

# **City of Berkeley Mental Health Mental Health Services Act (MHSA)**



**Fiscal Year 2015 - 2016  
Annual Update**

RESOLUTION NO. 67,552-N.S.

MENTAL HEALTH SERVICES ACT (MHSA) FISCAL YEARS (FY) 2015 – 2016  
ANNUAL UPDATE

WHEREAS, Mental Health Services Act (MHSA) funds are allocated to mental health jurisdictions across the state for the purposes of transforming the mental health system into one that is consumer and family driven, culturally competent, wellness and recovery oriented, includes community collaboration, and implements integrated services; and

WHEREAS, MHSA includes five funding components: Community Services & Supports; Prevention & Early Intervention; Innovations; Workforce, Education & Training; and Capital Facilities and Technological Needs; and

WHEREAS, the City's Department of Health, Housing & Community Services, Mental Health Division, receives MHSA Community Services & Supports, Prevention & Early Intervention, and Innovations funds on an annual basis, and received one-time distributions of MHSA Workforce, Education & Training and Capital Facilities and Technological Needs funds; and

WHEREAS, in order to utilize funding for programs and services, the Mental Health Division must have a locally approved Plan, Annual Update, or Three Year Program and Expenditure Plan in place for the funding timeframe; and

WHEREAS, on May 7, 2013 by Resolution No. 66,107-N.S., the City Council authorized the City Manager to approve the MHSA Fiscal Years 2012 and 2013 Annual Update; and

WHEREAS, on June 24, 2014 by Resolution No. 66,668-N.S., the City Council authorized the City Manager to approve the MHSA Fiscal Years 2013 and 2014 Annual Update; and

WHEREAS, on May 26, 2015 by Resolution No. 67,026-N.S., the City Council authorized the City Manager to approve the MHSA Fiscal Years 2015 through 2017 Three Year Program and Expenditure Plan; and

WHEREAS, City Council has previously approved MHSA funding for local housing development projects and for contracts with community-based agencies to implement: mental health services and supports; housing and vocational services, and translation services; and

WHEREAS, in order to continue MHSA funded programs and services the MHSA FY2015-2016 Annual Update must be approved by City Council.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the MHSA FY2015-2016 Annual Update that outlines current programming and continues most mental health services and supports through June 30, 2017, incorporated herein as Exhibit A, is hereby approved.

BE IT FURTHER RESOLVED that the City Manager is authorized to forward the MHSA FY2015-2016 Annual Update to appropriate state officials.

The foregoing Resolution was adopted by the Berkeley City Council on June 28, 2016 by the following vote:

Ayes: Anderson, Arreguin, Capitelli, Droste, Maio, Moore, Wengraf, Worthington and Bates.

Noes: None.

Absent: None.

  
\_\_\_\_\_  
Tom Bates, Mayor

Attest:   
\_\_\_\_\_  
Mark Numainville, City Clerk

## MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: City of Berkeley

Annual Update


Local Mental Health Director	Program Lead
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I hereby certify that I am the official responsible for the administration of County/City mental health services in and for said County/City and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Annual Update, including stakeholder participation and nonsupplantation requirements.

This Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the City Council on

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant. All documents in the attached annual update are true and correct.

Steven Grolnic-McClurg  
Local Mental Health Director/Designee (PRINT)

  
Signature 6/28/16  
Date



## TABLE OF CONTENTS

Background and Overview.....	1
Message From The Mental Health Manager.....	4
Demographics.....	5
Community Program Planning (CPP).....	9
MHSA Fiscal Year (FY) 2015-2016 Annual Update.....	11
Program Descriptions and FY14 Data By Funding Component.....	15
-Community Services & Supports.....	15
-Prevention & Early Intervention.....	30
-Innovations.....	39
-Workforce, Education & Training.....	51
-Capital Facilities and Technological Needs.....	53
FY14 Average Cost Per Client.....	55
Budgets.....	1A

## BACKGROUND AND OVERVIEW

California voters passed Proposition 63, the Mental Health Services Act (MHSA), in November 2004, to expand and transform the public mental health system. This legislation places a 1% tax on personal incomes above \$1 million dollars. Funds are deposited into the MHSA State Treasury Fund and allocations per each mental health jurisdiction are determined based on the total population in a given area.

Through the following five funding components, the MHSA is designed to create the capacity for a broad continuum of prevention, early intervention and treatment services along with the necessary infrastructure, technology, and training elements to support effective mental health system transformation:

- Community Services & Supports: Primarily provides treatment services and supports for Severely Mentally Ill Adults and Seriously Emotionally Disturbed Children.
- Prevention & Early Intervention: For strategies to recognize early signs of mental illness and to improve early access to services and programs, including the reduction of stigma and discrimination and for strategies to prevent mental illness from becoming severe and disabling.
- Innovations: For short-term pilot projects designed to increase new learning in the mental health field.
- Workforce, Education & Training: Primarily for strategies to identify and remedy mental health occupational shortages, promote cultural competency and the employment of mental health consumers and family members in the workplace.
- Capital Facilities and Technological Needs: For capital projects on owned buildings and on mental health technology projects.

Among other things, the MHSA provides enhanced services and supports for Seriously Emotionally Disturbed individuals and those suffering from Severe Mental Illness through a “no wrong door” approach and aims to move public mental health service delivery from a “disease oriented” system to one that is culturally responsive, consumer informed, and wellness recovery oriented. This is accomplished through implementing programs that focus on the following major components:

- Wellness, recovery and resilience;
- Cultural competency;
- Consumer/family driven services;
- Consumer/family member integration in the mental health system; and
- Community collaboration.

The MHSA also strives to improve and increase services and supports for individuals and families from cultural and ethnic populations that are traditionally un-served and underserved in the mental health system. In Berkeley and Albany these have included: Asian Pacific Islanders (API); Latinos; Lesbian, Gay, Bi-Sexual, Transgender, Queer/Questioning, Inter-Sexed (LGBTQI); Senior Citizens; and Transition Age Youth (TAY). African Americans have been an additional population of focus as data indicates they are overrepresented in the mental health system and hence “inappropriately served”, which could be due to being provided services that are not culturally responsive and/or appropriate.

In order to access MHSA funds, a stakeholder informed plan outlining how funds will be utilized must be developed and locally approved. Development of a MHSA Plan includes: community program planning with the involvement of area stakeholders, writing a draft plan, initiating a 30-day public review, conducting a public hearing at the Mental Health Commission meeting, and obtaining approval on the plan from City Council. The Community Services & Supports, Prevention & Early Intervention, and Innovation funding components are the only re-occurring monies that are allocated annually and may be spent over a three-year time period. Workforce, Education & Training and Capital Facilities and Technological Needs funds had initial expenditure time periods of 10 years each, and must be utilized by the end of Fiscal Year (FY) 2018.

The MHSA legislation requires mental health jurisdictions to provide updates on MHSA Plans on an annual basis and beginning in FY15, an integrated Program and Expenditure Plan must also be developed every three years. Currently, the City of Berkeley Mental Health (BMH) has an approved MHSA FY14/15 - 16/17 Three Year Program and Expenditure Plan in place which covers each funding component. Since 2006, as a result of the City’s approved MHSA plans, a number of new services and supports have been implemented to address the various needs of the residents of Berkeley and Albany including the following:

- Intensive services for Children, TAY, Adults and Older Adults;
- Multi-Cultural Outreach engagement, trainings, projects and events;
- Mental health services and supports for homeless TAY;
- Wellness Recovery services and activities;
- Family Advocacy, Housing services and supports, and Benefits Advocacy;
- Trauma services and short term projects to increase service access and/or improve mental health outcomes for un-served, under-served and inappropriately served populations;
- Increased mental health prevention, and intervention services for children and youth in area schools and communities;
- Augmented Homeless Outreach services;
- A Mental Health Career Pathways program for High School youth; and
- Mental Health Consumer, Peer Leadership Program.



Additionally, an outcome of the implementation of the MHSA is that mental health consumers, family members and other stakeholders now regularly serve on several of BMH internal decision making committees. These individuals share their “lived experience” and provide valuable input which has become an integral component that informs the Division on the implementation of MHSA services and supports. Even prior to the passage of Proposition 63, BMH convened (and has since maintained) an MHSA Advisory Committee which serves in an advisory capacity on MHSA programs and is comprised of mental health consumers, family members, and individuals from un-served, underserved and inappropriately served populations, among other community stakeholders.

This City of Berkeley’s MHSA FY15/16 Annual Update is a stakeholder approved plan that provides an update to the previously approved MHSA FY14/15 - 16/17 Three Year Program and Expenditure Plan. The Annual Update summarizes proposed program changes and additions, includes descriptions of currently funded MHSA services, and provides a reporting on FY14 program data.

## MESSAGE FROM THE MENTAL HEALTH MANAGER

Berkeley Mental Health is in the midst of a period of growth and change. In the previous three year plan update, there were significant additions of capacity both internally and externally in service provision, and the creation of several new treatment programs. Over the past 12 months, BMH staff have been very busy implementing the three year plan update, highlights of which include:

- A new location for the Adult Clinic has been found so staff can be relocated while the adult clinic is renovated. The design work for the adult clinic renovation is in final stages;
- In partnership with Alameda County Behavioral Healthcare Services, a request for proposals for a \$600,000 Wellness Center for Berkeley and Albany was released;
- A Full Service Partnership for Children and Youth was re-launched, and is now nearing enrollment capacity;
- An additional staff was added to the Mobile Crisis Team, and there will soon be two teams active during peak hours of usage as well as increased hours of coverage;
- A clinician was hired to provide trauma informed services at the Family, Youth and Children's Clinic;
- A new full time staff member with an expertise and experience with families was added to the assessment team at the Adult Clinic;
- An additional clinician was added to the Full Service Partnership team; and
- Staff are in the midst of hiring for the new Transitional Outreach Team.

In this Plan Update, Berkeley Mental Health is building upon this growth, both by adding necessary infrastructure to ensure that these new program succeed and by adding new services. The addition of staff will support us in ensuring that we are both providing high level services and appropriately evaluating the effectiveness of both internal and external programs.

In particular, I want to highlight the creation of a new team that will provide intensive services to individuals who are homeless and have a mental illness. This team continues a long tradition in Berkeley of excelling in serving those most in need, and will help ensure that homeless individuals in Berkeley and Albany who have a mental illness get both housing and appropriate care.

Over the next year, we will continue to focus on creating a culture of wellness and recovery, with a focus on service provision by those with lived and family experience both internally and with our contracted partners. We also are moving towards better understanding where health disparities exist in our system of care, so we can appropriately make changes to improve care for all residents.

## DEMOGRAPHICS\*

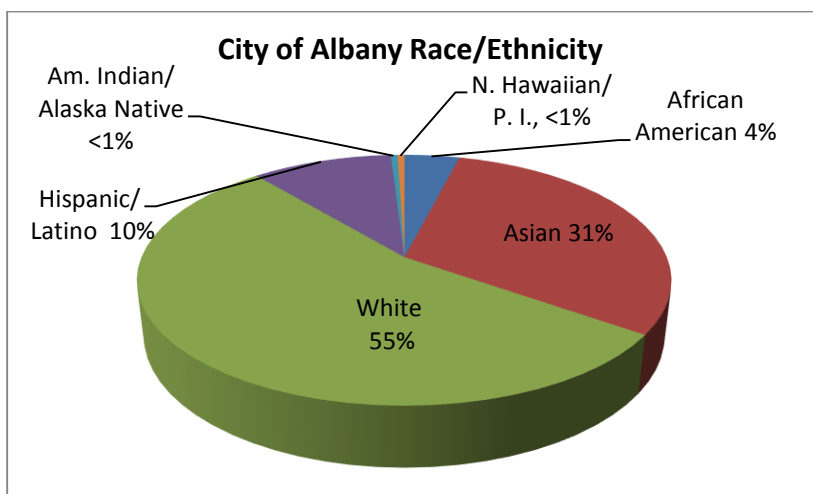
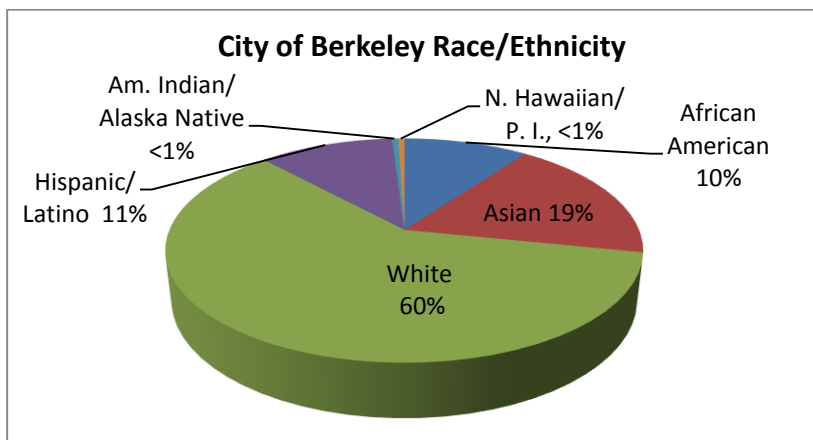
\*(United States Census Bureau, 2009-2013: <http://quickfacts.census.gov>)

### Description

Situated in the heart of the San Francisco Bay area, and home to the University of California, Berkeley is an urban city, located in northern Alameda County. Adjacent to Berkeley and bordering Contra Costa County is the small suburban city of Albany. With a combined land mass of around 12.2 miles and a total population of 135,960 the cities of Berkeley and Albany are densely populated and larger than 23 of California's small counties.

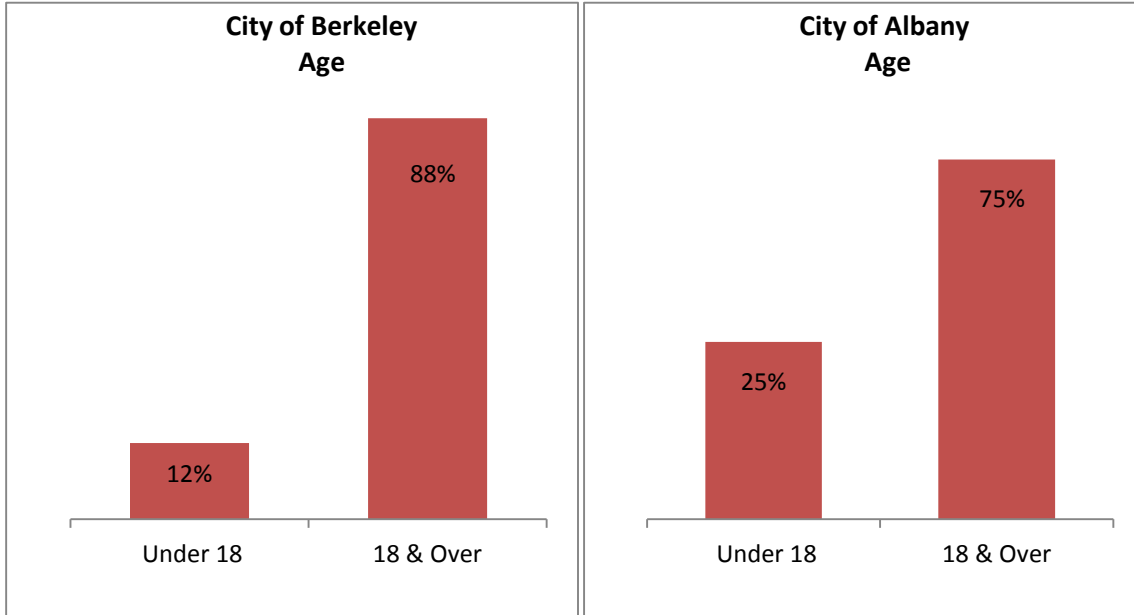
### Race/Ethnicity

Berkeley and Albany are diverse communities with changing demographics. In each city the African American population has decreased in recent years while the Latino and Asian populations have both increased. Both cities have large student populations, including Albany Village, providing housing for many of University of California's foreign students and their families. Threshold languages include English, Spanish, Farsi, Cantonese, and Vietnamese, and approximately 26% of Berkeley and 38% of Albany residents speak a language other than English at home. Each city is comprised of the following racial and ethnic demographics: White; African American; Asian; Hispanic/Latino; American Indian/Alaska Native; and Native Hawaiian/Pacific Islander (P.I.). Demographics per city are outlined below:

