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

FY2017-2018, 2018-2019, 2019-2020
Three Year Program
and Expenditure Plan

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: City of Berkeley FY17/18-19/20 Three Year Program and Expenditure Plan

Local Mental Health Director	Program Lead
Name: Steve Grolnic-McClurg	Name: Karen Klatt
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Local Mental Health Mailing Address: 2636 Martin Luther King Jr. Way Berkeley, CA 94703	

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

This Three Year Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the City Council on July 25, 2017.

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

Steven Grolnic-McClurg
Local Mental Health Director/Designee

Signature

7/26/17
Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: City of Berkeley

Local Mental Health Director	**County Auditor-Controller/City Financial Officer**
Name: Steve Grolnic-McClurg Telephone	Name: Henry Oyekanmi
Number: (510) 981-5249	Telephone Number: (510) 981-7326
Email: SGrolnic-McClurg@citvofberkelev.info	Email: Finance@citvofberkelev.info
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I hereby certify that the FY17/18 – 19/20 Three Year Program and Expenditure Plan is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including. Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years. I declare under penalty of Perjury under the laws of this state that the foregoing and the attached FY17/18 – 19/20 Three Year Program and Expenditure Plan is true and correct to the best of my knowledge.

Steve Grolnic-McClurg — Local Mental Health Director (PRINT)

Signature — 8/10/17 — Date

I hereby certify that for the fiscal year ended June 30, 2016, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2016 the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the City Council and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing is true and Correct to the best of my knowledge.

HENRY OYEKANMI — City Financial Officer (PRINT)

Signature — 8/12/17 — Date

RESOLUTION NO. 68,109–N.S.

MENTAL HEALTH SERVICES ACT (MHSA) FISCAL YEARS (FY) 2017 – 2018, 2018 - 2019, 2019 - 2020 THREE YEAR PROGRAM AND EXPENDITURE PLAN

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

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

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

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

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

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

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

WHEREAS, on June 28, 2016 by Resolution No. 67,552-N.S., the City Council authorized the City Manager to approve the MHSA Fiscal Years 2015 through 2016 Annual Update; and

WHEREAS, on January 24, 2017 by Resolution No. 67,799-N.S., the City Council authorized the City Manager to approve the MHSA Fiscal Years 2016 through 2017 Annual Update; and

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

WHEREAS, in order to comply with state requirements the MHSA FY2017-2018 – 2019-2020 Three Year Program and Expenditure Plan must be approved by City Council.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the MHSA FY2017-2018 – 2019-2020 Three Year Program and Expenditure Plan that, incorporated herein as Exhibit A, is hereby approved.

BE IT FURTHER RESOLVED that the City Manager is authorized to forward the FY2017-2018 – 2019-2020 Three Year Program and Expenditure Plan to appropriate state officials.

The foregoing Resolution was adopted by the Berkeley City Council on July 25, 2017 by the following vote:

Ayes: Bartlett, Davila, Droste, Hahn, Harrison, Maio, Wengraf and Arreguin.

Noes: None.

Absent: Worthington.

Jesse Arreguin, Mayor

Attest:
Mark Numainville, City Clerk

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

- Community Services & Supports (CSS): Primarily 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 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 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 and Albany these have included: Asian Pacific Islanders (API); Latinos; Lesbian, Gay, Bi-Sexual, Transgender, Queer/Questioning, Inter-Sexed (LGBTQI); Senior Citizens; and Transition Age Youth (TAY). African Americans have been an additional population of focus as data indicates they are overrepresented in the mental health system and hence "inappropriately served", which could be due to being provided services that are not culturally responsive and/or appropriate.

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

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

- Intensive services for Children, TAY, Adults and Older Adults;
- Multi-Cultural Outreach engagement, trainings, projects and events;
- Mental health services and supports for homeless TAY;
- Wellness Recovery services and activities;
- Family Advocacy, Housing services and supports, and Benefits Advocacy;
- Trauma services and short term projects to increase service access and/or improve mental health outcomes for 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 Mental Health Career Pathways program for High School youth; and
- Mental Health Consumer, Peer Leadership Program.

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

This City of Berkeley MHSA FY17/18 – 19/20 Three Year Program and Expenditure Plan is a stakeholder informed plan that summarizes proposed program changes and additions, includes descriptions of currently funded MHSA services, and provides a reporting on FY16 program data.

MESSAGE FROM THE MENTAL HEALTH MANAGER

The City of Berkeley's MHSA FY17/18 – 19/20 Three Year Plan continues to expand services in areas that have been highlighted by stakeholders – it increases the capacity to serve the most in need residents of Berkeley and Albany; it broadens supports for wellness and recovery; and it expands the ability of the mental health division to effectively monitor the outcomes of the programs it funds. The plan also continues funding an array of program and projects that will come to fruition during the next several years, including the development of a Wellness Center in Berkeley and a major renovation of the Adult Clinic.

Over the past several years, every part of the mental health system has significantly expanded. The system of care is focused on providing services that are welcoming, culturally appropriate, and recovery oriented. While sorely needed, these added resources are not sufficient to meet the huge needs that are evident in Berkeley and Albany. This growth comes at a time of significant challenges, ranging from dislocation of staff due to facility issues to the huge shortage of suitable housing for individuals with mental health needs.

For the past four years, we have worked together to build out programs and address unmet needs. Doing this has been aided by a growing economy, where the City of Berkeley MHSA funding has steadily increased. In addition, over the past several years stakeholders have supported using some of our fund balances (built up when revenue was higher than expected and/or expenditures were lower than expected) to fund one time projects like the Adult Clinic renovation and time limited projects like the Homeless Outreach and Treatment Team.

While this plan is fiscally prudent and our funding is stable, it is not anticipated that MHSA funding will increase significantly in coming years, and there is a definite risk of reduced funding due to potentially decreased tax revenues for the wealthy who fund the MHSA. In our major funding components (CSS and PEI) we have budgets that fully spend out our yearly allotment and slowly and intentionally use our existing fund balances. In the coming years, we will need to work closely and carefully to decide together how to approach the needs for more and new types of programming while preserving our existing needed services.

The mental health division presents the City of Berkeley's MHSA FY17/18 – 19/20 Three Year Plan with pride and gratitude for all the hard work that went into the programs it describes. Our community partners, consumers, stakeholders and City staff all deserve appreciation for their efforts and partnership.

DEMOGRAPHICS*

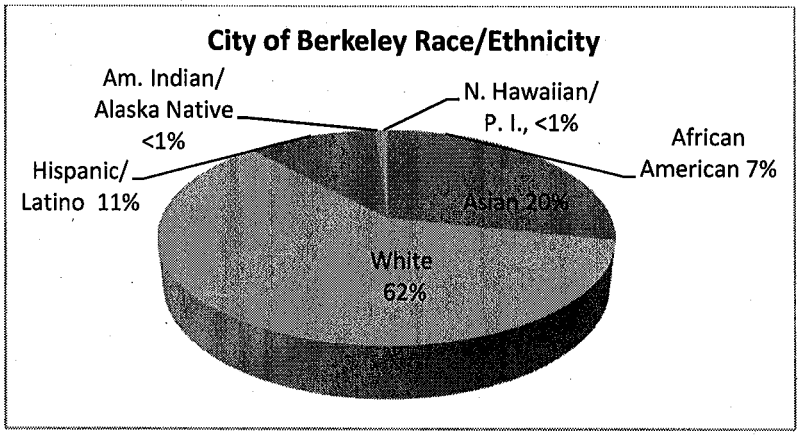
*United States Census American Fact Finder: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

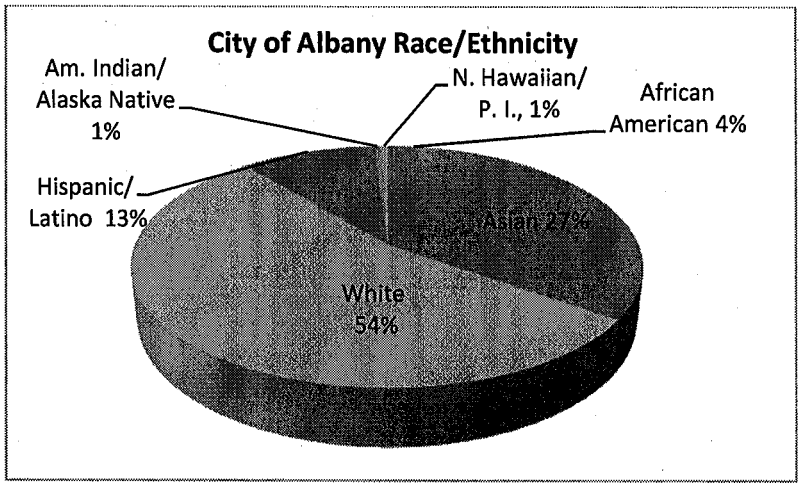
Description

Situated in the heart of the San Francisco Bay area, and home to the University of California, Berkeley is an urban city, located in northern Alameda County. Adjacent to Berkeley and bordering Contra Costa County is the small suburban city of Albany. With a combined land mass of around 12.2 miles and a total population of 135,923 the cities of Berkeley and Albany are densely populated and larger than 23 of California's small counties.

Race/Ethnicity

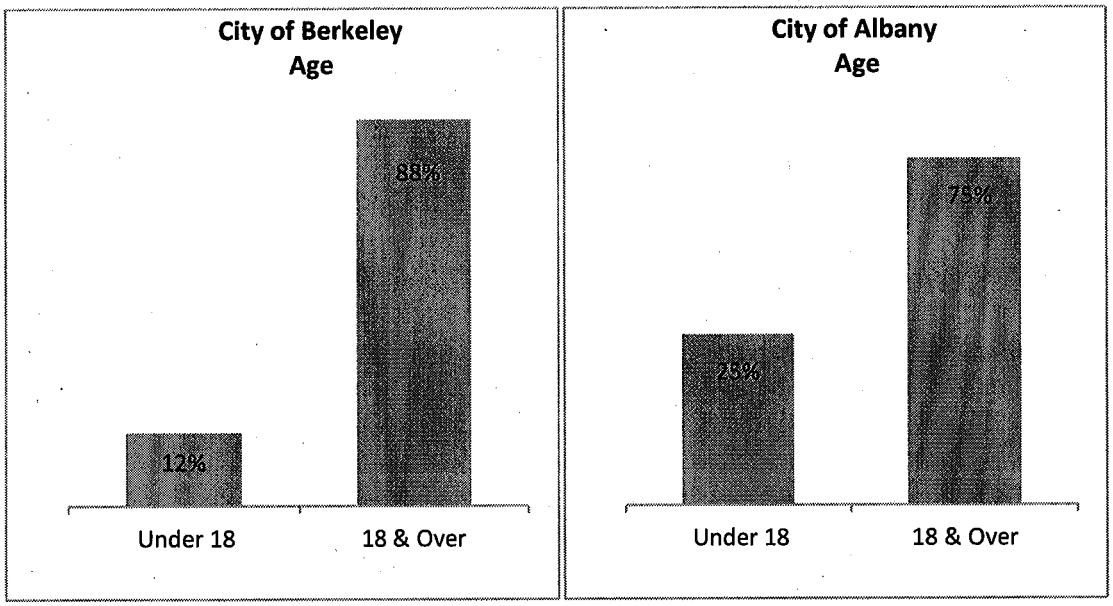
Berkeley and Albany are diverse communities with changing demographics. In each city the African American population has decreased in recent years while the Latino and Asian populations have both increased. Both cities have large student populations, including Albany Village, providing housing for many of University of California's foreign students and their families. Threshold languages include English, Spanish, Farsi, Cantonese, and Vietnamese, and approximately 28% of Berkeley and 39% of Albany residents speak a language other than English at home. Each city is comprised of the following racial and ethnic demographics: White; African American; Asian; Hispanic/Latino; American Indian/Alaska Native; and Native Hawaiian/Pacific Islander (P.I.). Demographics per city are outlined below:



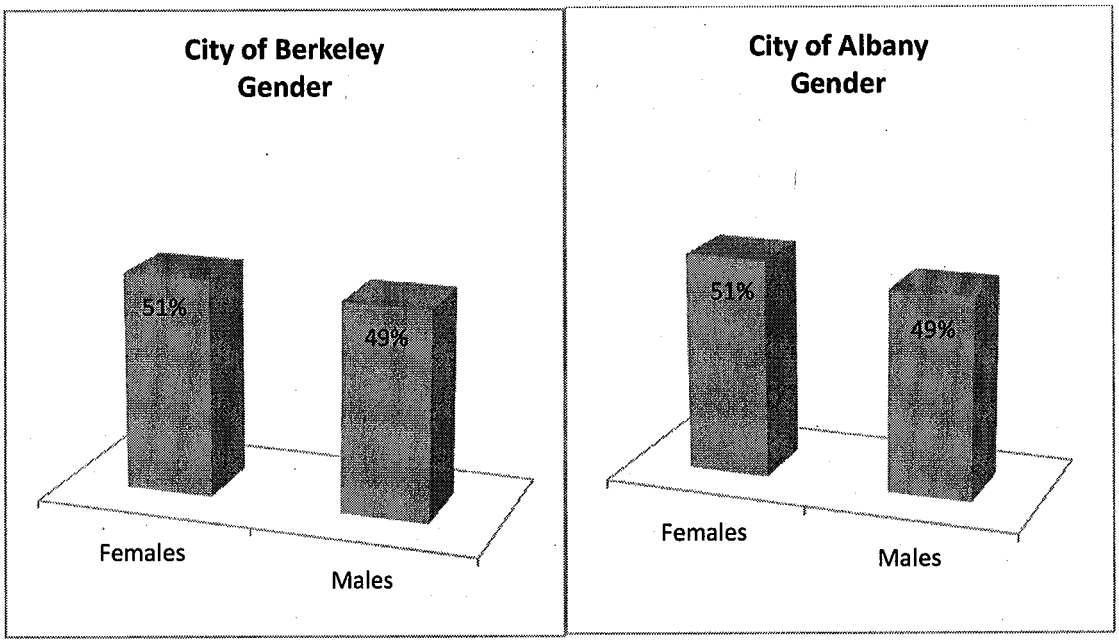


Age/Gender

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



Gender demographics are very similar in both cities as shown below:

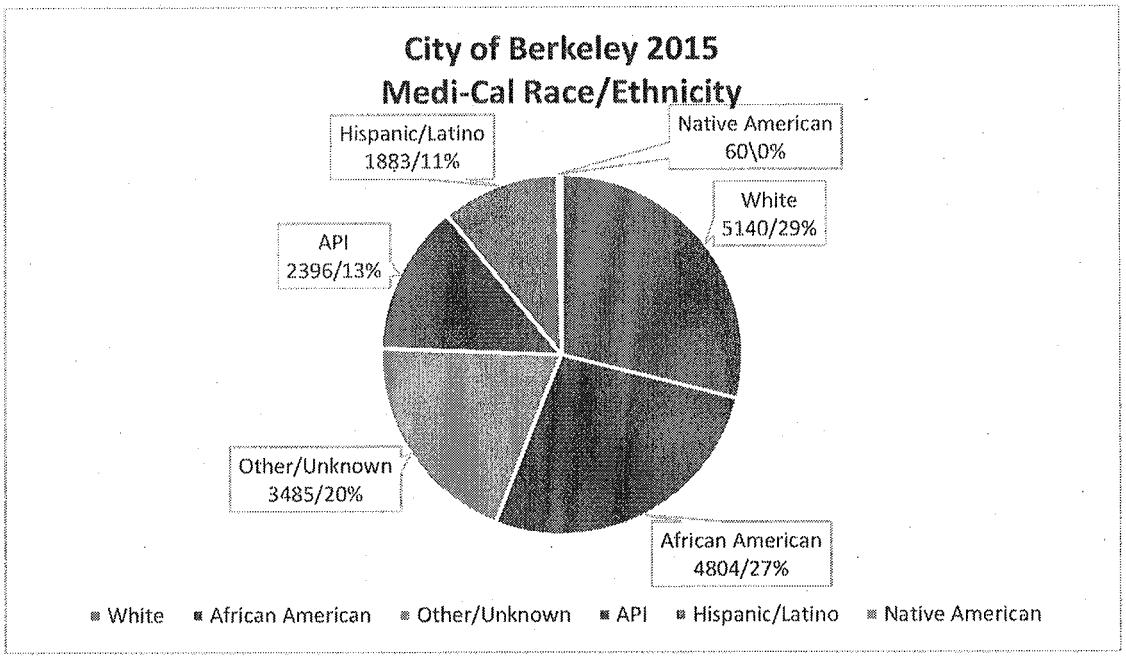


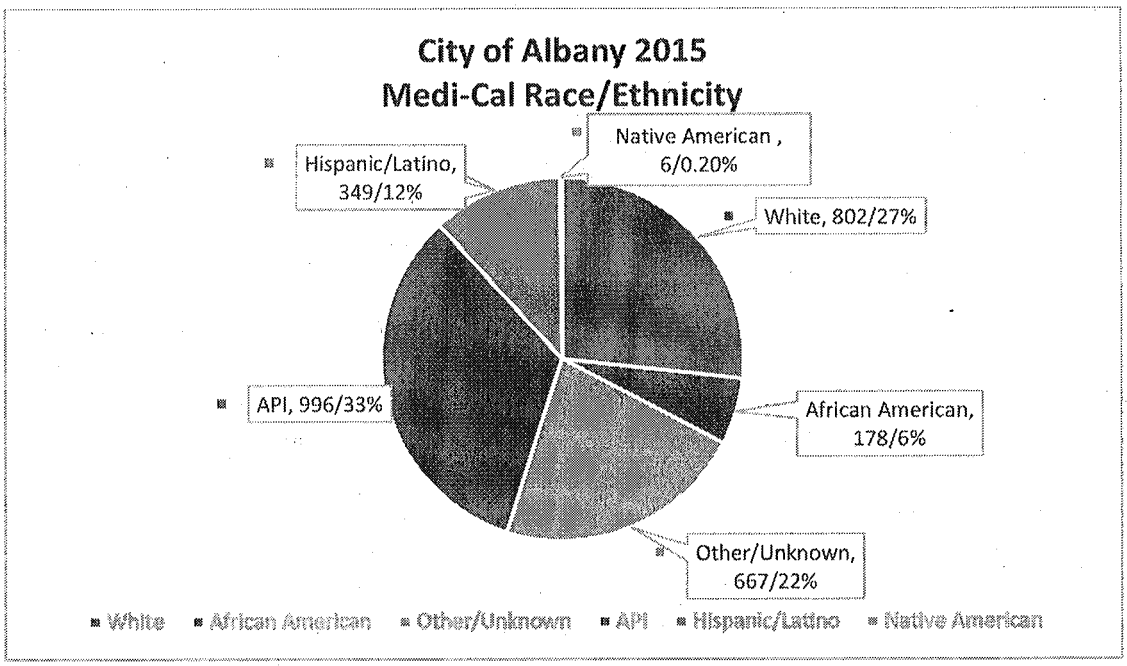
Lesbian, Gay, Bisexual, Transgender, Queer (LBGTQ) Population
Based on a Gallop Survey of interviews conducted between 2012-2014, the San Francisco bay area has the highest LGBTQ population (6.2%) of any of the top 50 United States metropolitan areas. Additionally according to Williams Institute, in 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 $66,237, and Albany is $79,596. Nearly 20% of Berkeley and 11% of Albany residents live below the poverty line and approximately 42% of Berkeley and 35% Albany children qualify for free and reduced lunches. While 43% of Berkeley and 48% of Albany 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 and Albany have a highly educated population: 97% of individuals aged 25 or older are high school graduates; and approximately 70% 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 of Berkeley and Albany. 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 and Albany. Using data available from Alameda County, the Medi-Cal population in Berkeley in 2015 was as follows:


City of Berkeley 2015
Medi-Cal Race/Ethnicity
Hispanic/Latino 1883/11%
Native American 60\0%
White 5140/29%
API 2396/13%
Other/Unknown 3485/20%
African American 4804/27%
White
African American
Other/Unknown
API
Hispanic/Latino
Native American


City of Albany 2015
Medi-Cal Race/Ethnicity
Native American , 6/0.20%
Hispanic/Latino, 349/12%
White, 802/27%
API, 996/33%
African American, 178/6%
Other/Unknown, 667/22%
White
African American
Other/Unknown
API
Hispanic/Latino
Native American

Community Program Planning (CPP)

Community Program Planning (CPP) for the City of Berkeley's MHSA FY17/18 – 19/20 Three Year Plan was conducted over a two month period enabling opportunities for input from the 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, three MHSA Advisory Committee meetings and four Community Input meetings were held. Information about what was being proposed to be included in the MHSA FY17/18 – 19/20 Three Year Plan was also provided at the April Mental Health Commission meeting.

As with previous MHSA Plans and Annual Updates, the methodology utilized for conducting CPP for the MHSA FY17/18 – 19/20 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 FY17/18 – 19/20 Three Year Plan began with an internal examination of existing programs, unaddressed needs, and available funding which included a review of input received during the preparation of 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. During the CPP, proposed uses of CSS and PEI unspent funds in the following program areas below, were vetted to MHSA stakeholders:

- Increased staffing for the Children's Full Service Partnership program, TAY, Adult & Older Adult Full Service Partnership program, Transition to Independence Team, Wellness Recovery services, and Employment services;
- Increased funding for MHSA Contractors to support data collection and evaluation functions;
- Funding to support a pilot project for a Resource Center in the City of Albany;
- Allocating local funds to support California Mental Health Services Authority (CalMHSA) Prevention/Early Intervention (PEI) Statewide Projects.

Feedback received during the CPP process around increasing funding for BMH staffing MHSA Contractors, and the Albany Resource Center was largely favorable. At first, some of the MHSA Advisory Committee members were not in favor of providing local MHSA PEI funds to CalMHSA for statewide programming. However, following a presentation from CalMHSA, MHSA Advisory Committee members voted to provide funding for the FY17/18 fiscal year and to evaluate on an annual basis whether to continue to allocate funds in this manner.

Additional input acquired from MHSA Stakeholders during CPP is outlined below:

- Create an accessible 24 hour Crisis and Stabilization Center for individuals who have Disabilities and experience mental health issues;
- Utilize MHSA funds to serve non-Medical under-insured Children and Youth;
- Implement an Expressive Arts Therapy program for youth;
- Form a Wellness Recovery Action Plan (WRAP) group for consumers;
- Implement Transformative Life Skills programs with trauma informed care approaches in Berkeley Schools, and in the Senior Centers;
- Use MHSA funds to create an updated, comprehensive directory of area services.

Lastly, there has continued to be much input around both the lack of participation of community members in MHSA community planning processes, and the desire for better outcomes on all MHSA funded programs. BMH will utilize input received, including but not limited to, increasing the use of technology, and where possible social media, to engage the public into MHSA planning processes.

Regarding data on program outcomes, input received has largely focused on implementing evaluative measures that help BMH, MHSA Stakeholders and community members more fully understand and determine how well implemented 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. One stakeholder suggested the use of implementing the method of Participatory Research strategies and interviewing practices to achieve this end.

As per MHSA plan requirements, this FY17/18 – 19/20 Three Year Plan, reports on data from FY15/16, (data from two years prior to FY17/18). While some MHSA programs have collected outcome and client self-report measures, the majority of the data is more process related. However, there are a few initiatives that are currently underway to evaluate the outcomes of several MHSA programs including the following:

- Impact Berkeley: The City of Berkeley's HHCS Department has begun the roll-out of "Results Based Accountability" in various Public Health and Mental Health programs. Through this initiative the Department will envision, clarify and develop a common language about the outcomes and results each program is seeking to achieve, and use a rigorous framework to measure and enhance progress towards these results. The first part of the roll-out includes the Children's Full Service Partnership and the MHSA CSS and PEI funded community agency programs.

- Homeless Outreach & Treatment Team: This new pilot program to support homeless mentally ill individuals in Berkeley/Albany in obtaining permanent housing and engaging in mental health services and supports has just recently begun. A local consultant, Resource Development Associates, has been hired to measure the outcomes and effectiveness of this pilot project.

- Trauma Informed Care Project: Funded through the Innovations component, this pilot project has implemented Trauma Informed Care (TIC) Training and supports for educators in three Berkeley Unified School District (BUSD) schools including Franklin Preschool, Berkeley Arts Magnet Elementary School and Willard Middle School. The project is being evaluated by Hatchuel Tabernik & Associates who have created and implemented a data collection and evaluation plan designed to report on program outcomes and evaluate the INN learning questions.

- INN Data Outcomes: Per new MHSA INN regulations, all INN funded programs must begin collecting additional state identified outcome measures (specific to the category of services provided) as well as demographic information, including specific information around the LGBTQ population. The next round of INN programs to be funded will have provisions for evaluation to be an integral part of the project.

- PEI Data Outcomes: Per new MHSA PEI regulations, all PEI funded programs must begin collecting additional state identified outcome measures (specific to the category of services provided) as well as demographic information, including specific information around the LGBTQ population. All PEI contracted programs will also be participating in "Impact Berkeley".

Future MHSA Plans and updates will include reporting on the progress of these initiatives. In addition to these initiatives the Division will evaluate input received around additional strategies to obtain program outcomes.

A 30-Day Public Review was held from Wednesday, May 24, through Thursday, June 22, 2017 to invite input on this MHSA FY17/18 – 19/20 Three Year Plan. A copy of the Plan was posted on the BMH MHSA website and available for reviewing in hard copy format at the downtown Public Library at 2090 Kittredge Street. An announcement of the 30-Day Public Review was issued through a Press Release and mailed and/or emailed to community stakeholders. Immediately following the 30-day public review period a Public Hearing was held at the Mental Health Commission on Thursday, June 22, 2016 at 7:00pm at the North Berkeley Senior Center.

Input received during the 30-day public review and/or at the public hearing focused on:

- Funding programs that limit police interaction with consumers and offering non-police responses to meet community mental health needs;
- Creating a 24-hour crisis response team accessed via independent non-police dispatch, consisting of peers with lived experience and mental health professionals;
- Providing community education to train Berkeley residents, workers and businesses in mental health basics and crisis response skills in order to reduce unnecessary calls to 911;
- Providing permanent low- and no-income supportive housing that connects individuals with a mental health support system to help prevent and respond to crisis, minimizing risk of police contact;
- Hiring peers for staff and leadership positions in all MHSA programs, including on the Homeless Outreach and Treatment Team; in the Albany Resource Center; and in the libraries to outreach to individuals who are homeless and/or possibly mentally ill;
- Continuing funding for the Albany Trauma Project as the need of support services for traumatized youth is increasing;
- Creating a project to utilize PhotoVoice to research a question or evaluate a program;
- Providing more opportunities for the public to provide meaningful input in mental health policy, planning, implementation, monitoring, quality improvement, evaluation and budget allocation;
- Developing a program as Marin County has where there is a Mental Health Liaison Officer in the Berkeley Police Department that diverts mentally ill clients from the criminal justice system to the mental health system to reduce traumatic police interventions;
- Providing more specific demographic information on LGBTQ persons;
- Providing more analysis of how Berkeley Mental Health client and community activities and events achieve their intended outcomes;

- Providing more information on how programs will decrease barriers, eliminate disparities, and promote access to care;
- Utilizing Results Based Accountability to evaluate all MHSA funded programs;
- Conducting an External Participatory Research evaluation with past and present Berkeley Mental Health Clients;
- Providing detailed information on the evaluation of the Homeless Outreach and Treatment Team (HOTT);
- Utilizing current funding for the Electronic Records System;
- Ensuring the planned Wellness Center sited in Berkeley will integrate mental health and primary health care;
- Providing medication management and support services to all individuals with mental health issues who are either uninsured or have Medi-cal.
- Increasing services to homeless persons;
- Filling staffing vacancies with external legal aid attorneys;
- Providing additional information on the planning for MHSA Innovation programming with a specific request that the learnings from past innovation projects be incorporated in future Innovation Plans;
- Assessing the quality of services to ensure they are culturally competent;
- Providing additional Trauma Informed Care services in different venues;
- Aligning services with a Structural Competency framework;
- Implementing a "Hearing Voices" support group for children and youth;
- Measuring the impact of the mental health services in the High School Youth Prevention Project;
- Implementing opportunities for the community to provide input into MHSA Plans and services through the use of technology.

The only comment that warranted a substantive change to the MHSA Three Year plan was to add demographics on the LGBTQ population into the plan. The comments received will be utilized to inform future MHSA plans and services. Additional detail on comments submitted and responses to those comments is located in the Appendix, page 1B.

During the Public Hearing the Mental Health Commission made the following motion:
M/S/C (Marasovic, King) Move to adopt the MHSA FY17/18 – 19/20 Three Year Program and Expenditure Plan
Ayes: Davila, Heda, Kealoha-Blake; King; Marasovic; Posey; Noes: None; Abstentions: None; Absent: cheema.

MHSA FISCAL YEARS (FY) 2017/18, 18/19 & 19/20

THREE YEAR PLAN

This City of Berkeley's MHSA FY17/18, 18/19, 19/20 Three Year Program and Expenditure Plan is a stakeholder informed plan that summarizes proposed program changes and additions, includes descriptions of currently funded MHSA services, and provides a reporting on FY16 program data.

PROPOSED NEW FUNDING ADDITIONS

A review of proposed staffing and services to be added through the MHSA FY17/18 -19/20 Three Year Plan, are outlined below:

TAY, Adult & Older Adult Full Service Partnership (FSP) - The highest level of outpatient case management services available in the adult system of care are through the TAY, Adult, & Older Adult Full Service Partnership (FSP). There is a large demonstrated need for high level wrap around services for individuals with serious mental illness. Each of the positions are being proposed through unspent CSS FSP funds.

- 1 Full-Time Equivalent (FTE) Social Services Specialist - $132,523: The addition of this case management position will enable the TAY, Adult & Older Adult FSP to better serve existing consumers and increase the program capacity by 10 individuals, thereby better supporting the community needs.

- Upgrade .5 FTE Senior Behavioral Health Clinician to 1.0 FTE Mental Health Clinical Supervisor - $7,207: The TAY, Adult, & Older Adult FSP currently receives clinical supervision by a Senior Behavioral Health Clinician (FSP Team Leader) and is administratively supervised by the Manager of Adult Services. This upgrade will allow the FSP Team Leader to assume administrative and clinical supervision of the FSP team, which better aligns responsibilities to the intended goals for this position.

Children's Intensive Support Services Full Service Partnership (FSP) - Full Service Partnership (FSP) case management is the highest level of outpatient case management service available in the children's system of care targeting children with the highest level of impairment and risk. There is a large demonstrated need for high level wrap around services for children with serious emotional disturbances. This position is being proposed through unspent CSS FSP funds.

