partners that support local businesses including the East Bay Economic Development Alliance (East Bay EDA) and Bay Area Organization of Black Owned Businesses (BAOBAB).

D. Public sector (social services departments, state agencies)

Departments within the City provide different information gathered from a variety of resources that inform the planning process throughout the year. The City also partners with Alameda County and neighboring jurisdictions to share information and resources. Because the BCAA is operated out of the City's Health, Housing and Community Services Department (comprised of Public Health, Mental Health, and Environmental Health Divisions, as well as Community Services, Housing, and Aging Services), the entire CAP and CNA is directly informed by these social service departments and staff. Resources include program and financial reports from community agencies, the RFP (includes two public hearings) to allocate City funding to community agencies in four service areas—Anti-Poverty Services (reviewed by the Human Welfare and Community Action Commission), Berkeley's 2020 Vision (reviewed by the Children and Youth Services, overseen by the Children, Youth and Recreation Commission), the Homeless Services Commission, and the Housing, Public Services and Public Facility Improvements Commission (reviewed by the Housing Advisory Commission).

E. Educational institutions (local school districts, colleges)

The City collaborates with Berkeley Unified School District on a youth programs, including Berkeley's 2020 Vision: Equity in Education, which is a collective impact initiative that works towards eliminating racial disparities in academic achievement in Berkeley's public schools.

9. "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 the data, describe the causes of poverty in your agency's service area(s). (Organizational Standard 3.4)

In 2018, the City of Berkeley Public Health Department released their Health Status Report which identified inequities in health and the importance of prevention for Berkeley residents. The health inequities identified in the report include the poverty level as it relates to race/ethnicity, the geographic element of poverty within the City, the rate of uninsured people within the City, and others. One of the key causes of poverty identified by LifeLong, through their direct service with low-income clients, is inadequate access to culturally relevant and high-quality health services, and a lack of community and economic development in their communities

10. "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 the data, describe the conditions of poverty in your agency's service area(s). (Organizational Standard 3.4)

The Berkeley Public Health Department Health Status Report notes that social determinants of health and barriers result in persistent health disparities that disproportionately impact low-income residents. For example, African American residents experience higher rates of poverty compared to other Berkeley residents, and worse health outcomes. African Americans and Latinos have the highest proportions of obese and overweight children in Berkeley; and African Americans experience substantially higher rates of poorly controlled asthma, diabetes, and hypertension.

11. Describe your agency's approach or system for collecting, analyzing, and reporting customer satisfaction data to the governing board. (Organizational Standard 1.3)

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.



# Community Needs Assessment Results

CSBG Act Section 676(b)(11)

California Government Code Section 12747(a)

State Plan 14.1a

## Table 1: Needs Table

Complete the table below. Insert row(s) if additional space is needed.

Needs Identified	Level	Agency Mission (Y/N)	Currently Addressing (Y/N)	Agency Priority (Y/N)
Reducing Health Disparities	Family	Y	Y	Y
Emergency Services for the Severely Disabled	Family	Y	Y	Y

**Needs Identified:** List the needs identified in your most recent CNA.

**Level:** List the need level, i.e., community or family. Community Level: Does the issue impact the community, not just clients or potential clients of the agency? For example, a community level employment need is: There is a lack of good paying jobs in our community. Family Level: Does the need concern individuals/families who have identified things in their own life that are lacking? An example of a family level employment need would be: Individuals do not have good paying jobs.

**Essential to Agency Mission:** Indicate if the identified need aligns with your agency's mission.

**Currently Addressing:** Indicate if your agency is already addressing the identified need.

**Agency Priority:** Indicate if the identified need will be addressed either directly or indirectly.

**Table 2: Priority Ranking Table**

List all needs identified as an agency priority in Table 1. Insert row(s) if additional space is needed.