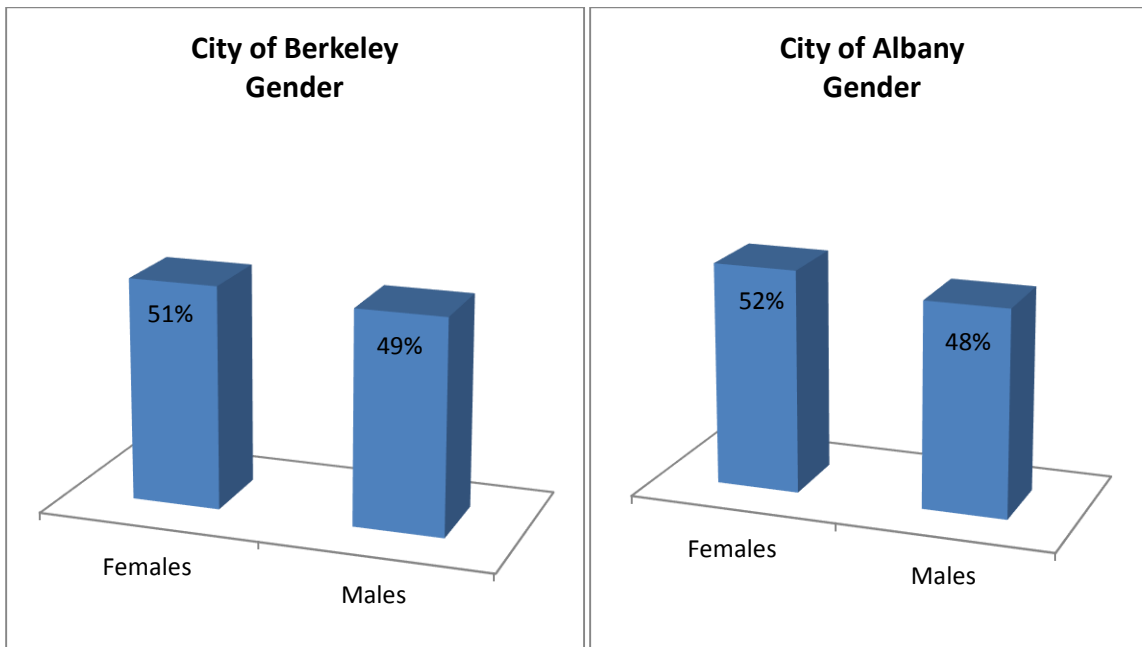


### Age/Gender

As depicted in the tables below, a large percentage of individuals in Berkeley and Albany are over the age of 18 and per population, Albany has almost twice as many individuals under the age of 18 as the City of Berkeley:



Gender demographics are very similar in both cities, with a slightly higher proportion of females in each as shown below:



## **Income/Housing**

With some of the highest housing costs in the Bay Area, the Berkeley median household income is \$63,312, and Albany is \$73,728. Nearly 19% of Berkeley and 10% of Albany residents live below the poverty line and approximately 42% of Berkeley and 35% Albany children qualify for free and reduced lunches. While 42% of Berkeley and 47% of Albany residents own their own homes, there is a large proportion of homeless individuals including women, TAY, and Older Adults. In Berkeley, approximately 46% of the homeless population meets the federal definition for chronic homelessness (adults unaccompanied by children, who have at least one disability and have been homeless for over a year or four or more times in the last year). This is a disproportionately high percentage compared to other municipalities, and a sub-group with higher rates of both mental illness and substance abuse.

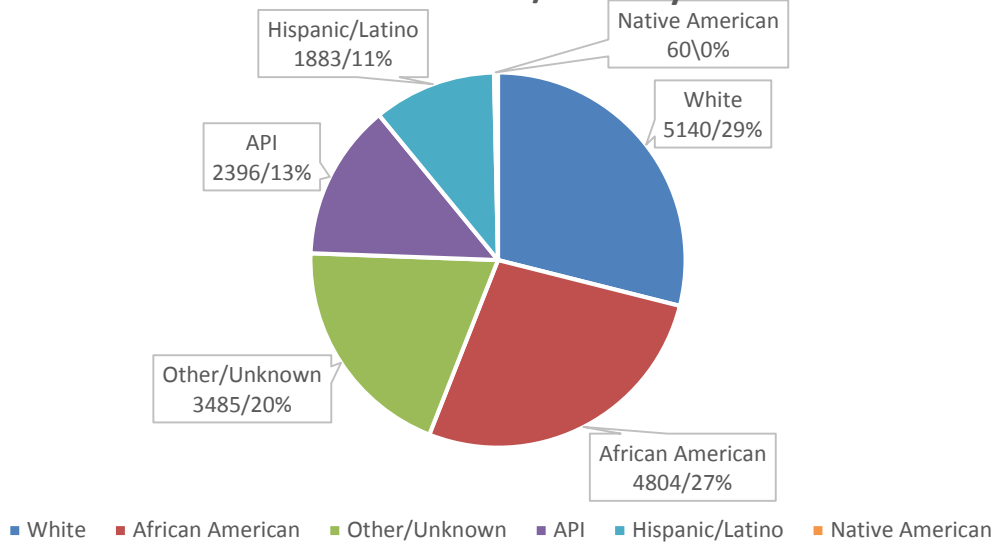
## **Education**

Berkeley and Albany have a highly educated population: 95% of individuals aged 25 or older are high school graduates; and approximately 70% possess a bachelor's degree or higher.

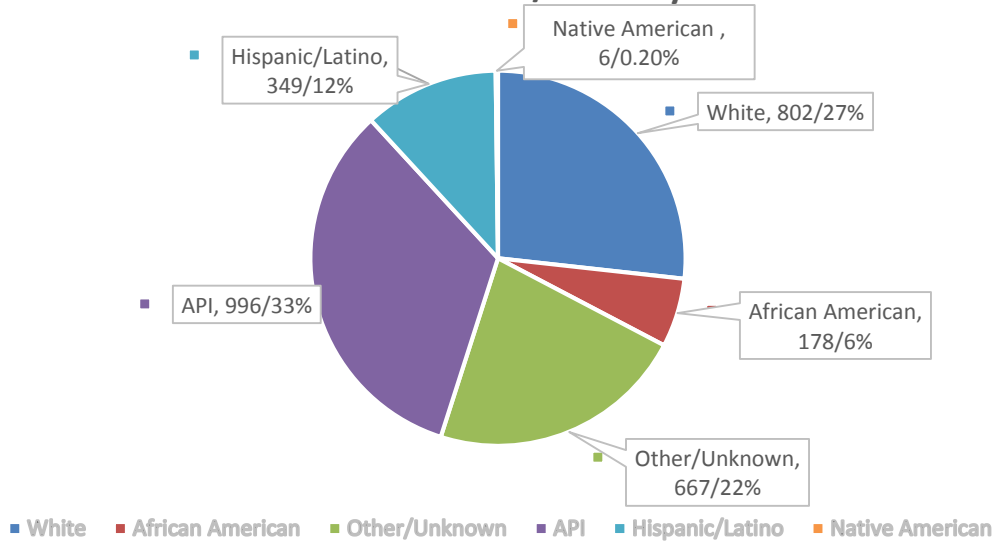
## **System Organization**

BMH is one of the two city-based public mental health programs in the state, providing services for residents of Berkeley and Albany. It is a Division of the City of Berkeley Health, Housing & Community Services (HHCS) Department. Services are provided at two clinic sites: Family, Youth & Children and Adult Services. A Mobile Crisis response Team operates seven days a week. Services include: assessment, assertive community treatment, individual and group therapy, case management and crisis intervention. In addition to offering homeless outreach and support, some services are provided through a variety of community-based agencies and at school sites. The majority of mental health services provided by BMH are aimed towards the Medi-Cal and uninsured population; as such it is important to note the ways in which the Medi-Cal population demographics differ from the overall demographics in Berkeley and Albany. Using data available from Alameda County, the Medi-Cal population in Berkeley in 2015 was as follows:

### City of Berkeley 2015 Medi-Cal Race/Ethnicity



### City of Albany 2015 Medi-Cal Race/Ethnicity



## Community Program Planning (CPP)

Community Program Planning (CPP) for the City of Berkeley's MHSAs FY15/16 Annual Update was conducted over a two month period enabling input from the MHSAs Advisory Committee members, consumers, family members, representatives from community-based organizations, individuals from un-served, underserved and inappropriately served populations; City Commissioners, BMH Staff, and other MHSAs Stakeholders. During this process, two MHSAs Advisory Committee meetings and two Community Input meetings were held. Information about what was being proposed to be included in the FY15/16 Annual Update was also provided at Departmental and Division staff meetings to obtain input.

As with previous MHSAs Plans and Annual Updates, the methodology utilized for conducting CPP for the MHSAs FY15/16 Annual Update enabled a collaborative process to occur between BMH staff, MHSAs Advisory Committee members and other MHSAs stakeholders. Development of the MHSAs FY15/16 Annual Update began with an internal examination of existing programs, unaddressed needs, and available funding which included a review of input received during the preparation of the MHSAs FY14/15 - 16/17 Three Year Program and Expenditure Plan, recent Innovations program planning, and/or through previous MHSAs planning processes. Following an internal review, proposed ideas and potential programs were vetted through the MHSAs Advisory Committee prior to engaging other stakeholders. Feedback acquired during staff and community meetings was presented to the MHSAs Advisory Committee who provided recommendations to the Division on priority programming. Overall the input could be categorized primarily into the following themes outlined below, each of which includes a sampling of some of the various stakeholder comments received:

- BMH Staffing: Ensure BMH is actively recruiting Peer Counselors, per previously approved MHSAs Plans; hire an Employment Specialist, a Job Developer, and more bilingual staff.
- Employment/Vocation Services: Create an organized employment and vocation strategy; provide training opportunities and input to clinicians on how to support clients in taking steps towards employment;
- Increase Culturally Responsive Services: Implement more culturally sensitive strategies and approaches for providing services to unserved and underserved populations; add a Cultural Broker program; implement specialized support group services in the African American community; collaborate with community-based partners to determine barriers affecting the Asian Pacific Islander (API) utilization rate at BMH.
- Expand or Create Programming for Various Populations in Need: Expand "Mental Health First Aid" Training for youth; provide outreach and services to individuals who are mentally ill and homebound; create a program or strategy to address the "Amphetamine Psychosis" prevalent issue.
- Homeless Outreach Treatment Team: Ensure this new program would work in coordination with other homeless programs and services.

A 30-Day Public Review was held from Tuesday, April 26, 2016 through Wednesday, May 25, 2016 to invite input on the MHSA FY15/16 Annual Update. A copy of the Plan was posted on the BMH MHSA website and was available for reviewing in hard copy format at the downtown Public Library at 2090 Kittredge Street. An announcement of the 30-Day Public Review was issued through a Press Release and mailed and/or emailed to community stakeholders. Following the 30-day public review period a Public Hearing was held at the Mental Health Commission on Thursday, May 26, 2016 at 7:00pm at the North Berkeley Senior Center.

During the Public Hearing the Mental Health Commission made the following motion:

M/S/C (Michel, Heda) Approve the MHSA FY15/16 Annual Update.

Ayes: Davis, Fazio, Grossman, Heda, Kealoha-Blake, Kerr, Marasovic, Michel, Posey; Silverberg. Noes: None; Abstentions: None; Absent: Arreguin, King.

Substantive comments received during the 30 Day Public Review and/or at the Public Hearing included the following:

- Increase Psychiatric Services for Children - The Mental Health Division will continue to monitor the sufficiency of psychiatric services for children.
- Assure there is adequately staffed Children's Mental Health Emergency Services - The Mobile Crisis Team is prioritizing experience with children's services in hiring processes.
- Increase services and collaborations for Senior Citizens - This input around the need for increased focus on Senior Citizens will be prioritized in the next MHSA planning process.
- Offset costs from some other program, possibly the Homeless Outreach Treatment Team (HOTT), to provide a larger COLA to community MHSA funded programs - The Mental Health Division will continue to consider increased COLA's for MHSA funded programs.
- Leverage community services for the HOTT program to save money and reduce duplicative efforts - The HOTT Program will leverage existing community services.
- Include a Federal grant writer in your plan to assist MHSA funded community programs in applying for grants to build program capacity - This input will be included in the next MHSA planning process.
- Look into whether Disabled population is considered as unserved in the Mental Health System - This input will be included in the next MHSA planning process.



## **MHSA FISCAL YEAR (FY) 2015 - 2016 ANNUAL UPDATE**

This City of Berkeley's MHSA FY15/16 Annual Update is a stakeholder approved plan that provides an update to the previously approved MHSA FY14/15 - 16/17 Three Year Program and Expenditure Plan. The Annual Update summarizes proposed program changes and additions, includes descriptions of currently funded MHSA services, and provides a reporting on FY14 program data.

As outlined in the MHSA FY14/15 - 16/17 Three Year Program and Expenditure Plan, all programs that were previously approved have continued through FY16, and have largely remained at the same funding amounts. In FY16/17, BMH is planning (pending program performance review) to continue all MHSA funded services at the same (or in some instances, a slightly higher) funding amount. Additionally beginning in FY17, BMH will undergo a more in-depth evaluation of existing services and supports to assess the degree to which local programs are meeting current needs. This process will potentially inform shifts in, and/or additions to, future MHSA programs and services.

Through the approved MHSA FY14/15 - 16/17 Three Year Program and Expenditure Plan, and as a result of input received during MHSA Planning processes, the Division began expanding the capacity of various programs in FY15 by increasing staffing and resources. Statewide MHSA funding projections are increasing over the next several years which will enable BMH to continue to carefully add sustainable new staffing, services and client resources. Outlined below are additional new services, staffing and supports which are proposed to be funded in FY17 through the CSS or PEI funding component:

### **Treatment Team for Homeless Individuals**

According to the latest Homeless Count, between 2009 – 2015, the number of homeless people in Berkeley increased by 23% to a total of 834 individuals, 568 of those homeless individuals in Berkeley are considered to be “unsheltered”. National data shows that 39% of homeless individuals have a mental illness and 20-25% have a serious and persistent mental illness. Based on these data, we can presume that there are approximately 200 homeless individuals and 150 unsheltered individuals who have a serious and persistent mental illness in Berkeley. Although, BMH doesn't have a current count of the homeless mentally ill population in Albany, it is known that similar needs exist.

The City of Berkeley has experience helping this population get stabilized and housed. The “Public Commons for Everyone” initiative successfully moved homeless people into housing. Additionally, through the use of MHSA funds, the current TAY, Adult, and Older Adult Full Service Partnership (FSP) has excellent outcomes getting homeless individuals into housing.

In an effort to address the current homeless crisis, and as a result of input received through various MHSA community program planning processes, beginning in FY17, BMH is proposing to utilize \$384,505 of unspent CSS System Development funds and \$196,225 of unspent PEI funds to pilot a treatment team for homeless individuals for three years. Additional funding for the proposed project will consist of mental health realignment monies and will leverage existing

general funds that are already allocated to the mental health division. The goals of the program will be twofold: to move homeless mentally ill individuals in Berkeley/Albany into permanent housing and to connect them into the web of services and supports that currently exist within the system of care. The key components will include the following evidence and experience based practices:

- Housing First;
- Persistent and Consistent Outreach;
- Supportive Case Management;
- Linkage to care;
- Treatment.

Proposed staffing will be as follows:

- 1 Manager (who would work with homeless clients and manage the program);
- 3 Case Managers (who would have a blend of skills and lived experience);
- 1 Nurse (who would provide medical treatment in the field, and support connections into medical care).

The proposed program will have dedicated funds for rapid re-housing and short term rental subsidies. There will also be a dedicated independent evaluation to assess program accomplishments over the three year timeframe, and to ascertain whether it should continue past the initial funding period.

### **Increase Funding for Transition Age Youth Support Services**

Implemented through a community partner, Youth Engagement Advocacy Housing (YEAH), Transition Age Youth Support Services provides outreach, services, supports, and/or referrals to TAY with serious mental health issues who are homeless or marginally housed and not currently receiving services. Priority is given to youth coming out of foster care and/or the juvenile justice system and youth focused, culturally appropriate outreach strategies are utilized to engage youth from various ethnic communities, including Asian and Latino populations, among others. Program services include: culturally appropriate outreach and engagement; peer counseling and support; assessment; individual and group therapy; family education; case management, coaching, ancillary program referrals and linkages. Also provided are housing attainment and retention support, financial management, employment, schooling, and community involvement. This program serves 15-20 youth at a time. In FY17, BMH is proposing to add a 5% Cost of Living Adjustment (COLA) to this contract through CSS Multi-cultural Outreach funds.