- 1 FTE Behavioral Health Clinician II - $155,555: The addition of this case management position will enable the Children's FSP to increase the program capacity by 10 individuals thereby better supporting community needs.

Focus On Independence Team (FIT) - This relatively new level of care was instituted to provide additional services for individuals who previously received only medication management services. This position is being proposed through unspent CSS System Development funds.

- 1 FTE Social Services Specialist - $66,262: This additional case management position will allow the adult Focus On Independence Team (FIT) to provide enhanced services in order to better meet the needs of the 80+ individuals receiving FIT services.

Wellness Recovery Services

- 1 FTE Assistant Mental Health Clinician - $54,848: This position will enable the Division to increase the number of groups and wellness activities that support the overall mental health recovery of a wide variety of mental health consumers. This position is being proposed through unspent CSS System Development funds.

Employment Services - There is a huge need for vocational training, placement and employment supports for clients within the mental health division. This position is being proposed through unspent CSS System Development funds.

- 1 FTE Social Services Specialist - $132,523: This position will be focused on utilizing an evidenced based model for supporting individuals with serious mental illness in obtaining and retaining competitive employment.

Albany Resource Center

- The City of Albany has identified a need for additional social services. Existing services focus on specific populations including the Albany Senior Center, Project Hope for the Homeless, and student counseling services in the Albany Unified School District. While BMH services are available to Albany residents, there are often few opportunities for Albany residents to learn about these resources. A key informant's survey conducted in Albany in 2014 identified a need for services related to affordable housing, aging seniors wishing to remain in their homes and affordable mental health services. Other needs were mentioned as well.

  In order to respond to the needs of vulnerable individuals and families in the Albany Community and to increase access to resources, the City of Albany has allocated $68,000 for a one-year pilot Resource Center. The Resource Center will offer Albany residents a one-stop venue to learn about and receive referrals to resources to assist with a range of social and economic needs. The Center will initially operate out of the United Methodist Church from 10am-1pm on Wednesdays and Fridays and will be staffed by a part-time Coordinator supported by community volunteers. During these hours residents can obtain brochures and information about available services, meet with the Coordinator about their needs and learn about effective resources. Other possible collaborations and resources may also be developed, such as having a clinician from BMH provide assessments on-site. It is envisioned that much will be learned about unmet needs and underused resources as the project is implemented, therefore the full array of services to be made available will evolve accordingly.

  The City of Berkeley is proposing to allocate $32,000 of unspent MHSA CSS System Development funds to support the Albany Resource Center. Together with $68,000 of funds the City of Albany has already allocated, this will provide a total budget of $100,000 for the Albany Resource Center.

MHSA Service Contracts

- The HHCS Department is in the process of rolling out "Impact Berkeley" which will implement the practice of Result's Based Accountability to measure outcomes on a variety of programs throughout the Public Health and Mental Health Divisions, including MHSA funded contracted services. In addition, within the past year each PEI funded program has begun collecting additional data per new MHSA regulations. This increase in funding will help off-set costs related to data collection and evaluation on the following MHSA service contracts: YEAH!, GOALS for Women, Albany Unified School District, Pacific Center, Center for Independent Living. The total increase in funding of $41,300 across six contractors is being proposed through unspent CSS Multi-Cultural Outreach ($16,000) and PEI ($25,300) funds.

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 has been 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 has asked counties to allocate 4% of their annual local PEI allocation each year for the next three years to these statewide initiatives. In the City of Berkeley, this would be approximately $40,614 each year. Although BMH is a member of the CalMHSA JPA (which has since expanded to provide additional services for counties beyond the PEI Statewide Project initiatives) per the MHSA Stakeholders, the Division has not previously elected to allocate local PEI funds towards statewide programming.

PROGRAM DESCRIPTIONS AND FY16 DATA BY FUNDING COMPONENT

Outlined in this section per each funding component are descriptions of current City of Berkeley MHSA services along with FY16 program data. Across all MHSA funded programs, in FY16, a total of 4,935 individuals participated in some level of services and supports. Additionally, a total of 839 individuals attended BMH Diversity and Multi-cultural trainings aimed at transforming the system of care, and 1,265 individuals attended BMH Diversity and Multicultural events. Some of the FY16 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; 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 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 and January 2017. 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; and
- Benefits Advocacy.

Descriptions for each CSS funded program and FY16 data are outlined below:

FULL SERVICE PARTNERSHIPS (FSP)

Children's Intensive Support Services FSP

This program provides intensive short-term, individualized treatment, care coordination, and support to children and youth ages 0-18 years. The main goal of the program is to enable children, youth and their families to acquire the skills and/or mental health supports needed to improve, stabilize, and/or strengthen their levels of individual and family functioning. Program interventions include mental health counseling, parent and child psycho-education, case management, medication management, crisis services, brokerage, and/or stabilization for acute mental health issues. Services are individually tailored, developed in collaboration with families, and incorporate a range of strength-based, culturally competent services and resource acquisition. Program strategies also incorporate a range of services to promote resilience in the child and family, and utilize schools as an important avenue for referrals. This program is structured to serve 20 youth at a time.

During the time period of July 2007 through September 2011, program services were provided through a local community-based organization. Following this timeframe, all high level children and youth were served either through existing services at BMH Family, Youth & Children's Services (FYC), or were referred to other area agencies. Beginning in FY16, FYC re-implemented the Children's FSP at Family, Youth & Children's Services. This in-house FSP provides comprehensive, intensive mental health services for children, youth (0-18) and their families in their homes and/or communities. In FY16, a total of 16 children/youth ranging in ages from 5 to 18 years old were served through this program. Demographics on those served were as follows:

CLIENT DEMOGRAPHICS n=16		
Client Gender	*Number Served*	*% of total*
Male	11	69%
Female	5	31%
Race/Ethnicity		
Client Race/Ethnicity	*Number Served*	*% of total*
African American	9	56%
Asian Pacific Islander	1	6%
Caucasian	2	13%
Latino	3	19%
Mixed Race	1	6%

Of the 16 children/youth that were served in FY16: 3 client cases were closed within 30 days due to non-participation of the parents; 1 client was placed out of home by Child Protective Services; 10 clients were "stepped down" in their level of care to therapy only; and 2 clients are still being served.

TAY, Adult and Older Adult FSP

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

The most intensive level of clinical supports offered at BMH are provided through this program. Client services are provided by a treatment team modeled on the Assertive Community Treatment approach which maintain a low staff-to-client ratio (12:1) that allows for frequent and intensive support services. Clients are provided assistance with finding appropriate housing and in some cases may qualify for temporary financial assistance. A full range of mental health services are provided along with access to housing, benefits advocacy; supported employment programs, and other client services such as the clinic's peer led Wellness Recovery activities. The primary goals of the program are to engage clients in their treatment; reduce homelessness, hospitalization, and incarceration; and to increase stabilization, employment and educational readiness; self-sufficiency; and wellness and recovery. The program serves up to 60 clients at a time.

During FY16 a total of 55 Transitional Age youth (TAY), Adults, and Older Adults were served through this program. Demographics on those served include the following:

CLIENT DEMOGRAPHICS n=55		
Client Gender	*Number Served*	*% of total*
Male	36	65%
Female	19	35%
Race/Ethnicity		
Client Race/Ethnicity	*Number Served*	*% of total*
African American	30	54.6%
Asian Pacific Islander	6	10.9%
Caucasian	16	29.0%
Latino	3	5.5.%
Native American	0	0%
Age Category		
Client Age Category	*Number Served*	*% of total*
Transition Age Youth	8	14.5%
Adult	40	72.7%
Older Adult	7	12.7%

TAY, Adult and Older Adult client outcomes included the following: 4 partners were dis-enrolled from the program during FY16: 2 partners graduated from the program and stepped down to lower levels of care, 1 partner moved out of the state and 1 partner disengaged by choice from the program. 13 new partners were enrolled into the program over the course of the fiscal year.

For the 51 program participants who completed a full year in the program, there were positive outcomes with regard to reductions in psychiatric hospitalizations, incarceration and days spent homeless for program participants. There was an **87% reduction in days of psychiatric** hospitalization during the first year of program participation. Partners spent 3,642 days in psychiatric hospitals (county and state hospitals) the year before program enrollment and 488 days in these settings during the first year of program participation. There was an **89% reduction of days spent incarcerated** during the first year of program participation. Partners spent 796 days incarcerated the year prior to program enrollment as compared with 88 days incarcerated during the first year of program participation. There was a **68% reduction in days spent homeless**. Partners spent 4,496 days homeless the year before program enrollment and 1,438 days homeless during the first year of program participation.

While achieving impressive outcomes, the program continues to face challenges. These challenges include: continuing to be very difficult to find safe, affordable housing in one of the most expensive housing markets in the U.S.; figuring out how to best serve the small portion of clients who were unwilling to accept housing; assisting housed clients in maintaining residency as they may at times relapse and/or have behavioral or money management problems; serving clients with severe substance abuse problems who are unwilling to address or sometimes even acknowledge that they have substance abuse issues.

Going forward we will continue to focus on developing staff expertise in treating substance abuse disorders by providing advanced ongoing training in Motivational Interviewing. The team has also been working to increase fidelity to the Assertive Community Treatment model of care as well as exploring training in other evidence based practices, such as Illness, Management, and Recovery. We plan to continue to work on increasing housing options for clients; improving outcomes with regard to obtaining volunteer or paid employment; involving consumers in more peer-led and community activities.

MULTI-CULTURAL OUTREACH AND ENGAGEMENT

Training and Diversity & Multicultural Services

The Diversity & Multicultural Coordinator provides leadership in identifying, developing, implementing, monitoring and evaluating services and strategies that lead to continuous cultural, ethnic and linguistic improvements within the Division's system of care, with a special emphasis on unserved, underserved and inappropriately served and emerging populations. The Diversity & Multicultural Coordinator 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 for the community-at-large in the cities of Berkeley and Albany. The Diversity & Multicultural Coordinator accomplishes these goals by:

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

- Performing outreach and engagement to unserved, underserved, inappropriately served and emerging communities and populations;
- Developing long and short term goals and objectives to promote cultural/ethnic and linguistic competency within the 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, County, regional and local groups and organizations;
- Developing and updating the BMH Cultural Competency Plan as needed.

In FY16, under the direction of the Diversity & Multicultural Coordinator the following trainings, events, services, activities and projects were conducted:

Diversity & Multicultural Trainings:

- Cultural Humility Training – December 2, 2015 – (50 attended this event.) Attendees included staff, service providers and consumers.
- Meeting the Challenge: CLAS Training, City of Albany – January 26, 2016 – (28 attended this event.) Attendees included staff and service providers.
- BMH Citywide Black History Month Conference – Living in the Shadows – February 10, 2016 – (Approximately 100 attended this event.) Attendees included staff, consumers, family members and residents.
- Alameda County BHCS Annual Black History Month Collaborative Conference – February 26, 2016 (Approximately 200 individuals attended this event) - Attendees included staff, consumers, family members, community partners and residents.
- Cultural Humility Part II Training – May 4, 2016 (50 individuals attended this event) - Attendees included BMH staff.
- LGBTQ PRIDE Conference - June 16, 2016 - (Approximately 100 individuals attended this training) - This training was collaborated with Alameda County Behavioral Health Care Services (BHCS) and community partners. Attendees included staff, consumers, family members, service providers, and residents.

Cultural/Ethnic and Community Events:

- Day of Prayer Event, June 9, 2016 – Collaborative event with Alameda County BHCS Spirituality Committee and Community partners - (An estimated 35 individuals attended this event.) Attendees included City and County staff, consumers, family members, service providers, and residents from throughout Alameda County.
- Latino Heritage Month event; Dia de los Muertos Celebration – November 6, 2015 - (An estimated 200 individuals attended this event.) Attendees included staff, consumers, family members, service providers and residents.

- Celebrate Lunar New Year Event – February 4, 2016 – (An estimated 35 individuals attended this event.) Attendees included staff, consumers, family members and residents.

- BMH Annual Black History Month event – February 24, 2016 (Approximately 60 individuals attended this event) - Attendees included staff, consumers, family members, community partners and residents.

- May Is Mental Health Month Gala event - May 12, 2016 – (Approximately 130 individuals attended this event) - Attendees included staff, consumers, family members, community partners and residents.

- City of Albany, Asian Heritage Month event – May 21, 2016 – (Approximately 150 individuals attended this event) - Attendees included staff, consumers, family members, community partners and residents.

- Gay Prom, Sponsorship for Horizon Services, Eden Project– June 4, 2016 – (Approximately 300 individuals attended this event) - Attendees included students, staff, consumers, family members, community partners and residents.

- Black Student Graduation, Collaborative event with Berkeley High School – June 6, 2016 (Approximately 300 individuals attended this event) - Attendees included students, teacher, staff, consumers, family members, community partners and residents.

- BMH Annual PRIDE Month event – June 22, 2016 (Approximately 50 individuals attended this event) - Attendees included staff, consumers, family members, community partners and residents.

- Spirituality Support Group for Consumers, 2015 - 2016 – 4th Thursday of every month – Average weekly group of 5 consumers.

Committees/Groups:

- BMH Diversity & Multicultural Committee, Chair
- BMH Staff Training Committee, Chair
- CIBHS, Greater Bay Area Workforce Collaborative Committee
- Alameda County BHCS PRIDE Committee Member
- Alameda County BHCS Cultural Responsiveness Committee Member
- Statewide Spirituality Liaison, Spirituality Initiative Committee Member
- Berkeley High School Community Resource Committee
- State and County Ethnic Services Managers/Cultural Competency Coordinators Committee Member
- East Bay Regional Ethnic Services Managers Committee, Member
- Alameda County BHCS African American Steering Committee for Health and Wellness Member

Outreach and Engagement:

- Bible Way Fellowship, African Americans
- Beats, Rhymes and Life, Inc. – TAY

- McGee Baptist Church – African Americans
- Black Infant Health Program
- Native American Health Center
- ROOTS – Re-entry population
- Village Connect, Inc., Communities of Color
- BAHIA, Inc., Latino Community
- Eden Project – LGBTQI Youth
- Healthy Black Families
- City of Albany – Seniors, youth , staff and residents
- Berkeley High School – Students and Families
- REALM – Charter School – Students and Faculty

The Diversity & Multicultural Outreach Coordinator recommends that BMH develop a *Culture Brokers Program*. Culture Brokers assist with the delivery of services to unserved, underserved and inappropriately served and emerging consumers, families and communities. Program staff come from the same cultural/ethnic community and/or have an extensive knowledge base of the group's culture. The role of a Cultural Broker would be to work with individuals, families and community groups to increase cultural and linguistic responsive services in the Berkeley and Albany system of care. A Culture Brokers program would enhance BMH's Diversity & Multicultural Services and as agreed upon, the program would work in partnership with BMH clinical staff and community service providers.

TAY Support Services

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

In FY16, a total of 36 TAY were served. Demographics on TAY served were as follows:

CLIENT DEMOGRAPHICS N=36	
Client Gender	*Percent of Total Number Served*
Male	69%
Female	31%
Race/Ethnicity	
Client Race/Ethnicity	*Percent of Total Number Served*
African American	55%
Asian Pacific Islander	3%
Caucasian	17%
Latino	17%
Bi-racial/Multi-racial	8%

The project continued to offer clients Shelter Plus Care and Coach vouchers through the City of Berkeley's HHCS Department. Of the 36 youth engaged in on-going clinical case management, five obtained housing, seven obtained employment, two enrolled in school and three participated in Job Training.