Agency Priorities	Description of programs, services, activities	Indicator(s) or Service(s) Category	Why is the need a priority?
1. Reducing Health Disparities	Integrated primary care and behavioral health services to low-income, uninsured and underinsured residents of Berkeley	FNPI 5b.	The CNA identified health disparities in the low-income populations and areas of Berkeley.
2. Emergency Services for the Severely Disabled	Emergency attendant, wheelchair adjustments, and transportation services to Berkeley residents who are severely physically disabled, and provides case management to help clients with the recruitment, selection, training, and retention of quality attendants, resulting in an increase in client participation in services related to disability and a decreased reliance on emergency services.	FNPI 5g.	The CNA identified disability as a condition experienced by those in poverty at higher rates. Additionally, the CNA identified the rapidly aging population of Berkeley and the specific needs that are associated with older ages and mobility.

**Agency Priorities:** Rank your agency’s planned programs, services and activities to address the needs identified in Table 1 as agency priorities.

**Description of programs, services, activities:** Briefly describe the program, services or activities that your agency will provide to address the need. Identify the number of clients to be served or the number of units offered, including timeframes for each.

**Indicator/Service Category:** List the indicator(s) (CNPI, FNPI) or service(s) (SRV) that will be reported in CSBG Annual Report.

**Why is this need a priority:** Provide a brief explanation about why this need has been identified as a priority. Connect the need with the data. (CSBG Act Section 676(b)(3)(A))

## Part II: Community Action Plan

CSBG Act Section 676(b)(11)

California Government Code Sections 12745(e), 12747(a)

California Code of Regulations, Title 22, Division 11, Chapter 1, Sections 100651 and 100655

### Vision and Mission Statement

#### 1. Provide your agency's Vision Statement.

The Vision of the City of Berkeley's Community Action Agency (BCAA) is to have a responsive, caring and effective community services delivery system, which provides every resident with the basic prerequisites for a decent life and makes essential long-lasting connections among different constituencies and different neighborhoods. The ideal Berkeley will have: safe, decent and affordable housing, adequate nutritious food for all; primary medical care for all; education, including tutoring and mentoring, for all ages; full access to available City resources/programs which are appropriate with respect to age, family situation, ability, cultural/ethnic background and all other elements of diversity; opportunities to participate in decision-making with respect to the provision of community services; healthy community-based organizations which are fiscally viable, with active and effective boards and good administration; strong collaboration between the City and other levels of government (county, state, and federal) and between community based organizations to maximize resources and provide a holistic range of services to low-income residents specifically those at or below poverty level.

#### 2. Provide your agency's Mission Statement.

The mission of the BCAA is to act as a facilitator for the community to assist low-income individuals, particularly those living at or below poverty level, respecting their own self-determination; and to improve the quality of life, reduce dependency, and achieve self-sufficiency through coordinated services providing employment, education, medical care, childcare, counseling, food, shelter, legal counseling and emergency services.

## Tripartite Board of Directors

CSBG Act Sections 676B(a) and (b); 676(b)(10)

California Code of Regulations, Title 22, Division 11, Chapter 1, Section 100605

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))

The Board of the BCAA is made up of five (5) appointed representatives to represent public concerns, four (4) appointed representatives to represent community interests (business, education, and other community concerns), and six (6) elected representatives of low-income Berkeley residents. The BCAA holds elections every other November for low-income representatives. Notices recruiting elected representatives are posted on the City's website, distributed to service providers, and distributed to potential candidates by Berkeley City Council members and the Human Welfare and Community Action Commission commissioners. Interested candidates must obtain 10 signatures of residents of the target area to be nominated. Two slots on the Board are allocated for each of the three target areas. All of the representatives of the poor on the Board have knowledge of the needs in their community.

## Service Delivery System

CSBG Act Section 676(b)(3)(A)

State Plan 14.3

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 14.3)

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 access barriers, including older adults, people with HIV, unhoused populations, people experiencing mental health and substance use disorders, and people facing language and cultural barriers. In 2022, LifeLong served a total of 57,082 unduplicated patients in over 190,000 encounters.