### **Increase Case Management for Youth and Transition Age Youth**

In response to a continued high need for additional services and supports for youth and TAY who are suffering from mental health issues and may be homeless or marginally housed, BMH is proposing to utilize \$100,000 of CSS System Development funds in FY17 to increase case management services for this population. Services will be provided by a community partner that will be chosen through a competitive Request for Proposal (RFP) process.

### **Increase Nursing and Housing Staffing**

In FY17, BMH is proposing to add a Nurse and a Housing Specialist to increase Division-wide medical and housing services and supports for clients across the system. The new staff will split their time between Family, Youth & Children's services (FYC) and the Adult Clinic. These additional staffing positions are being proposed through CSS System Development funds.

### **Increase Quality Improvement/Quality Assurance/MHSA Staffing**

In addition to many other duties, the BMH MHSA Coordinator has been solely responsible for conducting the contract monitoring for all of the MHSA funded contracts. In FY17, to increase capacity and support in this area of work, BMH is proposing to add a full-time Assistant Management Analyst. In order to strengthen the available information on program outcomes, this proposed new hire will also work in the area of collecting and reporting on mental health division data, providing a much needed addition to the BMH Administrative infrastructure. BMH is also proposing to add a project-based Assistant Management Analyst for a one year period, to provide staffing support for the MHSA Coordinator on various upcoming MHSA projects and deliverables.

### **Children's Intensive Support Services Full Service Partnership (FSP)**

This FSP provides comprehensive, intensive mental health services for children, youth (0-18) and their families in their homes and/or communities and in addition to the services outlined above, includes:

- 24/7 Crisis response;
- individual/family counseling;
- Peer and parent support;
- Assistance with transportation as related to their mental health treatment goal;
- Help with accessing physical health care;
- Help finding a safe and affordable place to live or support for remaining in their present home;
- Assistance obtaining eligible financial and health benefits;
- Referrals to substance abuse and domestic violence counseling and other resources as needed.

Beginning in FY16, Family, Youth & Children's (FYC) services re-implemented the Children's FSP, in-house, adding two clinicians and a half-time nurse practitioner to ensure an appropriate level of staffing and supports for clients in need. In FY17, BMH is proposing to add a Clinical Supervisor to this program that will be primarily funded through MHSA CSS FSP funds.

### **TAY, Adult & Older Adult FSP Expansion**

This program was designed to provide intensive support services to approximately 60 TAY, Adults and Older Adults with severe mental illness that are homeless or at risk of becoming homeless. A primary focus is on those in need who are not currently receiving services and/or individuals that in spite of their current services are having difficulties with: obtaining or maintaining housing; frequent or lengthy psychiatric hospitalizations; and/or frequent or lengthy incarcerations. Priority populations include individuals from un-served, underserved and inappropriately served cultural communities. The most intensive level of clinical supports offered at BMH is provided through this program. Client services and peer supports are coordinated through integrated assessment and treatment teams which strive to maintain a low staff-to-client ratio (12:1) which allows for frequent and intensive support services.

Although the targeted number of clients to be served through this program was originally 60, over the past several years the actual number of clients served was much higher, putting a strain on staff resources and fidelity to a low clinician-to-client ratio. Through the approved MHSA Fy14/15 – 16/17 Three Year Program & Expenditure Plan, BMH hired an additional clinician for this program to increase the level of resources for clients in need. In FY17, BMH is proposing to add a dedicated Clerical Staff to support this program, through MHSA CSS FSP funds.

### **Increase Permanent Housing for FSP Level Clients**

As a result of community input received during current and previous MHSA planning processes around the difficulties of obtaining access to affordable housing in Berkeley/Albany, BMH is proposing to utilize \$100,000 of CSS FSP funds in FY17, to add seven permanent housing units for FSP Level clients. The proposed housing units will be located at McKinley House, on McKinley Avenue in Berkeley.

### **Increase Funding for PEI Community Education & Supports Projects**

The Community Education & Supports program implements culturally-responsive psycho-educational trauma support services for individuals (18 and above) in various cultural, ethnic and age specific populations that are un-served, underserved and inappropriately served in Berkeley and Albany including: African Americans; Asian Pacific Islanders; Latinos; LGBTQI; TAY; and Senior Citizens. All services are conducted through area community-based organizations. In FY17, BMH is proposing to add a 5% Cost of Living Adjustment (COLA) to each Community Education & Supports contract through the PEI funding component.

## **PROGRAM DESCRIPTIONS AND FY14 DATA BY FUNDING COMPONENT**

Outlined in this section per each funding component are descriptions of current City of Berkeley MHSA services along with FY14 program data. Some of the FY14 MHSA funded program highlights include: a reduction in psychiatric inpatient hospital and/or incarceration days for severely mentally ill clients; a decrease in the number of days severely mentally ill clients spent homeless; services and supports for homeless or marginally housed TAY who are suffering from mental illness; the continuation of Diversity and Multi-cultural trainings aimed at transforming the system of care; services and supports for family members; consumer driven wellness recovery activities; Housing, and Benefits Advocacy services and supports for clients; augmented prevention and intervention services for children and youth in the schools and community; increased outreach, and support services for underserved and inappropriately served cultural and ethnic populations.

### **COMMUNITY SERVICES & SUPPORTS (CSS)**

Following a year-long community planning and plan development process, the initial City of Berkeley CSS Plan was approved by the California Department of Mental Health (DMH) in September 2006. Updates to the original plan were subsequently approved in September 2008, October 2009, April 2011, May 2013, May 2014 and May 2015. From the original CSS Plan and/or through subsequent plan updates, the City of Berkeley has provided the following services:

- Wrap-around Services for Children and their families;
- TAY, Adult and Older Adult Intensive Treatment Services;
- Multi-cultural Outreach & Engagement;
- TAY Support Services;
- Consumer Advocacy;
- Wellness and Recovery Services;
- Family Advocacy;
- Educational and Employment Services, Housing Services and Supports; and
- Benefits Advocacy.

Descriptions for each CSS funded program and FY14 data are outlined below:

### **FULL SERVICE PARTNERSHIPS (FSP)**

#### **Children's Intensive Support Services FSP**

This program provides intensive short-term, individualized treatment, care coordination, and support to children and youth ages 0-18 years. The main goal of the program is to enable children, youth and their families to acquire the skills and/or mental health supports needed to

improve, stabilize, and/or strengthen their levels of individual and family functioning. Program interventions include mental health counseling, parent and child psycho-education, case management, medication management, crisis services, brokerage, and/or stabilization for acute mental health issues. Services are individually tailored, developed in collaboration with families, and incorporate a range of strength-based, culturally competent services and resource acquisition. Program strategies also include coordinating with a range of services to promote resilience in the child and family, and using schools as an important avenue for referrals. This program is structured to serve 10-20 youth at a time.

During the time period of July 2007 through September 2011, program services were provided through a local community-based organization. Following this timeframe, all high level children and youth were served either through existing services at BMH Family, Youth & Children's Services (FYC), or were referred to other area agencies. Beginning in FY16, FYC re-implemented the Children's FSP adding two clinicians and a half-time nurse practitioner to ensure an appropriate level of staffing and supports for clients in need. This in-house FSP provides comprehensive, intensive mental health services for children, youth (0-18) and their families in their homes and/or communities. Data is currently unavailable in FY14, for this program.

### **TAY, Adult and Older Adult FSP**

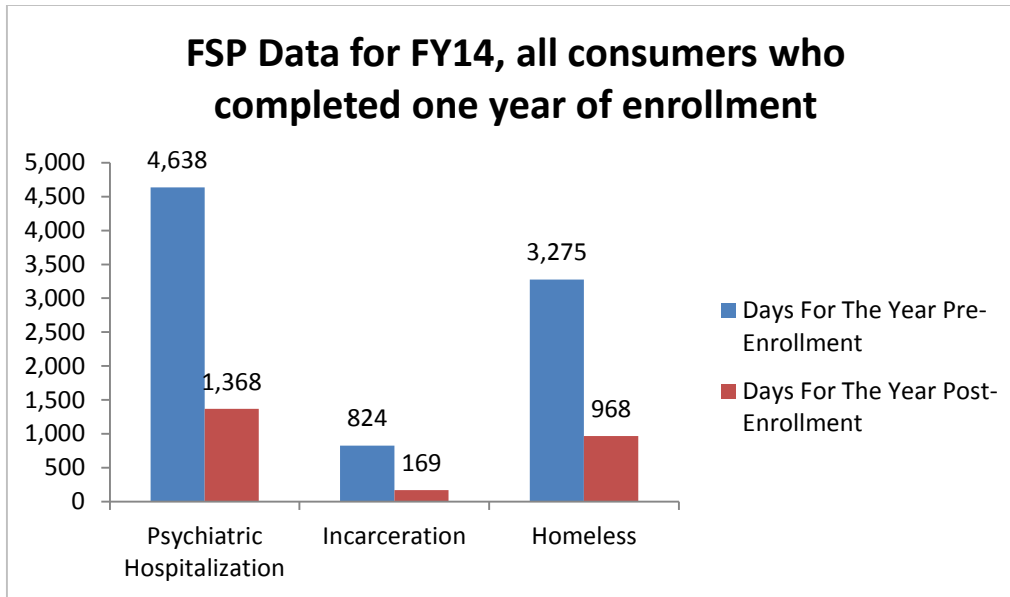
This program provides intensive support services to TAY, Adults and Older Adults with severe mental illness that are homeless or at risk of becoming homeless. A primary focus is on those in need who are not currently receiving services and/or individuals that in spite of their current services are having difficulties with: obtaining or maintaining housing; frequent or lengthy psychiatric hospitalizations; and/or frequent or lengthy incarcerations. Priority populations include individuals from un-served, underserved and inappropriately served cultural communities.

The most intensive level of clinical supports offered at BMH are provided through this program. Client services and peer supports are coordinated through integrated assessment and treatment teams which maintain a low staff-to-client ratio (12:1) that allows for frequent and intensive support services. Clients are provided assistance with finding appropriate housing and in some cases may qualify for temporary financial assistance. Efforts are also made to involve family members and other community support persons in the client's treatment plan and program staff may provide assistance with getting financial benefits established and/or providing assistance with money management. A full range of mental health services are provided along with access to housing, benefits advocacy; supported employment, and other client services such as the clinic's peer led Wellness Recovery activities. The primary goals of the program are to engage clients in their treatment; reduce homelessness, hospitalization, and incarceration; and to increase stabilization, employment and educational readiness; self-sufficiency; and wellness and recovery. The program serves up to 60 clients at a time. In FY14, a total of 66 TAY, Adults, and Older Adults were served through this program. Demographics on those served include the following:

<b>CLIENT DEMOGRAPHICS N=66</b>	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	62%
Female	38%
<b>Race/Ethnicity</b>	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	47%
Asian Pacific Islander	9%
Caucasian	39%
Hispanic/Latino	5%
<b>Age Category</b>	
<i>Client Age in Years</i>	<i>Percent of Total Number Served</i>
18-25 years (Transition Age Youth)	15%
26-59 years (Adult)	68%
60+ (Older Adult)	17%

TAY, Adult and Older Adult client (partner) outcomes included the following: Eighteen clients were dis-enrolled from the program, 10 of whom graduated from the program and stepped down to a lower level of care, 4 moved out of the service area (some having reconnected with family), 3 partners opted to discontinue participation and 1 was dis-enrolled due to an extended incarceration.

For the partners who completed a full year in the program, there were excellent outcomes in reducing psychiatric hospitalizations, incarceration and days spent homeless for program participants. There was a 71% reduction in days of psychiatric hospitalization during the first year of program participation. Partners spent 4,638 days in psychiatric hospitals (county and state hospitals) the year before program enrollment and 1,368 days in these settings during the first year of program participation. There was a 79% reduction of days spent incarcerated during the first year of program participation. Partners spent 824 days incarcerated the year prior to program enrollment as compared with 169 days incarcerated during the first year of program participation. There was a 70% reduction in days spent homeless. Partners spent 3,275 days homeless the year before program enrollment and 968 days homeless during the first year of program participation.



Despite these impressive outcomes, there remained program challenges: difficulty finding safe, affordable housing in one of the most expensive housing markets in the U.S.; figuring out how to best serve (a small portion of) clients who were unwilling to accept housing; assisting housed clients in maintaining residency as they may at times relapse and/or have behavioral or money management problems; serving clients with severe substance abuse problems who were unwilling to address or sometimes even acknowledge that they had substance abuse issues.

Areas of focus in the coming year include developing staff expertise in treating substance abuse disorders with ongoing training in Motivational Interviewing; and exploring training in other evidence based practices, such as Cognitive Behavioral therapy for Psychosis and Trauma Informed Care. We plan to continue to work on increasing housing options for clients, improving outcomes with regard to obtaining volunteer or paid employment, and involving consumers in more peer-led and community activities.

## **MULTI-CULTURAL OUTREACH AND ENGAGEMENT**

### **Diversity & Multicultural Services**

The Diversity & Multicultural Coordinator (DMC) provides leadership in identifying, developing, implementing, monitoring and evaluating services and strategies that lead to continuous cultural, ethnic and linguistic improvements within the Division's system of care for staff, with a special emphasis on unserved, underserved and inappropriately served populations. The DMC also collaborates with the state, counties, local agencies and community groups in order to address mental health inequities and disparities for targeted populations and the community-at-large in the cities of Berkeley and Albany. The DMC accomplishes these goals by:

- Providing cultural competency training to all mental health stakeholders in the cities of Berkeley, Albany and other geographic locations in the region as a collaborative partner;



- Performing outreach and engagement to unserved, underserved and inappropriately served populations and communities;
- Developing long and short term goals and objectives to promote cultural/ethnic and linguistic competency within the system of care;
- Chairing the agency's Diversity and Multicultural Committee and Staff Training Committee;
- Attending continuous trainings in the areas of cultural competency and mental and behavioral health services;
- Monitoring Interpreter and Translation Services for the agency;
- Collaborating with State, County, regional and local groups and organizations;

Participants involved in BMH trainings, committees/groups, and/or cultural/ethnic community events/activities include diverse individuals and groups from un-served, underserved and inappropriately served populations and communities throughout the cities of Berkeley and Albany.

In FY14, under the direction of the DMC the following trainings, events, activities and projects were conducted:

#### **Diversity & Multicultural Trainings:**

- Client Culture training, September 17, 2013 - (30 individuals attended this training). Attendees included staff and service providers.
- Meeting the Challenge: Incorporating Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards into our Continuum of Care, December 4, 2013 - (24 individuals attended this training.) Attendees included staff, service providers and residents.
- Mixed Race: Which Box Do I Check? Conference; April 29, 2014 - (An estimated 110 individuals attended this training). Attendees included staff, consumers, family members, service providers, and residents.
- Urban Youth of Color: Caught in the Cross Fire Conference, May 21, 2014 - (An estimated 250 individuals attended this training). Attendees included staff, consumers, family members, service providers, students, teachers and residents.
- LGBTQ PRIDE training- June 4, 2014 - (Approximately 100 individuals attended this training) - This training was collaborated with Alameda County Behavioral Health Care Services (ACBHCS) and community partners. Attendees included staff, consumers, family members, service providers, and residents.

#### **Cultural/Ethnic and Community Events:**

- Day of Prayer Event, October 8, 2013 – Collaborative event with ACBHCS Spirituality Committee and Community partners - (An estimated 40 individuals attended this event.) Attendees included city and county staff, consumers, family members, service providers, and residents from throughout Alameda County.
- BMH Latino Heritage Month event – October 31, 2013 - (An estimated 65 individuals attended this training.) Attendees included staff, consumers, family members, service providers, and residents.

- BMH Annual Black History Month event – February 27, 2014 (Approximately 80 individuals attended this event) - Attendees included staff, consumers, family members, community partners, and residents.
- May Is Mental Health Month event- May 29, 2014 – (Approximately 80 individuals attended this event) - Attendees included staff, consumers, family members, community partners, and residents.
- City of Albany, Asian Heritage Month event - May 31, 2014 – (Approximately 200 individuals attended this event) - Attendees included staff, consumers, family members, community partners, and residents.
- Annual Gay Prom, Sponsorship for Horizon Services, Eden Project – June 14, 2014 – (Approximately 250 individuals attended this event) - Attendees included students, staff, consumers, family members, community partners, and residents.
- Black Student Graduation event, Collaborative event with Berkeley High School Parent Resource Program – June 14, 2014 (Approximately 350 individuals attended this event) - Attendees included students, teacher, staff, consumers, family members, community partners, and residents.

