Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: September 16, 2020

Documents Pertaining to 9/24/20 Agenda items:

	• Attachment – MHSA meeting dates/Information • Email – Digital Mental Health / Telehealth Articles • Attachment – NAMI – Covid-19 Resource and information guide • Memo – Resumption of certain boards and commission meetings (Dee Williams- Ridley)	289 290 291 313

Health, Housing & Community Service Department
Mental Health Commission

Berkeley/ Albany Mental Health Commission

Regular Meeting
Thursday, September 24, 2020

Time: 7:00 p.m. - 9:00 p.m. **Zoom meeting** https://zoom.us/j/97339470197

Public Advisory: Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, this meeting of the Mental Health Commission will be conducted exclusively through teleconference and Zoom Videoconference. Please be advised that pursuant to the Executive Order and the Shelter-in Place Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, there will not be a physical meeting location available.

To access the meeting remotely: Join from a PC, Mac, and IPad, IPhone or Android device: Please use the URL: https://zoom.us/j/97339470197. If you do not wish for your name to appear on the screen, then use the drop down menu and click on "rename" to rename yourself to be anonymous. To request to speak, use the "raise hand" icon by rolling over the bottom of the screen.

To Join by phone: Dial 1-669-900-9128 and enter the meeting ID 973-3947-0197. If you wish to comment during the public comment portion of the agenda, Press *9 and wait to be recognized by the Chair.

Please be mindful that the teleconference will be recorded, and all other rules of procedure and decorum will apply for Council meetings conducted by teleconference or videoconference.

All agenda items are for discussion and possible action

Public Comment Policy: *Members of the public may speak on any items on the Agenda and items not on the Agenda during the initial Public Comment period. Members of the public may also comment on any item listed on the agenda as the item is taken up. Members of the public may not speak more than once on any given item. The Chair may limit public comment to 3 minutes or less.*

AGENDA

7:00pm

1. **Roll Call**
2. **Preliminary Matters**
   - **a.** Action Item: Agenda Approval
   - **b.** Public Comment
   - **c.** Action Item: Approval of the February 27, 2020 Minutes

3. **Mental Health Service Act -3-year plan Presentation by Karen Klatt MHSA Coordinator**
4. **Interview and vote on nomination of boona cheema to the Mental Health Commission**
5. **Interview and vote on nomination of Margaret Fine to the Mental Health Commission**
6. **Discussion of mental health crisis services, including models and funding of mental health crisis services**
7. **Discussion and Possible Action on Subcommittee Reports**
   a. Mobile Crisis Subcommittee Report
8. **Prioritize Agenda Items of October Meeting**
9. **Adjournment**

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Contact person: Jamie Works-Wright, Mental Health Commission Secretary (510) 981-7721 or Jworks-wright@cityofberkeley.info

Communication Access Information: This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. ***Please refrain from wearing scented products to this meeting. Attendees at trainings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs.*** *Thank you.*

SB 343 Disclaimer

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection in the SB 343 Communications Binder located at the Adult Clinic at 1521 University Ave, Berkeley, CA 94703

Department of Health,
Housing & Community Services
Mental Health Commission

Berkeley/Albany Mental Health Commission
Draft Minutes

7:00pm
1947 Center Street
Basement, Multi-Purpose Room

Regular Meeting
February 27, 2020

Members of the Public Present: Shale Well (?), Andrew Phelps
Staff Present: Jeffrey Buell, Fawn Downs, Steve Grolnic-McClurg, Jamie Works-Wright

1. **Call to Order at 7:00pm**
   Commissioners Present: Erlinda Castro, boona cheema, Margaret Fine, Paul Kealoha-Blake, Maria Moore, Edward Opton, Andrea Prichett **Absent:** Cheryl Davila (arrived 7:10)

2. **Preliminary Matters**
   A. **Approval of the January 23, 2020 Agenda**
   M/S/C (Prichett, Opton) Motion to approve the February 27, 2020 Agenda– PASSED
   Ayes: Castro, cheema, Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None;
   Abstentions: None; **Absent:** Davila

   B. **Public Comment** –
   M/S/C (Prichett, Option) * Motion to take public comment after the presentation of Berkeley Crisis Services
   PASSED
   Ayes: Castro, cheema, Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None;
   Abstentions: None; **Absent:** Davila

   C. **Approval of the January 23, 2020 Minutes**
   M/S/C (Fine, Castro) Motion to approve the January 23, 2020 minutes – PASSED
   Ayes: Castro, cheema, Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None;
   Abstentions: None; **Absent:** Davila

- **Motion that Margaret will present this background information at the beginning of the Berkeley Crisis Service Presentation**
  M/S/C (Fine, Prichett) – PASSED
  Ayes: cheema, Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None;
  Abstentions: Castro; **Absent:** Davila

3. **Presentation – Berkeley Crisis Service: Mobile Crisis team, current status and updates – Jeffery Buell – No motion**

4. **Commissioners' Manual – Fine shared Abridged Manual - No motion**

5. **Elections for the offices of Chair and Vice Chair –**
   M/S/C (Kealoha-Blake, Prichett) Motion to nominate Margaret Fine for Chair- PASSED
   Ayes: cheema, Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** Castro; **Abstentions:** None; **Absent:** Davila

   M/S/C (Opton, Fine) Motion to nominate Andrea Prichett for Vice Chair- PASSED
   Ayes: Castro, cheema, Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None; **Abstentions:** None; **Absent:** Davila

6. **Recommendation to City Council to declare "May is Mental Health Month"**
   M/S/C (Opton, Prichett) Motion to send the resolution and declare it done to request to declare that May is Mental Health Month – PASSED
   Ayes: Castro, cheema, Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None; **Abstentions:** None; **Absent:** Davila

7. **Discussion and Possible Action on Subcommittee Reports**
   A. **Planning Subcomittee for LGBTQQI2-S People of Color staff Training**
      No Motion – Updates

   B. **Human Rights Subcommittee Report -**
      M/S/C (Fine, Prichett) The Human Rights Subcommittee produce an action item for the city council affirming that Mental Health as a human rights send the resolution and declare it done to request to declare that May is Mental Health Month – PASSED
      Ayes: Castro, cheema, Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None; **Abstentions:** None; **Absent:** Davila

   C. **Audit Subcommittee Report**
      M/S/C (cheema, Kealoha-Blake) Motion that the Audit Subcommittee will now be known as the Accountability Subcommittee – PASSED
      Ayes: Castro, cheema, Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None; **Abstentions:** None; **Absent:** Davila

*** M/S/C (cheema, Opton) Motion to extend the meeting by 10 minutes pass - PASSED**
Ayes: Castro, cheema, Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None
Abstentions: None; **Absent:** Davila

   D. **Mobile Crisis Subcommittee Report – No Motion**

8. **Mental Health Manager Updates - Steve Grolnic-McClurg – No motion taken**

9. **Berkeley Mental Health Staff Announcements –** MHC Secretary passed out the CALBHB/C Bay Area Regional Meeting & Training tentative and the "Bedlum"

10. Prioritize Agenda Items for March Meeting – None

11. Announcements – None

12. Adjournment – 9:11pm
M/S/C (boona, Fine) Motion to adjourn the meeting – PASSED
Ayes: cheema, Fine, Kealoha-Blake, Moore, Opton, Prichett **Noes:** None**;**
Abstentions: None**; Absent:** Davila

Minutes submitted by: _____
Jamie Works-Wright, Commission Secretary

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

FY2020/21 - 2022/23
Three Year Program and Expenditure Plan

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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 was 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 (CSS): Primarily provides treatment services and supports for Severely Mentally Ill Adults and Seriously Emotionally Disturbed Children and Youth.

- Prevention & Early Intervention (PEI): 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 (INN): For short-term pilot projects designed to increase new learning in the mental health field.
- Workforce, Education & Training (WET): 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 (CFTN): 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 children, youth and Transition Age Youth (TAY), adults, and older adults 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 unserved and underserved in the mental health system. In Berkeley these have included: Asian Pacific Islanders (API); Latinos; Lesbian,

Gay, Bi-Sexual, Transgender, Queer/Questioning, Inter-Sexed, Agender, Plus others (LGBTQIA+); 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 an 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 a 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 set period, three years for CSS and PEI and five years for INN funds. Workforce, Education & Training and Capital Facilities and Technological Needs funds had initial expenditure time periods of 10 years each, and had to be utilized by the end of Fiscal Year 2018 or 2019. Per the City Council approved MHSA AB114 Reversion Expenditure Plan some CFTN and WET projects were continued past the original timeframes.

MHSA legislation requires mental health jurisdictions to provide updates on MHSA Plans on an annual basis and an integrated Program and Expenditure Plan must also be developed every three years. Currently, the City of Berkeley Mental Health (BMH) Division has an approved MHSA FY2017/18 - 2019/20 Three Year Program and Expenditure Plan and Annual Updates to that 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 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 unserved, underserved and inappropriately served populations;
- Increased mental health prevention, and intervention services for children and youth in area schools and communities;
- Augmented Homeless Outreach and treatment services;
- A Transitional Outreach Team; and
- Funding for increased services for Senior Citizens and the API population.

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 unserved, underserved and inappropriately served populations, among other community stakeholders.

MHSA funding is based on a percentage of the total population in a given area. The amount of MHSA funds the City of Berkeley receives is comprised of a calculation based on the total population in Berkeley. MHSA funding have been utilized to provide mental health services and supports in Berkeley. Additionally, since Fiscal Year 2011 (FY11), the City of Berkeley has also utilized a portion of MHSA funds to provide services in the City of Albany, although Albany is a part of the Alameda County total population. As agreed to in contract negotiations, with the Alameda County Behavioral Health Care Services (ACBHCS), beginning in FY21 the City of Berkeley will only be using MHSA funds for services and supports in Berkeley. Going forward, ACBHCS will provide MHSA funded services in Albany.

This City of Berkeley MHSA FY2020/2021 – 2022/2023 Three Year Program and Expenditure Plan (Three Year Plan) is a stakeholder informed plan that provides an update to previously approved MHSA Plans and Updates. This Three Year Plan summarizes proposed program changes and additions, includes descriptions and updates of currently funded MHSA services, and provides a reporting on FY2018/19 (FY19) program data.

Community program planning for this Three Year Plan was conducted during a global pandemic and public outcry for racial justice and police reform following the murder of George Floyd. Both crises have further exposed the pervasive racial, social and health inequities that exist and detrimentally impact African Americans and other communities of color.

In response to public input received through MHSA Community Program Planning and from a variety of other local gatherings and venues, one of the additions the Division is proposing through this Three Year Plan is to increase funding in the Prevention and Early Intervention Community Education and Supports program to provide additional services for the African American, Latinx, and LGBTQIA+ populations. Information on public comments received can be found in the "Community Program Planning" section, and the proposed program addition can be located in the "Proposed New Funding Additions" section of this Three Year Plan.

MESSAGE FROM THE MENTAL HEALTH MANAGER

The MHSA FY21, FY22, and FY23 Three Year Plan comes at a time when we are facing unprecedented challenges and some unique opportunities to improve care. The Covid-19 pandemic has upended so many parts of everyone's lives, and has caused both the Mental Health Division and our contracted providers to quickly pivot to new ways of providing services. At the same time, the murder of George Floyd and the subsequent Black Lives Matter protests have led to a huge amount of community input on the need to remove law enforcement from mental health services and the need to provide better supports and services for communities of color. This input echoes many years of input from the community about devastating racial health inequities. It has been a period of needing to both take swift action to revise services, and to carefully listen to the voices of those whose communities require new and improved services.

The Covid-19 pandemic has deeply impacted the economy, and in Mental Health, much of our revenue is tied to the taxes in California. The MHSA funds are incredibly sensitive to the income of the most well off residents of California, and we are looking at several years of uncertainty regarding the amount of funding we will receive. While we include the most recent projections of MHSA funds for the City of Berkeley for FY 21, 22, and 23, it is not clear how accurate these projections will be. In this three year plan we are increasing even though our funding is projected to decrease over these three years, and we will have to closely monitor both expenditures and revenue and adjust as needed in the MHSA Plans for FY22 and FY23. That said, given the overwhelming need, we are increasing funding in several areas in an effort to be responsive to community input.

Several programs and processes funded through previous MHSA Plans have begun or will begin in the coming year. Notably, the Berkeley Wellness Center is now operating; the Adult Mental Health Clinic renovation will be completed and the building at 2640 Martin Luther King will begin providing services in FY21; the Mental Health Division will be developing Results Based Accountability (RBA) outcome measures for all programs in FY21; and the Homeless Full Service Partnership will being providing intensive wraparound services for homeless individuals in FY21. The projects all reflect a commitment to provide welcoming, consumer focused services in a way that is transparent to the community.

The mental health division presents the City of Berkeley's MHSA FY21, FY22, and FY23 Three Year Plan with gratitude for all the hard work that went into the programs it describes. Our community partners, consumers, Mental Health Commission, and City staff all deserve appreciation for their efforts, input, and partnership.

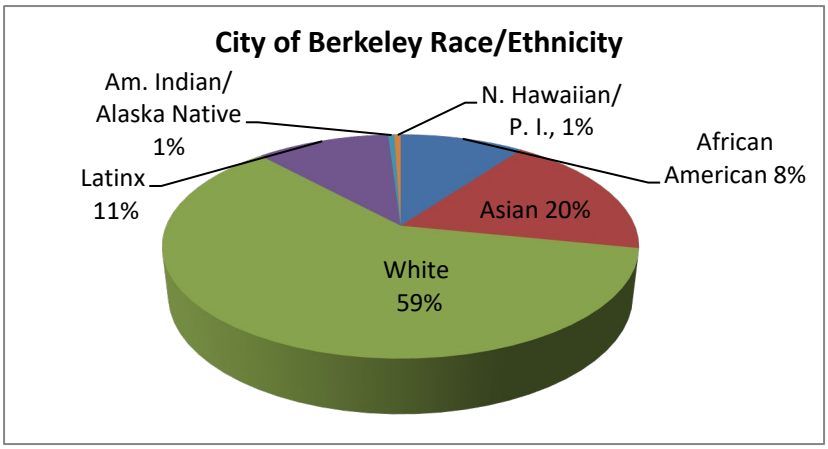
DEMOGRAPHICS

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. With a combined land mass of around 12.2 miles and a total population of 122,667 the City of Berkeley is densely populated and larger than 23 of California's small counties.

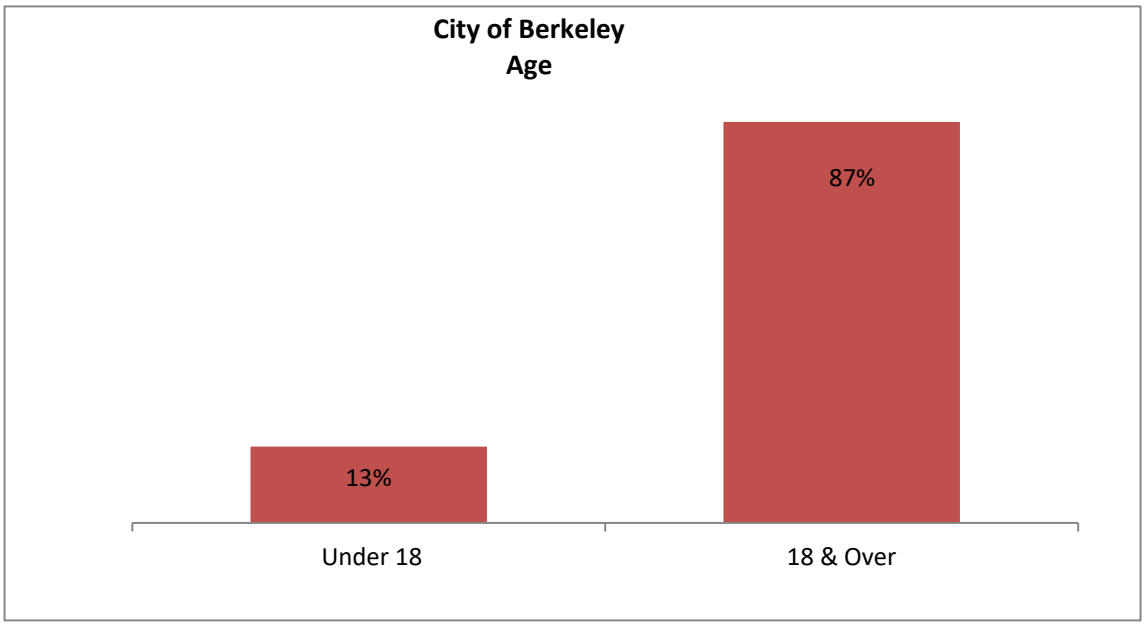
Race/Ethnicity

Berkeley is a diverse community with changing demographics. The African American population has decreased in recent years while the Latino and Asian populations have both increased. Berkeley has a large student population, which provides housing for many of University of California's foreign students and their families. Threshold languages include English, Spanish, Farsi, Cantonese, and Vietnamese, and approximately 29% of Berkeley residents speak a language other than English at home. Berkeley is comprised of the following racial and ethnic demographics: African American; Asian; Latinx; White; American Indian/Alaska Native; and Native Hawaiian/Pacific Islander (P.I.). Demographics are outlined below:

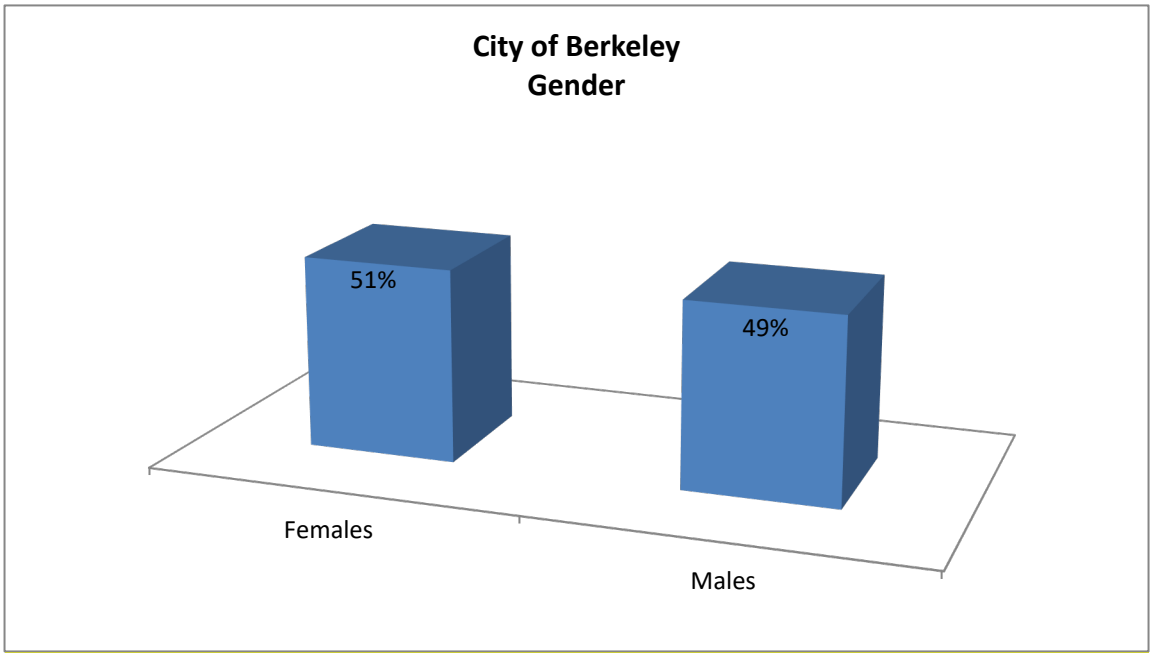


Age/Gender

As depicted in the table below, a large percentage of individuals in Berkeley are over the age of eighteen:



Gender demographics are as follows:



Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersexed, Agender, Plus (LBGTQIA+) Population

Based on a Gallop Survey of interviews conducted during the timeframe of 2012-2014, the San Francisco Bay Area has the highest LGBTQIA+ population (6.2%) of any of the top 50 United States metropolitan areas. Additionally, according to Williams Institute, in a survey of Cities with 50+ same-sex couples (ranked by same-sex couples per 1,000 households) conducted in 2010, the City of Berkeley ranked number 13 in the State of California and number 48 among 1,415 United States

cities. The City of Berkeley had 2.1% same-sex households according to the 2010 United States Census and the City of Albany had 1.7% same-sex households.

Income/Housing

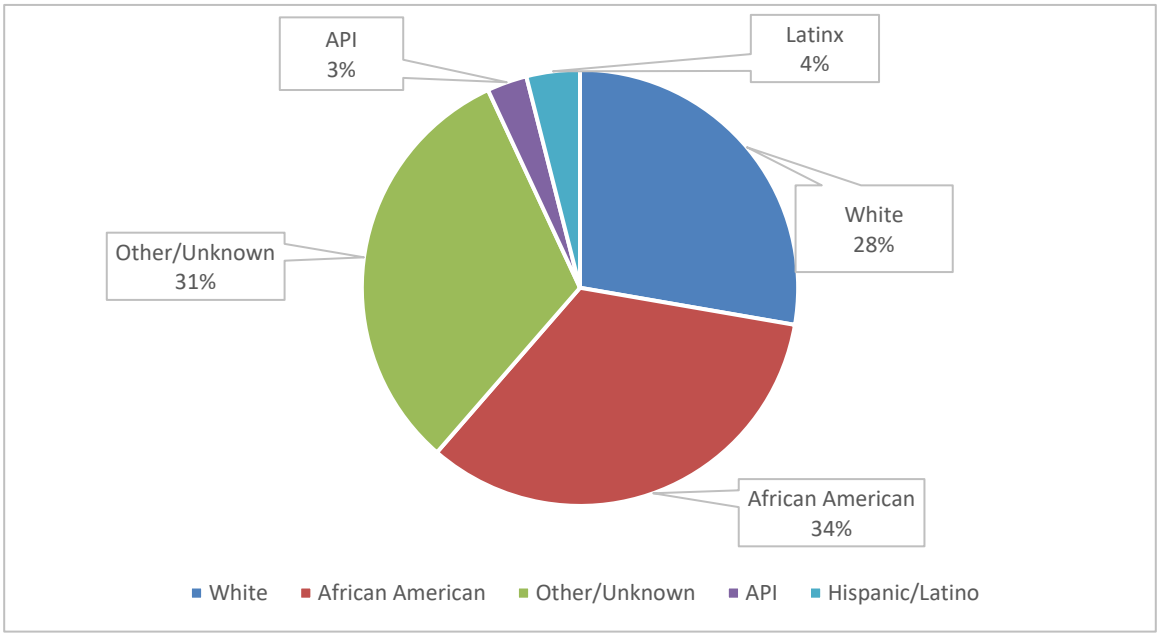
With some of the highest housing costs in the Bay Area, the Berkeley median household income is $80,912. Nearly 20% of Berkeley residents live below the poverty line and approximately 42% of Berkeley children qualify for free and reduced lunches. While 43% of Berkeley residents own their own homes, there are many 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 has a highly educated population: 97% of individuals aged 25 or older are high school graduates; and approximately 73% possess a bachelor's degree or higher.

System Organization

Berkeley Mental Health (BMH), one of two city-based public mental health programs in the state, provides services for residents in Berkeley. It is a Division of the City of Berkeley Health, Housing & Community Services (HHCS) Department. Services are provided at multiple clinic sites and in the field. BMH has several units providing services: Access; Family, Youth & Children; and Adult Services. 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. As part of the Access unit, a Mobile Crisis Response Team operates seven days a week. 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. Using data available from Alameda County, the Medi-Cal population in Berkeley in 2019 was as follows:


API
3%
Latinx
4%
White
28%
Other/Unknown
31%
African American
34%
White
African American
Other/Unknown
API
Hispanic/Latino

Community Program Planning (CPP)

Community Program Planning (CPP) for this City of Berkeley MHSA Three Year Plan was conducted over a three-month period to enable opportunities for input from MHSA Advisory Committee members, consumers, family members, representatives from community-based organizations, individuals from unserved, underserved and inappropriately served populations, BMH Staff, City Commissioners, and other MHSA Stakeholders. During this process, one MHSA Advisory Committee meeting and three Community Input meetings were initially held. Following community input requesting information regarding the MHSA budget, four additional Community Input Meetings and one MHSA Advisory Committee meeting were held which included the requested information. Due to local and state mandates on social distancing amid the Covid-19 Public Health Emergency, all meetings were conducted through the Zoom platform. A copy of the presentation that was conducted during community meetings was also posted on the City of Berkeley MHSA Webpage in Spanish and English.

As with previous MHSA Plans and Annual Updates, the methodology utilized for conducting CPP for the Three Year Plan was implemented to enable a collaborative process to occur between BMH staff, MHSA Advisory Committee members and other MHSA stakeholders. Development of the MHSA Three Year Plan began with an internal examination of existing programs, unaddressed needs, and available funding which included a review of input received during previous MHSA planning processes. Following an internal review, proposed ideas and potential programs were vetted through the MHSA Advisory Committee prior to engaging other stakeholders.

Proposed additions that were considered in this process included:

- Increase funds for the Berkeley Food and Housing Project, Russell Street Residence;
- Addition of a full-time Mental Health Nurse Supervisor for the Medical Unit;
- Increase the Psychiatrist on the Homeless Full Service Partnership (FSP) to half-time;
- Provide funding for the Greater Bay Area Workforce, Education and Training Regional Partnership;
- Receive Unreimbursed/Unexpended MHSA Housing Funds from the State and utilize the funds locally;
- Align amounts in contracts that serve FSP clients to the FSP funding component;
- Do a Request for Proposal (RFP) for the Transition Age Youth Support Services Contract;

Input received during Community Program Planning Zoom meetings largely supported the proposed additions. Additional input received during community meetings and/or through email that was not specific to the proposed additions is categorized below:

Comments on New or Increased Programs/Services

- Provide specific services and supports for individuals with Dissociative (DID) Identity Disorder such as: A Peer Plural Warm Line, DID Peer Support Groups, and Trainings by Consumers for the Mental Health Community;
- Provide more supports for communities of color who have enormous needs;

- Add services and supports for the Berkeley general population who are in need of mental health services and supports due to the pandemic;
- Provide mental health services and supports for individuals who have limited or no insurance;
- Enable a community member with the interest in doing so, to work alongside a mental health clinician to implement Restorative Justice Circles and or Support Groups for teenage girls;
- Implement Consumer-led Expressive Arts and Movement/Nature activities;
- The Dynamic Mindfulness program should be made pervasively available to students and the adults around them to help develop stress resilience, healthy behaviors and heal primary and secondary trauma.
- Provide data collection on costs per client to assess the financial impact;
- Add more funding for Wellness and Recovery Programs;
- Examine ways to develop community engagement and transportation strategies;
- Provide Mental Health services, supports and collaborations for Women at Black Infant Health;
- Ensure that the staff person hired to provide services for individuals with Substance Use Disorders has experience with Harm Reduction;
- Utilize all available MHSA unspent funds this year on mental health needs in the community;
- Add Peer Support Specialists at Drop-In Centers.

Additional Comments and Input:

- The long-term trauma of police violence is a mental health issue;
- Pain is different for people of color, instead of people who are white;
- Very little information is available to the community on police violence, the pandemic, etc.;
- We must make changes when things are not working, don't want to rely on mental health programs that aren't working;
- Glad to hear about the plan of expanding and increasing services for the Mobile Crisis model;
- Community members are isolated from services;
- We are only looking at what's funded from MHSA for Berkeley programs. It would be good if the community was able to look at the whole Mental Health funding/services picture;
- Homeless Outreach feels non-existent;
- Ingenuity is needed to solicit community feedback;
- Want to thank the City of Berkeley for the Mental Health Consultations that are conducted at Head Start sites, the BMH Clinician who conducts them is doing a phenomenal job.

Some of the questions during community meetings were regarding various BMH services, strategic planning, data collection, program evaluation, and protocols implemented for Covid-19. Many of the questions were addressed by the Mental Health Manager or the MHSA Coordinator. One repeated inquiry was around Mobile Crisis services and the involvement of Police in the crisis response. MHSA funds provide a small portion of monies for Mobile Crisis services. However, per public comments received during this and previous MHSA Plan processes, Mental Health Commission meetings, City Council meetings and through other local venues, there is a strong interest in how Mobile Crisis services are provided in Berkeley.

As a result of input received from a variety of stakeholders for a mental health crisis response that does not so heavily involve law enforcement, the Division recently executed a Request for Proposal (RFP) process to hire a Consultant who will: Conduct a stakeholder process involving a variety of constituents to obtain input on the strengths and opportunities for improvement in the current mental health system; obtain suggestions through the stakeholder process, of possible alternative mental health crisis response systems in Berkeley; research mental health crisis response systems, including those that utilize little or no law enforcement involvement, and identify best practices in mental health crisis response and care; identify the pros and cons of crisis response models including the one Berkeley uses; provide information that would allow the Division to evaluate the costs of alternative models or a combination of models to provide effective mental health crisis care; and make recommendations about possible changes to the current mental health crisis system that would lead to better outcomes while maintaining safety for both consumers and staff. The consultant will be hired in FY21, and work will soon begin. On July 14, 2020 City Council passed Resolution No, 69,501-N.S., to "Transform Community Safety and Initiate a Robust Community Engagement Process". Results of this process may likely impact the Division's Mobile Crisis services.

In addition to the Community Input Meetings, in an effort to increase community input on this Three Year Plan through implementing additional ways that the community could inform the MHSA process, three questions were put up on the Berkeley Considers Forum for public input during the month of May. Berkeley Considers is an online forum for civic engagement. It is run by OpenGov a non-partisan company whose mission is to broaden civic engagement and build public trust in government. As with any public comment process, participation in Berkeley Considers is voluntary. Questions that were put on the Berkeley Considers forum to inform the Three Year Plan were as follows:

1.) What are the most pressing unmet Mental Health needs in the City of Berkeley?

2.) What are your ideas on best ways to address these needs?

3.) Is there anything else you would like to share regarding Mental Health services and needs in the City of Berkeley?

In all a total of 24 individuals provided input on the three Mental Health Needs questions through the Berkeley Considers forum. The top 5 recurring themes in the responses to the first two questions are outlined below:

Responses on most pressing unmet Mental Health needs in the City of Berkeley
• Need for more health, mental health and housing services for homeless individuals who are living with mental health or co-occurring disorders; • Services for people who don't have insurance, and/or of whom need mental health services and supports especially during the pandemic; • Need for more Psychiatrists for medication management services • Need more mental health services for Senior Citizens and teens;

• Need for services for individuals who have mental health issues and aren't able to advocate for themselves.
Responses regarding ideas on best ways to address unmet mental health needs
• Provide more outreach, connections, resources, and counseling on the street for the Homeless population; • Do a better job of informing residents of the services that already exist and how to access them such as through advertising and educational campaigns, etc. • Implement larger scale supports to help a broader range of the population, including those who are marginally employed, or who have limited healthcare, etc. • Explore the implementation of Supportive Housing or Transitional Housing Models geared towards individuals who are in need of mental health services and are not able to advocate for themselves: • Conduct some kind of organized times when housed and unhoused individuals can come together to understand what the needs are when it is safe to do so, given Covid-19. We are all learning there are resources that can be shared and we are all interconnected.

Some of the responses to the third question included the following:

Responses on anything else regarding Mental Health services and needs in the City of Berkeley
• Mental health services are undervalued and underfunded, especially in times like these. Make the most of resources and volunteers and don't forget the young and the elderly. Work with Berkeley Commissions who are also trying to help these populations. • Bring mental health professionals into college student group housing sites to meet with students where they are. The students could meet with representatives and learn about how to access available services; • Stop referring to the mentally ill as a "homeless" problem. Providing someone a home does not fix alcoholism, other drug addictions and mental health issues which need treatment. • Despite available City services there are individuals who still face loads of anxiety. Do some Zoom events Berkeley style, with music, comedy, art, some natural beauty, new age stuff, live talk. If we draw together, things get better. • People cannot achieve mental health, safety and stability while still homeless; • There is a need to address long-term housing; • The treatment at Herrick/Sutter inpatient and outpatient is stellar…a model program. The demand exceeds the capacity. The need for these services is growing due to the pandemic.

Utilizing Zoom and the Berkeley Considers Forum proved to be valuable community program planning activities for increasing input into the Three Year Plan, especially during the pandemic. All input received through the community program planning process will be utilized to inform current and proposed mental health programs through this Three Year Plan, and future MHSA Plans and updates. Some substantive comments received during community program planning for this Three Year Plan that have been repeated through previous MHSA planning processes and other local gatherings and City meeting venues, around the need for more services and supports for various cultural and ethnic populations warranted a proposed change in this Three Year Plan to the MHSA PEI Community Education and Supports Program.

A 30-Day Public Review is currently being held from Tuesday, August 25th through Wednesday, September 23rd to invite input on this MHSA Three Year Plan. A copy of the Plan has been posted on the BMH MHSA website. An announcement of the 30-Day Public Review was mailed and/or emailed to community stakeholders. A Public Hearing will be held at an upcoming, publicly noticed Mental Health Commission meeting, which will likely be held via the Zoom platform. Substantive comments received during the 30 Day Public Review and the Public Hearing will be included in the final MHSA Three Year Plan.

COVID-19 PUBLIC HEALTH EMERGENCY

The Covid-19 crisis has caused an unprecedented, unstable time where individuals are experiencing a variety of physical health, mental health and financial needs. The State and local suspension of all but essential business operations for a period of time, in response to the Covid-19 crisis has had a significant impact on the economy and the sales and tax revenues the City receives. MHSA is funded though California millionaires who aren't immune from losses to their income. As such, at the minimum over the next couple of years, MHSA funding will be unstable. As with all MHSA Plans and Annual Updates, revenue and expenditures in this Three Year Plan are estimates. The Division will be closely monitoring the City of Berkeley's MHSA funding allotments and expenditures to assess whether program changes are needed in the future. Any proposed program changes will be vetted for community input and reflected in Annual Updates during the Three Year timeframe.

MHSA Flexibilities - New regulations were passed on July 1st, 2020 to provide various flexibilities with MHSA funding as a result of the Covid-19 Public Health Emergency:

- **Three Year Program and Expenditure Plan Extension:** If a County/City is unable to complete and submit a Three Year Program and Expenditure Plan for the year beginning FY20/21 due to the Covid-19 Public Health Emergency, they may extend their current approved plan. The new due date for the FY20/21 – 22/23 Three Year Program and Expenditure Plan has been extended to July 1, 2021.

- **Prudent Reserve:** Per MHSA legislation mental health jurisdictions are required to maintain a local Prudent Reserve to be able to fund the most crucial support services in the event there is a downturn in the amount of MHSA revenues received. MHSA regulations require the State to determine when Prudent Reserve funds can be locally accessed. New MHSA flexibilities allow mental health jurisdictions to determine when Prudent Reserve funds are needed for local use, and enables the transfer of funds into their CSS and PEI components to meet local needs, without a determination or initiation from the State.

- **CSS Allocations:** MHSA Generally requires at least 51% of CSS funds to be allocated to Full Service Partnership (FSP) programs. To allow more flexibility in allocating CSS funding according to local needs during the Public Health Emergency, counties can determine the allocation percentages across the three CSS funding components: Full Service Partnership; General System Development and Outreach and Engagement.

- **Reversion Extension:** In order to avoid being subject to reversion, MHSA funds are required to be expended by certain specified timeframes, that are determined by each funding component. New flexibilities allow an extension for the reversion date of MHSA funds. The reversion date for unspent funds originally subject to reversion on July 1, 2019 and July 1, 2020, including the AB114 Reversion funds, has been extended to July 1, 2021.

As with other Behavioral Health program and policy allowances the State has executed in response to Covid-19, it is possible that additional MHSA Flexibilities will be implemented over the next year that could likely affect how MHSA funds are able to be utilized to meet local needs during the pandemic.

Local MHSA Services During the Pandemic

Through the implementation of social distancing protocol, and utilizing phone and Zoom technologies, local MHSA funded programs and services have largely continued during the Covid-19 Public Health Emergency. As this Three Year Plan requires reporting on programs in FY19, data and information on programs and services in operation in FY20, during the pandemic, will be reported in the FY22 Annual Update.

MHSA FY20/21 - 22/23 Three Year Plan

This City of Berkeley's MHSA FY20/21 – 22/23 Three Year Program and Expenditure Plan (Three Year Plan) is a stakeholder informed plan that provides an update to previously approved MHSA Plans and Updates. The Three Year Plan summarizes proposed program changes and additions, includes descriptions and updates of currently funded MHSA services that are proposed to be continued in the next three years, and a reporting on FY19 program data. Additionally, per state regulations, this Three Year Plan includes the FY19 Prevention and Early Intervention (PEI) Annual Evaluation Report (Appendix A) and the FY19 Innovations (INN) Annual Evaluation Report (Appendix B).

While some MHSA programs have collected outcome and client self-report measures, the majority of the data currently being collected is more process related. However, as reported in previous MHSA Plans and Updates, there are a few initiatives that are currently underway to evaluate the outcomes of several MHSA programs including the following:

- Impact Berkeley: In FY18, the City of Berkeley introduced a new initiative in the Health Housing and Community Services (HHCS) Department called "Impact Berkeley". Central to this effort is using a highly regarded framework called Results Based Accountability (RBA) to account for the work of the Department. RBA provides a new way of understanding the quality and impact of services provided by collecting data that answer three basic questions:
  1. How much did you do?
  2. How well did you do it?
  3. Is anyone better off?

RBA has been incorporated into selected programs within the Department. This has included community agency programs funded through the MHSA Prevention & Early Intervention (PEI) Community Education & Supports program. Through this initiative the Department worked with each contractor to envision, clarify and develop measures on the outcomes and results each program is seeking to achieve, and used a rigorous framework to begin measuring and enhancing progress towards these results. Page 55 of this Three Year Plan provides an aggregated summary of some of the results of this initiative. The full report on the Impact Berkeley PEI program results can be accessed on the MHSA website: MHSA Plans and Updates - City of Berkeley, CA

- Homeless Outreach & Treatment Team: This pilot project supports homeless mentally ill individuals in Berkeley/Albany engaging them in mental health services. A local consultant, Resource Development Associates (RDA), was hired to measure the outcomes and effectiveness of this pilot project. In late FY20, the Homeless Outreach and Treatment Team Final Evaluation Report was released. Some of the many results of this evaluation can be reviewed in the PEI Section of this Three Year Plan.

- PEI Data Outcomes: Per MHSA PEI regulations, all PEI funded programs have to collect additional state identified outcome measures (specific to the category of services provided) as well as detailed demographic information. Beginning in FY19, PEI Evaluations were required to be included in each MHSA Annual Update or Three Year Plan. See Appendix A for the Fiscal Year 2019 Prevention & Early Intervention Annual Evaluation Report.

- INN Data Outcomes: Per MHSA INN regulations, all INN funded programs have to collect additional state identified outcome measures and detailed demographic information. Beginning in FY19, INN Evaluations were required to be included in each MHSA Annual Update or Three Year Plan. See Appendix B for the Fiscal Year 2019 Innovations Annual Evaluation Report.

- Results Based Accountability Evaluation for all BMH Programs: Through the approved FY19 Annual Update the Division executed a Request for Proposal (RFP) process to hire a consultant who will implement a Results Based Accountability Evaluation for all programs across the Division, and Resource Development Associates (RDA) was the chosen vendor. In FY21, work on this evaluation will begin.

Future MHSA Plans and Updates will continue to include reporting on the progress of these initiatives.

PROPOSED NEW FUNDING ADDITIONS

A review of proposed staffing and services to be added through this MHSA Three Year Plan, are outlined below:

- **Increase Funding for the Berkeley Food & Housing Project, Russell Street Residence**
  The Berkeley Food & Housing Project (BFHP) operates the Russell Street Residence (RSR) which provides permanent supportive housing for seventeen formerly homeless adults

diagnosed with serious and persistent mental illness. Residents at RSR receive the following services: meals; therapeutic groups, activities and outings; transportation to medical appointments; assistance with daily activities including laundry and personal hygiene.

BMH has provided funding to the BFHP for many years, to operate the RSR which provides housing to clients served by the Division. In FY19, BFHP lost funding from the Department of Housing and Urban Development (HUD), for the RSR, creating a large gap in funds. At that time, BFHP presented BMH with a budget that showed the required funding that was necessary to keep the RSR program in operation. In FY20, BMH was not able to provide all of the requested funding to fill the gap. As such, through this Three Year Plan, the Division is proposing to utilize CSS System Development monies to increase funding for the BFHP RSR to sustain ongoing operations. The total proposed amount of the increase in FY21 is $312,345 (which includes a one-time funding increase of $106,000 to cover the shortfall in FY20). For FY22 and FY23, the proposed increase is $206,245, to the base contract amount each year.

- **Add a full-time Mental Health Nurse Supervisor**
  The BMH Medical Unit currently has nurses that provide services and supports for clients. Through this Three Year Plan, the Division proposes to utilize $227,309 of MHSA CSS System Development funds to hire a Mental Health Nurse Supervisor who will oversee the services and supervise nursing staff. With current hiring freezes in place due to losses in City revenue as a result of the Covid-19 Pandemic, the determination of whether this position may be added during the three-year timeframe will be decided through a separate City review and approval process.

- **Increase Psychiatric Support on the Homeless Outreach Full Service Partnership**
  Through the approved MHSA FY20 Annual Update, the Homeless Outreach and Treatment Pilot Project will transition to a Full Service Partnership (FSP). In July FY20 the new Homeless Outreach FSP will begin. Current approved staffing for the Homeless FSP includes a .25 Psychiatrist position. Through this Three Year Plan, the Division proposes to utilize $145,457 of CSS Full Service Partnership funds to increase the Psychiatrist to a .50 position. This will provide increased supports for program participants. With current hiring freezes in place due to losses in City revenue as a result of the Covid-19 Pandemic, the determination of whether this position may be added during the three-year timeframe will be decided through a separate City review and approval process.

- **Provide funding for the Greater Bay Area Workforce, Education & Training Regional Partnership**
  The Office of Statewide Health Planning and Development (OSHPD) is allocating $40 million in Workforce, Education and Training funds for Regional Partnerships across the state for various mental health workforce strategies that will be implemented in FY20-FY25.

  Each Regional Partnership will be able to decide which strategies they want to allocate funds for to benefit the local area. Strategies include:

Pipeline Development: Introduce the public mental health system to kindergarten through 12th grades, community colleges, and universities. Ensure that these programs incorporate developmentally appropriate concepts of mental health needs, self-care, and de-stigmatization and target resources at educational institutions with underrepresented communities. The Regional Partnerships would conduct pipeline activities to identify student scholarship and stipend candidates.

Undergraduate College and University Scholarships: Provide scholarships to undergraduate students in exchange for service learning received in a public mental health system.

Clinical Master and Doctoral Graduate Education Stipends: This program would provide funding for post-graduate clinical master and doctoral education service performed in a local public mental health system.

Loan Repayment Program: Provide educational loan repayment assistance to public mental health system professionals that the local jurisdiction identifies as serving in hard-to-fill and hard-to-retain positions.

Retention: Increase the continued employment of public mental health system personnel identified as high priority by county behavioral health agencies, by increasing and enhancing evidence-based and community-identified practices.

The Division has participated in meetings with representatives from the other counties in the Greater Bay Area Regional Partnership. All participating counties have decided to allocate these funds for the Loan Repayment program. This program will enable funds in the amount of $12,000 - $15,000 to be made available to repay a portion of student loans for a given number of staff who are in hard-to-fill positions, in exchange for a number of years served in the Public Mental Health system.

OSHPD is requesting that each Regional Partnership contribute an additional portion of local funds towards this initiative. For the Bay Area Regional Partnership, the total amount of the contribution is $2.6 million, and the proposed contribution from Berkeley is $40,127. Through this Three Year Plan, the Division is proposing to transfer CSS Funds to the Workforce, Education and Training (WET) funding component to participate in this initiative, through the following process:

Per MHSA 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 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."

- **Receive and utilize Unreimbursed/Unexpended State MHSA Housing Funds**
  Previously in order to utilize a one-time allotment of dedicated MHSA Housing Funds received from the state, mental health jurisdictions had to reallocate the funds to the California Housing and Finance Agency (CalHFA). Once funds were reallocated and a housing development project had been identified through a local process, area developers would work directly with CalHFA through the Special Needs Housing Program. Through this process, BMH previously allocated funding to the local Harmon Gardens and University Avenue Homes housing development projects

  CalHFA has recently discontinued the Special Needs Housing Program, and Berkeley has a small amount of housing funds in the amount of $25,623. Through this Three Year Plan the Division will be requesting that the remaining amount of housing funds (and any additional accrued interest and/or future residual receipts) be returned to the City to be utilized locally on housing supports.

- **Align Contract Expenditures for FSP Program to MHSA FSP Component**
  Through previous approved MHSA Three Year Plans and Annual Updates, the Division has added funding for contracted services for clients across the system, via the CSS System Development funding component. In order to properly align expenditures on contracts, the Division is proposing through this Three Year Plan to align the amounts in contracts that serve FSP clients, to the FSP funding component.

- **Re-issue Request For Proposal for Transition Age Youth Support Services Project**
  To ensure fair contracting practices, the City re-issues Requests For Proposals (RFP) on contracts that have been in place with the same contractor for five or more years. As such, the Division will be executing an RFP process for the Transition Age Youth Support Services Project. This contract is currently contracted to Covenant House. The Division is proposing to continue the current contract with Covenant House through 3/31/21 to ensure the seamless continuance of services while the RFP process is executed. The chosen vendor from the RFP process will begin providing services in April 2021.

- **Increase Funding for the Community Education and Supports Program**
  Since 2011, the Community Education & Supports program has been implemented through the Prevention Early Intervention (PEI) funding component. This program provides culturally-responsive, psycho-educational trauma support services for individuals in various cultural, ethnic and age specific populations that are unserved, underserved and inappropriately served in Berkeley including: African Americans; Asian Pacific Islanders; Latinx; Lesbian, Gay, Transgender, Queer, Intersex, Agender, Plus (LGBTQIA+); TAY; and Senior Citizens. Currently, $192,276 MHSA PEI funds are utilized on an annual basis for this program, which amounts to $32,046 per each population served. All services have been conducted through local community-based organizations.

As a result of public input received through this Three Year Plan and from a variety of other local gatherings and venues around the need for increased supports for various populations the Division is proposing to increase program amounts allocated for services for the African American, Latinx, and LGBTQIA+ populations to $100,000 each.

Input received during community program planning for this Three Year Plan and previous MHSA planning processes, as well as from other local gatherings and City meeting venues, has repeatedly resounded the need for health and racial equity for African Americans and communities of color. According to the Berkeley Health Status Report 2018, that was written by the Berkeley Public Health Division, health disparities remain prevalent for African Americans and communities of color. Health disparities can be directly tied to the economic, social, and environmental inequities that can be found in certain neighborhoods in Berkeley (in particular West, South and Central Berkeley). Residents of these communities are predominately people of color and low income. Some of the disparities outlined in the report are as follows:

- African Americans and other people of color die prematurely and are more likely than White people to experience a wide variety of adverse health conditions throughout their lives;
- Berkeley's African American population experiences inequitably high rates of hospitalization due to uncontrolled diabetes and long-term complications, such as kidney, eye, neurological and circulatory complications;
- African Americans die younger (prematurely) than any other racial/ethnic group in Berkeley. The death rate for African Americans in Berkeley is twice the death rates of Whites, and the gap has remained consistent over time;
- Compared to White families, the proportion of families living in poverty is 8 times higher among African American families, 5 times higher among Latino families and 3 times higher among Asian families;
- African American high school students are 1.4 times more likely than White students to drop out of high school;
- African Americans are 2.8 times less likely, Latinx are 1.6 times less likely and Asians are 1.1 times less likely than Whites to have a bachelor's degree or higher.
- A higher incidence of disease is linked to neighborhoods that have been historically under-resourced and overexposed to unhealthy conditions. These neighborhoods have more people living in poverty and more people of color than surrounding neighborhoods.

As a response to the Health Status Report, the Public Health Division engaged in a strategic planning Community Health Assessment process that involved community and stakeholder engagement. The goal for the community engagement process was to supplement the findings in the Health Status Report by hearing directly from the community about the challenges they face as well as their identified needs. Specific community populations who have experienced historical and sustained impacts of health inequities, and therefore would have valuable knowledge and input, were identified to help shape the direction of the Division and in turn, improve the health of all the communities in Berkeley.

As part of this process, in October 2018, Berkeley initiated community engagement activities which included a community health survey, community focus groups, and a partner convening. The community and partner engagement process also explored the impact of identified health issues among specific vulnerable populations who have experienced historically, disproportionate poorer health outcomes and faced challenges across multiple health needs. Populations were as follows: African American, Latinx; Older Adult (Age 65+); Youth (Age 10-24); Persons experiencing homelessness; Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersexed, Asexual (LGBTQIA); Day Laborers; Persons with Disabilities; and the South and West Berkeley Neighborhoods.

According to the Community Health Assessment, Mental Health was identified as the top health need across the majority of community groups. Per the Assessment, when participants spoke about mental health, they were referring primarily to depression and/or anxiety, not necessarily severe mental illness (SMI). Additional health needs identified by the majority of community members included diabetes, substance abuse/tobacco use, and violence/crime. During the community partner roundtable event, mental health was also identified as the greatest health impact experienced by the communities they serve. When survey respondents were asked to suggest two services they would like to see the Public Health Clinic provide, mental health was reported as the top service. This data suggests that mental health is the top need of Berkeley communities.

Identified health disparities that have long been prevalent due to social, economic, environmental factors, etc., as well as the deleterious effects of racism, are also currently being evidenced on the local, State and National levels during the pandemic. Data has shown among the vulnerable populations who are being hardest hit by Covid-19 are individuals from communities of color, such as Latinx and African Americans.

Repeated input over time regarding the need for increased services and supports for the LGBTQIA+ population, has also been provided through various MHSA planning processes. The diverse LGBTQIA+ community includes individuals from a multitude of racial, ethnic and age specific populations. LGBTQIA+ individuals often feel disenfranchised and are either afraid to seek the mental health services they need, and/or for fear of stigma and discrimination, may not represent themselves fully in the services they do receive, and are often invisible within the system.

In an effort to be responsive to input on the need to provide increased services and supports for these populations, the Division is proposing through this Three Year Plan, to increase the program amounts allocated for services for the African American, Latinx, and LGBTQIA+ populations to $100,000 each. For the remaining populations served through this program the Division is proposing the following:

- Senior Citizens: Funding for Senior Citizens will remain at the current level of $32,046, as through the FY20 Annual Update, up to $150,000 MHSA CSS monies were allocated for additional services and supports for this population;
- TAY: Funding for the TAY population will remain at the current level of $32,046, as through previous MHSA Plans and Annual Updates a total amount of $222,856 of CSS

funds has been allocated to implement services for this population through community partners;

- API: Services for the API community will no longer be provided through this project, beginning in FY21, as through the MHSA FY19 Annual Update, $100,000 MHSA CSS Funds were allocated for services and supports for this population.

While the full array of MHSA services are available to individuals meeting program criteria from all populations in Berkeley, allocating funding in the proposed manner will ensure each unserved, underserved and inappropriately served population has at least $100,000 (or more) of dedicated MHSA funds for services and supports. The Division will continue to assess the needs of each population to evaluate whether additional changes will be needed in the future.

PROGRAM DESCRIPTIONS AND FY19 DATA BY FUNDING COMPONENT

Outlined in this section per each funding component are descriptions of current City of Berkeley MHSA services along with FY19 program data. Across all MHSA funded programs, in FY19, a total of 6,459 individuals participated in some level of services and supports. Additionally, a total of 817 individuals attended BMH Diversity and Multi-cultural trainings aimed at transforming the system of care, and 2,070 individuals attended BMH Diversity and Multicultural events. Some of the FY19 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; step down to a lower level of care for some clients; services and supports for homeless or marginally housed TAY who are suffering from mental illness; services and supports for family members; multicultural trainings, projects and events; 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 homeless TAY, Adults and Older Adults and individuals in unserved, 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, May 2015, June 2016, January 2017, July 2017, October 2018, and July 2019. 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;
- Housing Services and Supports;
- Homeless Outreach Services;
- Benefits Advocacy; and
- Transitional Outreach Services.

Descriptions and updates for each CSS funded program and FY19 data are outlined below

FULL SERVICE PARTNERSHIPS (FSP)

Children/Youth Intensive Support Services Full Service Partnership

The Intensive Support Services Full Service Partnership (FSP) is for children ages 0-25 and their families. This program is for children, youth and their families who would benefit from, and are interested in participating in a program designed to address the total needs of a family whose child (and possibly other family members) is experiencing significant emotional, psychological or behavioral problems that are interfering with their wellbeing.

Priority populations include children and youth who:

- have substantial impairment in self-care, school functioning, family relationships, the ability to function in the community, and are at risk of or have already been removed from the home and have a mental health disorder and/or impairments that have presented for more than six months or are likely to continue for more than one year without treatment;
  OR
- display psychotic features, or a history of hospitalization due to Danger to Self, Danger to Others, Grave Disability or a recent attempt within the last six months from the date of referral.

The Children/Youth FSP program utilizes wraparound as the treatment model. Wraparound differs from many service delivery strategies, in that it provides a comprehensive, holistic, youth and family-driven way of responding when children or youth experience serious mental health or behavioral health challenges. The model puts the child or youth and family at the center. With the help of the FSP team, the family and young person take the lead in deciding their vision and goals. Team member's work together to put the goals into an action plan, monitor how well it is working, and make changes to it as needed.

In FY19, a total of 34 children/youth and their families were served through this program. Demographics on those served were as follows:

CLIENT DEMOGRAPHICS N=34		
Client Gender	*Number Served*	*% of total*
Male	21	62%
Female	13	38%
Race/Ethnicity		
Client Race/Ethnicity	*Number Served*	*% of total*
African American	15	44%

Asian Pacific Islander	3	9%
Caucasian	4	12%
Latinx	4	12%
Mixed Race	7	20%
Unknown	1	3%

Children/youth outcomes were as follows: 11 clients reached 100% of their treatment goals and their cases were closed; 12 clients stepped down to a lower level of care; 8 client cases were closed due to low/no engagement; 6 clients moved out of the area; 11 clients were placed on 5150/5585 hold; 1 client was placed out of the home.

TAY, Adult and Older Adult Full Service Partnership

This FSP program provides intensive support services to TAY, Adults and Older Adults with severe mental illness using an Assertive Community Treatment (ACT) approach. The program focuses on serving individuals who are have had difficulty with obtaining or maintaining housing; frequent and/or lengthy psychiatric hospitalizations; and/or frequent or lengthy incarcerations. Priority populations also include individuals from un-served, underserved and inappropriately served cultural communities.

The team utilizes an ACT approach which maintains 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. A full range of mental health services are provided by a team comprised of 1 Clinical Supervisor, 5 masters level Behavioral Health Clinicians, 1 Social Services Specialist, 1 Registered nurse and a ½ time psychiatrist. The primary goals of the program are to engage clients in their treatment and to reduce days spent homeless, psychiatrically hospitalized and/or incarcerated. Goals also include increasing, employment and educational readiness; self-sufficiency; and wellness and recovery. The program serves up to 60-70 clients at a time.

In FY19 a total of 63 TAY, Adults, and Older Adults completed at least 1 year of service in the program. Demographics on those served include the following:

CLIENT DEMOGRAPHICS N=63		
Client Gender	*Number Served*	*% of total*
Male	38	60%
Female	25	40%
Race/Ethnicity		
Client Race/Ethnicity	*Number Served*	*% of total*
African American	31	49%
Asian Pacific Islander	2	3%
Caucasian	24	38%
Latinx	6	10%
Age Category		
Client Age Category	*Number Served*	*% of total*
Transition Age Youth	5	8%
Adult	44	70%
Older Adult	14	22%

TAY, Adult and Older Adult client outcomes included the following: 11 partners were dis-enrolled from the program during FY19, 8 partners met treatment goals and graduated to lower levels of care (73% dis-enrolled from services), 2 partners moved out of the county (18% of those dis-enrolled from services), 1 partner was unable to be located (9% of those dis-enrolled); 18 new partners were enrolled and completed 1 year of service during the course of the fiscal year. There were 63 FSP program participants in FY19 who completed at least 1 full year of service in the program and are included in the program outcome report data. There were positive outcomes with regard to reductions in days spent homeless, in psychiatric hospital settings and/or incarcerated. There was a **42.2% reduction in days spent homeless**. Partners spent 5,783 days homeless (on the street, couch surfing and in shelters) the year before program enrollment and 3,344 days homeless during the first year of program participation. There was an **85.6% reduction in days spent in psychiatric hospital settings** (Psychiatric Emergency, acute inpatient, IMDs, MHRCs and state psychiatric hospitals) during the first year of program participation. Partners spent 4,522 days in psychiatric hospital settings the year before program enrollment and 651 days in these settings during the first year of program participation. There was a **72.7% reduction of days spent incarcerated** during the first year of program participation. Partners spent 1,566 days incarcerated (jail and prison) the year prior to program enrollment as compared with 427 days incarcerated during the first year of program participation.

