County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   Intensive Support Services - Children's Wraparound FSP

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known			$155,000	$155,000
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$155,000**	**$155,000**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   Intensive Support Services - Children's Wraparound FSP

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$0**	**$0**	**$155,000**	**$155,000**

*Enter the justification for items that are requested under the "Other Expenditures" category.
Justification:

Please include your budget narrative on a separate page.

Prepared by: Manuel Hector Jr.

Telephone Number: 510-981-5110

CSS and WET NEW PROGRAM DESCRIPTION

County: **City of Berkeley**

**Program Number/Name: COB1: Intensive Support Services
Children's Wraparound Full Service Partnership**

Date: March 21, 2011

Check boxes that apply:
☒CSS   ☐ New
☐WET   ☐ Consolidation
         ☒ Expansion
         ☐ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	**General System Development**	**Outreach & Engagement**	
CY	20			$7,750
TAY				$
Adults				$
OA				$
Total				
Total Number of Clients to be Served (all service categories):		**20**		

<ins>**NEW PROGRAMS ONLY**</ins>
CSS and WET
1.   Provide narrative description of program. For WET, also include objectives to be achieved.
The Intensive Support Services FSP is an existing program to be expanded by 207.8%.   Though not a new program, the program description in the last section has been provided in summary of the activities and program services currently being offered by this project. See additional sections below.
2.   Explain how the new program is consistent with the priorities identified in the Community Planning Process.
The City of Berkeley's (COB) community planning process identified several key priorities during the initial extensive community planning process. Themes provided during this process have been included below-   ➢ **"School Failure**   ➢ **Too long to access services, can't get in for service**   ➢ **Insufficient services that encourage an individual's feeling of cultural inclusion in the system**   ➢ **Insufficient services that address self-esteem in youth**   ➢ **Peer and Family problems**   ➢ **Insufficient dual recovery services**   ➢ **Involuntary care—institutionalization and incarceration**   ➢ **Involvement in the child welfare and juvenile justice system**   ➢ **Out of home placement**   ➢ **Insufficient geographic access to services**   ➢ **Insufficient numbers of care management, clinical and family/peer support staff**   ➢ **Insufficient staff training and orientation towards resilience and cultural competence**   ➢ **Inadequate transitional services from therapeutic environment to mainstream school; (and)**   ➢ **Insufficient staff training and orientation towards resilience and cultural competence."**   The population priorities and community feedback listed above are key factors that continue to support the need for ongoing supports to children and youth through the Intensive Support Services Program FSP.
3.   Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).
As noted above, this program is an expansion of an existing program and reflected both the feedback and community participation required of MHSA programming at inception.
CSS Only

CSS and WET NEW PROGRAM DESCRIPTION

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1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

In order to be eligible for intensive services, children must be 'severely emotionally disturbed' and must be 0-18 years of age.

- **The criteria for a severe emotional disturbance may be met if there is evidence that a child is exhibiting severe behavioral problems, interactions with the legal system, school failure due to noteworthy family disturbances, or mental health related issues that significantly impair his/her ability to function within the school or community environment.**

- **It should also be documented that without intensive supportive services, case management, or clinical intervention this functional impairment could place the child or youth at risk of being placed within a more restrictive environment and/or in jeopardy of losing access to services in a placement.**

- **Because infants and young children (i.e., pre-school age) may/may not demonstrate similar levels of disturbance as compared with older youth and children, the functional impairment can be related to the child's disturbance(s) but may also be related to how these issues impact functioning of parent/legal guardian(s), siblings, or other family members. Therefore, a pre-school aged child may be severely emotionally disturbed, or his or her current behaviors and/or emerging mental health issues may be contributing to severe emotional disturbances within the family system.**

- **Youth aged 18 may receive short-term services but these services must be linked with an appropriate transitional age youth, young adult, or adult service provider. This coordination must occur no later than 6-months PRIOR to their 19th birthday, in other words, at 18 years 6 months of age. Preference should therefore be given to those youth who have recently turned 18 and/or those who may receive adequate care coordination within the time specified above.**

- **As long as there is a severe emotional disturbance, children and youth with multiple mental health issues, educational problems or learning delays, or those with substance abuse issues may also access ISS support.**

- **Because of the specialized level of service often required in the supportive care of developmentally delayed children and youth, this population may not be appropriate for ISS programming. However, developmentally disabled children and youth may be admitted if there are co-occurring mental health issues, and a stabilization plan which specifically focuses on transitional support has been developed prior to ISS enrollment. In such cases, referrals should be made to appropriate supportive services (i.e., intensive case management, Regional Centers, etc).**

- **Special attention should be paid to providing services to those individuals who may have had difficulty accessing adequate mental health or related services due to a lack of insurance or being underinsured.**

- **In addition to clinical care and coordination, Medi-cal eligible children and youth should be assisted to obtain Medi-cal insurance to assure future access to additional services whenever possible.**

Interventions may include mental health counseling, parent and child psycho-education, case management, psychiatry, crisis services, brokerage, and/or stabilization for acute mental health issues. ISSP is designed to enable children, youth, and their families to acquire the skills and/or mental health supports needed to improve, stabilize, and strengthen current levels of individual and family functioning.

The populations served by ISS programming should be culturally diverse and should reflect the cultural diversity present within the Berkeley and Albany communities. Specific emphasis will be placed on identifying and increasing access for underserved ethnic populations, specifically Latinos and Asians.

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2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

CSS and WET NEW PROGRAM DESCRIPTION

In accordance with Welf. & Inst. Code § 5847, the City of Berkeley (COB) is attempting to ensure that its system provides adequate support to a variety of populations, including those referenced it this program proposal. This is an expansion of a current, existing program wherein capacity and service need has been demonstrated by Berkeley Mental Health's supervision of the program and continued requests for community services.
3.   For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.
N/A

WET Only
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.

N/A

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)
1. Narrative description of program.   Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.

ISSP is an intensive, community-based mental health program designed to provide short-term, individualized treatment, care coordination, and support to children and youth ages 0-18 years. Intensive Support Services includes comprehensive bio-psycho-social assessments, treatment planning and measurable goals, short-term objectives, care coordination, intensive mental health treatment and/or consultation, training, case management, and 24-hour support. A majority of these services will be rendered in the child or family's community (i.e., client homes, schools, agencies, etc.) or may be provided on-site through designated FYC or provider-approved locations. Key program components are as follows-

- **All client and family services are designed to result in notable improvement in client and family functioning, the development of individualized service recommendations, suggested(s) to further support this stabilization, and practical linkages to appropriate resources.**

- **Services are generally rendered on a short-term basis (which may be defined as an average length of treatment ±90 days). However, if deemed clinically appropriate, services may be provided for shorter or longer treatment periods as long as the child/family have attained their goals, are appropriate for early discharge, and/or require more extensive care coordination.**

- **Services will be provided to no more than 20 children and youth at a given time, which is an increase to the previous service capacity of 10 clients.**

- **Services will include after hours crisis response, including 24-hour on-call capability.**

Proposed Changes

Proposed changes include an increase in funding (207.8%) and therefore service capacity change from 10 children, to 20 children at a given time.

2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.

Based upon increased community demand for this service, and desire to ensure increased capacity to serve residents in both Berkeley and Albany communities, additional funding resources have presented this opportunity for program expansion. Although some key youth programs were established in support of Children and Youth ages 0-18 (through CSS funding and the Intensive Support Services Program FSP) and Transition Age Youth programming (also and FSP from CSS funds), a variety of issues were also considered by Berkeley Mental Health administration in addition to the above described priorities. For example, the extent to which Berkeley's efforts were reaching significant numbers of youth was also discussed by the MHSA Advisory Committee in 2009 and 2010.

Ongoing community feedback posed directly to Family, Youth, & Children's Services, BMH Administration, the City's Department of Health Services, as well as feedback from schools and families within the community suggested limited access to ISSP supports due to program capacity limits and outreach. This expansion was therefore in response to community feedback, data indicating that a significant number of the referrals in Berkeley emanated from 3 primary locations, including two middle schools, an elementary school, and the city's Family, Youth & Children's Services. To that end, in addition to increased efforts to outreach to other community

settings and providers, additional funding is needed in order to ensure increased program capacity to compensate for the apparent community need.

County: City of Berkeley Date: 21-Mar-11

Program/Project Name and #: Adult/Older Adult Community Integration

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known			$200,000	$200,000
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$200,000**	**$200,000**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   Adult/Older Adult Community Integration

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$0**	**$0**	**$200,000**	**$200,000**

*Enter the justification for items that are requested under the "Other Expenditures" category.
Justification:

Please include your budget narrative on a separate page.

Prepared by: Manuel Hector Jr.

Telephone Number: 510-981-5110

CSS and WET NEW PROGRAM DESCRIPTION

County: City of Berkeley

Check boxes that apply:
☒ CSS   ☒ New
☐ WET   ☐ Consolidation

Program Number/Name: Adult/Older Adult Community Integration Program

☐ Expansion
☐ Reduction

Date: March 21, 2011

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	**General System Development**	**Outreach & Engagement**	
CY				$
TAY				$
Adults			40	$
OA			60	$
Total			100	
Total Number of Clients to be Served (all service categories):			100	

NEW PROGRAMS ONLY
CSS and WET
1. Provide narrative description of program. For WET, also include objectives to be achieved.

The Adult/Older Adult Community Integration program is a new CSS program to be developed in order to support individuals suffering from severe mental illness who might not access mental health services through traditional means, such as through clinics or other outpatient settings. Priority populations will focus on Adults and Older Adults; Individuals impacted by depression, trauma, or co-occurring disorders; and Unserved, underserved and inappropriately served ethnic populations. A full range of mental health services and supports will be provided to Adults and Older Adults, in order to improve Berkeley/Albany's system of care by rendering comprehensive screening, assessment, treatment, case management, referrals to primary care settings, and psycho-education and workshops within the Albany community.

The objectives of this program are three-fold.   First, to increase the identification of Adult/ Older Adults suffering from depression or other mental health conditions who do not typically access traditional mental health services offered through Berkeley Mental Health; to decrease social isolation by building accessible community supports and resources; and to offer a variety of short-term treatment supports or psycho-educational workshops which may improve the community's internal capacity to address issues often impacting individuals with severe mental illness such as job loss, health problems, trauma, grief and loss, substance use, limited social networks, and acculturation issues.

Such a program will seek to partner with existing resources within the community, such as a local Senior Center or Community Center, as they are extremely relevant for Adults and Older Adults within the community. Mental Health services provided in this manner may use this access as a gateway for subsequent short-term behavioral health intervention, treatment, and support—which if used in tandem with other proven strategies including psycho-education—have been shown to be effective in the treatment of mental health illness among this population.

2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.

The City of Berkeley's (COB) community planning process has identified several key priorities over the years since its inception. Specifically, many of the priorities first identified with respect to Adults and Older Adults may be supported through this proposed Adult/Older Adult Community Integration Program.

For example, amongst a variety of other areas, priorities related to the following issues with Adults were specifically raised at the beginning of the community process-

- ➢ **"Isolation**
- ➢ **Consumer choice not honored**
- ➢ **Inability to work**
- ➢ **Insufficient immediate access to quality care**
- ➢ **Lack of information about the system—system is confusing/fragmented**
- ➢ **Insufficient programs to manage stress, depression, anger and fear**
- ➢ **Insufficient focus on the effects of trauma on the individual, family and community**
- ➢ **Depression/ low self-esteem**
- ➢ **Insufficient dual recovery services; (and)**
- ➢ **Insufficient numbers of care management, clinical and peer support staff."**

The following priorities were also identified as Older Adult Issues-

- ➢ **"Isolation**
- ➢ **Insufficient focus on the effects of trauma on the individual, family and community**
- ➢ **Services not welcoming, hard to access, afraid to stay in waiting room at clinic**
- ➢ **Insufficient services that address depression**
- ➢ **Substance Abuse**
- ➢ **Depression/ low self-esteem**
- ➢ **Lack of services acknowledging special needs such as blind, deaf, medical problems, etc.**
- ➢ **Insufficient services that address loss and grief**
- ➢ **Inadequate attention on older adults coping with losing physical ability; (and)**
- ➢ **Insufficient numbers of care management, clinical and peer support."**

The population priorities and community feedback listed above are key factors that further support the need for ongoing supports in these areas. Although some impact has been gained with respect to other CSS programs, low penetration rates (particularly for Older Adult populations) support ongoing need for specialized services for Older Adult individuals and Adults who might not be homeless. Though homelessness is now well supported in Berkeley, Adults/Older Adults who are in fact housed and engaged with their families continue to be in need of support across Berkeley and Albany. A continued focus on these areas may continue to improve and further develop the system to more appropriately serve this population of community members.