#### **Committees/Groups:**

- BMH Diversity & Multicultural Committee, Chair
- BMH Staff Training Committee, Chair
- CIBHS, Greater BAY Area Workforce Collaborative Committee
- ACBHCS LGBTQI Pride Committee Member
- ACBHCS Cultural Responsiveness Committee Member
- Statewide Spirituality Liaison, Spirituality Initiative Committee Member
- Berkeley High School Community Resource Committee
- State and County Ethnic Services Managers/Cultural Competency Coordinators Executive Committee Member
- East Bay Regional Ethnic Services Managers Committee, Co-Chair

#### **Outreach and Engagement:**

- St. Paul's AME Church, African American
- St. Joseph The Worker Church - Latino community
- Beats, Rhymes and Life, Inc. - TAY
- Niroga Institute
- Alameda County Public Health, Men and Boys of Color Initiative
- Berkeley Youth Alternatives
- Community Health for Asian Americans (CHAA) - Asian community
- Black Infant Program
- Native American Health Center
- Village Connect, Inc., Communities of Color
- BAHIA, Inc.
- Healthy Black Families
- City of Albany Senior Center (Senior Citizens)

- GOALS For Women
- Berkeley High School and B-Tech - Students

**Special Projects:**

Active engagement with the State of California Reducing Disparities Projects (CRDP) for African Americans; Latinos; Asian/Pacific Islanders; Native Americans; and LGBTQI population initiatives (2013 - 2014).

**TAY Support Services**

Implemented through Youth Engagement Advocacy Housing (YEAH), this program provides outreach, services, supports, and/or referrals to TAY with serious mental health issues who are homeless or marginally housed and not currently receiving services. Priority is given to youth coming out of foster care and/or the juvenile justice system and particular outreach strategies are utilized to engage youth from various ethnic communities, including Asian and Latino populations, among others. Program services include: culturally appropriate outreach and engagement; peer counseling and support; assessment; individual and group therapy; family education; case management, coaching, ancillary program referrals and linkages. Also provided are services in housing attainment and retention, financial management, employment, schooling, and community involvement. Services are designed to be culturally relevant, tailored to each individual’s needs, and delivered in multiple, flexible environments. The main goals of the program are to increase outreach, treatment services, and supports for mentally ill TAY in need, and to promote self-sufficiency, resiliency and wellness. This program serves 15-20 youth at a time.

In FY14, a total of 29 TAY were served, 34 through assessment services, and 23 received intensive services on a weekly basis throughout the year. Demographics on TAY served through weekly intensive services were as follows:

<b>CLIENT DEMOGRAPHICS N=29</b>	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	69%
Female	28%
Transgender	3%
<b>Race/Ethnicity</b>	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	45%
Asian Pacific Islander	3%
Caucasian	28%
Hispanic/Latino	10%
Multi-racial	14%

The project continued to offer clients Shelter Plus Care and Coach vouchers through the City of Berkeley’s HHCS Department. Of the 29 youth engaged in on-going clinical case management, seven were housed and 22 were homeless or unstably housed during the reporting timeframe.

## SYSTEM DEVELOPMENT

System Development includes Wellness Recovery Support Services that are intended to expand collaboration with stakeholders, promote the values of wellness, recovery and resilience, and move the Division towards a more consumer and family member driven system. Services are comprised of the following main components: Wellness/Recovery System Integration; Family Advocacy Services; Employment/Educational services. Additional services to support clients include Housing Services and Supports, and Benefits Advocacy. Together, each ensures that consumers and family members are informed of, and able to be involved in, opportunities to provide input and direction in the service delivery system and/or to participate in recovery-oriented or other supportive services of their choosing. Strategies designed to reach program goals include: developing policies that facilitate the Division in becoming more Wellness & Recovery oriented and consumer/family member driven; outreach to, and inclusion of, consumers and family members on Division committees; provision of family support & education; supported employment and vocational services; wellness activities; peer supportive services; client advocacy; housing supportive services; and benefits advocacy.

### **Wellness Recovery System Integration**

A Consumer Liaison works with staff, stakeholders, community members and clients to advance the goals of Wellness and Recovery on a system wide level. In order to accomplish these goals, some of the various tasks include: recruiting consumers for Division committees; convening committees around Wellness Recovery system initiatives; oversight/administration of peer stipends; convening and conducting meetings for a "Pool of Consumer Champions (POCC)"; working with staff to develop various Wellness and Recovery related policy and procedures; and oversight of the Division's "Wellness Recovery Activities". The Consumer Liaison is also a resource person around "Mental Health Advance Directives" for consumers desiring to express their treatment preferences in advance of a crisis; and is a participant on a number of local MHSA initiatives. These individual and system-level initiatives impact approximately 448 clients a year.

In FY14 some of the various activities that were conducted under the direction of the Consumer Liaison included:

**Berkeley Pool of Consumer Champions (POCC):** The Berkeley POCC met monthly to outreach to Berkeley consumers, connect with Alameda County POCC activities, and to become informed about Berkeley's MHSA planning and implementation process. The POCC met on a regular basis with the Department Director and the Division Manager. On average, the Berkeley POCC consisted of 8-9 members. Six stipends were awarded to participants on a rotating basis that was determined by the group. A total of 22 unduplicated consumers attended the group during the reporting timeframe.

**Wellness Recovery Activities:** Designed with, and building on the talents of consumers, the Division Wellness Recovery activities implemented workshops, trainings and ongoing healthy groups. Light refreshments were served at each activity. In FY14, a total of 24 unduplicated consumers attended this program. Peer led activities included:

- Art Projects – Coffee filter art, creating collages, drawing, making paper flowers, “motion picture” flipbooks, right-brain drawing;
- Facilitated discussions – Topics such as: Benefits of exercise, brainstorming ways to lessen stress, current events, dealing with moods, field trip planning, healing spices and their uses, healthy living, discussion of traditions, storyboarding our wishes, time management, wellness, fun & cheap recreation ideas;
- Socializing - Answering provocative questions and Ice breaker questions, sharing three things you like about yourself and three things you’d like to change, sharing childhood memories;
- Creative Writing – Topics such as: Dreams and wishes, finding your strengths, first impressions, goal setting, resolutions for the new year;
- Stress Reduction - Meditation, mindfulness, reflexology for self-help, stress reduction techniques, stretching;
- Games - Playing Jenga, Rummikub, and memory games;
- Cooking - Sharing making soup, blender drinks, and healthy recipes;
- Field Trips – To the following areas: Emeryville shopping district and Marina on the Emery-Go-Round; Art Walk in the downtown Berkeley area; CHOICES wellness fair.

The City of Berkeley also participated in the Alameda County 10x10 campaign Wellness Walk by transporting clients to Lake Merritt on the Aging Division bus.

Additional duties and activities provided by the Consumer Liaison during the reporting timeframe were as follows: Published a monthly calendar of wellness activities offered through BMH; provided two trainings to BMH Adult Clinic interns on Wellness Recovery Action Plans (WRAP) and Wellness Recovery at BMH; attended the Human Resources & Mental Health Forum sponsored by the Workforce Collaborative; collaborated with CHOICES to offer “Facing Up to Health”, a training to improve healthy lifestyles and outcomes, at Berkeley Mental Health; presented on Trauma Informed Care at the Best Now! Training which trains consumers to be Peer Specialists; coordinated intern placement for the Best Now! Program, provided orientation to the new interns and created an MOU between Best Now! and the City; attended the Greater Bay Area Workforce and Education Collaborative; participated in: a media training “Picture This: Mental Health in the San Francisco Bay Area”, a workshop on Supporting Lived Experience in the workplace, a presentation on Peer Run respite in San Francisco; the planning of the Spring 2014 CASRA conference, and the May is Mental Health Month event in Berkeley; received training to become a Mental Health First Aid Instructor; provided training on Peer Run Respite to the Pool of Consumer Champions (in English and Spanish) and the Alameda County Mental Health Board.

### **Family Advocacy Services**

A Family Advocate works with Family Members, staff, community-based organizations etc. to improve services and supports for BMH clients and their family members on a system-wide level. Services provide both individual family services and supports, and system-wide change initiatives. This family/caregiver-centered program serving Berkeley and Albany provides information, education, advocacy and support for family/caregivers of children, adolescents,

TAY, adults and older adults with serious emotional disturbance or severe mental illness. Services are provided in a culturally responsive manner providing outreach to people of various ethnicities and language groups.

The Family Advocate serves as a point of contact for family members who are currently accessing or attempting to access services and/or who have questions and concerns about the mental health system, providing them with supports, and as needed, referrals to additional community resources. Outreach is provided to families through existing BMH family support groups, NAMI of the East Bay, community clinics and the Alameda County Family Education Resource Center (FERC). Additionally, the Family Advocate coordinates forums for family members to share their experiences with the system; recruits family members to serve on BMH committees; supports family members through a “Warm line”; conducts a Family Support Group; and creates training opportunities to educate mental health staff on how to effectively work with families. The combination of individual services and system-level initiatives impact approximately 448 clients and their family members a year.

In FY14 under the direction of the Family Advocate, the following individual/or group services and supports were conducted through this program:

**Warm Phone Line Support:** A Warm Phone Line provided a sympathetic resource for family members needing information, referrals, supports, and assistance in navigating the complex mental health system. Through the Warm Phone Line, the Family Advocate helped families find services and resources as needed.

**Family Support Group:** Family Support groups were offered for parents, children, siblings, spouses, significant others, or caregivers. An English speaking support group met twice a month for two hours and a Spanish speaking group met monthly for 90 minutes.

**Individual Support:** The Family Advocate met with families as needed, to provide personal support to help them prioritize their needs, connect them with appropriate resources and supports, assist them in navigating the Mental Health system, and to provide coping skills for dealing with the high level of stress that can ensue from the impact of mental illness in the family.

In FY14 a total of 86 family members were served, 25 of whom received ongoing multiple services. Demographics on those served include the following:

<b>CLIENT DEMOGRAPHICS N=86</b>	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	22%
Female	74%
Unknown	6%
<b>Race/Ethnicity</b>	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	6%
Asian Pacific Islander	7%
Caucasian	58%
Hispanic/Latino	19%
Unknown	10%
<b>Age Category</b>	
<i>Client Age in Years</i>	<i>Percent of Total Number Served</i>
18-25	2%
26-55	49%
55+	33%
Unknown	16%

**Employment Services**

Previously, a BMH Employment Specialist provided services to support consumers in job readiness and accessing employment opportunities. It was envisioned that these services would at a minimum, create and nurture supported vocational, educational and volunteer “try-out” opportunities in the community; build employment and educational readiness; and increase the numbers of consumers who are gainfully employed and/or engaging in other meaningful activity such as school or volunteer work. Different strategies were implemented along the way including utilizing the Dartmouth model of supported employment. The Dartmouth model helps to promote wellness and recovery by enabling clients to work alongside other non-mentally ill workers in a competitive environment in their community. In this model, employment supports were provided to clients from multiple sources including the following: Employment Specialist; Case Manager; Psychiatrist; and any involved Family Members. The Employment Specialist also: provided supports to clients who were interested in starting their own business by guiding them through the necessary steps of getting a license, advertising, etc.; assisted clients who weren’t quite ready to obtain employment, in becoming involved in volunteer opportunities; connected clients with the Department of Rehabilitation for computer skills training; worked with staff to ensure clients were adhering to their medication regimen; and supported clients in filling out job applications and or practicing their interview skills.

Although various strategies were implemented over the years, client participation and employment outcomes remained low through FY12, followed in FY13, with an unexpected vacancy in the Employment Specialist position. Low client outcomes coupled with a vacancy in the position prompted BMH to evaluate current best practices for mental health client employment. This evaluation is currently in progress. Additionally, input received during the various MHSA Community Program Planning processes, provided recommendations on strategies to better support clients in reaching their Employment goals, such as: Assisting clients on interviews and on what to share with an employer regarding reasonable accommodations; providing mentoring and job shadowing; implementing technology training for

clients; having services be integrated and supported, and implementing evidence based practices. Going forward, BMH plans to finish the assessment of input received and evaluation of best practices in order to implement strategies that will increase the chances for positive employment outcomes for mental health clients.

### **Housing Services and Supports**

Previously a Housing Specialist worked with clients and staff throughout the Division to provide Housing Resources, with the aim of increasing housing opportunities for clients and increasing housing retention. In FY13 the Housing Specialist Position became vacant. Since that time although clients have continued to receive housing support from case managers and/or through Shelter Plus Care personnel, there has not been a dedicated staff member in place to focus solely on this aspect of the work. The vacancy in the Housing Specialist position has allowed BMH to re-assess where staff expertise would be most beneficial in supporting mental health clients with their housing needs. Additionally, input received during the FY14 and previous MHSA Community Program Planning processes included concerns around the lack of affordable housing in Berkeley and echoed the need for additional supports to assist clients in maintaining their housing.

In FY17, BMH will begin interviewing for the Housing Specialist position. Going forward, it is envisioned that when a Housing Specialist is hired, they will be involved in: providing housing resource services for clients; working with landlords to increase housing opportunities; collaborating with case management staff, landlords, and Board & Care Managers to provide additional supports for clients who are already housed; and working in tandem with the City of Berkeley HHCS Department “Housing Crisis Resolution Center” (which serves as a single entry point into emergency shelter and transitional housing, where clients are triaged based on their housing and service needs).

### **Benefits Advocacy Services**

Through this project a community-based organization, the Homeless Action Center (HAC), assists clients in obtaining benefits. Services are provided for approximately 10 BMH clients a year. In FY14, 18 clients were served through this agency. Demographics on those served were as follows:



<b>CLIENT DEMOGRAPHICS N=18</b>	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	56%
Female	44%
<b>Race/Ethnicity</b>	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	44%
American Indian/Alaska Native	6%
Caucasian	17%
Hispanic	11%
Other	11%
Unknown	11%
<b>Age Category</b>	
<i>Client Age in Years</i>	<i>Percent of Total Number Served</i>
12-17 years	6%
18-24 years	44%
25-44 years	17%
45-54 years	27%
62 & Over	6%

**Flexible Funds for Level One Clients**

Through the previously approved MHSA FY14/15 – 16/17 Three Year Program and Expenditure Plan the Division proposed to utilize a portion of CSS System Development monies to provide flexible funds for Tier One BMH clients who are not at the FSP level of care, but are still in need of similar resources and supports. In FY17, a contract will be executed to enable flexible funds to be used with clients across the system for supports such as housing, clothing assistance, food, transportation, etc. This use of flexible funds will aid individuals in achieving better stability in areas where they are less capable of addressing their daily living needs.

**Mobile Crisis Team (MCT) Expansion**

In March 2014, the Mental Health Commission requested that BMH staff present information and options for improving crisis services to reduce the number of individuals experiencing incidents of mental health crises. As a result of this, the Mental Health Manager and/or the Crisis, Assessment and Triage (CAT) Program Supervisor met with or participated in meetings with a variety of stakeholder and subject matter experts to gain input that would inform this request. Written reports and recommendations from various stakeholder groups pertaining to this subject and Mobile Crisis Services historical usage data from 2005 to the present were also reviewed. In all, input was received from the following individuals, reports or documents: Recipients of BMH services; all BMH staff including Mobile Crisis Team (MCT) staff and interns; CopWatch report and meeting; NAACP recommendations; City of Berkeley Police Department; Bay Area Mental Health Directors; Bay Area Crisis Directors; Staff and Managers from Alameda County Behavioral Health Care Services (ACBHCS); San Francisco Behavioral Health Services Crisis Units; City of Berkeley HHCS Department Leadership; and the AB1421 ACBHCS Taskforce Group. Input received during CPP for the MHSA FY14/15 - 16/17 Three Year Program and Expenditure Plan echoed the need to increase MCT staffing.

Based on the input, and in an effort to increase and improve services for those experiencing a mental health crisis, in FY16 through the previously approved MHSA FY14/15 - 16/17 Three Year Program and Expenditure Plan, the following new additions to BMH have been or are in the process of being implemented through CSS System Development funds:

- New staff have been added to expand MCT staffing and hours.
- Interviews are scheduled to create a Transitional Outreach Team (TOT) that will augment MCT services through interventions that will address issues individuals experience either immediately prior to, or following a mental health crisis.
- BMH Staff have conducted multiple Mental Health First Aid Trainings to teach community members how to assist individuals who are in crisis or are showing signs and symptoms of a mental illness.
- A Consumer/Family Member Satisfaction Survey for Crisis services was developed and implemented by BMH Staff.