LifeLong operates 16 primary care health centers (3 in Berkeley), 14 behavioral health locations (3 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, as well as evening and/or weekend hours by appointment. 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 I, Question 1 informs your service delivery and strategies in your service area?

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 has been providing 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 Strategy 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); (3)(B), (C) and (D); 676(b)(4), (5), (6), and (9)

California Government Code Sections 12747, 12760

Organizational Standards 2.1, 2.4

State Plan 9.3a, 9.3b, 9.4b, 9.6, 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)(3)(C); Organizational Standard 2.1; State Plan 14.1c, 9.6, 9.7)

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 demonstrate and document collaboration with other health centers and 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)(9), Organizational Standard 2.1; State Plan 14.1c, 9.6, 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. We also receive funding from both the Alameda County Area Agency on Aging and the City of Oakland to provide older adult services to low income older adults. As a federally qualified health center, LifeLong receives federal funding from the Health Resources and Services Administration. 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), State Plan 9.3a, 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. We have a large outreach team focused on reaching underserved populations and help accessing benefits as well as language access. LifeLong employs trained staff available to help patients gain access to many public assistance programs and disseminating information which they may not have had access to 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. (California Government Code Section 12747)

LifeLong developed diverse funding streams to ensure stability of the organization and minimize disruption due to any potential funding reductions. With a goal of maintaining 90 days of cash on hand, LifeLong has 117 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 access to services. With growth comes increased revenue sources and a continued emphasis on infrastructure development. LifeLong also leverages resources by utilizing new technologies such as telehealth to enhance the access to services and making judicious use of resources.

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

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

6. Describe how your agency documents the number of volunteers and hours mobilized to support your activities. (Organizational Standard 2.4)

Volunteer activities and hours are coordinated and documented as a function of LifeLong's Human Resources department.

7. 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 YouthWorks employment program continued its partnerships with City and nonprofit agencies. YouthWorks targets low income, at-risk youth and provides all youth with workplace skills training. City of Berkeley departments and local community agencies serve as worksites providing valuable work experience to Berkeley youth 14-25 years old.



8. 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 City's Recreation Division of the Park, Recreation & Waterfront Department partners with the Berkeley Unified School District and YouthWorks on the Achievers Program, which provides leadership development, career exploration and peer-led tutoring. This program is also used as a stepping stone for entry into the City's YouthWorks program.

Funded through the City's Public Works Department, the Downtown Streets Team, a non-profit organization, homeless and low-income persons volunteer to beautify commercial districts while engaging in case management and employment services.

9. Describe the 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 has contracted with a number of workforce development programs to provide training, education and job placement for low income, under-employed, and unemployed residents:

- Inter-City Services provides employment, training, and education and continues to serve veterans as funded under the Governor's 15% Discretionary pool of Workforce Investment Act (WIOA) funds.
- Biotech Partners operates the Biotech Academy at Berkeley High School, targeting youth from under-represented populations in the fields of science and technology (African American, Latino, South East Asian, and female and low-income youth) and who may be at risk of not graduating from high school.
- The Bread Project provides training in culinary arts and bakery production, and includes the formerly incarcerated as their target population. They operate a social enterprise (wholesale bakery) that creates opportunities for trainees to obtain crucial on-the-job experience.
- Rising Sun Center for Opportunity (formerly known as Rising Sun Energy Center) Green Energy Training Services (GETS) provides pre-apprenticeship classroom and hands-on training in the Building and Construction trades which serves as a pathway for careers in construction including green and clean technologies. 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.
- Berkeley Youth Alternatives (BYA) receives WIOA funding through Alameda County Workforce Development Board (ACWDB) to provide workforce development services to in-school and out-of-school youth. The area of workforce development is a focus area for increased coordination,

including establishing methods to maximize and leverage resources. BYA, utilizing city funds, provides training to disadvantaged youth in all aspects of park and landscape maintenance in addition to summer and after-school programs for children and youth.