3.	**Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).**

The notion to create a Adult/Older Adult Community Integration Program was engendered by the priorities identified within the Berkeley/Albany communities and embodies these initial and ongoing efforts that seek to collaborate with the community, focus on culturally competent strategies, deliver client and family driven services, and promote wellness, recovery, and resiliency. To that end, this proposed program will seek to support Adult/Older in a manner that is sensitive to the diverse needs of this population and works to integrate its service supports into the community itself. In so doing, the general standards and ideals brought to the forefront by MHSA may also assist Adult/Older Adults needing mental health treatment with accessing community resources or other social networks that might further strengthen individual or family focused relationships within an individual's environment.

Specifically, the high incidence of depression and other mental illnesses in the adult and older adult populations, suggest that this population might best be served in a variety of ways. Moreover, targeted strategies designed to ameliorate related symptoms in settings that are easily accessible and welcoming should assist the system with interrupting the impact of such conditions and issues that are often associated with them including, but not limited to, social isolation, poor health, and problems functioning within the community.

CSS Only

1.	**Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.**

The target population to be served by the Adult/ Older Adult Community Integration Program is male/female Adults & Older Adults primarily between the ages of 50 and 65+ years of age; from a variety of racial/ethnic groups; and representing diverse spoken languages. As this proposed program will serve both Berkeley and

Albany Adults/Older Adults and operate out of the city of Albany, it is anticipated that a variety of cultures may be represented and seek supportive care from such a community based program. Based upon historically lower penetration rates for Older Adults, as compared with other children/youth or adult individuals across Berkeley Mental Health (BMH), this proposed program will seek to partner with a local Senior Center or Community Center as both have been proven to be local hubs for this populations.

The primary strategies for this proposed program component are-

> ➢ **Screening & Assessment Activities**
> ➢ **Mental Health Treatment; including Individual or Family counseling**
> ➢ **Case Management & Resource Coordination**
> ➢ **Consultation**
> ➢ **Primary Care Referral**
> ➢ **Peer Counseling**
> ➢ **Group Treatment, Therapy, or Workshops; and**
> ➢ **Psycho-education.**

The proposed staffing pattern for this program will include the following positions or supportive services-

> ➢ **Program Coordinator (0.50 FTE)**

Program Coordination may involve general oversight of all program service and clinical functions, as well as provide general administrative oversight.

> ➢ **Clinician (1.5 FTE)**

Clinician staff will have the principal responsibility for providing clinical screening, assessment, individual and family therapy, psycho-education, and group treatment.

> ➢ **Case Manager (1.0 FTE)**

Case Managers will provide project assistance through resource coordination, referrals and linkages to other community resources as needed.

> ➢ **Peer Counselor (0.50 FTE)**

Peer counselors will support program participants through supportive counseling, general psycho-education, and assistance with accessing other services or negotiating other referral systems. Peer counselors may also provide adjunct support to group counseling or other case management activities. Staff may assist with training or other consultation activities as they relate to consumer advocacy, integration, or wellness recovery strategies.

> ➢ **Nursing or Psychiatric Support (0.20 FTE)**

Nursing or psychiatric supports may include screening for medical or other psychiatric issues. Referrals to primary care or other resources may also be completed as clinically indicated.

> Additionally, positions filled in support of this proposed program will represent a variety of demographic and ethnic backgrounds and possess language capacity for the principal languages reflected in the Berkeley/Albany Communities.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

In accordance with Welf. & Inst. Code § 5847, the City of Berkeley (COB) is attempting to ensure that its system provides adequate support to a variety of populations, including those referenced it this program proposal. It is prepared to support the number of adults and seniors cited in this proposed new program through its approximate 50-60 FTE by way of administrative oversight and system coordination, or direct service.

CSS and WET NEW PROGRAM DESCRIPTION

Additionally, program services may be provided through BMH or may be rendered through contractual agreements held by providers within the system. In all cases, consumer or community member feedback, penetration rates, and utilization of other resources to meet mental health needs by this population helped to identify the necessity for such programming. This decision further underscores BMH's commitment to the community as well as capacity to served the proposed number of Adult/Older Adults referenced above.

3. **For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.**

N/A

CSS and WET NEW PROGRAM DESCRIPTION

WET Only
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.
N/A

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)
1. Narrative description of program.   Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.
N/A
2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.
N/A

County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   Older Adult Community Support Support Services

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known			$214,613	$214,613
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$214,613**	**$214,613**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   Older Adult Community Support Support Services

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$0**	**$0**	**$214,613**	**$214,613**

*Enter the justification for items that are requested under the "Other Expenditures" category.
Justification:

Please include your budget narrative on a separate page.

Prepared by: Manuel Hector Jr.

Telephone Number: 510-981-5110

CSS and WET NEW PROGRAM DESCRIPTION

County: **City of Berkeley**

Program Number/Name: **Older Adult Community Support Services**

Date: **March 21, 2011**

Check boxes that apply:
☒ CSS   ☒ New
☐ WET   ☐ Consolidation
        ☐ Expansion
        ☐ Reduction

CSS Only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	**General System Development**	**Outreach & Engagement**	
CY				$
TAY				$
Adults				$
OA			150	
Total				
Total Number of Clients to be Served (all service categories):			150	

NEW PROGRAMS ONLY
CSS and WET
1.   Provide narrative description of program. For WET, also include objectives to be achieved.

The Older Adult Community Services Program is a new CSS program to be developed in order to support Older Adults suffering from severe mental illness (SMI) in a variety of community based settings, including but not limited to, their own homes, senior centers, or health care clinics and/or through partnerships with local community or faith-based organizations. The priority populations served by this program will include Older Adults ages 60 Years and older with a mental illness; individuals suffering from one or more medical conditions or disabilities; and those for whom traditional outpatient mental health visits may not be easily accessible.

A full range of intensive mental health services and supports will be provided to Older Adults through the Older Adult Community Services Program and may include, but not be limited to, individualized screening and comprehensive assessment, mental health treatment, case management services provided in the home or community, referrals to primary care or health settings, transportation services, support groups, training, and individual or family therapy. In light of the diverse demographics of Older Adults needing intensive treatment and primary care/ public health resource coordination; for those who live independently, reside with family members, or reside in Senior housing, it is likely that this type of home or community-based intervention may be of benefit across race, ethnicities, sexual orientation, or other socio-economic domains. Similarly, outreach to and partnership with other community or faith-based organizations can also serve as a conduit by which Seniors with little access to mental health services might be supported.

The objectives of this program will be to (1) provide client centered treatment to Seniors suffering from mental health illness; (2) decrease social isolation and strengthen community/family relationships; and (3) to improve the City of Berkeley's coordination of treatment services to Older Adults from a variety of demographic backgrounds.

The Older Adult Community Services Program will seek to partner with existing resources within the community, including primary care health providers, the city's Public Health Division, local Senior Center or Community Centers supporting the senior community, and faith-based organizations. It is anticipated that such supports and associated linkages will foster greater empowerment, increased behavioral health outcomes, and community based support networks.

2.   Explain how the new program is consistent with the priorities identified in the Community Planning Process.

The City of Berkeley's (COB) community planning process has identified several key priorities over the years since its inception. Many priorities highlighted the city's need to enhance its ability to render services to Older Adults across a variety of Berkeley communities. Because programs provided by Berkeley Mental Health have principally targeted chronically homeless and severely mental ill Seniors, a number of some individuals currently

housed in assisted living communities, with families, or living independently within the community may not readily access or be eligible for these services.

Priorities related to Older Adults and those which may presumably be supported through this Older Adult Community Services Program were raised during the course of Berkeley's community planning and involvement process-

- ➢ "Isolation
- ➢ Insufficient providers whose ethnicities reflect the community that is served
- ➢ Frequent emergency medical care/lack of medical care
- ➢ Barriers to work/ inability to work
- ➢ Services not welcoming, hard to access, afraid to stay in waiting room at clinic
- ➢ Family Problems
- ➢ Lack of services acknowledging special needs such as blind, deaf, medical problems, etc.
- ➢ Stigma associated with mental illness and with aging
- ➢ Insufficient integration of physical disabilities into treatment
- ➢ Insufficient services that promote safety
- ➢ Insufficient services for homebound seniors
- ➢ Insufficient opportunities for families to take an active part in designing services
- ➢ Insufficient services that address loss and grief
- ➢ Inadequate attention on older adults coping with losing physical ability; (and)
- ➢ Insufficient numbers of care management, clinical and peer support."

The population priorities and community feedback listed above are key factors that further support the need for ongoing supports to the city's senior residents. Although some impact has been gained with respect to other CSS programs, low penetration rates (particularly for Older Adult populations) underscore the need for ongoing specialized services for Older Adult individuals in the Berkeley community.

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3. **Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).**

As noted above, the development of an Older Adult Community Support Services Program is aligned with the priorities identified within the Berkeley/Albany communities. The rich diverseness of the Berkeley Community is a source of pride amongst its residents, and also requires that community services represent a variety of strategies that can support this diversity. Community collaboration, individual and family involvement, as well as the promotion of promotion of wellness and community connectedness are key to this program.

Because community feedback has identified ways in which current programs do not always support the diverse range of mental health needs and individuals identified as Older Adults, this recommended program will seek to incorporate this initial feedback and expand its target populations to more accurately reflect the vast cultural communities residing in Berkeley. It is also the intent of this program to more effectively support Senior residents suffering from co-morbid, physical or medical problems often impacting their ability to access traditional mental health services. As supported by data and recent health studies conducted in Berkeley, many of its most vulnerable populations are doubly impacted by risk factors related both to their mental health and significant medical risk factors and conditions.

As with the priorities identified above, this data further supports the need for more intensive engagement with and on behalf of Berkeley's Older Adult community.

CSS Only

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1. **Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.**

The target population to be served by the Older Adult Community Services Program is male/female Seniors aged 60+ Years; from a variety of racial/ethnic groups, including those representing underserved or inappropriately served racial/ethnic groups in Berkeley; and those experiencing mental health illness and medical problems or conditions. The primarily languages spoken by the population to be served will likely be from English and

Spanish-speaking communities.

The primary strategies for this proposed program component are-

- ➢ **Individualized Screening & Assessment**
- ➢ **Mental Health Treatment; including Individual or Family Therapy**
- ➢ **Case Management & Resource Coordination**
- ➢ **Primary Care Referral & Linkage**
- ➢ **Wellness Workshops (Client & Family) & Community Based Training (Community or Faith Based Communities)**
- ➢ **Transportation Services; and**
- ➢ **Psycho-education.**

The proposed staffing pattern for this program will include the following positions or supportive services-

- ➢ **Program Coordinator (1.0 FTE)**

Program Coordination may involve general oversight of all program service and clinical functions, as well as provide general coordination and oversight of interagency collaboration, training, and project administration.

- ➢ **Clinician (1.5 FTE)**

Clinician staff will have the principal responsibility for providing clinical screening, assessment, individual and family therapy, psycho-education, and group treatment.

- ➢ **Case Manager (2.0 FTE)**

Case Managers will provide project assistance through resource coordination, referrals and linkages to other community resources as needed.

- ➢ **Nursing or Psychiatric Support (0.20 FTE)**

Nursing or psychiatric supports may include screening for medical or other psychiatric issues; referrals to primary care or other resources; or basic medical or psychiatric support as clinically indicated.

   Additionally, positions filled in support of this proposed program will represent a variety of demographic and ethnic backgrounds and possess language capacity for the principal languages identified above.

2.   Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

In accordance with Welf. & Inst. Code § 5847, the City of Berkeley (COB) is attempting to ensure that its system provides adequate support to a variety of populations, including those referenced it this program proposal. It is prepared to support the number of adults and seniors cited in this proposed new program through its approximate 50-60 FTE by way of administrative oversight and system coordination, or direct service. Additionally, program services may be provided through BMH or may be rendered through contractual agreements held by providers within the system. In all cases, consumer or community member feedback, penetration rates, and utilization of other resources to meet mental health needs by this population helped to identify the necessity for such programming.   This decision further underscores BMH's commitment to the community as well as capacity to serve the proposed number of Older Adults referenced above.

3.   For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

N/A

CSS and WET NEW PROGRAM DESCRIPTION

WET Only
1. Provide budget justification and clear outline of planning factors used to construct budgeted amount.
N/A
CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)
1. Narrative description of program. Include a listing of programs being consolidated/expanded/reduced and summary of proposed changes.
N/A
2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.
N/A

County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   Adult Services Clinic Renovation

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation			$816,050	$816,050
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$816,050**	**$816,050**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: ___City of Berkeley_____   Date: ____21-Mar-11___

Program/Project Name and #: _____Adult Services Clinic Renovation_____

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$0**	**$0**	**$816,050**	**$816,050**

*Enter the justification for items that are requested under the "Other Expenditures" category.
Justification: |

Please include your budget narrative on a separate page.