It is anticipated that in July 2017, Mobile Crisis will expand the hours of operation to 1:00am, 365 days a year and that the TOT will be fully staffed and operational by January 2017.

### **Sub-Representative Payee Program**

Through the previously approved MHSA FY14/15 – 16/17 Three Year Program and Expenditure Plan the Division proposed to use a portion of CSS System Development funds to outsource Sub-Representative Payee services, as the practice for many years at the BMH Adult Clinic has been for clinicians to act as representative payees, managing client's money. While on some levels this practice has improved clients' attendance at regular appointments, it has also presented an array of other challenges around the dual role of clinician/money manager.

Beginning in FY17, Sub-Representative Payee services will be contracted out to a community based organization, which will be chosen through a competitive Request For Proposal (RFP) process.

### **Wellness Recovery Center**

Per the previously approved MHSA FY14/15 - 16/17 Three Year Program and Expenditure Plan, BMH proposed to utilize \$300,000 of CSS System Development funds annually to pool with \$300,000 of ACBHCS monies to fund a local Wellness Recovery Center. In FY16, the Memorandum of Agreement (MOU) with ACBHCS was finalized. The County has executed the RFP process and there will soon be an announcement regarding which community-based organization was the winning bidder. It is anticipated that the large portion of FY17 will be spent on securing a location for the Center and getting it ready to open for services.

The Wellness Recovery Center may include many of the following features:

- A full array of Wellness and Recovery skill building tools, services and supports that are offered through groups, one-on-one counseling and other Evidenced Based practices.

- A large staff presence of peers who share the “lived experience” of mental health struggles.
- A Case Management program to assist participants who are severely and persistently mentally ill and are in need of short-term targeted services to help stabilize their lives.
- Medication Support Services.
- Services for Mental Health consumers at any Level of Care.
- No time restrictions on how long consumers can participate in services.
- Walk-in and referral services.

ACBHCS will administer the contract with the chosen provider and together with BMH will ensure a process where both systems of care have input into the ongoing program evaluation.

### **BMH Peer and Family Member Positions**

Since the first MHSA Plan, BMH has included positions for peers and family members with lived experience to be added to various programs throughout the Division. The BMH Division utilizes existing City job classifications to create an employment track for peer or family member providers. The entry level position is Community Health Worker, the mid-level is Assistant Mental Health Clinician, and the top-level is Social Services Specialist. All of these classifications are used broadly for differing purposes throughout the City. For the specific positions where the MHSA Plan envisioned utilizing peer or family providers, we have had good success in establishing employment lists where there are applicants who describe themselves as peer providers or family member providers. Currently, the Division is in the process of filling a number of positions within these classifications. As such, it is anticipated that BMH will be successful in increasing the number of peer and family member providers in the near future.

## **PREVENTION & EARLY INTERVENTION (PEI)**

The original City of Berkeley Prevention & Early Intervention (PEI) Plan was approved by DMH in April 2009. Subsequent Plan Updates were approved in October 2010, April 2011, May 2013, May 2014 and May 2015. From the original approved PEI Plan and/or through Plan Updates, the City of Berkeley has provided the following services through this funding component:

- An early identification, assessment, treatment and referral program for children (0-5 years old) and their families;
- Prevention and short-term intervention services in the Berkeley school system;
- Trauma support services for youth, adults and older adults in un-served, underserved and inappropriately served populations;
- An anti-stigma support program for mental health consumers and family members;
- Intervention services for at-risk children; and
- Increased homeless outreach services for TAY, adults, and older adults.

Descriptions for each PEI funded program and FY14 data are outlined below:

### **Behavioral-Emotional Assessment, Screening, Treatment, and Referral (BE A STAR)**

The Be A Star program is a collaboration with the City of Berkeley's Public Health Department providing a coordinated system in Berkeley and Albany that identifies children birth to age five and their parents, who are at risk of childhood development challenges including developmental, social, emotional, and/or behavioral concerns. The program specifically targets low income families, including those with teen parents, who are homeless, substance abusing, or in danger of foster care. Services include triage, assessment, treatment and referrals to appropriate community-based or specialist services as needed. Children and families are accessed through targeted efforts at the following: Black Infant Health; Vera Casey Teenage Parenting programs; Child Health and Disability Prevention programs, Pediatric providers; and through state-subsidized Early Childhood Development Centers. The goals of the program are to identify, screen and assess families early, and connect them with services and supports as needed. The program uses the "Ages and Stages Questionnaires" (ASQ) screening tool to assess children in need. The ASQ consists of a series of 20 questionnaires that correspond to age intervals from birth to 6 years designed to help parents check their child's development. Each questionnaire contains simple questions for parents to answer that reflect developmental milestones for each age group. Answers are scored and help to determine whether the child's development is on schedule or whether the child should be referred for a developmental checkup with a professional. Over 400 children are assessed each year.

In FY14, 360 ASQ's were prepared at Berkeley Unified School District (BUSD) Pre-schools for 3 and 4 year olds. A total of 297 ASQ's were returned and scored, for an 82.5% return rate. Through these screenings, 33 children scored in the "Of Concern" range receiving ongoing surveillance throughout the year:

<b>BUSD ASQ's N= 297</b>		
<i>BUSD Preschool</i>	<i>Number Screened</i>	<i>Screening Results in the "Of Concern"</i>
Franklin	137	9%
King	111	14%
Hopkins	49	12%

Demographics on the 33 children that were scored in the “of concern” range, are outlined below:

<b>Race/Ethnicity of BUSD Children with ASQ scores in the “Of Concern” Range N= 33</b>	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number</i>
African American	35%
Asian Pacific Islander	4%
Caucasian	22%
Hispanic/Latino	17%
Bi-racial or Multi-racial	19%
Unknown	3%

As a result of the BUSD ASQ screenings, 31 referrals were made to the following services: 19 to Mental Health services; 8 to BUSD Special Education; 4 to other area Districts Special Education services.

A total of 92 additional ASQ's were administered by Public Health nurses. Ethnicity data began to more consistently be gathered towards the end of FY14, as such the demographics were as follows: 33% African American; 7% Asian; 5% Latino and 55% unknown. Of the 92 completed ASQ's, 15% scored in the “of concern” range and 9% scored in the “monitor only” range. Children who received scores in the “Of Concern” range were referred to their pediatrician for follow-up and those receiving scores in the “monitor only” range were screened again at a later date (usually between 2-6 months later).

In the 2014 calendar year an additional 648 children were screened through the “Help Me Grow” Sites (Pediatric clinics or Family Practices) during well child visits:

<b>Pediatric/Family Clinics ASQ Results N= 648</b>		
<i>Clinic/Practice</i>	<i>Number Screened</i>	<i>Screening Results</i>
Kiwi San Pablo Pediatrics	312	48% = No Concern 19% = Of Concern 33% = Monitor Only
Kiwi Alcatraz Pediatrics	182	54% = No Concern 20% = Of Concern 16% = Monitor Only
Lifelong – West Berkeley Family Practice	154	61% = No Concern 14% = Of Concern 25% = Monitor Only

### **Supportive Schools Program**

Through the original PEI Plan, MHSA funds were leveraged to support the implementation of the Building Effective Schools Together (BEST) program in several area schools in an effort to

transform schools into a more welcoming environment, and to fill some of the resource gaps around early intervention services. BEST is a model program that implements among other things, Positive Behavioral Supports (PBS), to change the culture of a school from one that is reactive and aversive in addressing problem behaviors, to one that uses preventative, positive, and supportive approaches.

Since the approval of the original PEI Plan, BEST was implemented in several local schools over a number of years. Following that period, many schools who had implemented BEST, began to move away from some of the aspects of the BEST model focusing priorities and resources on the intervention needs of students. While the PBS approach of the program was still embraced and utilized, many schools were not necessarily keeping full fidelity to other aspects of the BEST model.

Beginning in FY13 the focus of this program was changed to more accurately reflect the prevention and intervention strategies that were being implemented, which did not include all the components of the BEST model. Since that time, leveraged MHSA PEI funds have provided resources to support mental health prevention and intervention services in the Berkeley Elementary schools. Services include: outreach; mental health programming; classroom, group, and one-on-one psycho-social education and support; and consultation with parents and/or teachers. In FY14, approximately 361 youth participated in various individual and/or group services through this program. Aggregated demographic data on youth participants was as follows:

<b>CLIENT DEMOGRAPHICS N= 361</b>	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	53%
Female	45%
Unspecified/Unknown	2%
<b>Race/Ethnicity</b>	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	35%
Asian Pacific Islander	4%
Caucasian	22%
Hispanic/Latino	17%
Bi-racial or Multi-racial	19%
Unknown	3%

### **Community Education & Supports**

The Community Education & Supports program implements culturally-responsive psycho-educational trauma support services for individuals (18 and above) in various cultural, ethnic and age specific populations that are un-served, underserved and inappropriately served in Berkeley and Albany including: African Americans; Asian Pacific Islanders; Latinos; LGBTQI; TAY; and Senior Citizens. All services are conducted through area community-based organizations. Descriptions for each project within this program are outlined below:

## **Albany Trauma Project**

Implemented through Albany Unified School District this project provides trauma support services to Latinos, Asian Pacific Islanders and African American TAY, and Adults. Through various supports the project: provides helpful information and coping strategies around the effects of trauma; offers interventions to keep at-risk individuals and families from developing serious mental health symptoms and behaviors; provides a forum for clinicians to monitor trauma-exposed individuals and families who may need more intensive mental health services; and creates a venue to explore trauma and stress management through symbols of healing, artwork, and alternative coping strategies. Services include: Youth Support Groups; Adult Support Groups; and Parent Education. Additional one time cultural activities to promote healing through reflection groups and art projects are also conducted throughout the year. This project annually serves approximately 30-40 youth and 45-55 adults. Descriptions of services provided and numbers served through this project in FY14 are outlined below:

**Youth Support Groups:** Weekly support groups were provided at Albany High School. Separate Support Groups were held for Asian Pacific Islander, Latino, and African American youth. Groups met for 1-2 hours a week throughout the school year. In FY14, a total of 26 students participated in the three Support Groups with a total of 407 visits. According to data gathered from pre and post-tests, the groups had an impact on: decreasing student's alcohol and drug use; increasing their general feelings of support in their lives; and showing positive changes in how they view self-seeking behavior. Data also suggested that students felt an increased closeness and connections to each other and developed stronger relationships with their peers both inside and outside of the group. All students mentioned that they would refer a friend to the support groups.

**Adult Support Groups:** Outreach and engagement activities and support groups were provided to Latino immigrant adults dealing with trauma issues, who live and work the backstretch of Golden Gate Field's race track as groomers; exercise jockeys and caretakers of the horses. Groups met once a week from 1-2 hours each and utilized strength-based and indigenous activities focused on increasing positive communication and coping skills to support participants through issues of acculturation, immigration, and dislocation.

In FY14, approximately 127 adults participated in regular ongoing weekly support groups. Group participants ranged in age from 20-80 years old. All participants had a myriad of basic living and mental health needs and many were isolated and illiterate. In addition to the weekly support groups over 175 individuals participated in special holiday celebrations and activities that were offered through this project to build community, and support issues of healing.

This project has continued to be a key source of reaching a community that otherwise would not have resources. It is structured to take into account the barriers those living and working on the backstretch experience in accessing services, including complicated work hours, difficulty getting transportation, as well as their levels of acculturation, language and experience. Self-report from multiple participants' overtime, has indicated that having mental health resources come into the backstretch has been a strong support for them.

**Parent Education Evenings:** Korean Parent Education Evenings were conducted over the course of the school year as a means of outreach to this population in Albany. Educational

events were usually held from 1-2 hours each and were structured to provide information and supports to parents around trauma issues related to acculturation and immigration, with a focus on positive coping strategies. Parent Education Evening events were conducted in the Korean language. Some of the various topics included the following: “Dealing with Cultural Differences”; “Adjusting to the School System and Immigration Issues”; “Acculturation Conflicts”; “Dealing with Middle Childhood Development patterns and Coping Skills”, etc. A range of 8-16 parents regularly attended each event.

### **Living Well Project**

Implemented through Center for Independent Living, this project provides services for Senior Citizens (aged 50 and over) who are coping with trauma and/or mental health issues associated with acquired disabilities. Senior Citizens with acquired disabilities are one of the most difficult groups to reach with disability services. It is similarly difficult to intervene with this group’s developing mental health issues related to aging and the traumatic impact of acquiring one or more disabilities (such as loss of mobility, vision, hearing, et al). The core of the project is a wellness workshop series entitled “Living Well with a Disability”. Through a combination of education, goal setting, group and peer counseling, the workshop series is designed to promote positive attitudinal shifts in a population who, despite the tremendous need for care, are often typically not responsive to mental health intervention. The workshop series includes an 8-10 week, one to two hour class conducted by Peer Facilitators, and an optional 30 minute counseling session. Counseling sessions are designed to monitor curriculum impact and continually assess individual goals and resource needs. This project serves up to 150 Older Adults a year.

In FY14, project outreach was conducted at various locations. Each Living Well Workshop Series included the following sessions: Orientation; Goal Setting; Problem Solving; Healthy Reactions; Beating the Blues (Depression and Moods); Healthy Communication; Seeking Information; Physical Activity; Eating Well (Nutrition); Advocacy (Self and Systems Change); and Maintenance. Topics of Grief and Loss, Depression, Retirement, and Senior Invisibility were also incorporated into the program. By participant self-report, the Living Well Workshop Series was very helpful. Additional program activities included, peer group or one-on-one counseling, Senior Fitness, Yoga, and a workshop series on Bullying. In all approximately 155 Senior Citizens participated in Living Well Project activities, 83 of whom took part in Living Well Workshops.

### **Harnessing Hope Project**

Implemented through GOALS for Women this project provides community-based, culturally competent, outreach and support services for African Americans residing in the South and West Berkeley neighborhoods who have experienced traumatic life events including racism and socioeconomic oppression and have unmet mental health support needs. The primary goals of the project are to normalize stress responses and empower families through psycho-education, consciousness raising, strength-based coping skills, and supportive services through the following: Outreach and engagement; screening and assessment; psycho-education; family education; support groups such as “Kitchen Table Talk groups (non-stigmatizing, culturally responsive, peer centered groups); workshops and classes; mental health referrals and



community linkages; peer counseling and support. A key component of this project is to train and mentor community leaders to become Peer Facilitators of Kitchen Table Talk groups. This project serves approximately 50-130 individuals a year.

In FY14, the following activities were conducted through this project:

**Outreach and Engagement:** Outreach and engagement activities were conducted to approximately 60 women at various City locations and area events to increase knowledge and the recognition of early signs of mental illness and to inform residents of project services.

**Peer Facilitator Training:** Peer Facilitator Trainings were held to increase knowledge and skills around how to facilitate peer support groups through an African American cultural lens. Five individuals participated in this training. Participants went on to facilitate Kitchen Table Talk Support Groups, and were supported during the year through mentoring sessions that were held to provide facilitators with support and skills around how to handle difficult group topics and issues.

**Kitchen Table Talk Support Groups:** These support groups were designed to increase information and supports around current and historical trauma and to teach participants healthy coping skills. Approximately 46 African American women ranging in age from 18-55, participated in Kitchen Table Talk Support Groups, many of whom were also assessed and received individual and/or family psycho-educational support services, or were referred to additional community resources as needed. Group participants learned from each other and demonstrated their cultural strengths and resilience around effective ways to manage stress.

### **Trauma Support Project for LGBTQI Population**

Implemented through the Pacific Center for Human Growth, this project provides outreach, engagement and support group services for individuals (18 and above) in the LGBTQI community who are suffering from the impact of oppression, trauma and other life stressors. Particular emphasis is on outreaching and providing supportive services to identified underserved populations within the local LGBTQI community. Approximately 12-15 weekly or bi-weekly support groups are held throughout the year targeting various populations and needs within the LGBTQI community. Support groups are led by Peer Facilitator community volunteers who are trained in Group Facilitation/Conflict Resolution and who have opportunities to participate in additional Skill Building workshops in order to share methods used to address group challenges and to learn new facilitator techniques. This project serves approximately 68-70 individuals a year.