Program challenges: Finding safe and affordable housing in the Bay Area is becoming increasingly difficult as housing prices continue to rise and are among the most expensive in the Country. Additionally, Licensed Board & Cares that provide clients 24/7 support and monitor medication adherence have been closing down. Single Room Occupancy Hotels have also been raising their monthly rates such that clients are not able to afford staying there without housing subsidies. The program has also struggled with how to better serve individuals with severe substance abuse problems who are unwilling to address or sometimes even acknowledge that they have substance abuse issues. Going forward the Team will continue to develop staff expertise in treating Substance Use Disorders by providing ongoing training in Motivational Interviewing. The Team will also continue to work on increasing fidelity to the ACT Model. If BMH is able to do so, given current City hiring freezes, an additional Behavioral Health Clinician will be added in FY21 to increase program capacity.

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 organization's system of care, with a special emphasis on unserved, underserved, inappropriately served, and emerging populations. The DMC also collaborates with the state, regional counties, other city divisions, local agencies, and community groups in order to address mental health inequities and disparities for targeted populations and communities, and the community-at-large in Berkeley.

The Diversity & Multicultural Coordinator accomplishes these goals by:

- Providing cultural competency training to all behavioral health, community partners, and all stakeholders in Berkeley and other geographic locations in the region as a collaborative partner;
- Performing outreach and engagement to unserved, underserved, inappropriately served and emerging communities and populations;
- Developing long and short term goals and objectives to promote cultural/ethnic and linguistic competency within our system of care;
- Developing an annual training plan and budget;
- Chairing the agency's Diversity and Multicultural Committee;
- Attending continuous trainings in the areas of cultural competency;
- Monitoring Interpreter and Translation Services for the agency;
- Collaborating with State, Regional, County, and local groups and organizations, and
- Developing and updating BMH's Cultural Competency Plan as needed.

Participants involved in Berkeley Mental Health's trainings, committees, groups, cultural/ethnic community events and activities are city staff, community providers, consumers/clients, family members, and residents from diverse groups and populations. There is a focus on improving services for unserved, underserved, inappropriately served, and emerging populations and communities throughout Berkeley, and other areas within the region.

Program services, events and activities conducted in FY19, are summarized below:

Diversity & Multicultural Conferences and Trainings:

Beyond Diversity: White Privilege – September 18, 2018 – (Approximately 88 individuals attended the training) – Attendees included staff, consumers, family members, community partners, and students.

Cultural Competency Summit – African American Women's Presentation – October 22, 2018 – (Approximately 60 individuals attended the presentation) – Attendees included staff and community partners from throughout the State. This was a statewide collaboration with County Behavioral Health Care Services agencies.

Alameda County Behavioral Health Care Services (BHCS) and City of Berkeley Annual Black History Month Conference – Commemorating 400 Years of Enslavement – February 22, 2019 – (Approximately 200 individuals attended this event) – Attendees included staff, consumers/clients, family members, community partners, students, teachers, and residents. This conference collaboration was with Alameda County BHCS, the City of Berkeley, and the Pool of Consumer Champions.

Black History Month – Black History Month Spirituality Training - February 28, 2019 – (Approximately 30 individuals attended this event) – Attendees included clergy, consumers/clients, family members, and community partners. This collaboration was with NAMI Contra Costa County and Church of ME.

PRIDE Annual Conference – Diverse Lives: Learning from the LGBTQQI2-S Community – June 13, 2019 – (Approximately 70 individuals attended the training) – Attendees included staff, consumers/clients, family members, community providers, and students. The collaboration was with the City of Berkeley, the Pacific Center of Human Growth, NAMI Contra Costa County, and other community partners.

Cultural/Ethnic and Community Events:
Dia de Los Murtos Event – Latino community Health Fair – November 2, 2018 – (Approximately 350 individuals attended the event) – Attendees included residents, consumers/clients, family members, youth, children, and community partners. This collaboration was with the City of Berkeley, BAHIA, Inc., RISE, and other community partners.

Black History Month Event – Black History Month Event, Berkeley High School – February 20, 2019 - (Approximately 80 individuals attended this event) – Attendees included students, staff, consumers/clients, family members, community partners, teachers and residents. This collaboration was with BUSD.

African American/Black Educational Event – May 10, 2019 – (Approximately 200 individuals attended the event) – Attendees included students, staff, family members, and community residents. This collaboration was with BUSD.

May Is Mental Health Month Event – May 16, 2019 – (Approximately 40 individuals attended the event) – Attendees included staff, consumers, family members, students, community partners, and residents.

Gay Prom – Sponsorship for Horizon Services, Eden Project – June 1, 2019 – (Approximately 300 individuals attended this event) – Attendees included students, staff, consumers, family members, community partners, and residents.

Latino Educational Event – June 8, 2019 – (Approximately 100 individuals attended the event) – Attendees included students, staff, family members, and community residents. This collaboration was with BUSD.

City of Berkeley Juneteenth Festival – June 16, 2019 – (Approximately 1000 plus individuals attended this event) – Attendees included a diverse group of residents and stakeholders from throughout the region.

Committees/Groups:
- BMH Diversity & Multicultural Committee, Chair
- BMH Staff Training Committee, Chair
- Alameda County BHCS PRIDE Committee Member
- Alameda County BHCS Cultural Responsiveness Committee Member
- Statewide Spirituality Liaison, Spirituality Initiative Committee Member

- State and County Ethnic Services Managers/Cultural Competency Coordinators, Committee Member
- Alameda County BHCS African American Steering Committee for Health and Wellness, Committee Member
- BMH Health Equity Committee – Co-Chair
- African American Holistic Resource Center, Community Leadership Committee, Co-Chair

Outreach and Engagement:

- NAMI – Mental Health Family Members
- Berkeley Drop-In – Homeless Population
- McGee Baptist Church – African American Community
- Church of ME – Mental Health Population
- ROOTS – Re-entry population
- Village Connect, Inc., African American Population
- Eden Project – LGBTQI2-S – TAY
- Pacific Center – LGBTQI2-S Community
- South Berkeley Community Church – Faith-based Population
- BAHIA, Inc. – Latino Community
- Healthy Black Families – African American Women & Children Population
- BUSD – Staff, Students, and Families
- Options Recovery Services - Substance Use Disorder Population

Transition Age Youth (TAY) Support Services

Implemented through Covenant House, the Transition Age Youth (TAY) Support Services 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 Latinx 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 FY19, a total of 76 TAY between the ages of 18-24 were served. Demographics on TAY served were as follows:

CLIENT DEMOGRAPHICS N=76		
Client Gender	*Number Served*	*% of Total*
Male	36	47%
Female	28	37%
Transgender	6	8%

Genderqueer	3	4%
Questioning or Unsure	3	4%
Race/Ethnicity		
Client Race/Ethnicity	*Number Served*	*% of Total*
African American	27	35%
Asian Pacific Islander	2	3%
Caucasian	34	45%
Latinx	17	22%
Native Hawaiian or Alaska Native	3	4%
Bi-racial/Multi-racial	6	8%
Other	4	5%
Age Category		
Client Age	*Number Served*	*% of Total*
Transition Age Youth	76	100%
Sexual Orientation		
Gay or Lesbian	13	17%
Heterosexual or Straight	52	68%
Bisexual	10	13%
Questioning or Unsure	1	1%
Queer	1	1%

During FY19, 421 outreach activities were conducted with a total of 11,384 duplicated contacts and 76 individuals received engagement and ongoing program services. Weekly support groups were also offered to youth in this program on the following topics: Coping Skills; Creative Expression; Harm Reduction; and Mindfulness. During the reporting timeframe approximately 20% of youth participated in ongoing Mental Health services and 92% participated in weekly support groups. There were 483 referrals to the following services and supports: 88 Mental Health; 90 Physical Health; 119 Social Services; 59 Housing; and 127 other unspecified services. Per a Satisfaction Survey that was administered, youth participants reported the following: 100% indicated satisfaction with the treatment services they received; 17% exited the program into stable housing; and 39% became employed or entered into school.

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. 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; and client advocacy. Some of the additional services and supports that CSS System Development provides funding for are as follows: Housing Services and Supports, Benefits Advocacy; Wellness Recovery Center; Counseling Services for Senior Citizens; Youth Case Management Services; Hearing Voices Groups; Homeless Outreach and Treatment Team; Transitional Outreach Team; Flex Funds and Sub-representative Payee Services for clients, etc.

Wellness Recovery System Integration

The BMH Wellness Recovery Team 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 the Berkeley "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. In FY19, these individual and system-level initiatives impact approximately 419 clients.

In FY19 some of the various activities of the Wellness Recovery Team that were conducted under the direction of the Consumer Liaison included:

Berkeley Pool of Consumer Champions (POCC)

During FY19, 12 meetings were held which included: Sponsoring a South Berkeley Art Walk; presenting about their work at the Alameda County POCC Steering Committee; and creating a space at the Alameda County POCC Holiday Party and POCC Barbeque for people to make cards for individuals in locked facilities. The Berkeley POCC also; co-hosted an orientation to inform individuals about what it does, and to recruit more individuals in the area; tabled at the "Eight Dimensions of Wellness, 10x10, We Move for Health" event for mental health awareness in May; continued to discuss updates for the POCC Action Plan; helped revise the "Guidelines for Respectful Engagement". An average of 4-5 individuals attended each meeting for a total of 12 unduplicated people attending over the course of the year.

Wellness Recovery Activities

Designed with, and building on the talents of consumers, the BMH Wellness Recovery activities included workshops, trainings and ongoing health groups. Light refreshments were served at each activity. In FY19, a total of 25 unduplicated consumers attended this program, facilitating peer led activities, which included:

- Facilitated Discussions - Topics included: Ways to Reduce Stress; Our Values; Watching and Discussing the Video Mind Games; Plans for Summer; What to do When You Are Down; Progress On Your Goals; Things to do to Stay Well.

- Creative Writing - Topics included: Writing a story about a picture; Highs and Lows of Recovery; Description of yourself- Your Wishes and Dreams; Gratitude list; Three Truths and a Lie; What Helps and What Doesn't; Goal Setting; Your Recovery Journey; Recovery Essay; Letters to our Younger Selves; Things You Like About Yourself; What to do When Someone is Rude; The Ups and Downs of the Past Week; Your Most Memorable Walk.
- Creating – Mandalas; Greeting Cards; "Wreck This Paper Art"; Origami Cranes for "Day of the Dead" Altar; Using Dots to Create Art; Choices You Regret and What to do About it; Valentine and Christmas Cards; Cards to our Future Selves.
- Exercise – Yoga; Stretching; Meditation; Catching balls; Chi Gung; Walking to the park, and Mindful walking.
- Games - Wellness Tools Hangman; Moods; Creating a Dinner for Under $30 from Ads; Recovery Hangman; Stress Reduction Hangman; Life Stories; Boggle and Jenga!
- Drawing – Including: Nature scenes; A summer day; Coloring mandalas; Outlining objects to create a composition; Using Lines; Shared Drawing; Creating Art with Stray Lines; Abstract drawing.

Field Trips

In FY19 a total of 8 field trips were offered with 34 participants. Peer led field trips at the museums and in nature incorporating expressive arts included trips to: Berkeley Marina; Berkeley Rose Garden; Codornices Park; the San Francisco Museum Of Modern Art; South Berkeley Art Walk; Berkeley Art Museum; and a trip to 4th Street in Berkeley to see the Holiday lights and the local Open Art studios; and a tour of the Berkeley Main Library.

Card Party Groups

In FY19 a total of 29 Card Party groups were offered to inspire consumers to create inspirational cards for individuals in psychiatric hospitals. This program is modeled after the Do-Send-A-Card program created by the San Francisco Mental Health Association. BMH Wellness Recovery staff partnered with the Alameda Network of Mental Health Clients' Reach Out Program to distribute the cards that were created from the Card Party groups when they visit the hospitals throughout the County. Patients can choose the card they want to receive. Through this program over 175 cards, were sent to the Reach Out Program.

Mood Groups

The Mood Group is designed for people to share their thoughts and feelings in a safe place where support is also offered. In FY19, the weekly support group focused on mood scales and enabled time for participants to share freely among non-judgmental peers. There were 33 groups with an average of 15 participants at each group.

Mental Health Advance Directives

This consultation was offered on a drop-in basis. As a result of these meeting sessions, recommendations were made to the existing Mental Health Advance Directive policy and procedure. In FY19, 9 sessions were offered on-site at BMH, and 3 were offered off-site at a community-based organization, and 10 individuals dropped in for consultations.

The Wellness Recovery Team also conducted or participated in the following activities during the reporting timeframe: Developed a monthly color calendar of activities that was sent to approximately 150 individuals via mail and another 130 individuals via email; worked on an introductory letter about the Wellness Recovery Team to be given to consumers; worked on the development of a Mission Statement for the Wellness Recovery Team: participated in the planning and implementation of the May is Mental Health Month event in Berkeley; co-facilitated 1 Adult Mental Health First Aid training and 1 Youth Mental Health First Aid training; participated on the Berkeley Wellness Center Task Force; conducted Consumer Perception surveying in November and May during the State survey period, including recruiting, training and supervising surveyors as well as submitting completed surveys to the state; ministered the Consumer and Family Member Stipend Program and continued work on updating the Stipend Policy; assisted consumers to the POCC Barbeque and tabled the event with cards and information about BMH; participated in the planning of the 10 x 10 Eight Dimensions of Wellness, "We Move For Health", and attended the following conferences – POCC 2019 Annual Conference and the Spirituality Conference.

Hearing Voices Support Group

The Hearing Voices Support Group is offered through a contract with the Bay Area Hearing Voices Network. The weekly free drop-in Support Group is for adults who experience voices, visions, special messages, unusual beliefs or extreme states of consciousness. The support group is co-facilitated by trained group leaders both of whom have lived experience in the mental health system. Per the approved MHSA FY20 Annual Update, two additional new support groups were implemented through this program in December 2019, one for Transition Age Youth and one for Family Members of individual participants.

In FY19, a total of 504 individuals were served through weekly support groups. There was an increase of 139 individuals served through this project over the previous year. According to the program report, this increase demonstrates the community need for these kinds of groups as well as successful outreach efforts. Outreach efforts included: Posting and distributing leaflets; conducting visits to shelters, housing for the homeless, area hospitals, and the Berkeley Public Library; and conducting presentations on the Hearing Voices Network services at mental health clinics. During the program a survey was administered to the Adult Support Group participants and their family members. Survey questions and some of the responses are outlined below:

QUESTIONS ASKED TO ADULT SUPPORT GROUP MEMBERS AND SOME OF THE PARTICIPANTS RESPONSES
How has the group helped you? "It helps me to listen to and talk to others who also have to deal with the cultural stigma of hearing voices." "It helps me appreciate my own uniqueness and provides opportunities to hear from others what its like for them to live with voices". "I still cannot talk to most people about the voices, including family and friends, so this organization makes me realize others are also going through this daily experience." "Listening to other group members share their experiences has given me hope, not in the sense that my experiences will stop necessarily, but in learning about the similar burdens that others have been carrying longer than me, I feel that mine has lightened." "The group has helped me function at work and find a job."

What do you like about the group? "I like the group's sense of humor." "I feel that other group members have good intentions and a desire to help." "I like a small group and I am able to express what the voices say and deal with it." "The group has allowed me a forum to talk about my experiences that are not allowed in society. I like it that it's not judgmental.
How has the group changed your life? "When I think about how my group has changed my life, I think about the sense of belonging I feel." "It is the first community I have found in my life that I feel I can not only merge with, but help define." "I don't isolate myself like I used to. We meet after group and have coffee and talk about experiences, which I really like." "I feel very supported since group members are about the only people who understand other voice hearers." "I was already blogging about my experience in the voice/avatar world, but to talk about my experience has allowed me to go further with the work."
How have you seen your life improve since you started the group? "The group has given me a place to be." "It has given me new friends, improved my social life and given me a connection to something greater than myself." "It's easier to accept myself because I see and hear from others who hear voices and we are not crazy." "My experience in the group has been freeing and discerning".
Do you feel safe in the group? Why? "Yes, I feel safe in the group. Our moderators encourage and try to give everyone the chance to speak" "I feel I will have support if I come to my group with a problem."
Do you connect with other members of the group? During group, or after group? "I connect with other group members both during and outside of group."
Do you feel supported in the group? Why? "Yes, I do feel supported in my group. Other group members are more than willing to share their advice, even if it's just someone relating to something I am experiencing." "
Has the group helped you deal with stigma? "Within the group I do not feel the stigma that exists in broader society." "Talking to other group members who also experience life in ways that are socially stigmatized has given me an escape from that constant negativity.
What is your experience like in the group? "As I've gotten to know the group members better, my experience in the group has shifted. When I first started coming to the group I didn't know anyone and I felt a little shy, but also excited." "Although I've only been coming to the group for about a year, it has forever changed my life, and I can't see myself leaving."

QUESTIONS ASKED TO FAMILY MEMBERS OF ADULT SUPPORT GROUP PARTICIPANTS AND SOME OF THE FAMILY MEMBER RESPONSES
How has the group helped your loved one? "My wife felt immediately welcomed by the group." "Members and facilitators understand the situation better than the public, and perhaps even the medical community." "It has been very valuable for my son to have a place he can go to every week and be with people who have shared experiences, where he can express things that he would not be comfortable sharing with others."

"The group has benefitted my family member in a number of ways. The group provides him with a safe place and a feeling of sanctuary where he knows he will be welcome on his good days and not-so-good days." "He is grateful for the support other group members have given him and to one another. The group gives him a feeling of contribution when he can support others."
What positive changes have you seen in your loved one/friend? "He feels good about being able to share his experiences in a way that may help others. He speaks about them a little more easily with me than he used to as well." "He has made friends in the group, people he is comfortable being around." "Attending group gives structure to my family member's day and week." "Because of my family member's participation in he group, his sense of isolation (of being the only one to experience his experiences) has greatly diminished." "This is most significant—my family member watched how this group was organized – from the facilitators to the participants – and decided that he wanted to become a peer counselor. He completed a multi-month course as well as an intensive 4-day workshop on peer counseling, and he worked as an intern at a wellness center. He now has a profession complete with a training certificate and employment recommendations."
Are you happy that your friend or loved one attends the group? Why? "I'm very happy that my family member attends the group, it has been a positive and helpful experience for him." "I'm very happy that my family member attends the group. Discovering a community and participating in it is an affirming activity. The group has also provided my family member the opportunity to expand their social world by making numerous friends who also attend the group. This is most important because in years past my family member has felt socially isolated."
Do you support him/her attending the group? Why? "I absolutely support my family member attending the group." "I totally support my family member attend the group. The benefits have been many."

Family Support Services

The Family Service Specialist 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 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 Services Specialist 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 Services Specialist coordinates forums for family members to share their experiences with the system; recruit's 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 419 clients and their family members a year.

In FY19 under the direction of the Family Services Specialist, the following individual or group services and supports were conducted through this program:

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

Family Support Group: An English speaking Family Support group was offered to parents, children, siblings, spouses, significant others or caregivers. The group met twice a month for two hours.

Individual Support: The Family Services Specialist 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 April 2019 the Family Services Specialist position became vacant. During FY19 a total of 69 family members were served. Demographics of individuals served are outlined below:

CLIENT DEMOGRAPHICS N=69		
Client Gender	*Number Served*	*Percent of Total Number Served*
Male	53	77%
Female	16	23%
Race/Ethnicity		
Client Race/Ethnicity	*Number Served*	*Percent of Total Number Served*
African American	7	10%
Asian Pacific Islander	13	19%
Caucasian	40	58%
Latinx	5	7%
Declined to Answer/Unknown	4	6%
Age Category		
Client Age in Years	*Number Served*	*Percent of Total Number Served*
26-55 years	18	26%
56+ years	33	48%
Declined to Answer/Unknown	18	26%

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 activities 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. Additionally, input received during 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.

A new Employment Specialist position was proposed through a previously approved Three Year Plan. It was envisioned that once hired, the Employment Specialist would be focused on utilizing an evidenced based model for supporting individuals with serious mental illness in obtaining and retaining competitive employment. The hiring process for this position has not occurred yet, as the City of Berkeley has been evaluating whether the best use of funds would be to hire the full-time position, or to contract the services out to a local organization that focuses on employment services and supports for mental health consumers. As a decision on the best approach had not been finalized yet, in the previously approved MHSA FY19 Annual Update, the Division requested to have flexibility on how to best utilize funds allocated for the Employment Services Specialist position.

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. Up until early FY18, although clients continued to receive housing support from case managers and/or through Shelter Plus Care personnel, there was not a dedicated staff member in place to focus solely on this

aspect of the work. The vacancy in the Housing Specialist position 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 began interviewing for the Housing Specialist position and the position was filled in early FY18. The current Housing Specialist has been 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 Hub (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 public benefits. Services are provided for approximately 10 BMH clients a year. In FY19, 16 clients were served through this agency. Demographics on those served were as follows:

CLIENT DEMOGRAPHICS N=16		
Client Gender	*Number Served*	*Percent of Total Number Served*
Male	10	62.5%
Female	6	37.5%
Race/Ethnicity		
Client Race/Ethnicity	*Number Served*	*Percent of Total Number Served*
African American	5	31%
Caucasian	9	56%
Mixed	1	6%
Other	1	6%
Age Category		
Client Age in Years	*Number Served*	*Percent of Total Number Served*
18-24 years	1	6.25%
25-44 years	4	25%
45-54 years	3	18.75%
55-61 years	4	25%
62 & over	4	25%

Flexible Funds for Level One Clients

A contract with the community-based organization, Berkeley Food & Housing Project, enables 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 aids individuals in achieving better stability in areas where they are less capable of addressing their daily living needs.

Mobile Crisis Team (MCT) Expansion

Through the previously approved MHSA FY14/15 - 16/17 Three Year Plan, and as a result of staff and community input on increasing and improving services for those experiencing a mental health crisis, the following additions to BMH have been or are in the process of being implemented through CSS System Development funds:

- Increase in staff to expand the Mobile Crisis Team (MCT) capacity and hours of operation;
- 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.

Transitional Outreach Team (TOT)

The Transitional Outreach Team (TOT) was added thru the previously approved FY16 MHSA Annual Update to support Crisis Services, through interventions that address issues individuals experience either immediately prior to, or following a mental health crisis. This team, follows up with individuals and families that have had a recent crisis. The goal of the team is brief outreach and engagement to assist the individual and/or family get connected to the resources they may need.

In FY19, 321 individuals were served through this project. Demographics on those served were as follows**:**

CLIENT DEMOGRAPHICS N=321		
Client Gender	*Number Served*	*Percent of Total Number Served*
Male	162	50%
Female	153	48%
Transgender	2	1%
Unknown	4	1%
Client Race/Ethnicity		
Client Race/Ethnicity	*Number Served*	*Percent of Total Number Served*
African American	86	27%
Asian	17	5%
Caucasian	114	36%
Latinx	23	7%
More than One Race	4	1%
Other	77	24%
Age Category		
Client Age in Years	*Number Served*	*Percent of Total Number Served*
0-15	25	8%
16-25	59	18%
26-59	151	47%
60+	24	8%
Unknown	62	19%

Services provided by this team are subject to the number of referrals that are generated by the Mobile Crisis Team crisis calls. Clients served by TOT often enter the crisis system with fewer

resources such as collateral supports, lack of insurance, etc. In FY19, staff turnover and hiring challenges resulted in continuous hiring and training for portions of the reporting timeframe.

Outcomes of the program during the reporting timeframe included:

- Connected many individuals and families to needed mental health care, housing, literacy services, family services, emergency medications;
- Built relationships with various individuals and agencies in the Crisis system;
- Provided options for hospitals, John George and other facilities to follow up regarding discharge planning;
- Offered intensive short term support to individuals and families who experienced a mental health crisis, including referrals, linkage, psycho-education, and active support in connecting with needed services in Berkeley or elsewhere in the Alameda County system of care;
- Provided in person outreach and engagement to individuals in inpatient settings who needed assistance connecting to treatment and were unlikely to make it to the clinic for an intake;
- Strengthened the transitions between hospitalized crisis clients and intakes at BMH;
- Coordinated with other programs within the City's Mental Health Division, including the Crisis/Assessment/Triage (CAT) On Duty staff, field based services such as Mobile Crisis (MCT) and the Homeless Outreach and Treatment Team (HOTT), and with the case management teams at the Adult and Children's clinics;
- Created more flexible opportunities for clients exiting various systems (jail, mental health rehabilitation, hospital, etc.) to connect with the long term mental health system and enter care if desired.

Sub-Representative Payee Program

In the previously approved MHSA FY2014/15 – 2016/17 Three Year 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.

In FY19, Sub-Representative Payee services was contracted out to Building Opportunities for Self Sufficiency (BOSS) who were chosen through a competitive RFP process. BOSS began providing Sub-Representative Payee Services in April 2019. Approximately 79 individuals receive services a year.

Wellness Recovery Center

Per previously approved MHSA Plans the City of Berkeley has allotted $450,000 of CSS System Development funds annually to pool with Alameda County BHCS monies to fund a local Wellness Recovery Center. In FY16, a Memorandum of Agreement (MOU) with Alameda County BHCS was finalized. Alameda County BHCS executed an RFP process and Bonita House was the chosen community-based organization to implement the Wellness Center, which opened in November 2019.

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, BMH has had success in establishing employment lists where there are applicants who describe themselves as peer providers or family member providers. In early August 2018, a Peer Specialist was hired to support the Wellness Recovery services work. It is anticipated that BMH will continue to increase the number of peer and family member providers in the future.

Homeless Outreach and Treatment Team (HOTT)

The Homeless Outreach and Treatment Team (HOTT) program was established out of an effort to address the homeless crisis, and as a result of input received through various MHSA Community Program Planning processes. Utilizing a portion of PEI and CSS funds, blended with realignment and general funds this pilot program was created to support homeless mentally ill individuals in Berkeley and to connect them into the web of services that currently exist within the system of care. Key program components include the following: Persistent and Consistent Outreach; Supportive Case Management; Linkage to Care; and Treatment.

In FY19, 147 individuals were served through this program. A local consultant, Resource Development Associates (RDA), conducted an evaluation of this project. In late FY20, the Homeless Outreach and Treatment Team Final Evaluation Report was released. As this program is funded in both the CSS and PEI MHSA components, demographics on individuals served and program outcomes are outlined in the PEI section of this Three Year Plan. In FY21, HOTT will continue to be in operation until the Homeless FSP is fully implemented.

Case Management for Youth and Transition Age Youth

In response to a 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, case management services for TAY are provided through a local community partner, Youth Spirit Artworks (YSA). This project serves approximately 50 youth a year.

Program services began in January 2019. During the reporting timeframe, program start-up, outreach, and case management activities were conducted. In the start-up period, prior to hiring a Lead Case Manager/Social Worker, both the YSA Executive Director and the Program Director and two of the YSA Lead Artists provided outreach to homeless youth, assisted new participants with intake and orientation to program activities, and provided participants with care coordination, appointment reminders, connections, transportation to services, and one-on-one support. Outreach activities included conducting presentations and site visits, and making phone calls, sending emails, and distributing brochures to inform the community about YSA Case Management

services. The Program Director worked with YSA youth to include them in outreach activities for Peer to Peer engagement, and to accompany them to various community agencies and shelters where outreach was being conducted.

A Lead Case Manager/Social Worker was hired on contract in March, while YSA continued to recruit for a permanent staff person in this position. An Outreach Worker was hired in May, to conduct outreach for 5 to 10 hours a week. In addition to case management services, several workshops and Art Therapy sessions were conducted for youth participants, as well as a picnic to honor graduating youth. In FY19, a total of 31 youth were served through this project. Demographic data on youth participants below is shown in monthly totals, as unduplicated data was not provided:

Youth Case Management Program Monthly Demographics			
Month/Total Served	*Gender*	*Race/Ethnicity*	*Age*
January: 14	Male – 36% Female – 43% Other – 21%	African American – 43%; Caucasian – 7%; Asian Pacific Islander – 21%; Native American – 7%; Other – 22% Ethnicity: Latinx - 29%	16-20 – 79% 21-25 – 21%
February: 16	Male – 50% Female – 31% Other – 19%	African American – 31%; Caucasian – 12.5%; Asian Pacific Islander – 19%; Native American – 12.5; Other – 25%: Ethnicity: Latinx – 38%	16-20 – 81% 21-25 – 19%
March: 13	Male – 38% Female – 38% Other – 24%	African American – 23%; Caucasian – 8%; Asian Pacific Islander – 23%; Native American – 8%; Other – 38% Ethnicity: Latinx – 38%	16-20 – 85% 21-25 – 15%
April: 18	Male – 56% Female – 39% Other – 5%	African American – 44%; Caucasian – 17%; Asian Pacific Islander – 6%; Other – 33%; Ethnicity: Latinx – 22%;	16-20 – 78% 21-25 – 22%
May: 19	Male – 63% Female – 32% Other – 5%	African American – 53%; Caucasian – 5%; Asian Pacific Islander – 5%; Native American – 5%; Other – 32% Latinx – 21%;	16-20 – 79% 21-25 – 21%
June: 14	Male – 64% Female – 29% Other – 7%	African American – 57%; Caucasian – 7%; Asian Pacific Islander – 7%; Native American – 7%; Other – 22%; Latinx - 2 – 14%;	16-20 – 79% 21-25 – 21%

Demographics on sexual orientation of Youth participants were as follows: 29% Heterosexual; 19% Bi-sexual; 3% Gay; 10% A-sexual; 39% Unknown or Declined to State.

Program outcomes during the reporting timeframe were as follows:

- Two youth secured employment;
- One youth secured long-term housing;
- Several youth graduated from High School;

- Several youth applied for post-secondary education;
- Youth provided verbal feedback to program staff that "they were pleased to have caring adults in their lives who keep their word and follow through".

Albany Community Resource Center – Albany CARES

Through previously approved MHSA plans the City of Berkeley allocated funding to support the City of Albany Community Resource Center. The Albany Community Resource Center was initially a short-term pilot project that offered residents a one-stop venue to learn about and receive referrals and resources to assist with a range of social and economic needs. The Community Resource Center was staffed by a half-time Community Resource Center Director. In early 2018, due to a loss of staffing the Albany Community Resource Center closed prematurely. In March 2018, the Albany City Council authorized the development of a Human Services Resource Linkage Program which was subsequently named "Albany CARES."

The Albany CARES program provides outreach, assistance and referrals to resources and services that support Albany's most vulnerable and low-income residents. The programs drop-in hours provide a welcoming environment where services are tailored to each client's unique needs.

In FY19, 118 individuals received services or supports through this program. Demographics on those served were as follows:

CLIENT DEMOGRAPHICS N=118		
Client Gender	*Number Served*	*Percent of Total Number Served*
Male	83	70%
Female	33	28%
Non-binary	2	2%
Client Race/Ethnicity		
Client Race/Ethnicity	*Number Served*	*Percent of Total Number Served*
African American	18	15%
Asian	16	14%
Caucasian	43	36%
Latinx	10	8%
Other	8	7%
Unknown		19%
Age Category		
Client Age in Years	*Number Served*	*Percent of Total Number Served*
Under 18	2	2%
18-25	2	2%
26-39	6	5%
40-49	10	8%
50-61	19	16%
62-79	42	36%
80+	14	12%
Unknown	23	19%

During the reporting timeframe, twelve outreach presentations were conducted and program fliers were posted at various locations. The top areas of concern of individuals served through the

program included: housing (finding housing, landlord/tenant issues, repairs); medical (mental health support, homecare, insurance); financial (tax exemptions, legal, utilities, employment); and needing conversation and support. The provision of referrals and assistance for Albany residents were able to continue on an interim basis at the Albany Senior Center by Resource Center volunteers. Through on-site support provided from both Berkeley Food and Housing Project and BMH, individuals were able to be connected to resources that they would otherwise never access. Individuals were able to receive immediate assistance from staff assigned to Albany Project HOPE. At times this saved an entire family from crisis, where they would have been homeless and continued to decline without the service. Beginning in FY21, the City of Albany will be funded under Alameda County's MHSA Plan.

Additional Services for Asian Pacific Islanders

The Asian Pacific Islander (API) population is significantly underserved in the mental health system. In an effort to better meet the needs of this underserved population, BMH proposed through the previously approved MHSA FY19 Annual Update to allocate CSS System Development funds to contract with a local community-based organization or to partner with Alameda County BHCS to increase funding for a contractor selected for similar purposes. It was envisioned that the contractor would provide access to additional services and supports for this population. In FY20 two separate RFP processes were executed to find a community partner that the Division could contract with who would provide these services, however the Division was unable to secure a Contractor. As a result, during the Three Year timeframe the Division will be re-assessing the best way to provide additional services and supports for the API population.

Results Based Accountability Evaluation

Feedback received over the past several years regarding program outcomes has been largely focused on implementing evaluative measures that help BMH, MHSA Stakeholders and community members more fully understand and determine how well programs are meeting participant and community needs. Integral to this type of outcome measure is to engage the voice of the program participant around the services they received. Despite best intentions of staff there is simply not the time or expertise to effectively accomplish this and the specialized skills of a consultant will ensure the most successful outcome.

In response to this input, BMH proposed through the previously approved MHSA FY19 Annual Update to allocate CSS System Development funds for a Consultant who will conduct an evaluation on all BMH programs across the system utilizing the "Results Based Accountability" (RBA) framework. The RBA framework will measure how much was done, how well it was done, and whether individuals are better off as a result of the services they received. In FY19 a competitive RFP process was executed, and Resource Development Associates (RDA) was the chosen consultant. In FY20 the RBA evaluation framework will be implemented across the mental health system.

Counseling Services at Senior Centers

Seniors who only have Medicare insurance currently have great difficulty accessing mental health services, despite consistent input on the need for mental health services for this population. In an

effort to increase mental health services and supports for senior citizens, the Division allocated up to $150,000 in the approved FY20 MHSA Annual Update to support this population. MHSA funds will be transferred to the Aging Services Division of HHCS, to implement counseling services at Senior Center sites.

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, May 2015, June 2016, January 2017, July 2017, October 2018 and July 2019. 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 unserved, 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.

PEI Reporting Requirements

Per MHSA PEI regulations, all PEI funded programs must collect specified state identified outcome measures and detailed demographic information. MHSA also requires Evaluation Reports for PEI funded programs. Beginning in FY19, PEI Evaluations were required to be included in each MHSA Annual Update or Three Year Plan. See Appendix A for the Fiscal Year 2019 Prevention & Early Intervention Annual Evaluation Report.

Impact Berkeley

In FY18, the City of Berkeley introduced a new initiative in the HHCS Department called “Impact Berkeley”. Central to this effort is using a highly regarded framework called Results Based Accountability (RBA) to account for the work of the Department. RBA provides a new way of understanding the quality and impact of services provided by collecting data that answer three basic questions:

- How much did you do?
- How well did you do it?
- Is anyone better off?

RBA has been incorporated into selected programs within the Department. Beginning in FY18, this included community agency programs funded through the MHSA Prevention & Early Intervention Community Education & Supports program. Through this initiative the Department worked with each

contractor to envision, clarify and develop measures on the outcomes and results each program is seeking to achieve, and used a rigorous framework to begin measuring and enhancing progress towards these results. Page 55 of this Three Year Plan provides an aggregated summary of some of the results of this initiative. The full report on the Impact Berkeley PEI program results can be accessed on the MHSA website: MHSA Plans and Updates - City of Berkeley, CA

New PEI Regulations

Beginning January 1, 2020, per Senate Bill (SB) 1004, Welfare and Institutions Code (WIC) 5840.7 (a) directed the Mental Health Oversight and Accountability Commission (MHSOAC) to establish priorities for the use of MHSA PEI funds. Section 5840.7 (d)(1) states that mental health jurisdictions shall, through their MHSA Three Year Program and Expenditure Plans and Annual Updates, focus use of their PEI funds on the Commission-established priorities or other priorities as determined through their respective, local stakeholder processes. If a mental health jurisdiction chooses to focus on priorities other than or in addition to those established by the Commission, "the plan shall include a description of why those programs are included and metrics by which the effectiveness of those programs is to be measured" (WIC Section 5840.7 (d)(1)).

At the time of the writing of this Three Year Plan, the MHSOAC had not established additional priorities to the following specifically enumerated required priorities in WIC Section 5840.7 (a) for the use of PEI funding:

- Childhood trauma prevention and early intervention to deal with the early origins of mental health needs;
- Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan;
- Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs;
- Culturally competent and linguistically appropriate prevention and intervention;
- Strategies targeting the mental health needs of older adults;
- Early identification programming of mental health symptoms and disorder, including but not limited to, anxiety, depression, and psychosis.

In order to meet the requirements, each mental health jurisdiction is required to show in the PEI Component of the FY20/21 – 22/23 Three Year Plan the following:

- Which specific PEI priorities the mental health jurisdictions plan addresses, an estimate of the share of PEI funding allocated to each priority, and an explanation of how stakeholder input contributed to those allocations;
- If the mental health jurisdiction has determined to pursue alternative or additional priorities to those listed in Section 5840.7(a), how the determinations were made through its stakeholder process;
- For any alternative or additional priority identified by the mental health jurisdiction, what metric or metrics relating to assessment of the effectiveness of programs intended to address that priority the county will measure, collect, analyze, and report to the Commission, in order to support statewide learning.

All MHSA programs and projected funding amounts were vetted through the Community Program Planning process for this Three Year Plan. Many PEI projects meet multiple established priorities. Per new PEI regulations, outlined below are the City of Berkeley PEI Programs, Priorities and Projected funding amounts:

CITY OF BERKELEY PEI PROGRAMS	PEI PRIORITIES	Approximate Projected Funding Per Priority
• Be A Star • Community Based Child & Youth Risk Prevention Program • Supportive Schools	Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.	$172,656
• High School Youth Prevention Project • Mental Health Peer Mentor Program • Dynamic Mindfulness Program • African American Success Project	Youth Engagement and Outreach Strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs. Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis	$445,976 $445,976
• Community Education & Supports	Culturally competent and linguistically appropriate prevention and intervention; Youth Engagement and Outreach Strategies that target secondary school and transition age youth; Strategies targeting the mental health needs of older adults.	$300,000 $32,046 $32,046
• Homeless Outreach and Treatment Team	Early identification programming of mental health symptoms and disorder, including but not limited to, anxiety, depression, and psychosis; Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.	$28,446 $28,445

Programs and services funded with PEI funds are as follows:

PEI Funded Children and Youth and TAY Services

Per MHSA regulations 51% of PEI funds are to be used on services and supports for Children, Youth, and TAY. Small counties, of which the City of Berkeley is considered, may elect to forego this regulation as long as a community vetted, locally approved justification is provided as to why children and youth services are funded at a lower level. Since the initial PEI Plan, the City of

Berkeley has allocated more than 51% of PEI funds to services and supports for children, youth and TAY as the majority of PEI funds has been utilized to serving these populations.

Currently, eight out of ten local PEI programs provide services for children and youth, 5 of which are in the Berkeley Unified School District (BUSD). Programs are as follows: Behavioral-Emotional Assessment, Screening, Treatment and Referral (BE A STAR); Community-Based Child/Youth Risk Prevention Program; Supportive Schools Project; Mental Emotional Education Team (MEET); Dynamic Mindfulness (DMIND); African American Success Project; High School Youth Prevention Project, and the TAY Trauma Support Project. Additionally, from FY11 through FY20, the City of Berkeley utilized a portion of PEI funds to provide services for children, youth and TAY in the Albany Unified School District, through the Albany Trauma Project.

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.

PEI Goals: The goal of this program is to bring about mental health, including the reduction of school failure and the removal of children from their homes.

In FY19, there were vacancies in staff, as such program data for the reporting timeframe is unavailable.

Community-Based Child & Youth Risk Prevention Program

This program targets children (aged 0-5) who are impacted by multiple risk factors including trauma, family or community violence, familial distress, and/or family substance abuse, (among other issues). A BMH clinician serves as the Mental Health Consultant on this project providing information, services and supports to teachers and parents at the YMCA Head Start program in South Berkeley. Services include individual case consultation for teachers and parents, group consultations, classroom observations and interventions, assessments, brief treatment, and

referrals to 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 50 Children & Youth a year.

PEI Goals: The goal of this program is to bring about mental health including the reduction of school failure and the removal of children from their homes.

In FY19, the following services were provided:

- Fifteen Early Childhood Mental Health Reflective Case Consultation groups for five classrooms;
- General Classroom Consultations in five classrooms;
- Individual and group consultations to the Center Program Supervisor, 15-18 Childhood Teachers, and two Family Advocates;
- Coordinated with the "Inclusion Program" which includes Inclusion Specialists and a Speech Pathologist to help observation and assessment efforts that facilitate early intervention screenings and referrals to BUSD and Regional Center;
- Planning and assistance with implementation of behavior plans for children with behavioral and social-emotional needs;
- Direct interventions including providing visuals and classroom tools to help teach children self-regulation skills, social skills, and skills to help with transitions and to improve the overall functioning of individual children in the classroom setting;
- Mental Health consultations to 15 parents which included a variety of direct psycho-education around developmental concerns, social-emotional issues/behavioral concerns, parenting issues, providing information regarding mental health services as well as information regarding community services as as: First 5 Alameda, Help Me Grow, Regional Center, BUSD, and Primary Care physicians; and
- Co-facilitated monthly Resiliency Circles to promote self-care and trauma informed care principles with teaching staff.

According to the HeadStart Center Supervisor, the consistency with the current Mental Health Consultant has allowed for relationship building and establishing rapport with teachers and their families, which are essential to providing successful and effective mental health consultation.

In FY19, 54 children were served through this program. Demographics on those served is as follows:

PARTICIPANT DEMOGRAPHICS N=54	
Age Groups	
0-15 (Children/Youth)	100%
Race	
Asian	6%
Black or African American	55%
White	4%

Other	33%
More than one Race	2%
Ethnicity: Hispanic or Latino	
Mexican/Mexican-American/Chicano	33%
Ethnicity: Non-Hispanic or Non-Latino	
Declined to Answer (or Unknown)	67%
Primary Language	
Declined to Answer (or Unknown)	100%
Disability	
Declined to Answer (or Unknown)	100%
Gender: Assigned sex at birth	
Declined to Answer (or Unknown)	100%
Current Gender Identity	
Declined to Answer (or Unknown)	100%

Berkeley Unified School District PEI Funded Children/Youth Programs

Since the very first MHSA PEI Plan the City of Berkeley has provided MHSA funding to Berkeley Unified School District (BUSD) to implement mental services and supports for children and youth. Currently, MHSA PEI funds, support five programs that provide school-based mental health services and supports for BUSD students. Descriptions of each program and FY19 data are outlined below:

Supportive Schools Program

Through this program leveraged MHSA PEI funds support the provision of mental health prevention and early intervention services at each of the Elementary Schools in Berkeley. Services include: outreach; mental health programming; classroom, group, and one-on-one psycho-social education and support; and consultation with parents and/or teachers.

PEI Goals: The goal of this program is to bring about mental health, including the reduction of school failure and the removal of children from their homes.

In FY19, BUSD sub-contracted with the following local agencies to provide services: Bay Area Community Resources (BACR), Child Therapy Institute (CTI), and LifeLong Medical Care. Agency and district staff providers led social skills groups, provided early intervention social and emotional support services, playground social skills, “check in/check out,” individual counseling, and support for parents and guardians from diverse backgrounds. As aligned with priority and focus on equity, providers participated in Coordination of Services Team (COST) meetings, and linked parents and guardians with resources at the school, within the school district, and in the community. A total of 1,065 elementary age students were served through this program.

Mental and Emotional Education Team (MEET)

Through the previously approved MHSA FY19 Annual Update BMH provides PEI funds to support the BUSD MEET Program. This program implements a peer-to-peer mental health education curriculum to 9th graders and an internship program for a cohort of high school students to serve as peers to their fellow students. The goals of the program are to increase student awareness of common mental health difficulties, resources, and healthy coping and intervention skills. Through this program, students are trained by a licensed BUSD clinician to conduct class presentations covering common mental health disorders, on and off campus resources, and basic coping and intervention skills.

PEI Goals: The goal of this program is to bring about mental health, including the reduction of school failure and the removal of children from their homes.

In FY19, a Berkeley High School (BHS) Counselor, led and facilitated weekly MEET trainings throughout the school year for thirteen high school students for the purpose of establishing and implementing a peer-led mental health education curriculum. Weekly trainings prepared MEET students to provide classroom presentations. Seven pairs of MEET students provided a total of twenty-eight psycho-educational presentations in 9th grade classes. The presentations aimed to reduce mental health stigma, teach coping skills, create awareness about depression and anxiety, and demonstrate to students how to access mental health resources on campus and in the community. A total of 882 students were served. Four encore follow-up presentations were provided to 108 students in the 10th grade. Additional MEET student accomplishments were as follows:

- Provided stress management tips through interactive presentations in ten classrooms, before the 1st semester exams to assist 271 students in increasing stress reduction strategies;
- Assisted in designing surveys to measure students' knowledge before and after the classroom presentations;
- Conducted lunch-time meetings to assist 11 students through peer-to-peer services and supports;
- Distributed 1000 bookmarks with Crisis Services on them to 9th graders and other high school students;
- Assisted in designing mental health survey questions that were used in the school-wide Berkeley High School Student (BHS) Survey;
- Created videos to promote mental health awareness: "MEET Members Speak Out", "Mental Health and Homeless Youth", and "Welcome to the Health Center";
- Assisted in designing a MEET Website with a resources page;
- Created a MEET Instagram account, promoting mental health awareness;
- Participated in the school-run podcast, "The BHS Jacket";
- Attended the BMH MHSA Advisory Committee meeting to voice the need and advocate for increased funding for mental health resources at Berkeley public schools; and
- Hosted a panel discussion to help incoming seniors manage stress.

MEET conducted two surveys to measure learning outcomes of the 9th grade classroom presentations. A pre and post test was conducted. A majority of the 9th graders surveyed improved their scores from pre to post-test. Areas measured was as follows:

1. Knowledge of mental health resources – where to find them
2. Identifying symptoms of anxiety and depression
3. Mental health stigma – willingness to talk about mental health
4. Learning mental health coping strategies
5. How to respond to a mental health crisis, especially suicidal ideation

Program outcomes showed that numerous 9th grade student participants as well as 100% of 9th grade teachers, verbally reported being satisfied with MEET's classroom presentations. The BHS Health Center also reported a correlative increase in student self-referrals after MEET's presentations. Students often arrived at the Health Center holding a Crisis Resource Bookmark, of which MEET distributed. Demographics on the 13 students who were in the MEET program were as follows: 31% Male; 69% Female; 15% African American; 15% Asian; 46% Caucasian; 8% Latinx; 16% mixed race. A total of 1,285 students participated in prevention services offered by MEET. Demographics on student participants were as follows: 16% African American; 19% Asian; 29% Caucasian; 18% Latinx; and 18% were of mixed race or did not specify race or ethnicity.

Dynamic Mindfulness Program (DMind)

Through the previously approved MHSA FY19 Annual Update BMH allocated PEI funds to support the BUSD Dynamic Mindfulness (DMind) Program. DMind is an evidence-based trauma-informed program implemented in BUSD middle and high schools. Validated by independent researchers as a transformative program for teaching children and youth, skills for optimal stress resilience and healing from trauma, the DMind program integrates mindful action, breathing, and centering into an intervention are implemented in the classroom in 5-15 minute sessions, 3 to 5 times a week. This program has proven to be successful with vulnerable students who are exhibiting signs of chronic stress/trauma/PTSD from Adverse Childhood Experiences (ACEs), and/or disengagement from school, chronic absences, and significant behavioral challenges, including emotion regulation, impulse control, anger management, and/or getting frequent referrals/suspensions and at high risk of school failure. DMind also enables teacher and staff well-being, which has been shown to enhance student learning. Program components include in-class and after-school DMind sessions for students, student peer leadership development, training and coaching of school staff, and program evaluation. This program is currently provided by Niroga Institute.

PEI Goals: The goal of this program is to bring about mental health, including the reduction of school failure and the removal of children from their homes.

In FY19, planning, design and customization of DMind for each school site was conducted. DMind training for staff was provided, as well as post-training follow-up supports. Niroga Instructors provided in-classroom DMind instruction. DMind curriculum supports, including the DMind video library was also made available.

According to the DMind program report, specific program outcomes were as follows:

- School Administrators and staff, as well as students, enthusiastically embraced the DMind program;
- Special Education students seemed to especially take to DMind. In addition to other classrooms, 13 Special Education classes were provided with the DMind program:

- The DMind program for chronic absentees led to a 1.8% increase in attendance.

A total of 520 students and 117 staff were served through this program in FY19, as follows:

School	# of Students Served	# of Staff Served
Berkeley High School	125	75
Berkeley Technology Academy	28	25
Martin Luther King Middle School	215	6
Williard Middle School	152	11
TOTAL	520	117

Data provided by BUSD, which combined demographics for the Supportive Schools Project, the MEET Program, and DMind, is outlined below:

PARTICIPANT DEMOGRAPHICS N= 3,065	
Age Group	
0-15 (Children/Youth)	81%
16-25 (Transition Age Youth)	13%
26-59 (Adult)	6%
Ages 60+ (Older Adult)	<1%
Race	
American Indian or Alaska Native	1%
Asian	11%
Black or African American	19%
Native Hawaiian/Pacific Islander	<1%
White	41%
Other	1%
More than one race	4%
Declined to Answer (or Unknown)	9%
Ethnicity: Hispanic or Latino	
Mexican/Mexican-American/Chicano	14%
Primary Language Used	
English	86%
Spanish	7%
Mandarin	1%
Declined to Answer (or Unknown)	6%

Sexual Orientation	
Gay or Lesbian	7%
Heterosexual or Straight	49%
Bisexual	2%
Questioning or unsure of sexual orientation	<1%
Queer	<1%
Declined to Answer (or Unknown)	41%
Disability	
Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)	9%
Physical/mobility domain	<1%
Veteran Status	
Declined to Answer (or Unknown)	100%
Gender: Assigned sex at birth	
Male	58%
Female	42%
Current Gender Identity	
Male	54%
Female	39%
Transgender	<1%
Questioning or unsure of gender identity	<1%
Another gender identity (Non-Binary)	<1%
Declined to Answer (or Unknown)	6%

African American Success Project

The African American Success Project (AASP) was first implemented in FY19 in four Berkeley Unified School District Schools (King, Longfellow, Willard and Berkeley High School). Closely aligned with the work of Berkeley's 2020 Vision, the AASP works with African American youth and their families to actively engage students in the classroom and school life while creating a pathway for their long-term success. The project implements a three-pronged approach that includes case management and mentorship (which are individualized and tailored to meet each student's needs), community building, and family engagement. Through this approach a case manager engages and works with each student on school success planning. This work includes establishing student check-ins, family connections, teacher and staff collaborations, advocacy, and community building sessions. The project supports students who have disproportionately faced barriers in Berkeley public schools to promote an individual's learning, mental, and socio-emotional well-being. During the first year the project team worked with 84 students and their

families while assessing the effectiveness of the project and identifying ways to strengthen the service model. One key finding was that the project could only have limited impact when staff were spread across four school sites.

Following FY19, the project was only going to be implemented at Longfellow. A second key learning was that services could be strengthened if they were integrated into the school day through a class that African American students could elect to take that would provide a safe space to focus on ongoing social and emotional development, skill-building, habits and mindsets that enable self-regulation, interpersonal skills, and perseverance and resilience. The class would be facilitated by a Counselor/Instructor who would follow-up with students in one-on-one counseling sessions on issues of concern that are raised in class and would provide referrals to mental health services and supports as needed. To support the implementation of this additional component, through the FY20 Annual Update the Division allocated PEI funds to support this project.

PEI Goals: The goal of this program is to bring about mental health, including the reduction of school failure and the removal of children from their homes.

Project updates and outcomes from FY20, will be reported in the next MHSA Annual Update.

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; drop-in crisis, counseling services; 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, and 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 100 B-Tech students receive some level of outreach, counseling, individual or group 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, and 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.

PEI Goals: The goal of this program is to bring about mental health, including the reduction of school failure or dropout.

In FY19, approximately 1,059 students at Berkeley High School (BHS) and Berkeley Technology Academy (B-Tech) received services at the school's Student Health Center, with 1,511 visits for Behavioral Health Individual sessions, and 321 visits for Behavioral Health Group sessions. Demographics on youth served are outlined below:

PARTICIPANT DEMOGRAPHICS N=1,059	
Age Groups	
0-15 (Children/Adult)	6%
16-25 (Transition Age Youth)	13%
Declined to Answer (or Unknown)	81%
Race	
Asian	7%
Black or African American	20%
White	33%
More than one Race	17%
Declined to Answer (or Unknown)	7%
Ethnicity: Hispanic or Latino	
Mexican/Mexican-American/Chicano	16%
Ethnicity: Non-Hispanic or Non-Latino	
Declined to Answer (or Unknown)	84%
Primary Language	
Declined to Answer (or Unknown)	100%
Sexual Orientation	
Declined to Answer (or Unknown)	100%
Disability	
Declined to Answer (or Unknown)	100%
Veteran Status	
No	100%
Gender: Assigned sex at birth	
Male	66%
Female	34%

Current Gender Identity	
Male	66%
Female	34%

Adult and Older Adult and Additional TAY PEI Funded Programs

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 unserved, underserved and inappropriately served in Berkeley including: African Americans; Asian Pacific Islanders; Latinx; LGBTQIA+; TAY; and Senior Citizens. All services are conducted through area community-based organizations. In FY19 each of the Community Education & Supports program contractors participated in the HHCS Results-Based Accountability (RBA) Evaluation. RBA implementation results were presented in an aggregated format aggregated across all programs as follows:

How Much Did We Do?	How Well Did We Do It?	Is Anyone Better Off?
• 651 Support Groups/Workshops • 3,524 Support Groups/Workshop Encounters • 419 Outreach Activities • 6,938 Outreach Contacts • 1,308 Referrals	• 7 Support groups or workshop sessions attended on average per person • 96% Survey respondents were satisfied with services • Referrals by type: 251 Mental Health 240 Social Services 227 Physical Health 156 Housing 434 Other Services	• 92% of program participants reported an increase in social supports or trusted people they can turn to for help (3 of 5 projects reported in this measure). • 88% of program participants reported positive changes in terms of coping strategies, feeling anxious or overwhelmed (4 out of 5 programs reported on this measure).

For additional details, definition of terms, and technical notes on how various data variables were quantified and for full reporting on other data elements, access the full report on the Impact Berkeley PEI program results on the MHSA website: MHSA Plans and Updates - City of Berkeley, CA

Re-Issue Requests for Proposals

To ensure fair contracting practices in the City the Division proposed in the approved FY20 MHSA Annual Update, to execute a new Request for Proposal (RFP) process for all PEI contracts that have been in place for five or more years. It was anticipated that the RFP process would be executed in the Spring of FY20. Due to Covid-19 the Division decided it would be best to delay this RFP Process until the Fall of FY21. MHSA PEI funded contracts that have been in place for five or more years, and are continuing in FY21, will be renewed through March 31, 2021. During

FY21, new RFP's will be executed for these services and the chosen vendor will begin providing services on 4/1/21.

Per the Proposed Additions section of this Three Year Plan, in an effort to ensure each unserved, underserved and inappropriately served population has an equitable amount of dedicated MHSA funds for programs and services, the Division will be making the following changes to this program in FY21: Increasing the amount up to $100,000 per each of the following populations, African Americans, Latinx and LGBTQIA+; and no longer funding the API population in this program, as the Division is providing $100,000 of dedicated CSS funds for services and supports for this community.

Descriptions for each project within the Community Education & Supports program are outlined below:

Albany Trauma Project

Implemented through Albany Unified School District this project provides trauma support services to Latinx, 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: Adult one-on-one outreach and engagement and support groups in the Elementary and High School in Albany. 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 40-55 children/youth and 25-45 adults. Descriptions of services provided and numbers served through this project are outlined below:

Adult Support Groups: This project used to implement outreach and engagement activities and support groups 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. Over the years this project has migrated to more of a one-on-one engagement project to support individuals in need, with occasional cultural and strength building group activities.

PEI Goals: The goal of this project is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

In FY19, 24 individuals received supports through one-on-one engagement sessions. Eleven referrals were provided, 1 to Physical Health services, 3 for Legal services, 1 for Tax Preparation, and 6 to other unspecified supports.

Children/Youth Support Groups: Young children and high school youth experiencing trauma are unlikely to seek services at traditional mental health clinics. Schools are an essential vehicle of treatment for trauma exposed individuals and their families. By aiming psycho-educational interventions for elementary age children and high school youth, it is possible to introduce youth and their families to information about trauma, coping mechanisms, and to combat the isolation that trauma brings.

The purpose of the groups is to reduce at-risk behaviors, reduce a sense of alienation, and increase a sense of belonging among group members. Various psycho-educational techniques are used to achieve these goals, such as improving communication skills, using role modeling and feedback, increasing empathy by encouraging self-disclosure and emotional engagement in the group, and developing trust via positive interactions in the group. The support group program: provides information about the effects of trauma, and helpful coping strategies; serves a preventive function by offering interventions that will keep at-risk individuals and families from developing serious 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.

PEI Goals: The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the reduction of school failure or drop out.

Elementary School Support Groups: Through this project, Support Groups are provided to Elementary aged students to reduce children's negative responses to trauma, correct maladaptive beliefs and attributions, and build resilience and reduce anxiety. Student participants are referred from parents, teachers or school staff. Students with experiences of community violence, physical assault, significant separations, witness to domestic or sexual violence, and lack of food, clothing, or shelter are invited to attend groups. As these experiences can lead to the child's regulatory capacity being overwhelmed, his or her daily life behaviors, school performance, attention, self-perception and emotional regulation may all be affected. Support Groups provide psycho-education, coping skills, and a safe environment in which to address and process traumatic experiences.