Prepared by: _____Manuel Hector Jr._____

Telephone Number: _____510-981-5110_____

CAPITAL FACILITIES NEW and EXISTING PROJECT DESCRIPTION

County: **City of Berkeley**

Project Number/Name: **Adult Services Clinic Renovation**

Project Address: **2640 & 2636 Martin Luther King Jr. Blvd., Berkeley**

Date: **03/21/2011**

Select one:
☒ **New**
☐ **Existing**

Type of Building (Check all that apply)		
☐New Construction	☐Acquired with Renovation	☐Acquired without Renovation
☒Existing Facility	☒County owned	☐Privately owned
☐Leasing (Rent) to Own Building	☐Restrictive Setting	☐Land only

NEW PROJECTS ONLY
1. Describe the type of building(s). Include (as applicable): • Prior use and ownership. • Scope of renovation. • When proposing to renovate an existing facility, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services. • When renovation is for administrative services, describe how the offices augment/support the County's ability to provide programs/services. • If facility is privately owned, describe the method used for protecting the County's capital interest in the renovation and use of the property
The building to be renovated is city owned and for approximately 25 years has been utilized as the Berkeley Mental Health Adult Services Clinic. The City rented the building beginning in 1986 and purchased it in 1998. Prior to City acquisition, the structure had a variety of uses including housing a Jazz Club at one point, and in another instance being utilized as a Mortuary. In its current condition, the building is in disrepair and in need of various environmental upgrades and renovations. At present, space use is inefficient and inadequately aligned with MHSA goals, including that of creating welcoming spaces for client and family centered wellness and recovery programs and services. The proposed scope of work will include: electrical, HVAC and other environmental upgrades; and a re-configuration of shared work spaces in order to increase safety, and improve clinical, wellness/recovery, support services, and administrative functions. The remodel also includes the provision of a dedicated community space for Consumers and Family members to host Wellness and Recovery activities. It is envisioned that access will be expanded as a result of the renovation, as the clinic will be transformed into a welcoming, consumer and family friendly environment.
2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and age groups to be served, if applicable.
The intended purpose is to create an environment that is safe and welcoming for consumers and family members. Full Service Partnership and Intensive Services, Wellness Recovery Services, Consumer Employment, Family Advocacy, Case Management, Individual/Group therapy, Crisis Intervention, Administrative, and Support Services are all currently and will continue to be provided in this building. The number of projected numbers of clients/ individuals and families to be served in a given year is expected to be approximately 500 individuals. Age groups will primarily include adults over age 24 years and families.
3. Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.
The building is situated in a residential neighborhood on a busy street a few blocks away from downtown Berkeley. It is centrally located about a mile equidistant between two BART (Bay Area Rapid Transit) stations with direct access to public transportation in front of the building. Structures and property uses in close proximity include privately owned homes, a Continuation High School, and a neighborhood convenience store.
4. Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports

or whether it will also be used for other purposes. If being used for other purposes, indicate the percentages of space that will be designated for mental health programs/services and for other uses. Explain the relationship between the mental health program/services and other uses. (NOTE: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)

The building will be used primarily for MHSA programs and supports. Other programs that will be housed in the building include Mobile Crisis, Homeless Outreach services, Access Services, and Crisis Services. Approximately 15% of the building space will be designated for mental health services provided through the city of Berkeley, but not funded by MHSA. All services will include a range of services and other supports, including but not limited to, mental health treatment, conference and meeting rooms utilized for staff training, meetings, and mental health commission meetings, and on occasion primary health care support.

5. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services for a minimum of twenty (20) years.

The current property is a City of Berkeley owned facility and has undergone several structural improvements to ensure that it remains structurally sound and meets requirements for the provision of mental health services to consumers and families. As a result, it is anticipated that this long-term investment will continue to be a city priority as it relates to supportive services on behalf of the mental health division.

6. If proposing Leasing (Rent) to Own Building provide a justification why "leasing (rent) to own" the property is needed in lieu of purchase. Include description of length and terms of lease prior to transfer of ownership to the County.

Not Applicable.

7. If proposing a purchase of land with no MHSA funds budgeted for building/construction, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County's infrastructure.

Not Applicable.

8. If proposing to develop a restrictive setting, submit specific facts and justifications that demonstrate the need for a building with a restrictive setting. (Must be in accordance with Welf. & Inst. Code §5847, subd. (a)(5).)

Not Applicable.

9. If the proposed project deviates from the information presented in the CFTN component approved in the Three-Year Program and Expenditure Plan, describe the stakeholder involvement and support for the deviation.

Not Applicable.

EXISTING PROJECTS ONLY
1. Provide a summary of the originally approved CF project.
2. Explain why the initial funding was insufficient to complete the project.

3.   **Explain how the additional funds will be used.**

4.   **Explain how the stakeholders were provided an opportunity to participate in the request for additional funds.**

County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   Electronic Health Records Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware			$300,000	$300,000
3. Software			$205,350	$205,350
4. Contract Services			$110,700	$110,700
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$616,050**	**$616,050**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services				$0
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**

County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   Electronic Health Records Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$0**	**$0**	**$616,050**	**$616,050**

*Enter the justification for items that are requested under the "Other Expenditures" category.
Justification:

Please include your budget narrative on a separate page.

Prepared by: Manuel Hector Jr.

Telephone Number: 510-981-5110

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County:____**City of Berkeley**_____

Select one:
☒ **New**
☐ **Existing**

Project Number/Name:____**Electronic Health Records**_____

Date:__**March 21, 2011**_____

TECHNOLOGICAL NEEDS NEW PROJECT
Check at least one box from each group that describes this MHSA Technological Needs project
☐ New system ☐ Increases the number of users of an existing system ☒ Extends the functionality of an existing system ☒ Supports goal of modernization/transformation ☐ Supports goal of client and family empowerment
Indicate the type of MHSA Technological Needs Project
Electronic Health Record (EHR) system projects (check all that apply). If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at: http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf ☒ Infrastructure, security, and privacy ☒ Practice Management ☒ Clinical Data Management ☒ Computerized Provider Order Entry ☒ Full Electronic Health Record (EHR) with interoperability components (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies) **Client and family empowerment projects** ☒ Client/Family access to computing resources projects ☒ Personal Health Record (PHR) system projects ☒ Online information resource projects (expansion/leveraging information-sharing services)
Other technological needs projects that support MHSA operations ☒ Telemedicine and other rural/underserved service access methods ☒ Pilot projects to monitor new programs and service outcome Improvement ☒ Data Warehousing projects/decision support ☒ Imaging/Paper conversion projects ☐ Other
Indicate the Technological Needs project implementation approach
☐ Custom application: Name of Consultant or Vendor (If applicable) _____ ☐ Commercial Off-The-Shelf (COTS) System: Name of Vendor _____ ☐ Product Installation: Name of Consultant and/or Vendor (If Applicable) _____ ☐ Software Installation: Name of Vendor _____
Technological Needs New Project Description
1. Provide a summary of the TN Project:

The City of Berkeley (COB) will utilize Technological Needs funds to locally achieve the State's goals of implementing a fully operable Electronic Health Records system and providing consumer access to personal health information. To meet these goals, COB will partner with Alameda County (AC).

All Medi-Cal billing for COB must be submitted through AC. As such, COB currently utilizes the information system operated by AC Behavioral Health Care Services for this administrative function. It is therefore both logical and cost-effective to expand this partnership with Alameda County in its development of a fully interoperable electronic health record and clinical data management system. The system will be one that can exchange data with other key health systems and provide personal health record information for consumers. Towards this goal, several COB Mental Health and Information Technology staff has been involved in meetings with AC as it has reviewed various systems.

2. Describe how this project is critical for accomplishing the County's and Department's MHSA goals and objectives.

COB has determined that there is a need to significantly upgrade its current technology to achieve DMH's goals for every mental health jurisdiction to have a fully interoperable Electronic Health Records system and provide consumers access to personal health information. Like many other mental health jurisdictions in California, the existing information system is outdated and inadequate and must be upgraded. COB plans to use the Technological Needs funds to support several initiatives:

- Implementation of Electronic Health Records based upon technology that supports interoperability with other systems to ensure a dynamic data exchange with other entities involved in the care of consumers.

- Provision of computer resources in clinic sites to allow consumers to access the internet and other software. Computers will be used for educational purposes, accessing job-related information, accessing/managing personal health information and other tools to promote wellness and recovery.

- Development of a Personal Health Record (PHR) that will be available to consumers to access import aspect of their Electronic Medical Record, including scheduling appointments, treatment information, options for completing a Wellness and Recovery Action Plan and options to communicating with clinical staff. The specific function of PHR will be determined by emerging PHR standards, stakeholder processes, clinical care policy, security implications, and other technical and administrative issues that emerge with accessing health information electronically.

- Development of electronic prescription functionality that will be available for consumers. E-prescribing improves quality of care and reduces medication errors, including the possibility of a misread prescription by a dispensing pharmacist. E-prescribing applications alert doctors to potential drug-to-drug/food interactions and drug allergies, provide pregnancy and lactation alerts, provide peer medication dosing patterns, and provide online access to clinical references.

3. Describe how the proposed technology of this project can be integrated with existing systems to achieve the Integrated Information Systems Infrastructure (IISI).

Standardized data exchange will facilitate the transmittal of data from one system to another to ensure a seamless integration of client data.

4. List the inventory of new software, hardware, and licenses to be purchased for this project.

To be determine.

5. Attach a detailed project plan for this project.
Anticipated Start Date: [   ]   Anticipated End Date: [   ]

6. Have you completed a detailed Work Flow Analysis of the current system? If yes, please provide a brief summary of the current system's workflow. If no, please explain why one has not been completed and when you intend on completing it.

No, the City of Berkeley is working with Alameda County to develop the scope for the technology projects.

7. If this project's scope and/or funding deviates from the information presented in the County's approved Component Proposal, describe the stakeholder involvement and support for the deviation.

8. If this project is an EHR related project, checkmark all components in the Major Milestones for this project.

Needs Assessment and Vendor Selection
☒ Needs Assessment
☒ Vendor Selection Process

| **Infrastructure** |
| An interoperable EHR requires a secure network structure for sharing information |

☒ Infrastructure

| **Practice Management (Web-Based Vendor)** |
| Formulates the criteria needed to provide critical support for practice management functions to increase productivity, improve financial performance, financial management, and compliance programs. |

☒ Electronic Registration

☒ Electronic Scheduling

☒ Billing Interface with State

☐ Billing Interface with Contract Providers

| **Clinical Data Management (EHR "Lite" Clinical Notes and History)** |
| Clinical documentation such as assessment; treatment notes; and other clinical measures, which includes data elements and corresponding definitions that can be used in the measurement of patient clinical management and outcomes, and for research and assessment. |

☒ Assessment and Treatment Plan

☒ Document Imaging

☒ Clinical Notes Module

| **Computerized Provider Order Entry (CPOE) - (Ordering and Viewing / E-Prescribing and Lab)** |
| Optimizing physician ordering of medications, laboratory tests with interactive decision support system. |

☐ Lab - Internal

☒ Lab - External

☐ Pharmacy - Internal

☒ Pharmacy – External

☐ Lab and Pharmacy - Both

| **Interoperability Components (Data Transfer - Connectivity and Language Standards)** |
| The ability of the system to transfer data outside the County clinic. |

☒ Messaging – Data transfer between different systems with different data standards.

☒ Record Exchange – Data transfer between two systems that share a common structural design.

☒ Messaging and Record Exchange - Both

| **Fully Integrated EHR and PHR** |
| Full EHR and PHR: Full EHR functionality and interoperability with a Personal Health Record system. |

☒ Fully Integrated EHR and PHR

| **Other** |

☐ Other:

9. **If this is your first project work plan submission for an EHR related project or if your major milestones timeline has changed since your last submission, complete a proposed implementation timeline with the following major milestones:**

Major Milestones Timeline

2010/11 ANNUAL UPDATE

EXHIBIT F3
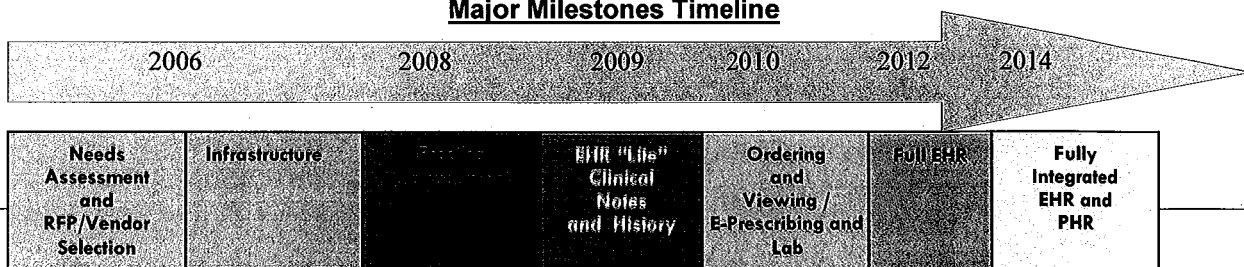
10. Assess the Project's risk rating using the following Project Risk Assessment.