In FY14, outreach to over 1000 community members was conducted at various locations including the Berkeley Senior Centers and the Berkeley Pride Event. Project fliers were also sent to community-based organizations throughout Berkeley and Albany. Eighteen community volunteers completed the Peer Facilitator training, and 12 Skill Building workshops for Peer Facilitators were conducted on a monthly basis. Fifteen ongoing peer support groups were held on a weekly or bi-weekly basis including the following: Queer Women; Butch-Stud; Female to Male; Transitional Age Youth; Women Coming Out of a Straight Marriage; Middle-Aged Men; Married/Formerly Married Gay/Bisexual Men; Queer men in their 20's-30's; Queer Femmes; Transgender/Transsexual Support Group; Partners of Trans and Gender-Variant; Senior Men;

Bi-sexual Women; Aging Queer Women; and Wicked Transcendent Folk (WTF) Gender Variet Group. A total of 500 individuals participated in support groups throughout the year. Demographic data on those served included the following:

<b>PARTICIPANT DEMOGRAPHICS N=500</b>	
<i>Participant Gender</i>	<i>Percent of Total Number Served</i>
Male	34%
Female	37%
Transgender - Female to Male	8%
Transgender - Male to Female	9%
Gender Non-Conforming*	12%
<b>Race</b>	
<i>Participant Race</i>	<i>Percent of Total Number Served</i>
African American	9%
Asian Pacific Islander	7%
Caucasian	67%
Native American	4%
Native Hawaiian	2%
Multi-racial	5%
Unknown/Not Reported	6%
<b>Ethnicity</b>	
<i>Participant Race</i>	<i>Percent of Total Number Served</i>
Hispanic/Latino	22%
Non-Hispanic/Non-Latino	78%
<b>Age Category</b>	
<i>Participant Age in Years</i>	<i>Percent of Total Number Served</i>
18-24	18%
25-44	41%
45-54	17%
55-61	12%
62 & up	12%

\* Individual identifies as neither male nor female, but as somewhere on the gender spectrum.

### **TAY Trauma Support Project**

Implemented through YEAH this project was originally implemented to provide trauma support group services for TAY who are suffering from the impact of trauma and/or other life stressors and are homeless, marginally housed, or housed but in need of supports. The project serves a wide range of youth from various cultural and ethnic backgrounds who share the common goal of living lives less impacted by trauma and more impacted by wellness. The project consists of the following four components: One-on-one sessions that assess individuals needs around trauma supports and support group readiness; psycho-educational support groups; youth social outings that provide TAY with exposure to healthy settings designed to enhance life skills and choices; and youth celebratory events that are held monthly to convene youth around a positive occasion, acknowledge the various small and large accomplishments of TAY participants, and build trust and community. Approximately 30-35 TAY receive services through this project a year.

In FY14, a Talking Circle group was implemented with members of the Seven Circles Foundation (an educational organization that promotes and supports spiritual practices based

on the ancient ways of Native American Indigenous People and brings these practices to the community at large to improve the quality of life for all). Youth also participated in a “Youth Matter” forum. Social outings included: a concert at the Greek Theater; going to see the film “The Waiting Room”; visiting the Oakland Private Industry Council; exploring the Chabot Space and Science Center, and going to the Berkeley Lawrence Livermore Lab. Youth also participated in various celebratory and/or holiday events that were conducted through the program during the reporting timeframe. In total, 21 TAY participated in this program. Demographics on youth served were as follows:

<b>CLIENT DEMOGRAPHICS N=21</b>	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	81%
Female	19%
<b>Race/Ethnicity</b>	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	38%
Asian Pacific Islander	5%
Caucasian	38%
Multi-racial	19%

### **Social Inclusion Program**

The Social Inclusion program was created to combat stigma, attitudes and discrimination around individuals with mental health issues. Through this program, a “Telling Your Story” group was formed that provides mental health consumers with opportunities to be trained, compensated and empowered to share their stories of healing in a supportive peer environment. When they feel ready, consumers can elect to be community presenters, sharing their inspirational stories at pre-arranged local public venues to dispel myths and educate others. This program serves approximately 5-10 individuals a year.

In FY14, the “Telling Your Story” group met twice a month to practice sharing their stories with each other. Members presented on a panel as part of the Intern Training program. A total of 25 unduplicated clients participated in the program during the reporting timeframe.

### **High School Youth Prevention Program**

This program operates in conjunction with other health related services offered at Berkeley High School (BHS) and Berkeley Technology Academy (BTA) to provide young people with the information and individual support they need to make positive and healthy decisions in their lives. The program includes: outreach activities designed to provide students with basic information around the risks of certain behaviors, and ways to protect themselves and make positive and safer decisions; classroom presentations to enable students to receive more in-depth information around a variety of health topics and available resources, and provide the opportunity for students to do a personal assessment of risk and current lifestyle choices; individual appointments to identify young people who may need more intensive intervention; and short-term treatment. The individual appointments, held at the school-based health center, provide young people with the opportunity to hold very in-depth discussions around the choices they are making and the risks that are involved in their choices. They receive guidance about

changes they can make to reduce or eliminate their risks, and are given the opportunity to identify barriers that might exist for them that prevent them from making healthier choices. In addition, they complete a 40 question, in-depth HEADSSS (Home, Education, Activities, Drugs/Alcohol, Sexuality, Safety, Suicidality) assessment. Based on the outcome of the individual appointment and/or assessment, a young person may be referred to either a medical or mental health professional for follow up care and intervention and/or treatment. Approximately 2600 Berkeley High School Students and 80 B-Tech students receive some level of services through this program each year.

This program was implemented in FY13 and has become a successful partnership between BUSD and the Public Health and Mental Health Divisions of Berkeley’s HHCS Department. As the program has developed, the staffing structure for the program has increased and evolved to better meet the needs of the participants of both BHS and B-Tech. Additionally, BMH has been involved in implementing and assessing the Cognitive, Behavioral, Intervention for Trauma in Schools (CBITS) as a model of care at these locations. The need for additional supports and resources for this program will continue to be accessed and adjusted accordingly.

In FY14, approximately 1,617 students received services through this project, completing a total of 7,935 visits. Demographics on those served were as follows:

<b>PARTICIPANT DEMOGRAPHICS N=1,617</b>	
<i>Participant Gender</i>	<i>Percent of Total Number Served</i>
Male	39%
Female	61%
Transgender	<1%
<b>Race/Ethnicity</b>	
<i>Participant Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	30%
Asian Pacific Islander	6%
Caucasian	29%
Hispanic/Latino	18%
Multi-racial	14%
Other	3%

**Community-Based Child & Youth Risk Prevention Program**

This program targets children and youth from un-served, underserved, and inappropriately served populations who are impacted by multiple risk factors including trauma, family or community violence, familial distress, and/or family substance abuse, (among other issues). The program is primarily community-based with some supports also provided in a few area schools. A range of psycho-educational activities provide information and supports for those in need. Services also include assessment, brief treatment, case management, and referrals to long term providers and other resources as needed. The main goals are to reduce risk factors or other stressors, and promote positive cognitive, social, and emotional well-being. This program serves approximately 110 Children & Youth a year.

Service availability was drastically reduced in FY14, as the full-time Clinician was out on Maternity Leave for the bulk of the year. BMH did not have the capacity to reassign the work during her absence. Following her return, she worked part-time and then resigned at the

beginning of June. As such, in FY14 a total of 14 youth received services through this program. Demographics on youth served were as follows:

<b>CLIENT DEMOGRAPHICS N=14</b>	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	71%
Female	29%
<b>Race/Ethnicity</b>	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	29%
Caucasian	7%
Hispanic/Latino	64%

### **Homeless Outreach Program**

Community program planning for the MHSA FY13 Update identified homeless and marginally housed individuals as those that have high priority needs for additional mental health services and supports. Various populations were identified that have specific mental health and healthcare acquisition needs of which the current system of care is either minimally serving or not addressing at all, including: women; elderly; and TAY, adults and older adults living on the streets or in area homeless encampments. As such a new program was added through the FY13 Annual Update that increases access to available resources for homeless individuals in Berkeley and Albany.

This program is implemented through Building Opportunities for Self-Sufficiency (BOSS), a local community-based organization. Those in need are outreached to and provided with supported referrals to area programs and resources. Program services include outreach, engagement, and linkage to mental health services and other resources. This program serves approximately 100 individuals. This program had not yet been implemented during the reporting timeframe.

### **INNOVATIONS (INN)**

Following a four month Community Planning Process the City of Berkeley's initial INN Plan was approved in February 2012. Subsequent Plan Updates were approved in May 2013, January 2014, June 2014 and January 2015. Per the initial INN Plan and/or through Plan Updates the following pilot projects were implemented from June 2012 – June 2015 through this funding component:

- A Community Empowerment project for African Americans;
- Services and supports for Ex-offenders re-entering the community, Veterans returning home from being deployed or at war, and their families;
- Cultural Wellness strategies for Asian Pacific Islanders;
- A Holistic Health care project for TAY;
- Technology Support Groups for senior citizens;
- Nutrition, Healthy Meal Preparation, and Exercise classes for Board and Care residents;

- Mental health services and supports for LGBTQI located in community agencies.

Beginning in May 2016 and continuing through July 2017, an evaluation will be conducted on each of the previously funded MHSA INN projects. During the same timeframe, community program planning will begin for potential projects and strategies to be funded through the next round of INN funds. Both evaluation and planning services will be conducted by Applied Survey Research, an outside consultant, who was chosen through a competitive RFP process.

Descriptions for each previously funded INN project and FY14 data are outlined below:

### **African American Community Empowerment Academy**

Implemented through McGee Avenue Baptist Church, located in the community of the target population, this project provided psycho-educational activities and supports for African American youth, Adults, and Older Adults living in South Berkeley. Appropriately named the “Umoja” (the Swahili word for Unity) Project as services focused on empowering participants around social, cultural and spiritual aspects of the African American heritage and enabled the exploration of key cultural issues such as “Post Traumatic Slavery Syndrome”. The project utilized an Afro-centric model that was implemented in a safe, non-threatening environment. The purpose of the project was to assess whether Cultural Heritage Training and Leadership Skill building activities would: improve the mental health of African American consumers; increase access for those who are in need but not currently receiving services; and build community advocates. The project served approximately 100 African Americans a year.

In FY14 the following services were provided:

**Support Groups for Youth, Women, and Men:** Support groups were separately provided for youth (11-17 years old); women (18-55 years old) and men (18-55 years old). Groups provided a safe listening forum for those experiencing stress as well as a medium to provide additional strategies and resources to empower at-risk families and individuals. There was also a “Mentor Fathers” group that met. Each group met weekly for approximately an hour and a half. Many of the men and women attending support groups were experiencing an array of other issues such as unemployment, substance abuse, and homelessness. Youth participants were impacted by issues of foster care, incarceration, gun violence, and/or mental and emotional trauma. The range of regular participants for each group in FY14 was as follows: 5-9 men; 4-10 women; and 8-12 youth.

Additional services included: Separate workshops in various community locations for Men, Women and Youth; Open forum groups for indigent adults in the community to identify issues of substance abuse, homelessness, violence, etc. which impact African Americans living in poverty; community workshops focusing on African American Child Rearing/Family Management, Family and Community Violence, Health and Substance Abuse, Stress and Anger Management, and Economic Management; Youth Advocacy workshops where trained youth leaders supported young people in leadership development and in coping with various aspects of physical and mental health issues including peer pressure, stress management, teen and family violence, substance abuse, self-esteem, sexual identity and body image, and general health and nutrition; and trainings for a cadre of Service Providers to increase understanding and supports around the specific and unique needs facing at-risk African American families in

South Berkeley. Bi-monthly Workshops and Community Services Forums conducted in the community and at churches proved to be very popular with regular attendance from approximately 20-50 participants. Approximately 15-20 youth regularly attended Youth Advocacy Workshops conducted through this project, and 86 individuals attended Service Provider Trainings held during the reporting timeframe.

### **Re-entry Systems Synergy**

Implemented through Options Recovery Services this project provided re-entry services for Ex-offenders and Veterans who were struggling with mental health and/or substance abuse disorders and provided supports for individuals and their families. The goal of this project was to understand whether participating in informal community-building activities that were offered in a supportive environment by peers, builds resiliency, increases knowledge and awareness, promotes successful re-entry into the community, and increases positive mental health outcomes for Ex-Offenders, Veterans and their families. A specific emphasis was placed on engaging Ex-Offenders who were coming into the community as a result of AB109, Public Safety Realignment (which shifted the responsibility and funding for non-serious, non-violent, non-sex offenders from the state to the local level), veterans who were returning to the community from being on deployment or at war; and family members of each targeted population. Services included specialized separate support groups tailored to address the specific needs of Ex-Offenders, Veterans, and their families. This project served approximately 100 TAY, Adult, and Older Adult Ex-Offenders, Veterans and their families members a year.

In FY14 the following services were provided:

**Ex-Offender Weekly Support Group:** These groups were incorporated into the structure of already existing Re-entry Groups for Ex-Offenders, and were conducted on a weekly basis. The Re-entry group addressed criminal and addictive thinking and covered the following: Cognitive Behavioral Therapy; socialization; money management; anger management; and drug and alcohol education. Groups were offered once a week for 90 minutes each.

**Veteran Weekly Support Group:** The Veterans Group addressed Veteran's needs to recover safety in their lives and to heal from combat-related trauma and Post Traumatic Stress Syndrome (PTSD) and substance abuse. The Veterans group offered support especially geared to treating Veterans who had combat stress reactions and who were dealing with the aftermath of combat experiences and/or are having issues around re-integrating back into the community and covered the following: Combat Stress and PTSD treatment; substance abuse education; life skills for returning Veterans; anger management; and stress reduction. Groups were offered once a week for 90 minutes each.

**Family Support Groups:** Support groups for family members of Ex-Offenders and Veterans met every two weeks for 90 minutes each session. These groups had a psycho-educational format providing a safe place where family members could receive information around relevant aspects to their family situation, and based on the group member's needs, were able to spend the session processing issues as they arose.

Through this project a total of 23 Ex-Offenders; 30 Veterans; and 54 Family Members were served. Demographics on those served include the following:

<b>DEMOGRAPHICS</b>			
<b>Ex-Offender Support Groups N=23</b>			
<i>Race/Ethnicity</i>	<i>Percent of Total Number Served</i>	<i>Age</i>	<i>Percent of Total Number Served</i>
African American	48%	26-35	17%
Asian Pacific Islander	9%	36-45	26%
Caucasian	30%	46-55	39%
Hispanic/Latino	9%	56-65	13%
Native American	4%	Unknown	5%
<b>Veteran Support Groups N=30</b>			
<i>Race/Ethnicity</i>	<i>Percent of Total Number Served</i>	<i>Age</i>	<i>Percent of Total Number Served</i>
African American	70%	16-25	3%
Caucasian	23%	26-35	4%
Hispanic/Latino	3%	36-45	17%
Unknown	4%	46-55	23%
		56-65	43%
		66-75	10%
<b>Family Support Groups N=54</b>			
<i>Race/Ethnicity</i>	<i>Percent of Total Number Served</i>	<i>Age</i>	<i>Percent of Total Number Served</i>
African American	54%	Under 16	6%
Asian	7%	26-35	13%
Caucasian	19%	36-45	17%
Hispanic/Latino	11%	46-55	37%
Mexican American	4%	56-65	10%
Unknown	5%	66-75	2%
		Unknown	15%

### **Wellness Strategy for Asian Pacific Islanders**

Implemented through Community Health for Asian Americans (CHAA), this project provided culturally appropriate mental health services and supports to un-served and underserved API communities. The goals of the project were to understand the main challenges and barriers to accessing and utilizing mental health services for API living in the Berkeley/Albany area. This project sought to understand this issue through testing whether culturally based activities that foster intergenerational interaction, support continuity in community narratives, build intercultural alliance, and improve the quality and density of social support, could result in a reduction of acculturative stress; promote healthy integration and wellness; and increase the access to, or the outcomes of, mental health services for underserved and un-served API's in Berkeley and Albany.

This project provided information, services and supports to immigrant women, elders and girls in the Tibetan and other immigrant/refugee communities in Berkeley and Albany. The project aimed to reach women (ages 16 and above) with particular attention to new immigrants, single mothers, victims of family and community violence, and elders. The project served approximately 150-200 API individuals a year. In FY14 the following services were provided:



**Capacity Development:** Services focused intentionally on Tibetan women in the Berkeley/Albany area as a pilot effort to develop a core group of women leaders and volunteers within one API community to be a possible model of engagement to replicate with women in other API communities. The project focused on building the capacity of this core team through Leadership Development training, and workshops designed to promote women's self-empowerment; increase API women's mental health and wellness in Berkeley and Albany; and develop a women-led culturally sensitive pilot model for decreasing API women's vulnerability to mental health disorders. Five women formed the core group, which met at a minimum twice per month. Core group participants assisted with forming the structure of the program by co-designing interventions and cultural wellness strategies and as such, had opportunities to fulfill their individual and collective sense of contribution toward the overall well-being of their respective communities, by serving as "change agents" and leaders of wellness activities.