In FY19, 18 support groups were provided to a total of 10 participants. Each group met for 1-2 hours in duration. There were two referrals for additional mental health services. Fifty-one outreach activities were also conducted. From teacher, school staff, and parental report, outcomes for students participating in support groups were as follows: 60% took a more active role in learning; 90% received increased positive attention from peers; and 80% exhibited less anxiety in the classroom.

Youth Support Groups: The use of Support Groups or Group Therapy are considered to be a highly effective and preferred intervention for adolescents who tend to be more likely to accept feedback from their peers than from adults. Through this project, separate weekly therapeutic support groups are provided at Albany High School for Asian Pacific Islander, Latinx, and African American youth. Groups meet for 1-2 hours a week throughout the school year and are focused on helping participants process various traumatic events through the development of trust, close connections to each other, and creating a safe space for the expression and understanding of feelings.

In FY19, three separate support groups were held at Albany high School. Each group met weekly for 1 hour and continued until the end of the school year. Students were assigned to three groups based on racial or ethnic identity: Latinx, African-American, and Asian-American. This was done in order to help promote connection, identification and group cohesion. Students that participated in

the trauma groups at Albany High School were initially recommended by counselors, mental health coordinators, or administrators who believed that these selected students may have experienced trauma in their lives. These students were then interviewed individually to assess and determine if they wished to participate in the groups. Forty-five students were interviewed and assessed for all three groups. Of those 45 students, 32 students attended at least 1 group session, and 22 students continued in group for 6 or more sessions. The initial group meeting was set up specifically as a way to allow prospective members to experience group and to determine if they wanted to participate. After the initial group sessions, students were asked to either commit to attend group for 8 sessions or to opt out. As expected, some students who attended the initial group chose not to participate in the groups, while most students signed up for 8 initial sessions and then continued to attend groups through the remainder of the year. In aggregate, there were a total of 58 individual meetings with students and 63 group sessions. The 45 students served by this program received 422 total contacts, and there were 4 referrals for additional mental health services.

A pre-test questionnaire was administered at the 2nd group meeting, and a post-test questionnaire was administered at the last group meeting. The pre-test was completed by 25 students and the post-test was completed by 19 students. Several group members were unable to complete the post-test due to not being able to attend the final group session. Student responses on the pre-test questionnaire are outlined below:

QUESTIONNAIRE RESULTS N = 25	
QUESTIONS	**PARTICIPANT RESPONSES**
Have you lost someone close to you?	Yes – 64% No – 36%
Have you witnessed violence in your family?	Yes – 52% No – 48%
Have you witnessed violence in your home?	Yes – 7 – 28% No – 18 – 72%
Have you been a victim of violence or abuse?	Yes – 72% No – 28%
If yes, have you spoken to anyone about this?	Yes – 100% No – 0%
Do you feel that you've had the support in your life to cope effectively with the painful things you've experienced?	Rarely – 8% Sometimes – 48% Most of the Time – 44%
Do you use healthy ways to cope with stress in your life?	Never – 4% Rarely – 20% Sometimes – 32% Most of the Time – 44%
Do you use drugs or alcohol to help cope with your feelings, i.e. relax, calm down, quiet your mind, reduce anger, etc.?	Never – 48% Rarely – 20% Sometimes – 24% Most of the Time – 8%
Are there adults at your school who you can talk openly to about personal issues?	Yes – 76% No – 24%

Pre-test results indicated that many of the group members had experienced significant trauma in their lives. Other traumas experienced by group members that were discussed in group included institutionalized racism, unjust police practices, poverty, immigration, parental incarceration, death of a family member, parental substance abuse, mental illness of a parent, and physical/emotional abuse. Student responses on the post-test questionnaire were as follows:

QUESTIONNAIRE RESULTS N = 19	
QUESTIONS or STATEMENTS	**PARTICIPANT RESPONSES**
I felt welcomed into group.	Strongly Disagree – 0% Disagree – 0% Neutral – 0% Agree – 37% Strongly Agree – 63% N/A – 0%
I felt the group was a place I could express my feelings.	Strongly Disagree – 0% Disagree – 0% Neutral – 0% Agree – 53% Strongly Agree – 47% N/A – 0%
I felt supported by other group members.	Strongly Disagree – 0% Disagree – 0% Neutral – 0% Agree – 32% Strongly Agree – 68% N/A – 0%
As a direct result of participating in the group, I feel like I have more support to help me deal with challenges.	Strongly Disagree – 0% Disagree – 0% Neutral – 11% Agree – 63% Strongly Agree – 26% N/A – 0%
As a direct result of participating in the group, I cope with stress in healthier ways.	Strongly Disagree – 0% Disagree – 5% Neutral – 32% Agree – 32% Strongly Agree – 26% N/A – 5%
As a direct result of participating in the group, I have reduced the use of drugs and/or alcohol to cope with difficult feelings.	Strongly Disagree – 0% Disagree – 5% Neutral – 11% Agree – 21% Strongly Agree – 5% N/A – 58%
As a direct result of participating in the group, I would consider seeking help from a mental health professional in the future for a personal problem that was really bothering me.	Strongly Disagree – 0% Disagree – 5% Neutral – 32% Agree – 11% Strongly Agree – 26% N/A – 26%

Would you recommend this group to a friend?	Yes – 100% No – 0%

Post-test results suggested that all group members reported a positive experience in the support groups. All students who completed the post-test responded that they felt welcomed into the group, felt that the group was a place where they could express their feelings, and felt supported by the other group members. Additionally, all students who completed the post-test responded "Yes" to the question, "Would you recommend this group to a friend?" Group members also reported significant improvements in various metrics related to their coping skills as outlined below:

- 89% felt more supported in dealing with challenges;
- 72% indicated that they coped with stress in healthier ways;
- 63% reported a reduction in their use of drugs and alcohol to cope with difficult feelings;
- 71% expressed willingness to seek help from a mental health professional in the future.

The sole adverse finding from the post-test results was related to school truancy. Among the 19 students who participated in support group sessions, school truancy increased by 90% between the FY18 academic year (31 unexcused absences) to the FY19 academic year (59 unexcused absences). According to the AUSD program report, several factors may account for this surprising finding. First, the groups were disproportionally comprised of seniors (16 of the 19 students), many of whom spoke repeatedly in group about their "senioritis" and corresponding lack of motivation to attend school. Additionally, a small number of students (4) accounted for 31 of the 59 unexcused absences for the current school year. The truancy of these 4 students – which resulted from a complicated series of factors (e.g., adverse changes in one student's home environment; a bout of clinical depression for another student) – likely skewed the overall data. If the attendance numbers of these 4 students were removed from the analyses, the difference in school truancy between the FY18 academic year (20 unexcused absences) and the FY19 academic year (28 unexcused absences) would be much less pronounced.

Among all services conducted for children, youth and Adults through the Albany Trauma Project, a total of 79 individuals were served. Demographics on individuals served were as follows:

PARTICIPANT DEMOGRAPHICS N=79	
Age Group	
0-15	13%
16-25	58%
26-59	20%
60+	9%
Race	
Asian	20%
Black or African American	15%

Native Hawaiian or other Pacific Islander	1%
White	32%
Other	24%
More than one race	8%
Ethnicity: Hispanic or Latino	
Central American	6%
Mexican/Mexican-American/Chicano	44%
South American	3%
Ethnicity: Non-Hispanic or Non-Latino	
African	14%
Asian Indian/South Asian	5%
Chinese	4%
European	1%
Filipino	6%
Japanese	1%
More than one ethnicity	8%
Other	3%
Declined to Answer (or Unknown)	5%
Primary Language Used	
English	72%
Spanish	28%
Sexual Orientation	
Gay or Lesbian	3%
Heterosexual or Straight	57%
Bisexual	3%
Declined to Answer (or Unknown)	37%
Disability	
Difficulty Seeing	1%
Mental (not mental health)	1%
Physical/Mobility Disability	1%
No Disability	42%

Veterans Status	
No	100%
Gender: Assigned sex at birth	
Male	61%
Female	39%
Current Gender Identity	
Male	61%
Female	39%

Beginning in FY21, Albany services will be funded through Alameda County MHSA Funds.

Transition Age Youth Trauma Support Project

Implemented through the Covenant House, Youth Engagement Advocacy Housing (YEAH!) program, this project provides supportive services for Transition Age Youth (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 to 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.

PEI Goals: The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

In FY19, 142 TAY participated in one or more program services. A total of 141 TAY participated in support groups over the year. Support Group sessions included: Harm Reduction and Substance Use; Mindfulness; Coping Skills; Creative Expression, among others. Twelve Youth Social Outings included 48 TAY participants, and 123 TAY, participated in 21 Youth Celebratory Events. Demographics on youth served were as follows:

CLIENT DEMOGRAPHICS N = 142	
Age Group	
16-25 (Transition Age Youth)	100%
Race	
Asian	1%

Black or African American	46%
Native Hawaiian or Other Pacific Islander	1%
White	33%
Other	4%
More than one Race	13%
Decline to State (or Unknown)	2%
Latino Ethnicity	
Central American	16%
Mexican/Mexican-American	74%
South American	10%
Ethnicity: Non-Hispanic or Non-Latino	
African	34%
Asian Indian/South Asian	1%
Eastern European	6%
European	14%
Filipino	2%
More than one Ethnicity	14%
Other	1%
Declined to Answer (or Unknown)	28%
Primary Language Used	
English	91%
Spanish	8%
Other	1%
Sexual Orientation	
Gay or Lesbian	14%
Heterosexual or Straight	48%
Bisexual	8%
Questioning or Unsure	4%
Queer	1%
Decline to State	25%

Disability	
Difficulty Hearing or Having Speech Understood	1%
Mental (not mental health)	33%
Physical/Mobility Disability	5%
Chronic Health Condition	5%
Other Disability	44%
No Disability	11%
Decline to State	1%
Veteran Status	
No	100%
Gender: Assigned sex at birth	
Male	58%
Female	42%
Current Gender Identity	
Male	50%
Female	36%
Transgender	9%
Genderqueer	1%
Other	4%

During the reporting timeframe 246 outreach activities were conducted, with 4,930 duplicated contacts. There were 405 referrals for additional services and supports. The number and type of referrals was as follows: 68 Mental Health; 71 Physical Health; 116 Social Services; 49 Housing; 101 other unspecified services. A total of 23% of program participants received individual counseling through this program; 20% exited the program into stable housing; and 24% obtained employment or entered school during the program. Per participant feedback, 83% reported being satisfied with program services.

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 a 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.

PEI Goals: The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

In FY19, 52 Living Well workshops were conducted. 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. In all 118 Senior Citizens participated in the Living Well Workshops. Demographics of Workshop participants are outlined below:

PARTICIPANT DEMOGRAPHICS N=118	
Age Groups	
26-59 (Adult)	4%
Age 60+ (Older Adult)	94%
Decline to state	2%
Race	
Asian	6%
Black or African American	46%
Native Hawaiian or Other Pacific Islander	1%
White	35%
Other	3%
Declined to Answer (or Unknown)	9%
Ethnicity: Hispanic or Latino	
Caribbean	2%
Central American	2%
Mexican/Mexican-American/Chicano	7%
Declined to Answer (or Unknown)	89%

Ethnicity: Non-Hispanic or Non-Latino	
African	20%
Chinese	3%
European	8%
Filipino	3%
Japanese	1%
Other	3%
Declined to Answer (or Unknown)	62%
Primary Language Used	
English	90%
Spanish	2%
Other	1%
Declined to Answer (or Unknown)	7%
English	90%
Sexual Orientation	
Gay or Lesbian	3%
Heterosexual or Straight	75%
Other	1%
Declined to Answer (or Unknown)	21%
Gay or Lesbian	3%
Disability	
Difficulty seeing	5%
Difficulty hearing or Having Speech Understood	10%
Mental (not mental health)	5%
Physical/mobility disability	12%
Chronic health condition	15%
No Disability	11%
Declined to Answer (or Unknown)	42%
Veteran Status	
Yes	3%
No	94%
Declined to Answer (or Unknown)	3%

Gender: Assigned sex at birth	
Male	20%
Female	77%
Declined to Answer (or Unknown)	3%
Current Gender Identity	
Male	20%
Female	76%
Transgender	1%
Declined to Answer (or Unknown)	4%

During the reporting timeframe 16 outreach and informational events were conducted reaching 317 individuals, with 249 individuals receiving further engagement services. There were 640 referrals for additional services and supports. The number and type of referrals was as follows: 121 Mental Health; 137 Physical Health; 109 Social Services; 101 Housing; 172 other unspecified services. A total of 39% of program participants completed a Living Well Workshop Series. The workshop series received very positive feedback per participant self-report. Program participants reported 100% on all of the measures outlined below: feeling satisfied with the workshops; improvement in feeling satisfied in general; increased feeling of social supports; preparedness to make positive changes; and feeling less overwhelmed and helpless. Some of the participant statements were as follows:

- "I've gained a sense of trust and belonging during the workshops".
- "I want to be with people who do things, I want to go places".
- "I used to not say nothing, stay to myself, but I'm not that person anymore…I am not afraid."

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 through community presentations and "Mobile Tenting"; one-on-one supportive engagement services; screening and assessment; psycho-education; family education; support groups such as "Kitchen Table Talk groups (non-stigmatizing, culturally responsive, peer centered groups) and "Just Like Sunday Dinners" (a space for African Americans from all generations to come together to gain supports from one another); 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 and Just Like Sunday Dinner groups. This project serves approximately 50-130 individuals a year.
PEI Goals: The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence including the prevention of suicide.

In FY19, 29 individuals were served through this project. Demographics on individuals served were as follows:

PARTICIPANT DEMOGRAPHICS N=29	
Age Groups	
0-15 (Children/Youth)	3%
16-25 (Transition Age Youth)	17%
26-59 (Adult)	69%
Ages 60+ (Older Adult)	11%
Race	
American Indian or Alaska Native	3%
Black or African American	38%
White	7%
Other	14%
More than one Race	28%
Declined to Answer (or Unknown)	10%
Ethnicity: Hispanic or Latino	
Carribean	4%
Mexican/Mexican-American/Chicano	7%
Other	3%
Declined to Answer (or Unknown)	3%
Ethnicity: Non-Hispanic or Non-Latino	
African	3%
Asian Indian/South Asian	7%
More than one Ethnicity	10%
Other	10%
Declined to Answer (or Unknown)	52%
Primary Language Used	
English	86%
Spanish	10%
Other	4%

Sexual Orientation	
Heterosexual or Straight	62%
Queer	3%
Other	10%
Declined to Answer (or Unknown)	25%
Disability	
Chronic Heart Condition	7%
Other Disability	3%
No Disability	62%
Declined to Answer (or Unknown)	28%
Veteran Status	
No	55%
Declined to Answer (or Unknown)	45%
Gender: Assigned sex at birth	
Male	28%
Female	62%
Declined to Answer (or Unknown)	10%
Current Gender Identity	
Male	28%
Female	62%
Genderqueer	3%
Declined to Answer (or Unknown)	7%

During the reporting timeframe 8 outreach presentations were conducted reaching 58 individuals, 29 of whom received supportive engagement services. Five facilitators were also trained. Primary services included psycho-education and promotion of mental health through one-on-one and telephone engagement, networking supports, and referrals. One Just Like Sunday Dinner group was held for 15 participants. There were 25 referrals for additional services and supports. The number and type of referrals were as follows: 6 Mental Health; 1 Physical Health; 2 Social Services; 2 Housing; 14 other unspecified services. Lower numbers this year were due to a variety of staffing, and unforeseen programmatic constraints.

On a Satisfaction Survey that was conducted, program participants reported 100% on all of the following measures: Felt respected; would return if they or their family member needed help; experienced increased awareness of community services and supports; and improved their skills in coping with challenges. MHSA funded services will not be continuing with GOALS in FY21, as

the program will no longer be in operation. An RFP process will be executed in FY21 for these services.

Trauma Support Project for LGBTQIA+ 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 LGBTQIA+ 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 LGBTQIA+ community. Approximately 12-15 weekly or bi-weekly support groups are held throughout the year targeting various populations and needs within the LBGTQIA+ 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. Approximately 250 individuals a year are served through this project.

PEI Goals: The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

In FY19, 40 outreach activities reached approximately 1,572 duplicated individuals. Outreach was provided at various locations including Street Fairs, Community Agencies, and area events. Through 15 Peer Support groups, 446 weekly or bi-weekly sessions were conducted which were all led by a trained facilitator. Peer Support Groups were as follows: Female to Male; Women Coming Out of Straight Marriage; Married/Once Married Gay/Bisexual Men's Group; Queer Femmes; Transgender Support Group; Lesbian & Queer Women of Color; Partners of Trans and Gender Non-Conforming Folk; Middle Eastern Femmes; Senior Gay Men's Group; Bi-sexual Women; Primetime Men (40's-50's); LezBold (old lesbians); Wicked Transcendent Folk; R.E.A.L. Queer (TAY), and QPAD – for Queer Men in their 20's and 30's. A total of 168 individuals participated in support groups throughout the year. Demographics on individuals served include the following:

PARTICIPANT DEMOGRAPHICS N=168	
Age Groups	
16-25 (Transition Age Youth)	32%
26-59 (Adult)	54%
Ages 60+ (Older Adult)	13%
Declined to Answer (or Unknown)	1%

Race	
American Indian or Alaska Native	2%
Asian	8%
Black or African American	4%
Native Hawaiian or Other Pacific Islander	63%
White	1%
More than one race	16%
American Indian or Alaska Native	2%
Asian	8%
Black or African American	4%
Native Hawaiian or Other Pacific Islander	63%
Declined to Answer (or Unknown)	6%
Ethnicity: Hispanic or Latino	
Caribbean	8%
Central American	21%
Mexican/Mexican-American/Chicano	38%
Puerto Rican	13%
South American	8%
Other	8%
Declined to Answer (or Unknown)	4%
Caribbean	8%
Central American	21%
Ethnicity: Non-Hispanic or Non-Latino	
African	4%
Asian Indian/South Asian	3%
Chinese	3%
Eastern European	10%
European	26%
Filipino	3%
Japanese	1%
Korean	1%
Middle Eastern	4%
Vietnamese	1%
African	4%
Asian Indian/South Asian	3%
More than one Ethnicity	12%
Other	4%

Declined to Answer (or Unknown)	28%
Primary Language Used	
English	96%
Spanish	1%
Mandarin	1%
Other	1%
Declined to Answer (or Unknown)	1%
Sexual Orientation	
Gay or Lesbian	24%
Heterosexual or Straight	4%
Bisexual	20%
Questioning or Unsure	5%
Queer	27%
Other	15%
Declined to Answer (or Unknown)	5%
Disability	
Difficulty Hearing or Having Speech Understood	2%
Mental (not Mental Health)	6%
Physical/Mobility Disability	3%
Chronic Health Condition	6%
Other Disability	2%
No Disability	80%
Declined to Answer (or Unknown)	1%
Veteran Status	
Yes	5%
No	91%
Declined to Answer (or Unknown)	4%
Gender: Assigned sex at birth	
Male	24%
Female	36%
Declined to Answer (or Unknown)	40%
Current Gender Identity	
Male	18%
Female	32%
Transgender	9%
Genderqueer	11%
Questioning or Unsure	8%
Other	18%

Declined to Answer (or Unknown)	4%

During the reporting timeframe 16 new Peer Facilitators were trained, 98% of whom went on to facilitate peer group sessions. The offering of Skills Building Workshops was expanded to include trainings on: Nonviolent Communication; Crisis Intervention; and Implicit Bias as it Relates to Race and workshops were provided to 51 Peer Facilitator participants. There were 221 referrals for additional services and supports. The number and type of referrals was as follows: 50 Mental Health; 17 Physical Health; 13 Social Services; 4 Housing; 137 other unspecified services. To assess the project services, a self-administered Peer Support Group Survey was distributed to all peer group members. A total of 123 Peer Support Group members (or 72%) completed the survey. Survey results were as follows:

- 100% indicated they would recommend the organization to a friend or family member;
- 94% felt like staff and facilitators were sensitive to their cultural background;
- 81% reported they deal more effectively with daily problems;
- 84% indicated they have trusted people they can turn to for help;
- 87% felt like they belong in their community.

A vast majority of individuals who completed the survey reported having improved social connections and community-building, and a deep gratitude for a safe environment to freely express and explore their authentic self.

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 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 10-20 individuals a year.

PEI Goals: To reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families. To create changes in attitude, knowledge and/or behaviors related to seeking mental health services or related to mental illness.

In FY19, the “Telling Your Story” group met 24 times with 20 unduplicated persons attending for a total of 144 visits. Groups averaged 6 attendees.

Due to a vacancy in the Consumer Liaison position until February 2019, demographic data for this program during the reporting timeframe.

Homeless Outreach and Treatment Team (HOTT)

The Homeless Outreach and Treatment Team (HOTT) program was established out of an effort to address the homeless crisis, and as a result of input received through various MHSA

community program planning processes. Utilizing a portion of PEI and CSS funds, blended with realignment and general funds HOTT is a pilot program to support homeless mentally ill individuals in Berkeley and to connect them into the web of services that currently exist within the system of care. Key program components include the following: Persistent and Consistent Outreach; Supportive Case Management; Linkage to Care; and Treatment.

PEI Goals: The goal of this program is to connect individuals who have severe mental illnesses as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to, care provided by county mental health programs.

A local consultant, Resource Development Associates (RDA), was hired to conduct a dedicated independent evaluation to assess the program accomplishments and to ascertain whether HOTT should continue past the initial funding period. The initial report on FY18 showed many positive findings including the following:

- HOTT is serving as an important resource for the local community and homeless service continuum;
- The program had been very effective in persistent and consistent outreach, especially for chronically homeless individuals with a history of refusing services;
- HOTT meets people where they are, in parks, encampments, motels;
- The program had successfully connected homeless individuals to critical resources and service linkages.

In FY19, 147 individuals were served through this program. Demographics on individuals that received services through this pilot project were as follows:

PARTICIPANT DEMOGRAPHICS N= 147	
Age Groups	
16-25 (Transition Age Youth)	4%
26-59 (Adult)	41%
Ages 60+ (Older Adult)	14%
Declined to Answer (or Unknown)	41%
Race	
Asian	3%
Black or African American	42%
White	40%
Other	15%
Ethnicity: Hispanic or Latino	
Mexican/Mexican-American/Chicano	7%
Ethnicity: Non-Hispanic or Non-Latino	
Non-Hispanic or Non-Latino	8%

Primary Language Used	
Declined to Answer (or Unknown)	100%
Sexual Orientation	
Declined to Answer (or Unknown)	100%
Disability	
Declined to Answer (or Unknown)	100%
Veteran Status	
Declined to Answer (or Unknown)	100%
Gender: Assigned sex at birth	
Declined to Answer (or Unknown)	100%
Current Gender Identity	
Male	57%
Female	42%
Declined to Answer (or Unknown)	1%

Due to the nature of the many brief interactions attempting to engage with clients, as well as trying to not put up barriers to bringing clients into services, some data wasn't able to be collected in order to best support effective service provision.

The RDA Homeless Outreach and Treatment Team Final Evaluation Report which covered the timeframe from January 2018 – February 2020, showed the following outcomes:

- A total of 4,435 total encounters were conducted with individuals who were either enrolled or non-enrolled in the program, averaging 171 encounters per month;
- The number of contacts provided in-person in the field was 73%, while 26% were provided by phone;
- A total of 81% of HOTT encounters were with clients who were enrolled in the program;
- Enrolled clients had an average of 20 total encounters with HOTT staff, with an average of 4 encounters per month;
- During encounters, HOTT staff provided at least 1,845 material supports and services (including food, transportation or BART or bus passes, Hygiene Kits, Emergency Housing Vouchers, Blankets, etc.); to respond to clients' immediate and longer-term needs;
- During 488 encounters, HOTT provided emergency or temporary housing vouchers (e.g., for a motel) to individuals who required immediate shelter;
- Approximately three-quarters of enrolled clients (75%) and over a third of non-enrolled individuals (38%) were referred or connected to housing support services;
- In addition to connecting individuals to housing services, HOTT also connected individuals to other supportive services to help reduce or address initial barriers to obtaining housing;

- Approximately 27% of HOTT clients and 6% of non-enrolled individuals successfully enrolled in social service benefits. In comparison, only 9% of HOTT clients and 1% of non-enrolled clients ultimately enrolled in mental health services;
- Over 58% of all HOTT clients, and 9% of non-enrolled individuals obtained emergency or temporary housing (e.g., motel or shelter) at some point during their engagement with HOTT. In comparison, 12% of HOTT clients and 1% of non-enrolled individuals obtained permanent housing;
- To assess changes in self-sufficiency, HOTT staff completed a Client Self-Sufficiency Matrix (SSM) on enrolled clients at program intake, on a quarterly basis after program enrollment, and/or at program discharge. Overall, HOTT clients' SSM scores remained relatively unchanged from baseline to follow-up.

During interviews that were conducted with several HOTT existing and previous clients regarding their experience with the program, interviewees reported the following:

- "They help people, not just me. I introduce people on the street to them, and I say you can talk to the HOTT team and they will help you."
- "I really didn't expect anything, but when I called the City, they said someone [from HOTT] would meet me right then. They got me a hotel room that day. I wasn't expecting the City to help."
- "They were so helpful. I felt like if I didn't get the hotel room, they would have let me stay at their personal house."

In addition to these interviews, RDA conducted focus groups with HOTT clients during a previous year of the evaluation, and developed brief client impact stories based on clients' experiences. In one of the impact stories, client self-report was as follows:

"I would still be on the streets and probably dead if it wasn't for HOTT. I could have died and no one would have cared. Doctors told me I had months to live and I gave up on living. I gave up on everything for help. No one cared but the HOTT team did care. I'm the type of person that never asks for help, and here they were offering to help and they never gave up on me. I lived on the same spot for six years and never got medical care. They checked up on me and came back multiple times, even though I was turning them away in the beginning. I figured HOTT team was just like the other programs where they would just disappear after the first meeting. But I know the HOTT team is there. And everything the HOTT team said they would do came true. Now I am in hospice care getting the care that I need. I don't know how much longer I have to live, but it's a hell of a lot longer than a couple months which is what the doctors said. This gives me the opportunity to live my life with dignity. The HOTT team provided me with the positive energy just like hospice care that is so needed for people like me."

In FY21, HOTT will continue to be in operation until the Homeless FSP is fully implemented.

California Mental Health Services Authority (CalMHSA) PEI Statewide Projects

In 2009, California's counties formed the California Mental Health Services Authority (CalMHSA) as a Joint Powers Authority to implement PEI statewide program initiatives. With an approved combined funding level of $40 million per year for four years during the timeframe of 2011 through 2015, CalMHSA implemented statewide initiatives in the following areas: Suicide

Prevention, Stigma and Discrimination Reduction, and Student Mental Health. Following 2015, funding for PEI Statewide projects was generated through pooled contributions from individual counties. Contributing counties are members of a CalMHSA board that provides direction into the types of initiatives that are implemented. In order to continue to sustain programming, CalMHSA previously asked counties to allocate 4% of their annual local PEI allocation each year from FY2018 – FY2020 to these statewide initiatives. In the City of Berkeley, this has varied from year to year to between $42,000 - $55,000 depending on the amount of PEI revenue received. Through the previously approved Three Year Plan the City of Berkeley allocated PEI funds for one year towards this statewide initiative, and for the remaining two years, elected to assess on an annual basis whether or not to continue to allocate funds to this initiative.

In FY19, through this initiative resources on Suicide Prevention, Student Mental Health and Stigma and Discrimination reached an excess amount of 1,546 individuals. Additionally, an excess of 1,315 pamphlets and resources on Suicide Prevention, Student Mental Health and Stigma and Discrimination were distributed in local schools and the community. BMH also participated in the CalMHSA "Each Mind Matters" campaign and distributed materials and giveaways at the local "May is Mental Health Month" event.

INNOVATIONS (INN)

The City of Berkeley's initial INN Plan was approved in February 2012. Subsequent updates to the initial plan were approved in May 2013, January 2014, June 2014 and January 2015. Per the initial INN Plan and/or through Plan Updates the following seven 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.

Since the initial plan was approved, INN requirements were changed to require approvals from the State Mental Health Services Oversight and Accountability Commission (MHSOAC) in addition to local approval.

In May 2016, the second MHSA INN Plan was approved by the MHSOAC. This plan implemented a Trauma Informed Care project in BUSD for students, educators, and school staff. An update to this plan was subsequently approved by the MHSOAC in December 2018 which added funds to the project and switched the initial target population from BUSD students and staff to children, teachers and parents YMCA Head Start sites in Berkeley. In September

2018, BMH also received approval from the MHSOAC for a third INN project that would allocate funds to join the Technology Suite Multi-County Collaborative.

INN Reporting Requirements

Per MHSA INN regulations, all INN funded programs have to collect additional state identified outcome measures and detailed demographic information. Beginning in FY19, INN Evaluations were required to be included in each MHSA Annual Update or Three Year Plan. See Appendix B for the Fiscal Year 2019 Innovations Annual Evaluation Report.

A description of the currently funded INN programs and project updates are outlined below:

Early Childhood Trauma Resiliency (ECTR) - Trauma Informed Care Project

In May 2016, the City of Berkeley received approval from the MHSOAC to implement a Trauma Informed Care (TIC) for Educators project into several BUSD schools to assess whether educators who are trained to become aware of their own trauma and trauma triggers (and how to address them), are better equipped to recognize and make appropriate decisions on how to help students who are exhibiting trauma symptoms, and assist them in accessing the mental health services and supports they may need.

The project was implemented through the 20/20 Vision Program which is operated out of the City of Berkeley, City Manager's Office. After a year of the TIC Project being executed, there were two vacancies in the 20/20 Vision Program which impacted the ability to continue the implementation of the TIC Project. The project was only able to be implemented for one year in FY17 and during that timeframe an evaluation was conducted by Hatchuel Tabernik & Associates on the project outcomes. The report is part of the larger "City of Berkeley Mental Health Services Act (MHSA) Fiscal Year 2017 Innovations Evaluation Report" referenced above.

In FY18, due to staffing vacancies the TIC project was not able to be implemented. When staffing vacancies were filled in mid FY18, meetings were held with several BUSD principals who indicated that although their schools received a lot of positive benefits out of the TIC project, additional training requirements within the school system had been added for teachers and administrators that needed to be fulfilled over the next couple of years. As a result, the TIC Project would not be able to be prioritized within the school system at that time. In light of the changes in the school system, staff conducted outreach and found that area YMCA Head Start Centers were interested in executing the same TIC Project for their early childhood educators and staff, to impact the children and families who are served at the centers. As such, proposed changes to the population and funding amount of the original TIC Plan were vetted through community program planning, and an update to the TIC Plan underwent a 30 Day Public Review and Public Hearing process. The TIC Plan Update was approved through City Council in October 2018 and by the MHSOAC in December 2018. The modified project implements TIC Training for Educators and interested parents in four local Head Start sites.

The new TIC modified project, "Early Childhood Trauma and Resiliency" (ECTR) began in January 2019 at four YMCA Head Start sites located in Berkeley: Ocean View. South YMCA, Vera Casey, and West YMCA. The project provides training and supports to enable Head Start staff to recognize trauma and its effects on themselves and the children and families they serve, and to integrate trauma and resiliency informed approaches into their work. The project provides training, coaching and peer support to staff and parents who have children enrolled in Head Start and advances Berkeley's 2020 Vision priority, that all Berkeley children enter kindergarten ready to learn.

The learning objectives of this project are:

- To create a change in the way Head Start educators and staff view and handle challenging student and parent behaviors (which often mask trauma);
- To create an increase in access to mental health services and supports for children/families in need;
- To promote better mental health outcomes by increasing child/family referrals to “appropriate’ mental health services.

In FY19, the project utilized a lead trainer, Julie Kurtz, MS, LMFT, to conduct trauma training, coaching and guidance to the ECTR project. Two trainings, one for all Head Start staff and one for the Head Start Leadership Team, were conducted. A “Resiliency Champion” component of the project was created to establish and maintain a trauma-informed care environment at Head Start Sites. Resiliency Champions are program staff and family advocates that serve as internal leaders and future trainers of the trauma informed curriculum to new staff. Fifteen Resiliency Champions were recruited, selected, and provided training, and twelve were still active by the end of the reporting timeframe. The Resiliency Champion role requires a significant commitment (30+ hours, excluding reading and homework assignments) and involves emotional work, both internally and with others. Anticipating that some turnover would occur, Dr. Anita Smith, Head Start’s ECTR Project Coordinator, recruited a higher number of Champions than were necessary. Dr. Smith reports that the remaining Resiliency Champions are highly committed and engaged in the project. A total of 197 children were impacted by the ECTR project.

Per a report received from the City of Berkeley 2020 Vision Program Manager, who oversees this project, the most notable change that occurred since the start of this project is that in the summer 2019, Pamm Shaw, Vice President of Early Childhood Impact with the YMCA of the East Bay, officially retired. Following approval from the Mental Health Oversight and Accountability Commission (MHSOAC) of this MHSA TIC Modified Project, Ms. Shaw co-developed it with Berkeley’s 2020 Vision. Her expertise and passion are critical to the formation and successful early implementation of this project. Fortunately, in FY20 Ms. Shaw was able to continue on as a consultant on the ECTR project.

Challenges reported included the general sensitivity of trauma-related topics. Many of the Head Start staff are former parents from the program. They and many non-alumni staff members have often experienced their own trauma. In order to equip them to work effectively on the trauma experienced by their students and students’ families, they have to recognize their own trauma and how they might be triggered by others. This is hard, deep work. It is also important to make sure that staff trauma does not over-shadow student trauma.

A final challenge involved defining “appropriate” and “successful” mental health referrals. The Berkeley 2020 Vision Program Manger worked closely with Dr. Smith and Hatchuel, Tabernik & Associates (HTA), an Independent Contractor on this project, to identify a means for assessing whether students and their families are being referred to the most suitable providers based on each family’s specific needs (including provider specialty and expertise, cultural appropriateness, hours, location, etc.). Additional issues were around how to measure whether a mental health referral is successful, examining factors such as family follow through, sessions provided, family feedback, provider assessment, etc.

An evaluation was conducted by HTA), on the FY19 project outcomes. Below are demographics of individuals impacted by this program and outcomes. The full evaluation is attached to this report.

PARTICIPANT DEMOGRAPHICS N=197	
Age Groups	
0-15 (Children)	100%
Race	
American Indian or Alaska Native	2%
Asian	5%
Black or African American	42%
White	11%
Other	27%
More than one Race	12%
Declined to Answer (or Unknown)	1%
Ethnicity: Hispanic or Latino	
Caribbean	1%
Central American	1%
Mexican/Mexican-American/Chicano	30%
Puerto Rican	1%
South American	1%
Other	1%
More than one ethnicity	4%
Declined to Answer (or Unknown)	3%
Ethnicity: Non-Hispanic or Non-Latino	
African	61%
Asian Indian/south Asian	2%
Cambodian	1%
Chinese	1%
European	1%
Filipino	1%
Korean	4%
Middle Eastern	8%
Other	5%
More than one ethnicity	4%
Declined to Answer (or Unknown)	8%

Gender	
Female	49%
Male	51%
Primary Language	
English	66%
Spanish	21%
Urdu	3%
Arabic	2%
French	2%
American Sign Language	1%
Berber	1%
Mongolian	1%
Punjabi	1%
Tigrina	1%
Chinese	1%
Laotian	1%
Russian	1%
Disability	
Communication: other, speech/language impairment	20%
Mental domain	2%
Physical/mobility domain	2%
Chronic health condition	6%
Other	6%

From evaluation forms on the Staff Training some of the feedback was as follows:

- "I feel this is the best training that I have ever had in my life. It has helped me see a lot of things about myself."
- "We love it! I want more training about TRAUMA."

Participants also reported their appreciation on learning about the impact of trauma on the brain, gaining tools to bring back to their classrooms and beginning to understand how to look at children and their families through a trauma-informed lens.

Help@Hand - Technology Suite Project

In September 2018, following a four-month community planning process and approval from City Council, the City of Berkeley Technology Suite Project was approved by the MHSOAC. This project allocates a total of $462,916 to join a Statewide Collaborative with other California counties

to pilot a Mental Health Technology Project that will make various technology-based mental health services and supports available locally in Berkeley. The proposed INN project will seek to learn whether the Technology Suite Project will increase access to mental health services and supports; and whether it will increase the quality of mental health services, including leading to better outcomes.

Since plan approval the City of Berkeley has been working both internally and with the State collaborative on various aspects of this project to prepare for citywide implementation. In keeping with changes made via the Technology Suite multi-county collaborative, the new name of this project has been changed to "Help@Hand". As a result of competitive recruitment processes that were conducted in FY20, two consultants were hired for the Project Coordination and Evaluation work on this project. Resource Development Associates (RDA) is conducting the Project Coordination work, and Hatchuel, Tabernik and Associates (HTA) will be conducting the Project Evaluation. Pre-work for the implementation of this project is currently underway. It is envisioned that the technology suite apps will be locally available in FY21 in Berkeley.

New INN Projects

In FY21, BMH will begin the community planning process for the next round of INN funded Projects. In the approved FY19 Annual Update the funding amount allocated for this next round of MHSA INN Projects was $400,000, an additional $300,000 will be added to that amount for a total amount of $700,000 to be utilized on a new INN project (or projects) over the next several years.

In order to obtain a new INN project(s), a community program planning process will be conducted in FY21, by Resource Development Associates (RDA), who was chosen through a competitive recruitment process. Based on community input received during the community program planning for this Three Year Plan and through previous MHSA planning processes, around the need for more services and supports for homeless individuals who have mental health needs, the project will pilot test a yet to be determined innovative strategy for the homeless population.

WORKFORCE, EDUCATION & TRAINING (WET)

The City of Berkeley WET Plan was approved in July 2010. A subsequent update was approved in May 2013. Specific programs in the approved WET Plan include:

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

WET programs were funded for an initial period through FY18 and FY19, and per the local MHSA AB114 Reversion Expenditure Plan one WET program was extended through FY20.

Greater Bay Area Workforce, Education & Training Regional Partnership

The Office of Statewide Health Planning and Development (OSHPD) is allocating $40 million in Workforce, Education and Training funds for Regional Partnerships across the state for mental health workforce strategies that will be implemented in FY20-FY25. Each Regional Partnership will be able to decide which strategies they want to allocate funds for to benefit the local area. Strategies include:

Pipeline Development: Introduce the public mental health system to kindergarten through 12th grades, community colleges, and universities. Ensure that these programs incorporate developmentally appropriate concepts of mental health needs, self-care, and de-stigmatization and target resources at educational institutions with underrepresented communities. The Regional Partnerships would conduct pipeline activities to identify students as potential scholarship and stipend candidates.

Undergraduate College and University Scholarships: Provide scholarships to undergraduate students in exchange for service learning received in a public mental health system.

Clinical Master and Doctoral Graduate Education Stipends: This program would provide funding for post-graduate clinical master and doctoral education service performed in a local public mental health system.

Loan Repayment Program: Provide educational loan repayment assistance to public mental health system professionals that the local jurisdiction identifies as serving in hard-to-fill and hard-to-retain positions.

Retention: Increase the continued employment of public mental health system personnel identified as high priority by county behavioral health agencies, by increasing and enhancing evidence-based and community-identified practices.

The Division has participated in meetings with representatives from the other counties in the Greater Bay Area Regional Partnership. All participating counties have decided to allocate these funds for the Loan Repayment program. This program will enable funds in the amount of approximately $12,000 to $15,000 to be made available to repay a portion of student loans for a given number of staff who are in hard-to-fill positions, in exchange for a number of years served in the Public Mental Health system.

OSHPD is requesting that each Regional Partnership contribute an additional portion of local funds towards this initiative. For the Bay Area Regional Partnership, the total amount of the contribution is $2.6 million, and the proposed contribution from Berkeley is $40,127. Through this Three Year Plan, the Division is proposing to transfer CSS Funds to the WET funding component to participate in this initiative, through the following process:

Per MHSA 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 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."

Previously Funded WET Programs/Services

Descriptions of previously funded WET programs and FY19 data are outlined below:

Peer Leadership Coordination

The Peer Leadership program trained mental health consumers to be providers of mental health services, and to provide leadership within the mental health consumer community. Per the approved WET plan, the Peer Leader Coordinator provided and coordinated training for consumers, including those from culturally and linguistically diverse communities to increase the necessary skills that would enable participants to secure consumer positions in the mental health system as they became available; and to participate on BMH committees and Boards. In this capacity, the Peer Leader Coordinator, in partnership with the Alameda County Network of Mental Health Clients' BESTNow! program, developed a Facilitation Training to train peers as co-facilitators of support and self-help groups. There is a great need for self-help and support groups in the mental health system and consumers hired as peer specialists often are required to co-facilitate groups as part of their job duties. After completing the 12-week classroom course, participants gave a small presentation about their group to the BMH staff. Participants received stipends through BESTNow! for co-facilitating and providing outreach for their group for six months. This enabled Peer led activities and groups to be offered and increased attendance at the existing Wellness Recovery Activities group.

Through this program the Peer Leader Coordinator researched local organizations in the Bay Area that could offer training and stipends for the Peer Leadership program. As staff on all BMH treatment teams identified the need for support groups for their clients, and group facilitation as an important Peer Specialist skill, a contract was developed with the Alameda County Network of Mental Health Clients BESTNOW! Program to offer Facilitation Training in Berkeley for up to 10 consumers. The training included 12 weeks of classroom instruction in support group facilitation and an internship co-facilitating a support group. Two new peer led groups were implemented during this timeframe: "Dancing Voices", which offered a variety of creative activities such as dance, poetry, and visual arts to explore identity and wellness; and "Getting on Track", which was geared towards elders and offered activities and education related to healthy living. Other attendees were able to facilitate existing BMH wellness recovery groups and activities.

Some of the challenges of this project included establishing the groups and ensuring they were well-attended. Another challenge was that participants had contrasting expectations for the training. Some expected to become employed through this project, while others were looking to enhance their own wellness and skill sets. Some participants felt that the training should have included longer term paid placement opportunities outside the one group of which a stipend was offered. This at times impacted class agendas and trainers worked to address the various

concerns. In order to avoid this type of conflict in any future program, it's important to ensure the goals and limitations of the project are clearly communicated.

Overall, this project was very successful in training participants and offering peer-led groups. The trainers witnessed significant personal development and growth among participants and a number of them gained confidence and sought out paid work. Others became increasingly comfortable in their developing facilitation skills and showed increased engagement in class. The positive changes in the participants highlighted the value of peer-led and peer-focused trainings. This program was funded through FY18.

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. A BMH Staff Training Coordinator prepares, facilitates, presents, monitors, evaluates and documents training activities for BMH's system of care. The Training Coordinator also collaborates with staff from state, counties, local agencies and community groups in order to enhance staff development of employees in Berkeley and other areas in the region.
The Training Coordinator accomplishes these goals by:

- Providing staff training in the area of behavioral health to all stakeholders in Berkeley and other geographic locations in the region as a collaborative partner;
- Developing long and short term goals and objectives to promote staff development and competencies within our system of care;
- Developing an annual budget;
- Chairing the BMH Staff Training Committee;
- Attending continuous trainings in the areas of behavioral health services and other trainings as needed;
- Collaborating with State, Regional, County, and local groups and organizations; and
- Developing a two-year staff training work plan.

In FY19, the Training Coordinator implemented the following trainings through this component:

Autism Training – September 28, 2018 – (43 individuals attended the training). Attendees included staff and community partners.

Addressing Emotional Dysregulation through Energy Medicine and Energy Psychology with Adults and Older Adults – December 7, 2018 – (13 individuals attended the training). Attendees included staff and community partners.

Motivational Interviewing: An Introduction Training – January 9, 2019 and **Motivational Interviewing: An Advanced Training** – January 10, 2019 – (115 individuals attended the two day training). Attendees included staff and community partners.

Law and Ethics for Mental Health, Behavioral Health and Health Care Providers – February 13, 2019 – (48 individuals attended this training.) Attendees included staff and community partners.

Anxiety in Children and Teens: How will I Recognize It and What Can I do to Help? – March 13, 2019 – (11 individuals attended the training). Attendees included BMH staff.

Motivational Interviewing: An Introduction Training – April 3, 2019 and **Motivational Interviewing: An Advanced Training** – April 4, 2019 – (119 individuals attended the two day training). Attendees included staff and community partners.

Treating Sex Offenders in the Community – May 1, 2019 – (20 individuals attended the training). Attendees included BMH staff.

The MHSA WET component funded training services through 6/30/19. Training services continue to be funded through the CSS component.

High School Career Pathways Program

Through this program BUSD 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 implemented in FY15. During this timeframe, BMH FYC, provided internships to two Berkeley High School students. In FY18 there was a vacancy in the school personnel who had oversight of this program, therefore there were not any student internships in that reporting timeframe and the project was not continued.

Graduate Level Training Stipend Program

Per the original WET Plan, this program offered stipends to Psychologists, Social Workers, Marriage and Family Therapists and other counseling trainees and interns who have cultural and linguistic capabilities. 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 FY19 this program provided stipends to all 8 counseling trainees and interns at BMH. In FY20, through the approved City of Berkeley MHSA AB114 Reversion Expenditure Plan, the remaining WET funds were expended on this program. Funding for Graduate Level Training Stipends will continue through other, non-MHSA Mental Health funds.

Peer Leader Stipend Program

Under the direction of the Peer Leader Coordinator, this program provided 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 positions, consumers and family members were offered stipends. These opportunities helped to prepare consumers and their family members for roles within the public mental health system. BESTNow! also offered stipends to individuals who participated in the internship program in partnership with BMH through the Peer Leadership Coordination program. This program was funded through 6/30/18.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

The original City of Berkeley CFTN Plan was approved by DMH in April 2011, with updates to the plan in May 2015, June 2016, January 2017. Through previously approved MHSA Plans and/or Annual Updates, BMH has allocated a total of $3,773,811 towards the renovation of the Adult Mental Health Clinic.

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 previous condition, use of the Adult Clinic space was 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. In FY18, renovation on the Adult Clinic was in the design and pre-construction phase. In FY19 construction on the Adult Clinic began and in FY21, it is anticipated that the reconstruction of the Adult Clinic will be complete.

FY19 AVERAGE COST PER CLIENT*

*(Includes programs that utilized MHSA funds in FY19)

COMMUNITY SERVICES & SUPPORTS			
Program Name	**Approx. # of Clients**	**Cost**	**Average Cost Per Client**
Children and Youth Intensive Support Services FSP	34	$453,268	$13,331
TAY, Adult & Older Adult FSP	63	$1,448,506	$22,992
TAY Support Services	76	$122,856	$1,617
System Development (includes: Wellness Recovery Services; Family Support Services; Employment/Educational Services; Housing Services and Supports; Crisis Services; HOTT, TAY Case Management Services, Albany CARES)	419	$1,200,091*	$2,864
TAY Case Management Services*	31	$100,000	*Costs included in CSS System Development
Albany CARES*	118	$50,000	*Same as Above
Benefits Advocacy*	16	$20,000	*Same as Above
PREVENTION & EARLY INTERVENTION			
BE A STAR	Unknown	$33,489	Unknown
Supportive Schools Program	1,065	$55,000	$52
Albany Trauma Project	79	$53,040	$671
Living Well Project	118	$32,046	$272
Harnessing Hope Project	29	$32,046	$1,105
LGBTQI Trauma Project	168	$32,046	$191
TAY Trauma Project	142	$32,046	$226
High School Youth Prevention Program	1,059	$383,879	$362
Social Inclusion Program	20	$3,000	$150
Homeless Outreach and Treatment Team	147	$201,528	$1,371
Child And Youth at Risk Project	54	$20,730	$384
Mental Emotional Education Team	1,285	$46,839	$36
Dynamic Mindfulness	520	$45,000	$87
INNOVATION			
Trauma Informed Care Project	197	$41,097	$209

BUDGET NARRATIVE

As with all MHSA Plans and Annual Updates, revenue and expenditures in this Three Year Plan are estimates. Enclosed budgets reflect the total costs of each program if it was fully operable. Per the budgets, if all programs are fully in operation each year, and the revenue is as indicated, then within the Three Year timeframe, the Division will be overspending in some of the MHSA funding components. However, as with every year, there are many variables that will affect the actual budgets, as MHSA revenues may be more than estimated, and programs may not utilize all projected expenditures for various reasons including the following:

- Due to Covid-19 there is a City-wide hiring freeze in place. Any new or currently vacant positions will need to undergo a separate internal City approval process before staff can be hired;
- New internal programs often take awhile to become operable, even factoring out the time needed to hire staff;
- New contracted programs and services often take awhile to become fully operable, while RFP and contracting processes are executed.

Delays in each of these processes will enable program savings.

Given the widespread financial impacts of Covid-19 it is also possible that the City may receive less MHSA revenues than projected. If this is the case, the Division may elect to access the local MHSA Prudent Reserve to sustain crucial programs and services. Given the uncertainties around revenues and available funding, it would be more conservative to avoid any new expenditures in this Three Year Plan. However, the additions in that are being proposed in this Three Year Plan will assist some of the most vulnerable populations in Berkeley, especially during the pandemic. It is also possible, that MHSA revenues will be more than anticipated during the Three Year Timeframe, which if that is the case, would possibly cover any potential shortfall in funds. The Division will closely monitor the City of Berkeley MHSA allotments and expenditures to assess whether program changes are needed in the future. Any proposed program changes will be vetted for community input and reflected in Annual Updates during the Three Year timeframe.

PROGRAM BUDGETS

1A

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: City of Berkeley Date: 8/12/20

	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
A. Estimated FY 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	7,590,361	1,828,732	1,694,385		87,405	1,237,629
2. Estimated New FY2020/21 Funding	4,637,431	1,159,358	305,094			
3. Transfer in FY2020/21[a/]	(40,157)			40,157		
4. Access Local Prudent Reserve in FY2020/21						
5. Estimated Available Funding for FY2020/21	12,187,635	2,988,090	1,999,479	40,157	87,405	1,237,629
B. Estimated FY2020/21 MHSA Expenditures	8,478,587	1,740,972	851,546	40,157	87,405	
C. Estimated FY2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,709,048	1,247,118	1,147,933	0	0	1,237,629
2. Estimated New FY2021/22 Funding	4,412,313	1,103,079	290,284			
3. Transfer in FY2021/22[a/]						
4. Access Local Prudent Reserve in FY2021/22						0
5. Estimated Available Funding for FY2021/22	8,121,361	2,350,197	1,438,217	0	0	1,237,629
D. Estimated FY2021/22 Expenditures	8,061,983	1,801,830	265,526	0	0	
E. Estimated FY2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	59,378	548,367	1,172,691	0	0	1,237,629
2. Estimated New FY2022/23 Funding	3,331,746	832,937	219,194			
3. Transfer in FY2022/23[a/]	0					
4. Access Local Prudent Reserve in FY2022/23						0
5. Estimated Available Funding for FY2022/23	3,391,124	1,381,304	1,391,885	0	0	1,237,629
F. Estimated FY2022/23 Expenditures	7,959,983	1,791,024	215,526	0	0	
G. Estimated FY2022/23 Unspent Fund Balance	(4,568,859)	(409,720)	1,176,359	0	0	1,237,629

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	1,237,629
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	1,237,629
5. Contributions to the Local Prudent Reserve in FY 2021/22	0
6. Distributions from the Local Prudent Reserve in FY 2021/22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	1,237,629
8. Contributions to the Local Prudent Reserve in FY 2022/23	0
9. Distributions from the Local Prudent Reserve in FY 2022/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	1,237,629

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 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: City of Berkeley

Date: 8/12/20

	Fiscal Year 2020/21					
	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
FSP Programs						
1. TAY, Adult & Older Adult FSP	2,574,710	2,574,710				
2. Children's FSP	562,943	562,943				
3. Homeless FSP	911,132	911,132				
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					
Non-FSP Programs						
1. Multicultural Outreach & Engagement	409,485	409,485				
2. System Development, Wellness & Recovery, HO	3,024,596	3,024,596				
3. Fitness to Independence	36,934	36,934				
4. Crisis Services	292,177	292,177				
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					
CSS Administration	666,610	666,610				
CSS MHSA Housing Program Assigned Funds	25,623	25,623				
Total CSS Program Estimated Expenditures	8,478,587	8,478,587	0	0	0	0
FSP Programs as Percent of Total	47.8%					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: City of Berkeley

Date: 8/12/20

	Fiscal Year 2021/22					
	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
FSP Programs						
1. TAY, Adult & Older Adult FSP	2,574,710	2,574,710				
2. Children's FSP	562,943	562,943				
3. Homeless FSP and Outreach Team	1,184,175	1,184,175				
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					
Non-FSP Programs						
1. Multicultural Outreach & Engagement	409,485	409,485				
2. System Development, Wellness & Recovery	2,334,949	2,334,949				
3. Fitness to Independence	36,934	36,934				
4. Crisis Services	292,177	292,177				
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					
CSS Administration	666,610	666,610				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	8,061,983	8,061,983.00	0	0	0	0
FSP Programs as Percent of Total	53.6%					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: City of Berkeley

Date: 8/12/20

	Fiscal Year 2022/23					
	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
FSP Programs						
1. TAY, Adult & Older Adult FSP	2,574,710	2,574,710				
2. Children's FSP	562,943	562,943				
3. Homeless FSP and Outreach Team	1,184,175	1,184,175				
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					
Non-FSP Programs						
1. Multicultural Outreach & Engagement	409,485	409,485				
2. System Development, Wellness & Recovery	2,234,949	2,234,949				
3. Fitness to Independence	34,934	34,934				
4. Crisis Services	292,177	292,177				
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					
CSS Administration	666,610	666,610				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	7,959,983	7,959,983	0	0	0	0
FSP Programs as Percent of Total	54.3%					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: City of Berkeley Date: 8/12/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. High School Prevention Program	300,057	300,057				
2. Social Inclusion	9,000	9,000				
3. African American Success Project	37,500	37,500				
4. Cal MHSA	46,375	46,375				
5. Dynamic Mindfullness	71,250	71,250				
6. Mental Health Peer Education Program (MEE	35,129	35,129				
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
11. BE A STAR	52,285	52,285				
12. Community Education & Supports	244,092	244,092				
13. High School Prevention Program	300,057	300,057				
14. Community Based Children & Youth Risk	65,371	65,371				
15. African American Success Project	112,500	112,500				
16. Homeless Outreach & Treatment Team	56,891	56,891				
17. Dynamic Mindfullness	23,750	23,750				
18. Mental Health Peer Education Program (MEE	11,710	11,710				
19. Supportive Schools	55,000	55,000				
PEI Administration	320,005	320,005				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,740,972	1,740,972	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: City of Berkeley Date: 8/12/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. High School Prevention Program	300,057	300,057				
2. Social Inclusion	9,000	9,000				
3. African American Success Project	37,500	37,500				
4. Cal MHSA	44,124	44,124				
5. Dynamic Mindfullness	71,250	71,250				
6. Mental Health Peer Education Program (MEE	35,129	35,129				
7.						
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. BE A STAR	52,285	52,285				
12. Community Education & Supports	364,092	364,092				
13. High School Prevention Program	300,057	300,057				
14. Community Based Children & Youth Risk	65,371	65,371				
15. African American Success Project	112,500	112,500				
16. Dynamic Mindfullness	23,750	23,750				
17. Mental Health Peer Education Program (MEE	11,710	11,710				
18. Supportive Schools	55,000	55,000				
19.	0					
PEI Administration	320,005	320,005				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,801,830	1,801,830	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: City of Berkeley Date: 8/12/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. High School Prevention Program	300,057	300,057				
2. Social Inclusion	9,000	9,000				
3. African American Success Project	37,500	37,500				
4. Dynamic Mindfullness	71,250	71,250				
5. Mental Health Peer Education Program (MEE	35,129	35,129				
6. Cal MHSA	33,318	33,318				
7.						
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. BE A STAR	52,285	52,285				
12. Community Education & Supports	364,092	364,092				
13. High School Prevention Program	300,057	300,057				
14. Community Based Children & Youth Risk	65,371	65,371				
15. African American Success Project	112,500	112,500				
16. Dynamic Mindfullness	23,750	23,750				
17. Mental Health Peer Education Program (MEE	11,710	11,710				
18. Supportive Schools	55,000	55,000				
19.	0					
20.	0					
PEI Administration	320,005	320,005				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,791,024	1,791,024	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: City of Berkeley Date: 8/12/20

	Fiscal Year 2020/21					
	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
INN Programs						
1. Trauma Informed Care Project	169,682	169,682				
2. Techonology Suite Project	431,864	431,864				
3. New INN Programs	250,000	250,000				
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					
INN Administration						
Total INN Program Estimated Expenditures	851,546	851,546	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: City of Berkeley Date: 8/12/20

	Fiscal Year 2021/22					
	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
INN Programs						
1. Techonology Suite Project	15,526	15,526				
2. New INN Programs	250,000	250,000				
3.						
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					
INN Administration						
Total INN Program Estimated Expenditures	265,526	265,526	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: City of Berkeley Date: 8/12/20

	Fiscal Year 2022/23					
	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
INN Programs						
1. Techonology Suite Project	15,526	15,526				
2. New INN Programs	200,000	200,000				
3.						
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					
INN Administration						
Total INN Program Estimated Expenditures	215,526	215,526	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: City of Berkeley Date: 8/12/20

	Fiscal Year 2020/21					
	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
WET Programs						
1. Greater Bay Area Worforce Partnership	40,157	40,157				
2.						
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					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	40,157	40,157	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: City of Berkeley Date: 8/12/20

	Fiscal Year 2021/22					
	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
WET Programs						
1.	0					
2.	0					
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					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	0	0	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: City of Berkeley Date: 8/12/20

	Fiscal Year 2022/23					
	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
WET Programs						
1.	0					
2.	0					
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					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	0	0	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: City of Berkeley Date: 8/12/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Adult Mental Health Clinic	87,405	87,405				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	87,405	87,405	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: City of Berkeley Date: 8/12/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: City of Berkeley Date: 8/12/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

APPENDIX A

Fiscal Year 2019

Prevention and Early Intervention

Annual Evaluation Report

City of Berkeley
Mental Health Services Act (MHSA)

Fiscal Year 2019
Prevention and Early Intervention
Annual Evaluation Report

WELLNESS • RECOVERY • RESILIENCE

1B

INTRODUCTION

Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds are used to prevent mental illnesses from becoming severe and disabling. Programs funded under the MHSA PEI component are focused on individuals across the life span and should emphasize improving timely access to services for underserved populations. Programs shall also include the following components:

- Outreach to increase knowledge and recognition of the early signs of mental health challenges or potentially severe and disabling mental illnesses.
- Reduction in stigma associated with either having or being diagnosed with a mental illness or seeking mental health services.
- Reduction in discrimination against people with mental health challenges or mental illness.
- Access and linkages to necessary medical care for those in need of additional services.
- Emphasis on strategies to reduce the following negative outcomes that may result from untreated mental health challenges and mental illness: Suicide; Incarcerations; School failure or dropout; Unemployment; Prolonged suffering; Homelessness; Removal of children from their homes.