Category		Factor		Rating	Score
Project Risk Assessment					
Estimated Cost of Project		Over $5 million		6	
		Over $3 million		4	
		Over $500,000		2	2
		Under $500,000		1	
Project Manager Experience					
Like Projects completed in a "Key Staff" Role		None		3	3
		One		2	
		Two or More		1	
Team Experience					
Like Projects Completed by at least 75% of Key Staff		None		3	
		One		2	2
		Two or More		1	
Elements of Project Type					
Hardware	New Install	Local Desktop/Server		1	1
		Distributed/Enterprise Server		3	3
	Update/Upgrade	Local Desktop/Server		1	
		Distributed/Enterprise Server		2	2
	Infrastructure	Local Network/Cabling		1	
		Distributed Network		2	
		Data Center/Network Operations Center		3	3
Software	Custom Development			5	5
	Application Service Provider			1	
	COTS* Installation	"Off-the-Shelf"		1	
		Modified COTS		3	
	Number of users	Over 1,000		5	
		Over 100		3	3
		Over 20		2	
		Under 20		1	
*Commercial Off-The-Shelf Software	Architecture	Browser/Thin Client based		1	
		Two-Tier (Client / Server)		2	
		Multi-Tier (Client & Web, Data base, Application, etc., Servers)		3	3

	Total Score	Project Risk Rating
☒	25 - 31	High
☐	16 - 24	Medium
☐	8 - 15	Low

11. If this is your first project work plan submission or if any information in the County's personnel analysis has changed since your last submission, complete a new County Personnel Analysis (management and staff) below.

Major Information Technology Positions	Estimated # FTE Authorized	Position hard to fill? 1 = Yes 0 = No	# FTE Estimated to meet need in addition to # FTE authorized
(1)	(2)	(3)	(4)
A. Information Technology Staff (direct service):			
Chief Technology/Information Officer	1.0	N	

Page 4 of 6

Hardware Specialist			
Software Specialist			
Other Technology Staff			
Subtotal A	1.0		
B. Project Managerial and Supervisory:			
CEO or manager above direct supervisor			
Supervising Project Manager			
Project Coordinator	1.0	N	
Other Project Leads			
Subtotal B	1.0		
C. Technology Support Staff:			
Analysts, tech support, and quality assurance	0.50	N	
Education and training	0.50	N	
Clerical, secretary, and administrative assistants	0.75	N	
Other support staff (non-direct services)			
Subtotal C	1.75		
TOTAL COUNTY TECHNOLOGY WORKFORCE:			
Total (A +B+C)	3.75		

12. **If this is your first project work plan submission for an EHR related project or if any information in your vendor selection criteria has changed since your last submission, describe your criteria for selecting an EHR vendor (such as RFP).**

This is a joint project with Alameda County, and one of the project milestones will be the development of criteria for selecting an EHR vendor.

13. **Do you certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met?**   Yes [__X__]   No [_____]

TECHNOLOGICAL NEEDS EXISTING PROJECT
Please provide the following information when requesting additional funds for existing projects only:
1.   Provide a brief summary of the TN project and its current status:
2.   Provide a justification how this request is a continuation of a previously approved project and not a new project.

3. **Why was the initial funding insufficient?**   Check all boxes that apply and provide an explanation of each

a. ☐ Project manager performance		i. ☐ Change in cost of materials (hardware, software, etc.)	
b. ☐ Project staffing			
c. ☐ Requirements not completely defined		j. ☐ Personnel cost increase	
d. ☐ Change in scope		k. ☐ Delay in RFP process	
e. ☐ Difficulties in customizing COTS		l. ☐ Insufficient management support	
f. ☐ Delay in project start date		m. ☐ Training issues	
g. ☐ Completion date has lapsed		n. ☐ Other	
h. ☐ Change in Vendor/contract services cost			

Explanation:

4.   How will the additional funds be used? Check all boxes that apply and provide an explanation of each.

a.	☐ Hire additional staff or other personnel	g.	☐ Expand existing software
b.	☐ Acquire new contract services (vendors)	h.	☐ Acquire other materials
c.	☐ Expand existing contract scope of work	i.	☐ Training costs
d.	☐ Acquire new hardware (provide list below)	j.	☐ Other
e.	☐ Expand existing infrastructure		
f.	☐ Acquire new software (provide list below)		

Explanation:

5.   Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide an explanation of each.

a.	☐ Project organization	j.	☐ Project phasing
b.	☐ Project management resources	k.	☐ Change management plan
c.	☐ Support resources	l.	☐ Risk management plan
d.	☐ Development and maintenance resources	m.	☐ Contract services costs
e.	☐ Quality assurance testing resources	n.	☐ Hardware costs
f.	☐ Project plan dates (schedule)	o.	☐ Software costs
g.	☐ Project scope	p.	☐ Personnel costs
h.	☐ Project roles and responsibilities	q.	☐ Other costs
i.	☐ Project monitoring and oversight	r.	☐ Training provisions
		s.	☐ None

Explanation:

6.   Explain how the stakeholders were provided an opportunity to participate in the decision.

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

All documents in the funding request are true and correct.

MANUEL HECTOR JR.
Chief Information Officer (Print)

Manuel Hea Jr.   03/24/2011
Signature   Date

PEGGY J GIBBONS
HIPAA Privacy/Security Officer (Print)

[signature]   3|24|11
Signature   Date

County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   High School Youth Prevention Program

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services			$208,440	$208,440
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$208,440**	**$208,440**

County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   High School Youth Prevention Program

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$0**	**$0**	**$208,440**	**$208,440**

*Enter the justification for items that are requested under the "Other Expenditures" category.
Justification:

Please include your budget narrative on a separate page.

Prepared by: Manuel Hector Jr.

Telephone Number: 510-981-5110

PEI NEW PROGRAM DESCRIPTION

County: City of Berkeley

Program Number/Name: High School Youth Prevention Program

Date: March 21, 2011

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

1. **PEI Key Community Mental Health Needs**	Age Group			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Disparities in Access to Mental Health Services	☒	☒	☐	☐
2. Psycho-Social Impact of Trauma	☒	☒	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☐	☐
5. Suicide Risk	☒	☒	☐	☐

2. **PEI Priority Population(s)** **Note: All PEI programs must address underserved racial/ethnic and cultural populations.**	Age Group			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Trauma Exposed Individuals	☒	☒	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐		
6. Underserved Cultural Populations	☒	☒	☐	☐

a.   Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

Stakeholder Input & Data Analysis

The City of Berkeley's (COB) community planning process has identified several key priorities over the years since its inception. During the initial extensive community planning process, COB engaged in over 70 informational meetings, focus groups, and age-based work groups. PEI Surveys, planning groups, meetings, reports, and planning panel recommendations were collated to gather input from a variety of community stakeholders. Specifically, many of the priorities that were highlighted during this time involved children and youth. This feedback and ongoing system wide evaluation contributed to the development of the High School Youth Prevention Program proposal.

For example those themes which were particularly relevant to this project-

- ➢ **"School Failure**
- ➢ **Inadequate transitional services from therapeutic environment to mainstream school**
- ➢ **Inadequate school-based services**
- ➢ **Too long to access services, can't get in for service**
- ➢ **Insufficient services that encourage an individual's feeling of cultural inclusion in the system**
- ➢ **Insufficient services that address self-esteem in youth**
- ➢ **Peer and Family problems**
- ➢ **Client choice not honored**
- ➢ **Insufficient dual recovery services**
- ➢ **Inability to integrate physical disabilities into treatment**
- ➢ **Insufficient access to and coordination with the range of services that promote resiliency; (and)**
- ➢ **Insufficient staff training and orientation towards resilience and cultural competence."**

PEI NEW PROGRAM DESCRIPTION

Through a consultant led process, Berkeley's PEI Planning Panel reviewed community data and grouped local PEI priority needs into the following five areas:

- ➢ **"Cultural Sensitivity & Responsiveness**
- ➢ **Addressing School Culture**
- ➢ **Promoting New Models of PEI**
- ➢ **Community Education; (and)**
- ➢ **Early Identification: Children, Youth, & Families."**

Although some key youth programs were established in support of Children and Youth ages 0-18 (through CSS funding and the Intensive Support Services Program FSP) and Transition Age Youth programming (also and FSP from CSS funds), a variety of issues were also considered by Berkeley Mental Health administration in addition to the above described priorities.

In its ongoing efforts to evaluate child and youth programs funded by MHSA, the extent to which Berkeley's efforts were reaching significant numbers of youth was also discussed by the MHSA Advisory Committee in 2009 and 2010. For example, because they were principally designed to support homeless youth in Berkeley, MHSA programs for TAY were found to be qualitatively beneficial to youth, however, did not expand supportive services to youth living with families or other caregivers, "couch surfing" youth in Berkeley/Albany communities, or to those youth who do not typically access outpatient mental health clinics.

Various system wide changes have also impacted the landscape in Berkeley, including a variety of initiatives attempting to support Berkeley Children and youth through priorities involving education, and to a lesser degree high school age youth. To that end, preventive program such as the High School Youth Prevention Program can provide critical supportive activities targeting high school age youth that might enhance the system as a whole.

Priority Population Selection

Some of those factors involved the City of Berkeley's (COB) penetration rates for children and youth across the city, varied demographic profiles rated to familial socio-economic and other cultural factors, as well as feedback expressed during MHSA Advisory Committee meetings, to Berkeley Mental Health Administration and staff, educators, and those emanating from other local providers across the city. In addition, recent data provided through federal, state, and local analyses underscore issues related to disparate academic achievement for children/youth across cultural groups in Berkeley, and high rates of substance abuse as compared with similar populations and communities across the nation was also considered.

The population priorities and community feedback listed above are key factors that further reinforce the need for ongoing support for at-risk, High School-age children and youth. Additionally, the priority populations above reflect the challenges that were highlighted during the community input phase, and continue to impact Berkeley's youth. General mental health referral demographic data and data included in recent educational assessments demonstrate higher incidents of school failure, social isolation, and poor treatment retention rates amongst these population. Targeted interventions and priority populations therefore reflect these variables and seek to address these issues at its core—through universal support and prevention prior to the exacerbation of these risk factors across the Berkeley community.

Outreach/Engagement of Unserved and Underserved Multicultural Communities

This PEI program will reach/ engage unserved and underserved multicultural communities by outreaching to local community providers and organizations, religious organizations, and the diverse high school age youth population currently representing Berkeley/ Albany's ethnically/culturally diverse community. Similarly, engagement will reflect culturally respectful and relevant strategies that have proven to be more successful within diverse communities (i.e., youth developed cultural events, family and community leadership participation in workshops or other campaigns, and through linguistically appropriate modalities).

3.   PEI Program Description (attach additional pages, if necessary).

The High School Age Youth Prevention Program is a new proposed PEI program designed to provide prevention and early intervention to high school age youth between the ages of 14 and 18 years (approximately). The program will provide a range of activities designed to outreach and engage at risk high school age youth who might not

ordinarily access traditional mental health support. As compared with previous Berkeley transition age youth programming, this program will include youth who are housed or those who reside with family, relatives, or other social supports.

The High School Age Youth Prevention Program will be universally available to all high school age youth attending public, alternative, private or other non-traditional high school settings. However, programming and related supports will target those youth who are impacted by multiple risk factors including, but not limited to, direct or indirect exposure to trauma, family or community violence, familial distress, youth who lack of caregiver support or those with family members with mental illness, youth from homes impacted by substance use or abuse, youth who are members of underserved ethnic/racial communities, those who are impacted by stigma as a result of sexual orientation or community membership, and/or youth affected by poverty. Youth who have frequent disciplinary issues, those who are at risk of school failure, or those who have demonstrated problems with managing anger or engaging in high-risk behaviors will also be targeted.

The primary objective of this proposed program will be to utilize a variety of preventive activities to assist youth in identifying pro-social ways in which to cope with a variety of issues including substance use/abuse, environmental or family stressors, childhood trauma or exploitation, and social isolation. Early intervention strategies will also be utilized to support those youth who may be demonstrating early signs of developing more pronounced mental health issues including anxiety and depression.   Supports provided through the High School Age Youth Prevention Program will be primarily delivered on-site at local High Schools, Youth centers, and/or in tandem with services provided through High School Health Centers.