**Outreach, Trainings and Workshops:** Workshops were provided throughout the year on important topics related to women, health, and well-being in an effort to raise awareness and increase knowledge and supports for women in API immigrant; refugee and asylee communities. Outreach and engagement activities were also conducted in the targeted community and at three local annual events.

**Cultural Wellness Activities:** Wellness workshops were conducted weekly for women of all ages, engaging approximately 172 women in the community through various organized cultural awareness activities. The purpose of the activities/workshops were to increase social supports; reduce cultural, social and linguistic isolation; reduce symptoms of depression, anxiety and trauma; and increase participants self-confidence, sense of integration, and sense of independence. Participants were introduced to new wellness techniques and concepts (such as: stress management and recognizing symptoms of contributing stressors to mental health) while honoring cultural modalities for mental health and wellness (such as: spirituality, traditional healing methods, dietary practices, etc.).

Approximately 172 individuals were reached through Core Group, Workshops, or Cultural Wellness activities. Demographics on those served include the following:

PARTICIPANT DEMOGRAPHICS N=172	
Race/Ethnicity	
<i>Participant Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
Tibetan	30%
Nepali	67%
Vietnamese	<1%
Burmese	<1%
Tongan	<1%
Chinese	<1%
Filipino	<1%
Age Category	
<i>Participant Age in Years</i>	<i>Percent of Total Number Served</i>
Under 18	6%
18-24	10%
25-59	81%
60+	3%

**Trauma Informed Holistic Health Care Delivery Model for Transition Age Youth (TAY)**

Implemented through the Niroga Institute this project provided holistic health services for TAY. The goals of the project were: to understand the impact and outcomes on the well-being of TAY who simultaneously received mental and physical health interventions; to ascertain whether various skills based interventions promoted positive health practices and healing; and to assess what the impact of receiving services in a culturally appropriate setting from an agency that provided culturally responsive services, had on the healing of traumatic issues. Originally envisioned to pilot test comprehensive holistic health services for the TAY population, this project focused on specific holistic health practices such as “Transformative Life Skills” (TLS, a multi-modality intervention that teaches yoga, breathing techniques and meditation), and trauma informed mental health supports, to assess whether these strategies improved the mental health outcomes of TAY participants. Approximately 40-80 TAY were served a year through this project.

In FY14 the following services were provided through this project:

**Community Engagement:** The project focused on providing in-depth mind-body trainings to Berkeley TAY-serving organizations, including BMH, and SEEDS (a Berkeley based non-profit specializing in mediation and restorative justice), offering 6-hour Transformative Life Skills (TLS) trainings and bi-monthly two hour coaching. Participants learned optimal tools and skills for their own stress management, resilience, self-care and healing from vicarious trauma, and how to integrate a 15-minute TLS protocol to be used as a dynamic mindfulness module in mental health and/or psycho-educational groups. Some responses to the training included the following:

- "Excellent training demonstrating the experiential as well as getting us to think about use personally and in our work."
- "I feel the 15-minute TLS protocol was definitely relaxing and more importantly FUN."

**BREATHE Campaign /Transformative Mindful Mentoring:** As a way to continue engaging youth who participated in the projects BREATHE Campaign to support their further healing and development, the project implemented a Transformative or Mindful Mentoring program. TAY participants included those from the projects previous year's BREATHE campaign, as well as those recruited from Berkeley schools, shelters, and other youth serving organizations. The BREATHE Transformative Mentoring program included:

- Monthly group meetings with TAY which included practicing TLS, creative arts, & discussion;
- One-on-one mentoring from the projects community yoga-involved volunteers;
- Development of a Youth Advisory Council;
- Referrals to Berkeley mental health, health care, education, and vocational assisting agencies and organizations;
- Free yoga classes at the projects studio.

Since this was a brand new addition to the project in FY14, the first 6 months of the project were spent on planning a timeline, creating a course outline, and hiring and training program coordinators. Outreach to potential mentors and mentees was conducted in December and January and the new program began in February.

**Community-Wide TLS:** In the first year of this project two short videos of TLS protocols, one for stress and one for trauma, were produced and made available on YouTube at [http://www.niroga.org/media/video-healing\\_yoga](http://www.niroga.org/media/video-healing_yoga) and at the following: <http://youtu.be/QAa6H3QHPL8> (for Trauma) and <http://youtu.be/ANDMZb86C10> (for Stress). Similar to a previous but shorter video, <https://itunes.apple.com/us/app/niroga-manage-your-stress/id513774378?mt=8>, that was produced in a previous year, these two videos were made available on the internet and as downloadable applications for the iPhone.

**TLS Community Capacity Building:** To build community capacity of TLS, a training retreat was held in the summer of 2014 for TAY leaders who were nominated by TAY-serving organizations. The purpose of the training was to prepare TAY to serve as TLS Peer Educators and act as role models of self-mastery in their communities playing a leadership role in driving ongoing COMBO meetings and orchestrating and sustaining the BREATHE campaign.

**Mental Health Supports:** The project collaborated with YEAH! (a TAY serving organization) to offer an off-site TLS training, and weekly TLS sessions to both TAY and staff at the YEAH! Shelter. By including YEAH! staff in this training, tools could be provided to assist them with managing stress and self-healing from vicarious trauma and to empower staff with the skills to offer TLS to TAY at any time at the shelter. A weekly Trauma-Informed Care group for TAY at the project's studio, was also offered for two hours every week to assist youth in dealing with the effects of trauma in their lives.

Across all project services, 111 TAY were served in FY14. Demographics on those served are as follows:

<b>PARTICIPANT DEMOGRAPHICS N=111</b>	
<i>Participant Gender</i>	<i>Percent of Total Number Served</i>
Men	53%
Women	44%
Unknown	3%
<b>Race/Ethnicity</b>	
<i>Participant Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	32%
Asian Pacific Islander	8%
Caucasian	23%
Hispanic/Latino	9%
Bi-Racial	9%
Mexican/American	1%
Native American	1%
Unknown/Not Reported	17%

**Senior 2 Senior Project**

Implemented through Albany Senior Center, this project provided Technology Support Groups for Senior Citizens in an effort to decrease isolation, increase social connections, and identify those in need of mental health services. The goals of the project were to understand whether issues of loneliness and isolation could be decreased and mental health positive outcomes could be increased in the Senior Citizen population through training and access to social media technologies and associated peer supports.

Services included weekly support groups that were implemented to provide access to, education on, and supports around new computer technologies (primarily iPADS) for Albany/Berkeley Senior Citizens. Services were structured as a 12 week series of weekly two hour Support Groups. Groups were held in a relaxed setting, promoting sharing, learning and mutual respect among participants enabling each individual to receive individualized attention, supports, and referrals as needed. This project served approximately 30 Senior Citizen adults (aged 50 and over) a year.

In FY14, three 12 week Technology Support Groups were conducted over the course of the year. Many group participants had a variety of accessibility issues including vision and hearing needs, and second language limitations. Part of the Support Group included demonstrations of solutions that the iPad technology has to these issues (such as: dictation, speak selection, zoom/enlarge, international keyboards and screens, etc.). The project also offered free door-to-door transportation for seniors who had limited mobility and/or who weren't otherwise able to easily or confidently get to class on their own.

Per self-observation ratings on a tool that was administered to individual's pre/post their participation in the support groups, both confidence and comfort in utilizing computer and touch screen devices and accessing email and the internet significantly increased among group members. Some of the comments received from participants were as follows:

- “This was a wonderful group and thanks to everyone I've gotten confidence to learn more about the new world of technology. Now I know what an iPad is”.

- “In learning to use my iPad, I was able to learn how to use my cell phone”.
- “I met all my goals, I can now email, take all kinds of pictures and get lots of information from the internet.”

Additionally, regarding reductions in isolation and loneliness, some of the group participant comments were as follows:

- “I enjoyed meeting new people and working with them in our learning process. I felt comfortable in the group and was inspired to explore and try new things”
- “I like the way we helped each other solve problems with how do you do that?”
- “I’ve met several new people and am sure I will continue to be in contact with this device.”

Some of the various information and referral resources that were provided include the following: Senior Helpline Service/Rides for Seniors; Grief Counseling; Caregiver Support Programs; AARP.org; SeniorCitizensDirectory.com; ASC Onsite Congregate Meal Program; Albany Taxi Subsidy Program; Over 60 Health Clinic; Respite Care; EyeCare America.org; ASC Shopping Bus program; Rosen Movement Class; Gentle Yoga Class; Mercy Brown Bag; CA Telephone Access Program; [www.flylady.net](http://www.flylady.net) (website for home de-cluttering support); Albany and City of Berkeley websites, etc.

Support Groups were so popular that many wanted to continue and as such, a weekly Drop-In Class (iPad Partners) was implemented. Through this additional class, an on-going follow-up support system was created for interested participants which included free access to personal senior volunteer tutors, and ongoing personal email and drop-in support for both technology and social service needs.

In all, a total of 29 individuals participated in Technology Support Groups, of whom when they graduated from the program received full ownership of their iPads. Demographics on group participants included the following:

<b>PARTICIPANT DEMOGRAPHICS N=29</b>	
<i>Participant Gender</i>	<i>Percent of Total Number Served</i>
Men	38%
Women	62%
<b>Race/Ethnicity</b>	
<i>Participant Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	10%
Asian Pacific Islander	21%
Caucasian	52%
Hispanic/Latino	14%
Mexican American	3%
<b>Age</b>	
<i>Participant Age in Years</i>	<i>Percent of Total Number Served</i>
46-55	4%
56-65	34%
66-75	34%
76-85	24%
86-95	4%

Additionally a total of 105 individuals continued their learning through the iPad Partners weekly Drop-In Class. Demographics on iPad Partner participants included the following:

<b>PARTICIPANT DEMOGRAPHICS N=105</b>	
<b>Race/Ethnicity</b>	
<i>Participant Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	3%
Asian Pacific Islander	37%
Caucasian	53%
Hispanic/Latino	7%
<b>Age</b>	
<i>Participant Age in Years</i>	<i>Percent of Total Number Served</i>
36-55	1%
46-55	2%
56-65	9%
66-75	35%
76-85	24%
86-95	6%
Unknown	23%

### **Board & Care Nutrition Project**

Implemented through Berkeley Food & Housing Project (BFHP), this project provided nutrition and exercise support services for Board and Care residents (in “Russell Street Residence”, or the “Transitional House” at the North County Women’s Center) in an effort to improve and/or prevent serious medical conditions and increase positive physical and mental health outcomes for mentally ill Adults and Older Adults. The goals of the project were to: improve participants knowledge and use of healthy foods and nutrition information; increase participants skills around acquiring and preparing healthy meals; have a positive change on participants Physical Health, as demonstrated through vital health signs; and to increase self-care, as demonstrated by changes in participants health habits. Samuel Merritt University (SMU) students supported each of the services conducted through this project which served approximately 25-45 Board and Care residents a year.

During FY14, the following services included:

**Nutrition Education and Cooking Instruction Class Component:** “Three Squares” provided Nutrition Education and Cooking Instruction classes on-site to interested participants in the target population. The Three Squares Team included a nutritionist and a chef who taught two hour nutrition classes for six weeks at each site. Cooking Instruction classes were also conducted in 30 minute sessions over a six month period. The chef prepared a meal each week for the residents and left behind extra produce so residents could cook meals for themselves. One session was even held at a grocery store in order to teach participants how to buy nutritious food at low prices.

**Walking and Exercise Program Component:** SMU students acted as Health Mentors for the residents and worked with participants through the following: leading walking groups, exercise, and activity groups; developing individualized nutrition and walking goals; conducting workshops on self-care including women’s wellness, self-esteem, self-image, and hygiene; and

providing mentoring and reinforcement to program participants. The Walking and Exercise project component was conducted in 30 minute sessions each, over a six month period, and was conducted weekly at each site. Residents at both sites were encouraged to participate in this component of the project. SMU students also took participants on field trips to the Farmer's Market, parks, and local grocery stores and developed creative approaches to incentivize residents to increase their physical activity by participating in various forms of exercise.

Additional services included Physical Exams that were conducted on each participant by Lifelong Medical Care who also monitored vital health signs. On-site primary care services enabled extensive follow-up for residents as needed. All services, including culinary, diet and nutrition instruction took place onsite to ensure accessibility and cultural competence, by building on the existing relationship and comfort residents have with their respective housing sites.

Client interviews revealed that most residents overwhelmingly increased their knowledge of healthy eating, including making healthier choices. Project participants regularly used recipes learned during the cooking classes, and showed increases in baking rather than frying, making smoothies, and preparing healthier meals. By project staff report, several participants showed initiative in changing their daily health habits, and buying and/or preparing healthier meals, and increasing their physical activity levels. The Walking groups were very successful. Several participants also took Yoga classes that were offered through the Niroga Institute which encouraged deep breathing, mindfulness, and stress reduction practices. In FY14, a total of 39 women participated in some aspect of the project. Demographics on those served were as follows:

<b>PARTICIPANT DEMOGRAPHICS N=39</b>	
<b>Race/Ethnicity</b>	
<i>Participant Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	61%
Asian Pacific Islander	3%
Caucasian	31%
Latino	5%
<b>Age</b>	
<i>Participant Age in Years</i>	<i>Percent of Total Number Served</i>
25-35	13%
36-45	21%
46-55	28%
56-65	31%
66-75	7%

**Improve the Access and Quality of Mental Health Services for LGBTQI Individuals**

Implemented through Pacific Center for Human Growth, this project provided no-cost mental health services and supports to LGBTQI-identified residents at collaborating off-site agencies where other public social services were being provided. The main goals of the project were to better understand the needs of those who are marginalized from multiple perspectives; and to gauge whether LGBTQI individuals would be more accepting of mental health services and have better mental health outcomes when culturally competent individuals met them in their own settings (i.e., agencies where they are already accessing other services). An additional goal

was to determine if providing competency training on LGBTQI issues for agencies that do not specifically provide such services, improved the mental health outcomes for their LGBTQI clients. Approximately 20-30 LGBTQI TAY, Adults and Older Adults were served through this project a year.

In FY14, interns were trained and collaborations were formed with the following partner sites: North Berkeley Senior Center; Jewish Family & Children’s Services; Berkeley Adult School; and the Center for Independent Living. Mental Health services at collaborating sites began to be provided in October 2012. Approximately 105 LGBTQI individuals (and the agencies serving them) received information on relevant community services and supports. Two Cultural Competency trainings were conducted, providing training for 65 staff personnel. Evaluations conducted following the trainings revealed that 40 staff reported an increase in their knowledge of LGBTQI issues and 45 staff reported increases in their skills in serving LGBTQI individuals. According to client and care-provider reports, individuals served through this project showed improved treatment outcomes including: staying in treatment; expressing a willingness to return for services; and a better overall treatment experience. Over the course of the year a total of 43 individuals received mental health services and supports. Demographics on those served included the following:

<b>CLIENT DEMOGRAPHICS N=43</b>	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	63%
Female	33%
Transgender	4%
<b>Race/Ethnicity</b>	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	9%
Asian Pacific Islander	12%
Caucasian	72%
Hispanic/Latino	5%
Multi-Racial	2%
<b>Age Category</b>	
<i>Client Age in Years</i>	<i>Percent of Total Number Served</i>
18-25	2%
26-35	0%
36-45	2%
46-55	2%
56-65	21%
66-75	56%
76-85	17%



## **WORKFORCE, EDUCATION & TRAINING (WET)**

The City of Berkeley WET Plan was approved in July 2010 by DMH for a total amount of \$656,900 to be utilized on local programs through FY18. A subsequent update was approved in May 2013. Specific programs in the approved WET Plan include:

- Peer Leadership Coordination;
- Staff Development and MSHA Training;
- High School Career Pathways Program;
- Graduate Level Training Stipend Program;
- Peer Leader Stipend Program.

Since the approval of the original WET Plan, BMH has undergone several re-organizations and has had many staff changes or vacancies within key positions, all of which have had a significant impact on the implementation of WET Programs. While various trainings have been conducted, most WET programs are still currently in the very early stages of implementation.