Beginning in 2017, per MHSA State requirements, Mental Health jurisdiction must submit a Prevention and Early Intervention (PEI) Evaluation Report to the Mental Health Services Oversight and Accountability Commission (MHSOAC) on an annual basis. Additionally, beginning December 2018, a Three Year PEI Evaluation Report is due to the MHSOAC every three years. Regulations also require mental health jurisdictions to submit either a Three Year Evaluation Report or an Annual Evaluation Report to the State each fiscal year. The PEI Evaluation Report should be included with the MHSA Annual Update or Three Year Program and Expenditure Plan and undergo a 30 Day Public Comment period and approval from the local governing board. In FY21, the Fiscal Year 2019 (FY19) PEI Annual Evaluation Report that covers data from FY19 is due.

This FY19 PEI Annual Evaluation Report provides descriptions of currently funded MHSA services, and reports on FY19 program and demographic data to the extent possible. The main obstacles in collecting data for this PEI Annual Evaluation Report continue be with limited staffing and resources both within the City and at Contractor sites to implement and oversee all the necessary data collection requirements. While, it may be a multi-year process before the City of Berkeley will be able to present a complete data set for each PEI Program on an Annual basis, ongoing efforts will continue towards accomplishing this goal.

Impact Berkeley Initiative

In FY18, the City of Berkeley introduced a new initiative in the Health Housing and Community Services (HHCS) Department called "Impact Berkeley". Central to this effort is using a highly regarded framework called Results Based Accountability (RBA) to account for the work of the Department. RBA provides a new way of understanding the quality and impact of services provided by collecting data that answer three basic questions:

1. How much did you do?

2. How well did you do it?

3. Is anyone better off?

RBA has been incorporated into selected programs within the Department. Since FY18 this has included community agency programs funded through the MHSA Prevention & Early Intervention Community Education & Supports program. Through this initiative the Department worked with each contractor to envision, clarify and develop measures on the outcomes and results each program is seeking to achieve, and used a rigorous framework to begin measuring and enhancing progress towards these results. Page 27 of this Annual Evaluation Report provides an aggregated summary of some of the results of this initiative. The report on the results can be accessed on the MHSA website: MHSA Plans and Updates - City of Berkeley, CA

BACKGROUND

In 2007, the California Department of Mental Health (DMH) issued State Requirements (through DMH Information Notice 07-17) outlining how Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds were to be used for local programs. Through these requirements, PEI Programs were to be utilized on the following Key Community Mental Health Needs and Priority Populations:

Key Community Mental Health Needs:

- Disparities in Access to Mental Health Services – Reduce disparities in access to early mental health interventions due to stigma, lack of knowledge about mental health services or lack of suitability (i.e., cultural competency) of traditional mainstream services.
- Psycho-Social Impact of Trauma – Reduce the negative psycho-social impact of trauma on all ages.
- At-Risk Children, Youth and Young Adult Populations – Increase prevention efforts and response to early signs of emotional and behavioral health problems among specific at-risk populations.
- Stigma and Discrimination – Reduce stigma and discrimination affecting individuals with mental illness and mental health problems.
- Suicide Risk – Increase public knowledge of the signs of suicide risk and appropriate actions to prevent suicide.

PEI Priority Populations:

- Underserved Cultural Populations – Projects that address individuals who are unlikely to seek help from any traditional mental health services whether because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc.) and would benefit from PEI programs and interventions.
- Individuals Experiencing Onset of Serious Psychiatric Illness – Individuals identified by providers, including but not limited to primary health care, as presenting signs of mental illness first break, including individuals who are unlikely to seek help from any traditional mental health service.
- Children and Youth in Stressed Families – Children and youth placed out-of-home or individuals in families where there is substance abuse or violence, depression or other mental illnesses or lack of caregiving adults (e.g., as a result of a serious health condition or incarceration), rendering the children and youth at high risk of behavioral and emotional problems.
- Trauma-Exposed – Individuals who are exposed to traumatic events or prolonged traumatic conditions including grief, loss and isolation, including individuals who are unlikely to seek help from any traditional mental health service.

- Children and Youth at Risk for School Failure – Due to unaddressed emotional and behavioral problems.
- Children and Youth at Risk of or Experiencing Juvenile Justice Involvement – Individuals with signs of behavioral/emotional problems who are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately served through MHSA Community services and Supports funded services.

In April 2009, following a nine-month long Community Planning Process, the original City of Berkeley Prevention and Early Intervention plan was approved. Subsequent updates to the original plan were approved in October 2010, April 2011, May 2013, May 2014, June 2016, January 2017, July 2017, October 2018 and July 2019. Based on the DMH Regulations, through the original PEI Plan (or subsequent updates) programs were created to address Key Community Mental Health Needs and PEI Priority Populations as follows:

PEI Programs	Key Community Mental Health Needs	PEI Priority Populations
Behavioral-Emotional Assessment, Screening, Treatment and Referral – (BE A STAR) Program Supportive Schools Program (originally named "Building Effective Schools Together"-BEST) Community Based Child & Youth Risk Prevention Program	➢ At-Risk Children, Youth and Young Adult Populations	• Children and Youth in Stressed Families • Children and Youth at Risk for School Failure • Underserved Cultural Populations
High School Youth Prevention Project Mental Health Peer Mentor Program Dynamic Mindfulness Program African American Success Project	➢ At-Risk Children, Youth and Young Adult Populations ➢ Disparities in Access to Mental Health services ➢ Psycho-social Impact of Trauma	• Trauma Exposed • Children and Youth in Stressed Families • Children and Youth at Risk for School Failure • Underserved Cultural Populations
Community Education & Supports	➢ Psycho-social Impact of Trauma ➢ At-Risk Children, Youth and Young Adult Populations	• Trauma Exposed • Underserved Cultural Populations • Children/Youth in Stressed Families • Children and Youth at Risk for School Failure
Homeless Outreach & Treatment Team (HOTT)	➢ Psycho-social Impact of Trauma	• Underserved Cultural Populations

PEI Programs	Key Community Mental Health Needs	PEI Priority Populations
	➢ Disparities in Access to Mental Health services At-Risk Children, Youth and Young Adult Populations	• Trauma Exposed
Social Inclusion	➢ Stigma and Discrimination Psycho-social Impact of Trauma	• Trauma Exposed Underserved Cultural Populations

On October 6, 2015, updated PEI regulations designed by the Mental Health Services Oversight and Accountability Commission (MHSOAC) became effective. The updated regulations changed the PEI requirements. Per new PEI State Regulations, Mental Health jurisdictions are to utilize PEI funds to implement all of the following programs: Prevention, Early Intervention, Access and Linkage to Treatment, Stigma and Discrimination Reduction, and Outreach for Increasing Recognition of Early Signs of Mental Illness. Jurisdictions may also opt to utilize some PEI funds to implement a Suicide Prevention program. The definitions of each program are outlined below:

PREVENTION

Activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.

EARLY INTERVENTION

Treatment and other services and interventions, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes that may result from untreated mental illness.

ACCESS and LINKAGE to TREATMENT

Connecting children who are seriously emotionally disturbed, and adults and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs.

STIGMA and DISCRIMINATION REDUCTION

Activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

Engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

OPTIONAL - SUICIDE PREVENTION

Activities to prevent suicide as a consequence of mental illness.

Within each PEI program the following strategies must also be implemented: Access and Linkage, Improve Timely Access, and Reduce and Circumvent Stigma. The definitions of each strategy are outlined below:

Access and Linkage	Improve Timely Access	Reduce and Circumvent Stigma
• Activities that engage and connect youth, adults, and seniors with severe mental illness, as early in the onset of the condition as practicable, to medically necessary care and treatment.	• Improve timely access to mental health services for underserved populations through accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services	• Reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, or seeking mental health services. Make services accessible, welcoming, and positive.

The new PEI Regulations, also included program and demographic data requirements that are to be reported to the MHSOAC through Annual and Triennial PEI Evaluation Reports. The following pages outline the PEI Program and Demographic reporting requirements:

PEI PROGRAM REQUIREMENTS

PROGRAM TYPE	PROGRAM DEFINITION	PROGRAM AND DATA COLLECTION REQUIREMENTS
Prevention	A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.	➢ Describe the target population- type of risk(s) and the criteria used for establishing/identifying those at risk ➢ Measure the impact of one or more of the negative outcomes listed in the MHSA (suicide, incarcerations, school failure or dropout, unemployment, homelessness, and removal of children from their homes) ➢ Demonstrate the use of an evidence-based or promising practice or a community or practice-based evidence standard* ➢ Collect all PEI demographic variables
Early Intervention	Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes that may result from untreated mental illness.	➢ Provide services that do not exceed 18 months ➢ Program may include services to parents, caregivers, and other family members of the person with early onset of a mental illness. ➢ Program may be combined with a Prevention program ➢ Measure the impact of one or more of the negative outcomes listed in the MHSA (suicide, incarcerations, school failure or dropout, unemployment, homelessness, removal of children from their homes). ➢ Demonstrate the use of an evidence-based or promising practice or a community or practice-based evidence standard* ➢ Collect all PEI demographic variables
Access and Linkage to Treatment	Connecting children who are seriously emotionally disturbed, and adults and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs.	➢ Collect # of unduplicated individuals served ➢ Collect # of unduplicated referrals made to a Treatment program (and type of program) ➢ Collect # of individuals who followed through (participated at least once in Treatment) ➢ Measure average time between referral and engagement in services per each individual ➢ Measure duration of untreated mental illness (interval between onset of symptoms and start of treatment)per each individual ➢ Collect all PEI demographic variables
Stigma and Discrimination Reduction	Direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness,	➢ Collect the number of individuals reached by activity (e.g., # who participated in each service or activity)

PROGRAM TYPE	PROGRAM DEFINITION	PROGRAM AND DATA COLLECTION REQUIREMENTS
	having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.	➢ Measure changes in attitude, knowledge, and/or behavioral related to seeking mental health services or related to mental illness ➢ Collect all PEI demographic variables
Outreach for Increasing Recognition of Early Signs of Mental Illness	A process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.	➢ May include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms. ➢ May be a stand-alone program, a strategy within a Prevention program, a strategy within an Early Intervention program, a strategy within another program funded by PEI funds, or a combination thereof. ➢ Unduplicated # of individual potential responders ➢ The types of potential responders engaged in each setting (e.g., nurses, principals, parents, etc.) ➢ The # and kind of settings in which the potential responders were engaged ➢ Measure impact to 1 or more of the negative outcomes listed in the Act (suicide, incarcerations, school failure or dropout, unemployment, homelessness, and removal of children from their homes) ➢ Collect all demographic variables for all unduplicated individual potential responders
OPTIONAL Suicide Prevention	Activities to prevent suicide as a consequence of mental illness.	➢ Collect available #of individuals reached ➢ Collect # of individuals reached be activity (ex. # trained, # who accessed website) ➢ Select and use a validated method to measure changes I attitudes, knowledge and/or behavior regarding suicide related mental illness ➢ Collect all PEI demographic variables for all individuals reached

* Evidence-based practice standard: Activities for which there is scientific evidence consistently showing improved mental health outcomes for the intended population, including, but not limited to, scientific peer-reviewed research using randomized clinical trials.
Promising practice standard: Programs and activities for which there is research showing positive outcomes, but the research does not meet the standards used to establish evidence-based practices and does not have enough research or replication to support generalizable positive public health outcomes.
Community and/or practice-based evidence standard: A set of practices that communities have used and determined to yield positive results by community consensus over time, which may or may not have been measured empirically. Takes a number of factors into consideration, including worldview, historical, and social contexts of a given population or community, which are culturally rooted.

PEI Demographic Reporting Requirements

For the information reported under the various program categories, each program will need to report disaggregate numbers served, number of potential responders engaged, and number of referrals for treatment and other services by:

(A) The following Age groups:

- 0-15 (children/youth)
- 16-25 (transition age youth)
- 26-59 (adult)
- ages 60+ (older adults)
- Number of respondents who declined to answer the question

(B) Race by the following categories:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other
- More than one race
- Number of respondents who declined to answer the question

(C) Ethnicity by the following categories:

(i) Hispanic or Latino as follows

- Caribbean
- Central American
- Mexican/Mexican-American/Chicano
- Puerto Rican
- South American
- Other
- Number of respondents who declined to answer the question

(ii) Non-Hispanic or Non-Latino as follows

- African
- Asian Indian/South Asian
- Cambodian
- Chinese
- Eastern European
- European
- Filipino
- Japanese
- Korean
- Middle Eastern
- Vietnamese
- Other
- Number of respondents who declined to answer the question
- More than one ethnicity

(D) Primary language used listed by threshold languages for the individual county

- English
- Spanish
- Number of respondents who declined to answer the question

(E) Sexual orientation

- Gay or Lesbian
- Heterosexual or Straight
- Bisexual
- Questioning or unsure of sexual orientation
- Queer
- Another sexual orientation
- Number of respondents who declined to answer the question

(F) Disability, defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness

- If Yes, report the number that apply in each domain of disability(ies)
  - Communication domain separately by each of the following:
    - difficulty seeing,
    - difficulty hearing, or having speech understood)
    - other, please specify
  - Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
  - Physical/mobility domain
  - Chronic health condition (including but not limited to chronic pain)
  - Other (specify)
- No
- Number of respondents who declined to answer the question

(G) Veteran Status,

- Yes
- No
- Number of respondents who declined to answer the question

(H) Gender

(i) Assigned sex at birth:
(a) Male
(b) Female
(c) Number of respondents who declined to answer the question

(ii) Current gender identity:
(a) Male
(b) Female
(c) Transgender
(d) Genderqueer
(e) Questioning or unsure of gender identity
(f) Another gender identity
(g) Number of respondents who declined to answer the question

Effective July 2018 amended PEI regulations specified the following:

- For projects/programs serving children or youth younger than 18 years of age, the demographic information collected and reported should only be done so to the extent permissible by privacy laws.
- For projects/programs serving minors younger than 12 years of age, demographic information shall be collected and reported, except for sexual orientation, current gender identity, and veteran status.
- Information that cannot be obtained directly from the minor many be obtained from the minor's parent, legal guardian, or other authorized source.

CITY OF BERKELEY PEI PROGRAMS

Upon the release of the 2018 PEI Regulations, the City of Berkeley programs were reviewed to evaluate whether programs that were already funded would fit into the new required PEI Program definitions. As a result, local PEI funded programs were re-classified from the previous construct, into the following:

STATE REQUIRED PEI PROGRAMS	CITY OF BERKELEY PEI PROGRAMS
Combined Prevention and Early Intervention	• Be A Star • High School Youth Prevention Project • Community Based Child & Youth Risk Prevention Program • Mental Health Peer Education Program* • Dynamic Mindfulness Program* • African American Success Project*
Early Intervention	• Supportive Schools Program • Community Education & Supports Projects
Access and Linkage to Treatment	• Homeless Outreach & Treatment Team
Stigma and Discrimination Reduction	• Social Inclusion Project
Outreach for Increasing Recognition of Early Signs of Mental Illness	• High School Youth Prevention Project

*This project was added through the MHSA FY19 or FY20 Annual Update

The City then assessed the current capacity both internal and at Contractor sites that would be necessary to collect and evaluate the new PEI Data and quickly realized there were very limited resources and staffing available. Beginning in FY18, as a measure to provide resources to assist with the collection of data at Contractor sites, additional funds were added to each PEI funded contract.

Additionally, within FY18, the City of Berkeley Health, Housing and Community Services (HHCS) Department began the roll-out of "Impact Berkeley" in various Public Health and Mental Health programs. "Impact Berkeley" is an evaluation that utilizes the methodology of "Results Based Accountability" (RBA), which seeks to answer how many individuals are being served, how well the program is providing services, and whether participants are better off as a result of participating in the program, or receiving services. Through this initiative the Department envisioned, clarified, and developed a common language about the

outcomes and results that each program seeks to achieve, and then began implementing a rigorous framework to measure and enhance programs towards these results. The first part of this roll-out included the PEI Community Education & Supports Program contracted services. In FY18, staff began working with PEI funded Contractors both on establishing measures for "Impact Berkeley" and for PEI program requirements. Results of the FY19 RBA Evaluation are captured in this report and will continue to be reported in future PEI Evaluation Reports.

This FY19 Annual PEI Evaluation Report documents program measures and demographic elements to the extent data was available. While, it may be a multi-year process before the City of Berkeley will be able to present a complete data set for each PEI Program on an Annual basis, ongoing efforts will continue towards accomplishing this goal.

PEI Funded Children and Youth and TAY Services

Per MHSA regulations 51% of PEI funds are to be used on services and supports for Children, Youth, and TAY. Small counties, of which the City of Berkeley is considered, may elect to forego this regulation as long as a community vetted, locally approved justification is provided as to why children and youth services are funded at a lower level. Since the initial PEI Plan, the City of Berkeley has allocated more than 51% of PEI funds to services and supports for children, youth and TAY as the majority of PEI funds has been utilized to serving these populations.

Currently, eight out of 10 local PEI programs provide services for children and youth, 5 of which are in the Berkeley Unified School District (BUSD). Programs are as follows: Behavioral-Emotional Assessment, Screening, Treatment and Referral (BE A STAR); Community-Based Child/Youth Risk Prevention Program; Supportive Schools Project; Mental Emotional Education Team (MEET); Dynamic Mindfulness (DMIND); African American Success Project; High School Youth Prevention Project, and the TAY Trauma Support Project. Additionally, from FY11 through FY20, the City of Berkeley utilized a portion of PEI funds to provide services for children, youth and TAY in the Albany Unified School District, through the Albany Trauma Project.

PREVENTION AND EARLY INTERVENTION

COMBINED PROGRAMS

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.

PEI Goals: The goal of this program is to bring about mental health, including the reduction of school failure and the removal of children from their homes.

In FY19, there were vacancies in staff, as such program data for the reporting timeframe is unavailable.

Community-Based Child & Youth Risk Prevention Program

This program targets children (aged 0-5) who are impacted by multiple risk factors including trauma, family or community violence, familial distress, and/or family substance abuse, (among other issues). A BMH clinician serves as the Mental Health Consultant on this project providing information, services and supports to teachers and parents at the YMCA Head Start program in South Berkeley. Services include individual case consultation for teachers and parents, group consultations, classroom observations and interventions, assessments, brief treatment, and referrals to 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 50 Children & Youth a year.

PEI Goals: The goal of this program is to bring about mental health including the reduction of school failure and the removal of children from their homes.

In FY19, the following services were provided:

- Fifteen Early Childhood Mental Health Reflective Case Consultation groups for five classrooms;
- General Classroom Consultations in five classrooms;
- Individual and group consultations to the Center Program Supervisor, 15-18 Childhood Teachers, and two Family Advocates;
- Coordinated with the "Inclusion Program" which includes Inclusion Specialists and a Speech Pathologist to help observation and assessment efforts that facilitate early intervention screenings and referrals to BUSD and Regional Center;

- Planning and assistance with implementation of behavior plans for children with behavioral and social-emotional needs;
- Direct interventions including providing visuals and classroom tools to help teach children self-regulation skills, social skills, and skills to help with transitions and to improve the overall functioning of individual children in the classroom setting;
- Mental Health consultations to 15 parents which included a variety of direct psycho-education around developmental concerns, social-emotional issues/behavioral concerns, parenting issues, providing information regarding mental health services as well as information regarding community services as as: First 5 Alameda, Help Me Grow, Regional Center, BUSD, and Primary Care physicians; and
- Co-facilitated monthly Resiliency Circles to promote self-care and trauma informed care principles with teaching staff.

According to the HeadStart Center Supervisor, the consistency with the current Mental Health Consultant has allowed for relationship building and establishing rapport with teachers and their families, which are essential to providing successful and effective mental health consultation.

In FY19, 54 children were served through this program. Demographics on those served is as follows:

PARTICIPANT DEMOGRAPHICS N=54	
Age Groups	
0-15 (Children/Youth)	100%
Race	
Asian	6%
Black or African American	55%
White	4%
Other	33%
More than one Race	2%
Ethnicity: Hispanic or Latino	
Mexican/Mexican-American/Chicano	33%
Ethnicity: Non-Hispanic or Non-Latino	
Declined to Answer (or Unknown)	67%
Primary Language	
Declined to Answer (or Unknown)	100%
Disability	
Declined to Answer (or Unknown)	100%
Gender: Assigned sex at birth	
Declined to Answer (or Unknown)	100%

Current Gender Identity	
Declined to Answer (or Unknown)	100%

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; drop-in crisis and counseling services; 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 100 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.

PEI Goals: The goal of this program is to bring about mental health, including the reduction of school failure or dropout.

In FY19, approximately 1,059 students at Berkeley High School (BHS) and Berkeley Technology Academy (B-Tech) received services at the school's Student Health Center, with 1,511 visits for Behavioral Health Individual sessions, and 321 visits for Behavioral Health Group sessions. Demographics on youth served are outlined below:

PARTICIPANT DEMOGRAPHICS N=1,059	
Age Groups	
0-15 (Children/Adult)	6%
16-25 (Transition Age Youth)	13%

Declined to Answer (or Unknown)	81%
Race	
Asian	7%
Black or African American	20%
White	33%
More than one Race	17%
Declined to Answer (or Unknown)	7%
Ethnicity: Hispanic or Latino	
Mexican/Mexican-American/Chicano	16%
Ethnicity: Non-Hispanic or Non-Latino	
Declined to Answer (or Unknown)	84%
Primary Language	
Declined to Answer (or Unknown)	100%
Sexual Orientation	
Declined to Answer (or Unknown)	100%
Disability	
Declined to Answer (or Unknown)	100%
Veteran Status	
No	100%
Gender: Assigned sex at birth	
Male	66%
Female	34%
Current Gender Identity	
Male	66%
Female	34%

Mental Health Peer Education Program

The Mental Health Peer Education Program was added through the MHSA FY19 Annual Update. This program implements a mental health curriculum for 9th graders, and an internship program for a cohort of high school students, in Berkeley Unified School District (BUSD), in an effort to increase student awareness of common mental health difficulties, resources, and healthy coping and intervention skills. Through this program students are trained by a licensed BUSD clinician to conduct class presentations covering common mental health disorders, on and off campus resources, as well as basic coping and intervention skills.

PEI Goals: The goal of this program is to bring about mental health, including the reduction of school failure or dropout.

In FY19, a Berkeley High School (BHS) Counselor, led and facilitated weekly MEET trainings throughout the school year for thirteen high school students for the purpose of establishing and implementing a peer-led mental health education curriculum. Weekly trainings prepared MEET students to provide classroom presentations. Seven pairs of MEET students provided a total of twenty-eight psycho-educational presentations in 9th grade classes. The presentations aimed to reduce mental health stigma, teach coping skills, create awareness about depression and anxiety, and demonstrate to students how to access mental health resources on campus and in the community. A total of 882 students were served. Four encore follow-up presentations were provided to 108 students in the 10th grade. Additional MEET student accomplishments were as follows:

- Provided stress management tips through interactive presentations in ten classrooms, before the 1st semester exams to assist 271 students in increasing stress reduction strategies;
- Assisted in designing surveys to measure students' knowledge before and after the classroom presentations;
- Conducted lunch-time meetings to assist 11 students through peer-to-peer services and supports;
- Distributed 1000 bookmarks with Crisis Services on them to 9th graders and other high school students;
- Assisted in designing mental health survey questions that were used in the school-wide Berkeley High School Student (BHS) Survey;
- Created videos to promote mental health awareness: "MEET Members Speak Out", "Mental Health and Homeless Youth", and "Welcome to the Health Center";
- Assisted in designing a MEET Website with a resources page;
- Created a MEET Instagram account, promoting mental health awareness;
- Participated in the school-run podcast, "The BHS Jacket";
- Attended the BMH MHSA Advisory Committee meeting to voice the need and advocate for increased funding for mental health resources at Berkeley public schools; and
- Hosted a panel discussion to help incoming seniors manage stress.

MEET conducted two surveys to measure learning outcomes of the 9th grade classroom presentations. A pre and post test was conducted. A majority of the 9th graders surveyed improved their scores from pre to post-test. Areas measured was as follows:

1. Knowledge of mental health resources – where to find them
2. Identifying symptoms of anxiety and depression
3. Mental health stigma – willingness to talk about mental health
4. Learning mental health coping strategies
5. How to respond to a mental health crisis, especially suicidal ideation

Program outcomes showed that numerous 9th grade student participants as well as 100% of 9th grade teachers, verbally reported being satisfied with MEET's classroom presentations. The BHS Health Center also reported a correlative increase in student self-referrals after MEET's presentations. Students often arrived at the Health Center holding a Crisis Resource Bookmark, of which MEET distributed. Demographics on the 13 students who were in the MEET program were as follows: 31% Male; 69%

Female; 15% African American; 15% Asian; 46% Caucasian; 8% Latinx; 16% mixed race. A total of 1,285 students participated in prevention services offered by MEET. Demographics on student participants were as follows: 16% African American; 19% Asian; 29% Caucasian; 18% Latinx; and 18% were of mixed race or did not specify race or ethnicity. Additional demographics on PEI funded programs at BUSD were provided in aggregate format for the following programs: MEET, Dynamic Mindfulness (DMind), African America Success Project and Supportive Schools. Demographics are provided following the DMind program.

Dynamic Mindfulness Program (DMind)

The Dynamic Mindfulness (DMind) program was added through the MHSA FY19 Annual Update. DMind is an evidence-based trauma-informed program in each of the BUSD middle and high schools. Validated by independent researchers as a transformative program for teaching children and youth, skills for optimal stress resilience and healing from trauma, the DMind program integrates mindful action, breathing, and centering into an intervention that can be implemented in the classroom in 5-15 minute sessions, 3 to 5 times a week. This program has proven to be successful with vulnerable students who are exhibiting signs of trauma/PTSD from Adverse Childhood Experiences (ACEs), and/or disengagement from school, chronic absences, and significant behavioral challenges, including emotion regulation, impulse control, and anger management. DMind also enables teacher well-being, which has been shown to enhance student learning. The program components will include in-class and after-school DMind sessions for students, student peer leadership development, training and coaching of school staff, and program evaluation.

PEI Goals: The goal of this program is to bring about mental health, including the reduction of school failure or dropout and the removal of children from their homes.

In FY19, planning, design and customization of DMind for each school site was conducted. DMind training for staff was provided, as well as post-training follow-up supports. Niroga Instructors provided in-classroom DMind instruction. DMind curriculum supports, including the DMind video library was also made available.

According to the DMind program report, specific program outcomes were as follows:

- School Administrators and staff, as well as students, enthusiastically embraced the DMind program;
- Special Education students seemed to especially take to DMind. In addition to other classrooms, 13 Special Education classes were provided with the DMind program:
- The DMind program for chronic absentees led to a 1.8% increase in attendance.

A total of 520 students and 117 staff were served through this program in FY19, as follows:

School	# of Students Served	# of Staff Served
Berkeley High School	125	75
Berkeley Technology Academy	28	25
Martin Luther King Middle School	215	6
Williard Middle School	152	11
TOTAL	520	117

Data provided by BUSD, which combined demographics for the Supportive Schools Project, the MEET Program, and DMind, is outlined below:

PARTICIPANT DEMOGRAPHICS N= 3,065	
Age Group	
0-15 (Children/Youth)	81%
16-25 (Transition Age Youth)	13%
26-59 (Adult)	6%
Ages 60+ (Older Adult)	<1%
Race	
American Indian or Alaska Native	1%
Asian	11%
Black or African American	19%
Native Hawaiian/Pacific Islander	<1%
White	41%
Other	1%
More than one race	4%
Declined to Answer (or Unknown)	9%
Ethnicity: Hispanic or Latino	
Mexican/Mexican-American/Chicano	14%
Primary Language Used	
English	86%
Spanish	7%
Mandarin	1%
Declined to Answer (or Unknown)	6%
Sexual Orientation	
Gay or Lesbian	7%
Heterosexual or Straight	49%
Bisexual	2%
Questioning or unsure of sexual orientation	<1%
Queer	<1%

Declined to Answer (or Unknown)	41%
Disability	
Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)	9%
Physical/mobility domain	<1%
Veteran Status	
Declined to Answer (or Unknown)	100%
Gender: Assigned sex at birth	
Male	58%
Female	42%
Current Gender Identity	
Male	54%
Female	39%
Transgender	<1%
Questioning or unsure of gender identity	<1%
Another gender identity (Non-Binary)	<1%
Declined to Answer (or Unknown)	6%

African American Success Project

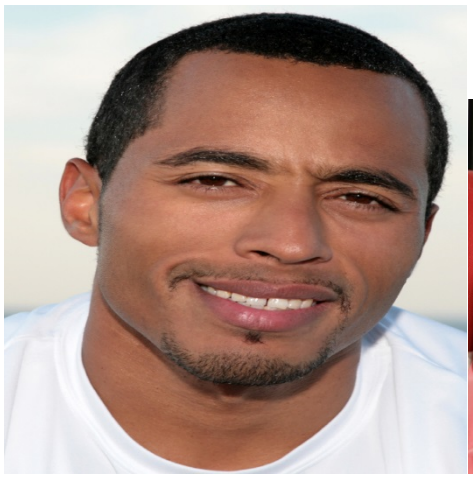
The African American Success Project (AASP) was first implemented in FY19 in four Berkeley Unified School District Schools (King, Longfellow, Willard and Berkeley High School). Closely aligned with the work of Berkeley's 2020 Vision, the AASP works with African American youth and their families to actively engage students in the classroom and school life while creating a pathway for their long-term success. The project implements a three-pronged approach that includes case management and mentorship (which are individualized and tailored to meet each student's needs), community building, and family engagement. Through this approach a case manager engages and works with each student on school success planning. This work includes establishing student check-ins, family connections, teacher and staff collaborations, advocacy, and community building sessions. The project supports students who have disproportionately faced barriers in Berkeley public schools to promote an individual's learning, mental, and socio-emotional well-being. During the first year the project team worked with 84 students and their families while assessing the effectiveness of the project and identifying ways to strengthen the service model. One key finding was that the project could only have limited impact when staff were spread across four school sites.

Following FY19, the project was only going to be implemented at Longfellow. A second key learning was that services could be strengthened if they were integrated into the school day through a class that African American students could elect to take that would provide a safe space to focus on ongoing social and emotional development, skill-building, habits and mindsets that enable self-regulation, interpersonal skills, and perseverance and resilience. The class would be facilitated by a Counselor/Instructor who would follow-up with students in one-on-one counseling sessions on issues of concern that are raised in class and would provide referrals to mental health services and supports as needed. To support the implementation of this additional component, through the FY20 Annual Update the Division allocated PEI funds to support this project.

PEI Goals: The goal of this program is to bring about mental health, including the reduction of school failure and the removal of children from their homes.

Project updates and outcomes from FY20, will be reported in the next MHSA Annual Update.

EARLY INTERVENTION (ONLY) PROGRAMS



Supportive Schools Program

Through this program leveraged MHSA PEI funds provide 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.

PEI Goals: The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the reduction of school failure and the removal of children from their homes.

In FY19, BUSD sub-contracted with the following local agencies to provide services: Bay Area Community Resources (BACR), Child Therapy Institute (CTI), and LifeLong Medical Care. Agency and district staff providers led social skills groups, provided early intervention social and emotional support services, playground social skills, "check in/check out," individual counseling, and support for parents and guardians from diverse backgrounds. As aligned with priority and focus on equity, providers participated in Coordination of Services Team (COST) meetings, and linked parents and guardians with resources at the school, within the school district, and in the community. A total of 1,065 elementary age students were served through this program.

Data provided by BUSD, which combined demographics for the Supportive Schools Project, the MEET Program, and DMind, is outlined below:

PARTICIPANT DEMOGRAPHICS N= 3,065	
Age Group	
0-15 (Children/Youth)	81%
16-25 (Transition Age Youth)	13%
26-59 (Adult)	6%
Ages 60+ (Older Adult)	<1%
Race	
American Indian or Alaska Native	1%
Asian	11%
Black or African American	19%
Native Hawaiian/Pacific Islander	<1%
White	41%
Other	1%
More than one race	4%
Declined to Answer (or Unknown)	9%
Ethnicity: Hispanic or Latino	
Mexican/Mexican-American/Chicano	14%

Primary Language Used	
English	86%
Spanish	7%
Mandarin	1%
Declined to Answer (or Unknown)	6%
Sexual Orientation	
Gay or Lesbian	7%
Heterosexual or Straight	49%
Bisexual	2%
Questioning or unsure of sexual orientation	<1%
Queer	<1%
Declined to Answer (or Unknown)	41%
Disability	
Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)	9%
Physical/mobility domain	<1%
Veteran Status	
Declined to Answer (or Unknown)	100%
Gender: Assigned sex at birth	
Male	58%
Female	42%
Current Gender Identity	
Male	54%
Female	39%
Transgender	<1%
Questioning or unsure of gender identity	<1%
Another gender identity (Non-Binary)	<1%
Declined to Answer (or Unknown)	6%

Community Education & Supports Program

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 unserved, underserved and inappropriately served in Berkeley and Albany including: African Americans; Asian Pacific Islanders; Latinos; LGBTQIA+; TAY; and Senior Citizens. All services are conducted through area community-based organizations.

In FY19 each of the Community Education & Supports contractors participated in the HHCS Results-Based Accountability (RBA) Evaluation. Some of the results are presented in an aggregated format aggregated across all programs as follows:

How Much Did We Do?	How Well Did We Do It?	Is Anyone Better Off?
• 651 Support Groups/Workshops • 3,524 Support Groups/Workshop Encounters • 203 Individual Supports/Encounters • 419 Outreach Activities • 6,938 Outreach Contacts • 1,308 Referrals	• 7 Support groups or workshop sessions attended on average per person • 96% Survey respondents were satisfied with services • Referrals by type: 251 Mental Health 240 Social Services 227 Physical Health 156 Housing 434 Other Services	• 92% of program participants reported an increase in social supports or trusted people they can turn to for help (3 of 5 projects reported in this measure). • 88% of program participants reported positive changes in terms of coping strategies, feeling anxious or overwhelmed (4 out of 5 programs reported on this measure).

For additional detail on how various data variables were quantified and for full reporting on other data elements, access the full MHSA Plans and Updates - City of Berkeley, CA

Descriptions of services provided and numbers served through this project are outlined below:

Albany Trauma Project

Implemented through Albany Unified School District this project provides trauma support services to Latinx, 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: Adult one-on-one outreach and engagement and support groups in the Elementary and High School in Albany. 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 40-55 children/youth and 25-45 adults.

Descriptions of services provided and numbers served through this project are outlined below:

Adult Support Groups: This project used to implement outreach and engagement activities and support groups to Latinx 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. Over the years this

project has migrated to more of a one-on-one engagement project to support individuals in need, with occasional cultural and strength building group activities.

PEI Goals: The goal of this project is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

In FY19, 24 individuals received supports through one-on-one engagement sessions. Eleven referrals were provided, 1 to Physical Health services, 3 for Legal services, 1 for Tax Preparation, and 6 to other unspecified supports.

Children/Youth Support Groups: Young children and high school youth experiencing trauma are unlikely to seek services at traditional mental health clinics. Schools are an essential vehicle of treatment for trauma exposed individuals and their families. By aiming psycho-educational interventions for elementary age children and high school youth, it is possible to introduce youth and their families to information about trauma, coping mechanisms, and to combat the isolation that trauma brings.

The purpose of the groups is to reduce at-risk behaviors, reduce a sense of alienation, and increase a sense of belonging among group members. Various psycho-educational techniques are used to achieve these goals, such as improving communication skills, using role modeling and feedback, increasing empathy by encouraging self-disclosure and emotional engagement in the group, and developing trust via positive interactions in the group. The support group program provides information about the effects of trauma, and helpful coping strategies; serves a preventive function by offering interventions that will keep at-risk individuals and families from developing serious 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.

PEI Goals: The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the reduction of school failure or drop out.

Elementary School Support Groups: Through this project, Support Groups are provided to Elementary aged students to reduce children's negative responses to trauma, correct maladaptive beliefs and attributions, and build resilience and reduce anxiety. Student participants are referred from parents, teachers or school staff. Students with experiences of community violence, physical assault, significant separations, witness to domestic or sexual violence, and lack of food, clothing, or shelter are invited to attend groups. As these experiences can lead to the child's regulatory capacity being overwhelmed, his or her daily life behaviors, school performance, attention, self-perception and emotional regulation may all be affected. Support Groups provide psycho-education, coping skills, and a safe environment in which to address and process traumatic experiences.

In FY19, 18 support groups were provided to a total of 10 participants. Each group met for 1-2 hours in duration. There were two referrals for additional mental health services. Fifty-one outreach activities were also conducted. From teacher, school staff, and parental report, outcomes for students participating in support groups were as follows: 60% took a more active role in learning; 90% received increased positive attention from peers; and 80% exhibited less anxiety in the classroom.

Youth Support Groups: The use of Support Groups or Group Therapy are considered to be a highly effective and preferred intervention for adolescents who tend to be more likely to accept feedback from their peers than from adults. Through this project, separate weekly therapeutic support groups are provided at

Albany High School for Asian Pacific Islander, Latinx, and African American youth. Groups meet for 1-2 hours a week throughout the school year and are focused on helping participants process various traumatic events through the development of trust, close connections to each other, and creating a safe space for the expression and understanding of feelings.

In FY19, three separate support groups were held at Albany high School. Each group met weekly for 1 hour and continued until the end of the school year. Students were assigned to three groups based on racial or ethnic identity: Latinx, African-American, and Asian-American. This was done in order to help promote connection, identification and group cohesion. Students that participated in the trauma groups at Albany High School were initially recommended by counselors, mental health coordinators, or administrators who believed that these selected students may have experienced trauma in their lives. These students were then interviewed individually to assess and determine if they wished to participate in the groups. Forty-five students were interviewed and assessed for all three groups. Of those 45 students, 32 students attended at least 1 group session, and 22 students continued in group for 6 or more sessions. The initial group meeting was set up specifically as a way to allow prospective members to experience group and to determine if they wanted to participate. After the initial group sessions, students were asked to either commit to attend group for 8 sessions or to opt out. As expected, some students who attended the initial group chose not to participate in the groups, while most students signed up for 8 initial sessions and then continued to attend groups through the remainder of the year. In aggregate, there were a total of 58 individual meetings with students and 63 group sessions. The 45 students served by this program received 422 total contacts, and there were 4 referrals for additional mental health services.

A pre-test questionnaire was administered at the 2nd group meeting, and a post-test questionnaire was administered at the last group meeting. The pre-test was completed by 25 students and the post-test was completed by 19 students. Several group members were unable to complete the post-test due to not being able to attend the final group session. Student responses on the pre-test questionnaire are outlined below:

QUESTIONNAIRE RESULTS N = 25	
QUESTIONS	**PARTICIPANT RESPONSES**
Have you lost someone close to you?	Yes – 64% No – 36%
Have you witnessed violence in your family?	Yes – 52% No – 48%
Have you witnessed violence in your home?	Yes – 7 – 28% No – 18 – 72%
Have you been a victim of violence or abuse?	Yes – 72% No – 28%
If yes, have you spoken to anyone about this?	Yes – 100% No – 0%
Do you feel that you've had the support in your life to cope effectively with the painful things you've experienced?	Rarely – 8% Sometimes – 48% Most of the Time – 44%
Do you use healthy ways to cope with stress in your life?	Never – 4% Rarely – 20% Sometimes – 32% Most of the Time – 44%

Do you use drugs or alcohol to help cope with your feelings, i.e. relax, calm down, quiet your mind, reduce anger, etc.?	Never – 48% Rarely – 20% Sometimes – 24% Most of the Time – 8%
Are there adults at your school who you can talk openly to about personal issues?	Yes – 76% No – 24%

Pre-test results indicated that many of the group members had experienced significant trauma in their lives. Other traumas experienced by group members that were discussed in group included institutionalized racism, unjust police practices, poverty, immigration, parental incarceration, death of a family member, parental substance abuse, mental illness of a parent, and physical/emotional abuse. Student responses on the post-test questionnaire were as follows:

QUESTIONNAIRE RESULTS N = 19	
QUESTIONS or STATEMENTS	**PARTICIPANT RESPONSES**
I felt welcomed into group.	Strongly Disagree – 0% Disagree – 0% Neutral – 0% Agree – 37% Strongly Agree – 63% N/A – 0%
I felt the group was a place I could express my feelings.	Strongly Disagree – 0% Disagree – 0% Neutral – 0% Agree – 53% Strongly Agree – 47% N/A – 0%
I felt supported by other group members.	Strongly Disagree – 0% Disagree – 0% Neutral – 0% Agree – 32% Strongly Agree – 68% N/A – 0%
As a direct result of participating in the group, I feel like I have more support to help me deal with challenges.	Strongly Disagree – 0% Disagree – 0% Neutral – 11% Agree – 63% Strongly Agree – 26% N/A – 0%
As a direct result of participating in the group, I cope with stress in healthier ways.	Strongly Disagree – 0% Disagree – 5% Neutral – 32% Agree – 32% Strongly Agree – 26% N/A – 5%
As a direct result of participating in the group, I have reduced the use of drugs and/or alcohol to cope with difficult feelings.	Strongly Disagree – 0% Disagree – 5% Neutral – 11% Agree – 21% Strongly Agree – 5% N/A – 58%

As a direct result of participating in the group, I would consider seeking help from a mental health professional in the future for a personal problem that was really bothering me.	Strongly Disagree – 0% Disagree – 5% Neutral – 32% Agree – 11% Strongly Agree – 26% N/A – 26%
Would you recommend this group to a friend?	Yes – 100% No – 0%

Post-test results suggested that all group members reported a positive experience in the support groups. All students who completed the post-test responded that they felt welcomed into the group, felt that the group was a place where they could express their feelings, and felt supported by the other group members. Additionally, all students who completed the post-test responded "Yes" to the question, "Would you recommend this group to a friend?" Group members also reported significant improvements in various metrics related to their coping skills as outlined below:

- 89% felt more supported in dealing with challenges;
- 72% indicated that they coped with stress in healthier ways;
- 63% reported a reduction in their use of drugs and alcohol to cope with difficult feelings;
- 71% expressed willingness to seek help from a mental health professional in the future.

The sole adverse finding from the post-test results was related to school truancy. Among the 19 students who participated in support group sessions, school truancy increased by 90% between the FY18 academic year (31 unexcused absences) to the FY19 academic year (59 unexcused absences). According to the AUSD program report, several factors may account for this surprising finding. First, the groups were disproportionally comprised of seniors (16 of the 19 students), many of whom spoke repeatedly in group about their "senioritis" and corresponding lack of motivation to attend school. Additionally, a small number of students (4) accounted for 31 of the 59 unexcused absences for the current school year. The truancy of these 4 students – which resulted from a complicated series of factors (e.g., adverse changes in one student's home environment; a bout of clinical depression for another student) – likely skewed the overall data. If the attendance numbers of these 4 students were removed from the analyses, the difference in school truancy between the FY18 academic year (20 unexcused absences) and the FY19 academic year (28 unexcused absences) would be much less pronounced.

Among all services conducted for children, youth and Adults through the Albany Trauma Project, a total of 79 individuals were served. Demographics on individuals served were as follows:

PARTICIPANT DEMOGRAPHICS N=79	
Age Group	
0-15	13%
16-25	58%
26-59	20%
60+	9%

Race	
Asian	20%
Black or African American	15%
Native Hawaiian or other Pacific Islander	1%
White	32%
Other	24%
More than one race	8%
Ethnicity: Hispanic or Latino	
Central American	6%
Mexican/Mexican-American/Chicano	44%
South American	3%
Ethnicity: Non-Hispanic or Non-Latino	
African	14%
Asian Indian/South Asian	5%
Chinese	4%
European	1%
Filipino	6%
Japanese	1%
More than one ethnicity	8%
Other	3%
Declined to Answer (or Unknown)	5%
Primary Language Used	
English	72%
Spanish	28%
Sexual Orientation	
Gay or Lesbian	3%
Heterosexual or Straight	57%
Bisexual	3%
Declined to Answer (or Unknown)	37%
Disability	
Difficulty Seeing	1%

Mental (not mental health)	1%
Physical/Mobility Disability	1%
No Disability	42%
Veterans Status	
No	100%
Gender: Assigned sex at birth	
Male	61%
Female	39%
Current Gender Identity	
Male	61%
Female	39%

Transition Age Youth Trauma Support Project

Implemented through the Covenant House, Youth Engagement Advocacy Housing (YEAH!) program, this project provides supportive services for Transition Age Youth (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 to 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.

PEI Goals: The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

In FY19, 142 TAY participated in one or more program services over the year. Support Group sessions included: Harm Reduction and Substance Use; Mindfulness; Coping Skills; Creative Expression, among others. Twelve Youth Social Outings included 48 TAY participants, and 123 TAY, participated in 21 Youth Celebratory Events. Demographics on youth served were as follows:

CLIENT DEMOGRAPHICS N = 142	
Age Group	
16-25 (Transition Age Youth)	100%
Race	
Asian	1%

Black or African American	46%
Native Hawaiian or Other Pacific Islander	1%
White	33%
Other	4%
More than one Race	13%
Decline to State (or Unknown)	2%
Latino Ethnicity	
Central American	16%
Mexican/Mexican-American	74%
South American	10%
Ethnicity: Non-Hispanic or Non-Latino	
African	34%
Asian Indian/South Asian	1%
Eastern European	6%
European	14%
Filipino	2%
More than one Ethnicity	14%
Other	1%
Declined to Answer (or Unknown)	28%
Primary Language Used	
English	91%
Spanish	8%
Other	1%
Sexual Orientation	
Gay or Lesbian	14%
Heterosexual or Straight	48%
Bisexual	8%
Questioning or Unsure	4%
Queer	1%
Decline to State	25%

Disability	
Difficulty Hearing or Having Speech Understood	1%
Mental (not mental health)	33%
Physical/Mobility Disability	5%
Chronic Health Condition	5%
Other Disability	44%
No Disability	11%
Decline to State	1%
Difficulty Hearing or Having Speech Understood	1%
Veteran Status	
No	100%
Gender: Assigned sex at Birth	
Male	58%
Female	42%
Gender Identity	
Male	50%
Female	36%
Transgender	9%
Genderqueer	1%
Other	4%

During the reporting timeframe 246 outreach activities were conducted, with 4,930 duplicated contacts. There were 405 referrals for additional services and supports. The number and type of referrals was as follows: 68 Mental Health; 71 Physical Health; 116 Social Services; 49 Housing; 101 other unspecified services. A total of 23% of program participants received individual counseling through this program; 20% exited the program into stable housing; and 24% obtained employment or entered school during the program. Per participant feedback, 83% reported being satisfied with program services.

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 a 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.

PEI Goals: The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

In FY19, 52 Living Well workshops were conducted. 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. In all 118 Senior Citizens participated in the Living Well Workshops. Demographics of Workshop participants are outlined below:

PARTICIPANT DEMOGRAPHICS N=118	
Age Groups	
26-59 (Adult)	4%
Age 60+ (Older Adult)	94%
Decline to State (or Unknown)	2%
Race	
Asian	6%
Black or African American	46%
Native Hawaiian or Other Pacific Islander	1%
White	35%
Other	3%
Declined to Answer (or Unknown)	9%
Ethnicity: Hispanic or Latino	
Caribbean	2%
Central American	2%
Mexican/Mexican-American/Chicano	7%
Declined to Answer (or Unknown)	89%

Ethnicity: Non-Hispanic or Non-Latino	
African	20%
Chinese	3%
European	8%
Filipino	3%
Japanese	1%
Other	3%
Declined to Answer (or Unknown)	62%
Primary Language Used	
English	90%
Spanish	2%
Other	1%
Declined to Answer (or Unknown)	7%
English	90%
Sexual Orientation	
Gay or Lesbian	3%
Heterosexual or Straight	75%
Other	1%
Declined to Answer (or Unknown)	21%
Gay or Lesbian	3%
Disability	
Difficulty seeing	5%
Difficulty hearing or Having Speech Understood	10%
Mental (not mental health)	5%
Physical/mobility disability	12%
Chronic health condition	15%
No Disability	11%
Declined to Answer (or Unknown)	42%

Veteran Status	
Yes	3%
No	94%
Declined to Answer (or Unknown)	3%
Gender: Assigned sex at birth	
Male	20%
Female	77%
Declined to Answer (or Unknown)	3%
Current Gender Identity	
Male	20%
Female	76%
Transgender	1%
Declined to Answer (or Unknown)	4%

During the reporting timeframe 16 outreach and informational events were conducted reaching 317 individuals, with 249 individuals receiving further engagement services. There were 640 referrals for additional services and supports. The number and type of referrals was as follows: 121 Mental Health; 137 Physical Health; 109 Social Services; 101 Housing; 172 other unspecified services. A total of 39% of program participants completed a Living Well Workshop Series. The workshop series received very positive feedback per participant self-report. Program participants reported 100% on all of the measures outlined below: feeling satisfied with the workshops; improvement in feeling satisfied in general; increased feeling of social supports; preparedness to make positive changes; and feeling less overwhelmed and helpless.

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 through community presentations and "Mobile Tenting"; one-on-one supportive engagement services; screening and assessment; psycho-education; family education; support groups such as "Kitchen Table Talk groups (non-stigmatizing, culturally responsive, peer centered groups) and "Just Like Sunday Dinners" (a space for African Americans from all generations to come together to gain supports from one another); 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 and Just Like Sunday Dinner groups. This project serves approximately 50-130 individuals a year.

PEI Goals: The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence including the prevention of suicide.

In FY19, 29 individuals were served through this project. Demographics on individuals served were as follows:

PARTICIPANT DEMOGRAPHICS N=29	
Age Groups	
0-15 (Children/Youth)	3%
16-25 (Transition Age Youth)	17%
26-59 (Adult)	69%
Ages 60+ (Older Adult)	11%
Race	
American Indian or Alaska Native	3%
Black or African American	38%
White	7%
Other	14%
More than one Race	28%
Declined to Answer (or Unknown)	10%
Ethnicity: Hispanic or Latino	
Carribean	4%
Mexican/Mexican-American/Chicano	7%
Other	3%
Declined to Answer (or Unknown)	3%
Ethnicity: Non-Hispanic or Non-Latino	
African	3%
Asian Indian/South Asian	7%
More than one Ethnicity	10%
Other	10%
Declined to Answer (or Unknown)	52%
Primary Language Used	
English	86%
Spanish	10%
Other	4%

Sexual Orientation	
Heterosexual or Straight	62%
Queer	3%
Other	10%
Declined to Answer (or Unknown)	25%
Disability	
Chronic Heart Condition	7%
Other Disability	3%
No Disability	62%
Declined to Answer (or Unknown)	28%
Veteran Status	
No	55%
Declined to Answer (or Unknown)	45%
Gender: Assigned sex at birth	
Male	28%
Female	62%
Declined to Answer (or Unknown)	10%
Current Gender Identity	
Male	28%
Female	62%
Genderqueer	3%
Declined to Answer (or Unknown)	7%

During the reporting timeframe 8 outreach presentations were conducted reaching 58 individuals, 29 of whom received supportive engagement services. Five facilitators were also trained. Primary services included psycho-education and promotion of mental health through one-on-one and telephone engagement, networking supports, and referrals. One Just Like Sunday Dinner group was held for 15 participants. There were 25 referrals for additional services and supports. The number and type of referrals were as follows: 6 Mental Health; 1 Physical Health; 2 Social Services; 2 Housing; 14 other unspecified services. Lower numbers this year were due to a variety of staffing, and unforeseen programmatic constraints.

On a Satisfaction Survey that was conducted, program participants reported 100% on all of the following measures: Felt respected; would return if they or their family member needed help; experienced increased awareness of community services and supports; and improved their skills in coping with challenges.

Trauma Support Project for LGBTQIA+ 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 LGBTQIA+ 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 LGBTQIA+ community. Approximately 12-15 weekly or bi-weekly support groups are held throughout the year targeting various populations and needs within the LBGTQIA+ 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. Approximately 250 individuals a year are served through this project.

PEI Goals: The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

In FY19, 40 outreach activities reached approximately 1,572 duplicated individuals. Outreach was provided at various locations including Street Fairs, Community Agencies, and area events. Through 15 Peer Support groups, 446 weekly or bi-weekly sessions were conducted which were all led by a trained facilitator. Peer Support Groups were as follows: Female to Male; Women Coming Out of Straight Marriage; Married/Once Married Gay/Bisexual Men's Group; Queer Femmes; Transgender Support Group; Lesbian & Queer Women of Color; Partners of Trans and Gender Non-Conforming Folk; Middle Eastern Femmes; Senior Gay Men's Group; Bi-sexual Women; Primetime Men (40's-50's); LezBold (old lesbians); Wicked Transcendent Folk; R.E.A.L. Queer (TAY), and QPAD – for Queer Men in their 20's and 30's. A total of 168 individuals participated in support groups throughout the year. Demographics on individuals served include the following:

PARTICIPANT DEMOGRAPHICS N=168	
Age Groups	
16-25 (Transition Age Youth)	32%
26-59 (Adult)	54%
Ages 60+ (Older Adult)	13%
Declined to Answer (or Unknown)	1%
Race	
American Indian or Alaska Native	2%
Asian	8%
Black or African American	4%
Native Hawaiian or Other Pacific Islander	63%
White	1%
More than one race	16%
American Indian or Alaska Native	2%
Asian	8%
Black or African American	4%
Native Hawaiian or Other Pacific Islander	63%
Declined to Answer (or Unknown)	6%
Ethnicity: Hispanic or Latino	
Caribbean	8%
Central American	21%
Mexican/Mexican-American/Chicano	38%
Puerto Rican	13%
South American	8%
Other	8%
Declined to Answer (or Unknown)	4%
Caribbean	8%
Central American	21%
Ethnicity: Non-Hispanic or Non-Latino	
African	4%
Asian Indian/South Asian	3%
Chinese	3%
Eastern European	10%
European	26%
Filipino	3%
Japanese	1%

Korean	1%
Middle Eastern	4%
Vietnamese	1%
African	4%
Asian Indian/South Asian	3%
More than one Ethnicity	12%
Other	4%
Declined to Answer (or Unknown)	28%
Primary Language Used	
English	96%
Spanish	1%
Mandarin	1%
Other	1%
Declined to Answer (or Unknown)	1%
Sexual Orientation	
Gay or Lesbian	24%
Heterosexual or Straight	4%
Bisexual	20%
Questioning or Unsure	5%
Queer	27%
Other	15%
Declined to Answer (or Unknown)	5%
Disability	
Difficulty Hearing or Having Speech Understood	2%
Mental (not Mental Health)	6%
Physical/Mobility Disability	3%
Chronic Health Condition	6%
Other Disability	2%
No Disability	80%
Declined to Answer (or Unknown)	1%
Veteran Status	
Yes	5%
No	91%
Declined to Answer (or Unknown)	4%
Gender: Assigned sex at birth	
Male	24%
Female	36%

Declined to Answer (or Unknown)	40%
Current Gender Identity	
Male	18%
Female	32%
Transgender	9%
Genderqueer	11%
Questioning or Unsure	8%
Other	18%
Declined to Answer (or Unknown)	4%

During the reporting timeframe 16 new Peer Facilitators were trained, 98% of whom went on to facilitate peer group sessions. The offering of Skills Building Workshops was expanded to include trainings on: Nonviolent Communication; Crisis Intervention; and Implicit Bias as it Relates to Race and workshops were provided to 51 Peer Facilitator participants. There were 221 referrals for additional services and supports. The number and type of referrals was as follows: 50 Mental Health; 17 Physical Health; 13 Social Services; 4 Housing; 137 other unspecified services. To assess the project services, a self-administered Peer Support Group Survey was distributed to all peer group members. A total of 123 Peer Support Group members (or 72%) completed the survey. Survey results were as follows:

- 100% indicated they would recommend the organization to a friend or family member;
- 94% felt like staff and facilitators were sensitive to their cultural background;
- 81% reported they deal more effectively with daily problems;
- 84% indicated they have trusted people they can turn to for help;
- 87% felt like they belong in their community.