In order to provide individualized opportunities for the diverse youth communities of Berkeley/ Albany, a full range of activities will be engaged in support of the High School Age Youth Prevention Program. These activities may include, but will not be limited to, resiliency or psycho-educational groups, peer support or mentorship opportunities, behavioral health or substance use/abuse screenings, teacher training or consultation, parent education or community workshops, and school-wide anti-stigma campaigns.

Program Development

In order to ensure that this potential resource is fully utilized, the program will engage the High School Age community in a variety of ways such as; through on campus literature and/or classroom presentations; partnerships with community agencies and local teen centers; integration with current on-site youth resources such as health centers, clinics, and community based organizations; community information or mailings; through school district youth or community services departments; and through approved on-site social forums, gatherings, or events during lunch or non-instructional hours. Youth may self-refer, or may be referred by educators, other professionals, parents or families, and other students.

Prevention Programming

Prevention Activities will validate the core MHSA principals involving approaches that are integrated, accessible, culturally competent, and strengths-based. Once referred to the High School Age Youth Prevention Program, youth may participate in a variety of ways, including support or other psycho-educational groups or those described above. Consultation, training, and workshops are also prevention methods that may be utilized with youth, families, educators, and members of the community.

Early Intervention

Screenings will assist program staff in determining whether individual youth may benefit from more targeted, early intervention through involvement in more structured short-term groups such as themes related to trauma, anger management, or substance use/abuse. The High School Age Prevention Program will also link individual participants with community resources, and if possible may help to facilitate parent-child engagement in order to ensure that such linkages are also made available other social supports within that youth's own home/ community. In so doing, it is the intent that this program be a benefit to the youth, his/her family, school environment, social networks and community as a whole.

4. Activities		
Activity Title	**Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:**	**Number of months in operation**

PEI NEW PROGRAM DESCRIPTION

		Prevention	Early Intervention	through June 2012
Resiliency or Psycho-educational Groups	Individuals: Families:	150 5	**30** **0**	**Pending**
Behavioral Health Screenings	Individuals: Families:	50 0	**0** **0**	**Pending**
Training, Consultation, or Community Workshops	Individuals: Families:	10 10	**40** **10**	**Pending**
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	150 15	**50** **5**	**Pending**

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services

Because Berkeley Mental Health (BMH) is systematically seeking to improve its entire system, it is committed to further expanding the partnerships with Alameda County Behavioral Health Care System (ACBHCS) and those involving other local community-based organizations and providers. To that end, this proposed program will both foster greater responsiveness to youth-focused feedback provided by stakeholders and the community as well as serve as a tangible link to BMH and other services.

MHSA data from the 2007-2009 community input process also highlighted a need for increased coordination. As a result, this principal responsibility is one that will continue to be supported through COB programming system-wide. Thus, if a youth involved in the program exhibits signs that a more extensive assessment, behavioral health treatment, or referral to a social service support is clinically indicated, as described in the programs desired outcome #2, it will be the mission of the High School Age Youth Program to help facilitate that referral. Likewise, community opportunities for social networking and support will be provide to all youth involved in the program, whether or not they chose to engage these supports while involved within the program. Partnerships with key providers, as well as with local Teen centers and youth organizations will also add to this integration as well.

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

Specifically, as many of Berkeley's community based providers are already well integrated into the community, on-site services with High Schools and Teen Centers will improve visibility and access. Similarly, many stakeholders are currently involved with BMH/ COB on several youth focused initiatives including, Vision 2020 (*an initiative tasked with addressing Berkeley's achievement gap by the year "2020"*), the Schools Mental Health Partnership (*an interagency collaborative involving key organizations and stakeholders committed to improving school culture and youth outcomes*), as well as the Alcohol, Tobacco, and Other Drug (ATOD) Taskforce (*which is a jointly-led collaboration between the City of Berkeley/ Berkeley Unified School District and other stakeholders to systematically address issues related to substance use among Berkeley's youth and community*).

As described above, these resources as well direct referrals to specific providers, including BMH, will be valuable partners when particular student needs indicate that mental health assessment or treatment is needed.

7. Describe intended outcomes.

The desired outcome of the project is three-fold. First, (1) to provide universal access for high school students to engage in a variety of pro-social, preventative activities designed to improve coping skills and youth awareness; (2) to provide specific and targeted early intervention to youth exhibiting early signs of potential mental illness; and (3) to promote opportunities for peer mentorship and positive social networks for high school age youth across the community.

8. Describe coordination with Other MHSA Components.

The High School Age Youth Prevention Program will undoubtedly interface with other youth-focused MHSA components currently being managed by BMH. For example, the Intensive Support Services Program (the CSS FSP serving youth aged 0-18 years through intensive, short term community-based assessment, treatment, and resource coordination) is a component operated out of BMH's Family, Youth, and Children's Services unit. To that end, if high school age youth within the community are referred to ISSP, but it is determined that they do not meet medical necessity or could benefit from more universally accessible, prevention or early intervention supports, then a direct coordinated referral to the youth prevention program may be facilitated on the youth's behalf.

Similarly, as noted in earlier sections, the City of Berkeley's TAY components (CSS) serve homeless youth in Berkeley/ Albany communities. Youth who graduate from these programs or those who may come to learn of this offering through some form of contact with these programs, may benefit from this school wide attempt to improve youth outcomes. MHSA PEI components currently offered to younger children (Be A Star & BEST) can help to refer youth family members who would benefit from this support, or can ensure that smooth referral and transition occurs to this other valuable PEI resource once a youth becomes high school age.

By virtue of the fact that youth are obviously an important part of families across Berkeley, including those who have parents with severe mental illness, even COB's adult MHSA Components will benefit from this proposed youth program and serve as resource to teens impacted by family member mental illness. Berkeley's numerous components which incorporate the supports of Family Advocacy, Culturally competent Outreach & Engagement, are also natural complements to this system of supportive care to high school youth that the COB is attempting to expand.

9. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

The proposed staffing pattern for this program will include the following positions or supportive services-

> **Program Coordinator (0.25 FTE)**

Program Coordination may involve general oversight of all program service and clinical functions, as well as provide general coordination and oversight of interagency collaboration, training, and project administration.

> **Clinician (1.0 FTE)**

Clinician staff will have the principal responsibility for providing clinical screening, clinically based psycho-education, and early intervention activities. Clinical supports may include, but not be limited to, mental health status screenings, brief or time-limited interventions designed to improve general well being in an effort reduce the impact of environmental or other stressors. Clinicians may also provide training and consultation to individuals, family, or organizations in support of this program project.

> **Counselor (1.5 FTE)**

Counselors will principally provide early intervention through supportive counseling, psycho-education, family or individual based interventions, training and consultation. Counselors should also provide project assistance through resource coordination, referrals and linkages to other community resources as needed; as well as employment, vocational, or educational counseling.

Additionally, positions filled in support of this proposed program will represent a variety of demographic and ethnic backgrounds and possess language capacity for the principal languages reflected in the Berkeley/Albany Communities.

10. Additional Comments (Optional)

N/A

County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   Community-Based Child & Youth Risk Prevention

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services			$208,440	$208,440
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$208,440**	**$208,440**

County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   Community-Based Child & Youth Risk Prevention

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$0**	**$0**	**$208,440**	**$208,440**

*Enter the justification for items that are requested under the "Other Expenditures" category.
Justification:

Please include your budget narrative on a separate page.

Prepared by: Manuel Hector Jr.

Telephone Number: 510-981-5110

PEI NEW PROGRAM DESCRIPTION

County: City of Berkeley

Program Number/Name: Community-Based Child & Youth Risk Prevention Project

Date: March 21, 2011

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Disparities in Access to Mental Health Services	☒	☐	☐	☐
2. Psycho-Social Impact of Trauma	☒	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☐		
4. Stigma and Discrimination	☒	☐	☐	☐
5. Suicide Risk	☒	☐	☐	☐

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Trauma Exposed Individuals	☒	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☐
3. Children and Youth in Stressed Families	☒	☐		
4. Children and Youth at Risk for School Failure	☒	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☐		
6. Underserved Cultural Populations	☒	☐	☐	☐

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a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

Stakeholder Input & Data Analysis

The City of Berkeley's (COB) community planning process has identified several key priorities during the initial extensive community planning process. COB engaged in over 70 informational meetings, focus groups, and age-based work groups. PEI Surveys, planning groups, meetings, reports, and planning panel recommendations were collated to gather input from a variety of community stakeholders. Specifically, many of the priorities that were highlighted during this time involved children and youth. This feedback and ongoing system wide evaluation led to the proposal of this Community Based Child & Youth Prevention Project.

Some of the feedback gathered was particularly relevant to this project and included the following areas-

   - ➢ **"School Failure**
   - ➢ **Too long to access services, can't get in for service**
   - ➢ **Insufficient services that encourage an individual's feeling of cultural inclusion in the system**
   - ➢ **Insufficient services that address self-esteem in youth**
   - ➢ **Peer and Family problems**
   - ➢ **Insufficient dual recovery services**
   - ➢ **Involuntary care—institutionalization and incarceration**
   - ➢ **Involvement in the child welfare and juvenile justice system**
   - ➢ **Out of home placement**
   - ➢ **Insufficient geographic access to services**
   - ➢ **Insufficient numbers of care management, clinical and family/peer support staff; (and)**
   - ➢ **Insufficient staff training and orientation towards resilience and cultural competence."**

PEI NEW PROGRAM DESCRIPTION

Berkeley's PEI Planning Panel also reviewed community data and grouped local PEI priority needs into the following five areas:

> ➢ **"Cultural Sensitivity & Responsiveness**
> ➢ **Addressing School Culture**
> ➢ **Promoting New Models of PEI**
> ➢ **Community Education; (and)**
> ➢ **Early Identification: Children, Youth, & Families."**

Although key youth programs were established in support of Children and Youth ages 0-18 (through *CSS funding and the Intensive Support Services Program FSP*) and Transition Age Youth programming (*also and FSP from CSS funds*), a variety of issues were also considered by Berkeley Mental Health administration in addition to the above described priorities.

For example, presentations presented to the MHSA Advisory Committee in 2009, illustrated the tremendous challenges of engaging youth and families in treatment within the community (ISSP). Moreover, though children and youth met criteria for severe emotional disturbances (SED), it was reported that families and or school team members possessed varying levels of awareness regarding the contributing factors impacting the child/youth's environmental functioning. To that end, beyond the intensive mental health assessment, treatment, and case management offered through ISSP supports, program staff also invested tremendous effort to educate family or other community members involved with the child/youth on risk factors impeding their ability to achieve optimal success within their environment. Retention rates and/or rates for completed program enrollment also appeared to reflect the need for ongoing evaluation to determine additional ways to support Berkeley residents—perhaps through preventative means.

Berkeley Mental Health (BMH) engaged in further program evaluation through its Family, Youth, & Children's Services. These analyses highlighted additional qualitative information related to school involvement (*and supported data from the Schools Mental Health Partnership (SMHP), an interagency collaborative involving key organizations and stakeholders committed to improving school culture and youth outcomes*). A number of families and youth appeared to be disengaged from school-based relationships all together—a major source of referrals for ISSP. Some children or youth would then rise to the attention of afterschool programs, recreational centers, social services, and/or juvenile justice programs due to maladaptive behaviors exhibited across the community. Obviously providing a critical service to those youth who require intensive treatment, CSS programming has enabled more Berkeley/ Albany children and youth to benefit from the supports offered through MHSA programs. In fact, additional support with respect to the needs of these youth and families is also warranted. However, non-school based settings, such as those described above may also serve as partners for prevention and early intervention for whom early intervention might be most appropriate.

The degree to which BMH is able to support this coordination of services and a more preventative approach to youth services can be enhanced through strategic use of MHSA PEI programming. In addition risk factors including gang involvement, trauma and community violence, or youth interactions with the social service/ juvenile justice system continue to underscore a system-wide approach to prevention for the city's youth.

Priority Population Selection

System wide penetration rates, level of engagement of unserved or underserved communities in school settings, and community trends and feedback are key factors that further reinforce the need for prevention and early intervention for school age children in *non-school based settings*. The priority populations above were selected as they reflect the themes that were highlighted during through community input, and those issues that continue to impact Berkeley's youth. For example, the city's diverse community welcomes a variety of children and youth affected by acculturation issues, exposure to trauma, or the risk of juvenile justice involvement. Therefore, a preventative program supporting these priority populations, such as the Community-Based Child & Youth Risk Prevention Project, can help to enhance resiliency and other factors despite the presence of these risk factors.