Descriptions for each WET funded program along with a report on program activities, is outlined below:

### **Peer Leadership Coordination**

The Peer Leadership program trains mental health consumers to be providers of mental health services themselves, and to provide leadership within the mental health consumer community. Per the approved WET plan, a Peer Leader Coordinator will provide and coordinate training for consumers, and family members, including those from culturally and linguistically diverse communities to increase the necessary skills that will enable participants to be secure consumer and family member positions in the mental health system as they open up; and participate on BMH committees and Boards. In this capacity, the Peer Leader Coordinator will: Develop peer and family training opportunities through the BMH WET Peer Leader Stipend program; provide oversight of these training opportunities and mentoring of the trainees; develop a system to distribute stipends for Peer Leaders; act as a liaison with local community based programs; work in collaboration with other BMH staff; assist in the development of learning collaborations with local community colleges, adult schools and peer agencies; and provide wellness and recovery-based organizing in diverse Berkeley and Albany communities. Additionally, the Peer Leader Coordinator will work on the development of workforce pipeline strategies for mental health consumers and family members

Up through early FY 2016, the Peer Leader Coordinator has been involved in helping to conceptualize this program including working with staff, BMH leadership and Human Resources around program planning and development. The Peer Leader Coordinator has also been involved in building relationships in the community, and working with Alameda County around complimentary programming. Beginning in July 2017, the Peer Leader Coordinator will oversee the Alameda County Network of Mental Health Clients (ACNMHC) who will implement this program. ACNMHC will provide a 12 week introductory Peer Support Specialist Training and supervised internship at BMH for up to 12 mental health consumers. Following the introductory course, BestNow! (one of the five programs that is under the umbrella of the ACNMHC) which

focuses on providing training, placement and support to mental health consumers in internships as Peer Specialists, will reserve space in an annual Bestnow! Peer Specialist Training for up to six Peer Leadership program participants.

### **Staff Development and MHSA Training**

This WET component implements training for BMH staff and those from affiliated community agencies in an effort to transform the system of care. The BMH Training Coordinator is active on the Greater Bay Area Mental Health and Education Workforce Collaborative (GBAWET) and facilitates a Training Committee that meets bi-monthly to set priorities for the Division. Training topics include, but are not limited to MHSA related core concepts, including: wellness and recovery; resiliency; cultural competency; community collaboration; and innovative and best practices etc. In FY14, the DMC implemented the following trainings through this component:

- Trauma Informed Services Training - November 6, 2013 - (an estimated 28 individuals attended this training). Attendees included staff, service providers and residents.
- COMBO (Community Mind-Body) Workshop – November 23, 2013 (25 individuals attended the training). Attendees included staff and service providers.
- Law and Ethics for Mental Health, Behavioral Health and Health Care Providers – February 4, 2014 (25 individuals attended this training). Attendees included staff and service providers.
- Advance Motivational interviewing – March 19, 2014 – (23 individuals attended this training). Attendees included staff and service providers.
- Cognitive Behavioral Intervention for Trauma in School (CBITS) – June 19, 2014 – (29 individuals attended this training). Attendees included staff and service providers.
- Suicide Prevention and Intervention Training – June 30, 2014 – (27 individuals attended this training). Attendees included staff and service providers.

### **High School Career Pathways Program**

Through this program BUSD has implemented a curriculum and mentoring program for youth designed to provide opportunities that support student's interest in pursuing a career in the mental health field. This project was just recently implemented in FY15. During this timeframe, BMH FYC, provided internships to two Berkeley High School students.

### **Graduate Level Training Stipend Program**

Per the original WET Plan, this program offers stipends to Psychologists, Social Workers, Marriage and Family Therapists and other counseling trainees and interns who have cultural and linguistic capabilities. Through this program guidelines were developed and a system was implemented to recruit and provide incentives to those meeting criteria, thereby allowing BMH to attract a more culturally and linguistically diverse pool of graduate level trainees and interns. In FY16, this program was implemented and currently offers stipends to all counseling trainees and interns at BMH.

### **Peer Leader Stipend Program**

Per the original WET Plan, this program, under the direction of the Peer Leader Coordinator, will provide opportunities for peer leaders to take active roles on Division committees, and/or serve in direct service positions in the clinics. As part of participating in various leadership or peer counselor positions, consumers and family members will be offered stipends. These opportunities will help prepare consumers and their family members for roles within the public mental health system. This program goes in tandem with the Peer Leadership Coordination program and will be implemented in July 2017.

### **CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)**

The original City of Berkeley CFTN Plan was approved by DMH in April 2011, with an update to the in May 2015. Program descriptions and a report on activities for each funding category are outlined below:

The City of Berkeley was previously allocated \$1,432,100 in MHSA Capital Facilities and Technological Needs (CFTN) funds. This funding component allows monies to be utilized on either renovations of City owned buildings where mental health services are provided, or technological upgrades to mental health data systems, or both. In 2011, the City of Berkeley CFTN Plan was developed and approved. This plan allocated \$816,050 towards renovating the Adult Mental Health Clinic to create a safe, welcoming environment that is consumer and family friendly. The Adult Clinic serves Berkeley's most at-risk and fragile population through crisis intervention, case management, individual/or group therapy, and psychiatric medication support. FSP/Intensive Case Management Teams, Clinical services, Mobile Crisis, and Homeless Outreach. In its current condition, use of the Adult Clinic space 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. In addition to electrical, HVAC and other environmental upgrades, it was originally envisioned that CFTN funds would be used to re-configure shared work spaces to increase safety; improve clinical, wellness/recovery, support services, and administrative functions; and support the implementation of electronic health records and other emerging technologies.

Per the approved CFTN Plan, the remaining \$616,050 funds were approved to be used to locally achieve the goals of implementing a fully operable Electronic Health Records (EHR) system and to provide consumer access to personal health information. It was envisioned that the City of Berkeley would partner with Alameda County regarding the EHR system that would be implemented.

Between the approval of the original CFTN Plan and the development of the MHSA FY14/15 - 16/17 Three Year Program and Expenditure Plan, BMH obtained architectural renderings and a more detailed assessment of the projected costs to fully renovate the Adult Clinic, finding that the amount that was originally allocated towards this project was not enough. The projected expenditures are expected to be roughly 3.7 million dollars.

Per MHPA statute, (Welfare and Institutions Code, Section 5892(b)): *“In any year after 2007–08, programs for services pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850) of this division may include funds for technological needs and capital facilities, human resource needs, and a prudent reserve to ensure services do not have to be significantly reduced in years in which revenues are below the average of previous years. The total allocation for purposes authorized by this subdivision shall not exceed 20 percent of the average amount of funds allocated to that county for the previous five years pursuant to this section.”*

As a result of this MHPA legislation, through the stakeholder process and the previously approved MHPA FY14/15 - 16/17 Three Year Program and Expenditure Plan BMH reallocated the allowable amount of CSS FY15 and FY16 funds, \$755,205 and \$753,949 respectively, towards the renovation of the Adult Clinic. Additionally, through the same process and approved plan, the previously designated and approved, but still unused Technological Needs funds in the amount of \$616,050, were also re-allocated towards this renovation project. Together with the Capital Facilities funding amount of \$816,050, this has enabled a total of \$2,941,100 of MHPA funds to be available for the renovation of the Adult Clinic.

At present, this renovation project is still in the design phase of implementation. A building has been located where the Adult Clinic staff will move and resume operations during the renovation. The lease has been signed and modifications to the space will soon be underway to ensure it will work for clinic operations.

### FY14 AVERAGE COST PER CLIENT

<b>COMMUNITY SERVICES &amp; SUPPORTS</b>			
<b>Program Name</b>	<b>Approx. # of Clients</b>	<b>Cost</b>	<b>Average Cost Per Client</b>
Children's Intensive Support Services FSP	Data not available	N/A	Data not available
TAY, Adult & Older Adult FSP	66	\$1,268,679	\$19,222
TAY Support Services	29	\$101,768	\$3,509
Wellness Recovery System Integration (includes: Wellness Recovery Services; Family Advocacy; Employment/Educational Services; Housing Services and Supports)	448	\$290,094	\$648
Benefits Advocacy	18	\$20,000	\$1,111
<b>PREVENTION &amp; EARLY INTERVENTION</b>			
BE A STAR	1,037	\$99,409	\$96
Supportive Schools Program	361	\$35,000	\$97
Albany Trauma Project	344	\$53,040	\$154
Living Well Project	76	\$26,520	\$349
Harnessing Hope Project	46	\$26,520	\$576
LGBTQI Trauma Project	339	\$26,520	\$78
TAY Trauma Project	21	\$26,520	\$1,240
Social Inclusion Project	10	\$10,000	\$1,000
Community Child & Youth Risk Prevention Program	14	\$119,259	\$8,518
High School Youth Prevention Program	1,617	\$261,177	\$162
<b>INNOVATIONS</b>			
African American Community Empowerment Project	187	\$20,630	\$110
Re-entry Systems Synergy	107	\$20,630	\$193
Wellness Strategy for API	172	\$20,630	\$120
Trauma Informed Holistic Health Care for TAY	111	\$20,630	\$186
Senior 2 Senior Project	134	\$20,630	\$154
Board & Care Nutrition Project	39	\$20,630	\$529
Improve Mental Health Quality for LGBTQI	43	\$20,630	\$480

# **PROGRAM BUDGETS**

**FY 2015/16 Mental Health Services Act Annual Update  
Funding Summary**

County: City of Berkeley

Date: 4/25/16

	MHSa Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2015/16 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	4,960,652	1,757,505	442,764	483,492	1,436,640	
2. Estimated New FY 2015/16 Funding	3,078,305	769,576	202,520			
3. Transfer in FY 2015/16 <sup>a/</sup>	(1,508,974)				1,508,974	
4. Access Local Prudent Reserve in FY 2015/16						0
5. Estimated Available Funding for FY 2015/16	6,529,983	2,527,081	645,284	483,492	2,945,614	
<b>B. Estimated FY 2015/16 MHSa Expenditures</b>	3,197,492	1,226,906	194,834	204,395	1,000,000	
<b>G. Estimated FY 2015/16 Unspent Fund Balance</b>	3,332,491	1,300,175	450,450	279,097	1,945,614	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2015	
2. Contributions to the Local Prudent Reserve in FY 2015/16	0
3. Distributions from the Local Prudent Reserve in FY 2015/16	0
4. Estimated Local Prudent Reserve Balance on June 30, 2016	0

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

**FY 2015/16 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Funding**

County: City of Berkeley

Date: 4/25/16

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>FSP Programs</b>						
1. TAY, Adult & Older Adult FSP	1,356,796	1,356,796				
2. Children's FSP	345,368	345,368				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>Non-FSP Programs</b>						
1. Multicultural Outreach & Engagement	305,563	305,563				
2. System Development, Wellness & Recovery	733,638	733,638				
3. Crisis Services	90,242	90,242				
4. Tier 1-3	10,000	10,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>CSS Administration</b>	355,885	355,885				
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	3,197,492	3,197,492	0	0	0	0
<b>FSP Programs as Percent of Total</b>	53.2%					



**FY 2015/16 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding**

County: City of Berkeley

Date: 4/25/16

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs - Prevention</b>						
1. Homeless Outreach	25,000	25,000				
2. Community Based Children & Youth Risk	39,252	39,252				
3. High School Prevention Program	91,737	91,737				
4. Social Inclusion	10,000	10,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>PEI Programs - Early Intervention</b>						
11. Be a Star	109,460	109,460				
12. Supportive School Program	55,000	55,000				
13. Community Education & Supports	159,120	159,120				
14. High School Prevention Program	275,212	275,212				
15. Homeless Outreach	75,000	75,000				
16. Community Based Children & Youth Risk	117,717	117,717				
17.	0					
18.	0					
19.	0					
20.	0					
<b>PEI Administration</b>	269,408	269,408				
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	1,226,906	1,226,906	0	0	0	0

**FY 2015/16 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: City of Berkeley

Date: 4/25/16

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. Trauma Informed Care	180,000	180,000				
2. Planning	7,334	7,334				
3. Evaluation	7,500	7,500				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	0					
<b>Total INN Program Estimated Expenditures</b>	<b>194,834</b>	<b>194,834</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**FY 2015/16 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding**

County: City of Berkeley

Date: 4/25/16

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. Peer Leadership Stipend Program	72,000	72,000				
2. High School Career Pathways Program	7,000	7,000				
3. Graduate Level Training Stipend Program	25,000	25,000				
4. Staff Development and MHSA Training	100,395	100,395				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
21.	0					
22.	0					
<b>WET Administration</b>	0					
<b>Total WET Program Estimated Expenditures</b>	204,395	204,395	0	0	0	0

**FY 2015/16 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Funding**

County: City of Berkeley

Date: 4/25/16

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Adult Clinic Renovation	1,000,000	1,000,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	1,000,000	1,000,000	0	0	0	0

**FY 2016/17 Mental Health Services Act Annual Update  
Funding Summary**

County: City of Berkeley

Date: 4/25/16

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2016/17 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	3,332,491	1,300,175	450,450	279,097	1,945,614	
2. Estimated New FY 2016/17 Funding	4,269,880	1,067,470	280,914			
3. Transfer in FY 2016/17 <sup>a/</sup>	0					
4. Access Local Prudent Reserve in FY 2016/17						0
5. Estimated Available Funding for FY 2016/17	7,602,371	2,367,645	731,364	279,097	1,945,614	
<b>B. Estimated FY 2016/17 MHSA Expenditures</b>	4,168,965	1,448,377	299,666	150,186	1,255,050	
<b>G. Estimated FY 2016/17 Unspent Fund Balance</b>	3,433,406	919,268	431,698	128,911	690,564	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2016	
2. Contributions to the Local Prudent Reserve in FY 2016/17	0
3. Distributions from the Local Prudent Reserve in FY 2016/17	0
4. Estimated Local Prudent Reserve Balance on June 30, 2017	0

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

**FY 2016/17 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Funding**

County: City of Berkeley

Date: 4/25/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. TAY, Adult & Older Adult FSP	1,656,191	1,656,191				
2. Children's FSP	426,822	426,822				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>Non-FSP Programs</b>						
1. Multicultural Outreach & Engagement	313,193	313,193				
2. System Development, Wellness & Recovery	762,625	762,625				
3. Crisis Services	86,241	86,241				
4. Tier 1	10,000	10,000				
5. Homeless Outreach and Treatment Team	384,505	384,505				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>CSS Administration</b>	529,388	529,388				
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	4,168,965	4,168,965	0	0	0	0
<b>FSP Programs as Percent of Total</b>	50.0%					

**FY 2016/17 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding**

County: City of Berkeley

Date: 4/25/16

	<b>Fiscal Year 2016/17</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs - Prevention</b>						
1. Homeless Outreach	25,000	25,000				
2. Community Based Children & Youth Risk	38,569	38,569				
3. High School Prevention Program	92,237	92,237				
4. Social Inclusion	10,000	10,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>PEI Programs - Early Intervention</b>						
11. Be a Star	112,833	112,833				
12. Supportive School Program	55,000	55,000				
13. Community Education & Supports	167,076	167,076				
14. High School Prevention Program	284,631	284,631				
15. Homeless Outreach	75,000	75,000				
16. Community Based Children & Youth Risk	118,307	118,307				
17. Homeless Outreach & Treatment Team	196,225	196,225				
18.	0					
19.	0					
20.	0					
<b>PEI Administration</b>	273,499	273,499				
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	1,448,377	1,448,377	0	0	0	0

**FY 2016/17 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: City of Berkeley

Date: 4/25/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
1. TBD	270,000	270,000				
2. Planner	15,000	15,000				
3. Evaluator	14,666	14,666				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	0					
<b>Total INN Program Estimated Expenditures</b>	299,666	299,666	0	0	0	0



**FY 2016/17 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding**

County: City of Berkeley

Date: 4/25/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. Peer Leadership Stipend Program	72,000	72,000				
2. High School Career Pathways Program	7,000	7,000				
3. Graduate Level Training Stipend Program	25,000	25,000				
4. Staff Development and MHSa Training	46,186	46,186				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
21.	0					
22.	0					
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>	150,186	150,186	0	0	0	0

**FY 2016/17 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Funding**

County: City of Berkeley

Date: 4/25/16

	<b>Fiscal Year 2016/17</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Adult Clinic Renovation	1,255,050	1,255,050				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	1,255,050	1,255,050	0	0	0	0