A vast majority of individuals who completed the survey reported having improved social connections and community-building, and a deep gratitude for a safe environment to freely express and explore their authentic self.

ACCESS AND LINKAGE TO TREATMENT PROGRAM

Homeless Outreach and Treatment Team (HOTT)

The Homeless Outreach and Treatment Team (HOTT) program was established out of an effort to address the homeless crisis, and as a result of input received through various MHSA community program planning processes. Utilizing a portion of PEI and CSS funds, blended with realignment and general funds HOTT is a pilot program to support homeless mentally ill individuals in Berkeley and to connect them into the web of services that currently exist within the system of care. Key program components include the following: Persistent and Consistent Outreach; Supportive Case Management; Linkage to Care; and Treatment.

PEI Goals: The goal of this program is to connect individuals who have severe mental illnesses as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to, care provided by county mental health programs.

A local consultant, Resource Development Associates (RDA), was hired to conduct a dedicated independent evaluation to assess the program accomplishments and to ascertain whether HOTT should continue past the initial funding period. The initial report on FY18 showed many positive findings including the following:

- HOTT is serving as an important resource for the local community and homeless service continuum;
- The program had been very effective in persistent and consistent outreach, especially for chronically homeless individuals with a history of refusing services;
- HOTT meets people where they are, in parks, encampments, motels;
- The program had successfully connected homeless individuals to critical resources and service linkages.

In FY19, 147 individuals were served through this program. Demographics on individuals that received services through this pilot project were as follows:

PARTICIPANT DEMOGRAPHICS N= 147	
Age Groups	
16-25 (Transition Age Youth)	4%
26-59 (Adult)	41%
Ages 60+ (Older Adult)	14%
Declined to Answer (or Unknown)	41%
Race	
Asian	3%
Black or African American	42%
White	40%
Other	15%
Ethnicity: Hispanic or Latino	
Mexican/Mexican-American/Chicano	7%
Ethnicity: Non-Hispanic or Non-Latino	
Non-Hispanic or Non-Latino	8%

Primary Language Used	
Declined to Answer (or Unknown)	100%
Sexual Orientation	
Declined to Answer (or Unknown)	100%
Disability	
Declined to Answer (or Unknown)	100%
Veteran Status	
Declined to Answer (or Unknown)	100%
Gender: Assigned sex at birth	
Declined to Answer (or Unknown)	100%
Current Gender Identity	
Male	57%
Female	42%
Declined to Answer (or Unknown)	1%

Due to the nature of the many brief interactions attempting to engage with clients, as well as trying to not put up barriers to bringing clients into services, some data wasn't able to be collected in order to best support effective service provision.

The RDA Homeless Outreach and Treatment Team Final Evaluation Report which covered the timeframe from January 2018 – February 2020, showed the following outcomes:

- A total of 4,435 total encounters were conducted with individuals who were either enrolled or non-enrolled in the program, averaging 171 encounters per month;
- The number of contacts provided in-person in the field was 73%, while 26% were provided by phone;
- A total of 81% of HOTT encounters were with clients who were enrolled in the program;
- Enrolled clients had an average of 20 total encounters with HOTT staff, with an average of 4 encounters per month;
- During encounters, HOTT staff provided at least 1,845 material supports and services (including food, transportation or BART or bus passes, Hygiene Kits, Emergency Housing Vouchers, Blankets, etc.); to respond to clients' immediate and longer-term needs;
- During 488 encounters, HOTT provided emergency or temporary housing vouchers (e.g., for a motel) to individuals who required immediate shelter;
- Approximately three-quarters of enrolled clients (75%) and over a third of non-enrolled individuals (38%) were referred or connected to housing support services;
- In addition to connecting individuals to housing services, HOTT also connected individuals to other supportive services to help reduce or address initial barriers to obtaining housing;

- Approximately 27% of HOTT clients and 6% of non-enrolled individuals successfully enrolled in social service benefits. In comparison, only 9% of HOTT clients and 1% of non-enrolled clients ultimately enrolled in mental health services;
- Over 58% of all HOTT clients, and 9% of non-enrolled individuals obtained emergency or temporary housing (e.g., motel or shelter) at some point during their engagement with HOTT. In comparison, 12% of HOTT clients and 1% of non-enrolled individuals obtained permanent housing;
- To assess changes in self-sufficiency, HOTT staff completed a Client Self-Sufficiency Matrix (SSM) on enrolled clients at program intake, on a quarterly basis after program enrollment, and/or at program discharge. Overall, HOTT clients' SSM scores remained relatively unchanged from baseline to follow-up.

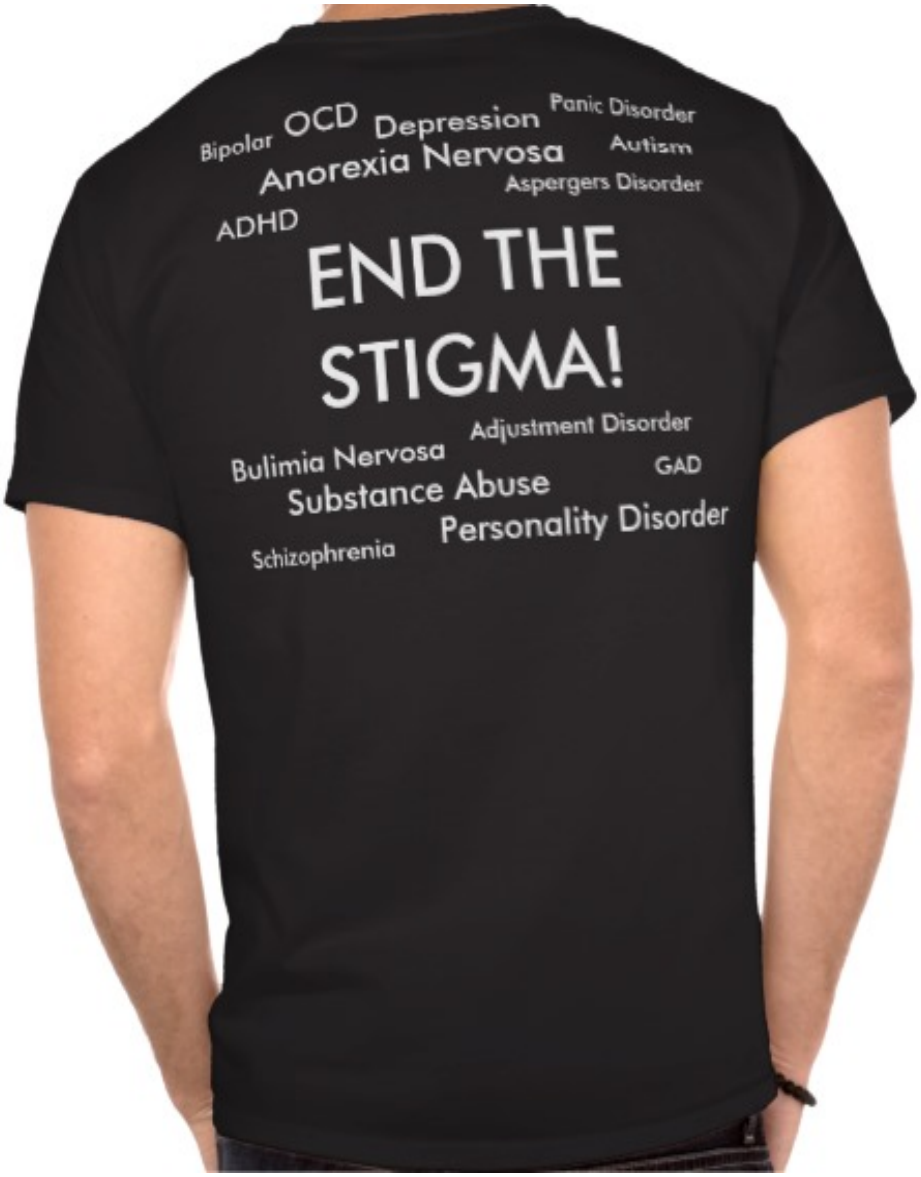
During interviews that were conducted with several HOTT existing and previous clients regarding their experience with the program, interviewees reported the following:

- "They help people, not just me. I introduce people on the street to them, and I say you can talk to the HOTT team and they will help you."
- "I really didn't expect anything, but when I called the City, they said someone [from HOTT] would meet me right then. They got me a hotel room that day. I wasn't expecting the City to help."
- "They were so helpful. I felt like if I didn't get the hotel room, they would have let me stay at their personal house."

In addition to these interviews, RDA conducted focus groups with HOTT clients during a previous year of the evaluation, and developed brief client impact stories based on clients' experiences. In one of the impact stories, client self-report was as follows:

"I would still be on the streets and probably dead if it wasn't for HOTT. I could have died and no one would have cared. Doctors told me I had months to live and I gave up on living. I gave up on everything for help. No one cared but the HOTT team did care. I'm the type of person that never asks for help, and here they were offering to help and they never gave up on me. I lived on the same spot for six years and never got medical care. They checked up on me and came back multiple times, even though I was turning them away in the beginning. I figured HOTT team was just like the other programs where they would just disappear after the first meeting. But I know the HOTT team is there. And everything the HOTT team said they would do came true. Now I am in hospice care getting the care that I need. I don't know how much longer I have to live, but it's a hell of a lot longer than a couple months which is what the doctors said. This gives me the opportunity to live my life with dignity. The HOTT team provided me with the positive energy just like hospice care that is so needed for people like me."

STIGMA AND DISCRIMINATION REDUCTION PROGRAM



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 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 10-20 individuals a year.

PEI Goals: To reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families. To create changes in attitude, knowledge and/or behaviors related to seeking mental health services or related to mental illness.

In FY19, the "Telling Your Story" group met 24 times with 20 unduplicated persons attending for a total of 144 visits. Groups averaged 6 attendees.

Due to a vacancy in the Consumer Liaison position until February 2019, demographic data for this program during the reporting timeframe is not available..

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

Per PEI State Regulations in addition to having the required "Outreach for Increasing Recognition of Early Signs of Mental Illness Program", mental health jurisdictions may also offer required Outreach for Increasing Recognition of Early Signs of Mental Illness as: a strategy within a Prevention program, a strategy within an Early Intervention program, a strategy within another program funded by PEI funds, or a combination thereof. Additionally, an Outreach for Increasing Recognition of Early Signs of Mental Illness program, may be provided through other MHSA components as long as it meets all of the program requirements.

High School Youth Prevention Project

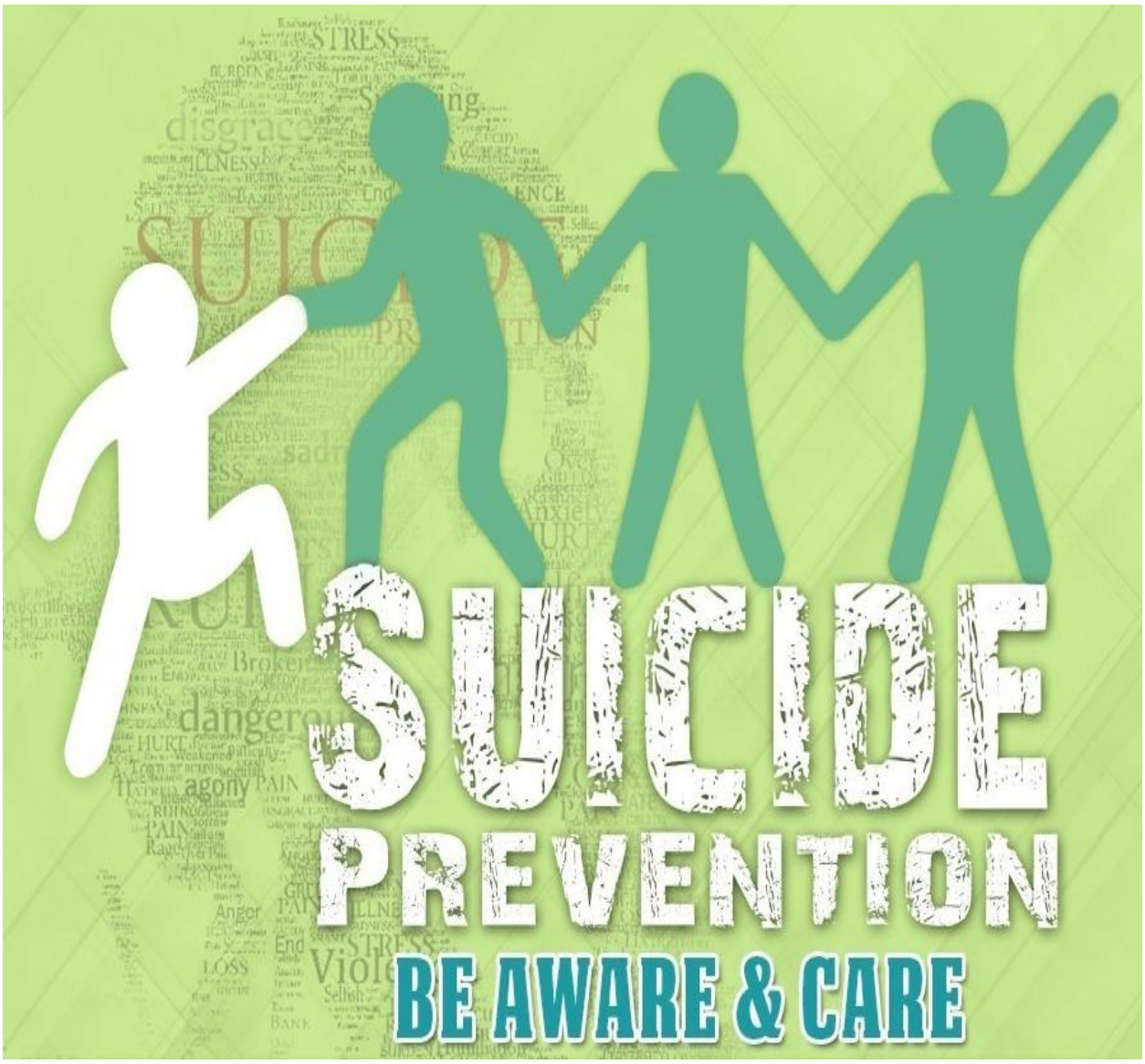
The High School Youth Prevention Project which is also classified as a Prevention and Early Intervention program. The data elements for the "Outreach for Increasing Recognition of Early Signs of Mental Illness" component of this program were not collected in the reporting timeframe.

Mental Health First Aid

City of Berkeley Mental Health staff provide Mental Health First Aid training throughout the year. Mental Health First Aid is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental health issues and substance use disorders. Mental Health First Aid presents an overview of mental health issues and substance use disorders and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and provides an overview of common treatments. Through this training a five step action plan is taught that encompasses the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care. The required data elements for the "Outreach for Increasing Recognition of Early Signs of Mental Illness" component of this program were not collected in the reporting timeframe,

SUICIDE PREVENTION

(OPTIONAL PEI PROGRAM)



Per PEI State Regulations Mental Health Jurisdictions have an option on whether to utilize MHSA PEI funds on Suicide Prevention programs. While the City of Berkeley has not previously chosen to utilize PEI funds to implement a local Suicide Prevention program, in FY18 Berkeley Mental Health began contributing funding to the California Mental Health Services Authority (CalMHSA) PEI Statewide Projects in order to obtain State resources locally on Suicide Prevention, Student Mental Health, and Stigma and Discrimination. Additionally, in FY18 the City of Berkeley began work on a local Suicide Prevention Plan.

In FY19, through the CalMHSA Statewide Projects initiative resources on Suicide Prevention, Student Mental Health and Stigma and Discrimination reached an excess amount of 1,546 individuals. Additionally, an excess of 1,315 pamphlets and resources on Suicide Prevention, Student Mental Health and Stigma and Discrimination were distributed in local schools and the community. BMH also participated in the CalMHSA "Each Mind Matters" campaign and distributed materials and giveaways at the local "May is Mental Health Month" event.

APPENDIX B

Fiscal Year 2019 Innovation Annual Evaluation Report

City of Berkeley
Mental Health Services Act (MHSA)

Fiscal Year 2019 Innovation Annual Evaluation Report

WELLNESS • RECOVERY • RESILIENCE

INTRODUCTION

Mental Health Services Act (MHSA) Innovation (INN) funds are to be are utilized for short-term projects that contribute to new learning in the mental health field. This MHSA component provides the opportunity to pilot test and evaluate new strategies that can inform future practices in communities/or mental health settings. INN projects can target any population and any aspect of the mental health system as long as the strategies or approaches that are being implemented address at least one of the following areas:

- Increase access to mental health services;
- Increase access to mental health services for underserved groups;
- Increase the quality of mental health services, including better outcomes;
- Promote interagency collaboration.

INN projects should also have one of the following primary practices: introduce new mental health practices or approaches that have never been done before; or make changes to existing mental health practices/approaches, including adapting them to a new setting or community; or introduce a new promising community-driven practice/approach that has been successful in non-mental health contexts or settings.

Per Mental Health Services Act (MHSA) State requirements, Mental Health jurisdictions are to submit an Innovation (INN) Evaluation Report to the Mental Health Services Oversight and Accountability Commission (MHSOAC) on an annual basis. INN Regulations released in 2018 also require mental health jurisdictions to submit an Annual Evaluation Report to the State each fiscal year. The Evaluation Report should be included with the MHSA Annual Update or Three Year Program and Expenditure Plan and undergo a 30 Day Public Comment period and approval from the local governing board. Per state regulations in in 2021, the Fiscal Year 2019 (FY19) INN Annual Evaluation Report that covers data from FY19 is due.

This FY19 INN Annual Evaluation Report provides descriptions of currently funded MHSA INN services, and reports on FY19 program and demographic data to the extent possible. While, it may be a multi-year process before the City of Berkeley will be able to present a complete data set for each INN Program on an Annual basis, ongoing efforts will continue towards accomplishing this goal.

BACKGROUND

On October 6, 2015, updated INN regulations designed by the Mental Health Services Oversight and Accountability Commission (MHSOAC) became effective. The new INN Regulations, included program and demographic data requirements that are to be reported to the MHSOAC through INN Annual Evaluation Reports. Per the new requirements, Mental Health Jurisdictions should report on the following INN Program and Demographic elements.

- Name of the Innovative Project.
- Whether and what changes were made to the Innovative Project during the reporting period and the reasons for the changes.
- Available evaluation data, including outcomes of the Innovative Project and information about which elements of the Project are contributing to outcomes.
- Program information collected during the reporting period, including for applicable Innovative Projects that serve individuals, number of participants served.
- All Demographic Data as applicable per project. (as outlined below)

INN Demographic Reporting Requirements

For the information reported under the various program categories, each program will need to report disaggregate numbers served, number of potential responders engaged, and number of referrals for treatment and other services by:

(A) The following Age groups:

- 0-15 (children/youth)
- 16-25 (transition age youth)
- 26-59 (adult)
- ages 60+ (older adults)
- Number of respondents who declined to answer the question

(B) Race by the following categories:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other
- More than one race
- Number of respondents who declined to answer the question

(C) Ethnicity by the following categories:
(i) Hispanic or Latino as follows

- Caribbean
- Central American
- Mexican/Mexican-American/Chicano
- Puerto Rican
- South American
- Other
- Number of respondents who declined to answer the question

(ii) Non-Hispanic or Non-Latino as follows

- African
- Asian Indian/South Asian
- Cambodian
- Chinese
- Eastern European
- European
- Filipino
- Japanese
- Korean
- Middle Eastern
- Vietnamese
- Other
- Number of respondents who declined to answer the question
- More than one ethnicity
- Number of respondents who declined to answer the question

(D) Primary language used listed by threshold languages for the individual county

- English
- Spanish
- Number of respondents who declined to answer the question

(D) Primary language used listed by threshold languages for the individual county

- English
- Spanish
- Number of respondents who declined to answer the question

(E) Sexual orientation

- Gay or Lesbian
- Heterosexual or Straight
- Bisexual
- Questioning or unsure of sexual orientation
- Queer
- Another sexual orientation
- Number of respondents who declined to answer the question

(F) Disability, defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness

- If Yes, report the number that apply in each domain of disability(ies)
  - Communication domain separately by each of the following:
    - difficulty seeing,
    - difficulty hearing, or having speech understood)
    - other, please specify
  - Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
  - Physical/mobility domain
  - Chronic health condition (including but not limited to chronic pain)
  - Other (specify)
- No
- Number of respondents who declined to answer the question

(G) Veteran Status,

- Yes
- No
- Number of respondents who declined to answer the question

(H) Gender

(i) Assigned sex at birth:
(a) Male
(b) Female
(c) Number of respondents who declined to answer the question
(ii) Current gender identity:
(a) Male
(b) Female
(c) Transgender
(d) Genderqueer
(e) Questioning or unsure of gender identity
(f) Another gender identity
(g) Number of respondents who declined to answer the question.

Effective July 2018 amended INN regulations specified the following:

- For projects/programs serving children or youth younger than 18 years of age, the demographic information collected and reported should only be done so to the extent permissible by privacy laws;
- For projects/programs serving minors younger than 12 years of age, demographic information shall be collected and reported, except for sexual orientation, current gender identity, and veteran status;
- Information that cannot be obtained directly from the minor many be obtained from the minor's parent, legal guardian, or other authorized source.

CITY OF BERKELEY INN PROGRAMS

Help@Hand - Technology Suite Project

In September 2018, following a four-month community planning process and approval from City Council, the City of Berkeley Technology Suite Project was approved by the MHSOAC. This project allocates a total of $462,916 to join a Statewide Collaborative with other California counties to pilot a Mental Health Technology Project that will make various technology-based mental health services and supports available locally in Berkeley. The proposed INN project will seek to learn whether the Technology Suite Project will increase access to mental health services and supports; and whether it will increase the quality of mental health services, including leading to better outcomes.

Since plan approval the City of Berkeley has been working both internally and with the State collaborative on various aspects of this project to prepare for citywide implementation. In keeping with changes made via the Technology Suite multi-county collaborative, the new name of this project has been changed to "Help@Hand". As a result of competitive recruitment processes that were conducted in FY20, two consultants were hired for the Project Coordination and Evaluation work on this project. Resource Development Associates (RDA) is conducting the Project Coordination work, and Hatchuel, Tabernik and Associates (HTA) will be conducting the Project Evaluation. Pre-work for the implementation of this project is currently underway. It is envisioned that the technology suite apps will be locally available in FY21 in Berkeley.

Early Childhood Trauma Resiliency (ECTR) - Trauma Informed Care Project

In May 2016, the City of Berkeley received approval from the MHSOAC to implement a Trauma Informed Care (TIC) for Educators project into several BUSD schools to assess whether educators who are trained to become aware of their own trauma and trauma triggers (and how to address them), are better equipped to recognize and make appropriate decisions on how to help students who are exhibiting trauma symptoms, and assist them in accessing the mental health services and supports they may need.

The project was implemented through the 20/20 Vision Program which is operated out of the City of Berkeley, City Manager's Office. After a year of the TIC Project being executed, there were two vacancies in the 20/20 Vision Program which impacted the ability to continue the implementation of the TIC Project. The project was only able to be implemented for one year in FY17 and during that timeframe an evaluation was conducted by Hatchuel Tabernik & Associates on the project outcomes.

In FY18, due to staffing vacancies the TIC project was not able to be implemented. When staffing vacancies were filled in mid FY18, meetings were held with several BUSD principals who indicated that although their schools received a lot of positive benefits out of the TIC project, additional training requirements within the school system had been added for teachers and administrators that needed to be fulfilled over the next couple of years. As a result, the TIC Project would not be able to be prioritized within the school system at that time. In light of the changes in the school system, staff conducted outreach and found that area YMCA Head Start Centers were interested in executing the same TIC Project for their early childhood educators and staff, to impact the children and families who are served at the centers. As such, proposed changes to the population and funding amount of the original TIC Plan were vetted through community program planning, and an update to the TIC Plan underwent a 30 Day Public Review and Public Hearing process. The TIC Plan Update was approved through City Council in October 2018 and by the MHSOAC in December 2018. The modified project implements TIC Training for Educators and interested parents in local Head Start sites.

The new TIC modified project, "Early Childhood Trauma and Resiliency" (ECTR) began in January 2019 at four YMCA Head Start sites located in Berkeley: Ocean View. South YMCA, Vera Casey, and West YMCA. The project provides training and supports to enable Head Start staff to recognize trauma and its effects on themselves and the children and families they serve, and to integrate trauma and resiliency informed approaches into their work. The project provides training, coaching and peer support to staff and parents who have children enrolled in Head Start and advances Berkeley's 2020 Vision priority, that all Berkeley children enter kindergarten ready to learn.

The learning objectives of this project are:

- To create a change in the way Head Start educators and staff view and handle challenging student and parent behaviors (which often mask trauma);
- To create an increase in access to mental health services and supports for children/families in need;
- To promote better mental health outcomes by increasing child/family referrals to "appropriate' mental health services.

In FY19, the project utilized a lead trainer, Julie Kurtz, MS, LMFT, to conduct trauma training, coaching and guidance to the ECTR project. Two trainings, one for all Head Start staff and one

for the Head Start Leadership Team, were conducted. A "Resiliency Champion" component of the project was created to establish and maintain a trauma-informed care environment at Head Start Sites. Resiliency Champions are program staff and family advocates that serve as internal leaders and future trainers of the trauma informed curriculum to new staff. Fifteen Resiliency Champions were recruited, selected, and provided training, and twelve were still active by the end of the reporting timeframe. The Resiliency Champion role requires a significant commitment (30+ hours, excluding reading and homework assignments) and involves emotional work, both internally and with others. Anticipating that some turnover would occur, Dr. Anita Smith, Head Start's ECTR Project Coordinator, recruited a higher number of Champions than were necessary. Dr. Smith reports that the remaining Resiliency Champions are highly committed and engaged in the project. A total of 197 children were impacted by the ECTR project.

Per a report received from the City of Berkeley 2020 Vision Program Manager, who oversees this project, the most notable change that occurred during the reporting timeframe is that in the summer 2019, Pamm Shaw, Vice President of Early Childhood Impact with the YMCA of the East Bay, officially retired. Following approval of the MHSA INN TIC Modified Project from the Mental Health Oversight and Accountability Commission (MHSOAC), Ms. Shaw co-developed it with Berkeley's 2020 Vision. Her expertise and passion are critical to the formation and successful early implementation of this project. Fortunately, in FY20 Ms. Shaw was able to continue on as a consultant on the ECTR project.

Challenges reported included the general sensitivity of trauma-related topics. Many of the Head Start staff are former parents from the program. They and many non-alumni staff members have often experienced their own trauma. In order to equip them to work effectively on the trauma experienced by their students and students' families, they have to recognize their own trauma and how they might be triggered by others. This is hard, deep work. It is also important to make sure that staff trauma does not over-shadow student trauma.

A final challenge involved defining "appropriate" and "successful" mental health referrals. The Berkeley 2020 Vision Program Manger worked closely with Dr. Smith and Hatchuel, Tabernik & Associates (HTA), an Independent Contractor on this project, to identify a means for assessing whether students and their families are being referred to the most suitable providers based on each family's specific needs (including provider specialty and expertise, cultural appropriateness, hours, location, etc.). Additional issues were around how to measure whether a mental health referral is successful, examining factors such as family follow through, sessions provided, family feedback, provider assessment, etc.

An evaluation was conducted by HTA on the FY19 project outcomes. Below are demographics of individuals impacted by this program and outcomes. The full evaluation is attached to this report.

PARTICIPANT DEMOGRAPHICS N=197	
Age Groups	
0-15 (Children)	100%
Race	
American Indian or Alaska Native	2%
Asian	5%
Black or African American	42%
White	11%
Other	27%
More than one Race	12%
Declined to Answer (or Unknown)	1%
Ethnicity: Hispanic or Latino	
Caribbean	1%
Central American	1%
Mexican/Mexican-American/Chicano	30%
Puerto Rican	1%
South American	1%
Other	1%
More than one ethnicity	4%
Declined to Answer (or Unknown)	3%
Ethnicity: Non-Hispanic or Non-Latino	
African	61%
Asian Indian/south Asian	2%
Cambodian	1%
Chinese	1%
European	1%
Filipino	1%
Korean	4%
Middle Eastern	8%
Other	5%
More than one ethnicity	4%
Declined to Answer (or Unknown)	8%

Gender	
Female	49%
Male	51%
Primary Language	
English	66%
Spanish	21%
Urdu	3%
Arabic	2%
French	2%
American Sign Language	1%
Berber	1%
Mongolian	1%
Punjabi	1%
Tigrina	1%
Chinese	1%
Laotian	1%
Russian	1%
Disability	
Communication: other, speech/language impairment	20%
Mental domain	2%
Physical/mobility domain	2%
Chronic health condition	6%
Other	6%

From evaluation forms on the Staff Training some of the feedback was as follows:

- "I feel this is the best training that I have ever had in my life. It has helped me see a lot of things about myself."
- "We love it! I want more training about TRAUMA."

Participants also reported their appreciation on learning about the impact of trauma on the brain, gaining tools to bring back to their classrooms and beginning to understand how to look at children and their families through a trauma-informed lens.

A 60-item online survey was administered to teachers and staff at each site. The survey will be administered annually to assess change in how staff understand how their own past trauma impacts their work, how staff view children and families who have experienced trauma that impacts their behavior, and how staff approach children. The first survey employed a retrospective pre-post survey design where respondents were asked to respond to a set of questions that describes their work during a period before the ECTR program began and then, in the survey, were asked to respond to the same set of questions after the program started. Survey responses indicated there was growth in all but two program areas (which remained the same), between the pre and post surveys. The greatest changes included staff who "saw ways that 'class disruptions' or 'behavior problems' could be related to trauma" (increase from 67% to 74%); and staff who "saw improvements in children's behavior after I used trauma-informed strategies" (increase from 46% to 59%).

The number of referrals to mental health referrals slightly decreased from the previous baseline of 9 children referred in FY18, to 4 children referred in FY19. The number of referrals, is expected to increase as more staff understand their role in identifying and supporting access to children's mental health services.

Early Childhood Trauma and Resiliency Project (ECTR)

City of Berkeley, Berkeley's 2020 Vision

Year One Evaluation Report (January 1 – June 30, 2019)

September 2019

Prepared by
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Project Description

Overview

Berkeley's 2020 Vision is a citywide partnership that strives to eliminate racial disparities in Berkeley's public education system, with a primary focus on African American and Latinx children and their families. Berkeley's 2020 Vision advances the following City of Berkeley's strategic plan goal: to champion and demonstrate social and racial equity.

In December 2019, Berkeley's 2020 Vision was awarded $336,825 in Mental Health Services Act (MHSA) funding through June 30th, 2021, to implement the Early Childhood Trauma and Resiliency (ECTR) Project in partnership with the YMCA of the East Bay. The ECTR project advances Berkeley's 2020 Vision priority that all Berkeley children enter kindergarten ready to learn.

The ECTR Project provides training, coaching, and peer support to staff and parents with children enrolled in YMCA's four Head Start sites located in Berkeley: Ocean View, South YMCA, Vera Casey, and West YMCA. This project's core strategy is to build the capacity of YMCA Head Start staff to recognize trauma and its effects on themselves, children, and families, and integrate a trauma- and resiliency-informed approach into their work with children and families. The ultimate goal of this project is to improve mental health care access and outcomes for children, ages 0 through 5 years old, enrolled at each of the YMCA's four sites.

Theory of Change

The underlying theory of change creates a chain of reasoning from resources to outcomes that is used to test assumptions and inform the evaluation. ECTR's theory of change is as follows:

- Trauma has a significant impact on the mental health of Head Start students, parents/guardians, educators and staff.
- Introducing a trauma-informed approach and strategies to Head Start educators and staff will enable them to better recognize their own trauma and triggers.
- This knowledge will help educators and staff approach students and parents/guardians from a trauma-informed perspective (including shifting from "What's wrong with you?" to "What happened to you?").
- Supported by agency-wide trainings, peer support learning circles and in-class coaching, teachers and staff will develop more positive, empathic relationships with students and their parents/guardians helping them to better identify trauma in the children/families they serve.
- Equipped with trauma-informed tools and stronger relationships with students and parents, educators will make more successful and "appropriate" mental health referrals.
- This project will build Head Start's in-house capacity to lead trainings, facilitate peer support circles, and onboard new staff to ensure sustainability beyond the current funding term.

Implementation

Key Partners

Nina Goldman of Berkeley's 2020 Vision is managing this project on behalf of the City of Berkeley. Anita Smith, Ph.D., who oversees the work of Head Start's mental health services, is the Project Coordinator of the ECTR Project on behalf of the YMCA of the East Bay. Dr. Smith works closely

with Pamm Shaw, who is responsible for early childhood development programs at YMCA of the East Bay. Head Start has contracted with Julie Kurtz, MS, LMFT, to conduct trauma training, coaching and guidance to the ECTR Project. Ms. Kurtz is a private consultant and author with extensive expertise in trauma, early childhood development, training, and curriculum development. She co-authored the book, **Trauma-Informed Practices for Early Childhood Educators**, published in 2019. Before opening her consulting practice, Ms. Kurtz served as Co-Director of Trauma-Informed Practices in Early Childhood Education at WestEd's Center for Child & Family Studies. Berkeley's 2020 Vision has contracted with Hatchuel Tabernik and Associates (HTA) to lead the evaluation of the ECTR project.

Implementation Activities to Date

This report covers program activities and outcomes from January 1st through June 30th, 2019. Head Start kicked off the ECTR project in February 15th, 2019 with its first all-staff (e.g., teachers, counselors, administrators) training, **"Understanding Trauma Informed Practices for Early Childhood Programs: Creating Strength-Based Environments to Support Children's Health and Healing"** (also referred to as "Trauma Informed Care 101"). Ms. Kurtz led and designed this full-day training, with guidance from Head Start. The training covered topics, including: defining trauma, the impact of trauma, strategies to support children through relationships as well as environments, sensory/body awareness, strengthening emotional literacy, and managing strong emotions. Sixty-two staff from the four YMCA sites attended (see Table 1 below).

The goal of this initial training was to lay the foundation for a successful ECTR project, by imparting information about trauma and resiliency, and engaging Head Start staff across varying levels, backgrounds, and cultures. This training was enthusiastically received by participants. As one participant wrote on her evaluation form: "I feel [this] is the best training that I have ever had in my life. It has helped me see a lot of things about myself." Participants particularly appreciated learning about the impact of trauma on the brain, gaining tools to bring back to their classrooms and beginning to understand how to look at children and families through a trauma-informed lens. Another participant wrote on her evaluation: "We love it! I want more training about TRAUMA."

The subsequent training was designed for Head Start's leadership team in order to begin preparing management staff to effectively guide their teams/supervisees through culture change -- the shift to a trauma-informed approach in the day-to-day work of Head Start. This three-hour training, **"Kick-off and Leadership Reflective Practices"**, on June 10th, 2019 specifically focused on how to create a safe and strong supervisor-supervisee relationship through a reflective practice. Topics covered included: power differentials, the three R's of Reflective Inquiry (repeat, restate, reconnect), self-awareness, and strength-based approaches. Seventeen Head Start staff participated in this training, including center directors and managers.

The **Resiliency Champion** component of this project is designed to help establish and maintain a trauma-informed care environment at the Head Start Centers by developing staff leadership and putting in place a mechanism to onboard new staff to trauma-informed practices quickly and effectively. Dr. Smith recruited and selected a group of 15 "Resiliency Champions" to serve as internal leaders and future trainers of the trauma-informed curriculum to new staff. Resiliency Champions include program managers, area managers, workforce development staff, health specialists, family advocates, a center director, and a lead teacher.

The Resiliency Champion trainings launched on June 10th, 2019. By the end of June, Champions had attended two out of 10 three-hour training sessions planned through October 21st, 2019. Training sessions are facilitated by Julie Kurtz and Dr. Smith. According to trainer documents, the purpose of the Resiliency Champions meetings is "to reflect and go deeper in discussion about how to practically apply social-emotional and trauma sensitive strategies to the work we do with each other, families and children every day. To seek to understand human behavior so that we can grow in our awareness and help make our own lives, others and the planet a more humane place to live in. To take an inquiry stance where we are eager to learn and seek to understand. Growth comes from self-reflection and self-awareness."

The first few sessions cover the following topics: Understanding the Neurobiology of Trauma, Foundations of Trauma-Informed Practices for Early Childhood Education, and Trauma Sensitive Early Childhood Programs. The text for these sessions is a book co-authored by Julie Kurtz, Trauma Informed Practices for Early Childhood Educators: Relationship-Based Approaches that Support Healing and Build Resilience in Young Children. The Resiliency Champions are also learning and practicing delivery of three new staff trainings developed by Ms. Kurtz for this project, each with its own PowerPoint slide deck. Following this preparation, the Resiliency Champions are expected to begin co-leading staff "Resiliency Circles" and/or new staff trainings on trauma-informed care.

As of the writing of this report, another all-staff training was held on August 22nd, 2019. This four-hour training, **Self-Care: Getting a PhD in You**, focused on provider self-care while doing trauma-informed work.

Table 1. Training Sessions and Attendance

Training Name	Date	Length	# Attendees
Trainings to Date			
Understanding Trauma Informed Practices for Early Childhood Programs (All Staff)	Feb 15th	8 hours	62
Kick-off and Leadership Reflective Practices	June 10th	3 hours	17
Resiliency Champion Meeting 1	June 10th	3 hours	15
Resiliency Champion Meeting 2	June 24th	3 hours	15
Upcoming Trainings			
Resiliency Champion Meeting 3	July 1st	3 hours	-
Resiliency Champion Meeting 4	July 15th	3 hours	-
Resiliency Champion Meeting 5	Aug 8th	3 hours	-
Resiliency Champion Meeting 6	Aug 19th	3 hours	-
Self-Care (All Staff)	Aug 22nd	4 hours	-
Resiliency Champion Meeting 7	Sept 9th	3 hours	-
Resiliency Champion Meeting 8	Sept 21st	3 hours	-
Resiliency Champion Meeting 9	Oct 7th	3 hours	-
Resiliency Champion Meeting 10	Oct 21st	3 hours	-

Source: ECTR program documents

Evaluation

Overview

The overall purpose of this evaluation is to determine the impact of the ECTR model implementation on the way that Head Start educators and staff view trauma, how they handle challenging behavior, and their capacity to provide "appropriate" mental health referrals. Through a mixed-methods, collaborative, and client-centered approach, HTA uses a **utilization-focused approach** for the ECTR evaluation, combining surveys, focus groups, and archival data to address the impact of the program on participants and mental health referrals. Utilization-based evaluation is an approach whereby the evaluation activities from beginning to end are focused on the intended use by the intended users.[1] HTA also takes into account the developmental nature of the program as it is designed and continues to evolve while the evaluation is underway.

The following research questions (RQs) were developed to help guide the evaluation goals and data collection activities.

Project Goal 1: To create a change in the way Head Start educators and staff view and handle challenging student and parent behaviors (which often mask trauma)

RQ1: What is the impact of the ECTR model on participants (Head Start staff and educators, resiliency champions, peer support learning circle participants)?

Specifically, do they view themselves, the parents, and children they work with differently? Do they view student behavior issues differently? When parents attend trainings, what is the impact on them?

Project Goal 2: To create an increase in access to mental health services and supports for children/families in need

RQ2: What is the impact on Head Start families' and children's access to mental health services?

Specifically, are Head Start educators and staff more comfortable talking about mental health with families, both before and after referrals are made? Do they see themselves as allies in helping families access mental health services? Do Head Start educators and staff feel better equipped to utilize the mental health referral process? Is there a change in the number of mental health referrals?

Project Goal 3: To promote better mental health outcomes by increasing child/family referrals to "appropriate" mental health services

RQ3: Is there an increase in the number of "appropriate" mental health referrals from Head Start educators and staff?

[1] Patton, M.Q. (2012). *Essentials of Utilization-Focused Evaluation*. Thousand Oaks, CA: SAGE Publications, Inc.

In order to answer the evaluation questions, HTA is collecting the following data from ECTR program staff and developing instruments (e.g., staff survey, focus group protocols) as needed.

Table 2. ECTR Data Sources

Data Source	Description of Data Source
Training attendance sheets	Collected by YMCA at each training, these attendance sheets indicate all YMCA staff who attended the training. Attendance sheets include training date, training location, names, job titles, and sites.
Pre and post participant survey	Online survey completed by YMCA staff annually. The survey was developed by HTA in collaboration with ECTR program leaders adapting some questions from existing surveys from the City of Berkeley's 2016-17 Trauma-Informed Systems pilot program and a trauma-informed practices self-assessment from defendingchildhoodoregon.org. Topics covered include how staff better understand how their own past trauma impacts their work, how staff view students and families who have experienced trauma that impacts their behavior, and how staff approach behavioral issues. The same survey will be completed each year to see change over time.
YMCA Child Plus	YMCA database with demographics of children for MHSA reporting requirements.
YMCA supplemental demographics survey	YMCA survey administered at the door to families to collect missing MHSA demographic data in year 1.
Program Information Reports (PIR)	YMCA Mental Health Consultants complete this worksheet on a monthly basis for submission to the Program Manager. This worksheet reports mental health referrals to agencies outside of the YMCA Head Start program.
Mental health referral follow-up form	HTA will help the YMCA develop this form. Mental Health Consultants will complete this form (or section of an existing form) to document "appropriateness" of referral, in other words, whether they contacted referral agencies before the referral, whether families utilized the referral, and whether it met their needs.
Focus groups	Focus groups will be conducted with staff from each site annually beginning in the second year. Focus groups will gather information about how educators and staff view themselves, children, and parents, how they handle challenging behaviors, and changes to their capacity to make referrals.
Post-training surveys	Post-training surveys developed by trainers and administered post-training via paper surveys to measure understanding and satisfaction.

Demographic Data

While the ECTR program activities are aimed at teachers and staff, the ultimate long-term goal of the program is to improve the lives of the children they serve. We therefore consider children the primary participants of the program and provide their demographics below. Demographic data was collected from Head Start's ChildPlus system as well as a supplemental parent/guardian survey for demographics not collected in ChildPlus (e.g., MHSA ethnicity categories). The program's Theory of Change posits that more immediate changes will first occur in teachers and staff, as described in the graphic in Figure 1 later in the report.

Child (Participant) Demographics

As of Spring 2019, The ECTR program serves 197 children at the four program sites (Table 3). Black/African American children are the largest ethnic/racial group served (42%). Two thirds of the children's primary language is English, and 21% primarily speak Spanish. There are approximately the same percentage of male (51%) and female (49%) children. All children are in the 0-15 age group. The most common disability among the children is a speech/language impairment (20%).

Table 3. ECTR Child Demographics[2]

	n	%
Site		
Oceanview	49	25%
South YMCA	69	35%
Vera Casey	16	8%
West YMCA	63	32%
Gender (assigned at birth)		
Female	97	49%
Male	100	51%
Age		
0-15	197	100%
Primary Language		
English	130	66%
Spanish	41	21%
Urdu	5	3%
Arabic	4	2%
French	4	2%
American Sign Language	2	1%
Berber	2	1%
Mongolian	2	1%
Punjabi	2	1%
Tigrina	2	1%
Chinese	1	1%
Laotian	1	1%
Russian	1	1%
Disability		
Communication: difficulty seeing	0	0%
Communication: difficulty hearing	0	0%
Communication: other, speech/language impairment	39	20%
Mental domain	4	2%
Physical/mobility domain	3	2%

[2] The MHSA categories of sexual orientation, veteran status, and current gender identity are excluded as instructed.

	n	%
Chronic health condition	11	6%
Other	11	6%
Race	154	100%
American Indian or Alaska Native	3	2%
Asian	8	5%
Black or African American	64	42%
Native Hawaiian or other Pacific Islander	0	0%
White	17	11%
Other	42	27%
More than one race	18	12%
Declined to answer	2	1%
Ethnicity: Hispanic or Latino	62	40%
Caribbean	1	1%
Central American	2	1%
Mexican/Mexican-American/Chicano	46	30%
Puerto Rican	1	1%
South American	1	1%
Other	1	1%
More than one ethnicity	6	4%
Declined to answer	4	3%
Ethnicity: Non-Hispanic or Non-Latino	96	62%
African	61	40%
Asian Indian/ South Asian	2	1%
Cambodian	1	1%
Chinese	1	1%
Eastern European	0	0%
European	1	1%
Filipino	1	1%
Japanese	0	0%
Korean	4	3%
Middle Eastern	8	5%
Vietnamese	0	0%
Other	5	3%
More than one ethnicity	4	3%
Declined to answer	8	5%

Source: ChildPlus Data N=197; ECTR Supplemental MHSA Race/Ethnicity Survey n=154

Staff Demographics

A total of 60 staff who work at the four Berkeley YMCA Head Start sites responded to an online survey in the summer of 2019 for the evaluation. As the survey was sent to 75 YMCA Head Start staff, a high response rate (80%) was achieved.

Survey respondents in the ECTR program work at West YMCA (43%), South YMCA (30%), Oceanview (17%), and Vera Casey (8%). (See Table 4 below). Approximately one-third of participants have worked at YMCA for fewer than two years (34%), one third from three to eight years (33%), and the last third greater than nine years (35%). Participants include teachers (22%) and teacher assistants (30%), mental health consultants (5%), family advocates (5%) and administrative staff including center directors (5%) and managers. The great majority are female (77%), and nearly half identified as either Hispanic/Latinx (30%) or Black/African-American (18%).

Table 4. Demographics of ECTR Staff Surveyed

	n	%
Site		
Oceanview	10	17%
South YMCA	18	30%
Vera Casey	5	8%
West YMCA	25	43%
Other ("all sites")	1	2%
Length of time at YMCA		
Less than one year	7	12%
1-2 years	13	22%
3-5 years	12	20%
6-8 years	7	12%
More than 9 years	21	35%
Job Title/Role		
Teacher Assistant	18	30%
Teacher/Head Teacher	22	37%
Area Manager	3	5%
Center Director	3	5%
Coach	1	2%
Family Advocate	3	5%
Mental Health Consultant	3	5%
Program Assistant	2	3%
Other Manager	4	7%
Other	1	2%
Sex		
Female	46	77%
Male	3	5%
Missing/Declined to answer	11	18%
Race		
American Indian or Alaska Native	1	2%
Asian	4	7%
Black or African American	11	18%
Native Hawaiian or other Pacific Islander	0	0%
White	3	5%
Hispanic or Latinx	18	30%
Other	3	5%
More than one race	2	3%
Missing/Declined to answer	18	30%

Source: ECTR Evaluation Staff Survey N=60, June/July 2019

Staff Views and Perceptions

HTA developed a 60-item online survey in collaboration with ECTR program leaders and administered it to teachers and staff at the four sites in the summer of 2019. The survey was developed by HTA in collaboration with ECTR program leaders adapting some questions from existing surveys from the City of Berkeley's 2016-17 Trauma-Informed Systems pilot program and a 2016 trauma-informed practices self-assessment from defendingchildhoodoregon.org. The survey will be administered annually to assess change in how staff understand how their own past trauma

impacts their work, how staff view children and families who have experienced trauma that impacts their behavior, and how staff approach children. This first survey employed a retrospective pre post survey design where respondents were asked to respond to a set of questions that describes their work during a period before the ECTR program began (the first half of the 2018-19 school year) and then, in the same survey, were then asked to respond to the same set of questions after the program started (in the past 30 days).

The majority (65%) of participants in the staff survey expressed that prior to these trainings, they were somewhat familiar with trauma-informed approaches while 18% of participants expressed that they were "very" familiar. (See Table 5 below). Over a third of participants (37%) stated that they had attended another trauma-related training outside of YMCA.

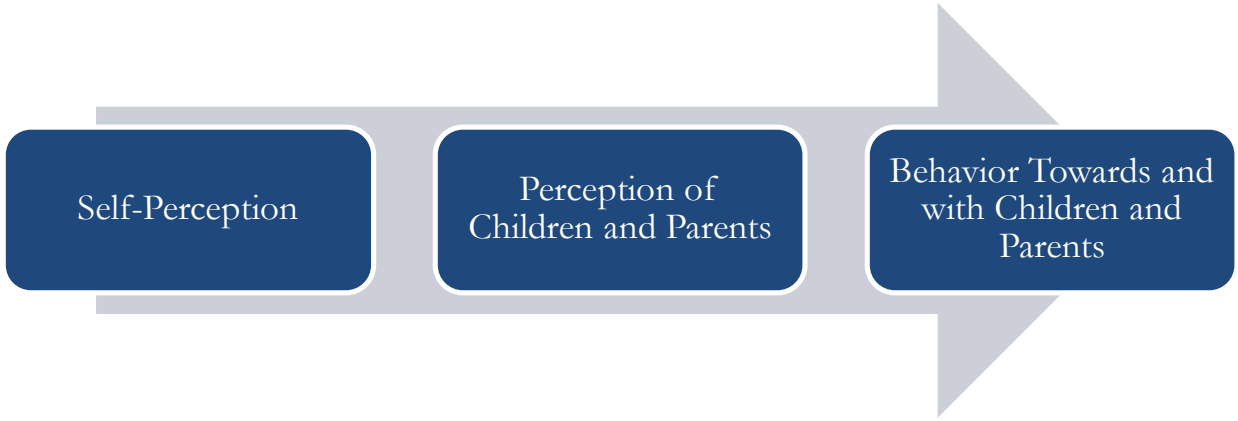
Table 5. Staff Familiarity with Trauma Trainings

Before December 2018, how familiar were you with trauma-informed approaches to support children/families	n	%
Very familiar	11	18%
Somewhat familiar	39	65%
Not at all familiar	7	12%
Not Sure	1	2%
No response	2	3%

Source: ECTR Evaluation Staff Survey N=60, June/July 2019

As staff attend trainings and learn about recognizing trauma, their own triggers, and strategies to working with children and families struggling with trauma, the theory of change posits the first change to occur will be that staff change their own perceptions and feelings about trauma through reflections of their own lives and how that affects the way they work with children. Subsequently, they would begin to approach students and parents/guardians from a trauma-informed perspective (including shifting their framing from "What's wrong with you?" to "What happened to you?") and develop more positive, empathic relationships with students and their parents/guardians helping them to better identify trauma in the children/families they serve. Ultimately, staff then change their actions and behaviors as it relates to children and families, and make more successful and "appropriate" mental health referrals. (See Figure 1 below).

Figure 1. ECTR Theory of Change for Staff



Source: Adapted from the ECTR Theory of Change

In the survey responses, the majority of staff expressed that they feel that they are able to maintain a positive classroom and have confidence that their actions have a positive effect on children. One in four respondents reported that "challenging behavior issues prevented me from maintaining a positive classroom environment" (21% to 26%) and most "felt confident that my actions had the ability to help a child who has been exposed to trauma" (76% to 81%), though this change was not found to be statistically significant. See Table 6 below.

Table 6. Staff Self-Perception

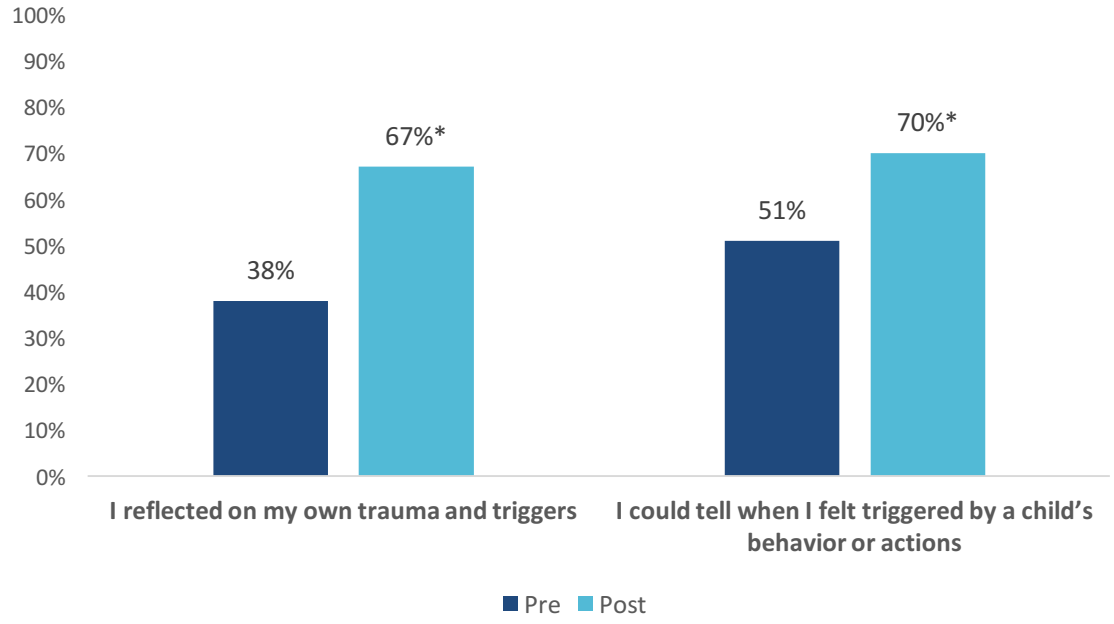
	n	Pre % "Often" or "Always"	Post % "Often" or "Always"
I felt I could handle every serious emotional or behavioral issue in my classroom by myself	40	38%	43%
I reflected on my own trauma and triggers	45	38%	67%*
I could tell when I felt triggered by a child's behavior or actions	43	51%	70%*
I knew how to use strategies rooted in trauma informed practices	43	67%	79%
I felt confident in using trauma informed strategies I have learned at work	42	69%	74%
Challenging behavior issues prevented me from maintaining a positive classroom environment	38	21%	26%
I felt confident that my actions had the ability to help a child who has been exposed to trauma	42	76%	81%

Source: ECTR Evaluation Staff Survey N=60, June/July 2019
Note: * denotes statistically significant change $p<.05$

Using McNemar's Test to assess for change among those who responded to the item in both the pre- and post- survey periods, the change from before the program to after was statistically significant in two instances: staff who reflected on their own trauma and triggers (38% to 67%) as well as those who could identify when they felt triggered by a child's behavior or actions (51% to 70%). (See Figure 2 below). This is in line with the program's theory of change that posits that

changes will first occur within staff themselves, before they change their perceptions of other or their behaviors. Though not statistically significant, there also was growth in all responses from before the program began to after. HTA will conduct four focus groups in the fall, one per site, to further understand the stories behind these findings.

Figure 2. Statistically Significant Growth in Staff Self-Perceptions



For the survey items regarding staff perceptions of students and parents, staff sentiment about children and their future remained generally very positive. (See Table 7 below). Few staff "felt that a child's actions/behavior made me irritated" (11% to 14%) and most felt generally hopeful about the lives of the children" (81% to 84%).

There is growth in all areas from prior to the program start to after except two where the percentage remained the same. While not statistically significant,[3] the greatest changes included staff who "saw ways that 'class disruptions' or 'behavior problems' could be related to trauma" (increase from 67% to 74%) and staff who "saw improvements in children's behavior after I used trauma-informed strategies" (increase from 46% to 59%). As the program continues into its second year, we anticipate seeing greater changes in perceptions as staff increase their knowledge and familiarity with trauma-informed strategies with children and families.

[3] Using McNemar's test to assess for change among those who responded to the item in both the pre and post survey periods

Table 7. Changes in Perceptions of Students and Parents

	n	Pre % "Often" or "Always"	Post % "Often" or "Always"
A child's actions/behavior made me irritated	44	11%	14%
I saw ways children at my site have been impacted by trauma	42	67%	69%
I saw ways parents have been impacted by trauma	44	66%	66%
I saw ways that "class disruptions" or "behavior problems" could be related to trauma the student has experienced	43	67%	74%
I saw improvements in children's behavior after I used trauma-informed strategies	39	46%	59%
I felt generally hopeful about the lives of the children	43	81%	84%
I understand why families may not seek out or accept mental health services/programs they need	44	70%	70%

Source: ECTR Evaluation Staff Survey N=60, June/July 2019
Note: * denotes statistically significant change p<.05, no changes were statistically significant

Staff Behaviors

Nearly all staff (87% to 93%) report that they kept themselves "calm and regulated in moments working with a student who is challenging." One in four respondents (21% to 28%) "felt hesitant to refer students to mental health resources." (See Table 8 below.) Staff appear to feel that they have tools to cope with their responses to challenging behaviors.

There was growth in all areas of staff behavior as well, although none were statistically significant.[4] The greatest changes were the percentage of staff who "felt comfortable talking to parents about their child's emotional, developmental, or behavioral issues" (67% to 79%), who "worked with a child's family about a child's emotional or behavior issues related to trauma" (63% to 75%), who "shared information about trauma and its effects on behavior with parents/caregivers" (50% to 67%), and who "shared ways that I manage challenging trauma-related behavior with parents/caregivers" (51% to 63%). While preliminary and not statistically significant, this suggests staff feel they know how to work with colleagues around children's emotional, developmental, or behavioral issues, but as a result of the ECTR trainings, now have more or more effective tools to work with children's parents. The evaluation of the second year of the program will continue to explore these issues.