Outreach/Engagement of Unserved and Underserved Multicultural Communities

This PEI program will reach/ engage unserved and underserved multicultural communities by outreaching to local community providers and organizations, religious organizations, and the diverse elementary and middle school population currently representing Berkeley/ Albany's ethnically/culturally diverse community. Similarly, outreach and engagement through these or other non-traditional settings such as recreational programs will reflect

culturally respectful and relevant strategies that have proven to be more successful within diverse communities (i.e., family or ethnic/culturally-based organizations, police athletic leagues, and community workshops).

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3. **PEI Program Description (attach additional pages, if necessary).**

The Community Based Child & Youth Risk Prevention Project is a new proposed PEI program designed to provide prevention and early intervention to children and youth of elementary and middle school ages. It will be a selective PEI program targeting elementary and middle school age children and youth through non-school based settings. The diversity of Berkeley/ Albany lends itself to a variety of ways in which families chose to engage the community beyond participating in school based supports or other functions. Alternative settings may include after school programs, recreational centers, police athletic leagues, religious organizations, and culturally relevant institutions supporting a number of ethnic communities.

Specifically, multiple modalities will be used to engage children and youth selected to participate in the Community Based Child & Youth Risk Prevention Project. These modalities may include art or other creative activities, music or drama forums, and/or dance or other kinesthetic activities. While engaging projects, children and youth will be introduced to developmentally appropriate, and interactive discussions or psycho educational groups related to coping skills, effectively dealing with bullying, social isolation, managing stressors within the home, and building pro-social relationships within the community.

Program Development

Because they do often serve as gateway for the community to access youth or family supports, some outreach and engagement may occur at schools. However, all supports will be provided on site at one or more of the locations noted above and will rely heavily upon the interaction between family and community. Particularly those children and youth impacted by multiple risk factors including, trauma, family or community violence, familial distress, and youth from homes impacted by substance use or abuse will be targeted for outreach and engagement. In light of the fact that children and youth from underserved ethnic/racial communities often connect with the community in ways beyond local school participation, successful engagement of these diverse communities is anticipated.

Prevention Programming

Prevention Activities will validate the core MHSA principals involving approaches that are integrated, accessible, culturally competent, and strengths-based. In some cases, family stressors can also impede a child or family's ability to forge pro-social relationships. The program will provide a range of activities designed to reduce risk factors or other stressors, promote positive cognitive, social, and emotional development, and engage in early intervention strategies that involve parent-child interaction training, psycho-educational groups, and interagency coordination and social network building. Therefore, a variety of strategies including parent consultation, support groups, and training, and workshops will be available to the families of children and youth involved with the project.

Early Intervention

Children and youth particularly at risk for school failure, future interactions with the juvenile justice system, or those who may be exposed to prolonged trauma may also be screened to determine whether more intensive early intervention is indicated. In such cases, home-based consultation, supports, and linkage may be provided to the families, as well as assisting families to establish or reconnect with other social supports and networks. Low intensity consultation and resource coordination will also continue with children and families particularly at risk.

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4. **Activities**

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2011 by type of prevention:		Number of months in operation through June 2011
	Prevention	**Early Intervention**	
Psycho-Education and Groups	Individuals: 100	**20**	
	Families: 10	**5**	**Pending**
Social Networking and Community Engagement	Individuals: 100	**0**	
	Families: 20	**0**	**Pending**

PEI NEW PROGRAM DESCRIPTION

Behavioral Health Screening & Resource Coordination	Individuals:	0	**20**	
	Families:	0	**20**	**Pending**
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals:	100	**20**	
	Families:	40	**20**	**Pending**

5.	Describe how the program links PEI participants to County Mental Health and providers of other needed services

The Community Based Child & Youth Risk Prevention Project will serve as a gateway for a variety of community based organizations and supports. Behavioral health screenings or preventative consultation that underscore the need for higher levels of support will be immediately referred to Berkeley Mental Health or other ethnic/culturally centered organizations if such a referral would be most responsive to the needs of the client and family. A variety of youth focused initiatives and social networks also strengthen the various program links accessible to the community. In all cases, the City of Berkeley will focus on continually improving these partnerships and opportunities for interagency partnership.

6.	Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

Specifically, many of Berkeley's community based providers are already well integrated into the community. Therefore, collaborative programs, such as the Community Based Child & Youth Risk Prevention Project, can greatly enhance the system by providing prevention and early intervention techniques to youth who typically access services after they have already experienced issues related to school failure, behavioral problems or mental health issues, or substance use (even during elementary and middle school years for Berkeley students). As is the hallmark of PEI programs, this proposed project builds upon the knowledge that prevention and early intervention with children and youth, and their families, are proven strategies for gaining improved youth outcomes.

Several youth focused initiatives including, Vision 2020 (*an initiative tasked with addressing Berkeley's achievement gap by the year "2020"*), the Schools Mental Health Partnership (*an interagency collaborative involving key organizations and stakeholders committed to improving school culture and youth outcomes*), as well as the Alcohol, Tobacco, and Other Drug (ATOD) Taskforce (*which is a jointly-led collaboration between the City of Berkeley/ Berkeley Unified School District and other stakeholders to systematically address issues related to substance use among Berkeley's youth and community*) are also system-wide projects that can strengthen the effectiveness of this project by building infrastructure and collaboration at all levels across the community.

7.	Describe intended outcomes.

The desired outcome of the project is three-fold. First, (1) to provide targeted prevention strategies for children and youth in an effort to increase pro-social coping skills, social networking, and resiliency; (2) to provide specific and targeted early intervention to distressed families in order to improve awareness of risk factors impacting children and youth; and (3) to increase interagency collaboration for school-age children and youth involved with non-school based settings.

8.	Describe coordination with Other MHSA Components.

The Community Based Child & Youth Risk Prevention Project will interface with other youth-focused MHSA components currently being managed by BMH. For example, the Intensive Support Services Program (*the CSS FSP serving youth aged 0-18 years through intensive, short term community-based assessment, treatment, and resource coordination*); Be A Star project (*PEI Funded program designed to provide assessment and screening to children aged birth to five and their families*); and the Building Effective Schools Together (BEST) project (*PEI project designed to assist in the development of positive school culture and school-based positive behavioral supports*). These programs all interface with families within the community, schools, and other organization on behalf of the children and youth in Berkeley/Albany in a variety of ways and in a variety of settings. This program diversity can further expand the entry points to which youth and families might access this proposed project.

At risk children and youth who have parents receiving services from COB's adult MHSA Components will also be likely a referral source for this proposed project. Thus, Berkeley's various components, which incorporate the supports of Family Advocacy, Culturally competent Outreach & Engagement, are also natural complements to this system of preventative care and early intervention.

9.	Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please

include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

The proposed staffing pattern for this program will include the following positions or supportive services-

> **Program Coordinator (0.25 FTE)**

Program Coordination may involve general oversight of all program service and clinical functions, as well as provide general coordination and oversight of interagency collaboration, training, and project administration.

> **Counselor (3.0 FTE)**

Counselors will principally provide early intervention through supportive counseling, psycho-education, family or individual based interventions, training and consultation.

> **Case Manager (0.25 FTE)**

Case Managers will provide project assistance through resource coordination, referrals and linkages to other community resources as needed.

> **Additionally, positions filled in support of this proposed program will represent a variety of demographic and ethnic backgrounds and possess language capacity for the principal languages reflected in the Berkeley/Albany Communities.**

10. Additional Comments (Optional)

N/A

County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   Adult Connections Program

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services			$138,960	$138,960
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$138,960**	**$138,960**

County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   Adult Connections Program

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$0**	**$0**	**$138,960**	**$138,960**

*Enter the justification for items that are requested under the "Other Expenditures" category.
Justification:

Please include your budget narrative on a separate page.

Prepared by: Manuel Hector Jr.

Telephone Number: 510-981-5110

PEI NEW PROGRAM DESCRIPTION

Sw3
County: City of Berkeley

Program Number/Name: Adult Connections Program

Date: March 21, 2011

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

1. **PEI Key Community Mental Health Needs**	Age Group			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Disparities in Access to Mental Health Services	☐	☒	☒	☐
2. Psycho-Social Impact of Trauma	☐	☒	☒	☐
3. At-Risk Children, Youth and Young Adult Populations	☐	☒		
4. Stigma and Discrimination	☐	☒	☒	☐
5. Suicide Risk	☐	☒	☒	☐

2. **PEI Priority Population(s)** **Note: All PEI programs must address underserved racial/ethnic and cultural populations.**	Age Group			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Trauma Exposed Individuals	☐	☒	☒	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☒	☒	☐
3. Children and Youth in Stressed Families	☐	☒		
4. Children and Youth at Risk for School Failure	☐	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☒		
6. Underserved Cultural Populations	☐	☒	☒	☐

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

Stakeholder Input & Data Analysis

The City of Berkeley's (COB) community planning process identified several key priorities during the initial extensive community planning process. Feedback from over 70 informational meetings, focus groups, and age-based work groups, and variety of other data such as PEI Surveys, reports, and planning panel recommendations were collated to represent a vast amount of input from various stakeholders.   This feedback and ongoing system wide evaluation contributed to the development of the Adult Connections Program proposal. Community input included both identification of issues and possible solutions to the issues raised. Feedback provided over the course of this process involved a variety of stakeholders, including those from ethnically diverse communities.

Themes particularly relevant to this project and highlighted during this process were-

- ➢ **"Homelessness**
- ➢ **Isolation**
- ➢ **Incarceration**
- ➢ **Insufficient services that address "culture shock", immigration and legal issues**
- ➢ **Involuntary Care**
- ➢ **Consumer choice not honored**
- ➢ **Problems with police/ criminal justice system**
- ➢ **Inability to work; Insufficient employment opportunities**
- ➢ **Insufficient immediate access to quality care**
- ➢ **Insufficient programs that prevent/ address poverty**
- ➢ **System is not welcoming**
- ➢ **Insufficient training to prevent police harassment and stereotyping**

PEI NEW PROGRAM DESCRIPTION

> ➤ **Insufficient programs that prevent/ address poverty**
> ➤ **Insufficient programs that address literacy**
> ➤ **Substance Abuse**
> ➤ **Insufficient programs to manage stress, depression, anger and fear**
> ➤ **Insufficient programs to address community violence**
> ➤ **Trauma**
> ➤ **Depression/low self esteem**
> ➤ **Insufficient dual recovery services**
> ➤ **Insufficient anti-stigma campaigns**
> ➤ **Insufficient services that encourage an individual's feeling of cultural inclusion from the system; (and)**
> ➤ **Need alternative ways to handle crisis situations."**

Beyond the community input process, and beyond program updates and re-evaluation, community members continued to affirm many of the themes listed above. For example, recurrent topics were discussed by a variety of stakeholders and individual citizens including limited outreach, engagement, or access for individuals impacted by the juvenile justice or legal systems. Though Berkeley's programs has been working to expand the system, feedback provided by some community organizations and family members underscored a need to further determine whether improvements can be made with respect to supporting these individuals in an effort to improve communities impacted by gangs, violence, poverty, and trauma.

Priority Population Selection

Currently, the primary themes associated with supports to Berkeley Adults involve issues of homelessness and severe mental illness. Qualitative analyses suggest that many members of the community, including homeless individuals consuming intensive mental health services, have had interactions with law enforcement in some way. However, limited community supports target individuals who are at risk for future or continued interaction with the legal system, but who may not currently possess a mental illness. In fact such individuals tend to also be experiencing a variety of psychosocial risk factors including substance abuse, trauma, poverty and victimization, and stigma—both by virtue of their compromised mental health *and* apparent legal issues.

Challenges with acculturation, isolation, and limited education and employment opportunities are also risk factors that impact Adults and Young adult populations across the Berkeley/Albany communities. The population priorities selected above help to focus program services on outreach, engagement, prevention and intervention strategies that help to build internal protective factors, enhance family functioning, and strengthen the community. Additionally, the priority populations above reflect the issues that were highlighted during the community input phase, and continue to impact adults, young adults, and families across the community. Prevention and intervention strategies and priority populations therefore reflect these variables and seek to address these issues through targeted support and prevention for adults and young adults interacting with the legal system.

Outreach/Engagement of Unserved and Underserved Multicultural Communities

This PEI program will reach/ engage unserved and underserved multicultural communities by outreaching to local community providers and organizations, religious organizations, and law enforcement agencies currently representing Berkeley/ Albany's ethnically/culturally diverse community. As with all individuals potentially accessing support through the Adult Connections Program, prevention strategies will be provided at both individual and organizational levels to help to improve the system's awareness of the impact of the numerous risk socio-cultural factors associated with these populations.