SYSTEM DEVELOPMENT

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

Wellness Recovery System Integration

A Consumer Liaison works with staff, stakeholders, community members and clients to advance the goals of Wellness and Recovery on a system wide level. In order to accomplish these goals, some of the various tasks include: recruiting consumers for Division committees; convening committees around Wellness Recovery system initiatives; oversight/administration of peer stipends; convening and conducting meetings for a "Pool of Consumer Champions (POCC)"; working with staff to develop various Wellness and Recovery related policy and procedures; and oversight of the Division's "Wellness Recovery Activities". The Consumer Liaison is also a resource person around "Mental Health Advance Directives" for consumers desiring to express their treatment preferences in advance of a crisis; and is a participant on a number of local MHSA initiatives. These individual and system-level initiatives impact approximately 478 clients a year.

In FY16 some of the various activities that were conducted under the direction of the Consumer Liaison included:

Berkeley Pool of Consumer Champions (POCC): During this year there were 9 meetings that included updates on the MH Commission, the Multi-Cultural and Diversity Committee, the POCC Steering Committee, as well as debriefings on the CAMHPRO and POCC conferences. A lot of concern was expressed about AB 1421 and Community Conservatorship implementation in Alameda County. An average of 6+ persons attended each meeting and throughout the year 16 unduplicated people attended. Members were selected to attend the May is Mental Health Month celebration at Hs. Lordships.

Wellness Recovery Activities: Designed with, and building on the talents of consumers, the BMH Wellness Recovery activities included workshops, trainings and ongoing healthy groups. Light refreshments were served at each activity. In FY16, a total of 29 unduplicated consumers attended this program. Peer led activities included:

- Facilitated discussions - Topics such as: Wellness & Control, Early Warning signs, Empathy, Your Favorite Sport, and Books that changed your life.
- Creative Writing - Topics Included: Bullying, Recovery & its opposite, a happy memory, What are you grateful for?, Your encounters with psychiatrists, Your recovery during the past week, Your ideal day, poetry, spiritual poems
- Collages - Focused on: the impact of mental illness for a Day of the Dead altar displayed at the Oakland Art museum, Wellness, Hope, about family support,
- Creating - Greeting cards, signs advertising WRA, lists to improve self-esteem, creating a "Best You can be " pie chart, thank you cards, wellness calendars, your emotional bulls-eye, healthy recipes, a list of what you have lost and what you are grateful for, a graph of our activity levels through the week,
- Exercise - Stretching, walk to the park, Chi Gung, movement, indoor exercises,
- Games - Jenga!, "I packed my bag and in it a put _____", Life Stories, Rhyming
- Drawing- Wellness, recovery, with crayons, summer and what it means to you, strengths and supports diagrams, your biggest fear, symbols that make you feel better, your mental illness animal, your inner wellness warrior,
- Sharing - Your happy song/music, your favorite wellness strategy, a happy memory, things that make you strong, the 4 high points of your week, your recipe for wellness pizza.

  Additional activities included: singing, check-ins, making salad, music meditation, identifying persistent symptoms, review of group guidelines and brainstorm field trips.

The Consumer Liaison also conducted or participated in the following activities during the reporting timeframe: published a monthly calendar of wellness activities offered through BMH; coordinated interviews of Best Now! Interns; attended the Greater Bay Area Workforce and Education Collaborative; participated in the planning of the Spring 2016 CASRA conference and the "May is Mental Health Month" event in Berkeley; co-facilitated three Mental Health First Aid trainings that continue to be well received by the community; was trained in Youth Mental Health First Aid and conducted one Youth Mental Health First Aid training in conjunction with Berkeley Unified School District; negotiated and implemented a contract with the newly formed Bay Area

Hearing Voices Network support group at the North Berkeley Senior Center; Negotiated a contract with the Alameda County Network of Mental Health Clients to provide Peer Leadership training; trained a new Commission Secretary to staff the Mental Health Commission, which is a strong voice on community needs; continued to staff the Crisis, Assessment and Triage Desk for two hours a week; helped create language in job specifications and recruited consumers to apply for the Community Health Worker, Assistant Mental Health Clinician and Social Services Specialist job classifications; provided feedback on the Request For Proposal for the Berkeley/Albany Wellness Center; conducted Consumer Perception surveys in November and May during the State survey period; recruited, trained and supervised surveyors and submitted surveys to the state; continued to participate in the Division's Safety Committee; co-chaired the HH&CS's Change Team to address inequities in the Department; started the Wellness Recovery Transformation Board that includes staff and consumers; and attended the following conferences:

- 2015 Alternatives Conference in Memphis, TN, learned about peer-led program and initiatives and networked with peers on the national level.
- CAMHPRO (California Association of Mental Health Peer Run Organizations) conference of this newly formed statewide consumer organization.
- Addressing Stigma, Discrimination and Trauma in the 22nd century sponsored by Berkeley Mental Health & Alameda County

Family Advocacy Services

A Family Advocate works with Family Members, staff, community-based organizations etc. to improve services and supports for BMH clients and their family members on a system-wide level. Services provide both individual family services and supports, and system–wide change initiatives. This family/caregiver-centered program serving Berkeley and Albany provides information, education, advocacy and support for family/caregivers of children, adolescents, TAY, adults and older adults with serious emotional disturbance or severe mental illness. Services are provided in a culturally responsive manner providing outreach to people of various ethnicities and language groups.

The Family Advocate serves as a point of contact for family members who are currently accessing or attempting to access services and/or who have questions and concerns about the mental health system, providing them with supports, and as needed, referrals to additional community resources. Outreach is provided to families through existing BMH family support groups, NAMI of the East Bay, community clinics and the Alameda County Family Education Resource Center (FERC). Additionally, the Family Advocate coordinates forums for family members to share their experiences with the system; recruits family members to serve on BMH committees; supports family members through a "Warm line"; conducts a Family Support Group; and creates training opportunities to educate mental health staff on how to effectively work with families. The combination of individual services and system-level initiatives impact approximately 432 clients and their family members a year.

In FY16 under the direction of the Family Advocate, the following individual/or group services and supports were conducted through this program:

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

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

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

A total of 136 family members were served. Demographics on those served include the following:

CLIENT DEMOGRAPHICS N=136	
Client Gender	*Percent of Total Number Served*
Male	17%
Female	86%
Unknown	1%
Race/Ethnicity	
Client Race/Ethnicity	*Percent of Total Number Served*
African American	6%
Asian Pacific Islander	6%
Caucasian	10%
Hispanic/Latino	18%
Unknown	60%
Age Category	
Client Age in Years	*Percent of Total Number Served*
18-25	4%
26-55	29%
56+	33%
Unknown	34%

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 is being proposed through this Three Year Plan. Once hired, the Employment Specialist will be focused on utilizing an evidenced based model for supporting individuals with serious mental illness in obtaining and retaining competitive employment.

Housing Services and Supports

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

In 2017, BMH began interviewing for the Housing Specialist position. Going forward, it is envisioned that when a Housing Specialist is hired, they will be involved in: providing housing resource services for clients; working with landlords to increase housing opportunities; collaborating with case management staff, landlords, and Board & Care Managers to provide additional supports for clients who are already housed; and working in tandem with the City of Berkeley HHCS Department 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 FY16, 15 clients were served through this agency. Demographics on those served were as follows:

CLIENT DEMOGRAPHICS N=15	
Client Gender	*Percent of Total Number Served*
Male	53%
Female	47%
Race/Ethnicity	
Client Race/Ethnicity	*Percent of Total Number Served*
African American	47%
Caucasian	27%
Hispanic	13%
Other	13%
Age Category	
Client Age in Years	*Percent of Total Number Served*
18-24 years	13%
25-44 years	27%
45-54 years	53%
55-61 years	7%

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 Program and Expenditure Plan, and as a result of staff and community input on increasing and improving services for those experiencing a mental health crisis, the following new additions to BMH have been or are in the process of being implemented through CSS System Development funds:

- New staff were added to expand the Mobile Crisis Team (MCT) capacity and Mobile Crisis service hours were increased to 1:00am, 365 days a year. As a result, there are now two teams available to respond to crisis during peak later afternoon and evening hours.

- Transitional Outreach Team (TOT) which augments MCT services through interventions that address issues individuals experience either immediately prior to, or following a mental health crisis. This team, consisting of a licensed clinician and a peer/family provider position, follows up with individuals and families that have had a recent crisis. The goal of the team is brief outreach engagement that will help that individual and/or family get connected to the resources they need so that they are able to move towards recovery.

- BMH Staff has continued to conduct multiple Mental Health First Aid Trainings to teach community members how to assist individuals who are in crisis or are showing signs and symptoms of a mental illness.
- A Consumer/Family Member Satisfaction Survey for Crisis services was developed and implemented by BMH Staff.

Sub-Representative Payee Program

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

In 2017, Sub-Representative Payee services will be contracted out to a community based organization, which will be chosen through a competitive Request For Proposal (RFP) process.

Wellness Recovery Center

Per the previously approved MHSA FY14/15 - 16/17 Three Year Program and Expenditure Plan, BMH proposed to utilize $300,000 of CSS System Development funds annually to pool with $300,000 of Alameda County BHCS monies to fund a local Wellness Recovery Center. In FY16, the Memorandum of Agreement (MOU) with Alameda County BHCS was finalized. As it was anticipated that administrative and program costs would be higher than originally projected an additional $150,000 on an annual basis was allocated to the Wellness Center through the MHSA FY16/17 Annual Update (for a total of $450,000).

The County executed an RFP process and Bonita House was the chosen community-based organization who will implement the Wellness Center. Bonita House has identified a site on University Avenue where the Wellness Center will ultimately be located. It is anticipated that the large portion of 2017 will be spent on getting the site renovated so it is ready to open for services.

BMH Peer and Family Member Positions

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

a number of positions within these classifications. As such, it is anticipated that BMH will be successful in increasing the number of peer and family member providers in the near future.

Homeless Outreach and Treatment Team (HOTT)

In an effort to address the current homeless crisis, and as a result of input received through various MHSA community program planning processes, BMH will be utilizing $384,505 of unspent CSS System Development funds and $196,225 of unspent PEI funds to pilot a treatment team for homeless individuals for three years. Additional funding for this project will consist of mental health realignment monies and will leverage existing general funds allocated to the mental health division. The goals of the program are twofold: to move homeless mentally ill individuals in Berkeley/Albany into permanent housing and to connect them into the web of services and supports that currently exist within the system of care. The key components include the following evidence and experience based practices:

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

The program has dedicated funds for rapid re-housing and short term rental subsidies. There is also be a dedicated independent evaluation to assess program accomplishments over the three year timeframe, and to ascertain whether it should continue past the initial funding period. In May 2017, the HOTT program began providing services.

Case Management for Youth and Transition Age Youth

In response to a continued high need for additional services and supports for youth and TAY who are suffering from mental health issues and may be homeless or marginally housed, BMH will be utilizing $100,000 of CSS System Development funds in 2017 to increase case management services for this population. Services will be provided by a community partner that will be chosen through a competitive Request for Proposal (RFP) process.

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 and January 2017. 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.

Descriptions for each PEI funded program and FY15 data are outlined below:

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

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

In FY16, 405 ASQ's were prepared at Berkeley Unified School District (BUSD) Pre-schools for 3 and 4 year olds. A total of 354 ASQ's were returned and scored, for an 87.4% return rate. Those children who were not screened with ASQ's either had IEP's or their parents opted out. Demographics on BUSD Children with returned and scored ASQ's were as follows:

BUSD ASQ DEMOGRAPHICS N = 354	
Race/Ethnicity	*Percent of Total Number*
African American	33%
Asian Pacific Islander	19%
Caucasian	13%
Hispanic/Latino	30%
Bi-racial or Multi-racial	4%
Unknown	1%

Through these screenings, 46 children scored in the "Of Concern" range and 75 scored in the "Monitoring" range. Outlined below is a breakdown of the BUSD Preschool ASQ screening results of children in the "of concern" range:

BUSD Preschool	Number Screened	Screening Results "Of Concern"	% Scored of Concern
Franklin	108	17	16%
King	181	24	13%
Hopkins	65	5	3%

As a result of the BUSD ASQ screenings, 57 referrals were made to the following services: 34 to Mental Health services; 9 to BUSD Special Education; 14 to other area Districts Special Education services.

A total of 68 additional ASQ's were administered by Public Health nurses. Demographics on the 68 ASQ's were as follows: 3% African American; 26% Asian; 9% Latino; 6% Multi-Racial, 9% Caucasian and 47% undeclared. Of the 68 completed ASQ's, 13% scored in the "of concern" range and 15% scored in the "monitoring" range. Children who received scores in the "Of Concern" range were referred to their pediatrician for follow-up and those receiving scores in the "monitor only" range were screened again at a later date (usually between 2-6 months later).

During the FY16 data reporting timeframe, an additional 640 children were screened through the "Help Me Grow" Sites (Pediatric clinics or Family Practices) during well child visits:

Pediatric/Family Clinics ASQ Results N= 664			
Clinic/Practice	*Number Screened*	*Screening Results*	*#Referrals/Top 5 Reasons for Referrals*
Kiwi San Pablo Pediatrics	326	57% = No Concern 24% = Of Concern 29% = Monitor Only	-16 Children were referred -Top 5 Reasons for Referrals: 63% Communication 31% High Family Stress 31% Behavior 19% Parent Support/Education 19% Fine Motor Skills
Kiwi Alcatraz Pediatrics	95	64% = No Concern 15% = Of Concern 21% = Monitor Only	-20 Children were referred -Top 5 Reasons for Referrals: 80% Communication 30% Behavior 30% Adaptive Skills 25% Parent Support/Education 25% High Family Stress
Lifelong – West Berkeley Family Practice	243	64% = No Concern 16% = Of Concern 20% = Monitor Only	-55 Children were referred -Top 5 Reasons for Referrals: 53% Communication 25% Adaptive Skills 22% Gross Motor Skills 20% Problem Solving 20% Fine Motor Skills

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.

In FY16, approximately 326 youth participated in individual or group therapy services. Demographic data included:

CLIENT DEMOGRAPHICS N= 326	
Client Gender	*Percent of Total Number Served*
Male	43%
Female	26%
Unknown/Unreported	31%
Race/Ethnicity	
Client Race/Ethnicity	*Percent of Total Number Served*
African American	33%
Asian Pacific Islander	4%
Caucasian	33%
Hispanic/Latino	12%
Bi-racial or Multi-racial	18%

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 and Albany including: African Americans; Asian Pacific Islanders; Latinos; LGBTQI; TAY; and Senior Citizens. All services are conducted through area community-based organizations. Descriptions for each project within this program are outlined below:

Albany Trauma Project

Implemented through Albany Unified School District this project provides trauma support services to Latinos, Asian Pacific Islanders and African American TAY, and Adults. Through various supports the project: provides helpful information and coping strategies around the effects of trauma; offers interventions to keep at-risk individuals and families from developing serious mental health symptoms and behaviors; provides a forum for clinicians to monitor trauma-exposed individuals and families who may need more intensive mental health services; and creates a venue to explore trauma and stress management through symbols of healing, artwork, and alternative coping strategies. Services include: Youth Support Groups and Adult Support Groups. Additional one time cultural activities to promote healing through reflection groups and art projects are also conducted throughout the year. This project annually serves approximately 30-40 youth and 45-55 adults. Descriptions of services provided and numbers served through this project in FY16 are outlined below:

Youth Support Groups: Weekly support groups were provided at Albany High School and MacGregor High School. Separate Support Groups were held for Asian Pacific Islander, Latino, and African American youth. Groups met for 1-2 hours a week throughout the school year and

were 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 FY16, a total of 26 students (13 male and 13 female) participated in the three Support Groups with a total of 488 group sessions. There were an additional 82 individual sessions among group participants. There was very little attrition in the groups during this reporting timeframe with only three individuals not attending for the entire school year. Pre and post-test results suggested that participants had an overwhelmingly positive experience in the groups. All students responded that they felt welcomed into and supported in the group, that they could express their feelings, and that they felt supported by other group members. A comparison of pre and post test results indicated a large drop in students perceived stress levels between the first and last group. All but one student answered "yes" or "maybe" to the question "In the future, I would seek therapy or group counseling if I needed help." Group participant feedback indicated that group participation had a positive impact on whether students felt they had support in their lives. Data also suggested that students felt an increased closeness and connections to each other and developed stronger relationships with their peers both inside and outside of the group.