[4] Using McNemar's test to assess for change among those who responded to the item in both the pre and post survey periods

Table 1. Changes in Staff Behaviors

	n	Pre % "Often" or "Always"	Post % "Often" or "Always"
I was able to build rapport with the majority of parents	43	79%	81%
I felt comfortable talking to parents about their child's emotional, developmental, or behavioral issues	43	67%	79%
I worked with a co-worker(s) about a child with emotional or behavior issues related to trauma	44	80%	84%
I worked with a child's family about a child's emotional or behavior issues related to trauma	40	63%	75%
I shared information about trauma and its effects on behavior with parents/caregivers	42	50%	67%
I shared ways that I manage challenging trauma-related behavior with parents/caregivers	41	51%	63%
I felt hesitant to refer students to mental health resources (e.g., mental health specialist, outside mental health services)	39	21%	28%
I knew where or to whom to go when I had questions about mental health referrals	43	79%	81%
I kept myself calm and regulated in moments working with a student who is challenging	45	87%	93%

Source: ECTR Evaluation Staff Survey N=60, June/July 2019
Note: * denotes statistically significant change p<.05, no changes were statistically significant

Staff Morale

The evaluation also asked two questions to assess staff morale at the YMCA Head Start sites. While not a comprehensive review of the organizational culture of YMCA, the two questions reveal that nearly all staff enjoy working at the school, that this remained consistent over the course of the year (98% to 94%), and staff relationships are consistently positive and supportive (85%). (See Table 9 below).

As the program continues into its second and third years and staff are expected to work together to address children's mental health issues, we anticipate that staff morale and the quality of staff relationships will remain high or even increase. This is also important to monitor as staff morale could help reveal whether there are other issues impeding the program's successful implementation.

Table 2. Staff Morale

	n	Pre % "Often" or "Always"	Post % "Often" or "Always"
The relationships among the staff at this school were generally positive and supportive	47	85%	85%
I enjoyed working at this school	48	98%	94%

Source: ECTR Evaluation Staff Survey N=60, June/July 2019
Note: * denotes statistically significant change p<.05, no changes were statistically significant

Mental Health Referrals

Number of Mental Health Referrals

As a critical component of the MHSA grant, mental health referrals will be tracked every year of the evaluation in order to measure change over time. Based on Program Information Reports (PIR) completed by the Mental Health Consultants and submitted to the Program Manager over the past two years, the number of mental health referrals have slightly decreased this school year compared to baseline (2017-18) (Table 10). The number of referrals, a longer-term outcome, is expected to increase as more staff understand their role in identifying and supporting access to children's mental health services. The staff focus groups in the fall will help triangulate and explain any changes in the number of referrals.

Table 10. Number of Mental Health Referrals

School Year	# Children Referred
2017-18 (baseline)	9
2018-19	4

Source: YMCA Program Information Reports (PIR) forms

Referrals to "Appropriate" Mental Health Services

ECTR program leaders are in the process of developing the Mental Health Referral Follow-up Form with the support of the evaluator in order for YMCA Mental Health Consultants to document whether they contacted referral agencies before the referral, whether families utilized the referral, and whether it met families' needs. This form will be implemented in the fall of 2019.

Conclusion

Even at this early stage of the ECTR program, staff are starting in a strong position in terms of feeling confident in their ability to work with the children at the four YMCA sites. With the introduction of the ECTR program, there are already statistically significant increases in self-perceptions among staff who reflected on their own trauma and triggers (38% to 67%) as well as those who could identify when they felt triggered by a child's behavior or actions (51% to 70%). This is consistent with the theory of change which posits that first, staff perceptions around trauma, including their own trauma will shift, followed by changes in how staff perceive children and parents as it relates to trauma, and then changes in how staff interact with children and families, including referring children to mental health services. There is an upward growth trend among staff in the second two stages, but those changes are not yet statistically significant.

Further exploration in the second program year, as well as staff focus groups in the fall, will help explain and triangulate these findings as the program heads into its second year. In addition to the training for all staff on **Self Care**, upcoming programmatic activities include:

- Staff trainings on **Practical Applications of Trauma-Informed Strategies** and **Family Engagement**
- Half-day **Leadership Team Peer Support Learning Circles** will be launched in order for leaders to come together and learn, receive coaching from Julie Kurtz, and troubleshoot issues associated with implementing ECTR.
- Once Resiliency Champions complete trainings in October 2019, they will then lead monthly **Staff Resiliency Learning Circles**. Champions will co-lead circles with staff (e.g.,

teachers, family advocates etc.) focusing on their own trauma triggers and how to approach student, family, and colleague's issues from a trauma and resiliency informed perspective.

Applicant's Name_____

Mental Health Commissioner Applicant Criteria	Application	Interview
Interest - Demonstrates interest in community mental health services		
Commitment - Ready to commit to Commission duties; preparation & attendance at meetings; timely paperwork		
Diversity - Reflects the diversity of the community		
Cooperation - Able to constructively handle conflict & differences of opinion		
Welcoming - Willing and able to work alongside consumers , family members & diverse members		
Effective - Able to work with City staff, management & Berkeley & Albany City Councils		

APPLICATION FOR APPOINTMENT TO BERKLEY/ALBANY MENTAL HEALTH COMMISSION

Name _____

I have been a resident of Berkeley / Albany since: 1971
(circle one)

I qualify for appointment under the following

☐ Representative of General Public Interest who shall be persons representing a broad range of disciplines, professions, and fields of knowledge

☒ Representative of Special Public Interest who shall be consumers who are receiving or have received mental health services or family members (parents, spouses, siblings, or adult children) of consumers *Please indicate at least one:*

☐ Consumer ☒ Family member

Signature of Applicant: boona cheema **Date:** 9/9/2020.

AFFIDAVIT OF RESIDENCY*

I, boona cheema, hereby declare, under penalty of perjury, that I am a resident of the City of Berkeley. I understand that, with the exception of a temporary relocation outside of Berkeley not to exceed six months, I may no longer serve on a Berkeley Commission should this cease to be true.

Signature of Applicant: boona cheema Date: 9/9/2020.

*Not required for Albany Residents

DEMOGRAPHIC SURVEY (Optional):

Please indicate gender: ☐ Male ☐ Female ☐ Nonbinary ☐ Prefer not to say
Please indicate whether you are currently a student: ☐ Yes ☐ No
Please indicate the racial / ethnic category which you most closely identify with below
(response optional - please check only one category)

- ☐ **WHITE** (Not of Hispanic origin.) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- ☐ **BLACK** (Not of Hispanic origin.) All persons having origins in any of the Black racial groups of Africa
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- ☐ **OTHER / BI-RACIAL:** Persons who do not identify with any of the above categories or who have mixed or unknown racial/ethnic origins

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APPLICATION FOR APPOINTMENT TO
BERKLEY/ALBANY MENTAL HEALTH COMMISSION

Supplemental Questionnaire
Berkeley/Albany Mental Health Commission

In addition to completing the application form, candidates are requested to provide the following information to assist the Mental Health Commission in their process to recommend applicants for appointment by Berkeley City Council. Please use an additional sheet if necessary.

1. Please explain why you are interested serving on the Berkeley/Albany Mental Health Commission.
I have already served 1 term on the M.H.C and would like to continue.

2. Are you involved in other community activities? If so, which ones?

3. What, in your opinion, are the most important mental health issues in Berkeley and/or Albany?
① Care on demand.
② Mental Health crisis response.
③ lack of community/consumer input in the M.H. System

4. What do you recommend doing about them?
Bring these issues into the public light and work hard on making the changes needed. Have already worked hard on crisis response and for 3 years on the commission. 2 as chair

5. It is important that Berkeley Mental Health be responsive to the needs of our culturally diverse community. What knowledge and experience do you have that could help provide insight on how to make Berkeley Mental Health even more inclusive of under-served communities?
I am 75 years old. I have worked in the M.H area for 50 years. I am a consumer and was a service provider for 43 years. I am south asian and a mother of a child who was bi polar and died of suicide. I am a critical thinker and have many skills to the committee.

6. What unique contributions (work experience, education, attributes and training) do you have to make to the Mental Health Commission?
I have 40+ years of direct experience with people with a mental illness, i.e. empathetic. I have a Masters in Divinity and an ordained minister. The MHC needs to work together on the very challenging situation which exist in our community

Return this form to the City Clerk Department: 2180 Milvia Street, Berkeley, 94704

APPLICATION FOR APPOINTMENT TO BERKLEY/ALBANY MENTAL HEALTH COMMISSION

Name: Basma Cheema

Residence Address: 1208 Peralta Av Berkely Ca 94706.
Street City Zip

Business Name/Address: _____
Street City Zip

Occupation/Profession: Retired.

Business Phone: _____ **Home Phone:** 510-883-4082.

Email address: _____

Employer's Name: _____

Name of Spouse's Employer: _____

(Please note that pursuant to Welfare and Institutions Code Section 5604(d), no member of the City of Berkeley's Mental Health Commission or his or her spouse may be: (a) a full or part time employee of City of Berkeley's mental health division, (b) a full or part time county employee of a county mental health service, (c) an employee of the California Department of Health Care Services, or (d) an employee of, or paid member of the governing body of, a mental health contract agency. If you are unsure whether your employment or your spouse's employment falls within this restriction and are interested in applying for the Commission, please contact the Commission Secretary.)

The following individuals are qualified to comment on my capabilities:

NAME	ADDRESS	PHONE NO.
Jesse Arreguine	2180 Milvia Av.	510-981-7100.
~~David Roth~~	~~1208 Peralta Av.~~	510-409-8653
Margaretha Lyn. Just Cities	2101 Webster #520 Oakland	
Sonja Fitz	510.649-1930	1981 University Ave. Berkely.

The City of Berkeley's Conflict of Interest Code requires members of all City of Berkeley Commissions except the Youth Commission and Commission on Status of Women to file Statements of Economic Interests – FPPC Form 700. The Form 700 is a public document. For more information, please contact the City Clerk's Department at 981-6900, or visit our website at http://www.cityofberkeley.info/ContentDisplay.aspx?id=4176.

APPLICATION FOR APPOINTMENT TO BERKLEY/ALBANY MENTAL HEALTH COMMISSION

Name: boona cheema

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(circle one)

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Signature of Applicant: boona cheema **Date:** 9/9/2020.

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Signature of Applicant: boona cheema Date: 9/9/2020.

*Not required for Albany Residents

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APPLICATION FOR APPOINTMENT TO
BERKLEY/ALBANY MENTAL HEALTH COMMISSION

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Berkeley/Albany Mental Health Commission

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I have 40+ years of direct experience with people with a mental illness, I am empathetic. I have a Masters in Divinity and an ordained minister. The MHC needs to work together on the very challenging situation which exist in our community

Return this form to the City Clerk Department: 2180 Milvia Street, Berkeley, 94704

Dr. Margaret Fine, JD, PhD
747 San Diego Road
Berkeley, CA 94707

June 26, 2020

City Clerk
2180 Milvia Street
Berkeley, CA 94704

Re: **Inquiry and Application for Appointment to Mental Health Commission**

Dear City Clerk,

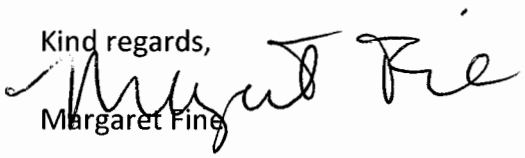
As you know since March 16, the Mental Health Commission has been suspended from participating in conducting business as a result of the COVID pandemic—like many other Boards and Commissions.

I would like to inquire if the City of Berkeley plans to extend the terms of Board and Commission members during the suspension period when members could not participate. In other words, my query is whether the clock ticks for individuals serving in Board or Commission roles between March 16 and when a Board or Commission resumes conducting business?

In the event that the City Clerk's office does not extend the terms of Board or Commission members, I am submitting my application for re-appointment to the Mental Health Commission. As I understand, my term as a Mental Health Commissioner expired today.

I thank you in advance for reviewing this application and I look forward to hearing from you.

Kind regards,



Margaret Fine

APPLICATION FOR APPOINTMENT TO BERKLEY/ALBANY MENTAL HEALTH COMMISSION

Name: Margaret Fine

Residence Address: 747 San Diego Road Berkeley CA 94707
Street City Zip

Business Name/Address: 1145 Market St., 4th Floor
San Francisco, CA 94103
Street City Zip

Occupation/Profession: Attorney + Public Law Librarian

Business Phone: please ask **Home Phone:** 510.919.4309

Email address: margaretcarolfine@gmail.com

Employer's Name: City + County of San Francisco Law Library

Name of Spouse's Employer: X

(Please note that pursuant to Welfare and Institutions Code Section 5604(d), no member of the City of Berkeley's Mental Health Commission or his or her spouse may be: (a) a full or part time employee of City of Berkeley's mental health division, (b) a full or part time county employee of a county mental health service, (c) an employee of the California Department of Health Care Services, or (d) an employee of, or paid member of the governing body of, a mental health contract agency. If you are unsure whether your employment or your spouse's employment falls within this restriction and are interested in applying for the Commission, please contact the Commission Secretary.)

The following individuals are qualified to comment on my capabilities:

NAME	ADDRESS	PHONE NO.
Ruth Geos	Reference Law Librarian, SFLL	
Kaweena Singh	Managing Attorney, East Bay Sanctuary Covenant	
Jacob Appelsmith	Director, Calif. Dept. Alcohol & Beverage Control	

Please ask for contact information.

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APPLICATION FOR APPOINTMENT TO BERKLEY/ALBANY MENTAL HEALTH COMMISSION

Name: Margaret Fine

I have been a resident of: Berkeley / Albany since: 2015
(circle one)

I qualify for appointment under the following: I am currently a general interest member (termed out today). I qualify for all appts.

☒ Representative of General Public Interest who shall be persons representing a broad range of disciplines, professions, and fields of knowledge.

☒ Representative of Special Public Interest who shall be consumers who are receiving or have received mental health services or family members (parents, spouses, siblings, or adult children) of consumers. *Please indicate at least one:*

☒ Consumer ☒ Family member

Signature of Applicant: [signature] **Date:** 6/26/20

AFFIDAVIT OF RESIDENCY*

I, Margaret Fine, hereby declare, under penalty of perjury, that I am a resident of the City of Berkeley. I understand that, with the exception of a temporary relocation outside of Berkeley not to exceed six months, I may no longer serve on a Berkeley Commission should this cease to be true.

Signature of Applicant: [signature] Date: 6/26/20

*Not required for Albany Residents

DEMOGRAPHIC SURVEY (Optional):

Please indicate gender: ☐ **Male** ☐ **Female** ☐ **Nonbinary** ☐ **Prefer not to say**
Please indicate whether you are currently a student: ☐ **Yes** ☐ **No**
Please indicate the racial / ethnic category which you most closely identify with below
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☐ ***HISPANIC:*** All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
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<u>Margaret Fine</u>
Mental Health Commission Application, 6/26/20

Below are the answers to:
1) why I am interested in the Mental Health Commission,
3) my opinion about the most important mental health issues in Berkeley/Albany
4) my recommendations about what to do.

My interest in serving on the Mental Health Commission is rooted in access to public mental health care to support mental wellness and health in the Cities of Berkeley and Albany. Two of the most important mental health issues in our city are: 1) having a public mental health system that is integrated with other systems in order to provide coordinated care for service users and 2) having an effective mental health crisis response system that is empathetic to service users. This type of public mental health system approach and framework can serve as a model for building core infrastructure to serve people living in our cities.

This type of core infrastructure is particularly important in order to provide coordinated care to individuals living with severe mental illness and substance use disorders—many of whom may be homeless and cycling through emergency rooms, inpatient hospital stays, criminal case processing and spells of incarceration. I would recommend assessing the levels of integrated, coordinated care provided to service users in order to understand if they are falling through gaps or fluctuating randomly among systems. Then I would recommend taking concrete steps to better streamline these systems of care to meet the needs and improve their quality of life for people with SMI and SUD.

I am further interested in serving on the Mental Health Commission because it is imperative to have a crisis mental health services system with access to: 1) a 24/7 crisis triage phone line and 2) a 24/7 mobile crisis team with prompt response to calls by licensed, experienced mental health clinicians in the city. In addition to integrated, coordinated care, one of the most important mental health issues is crisis response for distressed individuals in the Cities of Berkeley and Albany.

It is imperative to respond to individuals in acute distress from mental illness with mental health responses and not ones rooted in policing, criminal case processing and incarceration—especially given the role of race, ethnicity, non-conforming gender, sexual orientation, class and other key factors that can drive a punitive response. Ultimately, I would recommend a mobile crisis team and van that can access electronic

health records in real time, provide treatment where possible and transport individuals to emergency and non-emergency services if possible.

Overall, my interest in the Mental Health Commission is fundamentally based on the importance of ensuring our community protects the human rights of vulnerable persons with mental health and substance use conditions. This work includes advocating for human rights to healthcare and an adequate standard of living. It is noted that I was fortunate to live in the United Kingdom for several years where I used the National Health Service (NHS). I am a firm advocate for nationalized healthcare where no person is denied access to healthcare and/or mental health care and medication through a public healthcare system like the NHS. We are only as progressive as to how our most vulnerable citizens are treated in the community.

2) Are you involved in community activities?

For the past three years, I have been a volunteer attorney for East Bay Sanctuary Covenant (EBSC). EBSC provides direct legal services to refugees seeking asylum in the United States. I have represented many individuals in asylum cases and the United States Immigration and Citizenship Services Office has granted asylum to the clients I have represented. I am also the Secretary on the Board of Directors.

I have also been a volunteer attorney for Bay Area Legal Aid for an SSI appeal, in which we prevailed. For more than two years, I have also worked as a public law librarian. There are many low-income patrons who are seeking legal resources in order to meet their legal needs, as well as person who need referrals and information to connect to direct legal services. In some instances, patrons need guidance to conduct complex research using multiple legal databases such LexisAdvance, Westlaw, Heinonline and other databases. There are a wide diversity of reference requests in a public law library.

5) **It is important that Berkeley Mental Health be responsive to the needs of our culturally diverse community. What knowledge and experience do you have that could help provide insight on how to make Berkeley Mental Health even more inclusive of under-served communities?**

For several years, I worked as a Deputy City Attorney in the Child Welfare Unit for the City of Philadelphia Law Department. Primarily I worked with African American attorneys and reported to African American women who were managing attorneys. I also appeared primarily before African American judges for multiple years. I represented primarily DHS social workers who were African American in court-involved child abuse and neglect cases. Nearly all children, youth and families were African American and

court-involved in Juvenile Dependency Court. This experience deeply informed my understanding about the disproportionate impact of racism against African Americans in our communities and in particular, among African Americans living in deep poverty in blighted neighborhoods with rampant gun violence.

I have further devoted my professional life to serving additional people who are socially marginalized and excluded. As a legal aid attorney, I represented clients who were living with HIV and AIDS during the 1990s. Mainly my clients were primarily African American men from highly deprived areas of inner-city Baltimore who had used or were using injection drugs. At times my work included home visits as my clients were too ill to visit the office for legal services. Only individuals who fell below the poverty line were eligible for legal aid services. It is noteworthy that many clients needed attention due to mental illness and/or substance use and I accessed appropriate systems in order to get tailored care. These experiences have allowed me to advocate for a substance use and harm reduction program for the Division of Mental Health where many clients struggle with these types of difficulties and disorders.

Further, I have provided legal representation to women suffering from domestic violence by obtaining protection from abuse (restraining) orders in Lancaster, PA (Amish country). It is noted that many clients in Lancaster were Puerto Rican women, as well as white women from fundamentalist Christian dominations. As mentioned, I have provided legal representation to refugees fleeing persecution including from Central America, Mexico and Africa through East Bay Sanctuary Covenant.

Moreover, I have advocated for over 30 years advocacy for LGBTQQI2-S visibility, awareness, recognition and civils rights on city, state and national levels. I was the founding President of Lambda Law (LGBTQ) at George Washington University Law School. I also served on the Board of Directors for the National LGBT Bar Association for 5 years; I was co-chair of this Board during my last year.

Over the past three years on the Mental Health Commission, I have worked tirelessly to advance LGBTQQI2-S staff training, provision tailored resources for clients and collection of LGBTQQI2-S demographic data for people who use the Division of Mental Health. Since last November 2019, I have worked on a health and wellness conference for LGBTQQI2-S People of Color which will take place through a webinar on June 30, 2020 (due to COVID it is not live). This conference and a subsequent one during spring 2019 have increased acknowledgement about service delivery in the LGBTQQI2-S community.

6. <u>What unique contributions do have to make to the Mental Health Commission?</u>

From serving for 3 years on the Mental Health Commission, I have had the opportunity to fully commit myself to MHC work. One facet of this work is contributing to public accountability for the public mental health and related systems—namely, the Division of Mental Health. I have described my work below about this one facet as an example of one unique contribution I have to made to the MHC.

Over the past three years on the Mental Health Commission, I have given focus to accumulating knowledge and understanding about the overarching approach and framework for service delivery by the Division of Mental Health. To this end, I have widely shared research and written pieces in order to contribute to robust deliberation by Commissioners and the public to support public accountability, especially for serving people living with severe mental illness and substance use disorders.

Here are a few topics where I have shared research, resources and written work: 1) different funding streams (MHSA, Medi-Cal, Realignment, General Fund) 2) physical and mental health insurance coverage under Medi-Cal, 3) existing systems of integrated, coordinated client care for people living with serious mental illness and substance use disorder, 4) mobile crisis team models and best practices, 5) national standards to address health disparities among diverse groups of people, and 6) human rights standards under international treaties. The orientation materials (in the binder) and session last December 2019 reflect numerous subject matter areas where I have been able to contribute to informing Commissioners and the public—particularly as it impacts people living with severe mental illness and substance use disorders.

In my individual capacity, I have also continued this work by widely sharing research, resources and written work about the impacts of COVID on people living with serious mental illness and substance use disorders, including on telehealth, homelessness, health inequities, substance use and harm reduction and shelter-in-place orders. My aim is to contribute to informing Commissioners and the public so there is robust deliberation that includes focus on our new reality living with this highly contagious coronavirus. It is clearly evident the COVID pandemic has fundamentally changed service delivery in the public mental health and related systems. Overall, this work has included expansively sharing about the scope and nature of the Division of Mental Health's core infrastructure in order to contribute to public accountability for its operation.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, September 14, 2020 10:20 AM
To: Works-Wright, Jamie
Subject: FW: FYI: Governor to decide fate of 'peer' mental health counselors | CalMatters

Please see the emails below

-----Original Message-----
From: annhawk2002@yahoo.com [mailto:annhawk2002@yahoo.com]
Sent: Sunday, September 13, 2020 7:59 AM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: FYI: Governor to decide fate of 'peer' mental health counselors | CalMatters

WARNING: This email originated outside of City of Berkeley.
DO NOT CLICK ON links or attachments unless you trust the sender and know the content is safe.

Good morning, Jamie —

Could you please share this article with the other Commissioners?

With the recent significant rise in mental health issues during this time of pandemic, economic devastation and social/racial unrest, I have been thinking that having and using peer providers could be very helpful.

I had also been thinking that we are likely to see even more mental health issues with the further onset of climate change. And now we have these massive widespread wildfires throughout California and the rest of the West — as predicted and expected by scientists for decades.

There are human consequences to such events, beyond the burning of forests, towns and houses, such as impacts on the psyche and mental health. Let us hope that peer providers will be able to provide needed help and support.

Thank you.

Ann Hawkins, PhD, MPS, PSS

Sent from my iPhone

>
> https://calmatters.org/health/2020/09/california-peer-mental-health/
>
>
> Sent from my iPhone

Works-Wright, Jamie

From:	Farzaneh Izadi <farzaneh9izadi@yahoo.com>
Sent:	Sunday, September 13, 2020 10:33 PM
To:	City Clerk
Cc:	Berkeley City Council Policy Committee; Berkeley/Albany Mental Health Commission
Subject:	My proposition "Resident Sponsored Patch Of Garden" in public landscape
Attachments:	P1130829 (2).JPG; P1130838 (2).JPG; P1130843 (2).JPG; P1130851 (2).JPG; P1130854 (2).JPG; P1130864 (2).JPG

Good day to Berkeley and it's fantastic representative City of Berkeley

This is Ahoora (Farzaneh Izadi) one of your fellows as a resident of Berkeley for twelve years. September 2007 one the first things that made me fall in love with this city was the presence of flowers along the sidewalks. Although there is still beautiful landscape here and there but we lost a huge part of our fantastic green presence of plants last 6-7 years due to drought that we have sadly experienced.
As we all see every day there are a lot of public spaces that our landscape suffers from lack of plants.
I am reaching out to propose an opportunity to bring some plants and flowers back to the landscape as well as creating an opportunity for community members to contribute and create more bonds.
There has been more than enough research that proves the benefits of the presence of greens as a contributor to the well being of our environment and the healing potential of putting our hands into the earth and being able to watch seeds turn to flowers, and plants.
Furthermore, for those of us who are unable to plant, the sheer ability to walk through public streets that are tended for by our neighbors is uplifting and nourishing. It upgrades the visual statistics of our beloved town, Berkeley.
Two months ago, I decided to take some seeds and go across the street from where I live and transform a dead area into one that would not only bring me smiles every time I looked out my window, but bring others smiles as I saw them stop to look at the this little "Garden Patch" (although yet not flourished) on their walks. For two months I have used grey water that I've collected from my kitchen to water the seeds.
My proposition is to have the opportunity for residents to sponsor forgotten and untended parts of the public landscape under supervision of the City of Berkeley to plant flower seeds and water it with the gray water that they collect as a new and needed way of community service opportunity.

Attached are photos of what I have started as the first sample of this "Resident Sponsored Patch Of Garden" in the public landscape.
Can we briefly call it Rspog and just imagine we can inspire the whole world to create a more beautiful and friendly environment for all either humans or animals and bees and... .
Some photos of the sample that I've started in cross of (Fulton & Kittredge St. , Berkeley, 94704) is in attachment

With appreciation and love
Ahoora Farzaneh Izadi

Yours Truly AhoorA (Farzaneh Izadi)
May Peace, Wisdom, Love & Joy Be With Us & All Forever

Health, Housing and
Community Services Department
Mental Health Division

MEMORANDUM

To: Andrea Pritchett

From: Steven Grolnic-McClurg, Mental Health Division Manager

Date: 9/8/20

Subject: **PRA Response**

On 8/27/20 you made a PRA in which you requested:

1) Monthly reports on services delivered by the MHD and any other documents which can indicate or describe services provided and calls responded to during the Shelter In Place order.

Please find attached the existing documents that are responsive to this PRA.

Year	Month	Total Incidents ALL	Total Incidents MCT Program	Total Incidents TOT Program	Total Incidents HOTT Program	Total Incidents CAT Program
2020	3	326	64	53	122	87
2020	4	225	69	7	66	83
2020	5	199	82	10	27	80
2020	6	211	57	14	44	96
2020	7	323	147	23	35	118
2020	8	309	107	25	58	119

# of 5150 Evals for MCT Program	# of 5150 Evals for Involuntary Transport for MCT Program	# of 5150 Evals for TOT Program	# of 5150 Evals for Involuntary Transport for TOT Program	# of 5150 Evals for HOTT Program	# of 5150 Evals for Involuntary Transport for HOTT Program
21	8	0	0	0	0
7	2	0	0	0	0
13	1	0	0	0	0
13	2	0	0	0	0
47	15	0	0	0	0
35	12	0	0	0	0

# of 5150 Evals for CAT Program	# of 5150 Evals for Involuntary Transport for CAT Program
9	1
3	0
15	0
2	0
9	0
4	0

NOTICE OF PUBLIC HEARING

on the

City of Berkeley's
Mental Health Services Act (MHSA)
Fiscal Years (FY) 2020/2021 – 2022/2023
Three Year Plan

September 24, 2020 7:00pm

at the Berkeley/Albany Mental Health Commission Meeting which will be held by Zoom.

You can join through the following link:
https://zoom.us/j/97339470197
Or by phone:
1-669-900-6833
Webinar ID: 973-3947-0197

The Mental Health Services Act (MHSA) FY2020/2021 – 2022/2023 Three Year Plan can be reviewed on the MHSA Webpage:
https://www.cityofberkeley.info/Health_Human_Services/Mental_Health/MHSA_Plans_and_Updates.aspx

For more information contact: Karen Klatt, (510) 981-7644
KKlatt@cityofberkeley.info

City Clerk Department

August 19, 2020

To: Commission Secretaries

From: Mark Numainville, City Clerk

Subject: Berkeley Independent Redistricting Commission

The City of Berkeley is looking for dedicated residents to help shape the city's future. Thirteen people will be selected from the pool of applicants to serve on an Independent Redistricting Commission (IRC) in 2021-2022. Our goal is to reach all of Berkeley's diverse residents to ensure diverse representation on the commission – a task that has become more challenging during the COVID-19 pandemic.

To help spread the word, we're asking you to share this information with your commission. You may e-mail this memo and the attached documents directly to the commissioners and also remember to place it in your next agenda packet.

City Commissioners may serve on the IRC provided that they resign from all other city commissions if selected. In addition, they will be barred from serving on any city commissions for two years after the termination of their service on the IRC.

Full information, including the application form, is available on the redistricting web page - https://www.cityofberkeley.info/redistricting/.

The City Clerk Department team is available for any questions! Contact us at (510) 981-6908 or redistricting@cityofberkeley.info.

CITY OF BERKELEY

INDEPENDENT REDISTRICTING COMMISSION PLAN

REVISED June 2020 ~ Prepared by the City Clerk Department

INDEPENDENT REDISTRICTING COMMISSION BERKELEY

This material is available in alternative formats upon request. Alternative formats include audio-format, braille, large print, electronic text, etc. Please contact the Disability Services Specialist and allow 7-10 days for production of the material in an alternative format.

Disability Services Specialist

Email: ada@cityofberkeley.info

Phone: 1-510-981-6418

TTY: 1-510-981-6347

CONTENTS

INTRODUCTION

Like many cities throughout the Bay Area and California, Berkeley utilizes a district-based system of electing councilmembers and has done so since 1986. The city is divided into eight geographic areas called “districts.” One councilmember is elected from each district by the voters living in that district. Other elected officers (such as Mayor and Auditor) are elected at-large, meaning they can live anywhere in Berkeley and are elected by all of Berkeley’s voters.

On November 8, 2016, Berkeley voters approved Measure W1, amending the City’s Charter to transfer responsibility for drawing electoral boundaries from the City Council to an Independent Redistricting Commission (the “Commission”). The measure was intended to establish a redistricting process that is open to the public, meets the requirements of law, and is conducted with integrity, fairness, and without personal or political considerations.

The Commission is tasked with adjusting the boundaries of City Council districts every ten years following the decennial federal census. Composed of thirteen members with broad community representation, the Commission will act as an independent body to engage the public and adopt an updated map of City Council district boundaries. The community will provide verbal and written input on the redistricting process, including submitting their own maps. The Charter also provides impasse procedures if a final map cannot be agreed upon.

The City Clerk Department will support the Commission throughout the redistricting process, including public outreach, coordinating the application process, and facilitating public meetings. The Commission will also receive technical support from an independent demographer, the City Attorney’s Office, and the Department of Information Technology. This document provides a high-level overview of the City’s Independent Redistricting Commission Plan. If you have questions about the redistricting process or this document, you may call the City Clerk Department at (510) 981-6900 or email redistricting@cityofberkeley.info.

Due to the COVID-19 pandemic, certain outreach activities may be limited. City staff will focus on methods to reach the widest possible audience given the mass gathering and physical distancing requirements. Electronic methods will be employed to maximize the public’s ability to participate in the process if in-person meetings are not feasible.

KEY DATES AND MILESTONES

Below is a timeline for the Independent Redistricting Commission highlighting key dates and milestones for the Commission and the public.

July – September 2020
Public education and application outreach period

September 8 – October 9, 2020
30-day commissioner application submission period

October – December 2020
Applications screened for eligibility

January 2021
Selection of eight district commissioners and alternates

January 2021
Commission convenes and selects five at-large commissioners and alternates

February 2021
Commission meets to establish its meeting schedule, meeting locations, and to receive training on conflict of interest, transparency, and ethics laws; and federal, state, and local redistricting laws and regulations

March 2021 (All subsequent timeline dates will change if the release of data is delayed)
Population data released by U.S. Census Bureau

April 2021
Redistricting information and tools available to the public

June 2021
Deadline for the public's redistricting plan submissions

June – July 2021
Staff analysis of public redistricting plan submissions

July – October 2021
Commission consideration of public redistricting plans and plans originating from the Commission

February 1, 2022
Deadline for Commission to adopt a redistricting plan

February – March 2022
City Council adopts Commission's redistricting plan (unless impasse reached)

November 8, 2022
First election with new districts (unless impasse reached or plan referended)

OUTREACH

Key components of the City's outreach plan consist of the following.

Print Advertising

- Advertisement in the City's Recreation Activity Guide
- Tri-fold brochure and posters at the City's senior and recreation centers, administrative offices, public meetings, and public libraries; coordinated with U.C. Berkeley student union; and sent to community agencies
- Print advertisements in the Berkeley Times, Daily Cal, and Berkeley Tri-City Post newspapers

Community

- If permitted under the mass gathering and physical distancing policies, City staff will attend a variety of community events across the City
- Hold additional Town Hall community meetings upon request (in-person or via videoconference as conditions permit)
- Send information through existing communication outlets (Council newsletters; neighborhood groups, etc.) for dissemination

Media

- Public notices broadcast on Berkeley Community Media
- Press releases with targeted outreach to local print, online, radio, and multilingual media sources
- Coordinating with the Health, Housing, and Community Services Department to reach additional community partners

Internet & Social Media

- Dedicated page on City's website and front-page advertising
- Posts on the City's social media accounts, including Twitter and boosted advertisements on Facebook
- Paid advertisements posted on Berkeleyside

DEPARTMENT RESPONSIBILITIES

City Clerk Department

The Independent Redistricting Commission plan is an interdepartmental effort coordinated by the City Clerk Department. Preliminary responsibilities include establishing timelines, procedures, and the redistricting plan; coordinating a Request for Proposal for demographer services; and coordinating with the Department of Information Technology to procure electronic districting software for use by the Commission and public.

Throughout the redistricting process, the City Clerk Department will serve as the Secretary to the Commission and be responsible for conducting outreach, evaluating applications, selecting the initial eight commissioners, facilitating public meetings, coordinating all interdepartmental staff efforts, and supporting the Commission.

When a final district map is approved by the Commission and the City Council, the City Clerk Department will work with the Alameda County Registrar of Voters to implement the map. If an impasse is reached, the City Clerk Department will coordinate the effort through the election process and, if necessary, the identification of a special master to develop the redistricting plan.

City Attorney's Office

The City Attorney's Office serves as a legal resource to the Independent Redistricting Commission during training on conflict of interest, open meeting, and ethics laws, will attend Commission meetings to answer legal questions, and provide ongoing legal analysis as required.

Department of Information Technology

The Department of Information Technology will provide technical support for installation of the electronic districting software system and ongoing support throughout the districting process as needed. The GIS Division will provide technical support with mapping and demographics, including initial review of the census data provided by the U.S. Census Bureau.

City Manager's Office

The City Manager's Office has overall responsibility for the City Clerk Department, including coordinating information presented to the City Council. The City's Public Information Officer will be a key coordinator for outreach including press releases and website information during the application period and the Commission's community outreach process.

APPLICATION AND SELECTION PROCESS

What are the requirements to serve?

Any Berkeley resident who is 18 years of age or older at the time they submit their application, may apply for selection to the Independent Redistricting Commission.

Who can serve?

Current members of City boards and commissions that are appointed by the Mayor or Councilmembers can serve provided that they resign from their board or commission upon selection to the Independent Redistricting Commission (or as an alternate) and do not serve on any City commission during their tenure on the Independent Redistricting Commission. Persons who made a disclosable contribution to a candidate for Mayor or Councilmember may serve on the Commission if they disclose all such contributions made within the previous four years prior to the date of application.

Who is ineligible?

- City of Berkeley employees
- Qualified candidates for Berkeley Mayor or Councilmember (within 2 years of application)
- Current and former holders of Berkeley elective office (within 2 years of application)
- Paid staff or unpaid interns to the Mayor or Councilmembers (within 2 years of application)
- Family members of the Mayor or Councilmember or their staff
- Officers, paid staff, or paid consultants for campaign committees for Berkeley Mayor or Councilmember (within 2 years)
- Contractors or subcontractors of the City of Berkeley

What else should I know before I apply?

For two years after the termination of service on the Independent Redistricting Commission, you may not be a paid staff member for the Mayor or a Councilmember or serve on a City board or commission. Additionally, no Commission member may be a candidate for Mayor or City Council in the next election in which that office is on the ballot.

What happens after I apply?

The application deadline is October 9, 2020. The City Clerk will review all applications for eligibility. In January 2021, the City Clerk will randomly select eight Commissioners and eight alternates (one from each Council district). Within 10 days of selecting the initial commissioners, the Commission will convene to select five additional at-large members and alternates. The full Independent Redistricting Commission then begins meeting regularly.

MAP REQUIREMENTS

Maps are subject to the criteria outlined in Charter Article V, Section 9.5. The final map will be drawn so that the districts are as equal in population as practicable, compliant with state and federal laws, and geographically contiguous.

The Commission will take into consideration topography, geography, cohesiveness, contiguity, and integrity and compactness of the districts, as well as existing communities of interest as defined below. The Commission will also utilize easily understood district boundaries such as major traffic arteries and geographic boundaries (to the extent they are consistent with communities of interest). The geographic integrity of a neighborhood or community of interest will be respected to the extent possible.

As used here, “communities of interest” means contiguous populations that share common social and economic interests. These populations should be included within a single district for purposes of effective and fair representation.

Examples of “common social and economic interests” are areas where people:

- Share similar living standards
- Use the same transportation facilities
- Have similar work opportunities
- Have access to the same media of communication relevant to the election process
- Live in neighborhoods
- Are students/have organized student housing
- Have shared ages
- Have shared racial demographics

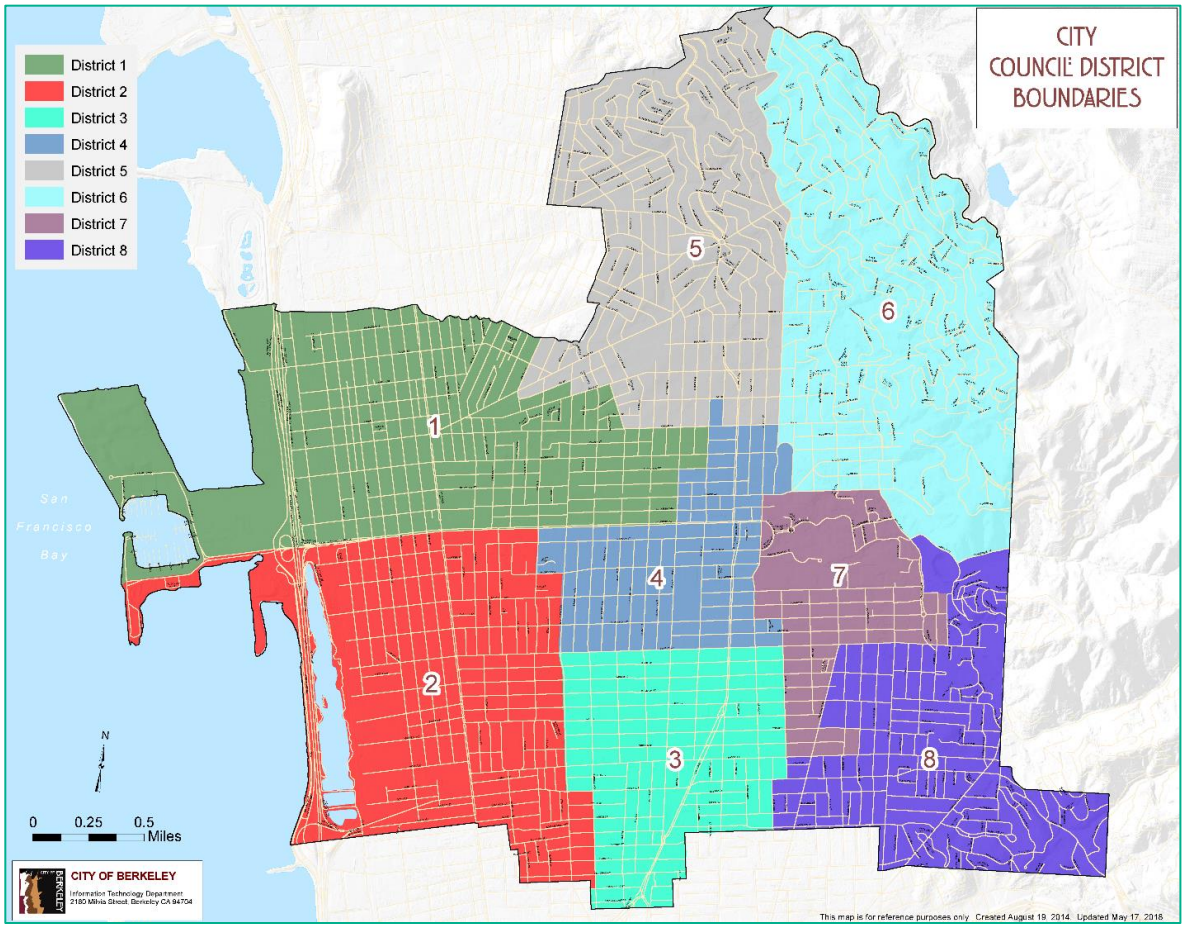
Communities of interest shall not include relationships with political parties, incumbents, or political candidates. Districts shall not be drawn for the purpose of favoring or discriminating against an incumbent, political candidate, or political party; i.e., the Commission may not consider the residence of current Councilmembers and a current Councilmember may be “drawn out” of their current district.

The Commission may consider existing district boundaries as a basis for developing new district boundaries.

FINAL DISTRICT MAP

Map Affirmed by Commission

The final map must be adopted by the Commission with at least seven affirmative votes (of the thirteen voting members) and submitted to the City Council. The City Council will adopt a redistricting ordinance implementing the final map without change. The boundaries of the districts will be effective until the adoption of new district boundaries following the next decennial federal census.



Final Map – 2010 Census Redistricting Process

Impasse Proceedings

If the Commission is unable to reach seven affirmative votes (of the thirteen voting members) for the final map, the map with the most votes will be placed on the ballot for the voters to consider. If the final map is rejected by the voters, the Commission will attempt to adopt a new redistricting plan within thirty days with at least seven affirmative votes. If the Commission is unsuccessful, the City Clerk will recommend a list of at least three special masters to develop a redistricting plan. The Commission will select a special master to develop the redistricting plan, and the City Council will adopt the redistricting plan determined by the special master.

EXHIBIT A: ELIGIBILITY WORKSHEET

Are you a resident of the City of Berkeley and 18 years of age or older?

Yes | *No (ineligible)*

Have you been a qualified candidate for Mayor or Councilmember within the past two years?

No | *Yes (ineligible)*

Are you (or have you been in the last two years) Berkeley Mayor, Councilmember, Auditor, School Board Director, or Rent Board Stabilization Board Commissioner?

No | *Yes (ineligible)*

Are you the immediate family member of the Mayor or any Councilmember, or immediate family member of any staff to the Mayor or any Councilmember?

No | *Yes (ineligible)*

Are you employed by the City of Berkeley?

No | *Yes (ineligible)*

Are you performing paid services under contract with the City of Berkeley (including subcontractor employees)?

No | *Yes (ineligible)*

Have you served as an officer, paid staff, or paid consultant of a campaign committee of a candidate for Berkeley Mayor or Councilmember within the past two years?

No | *Yes (ineligible)*

Are you currently, or have you been within the last two years, a paid staff member or unpaid intern to the Berkeley Mayor or any Councilmember?

No | *Yes (ineligible)*

Are you disqualified from serving in public office pursuant to Government Code sections 1021, 1021.5, or 1770, and the Constitution and laws of the State of California, except citizenship requirements?

No | *Yes (ineligible)*

Do you serve on a City of Berkeley board or commission appointed by the Mayor or Councilmembers?

No | *Yes* → *Eligible. However, you must resign from the board or commission if selected and agree not to serve on the City's other boards or commissions during your term on the IRC.*

Have you made disclosable monetary or non-monetary contributions to a candidate for Mayor or Councilmember in the City of Berkeley within the past four years?

No | *Yes* → *Eligible. However, you must disclose those contributions under penalty of perjury.*

Congratulations – you are eligible to serve on the Independent Redistricting Commission!

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Thursday, July 16, 2020 1:37 PM
To: Works-Wright, Jamie
Subject: FW: Mental Health Advisory Board Meeting on July 20, 2020
Attachments: 2020 07-20 MHAB Agenda.pdf; MHAB (MAIN) 2020 06-15 Minutes UNAPPROVED.pdf

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From: Wan, Jeanelle, ACBH [mailto:Jeanelle.Wan@acgov.org]
Sent: Thursday, July 16, 2020 1:27 PM
Cc: Tribble, Karyn ACBH <Karyn.Tribble@acgov.org>
Subject: Mental Health Advisory Board Meeting on July 20, 2020

Hello,

The next Mental Health Advisory Board (MHAB) meeting is on Monday, July 20, 2020 from 3:00 PM – 5:00 PM. The meeting will be held via Zoom. To join, please see the information at the end of this email. Please see the attachments for the MHAB agenda and previous meeting minutes.

For how to join the meeting, please see below:

Join Zoom Meeting
https://zoom.us/j/93001880770?pwd=MWtySlUrSTdEUkRJcEt0WStleTAwQT09

Meeting ID: 930 0188 0770
Password: 387138
One tap mobile
+16699006833,,93001880770# US (San Jose)
+12532158782,,93001880770# US (Tacoma)

Dial by your location
+1 669 900 6833 US (San Jose)
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Germantown)
+1 312 626 6799 US (Chicago)
Meeting ID: 930 0188 0770
Find your local number: https://zoom.us/u/adOQs1TokK

Join by Skype for Business
https://zoom.us/skype/93001880770

Best regards,

Jeanelle Wan, Administrative Specialist I
Office of the Director
Alameda County Behavioral Health Care Services
2000 Embarcadero Cove, Suite 400, Oakland, CA 94606

Tel: (510) 777-2156 | Email: Jeanelle.Wan@acgov.org | QIC: 22711

alameda county
behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Alameda County
Mental Health Advisory Board

Mental Health Advisory Board Agenda

Monday, July 20, 2020 ◊ 3:00 PM – 5:00 PM
2000 Embarcadero Cove, Oakland, CA
Gail Steele Room
Meeting ID: 930-0188-0770

MHAB Members:	**Lee Davis** *(Chair, District 5)*	**Linda Ramus** *(District 2)*	**Brian Bloom** *(District 4)*
	L.D. Louis *(Vice Chair, District 4)*	**Neil Penn** *(District 2)*	**Juliet Leftwich** *(District 5)*
	Marcella Anthony *(District 1)*	**Loren Farrar** *(District 3)*	**Jessie C. Slafter** *(District 5)*
	Marsha McInnis *(District 1)*	**Ashlee Jemmott** *(District 3)*	**Vanessa Cedeño** *(BOS Rep., District 3)*
	Tamika Greenwood *(District 2)*		

Committees

Adult Committee
Marsha McInnis, Chair

Children's Advisory Committee
L.D. Louis, Chair

Criminal Justice Committee
Brian Bloom, Co-Chair
Juliet Leftwich, Co-Chair

Quality Improvement Committee
Loren Farrar

MHSA Stakeholders Committee
L.D. Louis

Measure A Oversight Committee
Vacant

MHAB Mission Statement

The Alameda County Mental Health Advisory Board has a commitment to ensure that the County's Behavioral Health Care Services provide quality care in treating members of the diverse community with dignity, courtesy and respect. This shall be accomplished through advocacy, education, review and evaluation of Alameda County's mental health needs.

3:00 PM Call to Order ..... Chair **Lee Davis**

3:00 PM **I. Roll Call**

3:05 PM **II. Approval of Minutes**

3:10 PM **III. Chair's Report**
- A. Thank the Board for participation in June 29th Meet and Greet
- B. Justice Involved Task Force meeting July 22 9:00-10:30 AM

3:20 PM **IV. Director's Report**

3:40 PM **V. Committee Reports**
- A. Criminal Justice Committee
- B. Children's Advisory Committee
- C. Adult Committee
- D. MHSA Stakeholders Committee
- E. QIC Committee

4:00 PM **VI. Wood Place and Amber House Presentation**

4:30 PM **VII. Questions & Answers**

4:50 PM **VIII. Public Comment**

5:00 PM **IX. Adjournment**

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Mental Health Advisory Board UNAPPROVED Minutes
Monday, June 15, 2020 ◊ 3:00pm-5:00pm
2000 Embarcadero Cove, Oakland, CA
Gail Steele Room
Video Conference Meeting

Alameda County
Mental Health Advisory Board

MHAB Members:	☒ **Lee Davis** *(Chair, District 5);* ☒ **L.D. Louis** *(Vice Chair, District 4);* ☒ **Marcella Anthony** *(District 1);* ☒ **Marsha McInnis** *(District 1);* ☒ **Tamika Greenwood** *(District 2);* ☒ **Linda Ramus** *(District 2);* ☐ **Neil Penn** *(District 2);* ☒ **Loren Farrar** *(District 3);* ☐ **Ashlee Jemmott** *(District 3);* ☐ **Brian Bloom** *(District 4);* ☒ **Juliet Leftwich** *(District 5);* ☒ **Jessie C. Slafter** *(District 5);* ☒ **Vanessa Cedeño** *(BOS Representative, District 3)*
ACBH Staff:	☒ **Karyn Tribble** *(ACBH Director);* ☒ **James Wagner** *(ACBH Deputy Director);* ☒ **Kristin Boer** *(Administrative Liaison);* ☒ **Jeanelle Wan** *(Recording Secretary)*
Unexcused Absences:	**Neil Penn** *(District 2);* **Ashlee Jemmott** *(District 3);* **Brian Bloom** *(District 4)*

Meeting called to order @ 3:00 PM by **Chair Lee Davis**.

ITEM	DISCUSSION	DECISION/ACTION
Roll Call / Introductions	Roll Call completed.	
Emergency Action	None.	
Approval of Minutes	Minutes approved.	
Correspondence		
Chair's Report	Announcement June 23rd BOS Budget hearing. Discussion of Board Action to follow Presentation and Public Comment/Questions.	Chair Davis appointed Jessie C. Slafter and Marcella Anthony to the MHSA Stakeholders Committee and Measure A Oversight Committee respectively.
BOS Update/Summary of June 11 BOS Emergency Budget Meeting	BOS Rep. Cedeño reported on the June 11th BOS special meeting. The BOS will adopt a baseline budget in June and take action regarding the projected budget in late-July.	

ITEM	DISCUSSION	DECISION/ACTION
ACBH Director's Report	**A. ACBH Budget Executive Summary** There is a very significant impact to all funding. Phase 1 of planning includes reduction strategies for addressing the deficit such as: contract right-sizing, closing contractor surrendered programs/inactive programs, and using one-time revenue sources/savings. Phase 2 strategies are subject to review and approval to the County CAO on June 17, 2020. The funding for the additional Santa Rita Jail positions will not come from additional funding from Alameda County. **B. Summary of lawsuit reports**	
MHAB Committee Chairs' Reports	**A. Criminal Justice Committee** The committee discussed the status of the Santa Rita Jail funding and opposition letter and held a MHSA focus group. **B. Children's Advisory Committee** The committee held a MHSA focus group that was well-attended, particularly by transitional age youth. **C. Adult Committee** The committee discussed community and support services and held a MHSA focus group that was not well-attended. **D. MHSA Stakeholders Committee** MHSA exceeded its goal for questionnaire responses.	
Public Comment/Questions on Presentation	**A. Budget Impacts** No new programs or positions that have started or been established will be closed or taken away. There is a significant impact on Medi-Cal reimbursement. In the long run, any Medi-Cal not billed will decrease total revenue. The most affected are the most served by the system. **B. Plan for reducing mentally ill population in Santa Rita Jail** A broader stakeholder group was assembled to analyze the system, and there is a mapping collaborative effort with the Probation Department. There is an inadequate number of psychiatric beds, which leads to people ending up in the Jail. The "Safe Landing" trailer will be open in the next few weeks with initial hours of 2:00 PM-10:00 PM.	

ITEM	DISCUSSION	DECISION/ACTION
Potential Action regarding the June 23rd BOS Budget Hearing	**A. Opposition Letter for funding Santa Rita Jail positions** Member Leftwich suggested sending a follow up letter to the BOS opposing the funding for the positions.	A. Letter draft will be shared to the MHAB members for review and discussion.
Public Comment	There is frustration around being made to take action faster than would be helpful for the MHAB.	
Adjournment	Adjourned at 5:00 PM	

Minutes submitted by J. Wan

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Friday, June 12, 2020 2:09 PM
To: Works-Wright, Jamie
Subject: FW: Mental Health Advisory Board Meeting on June 15, 2020
Attachments: 2020 06-15 MHAB Agenda.pdf; MHAB (MAIN) 2020 05-18 Minutes DRAFT.pdf

From: Wan, Jeanelle, ACBH [mailto:Jeanelle.Wan@acgov.org]
Sent: Friday, June 12, 2020 11:51 AM
Cc: Tribble, Karyn ACBH <Karyn.Tribble@acgov.org>
Subject: Mental Health Advisory Board Meeting on June 15, 2020

Hello,

The next Mental Health Advisory Board (MHAB) meeting is on Monday, June 15, 2020 from 3:00 PM – 5:00 PM. The meeting will be held via GoToMeeting. To join, please see the information at the end of this email. Please see the attachments for the MHAB agenda and previous meeting minutes.

For how to join the meeting, please see below:

Mental Health Advisory Board Meeting
Mon, Jun 15, 2020 3:00 PM - 5:00 PM (PDT)

Please join my meeting from your computer, tablet or smartphone.
https://global.gotomeeting.com/join/872829549

You can also dial in using your phone.
United States (Toll Free): 1 866 899 4679
United States: +1 (571) 317-3116

Access Code: 872-829-549

Join from a video-conferencing room or system.
Dial in or type: 67.217.95.2 or inroomlink.goto.com
Meeting ID: 872 829 549
Or dial directly: 872829549@67.217.95.2 or 67.217.95.2##872829549

New to GoToMeeting? Get the app now and be ready when your first meeting starts:
https://global.gotomeeting.com/install/872829549

Best regards,

Jeanelle Wan, Administrative Specialist I
Office of the Director
Alameda County Behavioral Health Care Services
2000 Embarcadero Cove, Suite 400, Oakland, CA 94606

Alameda County
Mental Health Advisory Board

Mental Health Advisory Board Agenda

Monday, June 15, 2020 ◊ 3:00 PM – 5:00 PM
2000 Embarcadero Cove, Oakland, CA
Gail Steele Room
Teleconference: 1-866-899-4679, Access Code: 872-829-549

MHAB Members:	**Lee Davis** *(Chair, District 5)*	**Linda Ramus** *(District 2)*	**Brian Bloom** *(District 4)*
	L.D. Louis *(Vice Chair, District 4)*	**Neil Penn** *(District 2)*	**Juliet Leftwich** *(District 5)*
	Marcella Anthony *(District 1)*	**Loren Farrar** *(District 3)*	**Jessie C. Slafter** *(District 5)*
	Marsha McInnis *(District 1)*	**Ashlee Jemmott** *(District 3)*	**Vanessa Cedeño** *(BOS Rep., District 3)*
	Tamika Greenwood *(District 2)*		

Committees

Adult Committee
Marsha McInnis, Chair

Children's Advisory Committee
L.D. Louis, Chair

Criminal Justice Committee
Brian Bloom, Co-Chair
Juliet Leftwich, Co-Chair

Quality Improvement Committee
Loren Farrar

MHSA Stakeholders Committee
L.D. Louis

Measure A Oversight Committee
Vacant

MHAB Mission Statement

The Alameda County Mental Health Advisory Board has a commitment to ensure that the County's Behavioral Health Care Services provide quality care in treating members of the diverse community with dignity, courtesy and respect. This shall be accomplished through advocacy, education, review and evaluation of Alameda County's mental health needs.