3.   PEI Program Description (attach additional pages, if necessary).

The Adult Connections Program is a new proposed PEI program designed to improve the system across Berkeley and Albany communities through establishing coordinated outreach, early intervention, and training on behalf of individuals impacted by the juvenile justice or legal systems. This targeted approach will be available to individuals 18 years or older and will attempt to provide system-wide support and sensitivity for individuals often experiencing a variety of challenges. For example, issues such as social isolation, trauma, and family distress place them at increased risk for serious chemical dependence or other behavioral health issues in the future, including chronic homelessness, unemployment, and suicide.

Program participants will be supported through a variety of modalities including outreach and engagement strategies designed to promote social inclusion. Such activities may include cultural events, community forums,

or other opportunities for peer-to-peer interactions and mentorship. These outreach strategies will be designed to build a sense of community and assist individuals in jeopardy of entering/ re-entering juvenile justice or legal systems without the benefit of prevention and psycho-education.

Psycho-education, counseling, training, or educational/ vocational/ employment counseling will also be provided in order to further reduce the impact of risk factors exacerbate stress to the life of an individual—unemployment and poverty. For those persons with more pronounced risk factors including, but not limited to, substance use, family history of mental illness, or trauma supportive techniques may be expanded to brief, time limited counseling and paired with skill based groups designed to improve coping, stress and anger, and understand the impact of feelings related to anxiety or distress.

Consultation, community-wide training, and workshops may also be provided through the Adult Connections Program. This macro level preventative approach may involve a variety of partners that often serve as social networks for individuals interacting with legal systems or at risk for adjudication/ incarceration (such as, religious centers, housing agencies, or community organizations). Additionally, consultation and training on risk factors such socio-cultural factors of poverty, community violence, substance use/or family history of mental illness, or family distress—as well as effective prevention and early intervention strategies—may also be provided to key organizations who interface with such individuals such as educators, public health professionals, and/or local police or fire department personnel. Specific techniques to recognize these risk factors, as well as, identify signals indicating the need for behavioral health prevention or intervention would also be an offering of such supports.

The primary objective of the Adult Connections Program will be to build a healthier community that is inclusive to individuals impacted by those risk factors described above, and capable of providing cultural sensitive and empathic responses that foster positive community involvement. It will seek to empower individuals to develop the skills needed to reduce environmental stressors, and build upon protective factors such as positive relationships, community resources, and life planning.

Program Development

In order to ensure that this potential resource is fully utilized, the program will engage the community through a variety of social networks across Berkeley/Albany; will provide project information through community forums, signage, or mailings; and will outreach to those local community partners referenced above (i.e., local agencies, churches, veteran centers, shelters, and and/other settings.

Prevention Programming

Prevention Activities will validate the core MHSA principals involving approaches that are integrated, accessible, culturally competent, and strengths-based. Once engaged by the Adult Connections Program individuals or organizations will be provided with a number of prevention resources including support or other psycho-educational groups as described above. Consultation, training, and workshops are also prevention methods that may be utilized through this project.

Early Intervention

Early intervention techniques will involve more structured short-term groups such as themes related to trauma, anger management, anxiety or depression, acculturation issues, conflict management, or substance use/abuse (depending upon need). The Adult Connections Program will also link participants with community resources, and if possible may help to facilitate services with providers across the system. In so doing, it is the intent that this program be build connections for the individuals with positive community affiliations and group membership. Berkeley/Albany community

4. Activities				Number of months in operation through June 2012
Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:			
		Prevention	**Early Intervention**	
Outreach and Engagement Strategies	Individuals: Families:	100 20	**40** **10**	**Pending**

PEI NEW PROGRAM DESCRIPTION

Consultation, Psycho-Education, and Training	Individuals: Families:	100 15		**Pending**
Counseling and Group Activities	Individuals: Families:	40 10	**40** **5**	**Pending**
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	100 20	**40**	**Pending**

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services

The Adult Connections Program will interface both with Adult and Youth Service programs operated out of Berkeley Mental Health. As the function of this support program will be to serve as a connective link between the community and key partners across the community. In light of the variety of programs, which might partner with this project, BMH will assist with facilitating the development of partnerships—or more clearly define those that already exist. In addition to interagency partnerships, this collaboration will assist the Adult Connections Program with referring individuals directly to the city's Adult Services; Family, Youth, & Children's Services; Homeless Outreach; Housing or Employment Services; or Mobile Crisis Unit as well as a variety of departments supporting the community across the city (i.e., housing, health, parks and recreation, etc).

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

As noted above, this new project will benefit from the numerous resources a partnership with BMH can afford. As the division is continuing to strengthen its provider networks and linkages with Alameda County Behavioral Health Care Services (ACBHCS), this program will have the opportunity to partner with alameda county resources, and will coordinate with other local providers, public health settings, and clinics in order to build a seamless system of supports for the Berkeley/Albany community.

Many community initiatives, taskforces, primary care affiliates also partner with the City of Berkeley and the Mental Health Division on a variety of community focused activities. These resources as well direct referrals to specific providers, including BMH will be valuable partners when particular community member needs indicate that further mental health assessment or treatment is needed.

7. Describe intended outcomes.

The desired outcome of the project is three-fold. First, (1) to outreach to and engage individuals and community organizations in prevention activities and education designed to promote community connectedness and environmental risk factors; (2) to increase prevention and early intervention activities with respect to individuals impacted by the legal or juvenile justice systems; and (3) to improve interagency collaboration on behalf of individuals and families experiencing a variety of community issues placing individuals at higher risk for mental illness and/or legal problems (including poverty, family distress, community violence, limited education, unemployment, and homelessness).

8. Describe coordination with Other MHSA Components.

The Adult Connections Program will interface with MHSA components currently being managed by BMH. For example, through CSS funding the City of Berkeley's TAY component (*serving homeless youth in Berkeley/ Albany communities*), as well as its Adult/Older Adult FSP program (*serving chronically ill, homeless adults/older adults*) will all serve as potential supportive service referral linkages for individuals requiring more intensive, therapeutic intervention. A variety of Wellness Recovery, Family and Culturally centered activities supporting both individual, family, community wide PEI strategies for positive, cognitive, social and emotional functioning are also available resources to which this proposed project will coordinate.

The Adult Connections Program will collaborate with the valuable resources available through the City's MHSA components, as well as other community partnerships. In so doing, the system will move towards creating increased communication, access to greater opportunities for wellness recovery and resiliency activities, greater recognition of and support for unserved or underserved communities in non-traditional ways, as well as focus on community access to a variety of social supports. All of which are valuable themes underlying the fundamental principles associated with the Mental Health Services Act.

PEI NEW PROGRAM DESCRIPTION

9. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

The proposed staffing pattern for this program will include the following positions or supportive services-

➢ **Program Coordinator (0.50 FTE)**

Program Coordination may involve general oversight of all program service and clinical functions, as well as provide general coordination and oversight of interagency collaboration, training, and project administration.

➢ **Counselor (2.00 FTE)**

Counselors will principally provide early intervention through supportive counseling, psycho-education, family or individual based interventions, training and consultation. Vocational, employment, or educational counseling may also be provided.

➢ **Case Manager (1.00 FTE)**

Case Managers will provide project assistance through resource coordination, referrals and linkages to other community resources as needed.

➢ **Peer or Consumer Support (1.00 FTE)**

Peer or Consumer Counselors will support program participants through supportive counseling, general psycho-education, and assistance with accessing other services or negotiating other referral systems. Peer counselors may also provide adjunct support to group counseling or other case management activities. Peer counselors may assist with training or other consultation activities as they relate to consumer advocacy, integration, or wellness recovery strategies. Supports may also include assisting participants with issues related to stigma and community inclusion.

Additionally, positions filled in support of this proposed program will represent a variety of demographic and ethnic backgrounds and possess language capacity for the principal languages reflected in the Berkeley/Albany Communities.

10. **Additional Comments (Optional)**

N/A

County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   Community Outreach, Prevention & Access Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
1. Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				$0
b. Other Supports				$0
2. General System Development Housing				$0
3. Personnel Expenditures				$0
4. Operating Expenditures				$0
5. Estimated Expenditures when service provider is not known				$0
6. Non-recurring expenditures				$0
7. Other Expenditures*				$0
8. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Workforce Education and Training				
1. Personnel Expenditures				$0
2. Operating Expenditures				$0
3. Training Expenditures				$0
4. Training Consultant Contracts				$0
5. Residency Expenditures				$0
6. Internship Expenditures				$0
7. Mental Health Career Pathway Expenditures				$0
8. Stipend Funds				$0
9. Scholarship Funds				$0
10. Loan Repayment Funds				$0
11. Non-recurring Expenditures				$0
12. Other Expenditures*				$0
13. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Capital Facilities				
1. Pre-Development Costs				$0
2. Building/Land Acquisition				$0
3. Renovation				$0
4. Construction				$0
5. Repair/Replacement Reserve				$0
6. Other Expenditures*				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Technological Needs				
1. Personnel				$0
2. Hardware				$0
3. Software				$0
4. Contract Services				$0
5. Other Expenditures*				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
Prevention and Early Intervention (PEI)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Subcontracts/Professional Services			$218,782	$218,782
5. Other				$0
6. Total Proposed Expenditures	**$0**	**$0**	**$218,782**	**$218,782**

County: City of Berkeley   Date: 21-Mar-11

Program/Project Name and #:   Community Outreach, Prevention & Access Project

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				$0
2. Operating Expenditures				$0
3. Non-recurring Expenditures				$0
4. Training Consultant Contracts				$0
5. Work Plan Management				$0
6. Other				$0
7. Total Proposed Expenditures	**$0**	**$0**	**$0**	**$0**
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				$0
b. State General Funds				$0
c. Other Revenue				$0
2. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. TOTAL FUNDING REQUESTED	**$0**	**$0**	**$218,782**	**$218,782**

*Enter the justification for items that are requested under the "Other Expenditures" category.
Justification:

Please include your budget narrative on a separate page.

Prepared by: Manuel Hector Jr.

Telephone Number: 510-981-5110

PEI NEW PROGRAM DESCRIPTION

County: **City of Berkeley**

Program Number/Name: **Community Outreach, Prevention, & Access Project**

Date: March 21, 2011

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices No.: 07-19 and 08-23. Complete this form for each new PEI Program and existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, and/or funding as described in the Information Notice.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Disparities in Access to Mental Health Services	☒	☒	☒	☒
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☒	☒
5. Suicide Risk	☒	☒	☒	☒

2. PEI Priority Population(s) Note: All PEI programs must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Trauma Exposed Individuals	☒	☒	☒	☒
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☒	☒	☒	☒
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☐	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☒		
6. Underserved Cultural Populations	☒	☒	☒	☒

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

Stakeholder Input & Data Analysis

The City of Berkeley's (COB) community planning process identified several key priorities. During the initial extensive community planning process, COB engaged in over 70 informational meetings, focus groups, and age-based work groups. PEI Surveys, planning groups, meetings, reports, and planning panel recommendations were collated to gather input from a variety of community stakeholders. Specifically, many of the priorities that were highlighted during this time involved children and youth. This feedback and ongoing system wide evaluation contributed to the development of the Community Outreach Prevention & Access Project proposal.

Themes particularly relevant to this project and highlighted during this process were-

> **Insufficient providers who are representative of the community**
> **System is confusing, lack of information about the system**
> **Too long to access services, can't get in for service**
> **Insufficient services that encourage an individual's feeling of cultural inclusion in the system**
> **Client choice not honored**
> **Trauma**
> **Insufficient focus on the family as a unit**
> **Insufficient access to and coordination with the range of services that promote resiliency**
> **Insufficient staff training and orientation towards resilience and cultural competence**
> **Insufficient geographic access to services**
> **Isolation**
> **Immediate access to quality care**
> **Lack of information about the system—system is confusing/fragmented**

PEI NEW PROGRAM DESCRIPTION

> - **Insufficient programs to manage stress, depression, anger and fear**
> - **Insufficient focus on the effects of trauma on the individual, family and community**
> - **Insufficient early intervention strategies**
> - **Insufficient crisis services**
> - **Insufficient services that address loss and grief**
> - **Insufficient access to and coordination with the range of services that promote wellness/recovery; (and)**
> - **Need alternative ways to handle crisis situations."**

The primary purpose of outreach to the community was to hear directly about the ways in which diverse stakeholders experience the impact of mental illness on the community. Community input included both identification of issues and possible solutions to the issues raised. Feedback provided over the course of this process involved a variety of stakeholders, including those from ethnically diverse communities. For example, in addition to participating in focus groups, on the PEI planning panel, and/or on the MHSA Steering/ Advisory Committees

Accessing services, negotiating the system, interagency collaboration, and an increase in early intervention and wellness activities continued to be recurrent topics discussed throughout these venues. Similar feedback from community members regarding citywide outreach and support has also been provided to Berkeley Mental Health (BMH) administration, line staff, and mental health commission. To that end, programming designed to provide universal outreach and prevention to the community, as well as targeted early interventions to individuals at risk for mental health illness has been proposed to continue to enhance the city's ability to support the needs of all of its community residents.