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

In FY16, approximately 240 adults participated in either individual or group counseling, case management services, or weekly workshop activities. All participants had a myriad of basic living and mental health needs and many were isolated and illiterate. In this reporting timeframe a special day group was formed for women and one of the women in the group was also a Peer Leader who helped with the planning and informing of women of the available services. In addition to the weekly support groups many participated in special holiday celebrations and activities (such as celebrations of Dia de los muertos and Virgin de Guadalupe) that were offered through this project to build community, and support issues of healing.

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

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.

In FY16, seven workshop cycles were conducted, four of the workshops were the "Living Well" series and three were "Continuing to Live Well" series, as it has been found that seniors with significant long-term goals want and need more than one workshop cycle to reach and maintain their goals. Each Living Well Workshop Series included the following sessions: Orientation; Goal Setting; Problem Solving; Healthy Reactions; Beating the Blues (Depression and Moods); Healthy Communication; Seeking Information; Physical Activity; Eating Well (Nutrition); Advocacy (Self and Systems Change); and Maintenance. Topics of Grief and Loss, Depression, Retirement, and Senior Invisibility were also incorporated into the program. By participant self-report, the Living Well Workshop Series was very helpful, with many reported that they wanted the workshops to be extended for a longer period of time. In all approximately 207 Senior Citizens participated in some aspect of this program with 48 participating in Living Well Workshops. Demographics for Living Well Workshop participants are outlined below:

CLIENT DEMOGRAPHICS N=48	
Client Gender	*Percent of Total Number Served*
Male	12%
Female	88%
Race/Ethnicity	
Client Race/Ethnicity	*Percent of Total Number Served*
African American	56%
Asian Pacific Islander	13%
Caucasian	25%
Hispanic/Latino	6%
Age Category	
Client Age in Years	*Percent of Total Number Served*
55 or under	23%
56-65	27%
66-75	27%
76-85	21%
86 or over	2%

During this reporting timeframe various referrals were made to BMH, Lifelong Medical Center, Berkeley Primary Care, and the Elder Protection Unit of the Alameda County District Attorney. Two participants were admitted to mental health facilities for 72-hour evaluations and another was committed twice for extended treatment.

Harnessing Hope Project

Implemented through GOALS for Women this project provides community-based, culturally competent, outreach and support services for African Americans residing in the South and West

Berkeley neighborhoods who have experienced traumatic life events including racism and socioeconomic oppression and have unmet mental health support needs. The primary goals of the project are to normalize stress responses and empower families through psycho-education, consciousness raising, strength-based coping skills, and supportive services through the following: Outreach and engagement; screening and assessment; psycho-education; family education; support groups such as "Kitchen Table Talk groups (non-stigmatizing, culturally responsive, peer centered groups); workshops and classes; mental health referrals and community linkages; peer counseling and support. A key component of this project is to train and mentor community leaders to become Peer Facilitators of Kitchen Table Talk groups. This project serves approximately 50-130 individuals a year.

In FY16, the following activities were conducted through this project:

Outreach and Engagement: Outreach and engagement activities were conducted to approximately 107 women at various City locations, agencies and events to increase knowledge and the recognition of early signs of mental illness and to inform residents of project services.

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

Kitchen Table Talk Support Groups: These support groups were designed to increase information and supports around current and historical trauma and to teach participants healthy coping skills. Approximately 27 African American women ranging in ages from 18-60, and youth ranging in ages from 12-16 participated in Kitchen Table Talk Support Groups, many of whom were also assessed and received individual and/or family psycho-educational support services, or were referred to additional community resources as needed. Group participants learned from each other and demonstrated their cultural strengths and resilience around effective ways to manage stress.

Trauma Support Project for LGBTQI Population

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

In FY16, outreach to over 418 community members was conducted at various locations

including Street Fairs, Community Agencies, and area events. Twenty-eight community volunteers completed the Peer Facilitator training. Skill Building workshops for Peer Facilitators were conducted on a monthly basis with a total of 41 (both newly trained and/or continuing Peer Facilitators) receiving monthly facilitator consultation which were conducted by the Director of Clinical Services and Programs. Seventeen ongoing peer support groups were held on a weekly or bi-weekly basis including the following: Queer Women; Butch-Stud; Female to Male; Women Coming Out; Middle-Aged Men; Married/Formerly Married Gay/Bisexual Men; Young Men; Queer Femmes; Transgender/Transsexual Support Group; Lesbians/Women of Color; Partners of Trans and Gender-Varient; Middle Eastern Women's Group; Senior Men; Bi-sexual Women; Aging Lesbians; Gender Varient Group; and QPAD – for Queer Men in their 20's and 30's. Participants were surveyed twice a year, throughout the months of April and October. The survey measured each participant's level of self-esteem and mental well-being through different questions, and also asked about the length of participant's time in group and frequency of attendance. The objectives of the surveys are to establish if there is a correlation between group participation and mental health and to improve services. Survey results indicated there is a correlation between the frequency of peer group attendance and participant resiliency. Participants also provided input on outreach activity ideas, new groups and suggested sources for the agency Resource Guide. A total of 307 individuals participated in support groups throughout the year. Demographic data on those served included the following:

PARTICIPANT DEMOGRAPHICS N=307	
Participant Gender	*Percent of Total Number Served*
Male	20%
Female	34%
Transgender - Male to Female	7%
Transgender - Female to Male	8%
Gender Non-Conforming*	19%
Unknown/Not Reported	12%
Race	
Participant Race	*Percent of Total Number Served*
African American	9%
Asian Pacific Islander	14%
Caucasian	59%
Native American	3%
Bi-racial/Multi-racial	4%
Other	4%
Unknown/Not Reported	7%
Age Category	
Participant Age in Years	*Percent of Total Number Served*
18-24	23%
25-44	39%
45-54	11%
55-61	7%
62 & up	6%
Unknown/Not Reported	14%

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

TAY Trauma Support Project

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

In FY16, 31 TAY participated in one-on-one sessions, case management, support groups, and/or group outings and celebrations. Demographics on youth served were as follows:

CLIENT DEMOGRAPHICS N=31	
Client Gender	*Percent of Total Number Served*
Male	65%
Female	35%
Race/Ethnicity	
Client Race/Ethnicity	*Percent of Total Number Served*
African American	48%
Asian Pacific Islander	6%
Caucasian	26%
Latino	10%
Bi-racial/Multi-racial	10%

Of the 31 youth engaged in the program, two obtained housing, four obtained employment, one enrolled in school and four participated in Job Training.

Social Inclusion Program

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

In FY16, the "Telling Your Story" group met 15 times with 23 unduplicated persons attending for a total of 130 visits. Groups averaged 8+ attendees. A panel presentation to the Berkeley Mental Health interns was well received.

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.

In FY16, approximately 1,321 students at BHS received services through this project, completing a total of 5,709 visits. Demographics on those served were as follows:

PARTICIPANT DEMOGRAPHICS N=1,321	
Participant Gender	*Percent of Total Number Served*
Male	37%
Female	63%
Race/Ethnicity	
Participant Race/Ethnicity	*Percent of Total Number Served*
African American	23%
Asian Pacific Islander	7%
Caucasian	32%
Hispanic/Latino	16%
Bi/Multi-racial	17%
Other	3%
Unknown	2%

At B-Tech approximately 56 students received services through this project in FY15, completing a total of 144 visits. Demographics on those served were as follows:

PARTICIPANT DEMOGRAPHICS N=56	
Participant Gender	*Percent of Total Number Served*
Male	64%
Female	36%
Race/Ethnicity	
Participant Race/Ethnicity	*Percent of Total Number Served*
African American	48%
Hispanic/Latino	14%
Bi/Multi-racial	21%
Other	11%
Unknown	6%

Community-Based Child & Youth Risk Prevention Program

This program targets children and youth from un-served, underserved, and inappropriately served populations who are impacted by multiple risk factors including trauma, family or community violence, familial distress, and/or family substance abuse, (among other issues). The program is primarily community-based with some supports also provided in a few area schools. A range of psycho-educational activities provide information and supports for those in need. Services also include assessment, brief treatment, case management, and referrals to long term providers and other resources as needed. The main goals are to reduce risk factors or other stressors, and promote positive cognitive, social, and emotional well-being. This program serves approximately 50 Children & Youth a year. In FY16 a total of 30 youth received services through this program. Demographics on youth served were as follows:

CLIENT DEMOGRAPHICS N=30	
Client Gender	*Percent of Total Number Served*
Male	50%
Female	43%
Trans	7%
Race/Ethnicity	
Client Race/Ethnicity	*Percent of Total Number Served*
African American	33%
Caucasian	20%
Hispanic/Latino	44%
Other/Unknown	3%

Homeless Outreach Program

This program is implemented through Building Opportunities for Self-Sufficiency (BOSS), a local community-based organization. Those in need are outreached to and provided with supported referrals to area programs and resources. Program services include outreach, engagement, and linkage to mental health services and other resources. This program serves approximately 100 individuals in Berkeley and Albany.

This Homeless Outreach Program was implemented in Berkeley and Albany from FY14/15 through December 2016. Over the course of the program BOSS worked very closely with BMH to modify services in an effort to find the best ways to engage and provide linkages for individuals in need of mental health services. In FY16, a total of 515 unduplicated individuals

received outreach and/or other services through this program with approximately 36 receiving mental health services. Demographics included:

CLIENT DEMOGRAPHICS N=515	
Client Gender	*Percent of Total Number Served*
Male	73%
Female	27%
Race/Ethnicity	
Client Race/Ethnicity	*Percent of Total Number Served*
African American	22%
Asian Pacific Islander	10%
Caucasian	57%
Hispanic/Latino	5%
Mixed Race/Multi-Racial	3%
Unknown	3%
Age	
Client Age	*Percent of Total Number Served*
18-24	24%
25-44	65%
45-54	5%
55 and over	4%
Unknown	2%

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.

In FY17, an evaluation was conducted by a local consultant, Applied Survey Research, on each of the previously funded MHSA INN projects. The findings were presented in community presentations and in a final Evaluation Report.

Trauma Informed Care Project

In April 2016, following a three month community planning process the City of Berkeley received approval to allocate $180,000 of MHSA INN Funds to implement a Trauma Informed Care (TIC) Training for educators project in three Berkeley Unified School District (BUSD) schools including Franklin Preschool, Berkeley Arts Magnet Elementary School and Willard Middle School.

This INN project seeks to learn whether modifying the mental health approach of TIC Training for educators will increase access to mental health services and supports for students in need, (particularly for underserved ethnic groups), and increase the quality of mental health services, including providing better outcomes. The project is being evaluated by Hatchuel Tabernik & Associates who have created and implemented a data collection and evaluation plan designed to answer the INN learning questions.

Thus far in FY17, "Train the Trainer" and school staff trainings have been conducted and Learning circles have been executed. Data collection on student attendance, disciplinary records, and pre-program surveys has begun and a focus group was conducted with Instructional Aides at Willard Middle School.

Next round of INN funded pilot projects

In FY17, a local consultant, Applied Survey Research, conducted the Community Program Planning process to determine needs and potential strategies for the City of Berkeley's third round of INN funded pilot projects. Development on strategies to potentially be funded though the next INN Plan will continue into FY18 through work that will be conducted by BMH MHSA Administrative staff.

WORKFORCE, EDUCATION & TRAINING (WET)

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

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

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

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

Peer Leadership Coordination

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

The Peer Leader Coordinator has been involved in helping to conceptualize this program including working with staff, BMH leadership and Human Resources around program planning and development. In the work with Human Resources around job classifications, the entry level classification of Community Health Worker was identified as a classification in which peer counselors could be hired. With experience, and no additional formal training, a consumer or family member in a Community Health Worker job classification could meet the qualifications for the Assistant Mental Health Clinician. An additional classification of Social Service Specialist was created at the top of the career ladder and with further experience, the Assistant Mental Health Clinician could qualify for the Social Service Specialist classification. As these are not peer identified positions, members of diverse and underserved communities could also be hired. The Peer Leadership Coordinator has described this career pathway and the civil services system to consumers and family members when the relevant job classifications have had openings and/or vacancies.

The Peer Leader Coordinator offered language to include in job classification descriptions to encourage applicants to disclose their lived experience as well as questions to ask during interviews. Also, in an attempt to secure consumer and family member positions in the mental health system and the mental health community, the Peer Leadership Coordinator sends announcements of peer-identified job openings to the Wellness Warriors email list which also promotes the Division's wellness activities. Additionally, the Peer Leader Coordinator was involved in building relationships in the community, participating in the Bay Area Peer Professional Network, hosted by the San Francisco Mental Health Association to develop peer jobs in the Bay Area and the East Bay Peer Professional Education and Experience Pathway formed by Berkeley City College.

The Peer Leader Coordinator also 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 have identified the need for support groups for their clients, and group facilitation is an important Peer Specialist skill, a contract was developed with the Alameda County Network of Mental Health Clients to offer Facilitation Training in Berkeley during FY17 for up to 12 consumers. The training includes 12 weeks of classroom instruction in support group facilitation and a 5 month internship co-facilitating a support group. The second year of the two year contract will earmark six seats in the FY18 Best Now! Peer Specialist Training for participants in the Facilitation Training who want to continue their education and leadership experience, as well as to encourage Berkeley/Albany consumers to become Peer Specialists.

The Peer Leadership Coordinator will work with treatment teams to determine how the FY18 Best Now! Intern might best be utilized.

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 the cities of Berkeley and Albany 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 the cities of Berkeley, Albany 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 Division's 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 FY16, the Training Coordinator implemented the following trainings through this component:

- Child Abuse and Mandated Reporter – September 18, 2015 – (20 individuals attended this training). Attendees included staff and service providers.

- Understanding and Addressing Bullying, City of Albany – October 24, 2015 – (An estimated 35 individuals attended this training). Attendees included staff and service providers.

- Compassion Fatigue Training – November 4, 2015 – (38 individuals attended this training). Attendees included staff and service providers.

- Loss and Grief, City of Albany – November 17, 2015 – (25 individuals attended this training). Attendees included staff, service providers and residents.

- Law and Ethics for Mental Health, Behavioral Health and Health Care Providers – March 2, 2016 – (18 individuals attended this training.) Attendees included staff and service providers.

- Mental Health in the 22nd Century Conference – May 13, 2016 – (Approximately 175 individuals attended this training.) Attendees included students, staff, consumers, family members, community partners and residents.

High School Career Pathways Program

Through this program BUSD has implemented a curriculum and mentoring program for youth designed to provide opportunities that support student's interest in pursuing a career in the mental health field. This project was implemented in FY15. During this timeframe, BMH FYC, provided internships to two Berkeley High School students. In FY16 there was a vacancy in the school personnel of whom who had oversight of this program, therefore there were not any student internships in that reporting timeframe.