3:00 PM Call to Order ..... Chair **Lee Davis**

3:00 PM **I. Roll Call**

3:05 PM **II. Approval of Minutes**

3:15 PM **III. Chair's Report**
Announcement June 23rd BOS Budget hearing. Discussion of Board Action to follow Presentation and Public Comment/Questions

3:20 PM **IV. BOS Update/Summary of June 11 BOS Emergency Budget Meeting**

3:25 PM **V. Director's Report**
- A. ACBH Budget Executive Summary
- B. Summary of lawsuit reports

3:55 PM **VI. Committee Reports**
- A. Criminal Justice Committee
- B. Children's Advisory Committee
- C. Adult Committee
- D. MHSA Stakeholders Committee
- E. QIC Committee

4:15 PM **VII. Public Comment/Questions on Presentation**

4:30 PM **VIII. Potential Action regarding the June 23rd BOS Budget Hearing**

4:50 PM **IX. Public Comment**

5:00 PM **X. Adjournment**

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Mental Health Advisory Board DRAFT Minutes
May 18, 2020 ◊ 3:00pm-5:00pm
2000 Embarcadero Cove, Oakland, CA
Gail Steele Room
Video Conference Meeting

Alameda County
Mental Health Advisory Board

MHAB Members:	☒ **Lee Davis** *(Chair, District 5);* ☒ **L.D. Louis** *(Vice Chair, District 4);* ☒ **Marcella Anthony** *(District 1);* ☒ **Marsha McInnis** *(District 1);* ☒ **Tamika Greenwood** *(District 2);* ☒ **Linda Ramus** *(District 2);* ☒ **Neil Penn** *(District 2);* ☒ **Loren Farrar** *(District 3);* ☒ **Ashlee Jemmott** *(District 3);* ☐ **Sheldon Koiles** *(District 3);* ☒ **Brian Bloom** *(District 4);* ☒ **Juliet Leftwich** *(District 5);* ☒ **Vanessa Cedeño** *(BOS Representative, District 3)*
ACBH Staff:	☒ **Karyn Tribble** *(ACBH Director);* ☒ **James Wagner** *(ACBH Deputy Director);* ☒ **Imo Momoh** *(ACBH Deputy Director);* ☒ **Yvonne Jones** *(AFBH Director);* ☒ **Kristin Boer** *(Administrative Liaison);* ☒ **Jeanelle Wan** *(Recording Secretary)*
Unexcused Absences:	**Sheldon Koiles** *(District 3)*; **Vanessa Cedeño** *(BOS Representative, District 3)*

Meeting called to order @ 3:00 PM by **Chair Lee Davis**.

ITEM	DISCUSSION	DECISION/ACTION
Roll Call / Introductions	Roll Call completed.	
Emergency Action	None.	
Approval of Minutes		Postponed.
Correspondence		
Chair's Report and Discussion	**A. Santa Rita Jail Proposal** Funding proposal for the Santa Rita Jail was approved at the last Board of Supervisors (BOS) meeting.	
ACBH Director's Report	**A. ACBH COVID-19 Response** ACBH has been very involved with COVID response since March. A number of policies have been changed and modified to enable providers in the community and care delivery to provide telehealth. Continuity of payments to providers initiated in April for each month from March to June. Forensic work to redeploy staff into Camp Sweeney and the Juvenile Justice Center for Youth to ensure the youth receives services. Hotel response, Operation Comfort and Operation Safer Ground, helped to house either positive, symptomatic, or high-risk individuals of the homeless population. Primary goal of ACBH to continue services without disruption is being met. ACBH staff, leaders, and providers have come together for crisis services.	

ITEM	DISCUSSION	DECISION/ACTION
	B. ACBH Budget Budget will hit a shortfall for Alameda County of $72.1 million in the coming fiscal year based on projections. The significant decrease in the budget resulted in a shortfall of $20.5 million for HCSA and $7.1 for ACBH. MHSA has been affected by the tax extension, and the impact will be seen two years from now. Most of ACBH services are not general funds; the estimated impact to behavioral health departments is about 14 percent. There have been allocations and reductions in some programs. ACBH projects at least $10-14 million of the budget will not be met because of COVID-19. **C. Organizational Chart** The major differences in the organizational chart: operations is now focused on Finance, Quality Management, and Information Systems. New positions and updated titles have been added. Employment services moved from Adult Services to Operations. The Crisis Services Division moved from Adult Services to the Medical Office.	
Public Comments	**A. County Deficit Numbers** For this fiscal year, Alameda County has a deficit of $72.1 million and a $7.1 million reduction in the overall budge for ACBH. **B. Santa Rita Jail Proposal Funding** The approved proposal authorizes the creation of new positions but does not allocate money to the County. The next step is to secure funding for the newly authorized positions.	
MHAB Committee Chairs' Reports	**A. Criminal Justice Committee** Presentation by Aaron Fischer and Anne Hadreas from Disability Rights California, a federally and state funded organization that does jail-related work in California. The Sacramento consent decree was successful in improving ADA accommodations and expanding mental health services. They are currently doing investigations in Alameda County. **B. Children's Advisory Committee** Focus on COVID-19 response and on how to provide services for TAY during this time. Challenges include: social distancing, lack of access to technology at home. Social distancing may also result in parents being involved with the mental health services young people previously received without parental knowledge.	

ITEM	DISCUSSION	DECISION/ACTION
	C. Adult Committee Focused on the possible closure for the Inpatient Outreach Program (IOP) at Fairmont Highland Hospital. The concern about running the program is funding. The IOP is beneficial to patients for providing the highest level of care. Bonita House also continues to be operational with staff working remotely. **D. MHSA Committee** MHSA is running focus groups for the month of May. **E. QIC Committee** Member Loren Farrar has not been able to attend meetings.	
MHSA Community Input Focus Group	Focus group was conducted during the last hour of the meeting.	
Adjournment	Adjourned at 5:06 PM	

Minutes submitted by J. Wan

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Thursday, June 11, 2020 12:10 PM
To: Works-Wright, Jamie
Subject: FW: City Manager Online Town Hall Tonight - Race, Health & Policing

Please see email below

From: Margaret Fine [mailto:margaretcarolfine@gmail.com]
Sent: Thursday, June 11, 2020 12:08 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: City Manager Online Town Hall Tonight - Race, Health & Policing

Hi Jamie,

Would you kindly forward this information to the MHC and the public about tonight's Town Hall? The link is below for more info. Individuals can submit questions beforehand to manager@CityofBerkeley.info.

RACE, HEALTH AND POLICING IN A TIME OF PANDEMIC

Online town hall is open to all

Berkeley, California (Wednesday, June 10, 2020) - City Manager Dee Williams-Ridley invites everyone in Berkeley to participate in an online Town Hall this Thursday evening to hear from and talk to her, our Police Chief and our Health Officer in a conversation about race, health and policing in this time of pandemic.

"This pandemic has bluntly exposed deep, systemic inequities in our nation - issues that Berkeley is not immune from," said Williams-Ridley, the first African-American woman to be Berkeley's City Manager. "Even while sheltering in place for safety, it's critical that we talk so we can connect on such fundamental issues."

https://www.cityofberkeley.info/City_Manager/Press_Releases/2020/2020-06-10_Race,_Health_and_Policing_in_a_Time_of_Pandemic.aspx

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, June 8, 2020 3:29 PM
To: Works-Wright, Jamie
Subject: Request to Resume Urgent MHC Business to City Manager (see PDF)
Attachments: DOC001.PDF

Please see email below from Margaret Fine

Dear Jamie,

I hope you're well.

Would you please kindly send this email letter and attachments to the Mental Health Commissioners and the public?

The email letter and attachments urgently request the City Manager, the Deputy City Manager and the Public Health Officer to resume conducting Mental Health Commission business. boona and I did this work and submitted the letter and attachments in our individual capacities and we are not representing the Mental Health Commission or the City of Berkeley. Please kindly note that boona is not currently seated on the Commission as her term concluded during the suspension. This letter has been copied to the Mental Health Manager, the Mayor, Vice Mayor and Councilmembers. Thank you so much.

Best wishes,
Margaret

Margaret Fine, JD, PhD
Berkeley, CA
510-919-4309
margaretcarolfine@gmail.com

From:

Rev. boona cheema, LHD
Berkeley, CA

Dr. Margaret Fine, JD, PhD
Berkeley, CA

June 8, 2020

TO:

By Email
Ms. Dee Williams-Ridley
City Manager
City of Berkeley
2180 Milvia Street
Berkeley, CA 94704

By Email
Mr. Paul Buddenhagen
Deputy City Manager
City of Berkeley
2180 Milvia Street
Berkeley, CA 94704

By Email
Dr. Lisa B. Hernandez, MD, MPH
Public Health Officer
City of Berkeley
2180 Milvia Street
Berkeley, CA 94704

Re: Request to Resume Conducting Business by the Mental Health Commission to Address Crisis Service Delivery provided by the public mental health system, the Division of Mental Health for the City of Berkeley

Dear Ms. Williams-Ridley, Mr. Buddenhagen and Dr. Hernandez,

Thank you for your focused efforts to mitigate the spread of COVID in the City of Berkeley. At this time, the Mental Health Commission has urgent, legally-mandated business and thus requests to resume conducting it—particularly to address crisis service delivery by the Division of Mental Health for the City of Berkeley. This letter sets forth the basis for the Mental Health Commission to resume business that is supported by evidence contained in the letter and its attachments.

We are writing in our individual capacities and not representing the Mental Health Commission or the City of Berkeley. We are requesting a special or a regular public meeting on or before Thursday, June 25, 2020 (regular public meeting date/time). Please note that boona cheema is not currently seated on the Mental Health Commission. Her first term concluded during this COVID suspension. Margaret Fine's first term will conclude on June 27, 2020 and thus the Mental Health Commission will need to vote on their status before that date.

In hindsight the Mental Health Commission should have been at the center of the response to the public mental health crisis as a result of the COVID pandemic, particularly given people of color and LGBTQ people are disproportionally impacted. In the future, it is critical during crisis for the City of Berkeley to identify how Boards and Commissions can continue their business. The Mental Health Commission during the past three years has meaningfully engaged and provided public accountability for the local public mental health system.

In addition, we have attached an important two-pager, "**Mental Health Crisis as Public Health Crisis**." This two-pager describes the profound mental health and substance use impacts due to: 1) the COVID pandemic and 2) the brutal murder of George Floyd by a police officer while other police officers watched and did nothing (**Attachment A**). Before COVID, we were experiencing mental health and substance use epidemics from poverty, hunger, suicide, depression, opioids, methamphetamine.

Further, it is noteworthy that the Division of Mental Health serves people with severe mental illness and substance use problems and disorders. These individuals are disproportionately people of color and LGBTQ people. The Division is designed to provide crisis mental health services in the field. However, it relies heavily on the Berkeley Police Department to accomplish this crisis work. Police have miniscule mental health training—40 hours CIT, versus a masters' degree and licensure for a mental health clinician. Policing skill sets are intended to enforce laws by arrest, criminal case processing and incarceration.

About The Letter Writers

- boona cheema served as Chair of the Mental Health Commission from 2018-2020 and has served for three of her eight years. She was the executive director of a county-wide nonprofit serving unhoused persons for 38 years. She has served on numerous local, county, state, national and international task forces, boards of directors and commissions.

- Margaret Fine is the current Chair of the Mental Health Commission and has served for nearly three years. She is a volunteer lawyer for a local nonprofit, a public law librarian and a past Deputy City Attorney in child welfare. She has primarily worked with African American attorneys, including for Divisional and Chief Deputies, in child welfare. She has also provided legal representation to diverse clients living in poverty—African American, Latinx, LGBTQ, veterans and people with disabilities. Dr. Fine has earned a doctorate degree in sociology. She grew up in North Berkeley and graduated from Berkeley High School in 1981.

The Mental Health Commission is Legally-Mandated to Review and Evaluate the Division of Mental Health, and it is crucial at this time to address crisis service delivery

- Under California's Welfare & Institutions Code § 5604, the Mental Health Commission "Advise(s) the governing body and the local mental health director as to any aspect of the local mental health program" including to "review and evaluate the community's public mental health needs, services, facilities and special problems" **(ATTACHMENT B)**.

- The Mental Health Commission's composition is legally-mandated to comprise residents who use the public mental health system, their families and mental health persons with knowledge of mental health in multiple subject areas. This composition is intended to

ensure the opportunity to participate in fulfilling its statutorily-mandated duties in the community. WIC § 5848 **(ATTACHMENT C)**.

There is urgent, time-sensitive Mental Health Commission business to address crisis service delivery by the Division of Mental Health for the City of Berkeley

- At this time, we are troubled by the crisis service delivery to individuals in the local public mental health system for the City of Berkeley. This recent concern came to light during the public statutorily-mandated Community Planning Process (CPP) for state government funding on Thursday, May 21, 2020. We did not know previously about these concerns because the Mental Health Commission was and is suspended since mid-March 2020.

- Since May 2019, there has been a Mental Health Crisis Response Subcommittee. Prior to February 27, 2020 before the suspension, the Subcommittee members conducted extensive, in-depth research and accumulated more than 50 publications on crisis services from scholarship, government reports, news articles and more. We have attached a **Mobile Crisis Team Frequently Asked Questions (FAQ)** about fundamental operations of a mobile crisis team service **(ATTACHMENT D)**.

- In addition, the Mental Health Commission arranged for the new Crisis Services Supervisor to present at its public meeting on Thursday, February 27, 2020 before the suspension. This presentation was troublesome given the understaffing and lack of a current mobile crisis team training manual that specifically addresses people in crisis, including during disasters like COVID. During the presentation, this Supervisor stated that there is a crisis services training manual dated by 20 years. He further referred to current standard operating procedures, but did not specify them.

- Please note that the Mental Health Commission receives critical monthly caseload statistics, including for crisis services, and they have not been generated to the public since February 27, 2020 **(ATTACHMENT E)**. Further, please see the attached Table of Contents from the Mental Health Training dated December 12, 2020. This Manual is designed to educate new Mental Health Commissioners and the public about the public mental health system at different levels of government and in the community at-large **(ATTACHMENT F)**.

- Further, the Division of Mental Health issued a Request for Proposal (RFP) for a consultant to evaluate and make recommendations about a mobile crisis services response for the City of Berkeley before COVID. The Mental Health Manager has reiterated that the Mental Health Commission will have a prominent role in the RFP process, including to appoint a representative to participate in reviewing submissions to the RFP. The pre-COVID RFP is attached. Please note it is not updated to account for COVID (and possibly the submissions as well) **(ATTACHMENT G)**.

- The Mental Health Commission had planned to appoint a representative at its public meeting scheduled for Thursday, March 26, 2020, but it was cancelled due to the COVID pandemic. While the Mental Health Manager had communicated to Mental Health Commissioners as "community members" to urgently participate in reviewing submissions during the suspension, the Mental Health Commission requests to resume conducting this official business to do so.

The Basis to Conduct Business by the Mental Health Commission is Urgent

- In our individual capacities, we reviewed the current crisis services provided to the public by the Division of Mental Health. On February 27, 2020, the Crisis Services Supervisor reported that there is a Mobile Crisis Supervisor and a Mental Health Clinician employed for the mobile crisis services team. Presently, it is understood that the Division of Mental Health has not and is not operating a mobile crisis team in the field but is returning voicemail messages during COVID—which is our new reality.

- Otherwise, we would ask that the Division of Mental Health produce any data to substantiate its mobile crisis team is operating in the field conducting mental health assessments since mid-March 2020. Please also note that Alameda County is currently operating its mobile crisis services team. However, the City of Berkeley is separate jurisdiction for public physical and mental health.

- If not operating in the field, moreover, what is troublesome are the online webpages for the mobile crisis team, the city/county triage services, the adult mental health service and FYC mental health service. Each of these webpages give the impression the mobile crisis team is operating in the field during its business hours. There is mobile crisis response contact information and days/hours of operation on each webpage. The mobile crisis team voicemail further states this team is "on duty" from 11:30 am to 10 pm except Tuesday and Saturday. Please note that there are inconsistent operating days/hours among different webpages and this phone line.

- Specifically, the mobile crisis team voicemail message prompts callers to call the Berkeley Police Department directly for immediate assistance and then this message provides the non-emergency police dispatch number in order to get a mental health crisis assessment in the field. It is further noted here that the Division of Mental Health is relying on a police response to a mental health crisis in the field as a substitute for a licensed mental health clinician. It is again recognized that police officers receive 40 hours CIT training, while mental health clinicians generally have a masters' degree and a license to conduct a mental health assessment in the field.

- Further, the crisis assessment triage (CAT) phone line shows it is open from 11:30 am – 4:00 pm, Monday—Friday on the city/county triage services webpage. However, the CAT voicemail message states that it is open from 8:00 am – 5:00 pm, Monday—Friday

for immediate assistance, including "crisis services," and if you wish to leave a message, someone will call you back as soon as possible. This voicemail message then states if you are in crisis or need an immediate evaluation in the field to please call the Berkeley Police Department at its non-emergency dispatch number for immediate assistance. Like the mobile crisis team voicemail message, the Division of Mental Health is directing individuals on the CAT voicemail message to contact the police for crisis mental health services while also giving the impression, ostensibly, that it provides them as well.

- In addition, the Public Health Officer's coronavirus webpage has a link to a mental health webpage produced by the Division of Mental Health. This mental health webpage provides paltry details about the serious mental health and substance use impacts of COVID. **Please kindly see the one-pager again on the "Mental Health Crisis as a Public Health Crisis" (ATTACHMENT A)**. This mental health webpage is also not tailored to account for health disparities or the digital divide among different groups of people. This webpage is further dated May 13, 2020—two months following the shelter in place order. On May 19, 2020, Dr. Fine sent 23 articles on health equity to the public and requested them to be forwarded to the Mental Health Manager. This mental health webpage remains the same **(ATTACHMENT H)**.

- Further this linked mental health webpage from the Public Health Officer's coronavirus webpage only provides 3 mental health resource numbers. Before COVID, there was a mental health resources link on the Division of Mental Health's webpage to many local resources, including ones tailored to diverse communities **(ATTACHMENT I)**. The Mental Health Commission provided this document to the Division of Mental Health. However, it appears that it is not currently posted with updated COVID information. It is noteworthy Dr. Fine sent a legal aid resources list updated for COVID with 22 providers to the public on June 5, 2020 and requested them to be sent to the Mental Health Manager. These resources for direct legal services providers are also tailored for diverse communities **(ATTACHMENT J).**

Given the present status of mobile crisis services, there is an exceedingly important need to determine if the Division of Mental Health has the capacity to manage a crisis services response program as a result of its past history and current operation. This need is reinforced by its reliance on policing to make mental health assessments in the field.

As it stands, the Mental Health Commission cannot participate in realizing its role in reviewing submissions to the RFP due to the suspension. Moreover, the Mental Health Commission cannot conduct business that is profoundly critical due to multiple mental health and substance use epidemics and pandemics—which are now reinforced by COVID and police brutality, structural racism, intergenerational trauma and protests.

Ultimately, the Mental Health Commission through its Subcommittees and the full body is key to meaningfully account for the Division of Mental Health's service delivery. The Mental Health Commission has been and is highly prepared to engage in this business and the public deserves

accountability. As we know, public accountability is the hallmark of democracy and the City of Berkeley is renowned for its commitment to democratic principles and governance.

Thank you for taking the time to read this letter. We look forward to hearing from you.

Sincerely,

boona cheema Margaret Fine

cc: Mental Health Commissioners
Mr. Steve Grolnic-McClurg
Mayor Jesse Arreguin
Vice Mayor and Councilmember District 5, Sophie Hahn
Councilmember District 1, Rashi Kesarwani
Councilmember District 2, Cheryl Davila
Councilmember District 3, Ben Bartlett
Councilmember District 4, Kate Harrison
Councilmember District 6, Susan Weingraf
Councilmember District 7, Rigel Robinson
Councilmember District 8, Lori Droste

The Mental Health Crisis as a Public Health Crisis

Mental Health/Substance Use Crisis Due to:

- Pre-COVID Epidemics: Suicide, Depression, Opioid & Methamphetamine
- Massive Disruption due to COVID-19 with Mental Health & Substance Use Crisis Impacts
- The Murder of George Floyd, Structural Racism, Intergenerational Trauma & Protests

General

- The severe mental health and substance use impacts of pre-COVID epidemics, the COVID pandemic and police brutality and murder over centuries have culminated into massive disruption. These impacts reverberate throughout society, but most harshly on African Americans, generally people of color and LGBTQ people.

- Moreover, the mental health harms—like the physical ones—are closely linked to marked health inequities and the disproportionate impact of COVID on people of color, LGBTQ people and people living in poverty (or a combination)—especially for those with underlying conditions. Cannabis and alcohol sales have risen steeply even given restaurant closures. There is an increase in domestic violence resulting from strain and tension created from living together 24/7.

Profound Trauma, Loss and Grief

- Pre-COVID epidemics and COVID pandemics have profoundly impacted our lives, in addition to structural racism and intergenerational trauma resulting from brutal and lethal policing of African Americans. There is profound loss and grief from mass deaths and graves, severe illness and difficult recoveries and deaths of despair from suicide and overdose. People who are housed may suffer from isolation, loneliness, lack of tactile human connection and loss of freedom due to shelter in place, physical distancing and wearing masks.

- There are those who cannot shelter in place with safe physical distancing, but rather live vulnerably in large numbers in close proximity to COVID infection. Some people live in dense, blighted areas with little protection from this vicious, easily contagious virus. Others live in prison where COVID is a literal "death sentence." Intense fears are compounded for African Americans and generally people of color who have been terrified about staying safe while living in danger of police brutality and killings and deportation.

Economic Devastation and Desperation due to COVID

- The drastic economic loss of income is and continues to create devastation and desperation. Millions of people are unemployed, but there are exceedingly disparate impacts on people of color—particularly African Americans and immigrants—and LGBTQ people. People are anxious and scared about meeting basic needs and not getting infected with COVID. Health care—and overall essential workers—are at highest risk of unrelenting anxiousness and PTSD from working innumerable hours in close proximity with COVID in the workplace.

- Regardless, the economic burden—dating back centuries—harshly affects many African Americans and generally people of color who cannot secure a reliable standard of living to meet basic needs and stay safe—if at all. Due to blatant and unconscious discrimination in housing, medical and mental health services, education and social services, there is undeniable suffering of African Americans and generally people of color in the criminal court and incarceration systems.

DUTIES: Related to Mental Health

Items in **bold** reflect October 2019 CA legislative update.

The local mental health board shall do all of the following:

1. Review and evaluate the community's **public** mental health needs, services, facilities, and special problems **in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.**
2. Review any county agreements entered into pursuant to Section 5650. **The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.**
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program. **Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.**
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. **Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.**
5. Submit an annual report to the governing body on the needs and performance of the county's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
8. **This part does not** limit the ability of the governing body to transfer additional duties or authority to a mental health board.

In addition, pursuant to W&I Code Section 5848, the local mental health board conducts a public hearing on the county's MHSA Three Year Program and Expenditure Plan and Annual Update.

B

WIC 5848: MHSA Duties

Items in **bold** reflect October 2019 legislative Update.

MHSA Plan Requirements, WIC 5848

(a) Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans.

(b) The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the **local mental health agency or local behavioral health agency, as applicable, for revisions. The local mental health agency or local behavioral health agency, as applicable, shall provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive** [see (f) below] **recommendations made by the local mental health board that are not included in the final plan or update.**

(f) For purposes of this section "Substantive recommendations made by the local mental health board" means any recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local mental health board that has established its quorum.

WIC 5604. Local Membership Criteria

Items in **bold** reflect October 2019 CA legislative update.

(a) (1) Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. **This section does not limit** the ability of the governing body to increase the number of members above 15.

(2) (A) The board serves in an advisory role to the governing body, and one member of the board shall be a member of the local governing body. Local mental health boards may recommend appointees to the county supervisors. The board membership should reflect the diversity of the client population in the county to the extent possible.
(B) Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.
(C) In addition to consumers and family members referenced in subparagraph (B) Counties are encouraged to appoint individuals who have experience with and knowledge of the mental health system. This would include members of the community that engage with individuals living with mental illness in the course of daily operations, such as representatives of county offices of education, large and small businesses, hospitals, hospital districts, physicians practicing in emergency departments, city police chiefs, county sheriffs, and community and nonprofit service providers.

(3) (A) In counties **with a population that is less than 80,000,** at least one member shall be a consumer, and at least one member shall be a parent, spouse, sibling, or adult child of a consumer, who is receiving, or has received, mental health services.
(B) Notwithstanding subparagraph (A), a board in a county with a population **that is less than** 80,000 that elects to have the board exceed the five-member minimum permitted under paragraph (1) shall be required to comply with paragraph (2).
(b) The mental health board shall review and evaluate the local public mental health system, pursuant to Section 5604.2, and advise the governing body on community mental health services delivered by the local mental health agency or local behavioral health agency, as applicable.
(c) The term of each member of the board shall be for three years. The governing body shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year.

(d) If two or more local agencies jointly establish a community mental health service **pursuant to** Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the mental health board for the community mental health service shall consist of an additional two members for each additional agency, one of whom shall be a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health services.

(e) (1) Except as provided in paragraph (2), **a** member of the board or **the member's** spouse shall **not** be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental health contract agency.

(2) A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which **the consumer** does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning **the member's** employer that may come before the board.

(f) Members of the board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.

(g) If it is not possible to secure membership as specified in this section from among persons who reside in the county, the governing body may substitute representatives of the public interest in mental health who are not full-time or part-time employees of the county mental health service, the State Department of Health Care Services, or on the staff of, or a paid member of the governing body of, a mental heahiplth contract agency.

(h) The mental health board may be established as an advisory board or a commission, depending on the preference of the county.

Mobile Crisis Services in the Community
Frequently Asked Questions

For these reasons, there is a need to resume conducting business before the Mental Health Commission in order to ensure that the Request for Proposal is tailored to address specific research questions about providing a mental health crisis response to people in acute distress in the community in order to avoiding policing, crime case processing, and incarceration. The later is underscored from the death of George Floyd and many others, structural racism, protests.

What are Mental Health Crisis Services?

Mental Health Crisis Services are provided to individuals experiencing a psychiatric emergency in the community. The primary goal of these services is to stabilize and improve psychological symptoms of acute distress and to engage individuals in an appropriate treatment service to address the problem that led to the crisis. These mental health crisis services are designed to distinctly focus on providing mental health interventions and services to individuals, rather than punitive ones rooted in policing, criminal case processing and incarceration systems. These services must also be informed by communities of color and persons living in no- to low-income—perhaps both.

What Does It Mean to be in a Mental Health Crisis?

Under California law, an individual is regarded as "a danger to self or others" or "gravely disabled" for purposes of determining their mental status during a crisis emergency. For purposes of mental health assessment during a crisis, the type and level of intervention is thus key to providing a tailored, nuanced approach to deescalating it. In the Practice Guidelines: Core Elements in Responding to Mental Health Crisis issued by SAMSHA, this federal government report provides a key trajectory to assessing an individual mental health crisis:

- Level of Personal Distress such as anxiety, depression, anger, panic and hopelessness.
- Changes in Functioning, including neglect of personal hygiene, unusual behavior, or
- Catastrophic life events which disrupt personal relationship, support systems, living arrangements, and result in victimization and loss autonomy and/or parental rights.

Growing evidence is showing a low level of actual serious self-harm or harm to others as a result of a mental health crisis and thus, the need for relying on a mental health crisis response and not a policing one. Further the level of meaningful linkages and support following a crisis is crucial to ensuring that an individual does not repeat crisis and remains is a stable, predictable housing with an adequate standard of living.

Who are First Responders to Mental Health Crisis?

Moreover, there are a range of factors influencing the type and level of mental health crisis response in the community from first responders such mobile crisis team members, peer specialists, EMTs and police to health care workers and emergency room personnel to friends, family members and clergy.

Some factors influencing the crisis response may also include: 1) the geographical location where the intervention occurs, 2) the time of day, 3) type and course of the crisis episode, and 4) the intervenors' training and familiarity with the individual in crisis and the problems. The availability of mental health resources and supports is also crucial.

What are the Mental and Physical Impacts of Crisis Response?

Depending on the type of interventions and services provided to individuals experiencing acute distress, the physical and psychological impacts can vary widely. They can range from deescalating crisis using specific mental health informed protocols to using coercive controls and force to restrain individuals in crisis. In the later circumstance, an individual may be arrested, restrained, taken into custody, transported, criminally processed and incarcerated. An individual may also be transported to an emergency room for psychiatric evaluation and release, or potentially involuntary committed to inpatient hospitalization.

What Happens in the Aftermath?

In the aftermath, individuals may experience an emotional state ranging from a sense of psychological and physical safety to an ongoing sense of coercion, social isolation, disempowerment and diminished sense of control. The individual may further experience losses from an inability to maintain stable, predictable housing and employment. These losses may be further impacted as many people experiencing severe mental health crisis also live in poverty. They may also have experience and histories of homelessness, invidious discrimination, victimization and lack of access to essential social service and related services and safety net supports as well. Moreover, there may be ongoing involvement with police and criminal court, as well as previous spells of incarceration—all of which can cascade into future crisis events.

Berkeley Mental Health Caseload Statistics for January 2020

Adult Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Monthly Cost Per Participant Per Budget*	Fiscal Year 2020 Demographics as of January 2020
Adult, Older Adult and TAY Full Service Partnership (FSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	6 Clinicians 1 Team Lead	70	$2387	79 Clients American Indian: 0 API: 2 African-American: 27 Hispanic: 4 Other: 32 White: 14 Male: 51 Female: 28
Adult FSP Psychiatry	1-100	.5 FTE	59	$464	
Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)	1-20	9 Clinicians 1 Manager	178	$1093	204 Clients API: 4 African-American: 63 Hispanic: 10 Other: 77 White: 50 Male: 107 Female: 97
CCT Psychiatry	1-200	.75	138	$224	
Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non-Degreed Clinical	1 Clinical Supervisor, I Licensed Clinician, 1 CHW Sp./ Non-Degreed Clinical	98	$419	95 Clients API: 3 African American: 30 Hispanic: 2 Other: 26 White: 34 Male: 59 Female: 36
FIT Psychiatry	1-200	.25	87	$387	

Family, Youth and Children's Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Monthly Cost Per Participant Per Budget*	Fiscal Year 2019 Demographics as of December, 2019
Children's Full Service Partnership	1-8	2.0 Clinical	12	$4175	19 Clients API: 0 African-American: 7 Hispanic: 3 Other: 1 White: 8 Male: 13 Female: 6
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	2.5 Clinical	62	$1303	72 Clients API: 1 African-American: 29 Hispanic: 13 Other: 12 White: 17 Male: 46 Female: 26
High School Health Center and Berkeley Technological Academy (Note: school not in session)	1-6 Clinician (majority of time spent on crisis counseling)	3.5	Treatment: 59 Groups: 4 offered, 4 conducted Drop In (Crisis): 56	N/A	N/A

Crisis, ACCESS, and Homeless Services	Staff Ration	Clinical Staff Positions Filled	Total # of Clients/Incidents
Homeless Outreach and Treatment Team (HOTT)	1-10 Case Manager 1-3 Team Lead	1 Team Lead, 1 Licensed Clinician, 3 Case Managers	23 enrolled clients for the month. 29 non-enrolled individuals received outreach (this does not include encampment outreach).
Mobile Crisis	N/A	1 Clinician filled at this time	• 24 Incidents • 11 5150 Evals • 2 5150 Evals leading to involuntary transport
Transitional Outreach Team (TOT)	N/A	1 Licensed Clinician,	53 Incidents

Not reflected in above chart is Early Childhood Consultation, ACCESS, Wellness and Recovery Programming, or Family Support.

*Monthly costs determined by dividing yearly budgeted amounts for programs by number of participants, then dividing this rate by 12.

Mental Health Commission

for the

Cities of Berkeley and Albany

Training – 12/12/2019

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- CSS - Full-Service Partnership (FSP) Services (direct services)
- CSS - Non-FSP (multicultural, systems development & more)
- PEI - Prevention and Early Intervention
- INN - Innovations
- WET - Workforce Training
- CFY - Capital Facilities and Technology
- Berkeley Wellness Center (more than one funding stream)

Tab 5—City of Berkeley, Division of Mental Health

- Division of Mental Health Work Session before Berkeley City Council (BCC), 3/20/18
- Work Session Summary Hand-Out submitted by the Division to City Council
    - Funding Streams
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- RBA Evaluation Program (PEI 2018 Report)
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Tab 6 – Mental Health Commission for the Cities of Berkeley and Albany

- California Law—Mental Health Commission Composition, Powers & Duties
- Abridged Commissioner's and Commissioner's Manuals
- Mental Health Commission By-Laws

These materials were researched, compiled and authored in parts by Margaret Fine

Finance Department
General Services Division

REQUEST FOR PROPOSALS (RFP)
Specification No. 20-11357-C
FOR
Crisis System Evaluation
PROPOSALS WILL NOT BE OPENED AND READ PUBLICLY

Dear Proposer:

The City of Berkeley is soliciting written proposals from qualified firms or individuals for a ***Berkeley Mental Health Crisis System Evaluation.*** As a Request for Proposal (RFP) this is not an invitation to bid and although price is very important, other factors will be taken into consideration.

The project scope, content of proposal, and vendor selection process are summarized in the RFP (attached). **Proposals must be received no later than 2:00 pm, on Tuesday, February 25, 2020**. All responses must be in a sealed envelope and have **"Crisis System Evaluation"** and **Specification No. 20-11357-C** clearly marked on the **outer most mailing envelope**. Please submit one (1) unbound original and five (5) unbound copies of the proposal as follows:

Mail or Hand Deliver To:
City of Berkeley
Finance Department/General Services Division
2180 Milvia Street, 3rd Floor
Berkeley, CA 94704

Proposals will not be accepted after the date and time stated above. Incomplete proposal or proposals that do not conform to the requirements specified herein will not be considered. Issuance of the RFP does not obligate the City to award a contract, nor is the City liable for any costs incurred by the proposer in the preparation and submittal of proposals for the subject work. The City retains the right to award all or parts of this contract to several bidders, to not select any bidders, and/or to re-solicit proposals. The act of submitting a proposal is a declaration that the proposer has read the RFP and understands all the requirements and conditions.

For questions concerning the anticipated work, or scope of the project, please **contact Jeff Buell, Mental Health Program Supervisor** via email at **JBuell@cityofberkeley.info** no later than February 11, 2020. Answers to questions will **not** be provided by telephone or email. Rather, answers to all questions or any addenda will be **posted** on the City of Berkeley's site at http://www.cityofberkeley.info/ContentDisplay.aspx?id=7128. It is the vendor's responsibility to check this site. For general questions concerning the submittal process, contact purchasing at 510-981-7320.

We look forward to receiving and reviewing your proposal.

Sincerely,

Darryl Sweet
General Services Manager

I. BACKGROUND

The City of Berkeley, Health, Housing and Community Services (HHCS) Department, Berkeley Mental Health (BMH) Division is seeking to contract with a qualified contractor to evaluate the mental health crisis response system in Berkeley, perform an environmental scan of other models that provide mental health crisis services, identify best practices in providing crisis care, lead a stakeholder process to ensure community input into the process, and make recommendations on possible improvements in the mental health crisis system in Berkeley. The ideal applicant will be familiar and experienced in working with both Alameda County Health Care Services and BMH. The total amount of the contract is expected to be valued at $85,000 for one year, or a 12 month timeframe.

The Mental Health Division provides a range of community mental health services for the residents of the city of Berkeley. Services include assessment, clinical case management, mental health rehabilitation, crisis intervention, medication management, wellness and recovery supports, and individual and group therapy for individuals and families of all ages. Services are provided at multiple clinic sites and in the field. Some services are provided through a variety of community-based agencies and at other entities funded by the Mental Health Division. The Mental Health Division is part of the Alameda County Behavioral Health Care Plan (ACBHCS) and is one of the only two (2) municipalities that receive direct California State funding to support provision of mental health services through the 1991 Realignment (Realignment) and the Mental Health Services Act (MHSA). Realignment funds are used to provide moderate to high intensity treatment services to adults with serious mental illness, severe functional impairment, and Medi-Cal or no insurance. The Mental Health Division also operates a Mobile Crisis Team, which provides mental health crisis services between the hours of 11:30 am and 10 pm, 365 days a year.

The Mobile Crisis Team (MCT) primarily responds to requests from the Berkeley Police Department (BPD) for mental health support. Community members contact BPD to intervene in a crisis, and BPD dispatches officers to respond. BPD then has the option of contacting the MCT to support the individual in crisis. The MCT travels to the location of the individual in crisis, performs an evaluation, and either recommends that the person be placed on a 5150 hold for further evaluation, or provides supports and referrals to ongoing supportive services and resources. While this is occurring, the BPD officers secure the scene so that the MCT staff can provide these mental health services.

In addition to contact through BPD, MCT services can also be accessed through a voicemail on which community members can leave confidential messages. MCT staff check this voicemail frequently when on shift and respond to phone messages on a rolling basis. Some messages are left for information purposes, some request service information and resources, some request consultation on mental health or crisis situations, and others request crisis intervention (despite the outgoing message explicitly directing immediate crisis calls to BPD). Most messages are returned by phone call, and crisis calls are referred to BPD for cover and crisis response. BMH has a Transitional Outreach Team (TOT) that follows up to MCT crisis incidents as appropriate, attempting to link respondents to appropriate longer term treatment services and resources.

A variety of stakeholder groups (including the Berkeley/Albany Mental Health Commission) have indicated that many community members would prefer a mental health crisis response that does not so heavily involve law enforcement. The Mental Health Division is looking for a contractor to clarify if there are safe models of crisis service that utilize reduced law enforcement involvement, identify the pros and cons of these and the current model, and provide information that would allow the Mental Health Division to evaluate the costs of alternative models or a combination of models to provide effective mental health crisis care.

II. SCOPE OF SERVICES

Service Description

The selected contractor will provide the following services:

1. Utilize data within from the City of Berkeley Mental Health Division, the Berkeley Police Department, the Berkeley Fire Department, and Alameda County to evaluate the strengths and opportunities for improvement

within the existing mental health crisis response system. The evaluation will include, at a minimum, the following elements (to the degree data exists):

a. Timeliness of mental health crisis responses,
b. Percent of mental health crisis responses that involve a mental health practitioner,
c. Percent mental health crisis responses leading to an outcome where the person in crisis emerges from the crisis situation physically safe,
d. Percent of mental health crisis responses leading to the person in crisis connecting to ongoing mental health care,
e. Percent of individuals who have more than multiple mental health crisis within a 12 month period,
f. Safety for staff in the current mental health crisis system,
g. Consumer satisfaction with the current mental health crisis system, and
h. Cost of the current system per call response requiring a response.

2. Conduct a stakeholder process involving a variety of constituents to get input from a wide array of perspectives about the strengths and opportunities for improvement in the current mental health system. Utilize that stakeholder process to get suggestions of possible alternative mental health crisis response systems in Berkeley. Inform stakeholders throughout the contract process of progress in completing multiple elements of the RFP. This stakeholder process must meaningfully engage the Berkeley/Albany Mental Health Commission, current participants in the mental health crisis response system, and members of the public.
3. Perform a scan and report on mental health crisis response systems, including those that utilize little or no law enforcement involvement, and identify best practices in mental health crisis response and care.
4. Make recommendations about possible changes to the current mental health crisis system that would lead to better outcomes while maintaining safety for both consumers and staff. Recommendations should include comparisons between varying levels of law enforcement involvement and projected effects on outcomes and safety. Provide information on the fiscal costs for any proposed changes.
5. Produce a final report that describes the work done and any recommendations.

These services should commence no longer that 30 days after the selected contractor has entered into a contract with the City of Berkeley, be completed with 12 months, and cost no more than $85,000.

III. SUBMISSION REQUIREMENTS

All proposals shall include the following information, organized as separate sections of the proposal. The proposal should be concise and to the point.

1. Contractor Identification:

Provide the name of the firm, the firm's principal place of business, the name and telephone number of the contact person and company tax identification number. Provide an overview of the organization/agency including the types of consultation and evaluation services provided, business structure, and length of time in this field of work. Describe expertise with doing mental health evaluation, consultation, program design, and with leading stakeholder processes. Describe any experience providing evaluation, consultation, design and/or leading stakeholder processes connected to mental health crisis response systems. Describe any experience providing evaluation, consultation, design and/or leading stakeholder processes connected to the City of Berkeley Mental Health System and/or Alameda County Behavioral Health Care Services.

2. Client References:

Provide a minimum of three (3) client references. References should not include City of Berkeley employees and should include, where possible, California Counties, Cities, or non-profit agencies. Provide the designated person's name, title, organization, address, telephone number, and the project(s) that were completed under that client's direction.

3. Service Description and Plan:
   Provide a detailed description of how you will perform each of the following work areas listed below:
   a. data analysis and evaluation;
   b. conducting a stakeholder process;
   c. scan and report on alternative mental health crisis systems;
   d. identify best practices in crisis care;
   e. recommendations about changes to the mental health crisis system; and
   f. producing a final report.

   Describe the vendor staffing model for providing the proposed contract services, including expected FTE providing contract services, and qualifications of those staff. Provide a timeline for all elements of the proposed project.

4. Price Proposal:
   The proposal shall include pricing for all services. Pricing shall be all inclusive unless indicated otherwise on a separate pricing sheet. The Proposal shall itemize all services, including hourly rates for all professional, technical and support personnel, and all other charges related to completion of the work shall be itemized.

5. Contract Terminations:

   If your organization has had a contract terminated in the last five (5) years, describe such incident. Termination for default is defined as notice to stop performance due to the vendor's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the vendor, or (b) litigated and such litigation determined that the vendor was in default.

   Submit full details of the terms for default including the other party's name, address, and phone number. Present the vendor's position on the matter. The City will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the past experience.

   If the firm has not experienced any such termination for default or early termination in the past five (5) years, so indicate.

IV. SELECTION CRITERIA

The following criteria will be considered, although not exclusively, in determining which firm is hired.

1. Contractor Identification/Expertise and References 35%

2. Costs 15%

3. Service Plan and Description 50%

A selection panel of staff and community stakeholders will be convened for selection purposes. The panel will evaluate each proposal against the requirements stated herein. The recommendation will be made for the respondent whose proposal represents the best, overall fit and value to the City.

V. PAYMENT

Invoices: Invoices must be fully itemized, and provide sufficient information for approving payment and audit. Invoices must be accompanied by receipt for services in order for payment to be processed. Mail invoices to the Project Manager and reference the contract number.

Health Inequities & Disparities due to COVID-19
Articles provided to Public dated May 19, 2020

Opinion: The Pandemic's Missing Data, NYT, April 4, 2020

- **Op-Ed by American Medical Association's Chief Health Equity Officer, Dr. Aletha Maybank**: "Any effective plan to fight Covid-19 must be shaped by an understanding of its spread and impact among communities of color and others marginalized in society."
- https://www.nytimes.com/2020/04/07/opinion/coronavirus-blacks.html

Caring for Communities of Color during COVID-19

- By Dr. Dwayne Proctor, Senior Advisor to the President, Robert Wood Johnson Foundation, Culture of Health Blog, May 5, 2020.
- https://www.rwjf.org/en/blog/2020/05/caring-for-mental-health-in-communities-of-color-during-covid-19.html

Coronavirus: Who's getting sick in California? State releases partial race-based data

- Roughly half of the people who have tested positive for the coronavirus in California are black, Hispanic or Asian, according to data released by state public health officials
- https://www.sfchronicle.com/health/article/Coronavirus-Who-s-getting-sick-in-California-15188672.php

NAACP Highlights Pandemic's Disparate Impact, April 24, 2020

https://www.newhavenindependent.org/index.php/archives/entry/naacp_pandemic/

Center for Disease Control (CDC)—COVID-19 and Racial and Ethnic Groups

- https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.htm

Questions of Bias in Covid-19 Treatment Add to the Mourning for Black Families—Center for Disease Control and Prevention have advised health professionals to be on the lookout for medical bias.

- By John Eligon and Audra D.S. Burch, New York Times, May 10, 2020 (Mr. Eligon is the national correspondent covering race for the New York Times; Ms. Burch is a 2018 Pulitzer finalist).
- https://www.nytimes.com/2020/05/10/us/coronavirus-african-americans-bias.html?auth=login-email&login=email

New York Civil Liberties Union letter re: racial disparities re: social distancing measures and policing

- Comprehensive, thorough letter in addressing COVID-19 related social distancing measures focused on stark racial disparities, use of force, lack of transparency, and infringements on constitutionally-protected protest activity that have emerged in enforcement (attached).

Coronavirus and Latino Health Equity

- By Salud America, a national Latino-focused organization led by health disparities researcher, Dr. Amelie G. Ramirez, at University of Texas, San Antonio.
- https://salud-america.org/coronavirus-latino-health-equity/

What do we know about COVID-19 infections and deaths among Latinos?, May 4, 2020

- By Rogelio Sáenz Rogelio Sáenz is the Dean of the College of Public Policy and the Mark G. Yudof Endowed Chair at the University of Texas at San Antonio.
- https://latinodecisions.com/blog/what-do-we-know-about-covid-19-infections-and-deaths-among-latinos/

Long-Term COVID-19 Mental Health Effects for Asian Americans

- https://www.psychologytoday.com/us/blog/hope-resilience/202004/long-term-covid-19-mental-health-effects-asian-americans

COVID-19 stoking xenophobia, hate and exclusion, minority rights expert warns

- Expert: Fernand de Varennes, the UN Special Rapporteur on minority issues, United Nations
- https://news.un.org/en/story/2020/03/1060602

As Coronavirus Cases Rise, Navajo Nation Tries To Get Ahead Of Pandemic, NPR,

- https://www.npr.org/2020/04/04/826780041/as-coronavirus-cases-rise-navajo-nation-tries-to-get-ahead-of-pande

Putting equality, inclusion and rights at the centre of a COVID-19 water, sanitation and hygiene (including some focus on inequalities based on gender, disabilities and global impact), April 2, 2020

- By Priya Nath and Louisa Gosling. Ms. Nath is an equality, inclusion and human rights officer at WaterAid. Ms. Gosling is program manager at WaterAid
- https://washmatters.wateraid.org/blog/putting-equality-inclusion-and-rights-at-centre-of-covid-19-water-sanitation-and-hygiene-response

An Effective Response to the Coronavirus Requires Targeted Assistance for LGBTQ People

- By Sharita Gruberg, Center for American Progress is a public policy research and advocacy organization focused on economic and social issues.
- https://www.americanprogress.org/issues/lgbtq-rights/news/2020/04/09/482895/effective-response-coronavirus-requires-targeted-assistance-lgbtq-people/

National study collecting data on aging adults' experience during COVID-19

- How does a pandemic affect the physical and psychological health of adults as they age? Does COVID-19 have an impact on the delivery of regular health-care services? Does a COVID-19 infection lead to long-term health problems affecting the lungs or brain?
- By Laura Lawson, Canadian Longitudinal Study on Aging, McMaster University, April 22, 2020
- https://brighterworld.mcmaster.ca/articles/national-study-collecting-data-on-aging-adults-experience-during-covid-19/

COVID-19 mental-health responses neglect social realities—diagnosis is rarely a solution to problems caused by poverty and inequality (excellent)

- By Dr. Rochelle Burgess, Nature, May 4, 2020 (Se is a lecturer in Global Health at University College London. Her research focuses on community mental health care systems and their capacity to respond to the needs of marginalized groups, including black and minority ethnic groups in south west London.
- https://www.nature.com/articles/d41586-020-01313-9

US: Address Impact of Covid-19 on Poor, Virus Outbreak Highlights Structural Inequalities, Human Rights Watch, March 13, 2020

- https://www.hrw.org/news/2020/03/19/us-address-impact-covid-19-poor

School closures: Another way the lockdown disproportionately affects the poor

- https://www.washingtonexaminer.com/opinion/school-closures-another-way-the-lockdown-disproportionately-affects-the-poor

Congregate Settings:
Workplaces, Homeless Encampments, Shelters, Jails, Prisons, Nursing Facilities

COVID-19 - Protecting Workers in the Workplace Cruelly highlights inequalities and Threatens to

Deepen Them, International Labour Organization, March 30, 2020

- https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_740101/lang--en/index.htm

COVID-19 Guidance Note: Protecting Residents of Informal Settlements, April 16, 2020

- By Leilani Farha, Special Rapporteur on the Right to Adequate Housing, United Nations Human Rights Council, Switzerland
- https://reliefweb.int/report/world/covid-19-guidance-note-protecting-residents-informal-settlements-28-march-2020

COVID-19 Amidst Carceral Contexts, Journal of Public Health Management, April 20, 2020

- JPMP direct: The onset of the COVID-19 pandemic in the US has shone a new and brighter light on the vast inequities that exist within our public health system in terms of access, screening, and care. Correctional health is chief among them (some focus on overrepresentation of African Americans).
- https://jphmpdirect.com/2020/04/20/covid-19-amidst-carceral-contexts-the-overton-window-of-political-possibility-and-policy-change/

Mass Incarceration Poses a Uniquely American Risk in the Coronavirus Pandemic—includes spotty discussion re: immigrant detention, rural areas and aging population who are incarcerated, May 6, 2020

- By Alice Speri who writes about justice, immigration, and civil rights. She has reported from Palestine, Haiti, El Salvador, Colombia and USA.
- https://theintercept.com/2020/05/06/coronavirus-prison-jail-mass-incarceration/

In New York Nursing Homes, Death Comes To Facilities With More People Of Color

- https://www.npr.org/2020/04/22/841463120/in-new-york-nursing-homes-death-comes-to-facilities-with-more-people-of-color

Mental Health Resources

211
http://www.edenir.org/
211 is a **free**, non-emergency, confidential, 3-digit phone number and service that provides easy access to critical health and human services, including referrals to mental health resources. 24 hours a day, 7 days a week with multi-lingual capabilities. Outside of area: 888-886-9660.

Alameda Health System. Highland Hospital Campus. Highland Wellness Center
1411 E. 31st St. Oakland 94602
510-437-8500 http://www.highlandwellnessahs.org
M-F 8:30am-5pm
Outpatient psychiatric treatment service, providing daily therapeutic activities. For questions regarding eligibility for care, please contact Financial Counseling at 510-437-4961.

City of Berkeley. Mental Health Division
Adult Services Program
1521 University Ave. Berkeley 94703
510-981-5290 http://www.ci.berkeley.ca.us/mentalhealth
Office: M-F 8am-4pm; New clients seen M-Th 8:30-1:30 pm
Crisis evaluation and intervention, case management, psychotherapy (individual, family, or group), psychiatric medication evaluation and recovery activities for Berkeley and Albany residents 18 and older. Sliding scale.

City of Berkeley. Mental Health Division
Family, Youth, and Children's Services (FYC)
3282 Adeline St. Berkeley 94703
510-981-5280 http://www.ci.berkeley.ca.us/mentalhealth
M-F 8am-5pm. Crisis Response: Sun-Sat 11:30am –10:00am
Outpatient psychotherapy, consultation, education, and other information for Berkeley and Albany children and their families. Sliding scale.

Coalition for Alternatives in Mental Health.
Berkeley Drop-in Center
3234 Adeline St. Berkeley 94703
510-653-3808
M-Th 9am-3pm F 9am-2pm
Client-run, multi-purpose community center for past, present or at-risk mental health clients. Serves persons undergoing significant emotional stress and their families. Free.

East Bay Community Recovery Project
2579 San Pablo Ave. Oakland 94612
510-446-7100 http://www.ebcrp.org
M-F 8am-5pm
Counseling, education, support groups (including 12-step groups), information and referral. Adults, youth, family and veterans.

Mental Health Association of Alameda County
954 60th St. Suite 10 Oakland 94608 http://www.mhaac.org
510-835-5010 Information & Referrals
510-835-0188 Family Caregiver Advocate
M-F 9am-5pm
Central source of information, referrals, advice and support for people with mental illness, their families and friends throughout Alameda County.

West Oakland Health Council
Mental Health Services
700 Adeline St. Oakland 94607
510-835-9610 http://www.wohc.org
M-F 8:30am-5pm
Individual and group counseling, case management and crisis intervention for adults, children under 18 and their families.

Alameda County Behavioral Health Care Services
Access Mental Health
800-491-9099
M-F 8:30am-5pm
Telephone screening and referrals for people needing psychotherapists and psychiatrists accepting sliding scale or Medi-Cal; also for people with chronic mental illness needing admittance to an Alameda County community mental health center.

Feminist Therapy Connection
510-841-1261 http://www.feministtherapy.org
Referrals for individuals, couples, families, and groups.

Northern California Group Psychotherapy Society
http://www.ncgps.org Search for therapy groups and specific group therapists in Northern California.

Alameda Health System. John George Psychiatric Hospital
2060 Fairmont Dr. San Leandro 94578
510-346-1300 http://www.johngeorgeahs.org
Intake 24 hours, 7 days a week
Emergency assessments; emergency medications; emergency hospitalization.

City of Berkeley. Mental Health Division. Mobile Crisis Team
2640 MLK Jr. Way Berkeley 94704
510-981-5254 http://www.ci.berkeley.ca.us/mentalhealth
510-981-5900 Police nonemergency phone (police are often able to contact the Mobile Crisis Team directly)
7 days a week 10:30am-11pm
Crisis intervention services include psychological outreach, assessment and/or counseling intervention for mental health crises, including suicide, drug abuse, evaluations for psychiatric treatment. For residents in Berkeley and Albany. **Free.**

CRISIS INTERVENTION continued

Crisis Support Services of Alameda County
PO Box 3120 Oakland 94609
800-309-2131 7 days a week 24 hour Crisis Line (also TTY line)
800-260-0094 Grief counseling
510-420-2475 Stress counseling, senior outreach, support groups
510-420-2460 Office http://www.crisissupport.org
Telephone crisis, counseling and referral services; community education program, disaster counseling, grief counseling, suicide attempters support group, senior outreach.

Mental Health Resources

Sausal Creek Outpatient Stabilization Clinic
2620 26th Ave. Oakland, California 94601
510-437-2363 http://www.telecarecorp.com/sausal-creek-outpatient-stabilization-clinic/
M-F 8am-8pm, Sat 8am- 4:30pm, including holidays.
Provides services to any adult who feels that they cannot wait for routine mental health outpatient care. Open to referrals and walk-ins. Services provided for people in acute distress or discomfort as a result of mental illness, difficulty with medications, or personal/family crisis.

Suicide Hotline
800-273-8255 7 days 24 hours
Connects callers to the closest crisis center in Alameda county.

Ann Martin Center
1375 55th St. Emeryville 94608
510- 655-7880 http://www.annmartin.org
M-Sat by appointment
Child and family psychotherapy, academic tutoring and remediation, educational and psychological diagnostic testing. Children's bereavement program.

Asian Community Mental Health Services
310 8th St. Suite 201 Oakland 94607
510-869-6000 http://www.acmhs.org
M-F 9am-5pm
Human services to Asian Pacific special-needs populations: mental health clients, developmentally disabled clients, and at-risk children, youth, and families.

Berkeley Free Clinic/Community Health Project
Peer Counseling Collective
2339 Durant Ave. Berkeley 94704
510-548-2744 http://www.berkeleyfreeclinic.org
M-F 6:30pm-8:30pm Drop-in counseling open to all.
Sat 12pm-2:30pm Drop in counseling for women, transgender clients, and gender non-conforming individuals Free peer counseling to individuals in the community; both drop-in and long-term.

La Clinica de la Raza
Casa del Sol
1501 Fruitvale Ave. Oakland 94601
510-535-6200 http://www.laclinica.org

Drop-in or telephone intakes: M, T, F 9a-6p; W, Th 9a-7p
Individual, family, and group therapy for Spanish speaking, un-insured residents of Alameda County.

East Bay Agency for Children (EBAC)
303 Van Buren Ave. Oakland 94610
510-268-3770 http://www.ebac.org
M-F 8am-5pm
Intensive day treatment programs to help children suffering from severe emotional difficulties, school-based prevention programs to assist at-risk children at public school sites with Circle of Care (supporting children and families coping with loss, serious illness and trauma).

Institute on Aging
Center for Elderly Suicide Prevention and Grief Counseling
2100 Embarcadero #101
Oakland, CA 94606 510- 506-7127 http://www.ioaging.org
1-800-971-0016 24-hour crisis and support line for seniors
Crisis and support line, group and individual grief counseling, and specialized counseling and bereavement support for people who have experienced traumatic loss, suicide or sudden death of a loved one.

Mental Health Association of Alameda County
Patients' Rights Advocacy
954 60th St. Suite 10 Oakland 94608
800-734-2504 http://www.mhaac.org
M-F 9am-5pm
Investigates complaints about denial of patients' rights in psychiatric facilities. Family education, resource center, caregiver support and advocacy.

Narika
PO Box 14014 Berkeley 94712
800-215-7308 24-hour helpline
510-444-6068 Office
http://www.narika.org
Email: narika@narika.org
Provides advocacy, support, information, and referrals for emotionally or physically abused women. Serves South Asian women (including India, Pakistan, Bangladesh, Bhutan, Sri Lanka, Nepal, diasporic communities such as Fiji and the Caribbean, and all women who trace their origins to these areas). Free.

Pacific Center for Human Growth
2712 Telegraph Ave. Berkeley 94705
510-548-8283 http://www.pacificcenter.org
M-F10a-9p business hours
M-F 10a-4p Drop-in hours
Mental health counseling serving the gay, lesbian, bisexual, transgender, and questioning community.

To find more Mental Health services, go to Berkeley Public Library (Community Resources), an online database of community organizations, services, and agencies): www.berkeleypubliclibrary.org

Click on "Explore", Click on "Community Resources", then search for "Mental Health" topics.

For assistance searching BIN, call (510) 981-6166 TTY 510-548-1240

Legal Advice Phone Lines and Resources During COVID-19 – June 5, 2020

Note: There are organizations below that have interpreters and serve people from diverse groups and communities. In some instances, they are located outside Berkeley and Alameda County.