- UC Theatre Concert Careers Pathways (UCCCP) is a nine-month program for young people ages 17-25, providing workshops and paid internships for participants to learn all aspects of live music venue production.
- Continuing the City's Local Hire policies which include the Community Workforce Agreement (CWA) between the City of Berkeley and the Building trades (created in 2011) which applies to publicly funded construction projects estimated at \$500,000 or above, and, the First Source local hiring policy which applies to both public infrastructure projects estimated between \$100,000 - \$499,999.

10. 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 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.

11. 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))

The City of Berkeley works with EveryOne Home, Alameda County Behavioral Health Care Services and Social Service Agency to implement the Berkeley Coordinated Entry System (CES) for homeless services and will participate in EveryOne Home's ongoing implementation of its Coordinated Entry System throughout the county. These efforts have led to the standardization of screening, intake and assessments protocols across the Continuum of Care to better match people who are homeless with the best fit available housing solution.

12. Describe how your agency coordinates services with your local LIHEAP service provider?

TBD

13. 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 will align much of this funding (as appropriate) to support city-wide equity initiative, Youth Equity Partnership (YEP), formerly known as Berkeley's 2020 Vision. YEP continues to support children and youth through its new vision; 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.

14. 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

CSBG Act Section 678D(a)(1)(A) and (B)

1. Describe how your agency's monitoring activities are related to establishing and maintaining the integrity of the CSBG program. Include your process for maintaining high standards of program and fiscal performance.

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.

2. 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, and issuance of formal monitoring reports.

Agencies that receive federal or state funding submit quarterly outcome reports. Agencies that are funded by the City submit either quarterly or semi-annual outcome reports, as determined by the City. The City also performs on-site monitoring yearly.

Upon completion of a monitoring, the City concludes with a letter to the agency summarizing the results. If necessary based on the monitoring results, the City may follow through with corrective action in different ways based on the severity of the finding or concern. For example, corrective action may be included in future contract terms, such as submitting more frequent/detailed reporting than the standard reporting requirements. In severe instances, there have been recommendations to Council to do an in-depth audit of the organization.

Additionally, the City receives regular program reports showing agency outcomes for review and approval.

## Data Analysis, Evaluation, and ROMA Application

CSBG Act Section 676(b)(12)

Organizational Standards 4.2, 4.3

1. Describe your agency's method for evaluating the effectiveness of 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)

In addition to requiring either quarterly or semi-annual performance and outcome reports, BCAA staff periodically monitor agencies to ensure the fidelity of financial record keeping and the recording and provision of direct services to clients. BCAA staff also consult with CSBG-funded programs to gather anecdotes for the year-end CSBG reports.

2. Applying the Results Oriented Management and Accountability (ROMA) cycle of assessment, planning, implementation, achievement of results, and evaluation, describe one change your agency made to improve low-income individuals' and families' capacity for self-sufficiency. (CSBG Act Section 676(b)(12), Organizational Standard 4.2)

In 2022, LifeLong's administrative, clinical and operational leadership effectively transitioned agency operations to a hybrid model, using both in-person and remote methods. This includes equipping administrative personnel for remote access, and continuing to deliver telehealth services using phone and video appointments as an option for many health services. As the COVID-19 emergency has evolved, with pervasive workforce challenges and other barriers impeding access to care, this hybrid model has been an important alternative way to engage both personnel and patients, including people who are for example, immunocompromised and especially vulnerable to COVID-19.

To further improve access to care for Berkeley residents, targeted community outreach has effectively linked residents to COVID-19 testing, vaccines and treatment, as well as LifeLong primary care services. As another example of how LifeLong has implemented new methods of healthcare access, LifeLong has been providing remote monitoring devices for patients with hypertension and other tools to manage complex health needs. These services have been critical to enhance access to care and continuity of care in the past year.