Graduate Level Training Stipend Program

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

Peer Leader Stipend Program

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

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

The original City of Berkeley CFTN Plan was approved by DMH in April 2011, with an update to the plan in May 2015. The City of Berkeley was previously allocated $1,432,100 in MHSA Capital Facilities and Technological Needs (CFTN) funds. This funding component allows monies to be utilized on either renovations of City owned buildings where mental health services are provided, or technological upgrades to mental health data systems, or both. In 2011, the City of Berkeley CFTN Plan was developed and approved. This plan allocated $816,050

towards renovating the Adult Mental Health Clinic to create a safe, welcoming environment that is consumer and family friendly. The Adult Clinic serves Berkeley's most at-risk and fragile population through crisis intervention, case management, individual/or group therapy, and psychiatric medication support. FSP/Intensive Case Management Teams, Clinical services, Mobile Crisis, and Homeless Outreach. In its current condition, use of the Adult Clinic space is inefficient and inadequately aligned with MHSA goals, including that of creating welcoming spaces for client and family centered wellness and recovery programs and services. In addition to electrical, HVAC and other environmental upgrades, it was originally envisioned that CFTN funds would be used to re-configure shared work spaces to increase safety; improve clinical, wellness/recovery, support services, and administrative functions; and support the implementation of electronic health records and other emerging technologies.

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

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

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 the average of previous years. The total allocation for purposes authorized by this subdivision shall not exceed 20 percent of the average amount of funds allocated to that county for the previous five years pursuant to this section."*

As a result of this MHSA legislation, through previously approved MHSA Plans and/or Annual Updates BMH has reallocated $2,957,761 of unspent MHSA CSS, and Technological Needs funds, towards the renovation of the Adult Mental Health Clinic, for a total budget of $3,773,811 for this project.

Renovation on the Adult Clinic has thus far been in the design and pre-construction phase. It is envisioned that in FY18 construction will begin.

FY15/16 AVERAGE COST PER CLIENT

COMMUNITY SERVICES & SUPPORTS			
Program Name	**Approx. # of Clients**	**Cost**	**Average Cost Per Client**
Children's Intensive Support Services FSP	16	$244,006	$15,250
TAY, Adult & Older Adult FSP	55	$1,028,527	$18,700
TAY Support Services	36	$101,768	$2,827
Wellness Recovery System Integration (includes: Wellness Recovery Services; Family Advocacy; Employment/Educational Services; Housing Services and Supports, Crisis Services)	432	$375,289	$869
Benefits Advocacy	15	$20,000	$1,333
PREVENTION & EARLY INTERVENTION			
BE A STAR	1,086	$106,094	$98
Supportive Schools Program	326	$55,000	$169
Albany Trauma Project	266	$53,040	$199
Living Well Project	207	$26,520	$128
Harnessing Hope Project	27	$26,520	$982
LGBTQI Trauma Project	307	$26,520	$86
TAY Trauma Project	31	$26,520	$855
Community Child & Youth Risk Prevention Program	30	$83,089	$2,770
High School Youth Prevention Program	1,377	$310,989	$226
Homeless Outreach Services	515	$100,000	$194

PROGRAM BUDGETS

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: City of Berkeley

Date: 5/10/17

	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 2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	5,345,530	1,498,611	724,025	136,965	3,228,601	1,615,892
2. Estimated New FY2017/18 Funding	4,061,469	1,015,367	267,202			
3. Transfer in FY2017/18[a/]						
4. Access Local Prudent Reserve in FY2017/18						
5. Estimated Available Funding for FY2017/18	9,406,999	2,513,978	991,227	136,965	3,228,601	1,615,892
B. Estimated FY2017/18 MHSA Expenditures	5,405,772	1,431,454	422,405	136,965	2,408,988	
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	4,001,227	1,082,524	568,822	0	819,613	1,615,892
2. Estimated New FY2018/19 Funding	4,061,469	1,015,367	267,202			
3. Transfer in FY2018/19[a/]						
4. Access Local Prudent Reserve in FY2018/19						0
5. Estimated Available Funding for FY2018/19	8,062,696	2,097,891	836,024	0	819,613	1,615,892
D. Estimated FY2018/19 Expenditures	5,405,772	1,422,304	422,405		819,613	
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,656,924	675,587	413,619	0	0	1,615,892
2. Estimated New FY2019/20 Funding	4,061,469	1,015,367	267,202			
3. Transfer in FY2019/20[a/]	0					
4. Access Local Prudent Reserve in FY2019/20						0
5. Estimated Available Funding for FY2019/20	6,718,393	1,690,954	680,821	0	0	1,615,892
F. Estimated FY2019/20 Expenditures	5,405,772	1,422,304	422,405		0	
G. Estimated FY2019/20 Unspent Fund Balance	1,312,621	268,650	258,416	0	0	1,615,892

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	1,615,892
2. Contributions to the Local Prudent Reserve in FY 2017/18	0
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	1,615,892
5. Contributions to the Local Prudent Reserve in FY 2018/19	0
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2019	1,615,892
8. Contributions to the Local Prudent Reserve in FY 2019/20	0
9. Distributions from the Local Prudent Reserve in FY 2019/20	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	1,615,892

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 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: City of Berkeley

Date: 5/10/17

	Fiscal Year 2017/18					
	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	2,152,102	2,152,102				
2. Children's FSP	561,144	561,144				
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					
Non-FSP Programs						
1. Multicultural Outreach & Engagement	222,443	222,443				
2. System Development, Wellness & Recovery	1,468,282	1,468,282				
3. Crisis Services	170,876	170,876				
4. Homeless Outreach & Treatment Team (HOTT)	361,538	361,538				
5. Albany Resource Center	32,000	32,000				
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	437,387	437,387				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	5,405,772	5,405,772	0	0	0	0
FSP Programs as Percent of Total	50.2%					

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: City of Berkeley Date: 5/10/17

	Fiscal Year 2018/19					
	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	2,152,102	2,152,102				
2. Children's FSP	561,144	561,144				
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					
Non-FSP Programs						
1. Multicultural Outreach & Engagement	222,443	222,443				
2. System Development, Wellness & Recovery	1,468,282	1,468,282				
3. Crisis Services	170,876	170,876				
4. Homeless Outreach & Treatment Team (HOTT)	361,538	361,538				
5. Albany Resource Center	32,000	32,000				
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	437,387	437,387				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	5,405,772	5,405,772	0	0	0	0
FSP Programs as Percent of Total	50.2%					

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: City of Berkeley

Date: 5/10/17

	Fiscal Year 2019/20					
	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	2,152,102	2,152,102				
2. Children's FSP	561,144	561,144				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
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12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Multicultural Outreach & Engagement	222,443	222,443				
2. System Development, Wellness & Recovery	1,468,282	1,468,282				
3. Crisis Services	170,876	170,876				
4. Homeless Outreach & Treatment Team (HOTT)	361,538	361,538				
5. Albany Resource Center	32,000	32,000				
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	437,387	437,387				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	5,405,772	5,405,772	0	0	0	0
FSP Programs as Percent of Total	50.2%					

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: City of Berkeley Date: 5/10/17

	Fiscal Year 2017/18					
	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. Homeless Outreach and Treatment Team	54,875	54,875				
2. Community Based Children & Youth Risk	1,779	1,779				
3. High School Prevention Program	114,093	114,093				
4. Social Inclusion	10,000	10,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. BE A STAR	120,393	120,393				
12. Supportive School Program	55,000	55,000				
13. Community Education & Supports	192,376	192,376				
14. High School Prevention Program	342,278	342,278				
15. Homeless Outreach & Treatment Team	164,626	164,626				
16. Community Based Children & Youth Risk	5,338	5,338				
17. CalMHSA Program Contribution	44,262	44,262				
18.	0					
19.	0					
PEI Administration	326,434	326,434				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,431,454	1,431,454	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: City of Berkeley Date: 5/10/17

	Fiscal Year 2018/19					
	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. Homeless Outreach & Treatment Team	52,588	52,588				
2. Community Based Children & Youth Risk	1,779	1,779				
3. High School Prevention Program	114,093	114,093				
4. Social Inclusion	10,000	10,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. BE A STAR	120,393	120,393				
12. Supportive School Program	55,000	55,000				
13. Community Education & Supports	192,376	192,376				
14. High School Prevention Program	342,278	342,278				
15. Homeless Outreach & Treatment Team	157,764	157,764				
16. Community Based Children & Youth Risk	5,338	5,338				
17. CalMHSA Program Contribution	44,262	44,262				
18.	0					
19.	0					
PEI Administration	326,434	326,434				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,422,304	1,422,304	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: City of Berkeley Date: 5/10/17

	Fiscal Year 2019/20					
	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. Homeless Outreach & Treatment Team	52,588	52,588				
2. Community Based Children & Youth Risk	1,779	1,779				
3. High School Prevention Program	114,093	114,093				
4. Social Inclusion	10,000	10,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. BE A STAR	120,393	120,393				
12. Supportive School Program	55,000	55,000				
13. Community Education & Supports	192,376	192,376				
14. High School Prevention Program	342,278	342,278				
15. Homeless Outreach & Treatment Team	157,764	157,764				
16. Community Based Children & Youth Risk	5,338	5,338				
17. CalMHSA Program Contribution	44,262	44,262				
18.	0					
19.	0					
20.	0					
PEI Administration	326,434	326,434				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,422,304	1,422,304	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: City of Berkeley

Date: 5/10/17

	Fiscal Year 2017/18					
	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	22,405	22,405				
2. New Innovation Projects TBD	400,000	400,000				
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					
INN Administration	0					
Total INN Program Estimated Expenditures	422,405	422,405	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: City of Berkeley Date: 5/10/17

	Fiscal Year 2018/19					
	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	22,405	22,405				
2. New Innovation Projects TBD	400,000	400,000				
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					
INN Administration	0					
Total INN Program Estimated Expenditures	422,405	422,405	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: City of Berkeley

Date: 5/10/17

	Fiscal Year 2019/20					
	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	22,405	22,405				
2. New Innovation Projects TBD	400,000	400,000				
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					
INN Administration	0					
Total INN Program Estimated Expenditures	422,405	422,405	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: City of Berkeley Date: 5/10/17

	Fiscal Year 2017/18					
	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. Peer Leader Stipend Program	72,000	72,000				
2. High School Career Pathways Program	7,000	7,000				
3. Graduate Level Training Stipend Program	25,000	25,000				
4. Staff Development and MHSA Training	32,965	32,965				
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	136,965	136,965	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: City of Berkeley

Date: 5/10/17

	Fiscal Year 2018/19					
	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 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: City of Berkeley

Date: 5/10/17

	Fiscal Year 2019/20					
	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 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: City of Berkeley

Date: 5/10/17

	Fiscal Year 2017/18					
	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 Clinic Renovation	2,408,988	2,408,988				
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	2,408,988	2,408,988	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: City of Berkeley Date: 5/10/17

	Fiscal Year 2018/19					
	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 Clinic Renovation	819,613	819,613				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Adult Clinic Renovation						
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	819,613	819,613	0	0	0	0

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: City of Berkeley

Date: 5/10/17

	Fiscal Year 2019/20					
	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

PUBLIC COMMENTS

PUBLIC COMMENTS & SUBSTANTIVE RECOMMENDATIONS on the
Three-Year MHSA FY 17/18-19/20 Program and Expenditures Plan

TO: Division of Mental Health for the Cities of Berkeley and Albany
Mental Health Commission for the Cities of Berkeley and Albany

FROM: boona cheema, MDiv, LHD and Margaret Fine, JD, PhD

DATE: June 22, 2017

Re: Submission of Public Comments and Substantive Recommendations for Three-Year MHSA FY 17/18-19/20 Program and Expenditure Plan

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Thank you for the opportunity to submit public comments and substantive recommendations regarding the Three-Year MHSA FY 17/18-19/20 Program and Expenditure Plan ("New Plan"). Overall as residents of the City of Berkeley, we are pleased to participate in the development of this New Plan. We know that the Division of Mental Health for the Cities of Berkeley and Albany recognizes their duties and responsibilities to serve our residents. We look forward to Berkeley Mental Health ("BMH") incorporating summary and analysis of any substantive recommendations into this New Plan, as well as description of any substantive changes made to it as required by the California Code of Regulations § 3315.

Three-Year MHSA FY 17/18-19/20 Program and Expenditure Plan

As we recognize, the MHSA core values are expressed in five guiding principles: 1) systems development and integration, 2) wellness, recovery and resilience, 3) cultural competency, 4) client and family driven and 5) community collaboration. These public comments and substantive recommendations are made bearing them in mind.

We further recognize that the Community Planning Process and ongoing community collaboration are essential to our residents in order to create and develop mental health policy, planning and implementation in the Cities of Berkeley and Albany under applicable law and regulations. We also realize the same is important for monitoring, improving quality, evaluating and making budget allocations for the New Plan. Moreover, the New Plan states it is intended to be a "stakeholder informed plan"—and thus it is important to incorporate public comments and substantial recommendation into it (New Plan, p. 3).

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Unserved, Underserved and Inappropriately Served Residents and Cultural Competency
Multi-Cultural Outreach, Engagement, Training & Activities (FY 17/18 - $222,443)

California is a leader in our nation for honouring diversity in and through its local, county and state government institutions and according to its non-discrimination protections under applicable law and regulations. In this light, we are pleased that Berkeley Mental Health (BMH) has a Diversity and Multicultural Committee with a values statement setting forth: "supporting BMH services and activities that honor and respects the culture, race, ethnicity, age, gender, sexual orientation, disability status and religious/spiritual values of each person." We also applaud the creation of the Equity Committee in 2017.

Currently, the New Plan contains no demographic information for LGBTQ persons in the Cities of Berkeley and Albany. We appreciate BMH's express written statement to include this information in the New Plan before its submission to the Berkeley City Council. We also substantially recommend including it before that submission.

We regard cultural competency as essential in addressing stigma, stereotyping and discrimination in mental health care including on the basis of race, ethnicity, nationality, religion, gender, gender identity and expression, sexual orientation, disability and age. In the New Plan, there are many instances where BMH lists trainings, workshops and other activities designed to address cultural competency and specific groups of people.

We substantially recommend BMH provide analysis in the New Plan as to how the content of these activities increases awareness, visibility and recognition about a diversity of people living with mental health conditions, as well as how they diminish stigma, stereotyping and discrimination about them—including among groups who have traditionally experienced and do experience systemic discrimination.

In addition, we applaud the creation of an Equity Committee for BMH in 2017. We substantially recommend this Committee address: 1) the incidence and prevalence of mental illness in Berkeley and Albany, 2) the residents served by BMH and the eligibility criteria used to determine access to its mental health and related services and 3) the types of such services used by BMH to address health disparities among our residents.

Further, there is a substantive recommendation to explain how BMH is or intends to: 1) identify and alleviate barriers in accessing mental health care, 2) narrow and eliminate health disparities and 3) promote access to its programs by outreach and engagement, by its employees and by community education and trainings as contained in the New Plan.

It is further noted that there can be intersections and similarities between and among groups. We substantially recommend BMH describe its outreach and engagement efforts to provide mental health care and related services to exceptionally difficult to reach groups such as homeless LGBTQ youth of color in the New Plan.