AIDS Legal Referral Panel

- **415-701-1100**
- Leave message, return call within 24-48 hours, referrals to roster of pro bono attorneys
- Website: https://www.alrp.org/our-services/get-legal-help

Alameda County Superior Court Self-Help Center

- **510-272-1393**
- Call Phone, 1:00 p.m. to 4:00 p.m., Monday through Thursday
- Website: http://www.alameda.courts.ca.gov/Pages.aspx/Self-Help-Center-and-Family-Law-Facilitator-s-Office-Hours-and-Locations

Asian Pacific Islander Legal Outreach

- **510-251-2846**
- Call Monday – Friday, 9 am – 5 pm, **phone may be answered**
- General legal services
- Website: https://www.apilegaloutreach.org/

Bay Area Telephone Advice Lines – tenant/housing, access to healthcare, domestic violence

- Bay Area Legal Aid (BayLegal) has attorneys answering the phone and they are updated on COVID-19 Law Protections.
- General Advice Line – 800-551-5554

Berkeley Rent Stabilization Board

- **510-981-7368 (510-981-RENT)**
- Email: rent@cityofberkeley.info
- Call, Not answering phone but checking messages.
- Website: https://www.cityofberkeley.info/Rent_Stabilization_Board/Home/Service_Delivery_to_Prevent_the_Spread_of_COVID-19_aspx.aspx

California Indian Legal Services, Sacramento

- **760-746-8941**
- Continues to accept and return calls from new and existing clients
- Website: https://www.calindian.org/

Catholic Charities – Immigration Legal Services

- **510-768-3100**
- Call phone number, open for appointments, call to schedule appointment
- Website: https://www.cceb.org/

Centro Legal de la Raza

- **510-437-1554**
- Call, Monday – Friday, 9 am – 5 pm
- Leave message to request legal consultation
- Does not seem to have English message when pressing number (can leave message)
- Immigration, Tenant, Worker Rights
- Website: https://www.centrolegal.org/

City of Oakland Housing Resource Center

- **510-238-6182**
- Call, Monday – Friday, 9 am – 5 pm, leave message, get back within 24 hours
- Email: Guadalupe Pacheco lpacheco@oaklandca.gov or
- Azaria Bailey-Curry ABailey-Curry@oaklandca.gov
- Website: https://www.centrolegal.org/

Disability Rights California

- **1-800-776-5746**
- Call, available 9:00 am - 4:00 pm, Monday through Friday (confidential intake line)
- Website: https://www.disabilityrightsca.org/

ECHO Housing

- **510-581-9380, 855-ASK-ECHO**
- Phone available Monday-Friday, 9 am - 5 pm except 12:00 pm – 1:30 pm for lunch
- Website: https://www.echofairhousing.org/

East Bay Community Law Center-housing, health, immigration, education, economic security

- **510- 548-4040**
- Call, schedule a free legal consultation in the areas of housing, health, immigration, education and economic security.
- Website: https://ebclc.org/covid19/

East Bay Sanctuary Covenant - immigration

- **510-646-8484**
- Email: info@eastbaysanctuary.org
- Call, Monday, Wednesday, Friday - 10am-12pm
- Services available in English & Spanish
- https://eastbaysanctuary.org/services/

Employment Law Center (LGBTQ)

- **415-864-8208**
- Call, Low-income LGBT people through its workers' rights clinics
- English or Spanish

Eviction Defense Center

- **510-452-4541**
- Call, Monday-Friday, 10 am – 2 pm
- Doing phone appointments, leave name, telephone number
- Website: https://www.evictiondefensecenteroakland.org/services

Family Violence Law Center

- **800-947-8301 (voicemail, need to give info to be directed to specific staff person)**
- Call 24-hour crisis line for assistance or to be connected with a staff member.

HERA – debt

- **510-271-8443**
- Press #2 to leave message
- Website: http://www.heraca.org/get_help/english.html

Homeless Action Center

- **510-540-0878 (Berkeley)**

- **510-695-2260 (Oakland)**
- Call, Closed except by appointment, gives regular hours but does not confirm if modified for COVID-19, website states closed
- Website: http://homelessactioncenter.org/

International Institute of the Bay Area - Immigration

- **510-451-2846**
- Email: oakland@iibayarea.org
- Answers reception, Monday – Friday 9-5 except 12-1 (must go through long message)
- IIBA's legal team is conducting appointments via phone. Call to schedule.

Legal Aid at Work (employment)

- **415-404-9093**
- Call, Leave message and will call to schedule appointment
- Website: https://legalaidatwork.org/clinics/east-bay-clinic/

Legal Services for Children

- **415-863-3762**
- Intake: Monday, Wednesday, Thursday - 1:30 pm – 5 pm
- Call, Leave detailed message on advice voicemail and call will be returned during regular business hours.
- Wmake https://www.lsc-sf.org/

Legal Assistance for Seniors (health care counseling)

- **510-832-3040**
- Call, General legal services, leave message
- Website: https://www.lashicap.org/

Oasis LGBTQQIA+ Immigration Legal Services

- **510-666-6687**
- Call, Leave message to make appointment for intake
- Hours not indicated hours per COVID
- No charge during COVID-19 for intakes
- Website: https://www.oasislegalservices.org/home

SEEDS Community Resolution Center

- **510-548-2377**
- Call, Monday - Thursday, 9:00am - 5:00 pm, leave message
- Email: info@seedscrc.org
- Website: https://www.seedscrc.org/

Works-Wright, Jamie

From: Elgstrand, Stefan
Sent: Saturday, May 23, 2020 2:55 PM
To: Berkeley/Albany Mental Health Commission
Subject: Mental Health Month Proclamation
Attachments: Mental Health Month 2020.pdf

Hello,

Attached is a copy of the proclamation declaring May as Mental Health Month, signed by the Mayor.

Stefan Elgstrand
Legislative Aide
Office of Mayor Jesse Arreguin
2180 Milvia Street, 5th Floor
Berkeley, CA 94704
(510) 981-7103 phone
(510) 981-7199 fax
SElgstrand@cityofberkeley.info
www.jessearreguin.com

Sign up for our monthly newsletter.

City of Berkeley proclamation

PROCLAIMING MAY 2020 AS MENTAL HEALTH MONTH

WHEREAS, Mental health is essential to everyone's overall health, productivity and well-being; and

WHEREAS, One in four American adults are affected by a mental illness; and

WHEREAS, Mental health problems do not discriminate; they affect people regardless of race, creed, age, life style, or economic status; and

WHEREAS, Mental health recovery is possible with proper treatment and by empowering those impacted to lead full lives; and

WHEREAS, As many as eight million Americans who have serious mental illnesses do not receive adequate treatment each year; and

WHEREAS, People who have untreated mental health issues use more general health services than those who receive mental health services when they need them; and

WHEREAS, the Substance Abuse and Mental Health Services Administration (SAMHSA) has determined that persons with severe mental illness have a life expectancy of 25 years less than members of the general public; and

WHEREAS, More than 50% of persons receiving treatment in the mental health system also have co-occurring disorders compounding their barriers to recovery and increasing the disparity in their life expectancy; and

WHEREAS, The City of Berkeley has made a commitment to community-based systems of mental health care in which all residents can receive high-quality and consumer-centered services; and

WHEREAS, Mental Health First Aid training is available in Berkeley to enable community members to better assist their friends, family, and neighbors who may have signs and symptoms of mental illness or be in a crisis; and

WHEREAS, The City of Berkeley has been actively involved in the planning and implementation of the Mental Health Services Act to increase effective mental health services that promote mental health recovery in Berkeley; and

WHEREAS, The Mental Health Division is commendable for their outstanding work improving the quality of life for neurodiverse individuals in our community; and

WHEREAS, Mental Health America observes Mental Health Month every May to raise awareness and understanding of mental health and illness;

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the Council does hereby proclaim May 2020 as Mental Health Month in the City of Berkeley and call upon all Berkeley citizens, government agencies, public and private institutions, businesses and schools to recommit our community to increasing awareness and understanding of mental illness and the need for appropriate and accessible services for all people with mental illnesses.

Jesse Arreguin

Jesse Arreguin
Mayor

May 26, 2020

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Wednesday, May 20, 2020 10:41 AM
To: Works-Wright, Jamie
Subject: FW: The Unequal Impacts of COVID-19 (publications)

Please see email below

From: Margaret Fine [mailto:margaretcarolfine@gmail.com]
Sent: Tuesday, May 19, 2020 4:05 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: The Unequal Impacts of COVID-19 (publications)

Hi Jamie,

I hope you're well. Would you please be so kind and forward this email to the Mental Health Commissioners and the public? Thank you so much!

Brief Summary: The Unequal Impacts of COVID-19 on Minority Groups of People, particularly those living in poverty and congregate settings.

The COVID-19 global pandemic has unprecedented reach and proportions, but it is evident that the impacts are perpetuating and reinforcing inequalities for many minority groups of people, particularly those living in poverty and in congregate settings. In the USA, the emerging data—where it exists—shows that minority groups are stricken by COVID-19 at a higher rate, and are experiencing greater sickness and a higher death toll than other Americans. It also shows that COVID-19 restrictions from shelter in place to physical distancing have disproportionate impacts on minorities.

Specifically, people living in close proximity over many hours without ventilation are more likely to be infected by COVID-19. Namely, COVID-19 has a greater impact on many minority groups in living in dense areas and congregate settings such as homeless encampments, shelters, informal settlements, jails and prisons, and some nursing homes. It is further notable that many minority groups of people may not have access to safe water, sanitation, hygiene supplies, food security, clothing, healthcare and housing that are fundamental to protecting people from COVID-19 infection.

Below I have listed many publications addressing inequalities regarding COVID-19. Here they are:

Opinion: The Pandemic's Missing Data, NYT, April 4, 2020

- **Op-Ed by American Medical Association's Chief Health Equity Officer, Dr. Aletha Maybank**: "Any effective plan to fight Covid-19 must be shaped by an understanding of its spread and impact among communities of color and others marginalized in society."
- https://www.nytimes.com/2020/04/07/opinion/coronavirus-blacks.html

Caring for Communities of Color during COVID-19

- By Dr. Dwayne Proctor, Senior Advisor to the President, Robert Wood Johnson Foundation, Culture of Health Blog, May 5, 2020.
- https://www.rwjf.org/en/blog/2020/05/caring-for-mental-health-in-communities-of-color-during-covid-19.html

Coronavirus: Who's getting sick in California? State releases partial race-based data

- Roughly half of the people who have tested positive for the coronavirus in California are black, Hispanic or Asian, according to data released by state public health officials
- https://www.sfchronicle.com/health/article/Coronavirus-Who-s-getting-sick-in-California-15188672.php

NAACP Highlights Pandemic's Disparate Impact, April 24, 2020

- **https://www.newhavenindependent.org/index.php/archives/entry/naacp_pandemic/**

Center for Disease Control (CDC)—COVID-19 and Racial and Ethnic Groups

- **https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.htm**

Questions of Bias in Covid-19 Treatment Add to the Mourning for Black Families—Center for Disease Control and Prevention have advised health professionals to be on the lookout for medical bias.

- By John Eligon and Audra D.S. Burch, New York Times, May 10, 2020 (Mr. Eligon is the national correspondent covering race for the New York Times; Ms. Burch is a 2018 Pulitzer finalist).
- https://www.nytimes.com/2020/05/10/us/coronavirus-african-americans-bias.html?auth=login-email&login=email

New York Civil Liberties Union letter re: racial disparities re: social distancing measures and policing

- Comprehensive, thorough letter in addressing COVID-19 related social distancing measures focused on stark racial disparities, use of force, lack of transparency, and infringements on constitutionally-protected protest activity that have emerged in enforcement (attached).

Coronavirus and Latino Health Equity

- By Salud America, a national Latino-focused organization led by health disparities researcher, Dr. Amelie G. Ramirez, at University of Texas, San Antonio.
- https://salud-america.org/coronavirus-latino-health-equity/

What do we know about COVID-19 infections and deaths among Latinos?, May 4, 2020

- By Rogelio Sáenz Rogelio Sáenz is the Dean of the College of Public Policy and the Mark G. Yudof Endowed Chair at the University of Texas at San Antonio.
- https://latinodecisions.com/blog/what-do-we-know-about-covid-19-infections-and-deaths-among-latinos/

Long-Term COVID-19 Mental Health Effects for Asian Americans

- https://www.psychologytoday.com/us/blog/hope-resilience/202004/long-term-covid-19-mental-health-effects-asian-americans

COVID-19 stoking xenophobia, hate and exclusion, minority rights expert warns

- Expert: Fernand de Varennes, the UN Special Rapporteur on minority issues, United Nations
- https://news.un.org/en/story/2020/03/1060602

As Coronavirus Cases Rise, Navajo Nation Tries To Get Ahead Of Pandemic, NPR,

- https://www.npr.org/2020/04/04/826780041/as-coronavirus-cases-rise-navajo-nation-tries-to-get-ahead-of-pande

Putting equality, inclusion and rights at the centre of a COVID-19 water, sanitation and hygiene (including some focus on inequalities based on gender, disabilities and global impact), April 2, 2020

- By Priya Nath and Louisa Gosling. Ms. Nath is an equality, inclusion and human rights officer at WaterAid. Ms. Gosling is program manager at WaterAid
- **https://washmatters.wateraid.org/blog/putting-equality-inclusion-and-rights-at-centre-of-covid-19-water-sanitation-and-hygiene-response**

An Effective Response to the Coronavirus Requires Targeted Assistance for LGBTQ People

- By Sharita Gruberg, Center for American Progress is a public policy research and advocacy organization focused on economic and social issues.
- https://www.americanprogress.org/issues/lgbtq-rights/news/2020/04/09/482895/effective-response-coronavirus-requires-targeted-assistance-lgbtq-people/

National study collecting data on aging adults' experience during COVID-19

- How does a pandemic affect the physical and psychological health of adults as they age? Does COVID-19 have an impact on the delivery of regular health-care services? Does a COVID-19 infection lead to long-term health problems affecting the lungs or brain?
- By Laura Lawson, Canadian Longitudinal Study on Aging, McMaster University, April 22, 2020
- https://brighterworld.mcmaster.ca/articles/national-study-collecting-data-on-aging-adults-experience-during-covid-19/

People Living in Poverty – Disproportionate Impact on Structural and Individual Inequalities

COVID-19 mental-health responses neglect social realities—diagnosis is rarely a solution to problems caused by poverty and inequality (excellent)

- By Dr. Rochelle Burgess, Nature, May 4, 2020 (Se is a lecturer in Global Health at University College London. Her research focuses on community mental health care systems and their capacity to respond to the needs of marginalized groups, including black and minority ethnic groups in south west London.

- https://www.nature.com/articles/d41586-020-01313-9

US: Address Impact of Covid-19 on Poor, Virus Outbreak Highlights Structural Inequalities, Human Rights Watch, March 13, 2020

- **https://www.hrw.org/news/2020/03/19/us-address-impact-covid-19-poor**

School closures: Another way the lockdown disproportionately affects the poor

- https://www.washingtonexaminer.com/opinion/school-closures-another-way-the-lockdown-disproportionately-affects-the-poor

Congregate Settings: Workplaces, Homeless Encampments, Shelters, Jails, Prisons, Nursing Facilities

COVID-19 - Protecting Workers in the Workplace Cruelly highlights inequalities and Threatens to Deepen Them, International Labour Organization, March 30, 2020

- https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_740101/lang--en/index.htm

COVID-19 Guidance Note: Protecting Residents of Informal Settlements, April 16, 2020

- By Leilani Farha, Special Rapporteur on the Right to Adequate Housing, United Nations Human Rights Council, Switzerland
- https://reliefweb.int/report/world/covid-19-guidance-note-protecting-residents-informal-settlements-28-march-2020

COVID-19 Amidst Carceral Contexts, Journal of Public Health Management, April 20, 2020

- JPMP direct: The onset of the COVID-19 pandemic in the US has shone a new and brighter light on the vast inequities that exist within our public health system in terms of access, screening, and care. Correctional health is chief among them (some focus on overrepresentation of African Americans).
- https://jphmpdirect.com/2020/04/20/covid-19-amidst-carceral-contexts-the-overton-window-of-political-possibility-and-policy-change/

Mass Incarceration Poses a Uniquely American Risk in the Coronavirus Pandemic—includes spotty discussion re: immigrant detention, rural areas and aging population who are incarcerated, May 6, 2020

- By Alice Speri who writes about justice, immigration, and civil rights. She has reported from Palestine, Haiti, El Salvador, Colombia and USA.
- https://theintercept.com/2020/05/06/coronavirus-prison-jail-mass-incarceration/

In New York Nursing Homes, Death Comes To Facilities With More People Of Color

- https://www.npr.org/2020/04/22/841463120/in-new-york-nursing-homes-death-comes-to-facilities-with-more-people-of-color

Works-Wright, Jamie

From: Klatt, Karen
Sent: Tuesday, May 12, 2020 5:22 PM
To: Klatt, Karen
Subject: MHSA Community Input Meetings
Attachments: MHSA Community Input Meetings.docx

Hi,

I previously sent an email announcement of upcoming MHSA Community Zoom Meetings, for you to forward to your Commission. Please send this email, to the commission instead as the flier and the email have been updated with the Disability information. My
apologies for any confusion or extra work!

Thanks so much,

Karen

Greetings!

Below is an announcement, with attached flier, of two upcoming **Mental Health Services Act (MHSA) Community Input Meetings** that will be held by Zoom. The meetings are being conducted to elicit input into the MHSA FY20/21 – 22/23 Three Year Plan and on new ideas and strategies to address mental health needs in Berkeley.

Meetings will be held on the following dates and times:

-Thursday, May 21st: 11:00am – 12:30pm

-Tuesday, May 26th: 2:00pm – 3:30pm

Join Zoom Meetings at:
https://zoom.us/j/8446733966?pwd=OGp3Tm5L QTc5TGdhb2tYWllKcDVhdz09

Or call into Zoom Meetings: 1 (669) 900-6833
Meeting ID: 844-673-3966
Password: 081337

A PowerPoint presentation will be shown during the Zoom meeting. The presentation will be the same during each meeting. If you are interested in participating and will be calling into the meeting and would like a copy of the presentation, please contact Karen Klatt at: KKlatt@cityofberkeley.info or (510) 849-7541, as soon as possible.

To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services Specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date.

JOIN A COMMUNITY ZOOM MEETING TO LEARN ABOUT, AND INFORM, CITY OF BERKELEY MENTAL HEALTH SERVICES ACT (MHSA) FUNDING AND SERVICES!

MHSA LEGISLATION PLACES A 1% TAX ON PERSONAL INCOMES ABOVE $1 MILLION DOLLARS. FUNDS ARE DISTRIBUTED TO MENTAL HEALTH JURSIDICTIONS BASED ON THE POPULATION IN A GIVEN AREA. ANNUAL FUNDING IS LOCALLY PROVIDED IN THE FOLLOWING AREAS:

COMMUNITY SERVICES & SUPPORTS (CSS): PROVIDES TREATMENT SERVICES AND SUPPORTS FOR SEVERELY MENTALLY ILL ADULTS AND SERIOUSLY EMOTIONALLY DISTURBED CHILDREN.

PREVENTION & EARLY INTERVENTION (PEI): FOR STRATEGIES TO RECOGNIZE EARLY SIGNS OF MENTAL ILLNESS; TO IMPROVE EARLY ACCESS TO SERVICES AND PROGRAMS; AND TO PREVENT MENTAL ILLNESS FROM BECOMING SEVERE AND DISABLING.

INNOVATIONS (INN): FOR SHORT-TERM PILOT PROJECTS TO INCREASE NEW LEARNING IN THE MENTAL HEALTH FIELD.

MEETINGS ARE BEING CONDUCTED TO ELICIT COMMUNITY INPUT ON THE PROPOSED MHSA FY20/21 – 22/23 THREE YEAR PLAN FUNDS, AND ON NEW IDEAS AND STRATEGIES TO ADDRESS MENTAL HEALTH NEEDS IN BERKELEY.

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For more Information contact:
Karen Klatt (510) 849 -7541
KKlatt@cityofberkeley.info

**To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services Specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, May 12, 2020 3:45 PM
To: Works-Wright, Jamie
Subject: FW: Digital Mental Health/Telehealth Articles

Please see email below.

From: Margaret Fine [mailto:margaretcarolfine@gmail.com]
Sent: Tuesday, May 12, 2020 2:12 PM
To: Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>
Subject: Digital Mental Health/Telehealth Articles

Hi Jamie,

I hope you're doing well. Below are a number of articles addressing: 1) general digital mental health, 2) telehealth (providing mental health services remotely by use of telecommunications), 3) mental health apps and 4) the impact of the COVID-19 pandemic in this context.

As we also know, there is a massive shift towards using digital mental health in order to deliver mental health services and mitigate the spread of COVID-19 infection. At the same time, this shift can accentuate health and related disparities. Thus, I have included articles addressing them and the digital divide. There are also articles specific to people who experience mental illness and how COVID-19 restrictions may impact their lives.

In addition, I have also attached the NAMI Resource Guide with comprehensive mental health resources. As we know, people generally are experiencing mental health and substance use difficulties as a result of the far reaching impacts of the COVID-19 pandemic, and we already had a mental health and substance use epidemics before the pandemic. I encourage everyone to please share this resource widely. Last, there is a bio for Dr. John Torous who is cited in a number of articles.

If you would kindly forward this email to the Mental Health Commissioners and the public, I would sincerely appreciate it. Thank you!

General: Digital Mental Health and COVID-19 (toward end of article addresses inequalities)

This article addresses the potential of digital health to increase access and quality of mental health during the COVID-19 crisis and further as to its role in the future, including through work force training, high-quality evidence and digital equity.

- https://mental.jmir.org/2020/3/e18848/

Ensuring the growth of telehealth does not exacerbate disparities in care

This article discusses how telehealth has limitations, including barriers focused on the absence of technology, digital literacy, and reliable internet coverage—all of which comprise a digital divide.

- https://www.healthaffairs.org/do/10.1377/hblog20200505.591306/full/

Mental Health Apps

NAMI
National Alliance on Mental Illness

COVID-19 Resource and Information Guide

Additional information and updates at **www.nami.org/covid-19**

National Alliance on Mental Illness

NAMI HelpLine
Monday-Friday, 10:00 a.m. to 6:00 p.m., ET
(800) 950-6264
Find your local NAMI

COVID-19 (CORONAVIRUS) INFORMATION AND RESOURCES

Updated April 6, 2020

The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI has over 600 state organizations and affiliates across the nation. Find your local NAMI here.

We hope this guide is helpful to the NAMI community and the greater public during this difficult period.

TABLE OF CONTENTS

GENERAL INFORMATION ON COVID-19

Equip yourself with information from credible, reputable sources

The Centers for Disease Control and Prevention (CDC) offers information and frequent updates on COVID-19's spread, severity, risk assessment, etc.

- Subscribe to the CDC's email and text message service
- Spanish-language CDC website

The World Health Organization (WHO) [En Español] is the leading international public health organization. They direct global health responses and offer lots of resources on COVID-19. They also provide many of their resources in a variety of languages.

- Offers a three-hour, self-paced online course. To access, create a free online account.
- Mental health and psychosocial considerations for various groups during COVID-19 outbreak, including caregivers of children and health care workers (March 18 doc) [En Español]

The National Institutes of Health (NIH) has extensive research-based information on COVID-19

- NIH director's recommendations about physical (social) distancing

The League of United Latin American Citizens, an organization dedicated to advocating for Latinxs in the United States, has a FAQ guide about COVID-19 [En Español]

Substance Abuse and Mental Health Services Administration (SAMHSA) COVID-19 resources

- Tips for social distancing, quarantine, and isolation during an infectious disease outbreak

Be mindful of and stop stigma

False information has created or worsened prejudice which can lead to discrimination against groups of people, especially people of Asian descent. NAMI condemns all acts of discrimination directed against any specific community or population. The same way we fight discrimination against people with mental illness, we stand against racist acts against individuals of Chinese descent and any member of the Asian diaspora and Asian American communities.

- Read the CDC's guidelines to reduce stigma
- Read UNICEF's guide to prevent and address social stigma associated with COVID-19 [En Español]

Be aware of scams and fraud

Be careful of COVID-19-related scams and fraud. The Federal Trade Commission has tips to help you identify COVID-19 scammers [En Español].

I'M HAVING A LOT OF STRESS OR ANXIETY BECAUSE OF COVID-19. WHAT CAN I DO?

It's common to feel stressed or anxious during this time. It may be especially hard for people who already manage feelings of anxiety or emotional distress. For example, for those of us with obsessive-compulsive disorder (OCD), public health recommendations about contamination and hand washing may make it more difficult to manage our symptoms.

Recognizing how you're feeling can help you care for yourself, manage your stress and cope with difficult situations. Even when you don't have full control of a situation, there are things you can do.

Below we describe how to stay informed, take action, maintain healthy social connections and find resources for support.

Manage how you consume information

Equip yourself with information from credible, reputable sources such as the Centers for Disease Control (CDC) and the World Health Organization (WHO). See "Basic information" section for more links.

Be selective about how you consume news. It's generally a good idea to stay engaged and informed. Having some limits on your news consumption can help:

- Watching or listening to the same news constantly can increase stress. Reading can be an easier medium to control how much and what kind of information you're absorbing.
- Set limits on when and for how long you consume news and information, including through social media. It may help you to choose a couple of fifteen-minute blocks each day when you will check news/social media and limit your news consumption to that time.
- False information spreads very easily on social media and can have serious consequences for individual and public health. Always verify sources and make sure they are reputable, especially before sharing anything.

Follow healthy daily routines as much as possible

Your daily habits and routines can help you feel more in control of your own well-being.

Even simple actions can make a difference:

- Make your bed
- Get dressed
- Connect with loved ones
- Move your body
- Make time for breaks
  - If possible, take regular short breaks during work or between shifts. During these breaks, go outside and engage in physical activity if you can.
- Practice good hygiene, especially by cleaning your hands
- Prioritize sleep and practice. Here are some recommendations for getting good sleep [En Español]
  - Getting enough regular sleep is critical for your immune system
- Eat nutritious food as much as possible, especially fruits and vegetables

Take care of yourself through exercise and movement

If you're staying home, you may be less physically active than usual. It's important to keep movement as part of your daily life, whether it's exercise or light movement like stretching and making sure you're not sitting down too long.

Exercise is a great way to care for your body. It is a powerful way to improve both your physical and mental health. Research suggests that when we exercise, our brain releases chemicals that help us better manage stress and anxiety.

Find out more about the link between exercise and mental health:

- Exercise, brain health and mental health [En Español]
- Managing stress with exercise [En Español]

There are many different ways to exercise. Many of them are free, don't require any equipment and can be done at home. Most people can find an exercise routine that fits their needs and abilities. If you don't typically exercise or have health concerns, you may want to talk with your primary care provider before starting a new activity.

Some ideas of how to move more:

- Walk
- Stretch
- Dance
- Do yoga
- Do cardiovascular exercise
  - Research suggests this helps with anxiety and sleep. If you have concerns about balance or joint health, ask your provider about low-impact cardio you can do at home.

- Try free exercise videos on YouTube (yoga, dance exercises, Pilates, cardio, HIIT, etc.)
  - Gentle trauma-informed yoga

Practice relaxing in the present moment

Mindfulness is a way of practicing awareness that can reduce your stress. It involves focusing your attention on the present moment and accepting it without judgment. It may also help people manage some mental health symptoms.

Many medical organizations support mindfulness as a research-based way to lower your stress and boost your physical and emotional health:

- Mayo Clinic: Tips for Mindfulness & Coping with Anxiety [En Español]
- Mass Memorial Center for Mindfulness
- Mindfulness Program at Johns Hopkins

There are lots of online resources about mindfulness, meditation, breathing exercises and more. Some organizations, including yoga studios, offer free classes online as well. Grounding exercises can help you notice the sights, sounds, smells and sensations around you rather than being absorbed in your thoughts.

Meditation

- There are many types of meditation, but in general, they involve finding a quiet, comfortable place where you can observe your thoughts and focus on your breath. Meditation can help you feel calmer and more relaxed.
- According to the National Institutes of Health, "Some research suggests that practicing meditation may reduce blood pressure, symptoms of irritable bowel syndrome, anxiety and depression, and insomnia."
- Meditation apps:
  - Headspace (free and subscription content)
  - Calm (free and subscription)
  - Simple Habit (subscription)
  - Intimind (Spanish language, free and subscription)
  - Liberate (free content created by and for people in the Black and African diaspora)
- Breathing exercises can help calm your body and your mind. These exercises often involve controlling and slowing your breath. They may be especially helpful in managing feelings of anxiety and panic.
  - Diaphragmatic breathing exercise [En Español]
  - Box Breathing

Do meaningful things with your free time

When you can, do things that you enjoy and that help you relax.

- Read a book/listen to an audiobook. Many public libraries' websites offer free audiobooks.
- Learn a new skill
- Create art—draw, build something, etc.
- Journal or write
- Play puzzles or games
- Take an online course—various free online courses available
- Do tasks around your home. Organize, do crafts, garden, rearrange your living space.
- Cook something new with ingredients you have at home

Stay connected with others and maintain your social networks

Physical distancing (also called social distancing) can change how you usually interact with people you care about. Doing this is essential to lessening the impact of COVID-19. There are many ways you can build a feeling of connection, even if you can't see people in person or go places you usually would:

- Make sure you have the phone numbers and emails of close friends and family
- Stay connected via phone, email, social media and video calls
- Offer to help others if you can
- Ask for help when you need it
- Share how you're feeling with people you trust
- Regularly call, text or email with family and friends who may have more limited social contact—elderly people, those with disabilities, those who live alone, those who are quarantined or at high risk because of chronic health conditions
- If talking about COVID-19 is affecting your mental health, set boundaries with people about how much and when talk you about COVID-19. Balance this with other topics you'd usually discuss.
- If you are living with other people, communicate expectations about how to live well together while staying home
- Do virtual activities together
    - Plan virtual dinners and coffee breaks
    - Do at-home crafts and activities over a video call
    - Watch a virtual concert together
    - Read the same book or watch the same movie/TV show and talk about it
    - Play online multi-player video games
    - Join an online exercise class

Find a mental health community

Being in contact with people who can relate to your experiences can be helpful. It can help you learn information, find resources that suit you and feel supported by people who understand.

- Find a free online support group (see "Explore online support groups" section)
- Contact your local NAMI Affiliate or NAMI State Organization for information on programs in your area
- Visit the NAMI Resource Library, an extensive list of in-person and online support groups and other mental health resources

Gather information about ways you can get help in a mental health emergency or when you want immediate support:

- Warmline directory: Non-crisis, emotional and preventive care support over the phone
- NAMI HelpLine: Call (800) 950-NAMI (6264) Monday through Friday between 10:00 am and 6:00 pm ET for mental health resources or email info@nami.org
- Crisis support resources
    - Crisis Text Line: Text "NAMI" to 741741 to chat with a trained crisis counselor
        - Free 24/7 text line for those in crisis (English only)
    - SAMHSA Disaster Distress Helpline: Call (800) 985-5990. Press 2 for Spanish-language support [En Español].
        - Provides 24/7 crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters
    - National Suicide Prevention Lifeline: Call (800) 273-TALK (8255)
        - If you or someone you know is in crisis—whether they are considering suicide or not—please call the toll-free Lifeline to speak with a trained crisis counselor 24/7
    - The Trevor Project Resources: Call (866) 488-7386, Instant Message a counselor on their website, or text "START" to 678678 24/7
        - The Trevor Project is a national organization offering support, including suicide prevention, for LGBTQ youth and their friends
        - TrevorSpace: Online international peer-to-peer community
        - Trevor Support Center: Educational resources and FAQs
    - Trans LifeLine: Call (877) 565-8860 24/7
        - Trans LifeLine is a trans-led organization that connects trans individuals to support, community and a variety of resources

Connect to a spiritual or religious community

Connecting with a spiritual or religious community can be helpful to find strength and consolation in times of distress, loss, grief and bereavement.

- Harvard Divinity School has compiled some spiritual resources from their community.

Other mental health articles and tools

- The American Psychological Association offers a step-by-step guide called "Road to Resilience" [En Español]. It helps you develop a personal strategy for enhancing your ability to adapt well during stress.
- The American Foundation for Suicide Prevention has resources and tools related to mental health care and suicide prevention during COVID-19
- The National Mental Health Consumers' Self-Help Clearinghouse is a national directory of local consumer-driven mental health services. Includes crisis prevention/respite services, drop-in centers, employment resources, housing, peer case management and support. Allows you to search a directory of local CDS (consumer-driven services).
- Mental Health America's COVID-19 Information and Resources
- VirusAnxiety.com – A collection of research-backed tools (articles, meditations, access to mental health experts, anxiety screenings, etc.) created by Shine App in partnership with Mental Health America
- World Health Organization recommendations:
  - Coping with stress [En Español]
  - Mental health and psychosocial considerations during the COVID-19 outbreak [En Español]
- The Anxiety and Depression Association of America COVID-19 tips and resources

ARE PEOPLE WITH A MENTAL HEALTH CONDITION AT A GREATER RISK OF CONTRACTING COVID-19?

This is unknown. Talk to your provider if you have any concerns about any medications you take and whether they may affect your immune system. Stopping or changing medications is an important decision you should only make in consultation with your doctor.

I'M A SMOKER. AM I MORE LIKELY TO BECOME ILL FROM COVID-19? WHAT SHOULD I DO?

People living with mental illness have a high rate of smoking. In America, 44.3% of all cigarettes are consumed by individuals who live with mental illness and/or substance abuse disorders. People with schizophrenia are three to four times as likely to smoke as the general population.

Smoking weakens your lung's natural ability to defend you from illness. People who smoke tobacco or marijuana or who vape may be at greater risk of getting seriously ill with COVID-19. COVID-19 is a disease that mostly affects the lungs.

What you can do

If you smoke, consider quitting smoking immediately. There are also steps you can take to smoke less frequently.

- Ask your health care provider about smoking cessation (quitting) programs or over-the-counter quitting aids like nicotine gum or patches. You can buy these at most pharmacies or drugstores without a prescription.
- Quit.com has various resources to help you stop smoking
- The National Cancer Institute offers support
  - Live online help offering information and answering questions about quitting smoking. Available Monday through Friday from 9:00 a.m. to 9:00 p.m. Eastern time [En Español].
  - Phone: 800-QUIT-NOW (800-784-8669)
- All states have "quitlines" (hotlines with counselors who are trained specifically to help smokers quit). Call 1-800-QUIT NOW (1-800-784-8669) to connect directly to your state's quitline. Hours of operation and services vary from state to state.
- Smokefree.gov offers a variety of resources to help you quit [En Español]

I'M WORKING FROM HOME AND FEEL DISCONNECTED FROM MY ROUTINES. WHAT CAN I DO?

Structure can help us feel more stable. When your work routine changes, it may help to create other routines that mirror what you'd usually do. Having rituals and routines in the morning can be a good way to start your day. Try activities that are healthy for your body and mind, like a walk (if you can), exercise, meditation, journaling and eating breakfast.

- Create structure around working from home:
  - Dedicate a space to your work that has few distractions
  - It may be helpful to dress in work clothes as you usually would
  - Schedule times when you work and times when you take breaks
  - Prioritize self-care activities throughout the day, such as taking breaks to move your body and have lunch
  - When working from home, it can be easy to work longer than usual. Instead, create a clear boundary between your work time and your after-work time.
- Not spending in-person time with colleagues can be challenging. This can be especially isolating for people with mental health challenges and people living alone. While nothing can fully replace seeing people in person, technology can be extremely helpful. When speaking with colleagues, consider using video, rather than just audio or emails/IM'ing.
- Talk with your work colleagues about subjects that are not just work-related or about COVID-19. Have virtual coffee breaks or virtual walks together. These breaks can mimic the casual interactions you'd usually have in person.

I STILL HAVE TO LEAVE MY HOME TO GO TO WORK. HOW CAN I PROTECT MYSELF AND OTHERS?

If you are sick, do not go to work. Tell your employer that you must not expose customers or coworkers to your illness. Stay at home.

More federal guidelines:

- The Occupational Safety and Health Administration (OSHA) resources on COVID-19 concerns related to occupational safety and health [En Español]
- U.S. Department of Labor resources on COVID-19, including workplace safety and insurance issues
- The Family Medical Leave Act (FMLA) is designed to protect you from losing your job if you need to take an unpaid leave of absence to care for a sick family member

If you are not sick and must leave your home to work, the CDC has general guidelines for protecting yourself [En Español].

I FEEL ISOLATED AND LONELY. HOW CAN I FIND CONNECTION WHILE QUARANTINED OR AT HOME?

Being quarantined or isolated is difficult. While you may not have in-person access to support groups, mental health providers and other support systems, there are online resources that can help.

Explore online support communities

- NAMI hosts online communities discussion groups where people exchange support and encouragement. Create a free NAMI account to join one. Contact your local NAMI affiliate to see what online and other resources are in your area.
- 7 Cups: 7cups.com
  - Free online chat for emotional support and counseling. Also offers fee-for-service online therapy with a licensed mental health professional. Service/website also offered in Spanish.
- Emotions Anonymous**:** emotionsanonymous.org
  - Nonprofessional group focusing on emotional well-being in in-person and online weekly meetings
- Support Group Central: supportgroupscentral.com
  - Virtual support groups on various mental health conditions. Free or low-cost. Website also offered in Spanish.
- The Tribe Wellness Community: support.therapytribe.com
  - Free, online peer support groups. Include focused groups: Addiction, Anxiety, Depression, HIV/AIDS, LGBT, Marriage/family, OCD and Teens.

- SupportGroups.com: supportgroups.com/online
  - Listings of online support groups
- For Like Minds: forlikeminds.com
  - Online mental health support network for people are living with or supporting someone with experiencing mental health conditions, substance use disorders or stressful life events
- 18percent: 18percent.org
  - Free, peer-to-peer online support community for people experiencing a range of mental health issues
- Psych Central: psychcentral.com
  - Offers online mental health resources, quizzes, news, "Ask the Therapist" and online support communities

Find support over the phone

A warmline is a confidential, non-crisis emotional support telephone hotline staffed by volunteers. To find a warmline that serves your area, visit the NAMI HelpLine Warmline Directory on the NAMI Resource Library.

I DON'T FEEL SAFE WHILE AT HOME/QUARANTINED. HOW CAN I PROTECT MYSELF?

While staying at home is critical to slowing the spread and severity of COVID-19, not everyone feels safe in their home. Various organizations can provide confidential support for people who feel unsafe or for people who are concerned about someone else's safety.

- National Domestic Violence Hotline has 24/7 confidential support for people experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of their relationship
  - Resources on saying safe during COVID-19 [En Español]
  - Create a safety plan
  - Get immediate support
    - Get help by phone: (800) 799-SAFE (7233)
    - Online chat if you are unable to speak aloud safely
      - Text: "LOVEIS" or "AMORES" (for Español) to 22522
      - Or, click "Chat Now" on their website
- RAINN [En Español] has a 24/7 safe and confidential sexual assault hotline that connects individuals to a local service provider who can provide a variety of free resources
  - Hotline number: 800-656-HOPE (4673)
  - Online chat [En Español]

I DON'T HAVE HEALTH INSURANCE OR A REGULAR DOCTOR. HOW CAN I GET CARE?

Having health insurance is essential for people with mental health conditions to get the right care at the right time.

Find health insurance you can afford

We recommend you use HealthCare.gov to see if you qualify for affordable options.

- All plans offered through HealthCare.gov must cover mental health and substance use services at the same level as other health conditions
- Open enrollment is an annual period in which you can choose an insurance plan for the year
  - There are certain life events that allow you to choose an insurance plan even if the open enrollment period is over
- You can enroll in Medicaid—which helps certain people with limited incomes—any time, if you qualify for it
- Medicare is expanding some of their telehealth resources. Telehealth allows you to see a provider virtually over chat or video call. [En Español]

Choose between health plan options

There are lots of factors to consider when choosing a health plan:

- How much the plan costs
  - Compare monthly premiums, deductibles, co-pays and/or co-insurance, which all affect your costs. HealthCare.gov's glossary of terms can help you better understand costs.
- Whether the providers you want are covered
  - See if your providers are in the plan's network by checking your insurer's website or calling their customer service line
  - If your provider is out-of-network:
    - Find out if the plan will pay for out-of-network providers and how much they'll cover
    - Ask about creating an ad hoc or single-case agreement. These are agreements between a provider and an insurer that the insurer will cover an out-of-network provider as though they are in-network because the insurer's network of providers is inadequate.
- Whether and how much they cover your prescription medications
  - Prioritize plans that cover any medication(s) you need to maintain your wellness. You can usually find that information by reviewing a copy of your plan's drug formulary.
- Whether it limits your number of office visits

- Some plans limit the number of times you can have office visits with a mental health professional. These plans often don't provide the flexibility and continuity of care people with mental health concerns need.
- If you're not sure whether your plan limits mental health visits, ask for a copy of the explanation of benefits (EOB)

I can't get health insurance, but I need treatment immediately. What can I do?

There are organizations that offer health care at low cost, on a sliding scale or for free, under certain conditions.

Because it's important to stay home as much as possible, please call first with your concerns, whether or not you feel sick and even if you want to be tested for COVID-19. The health center may do patient assessments over the phone or using telehealth (online). You should also call first to find out whether COVID-19 screening and testing is available. If COVID-19 testing is available, people who are uninsured can get it for free.

Ways to get treatment without health insurance:

- Emergency care: In an emergency, all emergency departments that participate in Medicare (which is most hospitals in the U.S.) are legally required to see you, even if you're not able to pay them
- Federally-funded health centers provide care regardless of whether your insurance covers them or whether you're able to pay. Many of these centers include mental health services.
- Find a clinic through the National Association of Free & Charitable Clinics
- Medical/non-mental health (children's health care, dental care, eye care, women's health): Free Clinic Directory locator by zip code
- Helpwhenyouneedit.org and 211.org search your zip code for local resources, including affordable health clinics, housing, food, heating assistance, etc. In many places, you can also dial 211 from your phone for information on local resources.

Healthcare access information for immigrant communities

How to access health care:

- Update on health care access for immigrants and their family members, including those with low income (update by the National Immigration Law Center, current as of March 18, 2020)
  - Sign up for further updates by email on the National Immigration Law Center's (NILC) website. NILC is dedicated to defending and advancing the rights of immigrants with low incomes.
- Immigrants can continue to access services at community health centers, regardless of their immigration status. They can access services at reduced cost or for free, depending on their income.

- Some immigrants are eligible for Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA) health exchange
- The National Immigration Law Center has a list of medical care and assistance available to immigrants, by state

Concerns about immigration status:

- If applying for a green card, visa or citizenship
  - Usually, when people are in the process of applying for a green card, a visa or citizenship, using public benefits (such as those covered by Medicaid) can be used as a reason to deny their application
  - However, U.S. Citizenship and Immigration Services (USCIS) recently clarified that testing, treatment, or preventive care (including vaccines if a vaccine becomes available) related to COVID-19 will not be used to deny a person [En Español]
- U.S. Immigration and Customs Enforcement statement on COVID-19 [En Español] (from March 18):
  - "Consistent with its sensitive locations policy, during the COVID-19 crisis, ICE will not carry out enforcement operations at or near health care facilities, such as hospitals, doctors' offices, accredited health clinics, and emergent or urgent care facilities, except in the most extraordinary of circumstances. Individuals should not avoid seeking medical care because they fear civil immigration enforcement."
- Informed Immigrant / Immigrante Informado: Partnership of people and organizations serving undocumented immigrant communities
  - Resources for immigrants during the COVID-19 crisis [En Español]
  - DACA updates during the COVID-19 crisis [En Español]

Youth-focused organizations:

- United We Dream: Immigrant youth-lead community organization has information on health care access during COVID-19 for people who are undocumented
- Immigrants Rising provides resources and support for undocumented youth

Finding Latinx/culturally competent providers:

- Latinx Therapy has a national directory of bilingual nonprofits, therapist directory and resources
- Therapy for Latinx has a database of therapists, psychiatrist, community clinics, emergency mental health, life coaches and support groups

HOW CAN I GET MY MEDICATION WHILE I'M QUARANTINED?

Many pharmacies offer free delivery to your home or may be adding this option during COVID-19. This should allow you to get your medications without leaving your home. Call your pharmacy and ask about this option.

Ask your health care provider about getting a longer-term supply of your medications. It may be helpful to get a 90-day supply rather than your usual 60- or 30-day supply. You need permission from your provider to make this change.

If you take antipsychotic or antidepressant medication, ask your provider or pharmacist before taking any over-the-counter cold or flu medications. Some of these medications are incompatible or have contraindications you should be aware of first.

If the mental health provider who normally provides your long-acting injectable medication is closed, ask one of the retail chain pharmacies in your community if they are providing this service in their pharmacy.

I'M HAVING FINANCIAL TROUBLE BECAUSE OF THE EFFECTS OF COVID-19. WHAT ASSISTANCE PROGRAMS CAN HELP ME?

General financial assistance

- The *Coronavirus Aid, Relief, and Economic Security (CARES) Act* provides financial assistance for both individuals and small businesses.
- Need Help Paying Bills: needhelppayingbills.com
  - Information on assistance programs, charity organizations, and resources that provide help paying bills, mortgage and debt relief (financial, rent and governmental assistance)
- Aunt Bertha: auntbertha.com
  - Online resource that connects users to free and reduced cost local resources such as medical care, food, housing, transportation, etc. Website can be converted to Spanish.
- 211 / 211.org
  - Referrals to agencies and community organizations that offer emergency financial assistance
  - To access:
    - Dial 211 from any phone, or
    - Visit 211.org and search for contact information by zip code
  - Website can be converted to Spanish
- HelpWhenYouNeedIt: helpwhenyouneedit.org
  - Nationwide listings of private and public resources for food pantries, stores that accept food stamps, assisted living facilities, domestic violence and homeless shelters, mental health and substance use treatment, free clinics and legal and financial assistance
- Help with Bills: usa.gov/help-with-bills
  - Information about government programs that help with bill payment, temporary assistance, jobs/unemployment, credit, etc. Website and Helpline also offered in Spanish.

Assistance with medical care/hospital bills

- The Assistance Fund: tafcares.org
  - Foundation providing patient advocates to help people get financial assistance for co-payments, prescriptions, deductibles, premiums and medical expenses. Spanish translation service available.
- Rise Above the Disorder: youarerad.org
  - Resources for finding a therapist, answering mental health questions and applying for grants to cover the cost of therapy
- Patient Access Network Foundation (PAN): panfoundation.org
  - Provides underinsured patients with financial assistance through disease-specific funds that provide access to progressive therapies. Spanish-language calls accepted.
- Patient Advocate Foundation: patientadvocate.org
  - Helps federally- and commercially-insured people living with life-threatening, chronic and rare diseases. Offers co-pay relief program as well as other resources and services. Website also offered in Spanish.
- HealthWell Foundation: healthwellfoundation.org
  - Provides financial assistance for underinsured to afford critical medical treatments through "Disease Funds" (note, typically for chronic physical diseases—not mental health conditions). Website also offered in Spanish.

Assistance with prescription medication

- NAMI's advice for getting help paying for medications
- Medicine Assistance Tool: medicineassistancetool.org
  - Search engine for many of the patient assistance resources that the pharmaceutical industry offers
- Needy Meds: (800) 503-6897 / needymeds.org
  - Offers a HelpLine and information on financial assistance programs to help defray cost of medication. Website also offered in Spanish and they have a Spanish guide.
- Rx Assist: rxassist.org
  - Directory of free and low-cost medicine programs and other ways to manage medication costs.
- Rx Hope: rxhope.com
  - Free patient assistance program to help people in need obtain critical medications
- GoodRx: goodrx.com
  - Online database that allows you to compare current prescription drug prices at pharmacies in order to find the lowest cost.
- USARX: www.usarx.com
  - Online coupons for downloading/printing. Can be brought to the pharmacy to see if it will give consumer a lower price.

- Blink Prescription Assistance: blinkhealth.com
  - Individuals (with or without insurance) pay upfront for medication online and then take a voucher to their pharmacy. Accepts calls 8 a.m.-10 p.m. M-F, 9 a.m.-7p.m. weekends (ET). Spanish language option by phone.

Assistance with accessing food

- Feeding America is a national organization that operates food banks throughout various states to reduce hunger [En Español]
- Although various school districts have closed, some are still providing free breakfast and lunch to children between the ages of 2-18. Check online with your local school district.

Small business assistance

- Consult your bank or lender to see what loans you qualify for or what is most beneficial for your business
- Contact your state's Department of Small Business Services. There may be local programs that provide financial assistance to small businesses affected by COVID-19. In some areas, businesses may qualify for low-interest loans and employee retention grants.
- The U.S. Small Business Administration (SBA) COVID-19 resource page provides a list of relief programs and offers guidance to small business owners
- Small Business Majority also has COVID-19 resources

I LOST A LOVED DURING THE COVID-19 OUTBREAK. WHERE CAN I FIND SUPPORT?

Losing a loved one can be deeply painful, and you deserve support. The types of gatherings and social experiences that many people would usually have after the death of a loved one are often not possible during the COVID-19 pandemic. It's important to seek alternative types of support. Your mental health is especially important when experiencing loss or grief.

Many funeral homes and faith communities are offering new virtual ways to connect, and many local organizations offer grief support services. A good place to start is to contact your local NAMI Affiliate through Find Your Local NAMI.

Additional options include:

- Most local hospices offer free or sliding scale grief therapy or can refer people to local grief support. The National Hospice and Palliative Care Association maintains a list of hospices across the country.

- Grief Share hosts free, in-person grief recovery support groups across the country PersonalGriefCoach.net offers an online directory of resources and information to help people coping with the loss of a loved one by suicide

I DON'T HAVE CONSISTENT/SAFE HOUSING OR AM EXPERIENCING HOMELESSNESS. WHAT RESOURCES ARE AVAILABLE FOR ME DURING COVID-19?

Lacking a consistent or safe place to live or experiencing homelessness can make some elements of the COVID-19 outbreak especially difficult.

If you don't have consistent or safe housing, it may be more difficult for you to self-quarantine or shelter in place. Some living situations can also make it harder to access the resources you need to maintain your hygiene and protect your physical and mental health.

Resources for help and information:

- For immediate and emergency housing, the Homeless Shelter Directory provides information on emergency shelters and other social services
- Consult 211.org or dial 211 from any phone for a list of shelters in your area
- National Mental Health Consumer's Self-Help Clearinghouse is a nationwide directory of local consumer-driven services, including housing. The website allows you to search a directory of local consumer-driven services (CDSs).
- National Alliance to End Homelessness offers detailed factsheets about health risks, including COVID-19 risks, among people experiencing homelessness as well as links to local resources
- This map shows what states have passed legislation or are considering passing legislation around temporarily stopping evictions and mortgage moratoriums
- Salvation Army has a list of food services they are still providing on a state-by-state basis

MY LOVED ONE IS INCARCERATED. HOW DOES COVID-19 AFFECT THEM?

The COVID-19 pandemic is causing significant challenges for the criminal justice system. Because of high rates of incarceration and overcrowding in some jails and prisons, facilities may not always be able to follow the CDC's guidance for "social distancing" and increased hygiene practices. However, law enforcement leaders are taking steps to prevent the spread of COVID-19 in their facilities. Parole and probation departments in every state are also making adjustments to reduce contact.

If your loved one is incarcerated, here is some information about how to stay connected and support them during this difficult time.

Visitation and staying in contact

To try to protect people who are incarcerated from having contact with the virus, nearly all state and federal prisons and many jails have temporarily stopped visitations. Some facilities are letting people have longer phone/video calls to help keep families in contact.

To make sure your loved one can contact you:

- Learn the facility's new visitation policies by contacting the facilities directly, who should provide you this information. Check the county sheriff's website or call the facility.
- If your loved one is in a state prison, The Marshall Project is tracking visitation policies of state prisons state-by-state
- Make sure your loved one has enough money to be able to contact you
  - Ask the facility where they're being held about how to transfer money to them
  - Some facilities may make phone/video calls free at this time

Creating alternatives to incarceration in prisons/jails

In an effort to reduce the number of people in prisons/jails, some jurisdictions are taking action to release individuals from incarceration early or to release people to home confinement.

Local law enforcement agencies are diverting many people away from jail and into community-based services. These policies vary depending on the state, county and jurisdiction.

- To find out information about possible early release initiatives, check your county, state and city website
- The Police Executives Research Forum provides information about how agencies are responding
- The Prison Policy Initiative is compiling information about state and local jurisdictions

Access to health care

People who are incarcerated have constitutional protections under the Eighth Amendment. These include the right to medical care/attention as needed to treat both short-term conditions and long-term illnesses. The medical care provided must be "adequate." Communicating with jail/prison administration is important to getting adequate care. People who are incarcerated and their families should communicate early and as soon as possible about health history and concerns.

If a person is not receiving adequate care, their caregivers and family may be their best advocates:

- Contact the medical staff at the facility (contact may be limited/difficult because of confidentiality regulations and medical staff being overwhelmed due to COVID-19)
- If a family member is allowed to bring medication to the jail, bring the person's current medications and all relevant records. Make sure the medication is in the original pharmaceutical packaging with dispensing instructions.
- If your loved one is being denied treatment you can:
  - File a formal complaint directly with the facility in question.
  - Contact the state's Department of Corrections office if the issue remains unresolved.
  - Contact your state's governor.
  - Contact your state's protection and advocacy agency, which is responsible for protecting the rights of people with disabilities.
  - Contact your state's affiliate of the American Civil Liberties Union (ACLU).
  - Consult the American Bar Association's Find Legal Help search function to locate the legal referral service for your area.

Additional resources

This is a difficult time for families of those who are incarcerated. Information may be limited, but the following organizations below are working to provide up-to-date information and support to families.

- The Justice Action Network offers regular updates about state and local jurisdictions' new policies in response to COVID-19
- Friends and Families of Incarcerated Persons provides support and information for families of those who are incarcerated
- Prison Fellowship is a Christian faith-based organization that serves those who are incarcerated and their families. They are providing limited programming and will provide updates as they are made available.
- Your local NAMI State Organization or NAMI Affiliate continues to be available to provide support during this time. Find your local affiliate.

MY LOVED ONE IS IN A DETENTION CENTER AND I'M CONCERNED ABOUT THEIR WELFARE.

U.S. Immigration and Customs Enforcement (ICE) has published that they are using new guidelines concerning people who are currently being detained [En Español].

The new protocols include:

- A ban on in-person visits by loved ones
- Legal representatives are still allowed to visit people in ICE custody
- Extended hours for phone calls

If a person is not receiving adequate care while being detained, their families and caregivers may be their best advocate:

- Immigration Advocates Network has a search directory for free or low-cost immigration legal services
- The American Bar Association has a directory of pro bono and free legal help
- Protecting Immigrant Families can inform you on knowing your rights

I'M THE AGING PARENT OF AN ADULT CHILD LIVING WITH A SERIOUS MENTAL ILLNESS. HOW CAN I BE SURE THEY'RE TAKEN CARE OF?

Visit the NAMI Online Knowledge Center to learn about Creating a Long-term Care Plan for a Loved One Living with a Serious Mental Illness

Office of the City Manager

May 6, 2020

To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, City Manager

Subject: **Resumption of certain Board and Commission meetings**

As you are aware, on March 12, 2020, I directed that most board and commission meetings be suspended for at least 60 days in order to help minimize the spread of COVID-19. Exceptions can be made if a board or commission has time-sensitive, legally mandated business to complete, subject to approval by the City Manager and Health Officer. On April 13, 2020, the City Council Agenda & Rules Committee recommended that this action remain in effect until it is determined by the City Manager, as the Director of Emergency Services, and the Health Officer that conditions are appropriate to resume meetings, while maintaining the health and safety of the community.

The purpose of this memo is to notify you that as of today, the Health Officer and I are authorizing certain board and commission meetings to resume with a virtual meeting format. In-person board/commission meetings are not authorized until further notice. Board/commission meetings will be held via Zoom, similar to the format being used by the City Council and City Council policy committees that have resumed meetings during the Shelter-in-Place Order.

Resuming certain board/commission meetings is necessary at this time to enable action on a range of time-sensitive issues. Examples include pending land use permit applications (some of which carry legal mandates for action within set time frames), land use policy efforts which are time-sensitive to address the acute housing crisis, and input required for pending tax decisions, such as to the Disaster and Fire Safety Commission regarding tax rates under Measure GG.

Board and commission meetings will be scheduled with enough lead time to allow agendas to be finalized, applicants and interested parties to be contacted, and public hearing notices to be posted. Staff are contacting board members/commissioners to let them know that certain boards/commissions are resuming. Members of the public may also reach out to commission secretaries (contact information is included on each commission webpage) to inquire about dates of future board/commission meetings.

Depending on the board/commission, initial virtual meetings will be scheduled in late May and June. Some commission meetings will take longer than others to schedule, as some of the same staff who are responsible for preparing commission meeting packets and notices are also serving as Disaster Service Workers. We appreciate everyone's patience as we move forward with next steps.

Boards/commissions that are authorized to resume meeting remotely are:

- Ashby and North Berkeley BART Station Zoning Standards Community Advisory Group
- Design Review Committee
- Disaster & Fire Safety Commission
- Fair Campaign Practices Commission
- Homeless Services Panel of Experts
- Housing Advisory Commission (limited to quasi-judicial activities)
- Joint Subcommittee on the Implementation of State Housing Laws
- Landmarks Preservation Commission
- Open Government Commission
- Personnel Board
- Planning Commission
- Police Review Commission
- Zoning Adjustments Board

I will consider authorizing additional boards/commissions to resume meeting on a case-by-case basis.

Web-based platforms allow board members/commissioners, staff, applicants, and members of the public to participate from their respective shelter-in-place locations. Commissioners who do not have access to a computer or internet will be provided with hard copies of all materials and can participate via phone.

Departments are organizing training on online meeting facilitation for staff and commission chairs, and we will hold practice runs to test out the technology.

Please contact me directly with any questions or concerns.

cc: Senior Leadership Team