3. Applying the full ROMA cycle, describe one change your agency facilitated to help revitalize the low-income communities in your agency's service area(s). (CSBG Act Section 676(b)(12), Organizational Standard 4.2)

LifeLong is currently partnering with the City of Berkeley to develop a new health center site in Berkeley, The LifeLong Berkeley Trust Health Center, to address the medical and behavioral healthcare needs of people experiencing homelessness in Berkeley. Often, people who are unhoused experience multiple-morbidities – physical ailments, substance use, and mental illness. The new center will address these needs in a brick-and-mortar place and provide a safe space for this vulnerable and high risk population to receive services. The health center will also provide case management, which often involves helping unhoused people with paperwork to get essential

documents such as IDs and birth certificates as well as fundamental resources for food and housing. To ensure continuity of care, the health center will work closely with LifeLong's Street Medicine team in Berkeley. This new health center is slated to open in 2023.

DRAFT

## Response and Community Awareness

### Diversity, Equity, and Inclusion

1. Does your agency have Diversity, Equity, and Inclusion (DEI) programs in place that promote the representation and participation of different groups of individuals, including people of different ages, races and ethnicities, abilities and disabilities, genders, religions, cultures, and sexual orientations?

Yes

No

2. If yes, please describe.

TBD

### Disaster Preparedness

1. Does your agency have a disaster plan in place that includes strategies on how to remain operational and continue providing services to low-income individuals and families during and following a disaster? The term disaster is used in broad terms including, but not limited to, a natural disaster, pandemic, etc.

Yes

No

2. If yes, when was the disaster plan last updated?

TBD

3. Briefly describe your agency's main strategies to remain operational during and after a disaster.



# Federal CSBG Programmatic Assurances and Certification

CSBG Act 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--

- i. 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);
  - ii. to secure and retain meaningful employment;
  - iii. 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;
  - iv. to make better use of available income;
  - v. to obtain and maintain adequate housing and a suitable living environment;
  - vi. to obtain emergency assistance through loans, grants, or other means to meet immediate and urgent individual and family needs;
  - vii. to achieve greater participation in the affairs of the communities involved, including the development of public and private grassroots
  - viii. 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.

- By checking this box and signing the Cover Page and Certification, the agency’s Executive Director and Board Chair are certifying that the agency meets the assurances set out above.**

## State Assurances and Certification

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.

- By checking this box and signing the Cover Page and Certification, the agency's Executive Director and Board Chair are certifying that the agency meets the assurances set out above.**

### **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.

- By checking this box and signing the Cover Page and Certification, the agency's Executive Director and Board Chair are certifying that the agency meets the assurances set out above.**

## 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.

**Standard 1.3 (Private)** The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.

**Standard 1.3 (Public)** The department has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the tripartite board/advisory body, which may be met through broader local government processes.

### 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.

**Standard 2.4** The organization/department documents the number of volunteers and hours mobilized in support of its activities.

### 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 4.1 (Private)** The governing board has reviewed the organization's mission statement within the past 5 years and assured that:

1. The mission addresses poverty; and
2. The organization's programs and services are in alignment with the mission.

**Standard 4.1 (Public)** The tripartite board/advisory body has reviewed the department's mission statement within the past 5 years and assured that:

1. The mission addresses poverty; and
2. The CSBG programs and services are in alignment with the mission.

**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.

## 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 and the Low-Income Testimony and the Agency's Response document as appendices A and B, respectively. Other appendices such as the community need assessment, surveys, maps, graphs, executive summaries, analytical summaries are encouraged. All appendices should be labeled as an appendix (e.g., Appendix A: Copy of the Notice of Public Hearing) and submitted with the CAP.

Document Title	Appendix Location
Copy of the Notice(s) of Public Hearing	A
Low-Income Testimony and Agency's Response	B
Community Need Assessment	C