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Also, we acknowledge and applaud the MHSA funding allocated for CalMHSA. Further, we substantively recommend BMH develop an outreach and engagement plan, as well as implement and evaluate it including using technical assistance from Cal MHSA.

Substantive Recommendation: Results-Based Accountability for MHSA Programs

There is a substantial recommendation to expand the Results-Based Accountability evaluations for BMH to include all MHSA and other related programs. We understand that this type of evaluation referred to also as "Impact Berkeley" will be "rolled out in a phased process." We understand that there are multiple programs that will be part of the first phase of the roll out. Per the New Plan, we understand that the Department of Housing and Healthcare Services will "envision, clarify and develop a common language about the outcomes and results each program is seeking to achieve, and use a rigorous framework to measure and enhance progress towards these results."

We substantively recommend the New Plan provide: 1) terminology and definitions regarding the common language about outcomes and other jargon and 2) the methodology and/or framework for collecting program information and analysing it. In addition, we substantially recommend BMH provide: 1) the key findings/results and recommendations for each of the programs, 2) publish and disseminate them in the public record for residents to review and 3) demonstrate how it applies the recommendations to improve its mental health care and relates services in our cities.

Substantive Recommendation: External Participatory Research Study

There is a substantial recommendation for an external participatory research study. It is recommended to engage a professional research organization to design an external qualitative study whereby past and/or present BMH clients can choose to participate separate and apart from any BMH involvement.

It is substantially recommended to collect robust data about how BMH clients describe their interactions with BMH, as well as how they describe their routes and fluctuations among multiple systems—such as healthcare/emergency room, criminal justice and incarceration systems. It is further recommended that clients describe their access to food, housing, clothing and other basic needs, and any past and/or present homelessness. Moreover, it is recommended clients provide their perspectives and opinions about how they feel treated by BMH and how they feel able to participate in decision making with BMH about their lives and futures.

Overall this participatory approach is designed to garner empirical research from the bottom up, as opposed to from the top down. It assumes that the people who are using the public mental health services can inform and influence how it provides mental health care and related services plus medication support. In this way, the participants can show how they prioritize their lives and survive without judgment about how they should define and organize them, as well as give information about how they can contribute to decision

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making about them. These types of studies can educate professionals about the delivery of mental health care and how to improve it to better serve clients and improve community well-being and safety.

In addition, this type of participatory study can be compared with aggregate cost data for personnel and multiple department operations needed to serve BMH clients. It is, particularly, significant as municipalities use substantial public funds for personnel and healthcare services and facilities, juvenile and adult criminal justice, incarceration and other systems. There is a need to review reports from both types of studies to account for the effectiveness and impact of programs and expenditures.

Substantive Recommendation: Describe Ongoing MHSA Funded Evaluations in New Plan

We appreciate that the New Plan refers to Berkeley Mental Health hiring a local consultant, Resource Development Associates, to measure the outcomes and effectiveness of the pilot project called HOTT—Homeless Outreach Treatment Team. This public comment requests substantive information about the scope and nature of this study and specific information regarding the personnel, research questions, methodology and other details concerning this study and its benefits to the residents of the Cities of Berkeley and Albany.

Systems Development and Integration

Electronic Records System ($616,050)

We substantially recommend that MHSA funds be used to implement an electronic records system as soon as possible, particularly as personnel are working in the field without access to an Adult Clinic. As we currently understand, BMH re-allocated MHSA funds for the electronic records system to the Adult Re-Model under the Three-Year MHSA FY 14/15-16/17 Program and Expenditure Plan.

At this time, we appreciate that BMH is collaborating with Alameda County Behavioral Health Care Services to adopt their electronic records system. However, we substantially recommend that BMH re-allocate those electronic record systems funds under this New Plan to release funding for this electronic records system at the most immediate time possible for implementing and operating it.

Overall an electronic monitoring system can provide monitoring, quality improvement and ongoing evaluation among healthcare, social work and other professionals to work with clients to alleviate illness or reduce its impact and improve the quality of their lives—as well as reduce public expenditures in our cities.

It is further notable that electronic records systems are essential for both short- and long-term mental health planning and service delivery at individual and community levels. There are significant ways that additional evaluations can be used over a time period to assess and inform mental health policy, plans and implementation from regular monitoring to annual

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updates and overall system audits. It is important to inform public funding bodies about mental health care service management and delivery.

The Berkeley Wellness Center ($600,000—potentially $750,000)

- **Substantial Recommendation: Integrating Primary and Mental Health Care**

When possible, it is substantially recommended to integrate primary and mental health care at the Berkeley Wellness Center ("BWC") in order to promote and provide overall health and well-being for the "whole person" in the community. This type of integrated approach can offer opportunities for brief primary care such as taking blood pressure, foot care, checking weight, treating colds or sore throats, and/or offering flu injections.

Both the Berkeley Free and Suitcase Clinics (the later clinic also offers speciality clinics for women and LGBTQ youth) are examples of primary care offered to clients which may be useful examples to BWC. In addition, some cities like Portland, OR and Boston, MA offer foot clinics to homeless people to get help with blisters and infections, and a chance to soak their feet and get a clean pair of socks.

- **Substantial Recommendation: Providing Medication Management and Medication Support across the Continuum of Care**

While counties and municipalities receive significant public funds to address seriously mentally ill persons in the community, there are residents who are uninsured with no- to low-income in need of medication management and medication support until they are enrolled in Medi-Cal (if eligible for this government program). It is substantially recommended to offer a continuum of mental health care and medication support to residents with no- to low-income at any level of care at the Berkeley Wellness Center.

Further, some people are ineligible for Medi-Cal as a result of their status as an unauthorized in the USA. The City of Berkeley has resolved to be a sanctuary city and to honor the human rights of those persons. Thus, it is important to offer mental health care and medication supports across the continuum of care including for those who have mental health conditions in remission to individuals who are severely, persistently mentally ill.

Overall, it is important to recognize the status of an individual's mental health does not necessarily fit neatly into categories. Each person has his or her own individual history reflecting how he or she has managed a serious mental health condition over time, as well as his or her current mental health situation (which may be serious and persistent mental illness).

Therefor it is critical that no residents dangerously jeopardize their mental health because they cannot get access to mental health care and medication through our city's public mental health care system. Without psychiatric medication, there is the possibility for untold damage and unbearable tragedy in the community.

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Therefore it is substantially recommended that: 1) BMH serve these individuals, 2) provide access to an enrollment specialist for Medi-Cal where needed and 3) continue to serve ineligible individuals. It is possible that BMH can provide a referral for mental health care and medication support, but it is not a substitute for ensuring a person has ongoing access to mental health care and medicine to stay well through another provider.

Substantial Recommendation: Providing Intensive Care to Severely Emotionally Disturbed Children and Youth and Severally Mentally Ill TAY, Adults and Older Adults

It is substantially recommended that BMH create consistent, available and accessible sites and mental health care and related services for homeless persons who are continually in transition on the street, in shelters or housing, at hospitals or in jails. They may also be experiencing high levels of recidivism and frequent interaction with law enforcement and incarceration systems.

Generally, these residents—ranging from young children to senior citizens—need intensive services that include assessments and diagnosis, medication maintenance and ongoing access to psychiatrists and therapists. It is substantially recommended that BMH provide an organizational chart showing how its employees are able to connect with this vulnerable group of residents on a daily basis and provide necessary ongoing mental health care and medication support to them.

The New Plan further indicates there have been housing, employment and benefits specialist vacancies. Therefore it may be more worthwhile and less costly to employ three legal aid attorneys for the housing, employment and benefits positions, particularly as their salaries can be reasonable and affordable. A housing attorney can identify housing, obtain and negotiate landlord/tenant contracts, manage legal problems that arise during tenancy, handle cases before the landlord/tenant court and overall ensure that clients know their housing rights and when they are violating the terms and conditions of a lease.

Further, a legal aid attorney focused on employment can assist clients in identifying potential jobs and interviewing for them, understanding employee handbooks and the policy and procedures of the workplace, how to handle issues that emerge during work, when to request reasonable accommodations in order to more easily manage the workday and overall maintain and improve their ability to work and feel good.

In addition, a legal aid attorney can assist with benefits advocacy, particularly dealing with Social Security applications and administrative appeals hearings to obtain and maintain benefits. Whereas the Homeless Action Center was only available to provide legal representation to 10 clients, a legal aid attorney focused solely in this area should be able to manage many cases to assist the clients in most need of benefits. This attorney can also assist with Medi-Cal and other related benefits.

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Substantial Recommendation: Innovations ($400,000)

It is substantially recommended BMH staff, Mental Health Commissioners, MHSA Advisory Committee members and residents of Berkeley and Albany participate in creating and developing strategies that can fund INN projects. It is important to recognize that the MHSA allocation for INN projects in the amount of $400,000 is state funding to the Cities of Berkeley and Albany for residents to benefit from MHSA programs.

Given that BMH has initiated work on INN projects, there is an immediate need to inform the above-referenced public bodies and residents regarding any work undertaken by staff. Specifically, it is substantially recommended for BMH to set forth any projects (or strategies) regarding them in the amount of $400,000. The guiding principles and core values of the MHSA focus on community collaboration, client and family driven programming, cultural competency, system integration and wellness; they are central to creating and developing the INN programs.

In addition, the Community Planning Process and community collaboration mean constituents and stakeholders have meaningful involvement in the mental health policy, planning, implementation, monitoring, quality improvement, evaluation and budget allocations for MHSA programs under applicable law and regulations.

Further, it is substantially recommended to include professional findings and learnings from the research report conducted by Applied Survey Research, and how this ASR report can inform future INN pilot programs. The New Plan should also explain in the INN section about what BMH learned from its past pilot projects and how it can apply those learnings to future projects. In this way, there is a substantial recommendation regarding improving program performance, furthering outreach and program engagement and providing ongoing feedback to the grantees at least based those INN programs.

Moreover, these public comments include a substantial recommendation for a new INN program to focus on TAY consumers and their learning to become entrepreneurs through their music, art, writing and additional creative projects.

****

Thank you very much for reviewing these public comments and substantial recommendations. We look forward to your including them in the New Plan submitted to the Berkeley City Council on July 25, 2017.

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City of Berkeley
Mental Health Division Responses to
Public Comments received from
Margaret Fine and boona cheema on the
MHSA FY17/18 – 19/20
Three Year Program and Expenditure Plan

Unserved, Underserved and Inappropriately Served Residents and Cultural Competency Multi-Cultural, Engagement, Training & Activities (FY17/18 - $222,443)

This public comment focuses on several areas. The first is "Unserved, Underserved and Inappropriately Served Residents and Cultural Competency." The comment in this area focuses on a request for more specific demographic information on LGBTQ persons; more analysis of how activities related to this achieve their intended outcomes; and more information on how programs will decrease barriers to care, eliminate disparities, and promote access to care. Further, the comments in this area give specific input into the Equity Committee in the mental health division. LGBTQ demographics have been added to this MHSA Three Year Plan The remaining input will be considered in the formation of future MHSA plans.

Substantive Recommendation: Results-Based Accountability for MHSA Programs

The comment in this area focuses on a request for utilizing results-based accountability in all areas of MHSA funded programs, more detailed outcome data, and more information on the language and methodology of outcome data included. This input will be considered in the formation of future MHSA plans and in the planning for use of results-based accountability.

Substantive Recommendation: External Participatory Research Study

The comment in this area requests that this methodology of research be conducted with past and present Berkeley Mental Health clients. This input will be considered in the development of future evaluation measures connected to MHSA planning.

Substantive Recommendation: Describe Ongoing MHSA Funded Evaluations in New Plan

This comment requests detailed information on the contract for the evaluation of the Homeless Outreach and Treatment Team. When this contract is finalized, the full content of the contract will be listed in the City Records system and will be available to all community members.

Electronic Records System ($616,050)

The comment in this area focuses on utilizing funding for a electronic records system. The mental health division currently utilizes an electronic records system in partnership with Alameda County Behavioral Healthcare and does not anticipate costs connected to upgrading that system when Alameda County Behavioral Healthcare upgrades that system. However, this comment will be considered in future MHSA planning.

The Berkeley Wellness Venter ($600,000 – potentially $750,000)

- Substantial Recommendation: Integrating Primary and Mental Health Care:

This comment recommends that a planned wellness center to be sited in Berkeley integrate mental health and primary care. The desire for integrated care will be communicated to Alameda County Behavioral Healthcare, the entity which contracts for this coming wellness center, and will be communicate to the vendor, Bonita House.

- Substantial Recommendation: Providing Medication Management and Medication Support across the Continuum of Care

This comment recommends that the mental health division provide medication management and support services to all individuals with mental health issues and either uninsured or have medi-cal. Berkeley's mental health services are part of a larger fabric of mental health care provided to Alameda County residents by the Alameda County Behavioral Healthcare Plan and Managed Medi-Cal Insurance Plans. Berkeley's role and funding in this system of care is to serve adults with serious mental illness with serious functional impairment, and children with serious emotional disorders. Berkeley does serve individuals who fit this criteria and have Medi-cal or no insurance. This comment will be considered in the formation of future MHSA plans, where there may be some opportunities to improve access to care for individuals who do not get ongoing care within the mental health division.

Substantial Recommendation: Providing Intensive Care to Severely Emotionally Disturbed Children and Youth and Severely Mentally Ill TAY, Adults and Older Adults

These comments recommend the mental health division increase services to homeless persons, and recommends filling staffing vacancies with external legal aid attorneys. While the mental health division and the MHSA plan focus heavily on homeless individuals, this input will be considered in future MHSA plans. The recommendation to replace permanent City staffing positions with external legal aid attorneys is not something that will be considered at this time, but the desire to utilize legal aid and other external resources will be considered in future MHSA plans.

Substantial Recommendation: Innovations ($400,000)

The seventh area of comment is "Innovations." The comments request additional information on the planning for Innovation programming, with a specific request that learnings from past innovation projects be incorporated in future innovation plans. The mental health division has attempted to be very transparent in this MHSA plan and in community stakeholder meetings that the planning for innovations expenditures will be conducted through a separate public process and that learnings from past projects will be incorporated into Innovation planning. This input will be incorporated into future innovations planning and plans.