Priority Population Selection

The population priorities and community feedback listed above are key factors that further reinforce the need for ongoing support to a variety of individuals across Berkeley. Additionally, the priority populations above reflect the issues that were highlighted during the community input phase, and continue to impact children, youth, adults, and families across the city. Prevention and intervention strategies and priority populations therefore reflect these variables and seek to address these issues at its core—through universal support and prevention prior to the exacerbation of risk factors contributing to poor mental health, functioning, and environmental distress.

Outreach/Engagement of Unserved and Underserved Multicultural Communities

This PEI program will reach/ engage unserved and underserved multicultural communities by outreaching to local community providers and organizations, religious organizations, and schools currently representing Berkeley/ Albany's ethnically/culturally diverse community. Similarly, engagement will reflect culturally respectful and relevant strategies that have proven to be more successful within diverse communities (i.e., family centered workshops, culturally relevant coping skills and resources, and supports rendering within the community environment).

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3. PEI Program Description (attach additional pages, if necessary).

The Community Outreach, Prevention & Access Project is a new proposed PEI program designed to transform the system across Berkeley and Albany communities through establishing coordinated outreach, screening, early intervention and resource coordination. The program will build system-wide capacity by utilizing a "help-first" approach, a key MHSA principle, through preventative programming designed to support individuals across the life span (Birth to Older Adult years+).

Research reinforces the fact that individuals experiencing a variety of family or personal crises, trauma, social isolation, environmental stressors, school failure, acculturation issues, or involvement with the justice system are at greater risk of experiencing significant emotional distress which can also contribute to the development of a future mental illness. Additionally nationwide campaign efforts, including the US. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's (SAMHSA) nationwide 10X10 Wellness Campaign (*aiming to improve the life expectancy of people with mental illness by 10 years in 10 years*), attempt to provide wide spread education and promote the importance of address all parts of a person's life. Therefore, this type of system-wide program will both provide education to the community regarding a variety of strategies that may promote wellness, resilience, and recovery; it might also provide targeted, early intervention in an effort to interrupt a potential harmful cycles of behavior, poor physical health, fractured relationships, or other intrapsychic challenges negatively impacting an individual and his/her community.

PEI NEW PROGRAM DESCRIPTION

Because of the diversity of Berkeley/Albany communities, it is integral that preventative programs include a variety of strategies that not only reflect the needs of its individuals and families, but also allows children, youth, adults and older adults the opportunity to benefit from individualized approaches that are sensitive to their ethnic/cultural background or perspective. Thus, residents will be supported through a variety of modalities including in-person consultation, psycho-education or training, or counseling; telephone response or resource coordination; and/or community wide prevention training and workshops which may involve a variety of partners including schools, agencies, religious organizations, wellness centers, or primary care or public health clinics. Additionally, consultation and training on risk factors such socio-cultural factors of poverty, community violence, substance use/or family history of mental illness, or family distress—as well as effective prevention and early intervention strategies—may also be provided to key organizations who interface a variety of individuals across Berkeley/Albany such as educators, public health professionals, and/or local police or fire department personnel. The "access" function of the project will ensure that potential linkages are established that can further support the individual within his/her community.

In addition to those referenced above, project strategies may specifically include, but are not limited to intensive screening, promotion of de-escalation and pro-social coping skills, brief interventions such as psycho-educational groups including grief and loss, crisis or anger management, depression or anxiety, and bio-psycho-social factors impacting an individual's overall health and well being. If clinically indicated and supported by the individual, results from screenings may be further utilized to provide referrals to other behavioral health care partners within the community.

The primary objective of the Community Outreach, Prevention & Access Project will be to build a healthier community that is both aware of the community and internal risk factors that impact them, and can draw upon a number of adaptive social skills to manage environmental stressors. It will seek to reduce risk factors or stressors, and build protective factors and functional skills.

 Program Development

In order to ensure that this potential resource is fully utilized, the program will engage the community through a variety of social networks across Berkeley/Albany; will provide project information through community forums, signage, or mailings; and will outreach to those local community partners referenced above (i.e., schools, agencies, churches, and other settings.

Prevention Programming

Prevention Activities will validate the core MHSA principals involving approaches that are integrated, accessible, culturally competent, and strengths-based. Once engaged by the Community Outreach, Prevention & Access Project individuals or organizations will be provided with a number of prevention resources including support or other psycho-educational groups as described above. Consultation, training, and workshops are also prevention methods that may be utilized through this project.

Early Intervention

Screenings will assist program staff in determining whether individuals or families may benefit from more targeted, early intervention through involvement in more structured short-term groups such as themes related to trauma, anger management, anxiety or depression, acculturation issues, conflict management, or substance use/abuse (depending upon need). The Community Outreach, Prevention & Access Project will also link participants with community resources, and if possible may help to facilitate services with providers across the system. In so doing, it is the intent that this program be of benefit to the all residents, families, organizations, and institution to enhance the wellbeing and health of the entire Berkeley/Albany community.

4. Activities				
Activity Title	**Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:**			**Number of months in operation through June 2012**
		Prevention	**Early Intervention**	
Community Outreach & Engagement Events/ Workshops	Individuals:	300	**50**	
	Families:	50	**10**	**Pending**

PEI NEW PROGRAM DESCRIPTION

Individual Consultation & Wellness Groups	Individuals:	200	**10**	
	Families:	30	**5**	**Pending**
Targeted Community Training or Early Intervention Groups, Counseling or Linkages	Individuals:	0	**100**	
	Families:	0	**10**	**Pending**
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals:	300	**100**	
	Families:	50	**15**	**Pending**

PEI NEW PROGRAM DESCRIPTION

5.   Describe how the program links PEI participants to County Mental Health and providers of other needed services

The Community Outreach, Prevention & Access Project will be a program operated out of Berkeley Mental Health's Access Programs. As the function of this support program will be to serve as a community liaison between the residents and supportive organizations, it will partner with Community Outreach, Prevention & Access Project staff in order to strengthen community-based linkages and resources, and further expand prevention activities to the community. This natural connection will assist the Community Outreach, Prevention, & Access Project in collaborating directly with the city's Adult Services; Family, Youth, & Children's Services; Homeless Outreach; Housing or Employment Services; or Mobile Crisis Unit as well as a variety of departments supporting the community across the city (i.e., housing, health, parks and recreation, etc).

6.   Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

In addition to the opportunities noted above, this new project will benefit from the numerous resources a partnership with BMH can afford. As the division is continuing to strengthen its provider networks and linkages with Alameda County Behavioral Health Care Services (ACBHCS), this program will have the opportunity to partner with alameda county resources, and will coordinate with other local providers, health centers, schools, and clinics in order to build a seamless system of supports for the Berkeley/Albany community.

Many community initiatives, taskforces, primary care affiliates also partner with the City of Berkeley and the Mental Health Division on a variety of community focused activities including (but not limited to), Vision 2020 (*an initiative tasked with addressing Berkeley's achievement gap by the year "2020"*), the Schools Mental Health Partnership (*an interagency collaborative involving key organizations and stakeholders committed to improving school culture and youth outcomes*), the Alcohol, Tobacco, and Other Drug (ATOD) Taskforce; and partnerships with its Public Health Division and primary care clinics/ providers.

As described above, these resources as well direct referrals to specific providers, including BMH will be valuable partners when particular community member needs indicate that further mental health assessment or treatment is needed.

7.   Describe intended outcomes.

The desired outcome of the project is three-fold. First, (1) to outreach to and engage individuals and community organizations in prevention activities and education designed to promote community wide wellness and resiliency; (2) to improve community access to supportive services through collaboration between wellness centers, agencies, schools, and other organizations; and (3) to improve universal interagency access or care network linkages on behalf of Berkeley/Albany residents experiencing personal crisis or distress.

8.   Describe coordination with Other MHSA Components.

The Community Outreach, Prevention & Access Project will interface with MHSA components currently being managed by BMH. For example, through CSS funding the Intensive Support Services Program (*FSP serving youth aged 0-18 years through intensive, short term community-based assessment, treatment, and resource coordination*), the City of Berkeley's TAY component (*serving homeless youth in Berkeley/ Albany communities*), as well as its Adult/Older Adult FSP program (*serving chronically ill, homeless adults/older adults*) will all serve as potential supportive service referral linkages for individuals requiring more intensive, therapeutic intervention. A variety of Wellness Recovery, Family and Culturally centered activities supporting both individual, family, community wide PEI strategies for positive, cognitive, social and emotional functioning are also available resources to which this proposed project will coordinate.

Because Berkeley Mental Health is attempting to provide a continuum of activities, strategies, services, and supports on behalf of the needs of the community, the Community Outreach, Prevention & Access Project will collaborate with the valuable resources available through the City's MHSA components, as well as other community partnerships. In so doing, the system will move towards creating increased communication, access to greater opportunities for wellness recovery and resiliency activities, greater recognition of and support for

unserved or underserved communities in non-traditional ways, as well as focus on community access to a variety of social supports. All of which are valuable themes underlying the fundamental principles associated with the Mental Health Services Act.

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9. Provide a budget narrative for costs identified for this Program, as outlined in Exhibit F. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

The proposed staffing pattern for this program will include the following positions or supportive services-

➢ **Program Coordinator (0.25 FTE)**

Program Coordination may involve general oversight of all program service and clinical functions, as well as provide general coordination and oversight of interagency collaboration, training, and project administration.

➢ **Clinician (1.00 FTE)**

Clinician staff will have the principal responsibility for providing clinical screening, clinically based psycho-education, and early intervention activities. Clinical supports may include, but not be limited to, mental health status screenings, brief or time-limited interventions designed to improve general well being in an effort reduce the impact of environmental or other stressors. Clinicians may also provide training and consultation to individuals, family, or organizations in support of this program project.

➢ **Counselor (2.00 FTE)**

Counselors will principally provide early intervention through supportive counseling, psycho-education, family or individual based interventions, training and consultation.

➢ **Peer or Consumer Support (1.00 FTE)**

Counselors will principally provide early intervention through supportive counseling, psycho-education, family or individual based interventions, training and consultation. Staff may assist with training or other consultation activities as they relate to consumer advocacy, integration, or wellness recovery strategies. Consumer led activities should also include assistance with psycho-education or other interagency opportunities for system wide collaboration.

Additionally, positions filled in support of this proposed program will represent a variety of demographic and ethnic backgrounds and possess language capacity for the principal languages reflected in the Berkeley/Albany Communities.
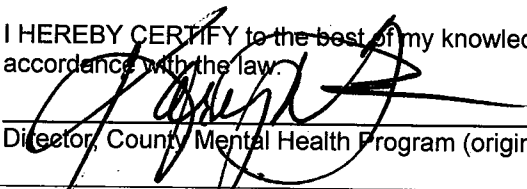
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10. Additional Comments (Optional)

N/A

Exhibit I

Training, Technical Assistance and Capacity Building Funds Request Form
(Prevention and Early Intervention Statewide Project)
__Previously approved with no changes
X_New

Date:03/21/11	County Name: City of Berkeley

Amount Requested for FY 2010/11: $57,900

A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) or contractor(s).

In an effort to build capacity and increase the knowledge base of local and community providers the City of Berkeley is requesting access to PEI Training, Technical Assistance and Capacity Building funding allocations for the following fiscal years: 08-09, 09-10 and 10-11. Although specific contractors and partners have yet to be identified requested funds will be utilized primarily for training and capacity building around "Individuals Experiencing Onset of Serious Psychiatric Illness" and other PEI topics of interest.

The City of Berkeley will identify and work with contractor(s) that have the expertise to execute statewide training, technical assistance and capacity building programs in partnership with local and community programs. The contractor(s) will demonstrate the requisite knowledge and ability to link the City of Berkeley with other counties that have similar training and capacity building needs and will partner with local and community partners via sub-contracts or other arrangements in order to help assure the appropriate provision of prevention and early intervention activities in our local communities. The contractors will use methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.

B. The County and its contractor(s) for these services agree to comply with the following criteria:

1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County's Three-Year Program and Expenditure Plan.
2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services.
3) These funds shall only be used to pay for the programs authorized in WIC Section 5892.
4) These funds may not be used to pay for any other program.
5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC Section 5892.
6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.
7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.

Certification

I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.

Director, County Mental Health Program (original signature)