CITY OF BERKELEY, Division of Mental Health, MHSA FY Funding and Average Cost Per Client Per Program

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	MHSA 5 Year Projected Expend FY14/15	FY13/14 Average Cost Per Client	14/15 Average Cost Per Client	FY16/17 Annual Update FY15/16
Community Services & Supports (FSP)				
CSS FSP Children	No Entry	"No Data Available"	"No Data Available"	$392,213
CSS FSP TAY, Adult, Older Adult	$1,636,971	$1,413,578 (82 clients, $17,238)	$1,186,596 (66 Clients, $17,978)	$1,276,150
CSS Proposed Staffing Additions	No Entry	No Entry	No Entry	No Entry
TAY Support Services	No Entry	$101,768 (57 clients, $1,785	$101,768 (38 Clients, $2,678)	No Entry
CSS Benefits Advocacy	No Entry	$20,000 (20 clients, $1000)	$20,000 (14 Clients, $1,492)	No Entry
TOTAL	$1,636,971	$1,535,346	$1,308,364	$1,668,363
Community Services & Supports (non-FSP)				
Multi-Cultural Outreach & Engagement	$332,444	No Entry	No entry	$213,710
System Development/Integration	$386,935	$404,964	$333,959 (478 Clients, $698)	$1,222,642
Wellness Recovery Services	No Entry	No Entry	No entry	No Entry
Family Advocacy	No Entry	No Entry	No entry	No Entry
Employment/Education	No Entry	No Entry	No entry	No Entry
Housing Services & Supports	No Entry	No Entry	No entry	No Entry
Crisis Services	No Entry	No Entry	No entry	$86,241
Mobile Expansion	No Entry	No Entry	No entry	No Entry
TOT	No Entry	No Entry	No entry	No Entry
HOTT	No Entry	No Entry	No entry	$384,505
Flex Funds	No Entry	No Entry	No entry	No Entry
Albany Resource Center	No Entry	No Entry	No entry	No Entry
Tier 1	No Entry	No Entry	No entry	$20,000
Evaluations	No Entry	No Entry	No Entry	No Entry
Administration	$432,824	No Entry	No entry	$321,818
CSS TOTAL	$789,774	$1,940,510	$1,047,425	$3,595,461
Prevention & Early Intervention (PEI)				
BE A STAR	$119,762	$152,912 (415 clients, $368)	$90,877 (1,079 clients, $84)	$112,833
Supportive Schools Program	$35,000	$55,000 (315 clients, $175)	$35,000 (586 clients, $60)	$55,000
Community Education & Supports	$159,120	No Entry	No Entry	$167,076
Albany Trauma Project	No Entry	$53,040 (224 clients, $118)	$53,040 (344 clients, $154)	No entry
Living Well Project	No Entry	$26,520 (97 clients, $273)	$26,520 (76 clients, $349)	No entry
Harnessing Hope Project	No Entry	$26,520 (62 clients, $428)	$26,520 (29 clients, $914)	No entry
LGBTQI Trauma Project	No Entry	$26,520 (101 clients, $263)	$26,520 (302 clients, $87)	No entry
TAY Trauma Project	No Entry	$26,520 (27 clients, $982)	$26,520 (34 clients, $780	No entry
Community Child/Youth Risk Prevention	$38,863 + $116,590	$26,520 (61 clients, $435)	$96,183 (30 clients, $3,206)	$38,569 + $118,307
High School Youth Prevention	$99,523 + $299,818	$47,861 (1,504 clients, $32)	$390,422 (1,395 clients, $280)	$92,237 + $284,631
Homeless Outreach Services	$25,000	No Entry	$100,000 (937 clients, $107)	$25,000 + $25,000
Homeless Outreach Treatment	$75,000	No Entry	No Entry	$196,225
Social Inclusion w/ACBHS	$10,000	$10,000 (10 clients, $1000)	$1,565 (8 clients, $157)	$10,000
CalMHSA Contribution	No Entry	No Entry	No Entry	No entry
Evaluations	No Entry	No Entry	No Entry	No entry

Administration	$128,856	No Entry	No Entry	$240,499
TOTAL	$1,107,592	$45,716	$93,467	$1,365,374

Innovations

TBD	**No Entry**	**No Entry**	**No Entry**	**$270,000 TBD**
Trauma-Informed Care	**No Entry**	**No Entry**	**No Entry**	**$180,000**
INN Projects (3 Year Programs 6/12-7/15)	**Each Proposed MH INN Expend - $31,257**	**Each Project Below - $45,000**	**Each Project Below - $31,257**	**No Entry**
	African American Community Empowerment	African American Community, 95 Clients, $474	African American Community, 109 Clients, $287	No Entry
	Re-Entry Systems Synergy	Re-Entry Systems Synergy, 128 Clients, $352	Re-Entry Systems Synergy, 59 Clients, $530	No Entry
	Wellness Strategy for API	Wellness Strategy for API, 395 Clients, $114	Wellness Strategy for API, 255 Clients, $123	No Entry
	Trauma Informed Holistic Care Model for TAY	Trauma Informed TAY, 217 Clients, $207	Trauma Informed Holistic Care for TAY, 108, $289	No Entry
	Senior 2 Senior	Senior 2 Senior, 30 Clients, $1,500	Senior 2 Senior, 103 Clients, $303	No Entry
	Board & Care Nutrition	Board & Care Nutrition, 27 Clients, $1,667	Board & Care Nutrition, 52 Clients, $601	No Entry
	Improve MH Access/Quality Services LGBTQUI	Improve MH Quality LGBTQI, 37 Clients, $1,216	Improve MH Quality for LGBTQI, 31 Clients, $1,008	No Entry
Planning & Evaluation	**44,500**			**$5,000**
TOTAL	$263,299	$45,100	$266,799	$455,000

****Per FY 13 MHSA Revenue & Expend Report**

Workforce, Education & Training (WET)

Peer Leadership Stipend Program	$72,000	No Entry	No Entry	$72,000
High School Career Pathways Program	$7,000	No Entry	No Entry	$7,000
Graduate Level Training Stipend Program	$25,000	No Entry	No Entry	$25,000
Staff Development and MHSA Training	79,352	No Entry	No Entry	$46,186
TOTAL	$183,352			$150,186

Capital Facilities & Technology Needs

Est Total MH Expend (Adult Clinic Renovation)	**$1,571,255**	**(CFTN = $816,050; Other Funding = $755,205)**	**No Entry**	**$2,500,000**
CFTN Funds		**No Entry**	**No Entry**	**$2,500,000**
CSS Re-allocated Funds (from 3 Yr Plan)		**No Entry**	**No Entry**	**No Entry**
CSS Re-allocated Funds (from 16/17 Annual Update)		**No Entry**	**No Entry**	**No Entry**
Tech Needs (e.g. Electronic Records System)		**No Entry**	**No Entry**	**No Entry**
TOTAL	$1,571,255			$2,500,000

15/16 Average Cost per Client	INN Projects 15/16	CPP PowerPoint 1	CPP PowerPoint 2	Total MHSA Projected Expend 17/18
$244,006 (16 Clients, $15,250)		$2,378,298	$561,144	$561,144
$1,028,527 (55 Clients, $18,700)		w/FSP Children above	$1,854,486	$2,152,102
No Entry		($500,550)	($548,918)	No entry
$101,768 (36 Clients, $2,827)		$122,856	$122,856	No entry
$20,000 (15 clients, $1,333)		No entry	No Entry	No entry
$1,394,301		$2,378,298	$2,538,486	$2,713,246
No entry		$206,337	$222,443	$222,443
$375,289 (432 clients - $869)		$1,147,890	$1,629,545	$1,468,282
No entry		No entry	No Entry	No entry
No entry		No entry	No Entry	No entry
No entry		No entry	No Entry	No entry
No entry		No entry	No Entry	No entry
No entry		No entry	No Entry	$170,876
No entry		$86,241	$170,876	No entry
No Entry		No entry	No Entry	No entry
No entry		$384,505	$341,778	$361,538
No entry		No entry	No Entry	No entry
No entry		No entry	$32,000	$32,000
No entry		No entry	No Entry	No entry
No Entry		No Entry	No Entry	No entry
$432,824		$1,106,556	$437,387	$437,387
$1,200,113		$5,432,633	$3,729,515	TOTAL: $5,105,772
$106,094 (1086 clients, $98)		$112,833	$213,540	$120,383
$55,000 (326 clients, $169)		$55,000	$55,000	$55,000
No Entry		$192,376	$192,376	$192,376
$53,040 (266 clients, $199)		No Entry	No Entry	No Entry
$26,520		No Entry	No Entry	No Entry
$26,520		No Entry	No Entry	No Entry
No Entry		No Entry	No Entry	No Entry
$26,520 (31 Clients, $855)		No Entry	No Entry	No Entry
$83,089 (30 Clients, $2,770)		$156,876	$7,117	$1,779 + $5,338
$310,989 (1,377 clients, $226)		$376,868	$576,452	$114,093 + $342,278
$100,000 ($515 clients, $194)		No Entry	No Entry	No Entry
No Entry		$196,225	$219,501	$54,875 + $164,626
No Entry		No Entry	$10,000	$10,000
No Entry		No Entry	$44,262	$44,262
No Entry		No Entry	No Entry	No Entry

No Entry		$276,639	$326,434	$326,434		
$873,267		$1,376,687	$1,644,682	$1,644,682		
No Entry		$400,000 TBD	$400,000	$400,000		
No Entry		$22,405	$22,405	$22,405		
No Entry		NO ENTRIES NEW PROJECTS	NO ENTRIES NEW PROJECTS	NO ENTRIES NEW PROJECTS		
No Entry		No Entry	No Entry	No Entry		
No Entry		No Entry	No Entry	No Entry		
No Entry		No Entry	No Entry	No Entry		
No Entry		No Entry	No Entry	No Entry		
No Entry		No Entry	No Entry	No Entry		
No Entry		No Entry	No Entry	No Entry		
No Entry		No Entry	No Entry	No Entry		
No Financial Analysis						
No AACE Estimate $22,900		No Entry	No Entry	No Entry		
$22,900		$422,405	$422,405	$422,405		
		No Entry	No Entry	$72,000		
		No Entry	No Entry	$7,000		
		No Entry	No Entry	$25,000		
		No Entry	No Entry	$32,965		
		$115,027	$115,947	$136,965		
		No Entry	No Entry	$2,408,988	FY 18/19	FY 19/20
		$1,432,100	$1,432,100	$2,408,988	$819,613	No Entry
		$1,522,098	$1,522,098	No Entry	$616,050	No Entry
		$819,613	$819,613	No Entry	No Entry	No Entry
		Total CRTN Funding $3,773,811	Total CRTN $3,774,811	$2,408,988	$1,435,663	No Entry
				TOTAL FY 18/19 and 19/20	$3,844,651	

City of Berkeley
Mental Health Division
Comments on funding Spreadsheet submitted during
the 30 Day Public Review of the
MHSA FY17/18 – 19/20 Three Year Program and Expenditure Plan

The spreadsheet was prepared by two MHSA Stakeholders and was submitted during the 30-Day Public Comment period. The spreadsheet outlines funding in MHSA plans and updates that are on the City of Berkeley Mental Health Divisions MHSA website per each funded program since FY14/15. The spreadsheet also outlines funding per program that was presented per Community Program Planning (CPP) processes that were conducted for the FY17/18 – 19/20 Three Year Plan.

1.) There are areas where the spreadsheet indicates there are "no entries" for funding for a given program in various plans. This is primarily due to the fact that the Budget Pages in those plans did not indicate the funding per program, but rather funding for a given category of programming. So for example in CSS, there is funding for Full Service Partnership programs, Multi-Cultural Outreach & Engagement and System Development and there are programs that fall into those funding categories, such as the Wellness Recovery Services are funded in System Development. Similarly in the Prevention/Intervention Funding component, the Albany Trauma Project, Living Well Project, Harnessing Hope Project LGBTQI Trauma Project and the TAY Trauma Project costs are all in "Community Education & Supports" expenditures. An additional reason in earlier plans that there weren't funding entries for specific programs is because those particular programs did not exist in previous years and were added in more recent plans.

2.) There was no entries in earlier years for the Trauma Informed Care project because it didn't exist until FY2016 and there weren't funding entries for the 7 Innovations projects after FY2015, because they ended 6/30/15.

3.) The discrepancies in the funding between each of the Community Program Planning presentations and the Draft FY17/18 -19/20 Three Year Plan are due to the information on approximate amounts of funding that was available from fiscal staff at the time of each presentation and the posting of the Three Year Plan. Included in each is the most updated information that was available at that point in time.

The Mental Health Division has offered to conduct a fiscal informational session at a future Mental Health Commission meeting to answer any additional questions about MHSA funding as well as other Mental Health funding. The meeting will be publicly noticed.

PARTNERSHIPS FOR TRAUMA RECOVERY

Input for the City of Berkeley
Mental Health Services Act (MHSA) Three Year Plan

Submitted by:
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Partnerships for Trauma Recovery (PTR) is a Berkeley-based 501(c)(3) nonprofit organization dedicated to addressing the psychosocial impacts of trauma among international survivors of human rights abuses. At our Mosaic Healing Center in downtown Berkeley, we provide trauma-informed, *globally* culturally aware and linguistically accessible mental health care and individual and family advocacy services to help refugees, asylees, asylum seekers and unaccompanied children overcome the trauma that they faced in their home countries, on their journeys to the United States and, unfortunately, sometimes in our own communities here in the Bay area.

I. UNDERSERVED POPULATIONS IN OUR COMMUNITIES

A. Refugees, Asylees, Asylum Seekers and Unaccompanied Children, and their Mental Health Needs

The San Francisco Bay Area welcomes these refugees and asylees who have been forcibly displaced from their home countries. Since 1975, approximately 170,000 refugees have resettled in the Bay Area from countries including Afghanistan, Bhutan, Burma/Myanmar, the Democratic Republic of Congo, Eritrea, Ethiopia, Iraq, Iran, Nepal, Somalia, Sri Lanka, Syria and more. The East Bay of San Francisco is home to an increasing number of international survivors, including refugees, asylees, asylum seekers, and unaccompanied children (UCs). According to the California Department of Social Services (CDSS), 4,035 refugees were admitted to the San Francisco Bay Area between 2010 and 2015, with 2,206 into Alameda and Contra Costa Counties alone.

In addition to these refugees are asylees and asylum seekers who have fled threats, violence and persecution at home, and have sought refuge in the Bay Area. With histories of violence frequently including torture and gender-based violence, asylum seekers await hearings, often living for years in limbo. Unsure about whether they will be sent back to a life-threatening situation in their country of origin, they live without access to services, or support to move forward from their traumatic pasts. Moreover, the process of giving an asylum declaration can be extremely challenging for the client who must retell and, in some ways, relive, the trauma they experienced. And their numbers are growing: The East Bay Sanctuary Covenant, a local nonprofit based out of a church, had filed over 4000 asylum cases for a period of over 30 years since it opened its doors in 1982. In 2016 alone they submitted over 600 such asylum applications, 200 of which are for unaccompanied children fleeing the increasing violence and insecurity in Central America.

Refugees are provided with initial resettlement support, while asylum seekers must wait until they have obtained legal asylum status to receive any services. For all, the road to economic security and wellbeing is long and difficult, with numerous challenges to overcome. One such obstacle is the considerable mental health needs of this population. An estimated 44% of US refugees (1.3 million

people) are survivors of torture.[1] Up to 75,000 of these torture survivors reside in the Bay Area, and Alameda and Contra Costa counties alone may host up to 18,000 of these survivors. As a group, refugees experience 10 times the rates of Post-traumatic Stress Disorder (PTSD) than the general population,[2] and studies have shown that rates of PTSD range from 50-90% among refugee children and adolescents.[3] The psychosocial stressors experienced during escape can double the prevalence of severe depression, disabling post-traumatic anxiety and other serious mental health difficulties.[4]

In addition, recent changes in the political climate have increased anxiety and fear among international survivors who are familiar with the type of rhetoric that is being spoken. Often having lived under oppressive governments under which they were targeted, the rise of anti-immigrant rhetoric has reduced their feelings of safety and security. Asylum seekers are particularly vulnerable with increased risk of detention and separation from family members and potential denial of their asylum claims.

B. Mental Health Needs of Berkeley High School Newcomer Students

Berkeley High School's English Learner (EL) Newcomer program and Partnerships for Trauma Recovery have recently begun discussions to address the mental health needs of recent immigrant students at BHS. The number of newcomer students ranges from 167 to 225 during any given year and a total of 23 different languages including Arabic, Farsi, Pashto, Spanish, Tigrinya and more are spoken by students at the school. Newcomer students in need of mental health care include refugees, asylum seekers and unaccompanied children, who have experienced traumas including forced displacement due to war, human trafficking, gang violence, gender-based violence, and persecution due to identity, sexual orientation and beliefs. In addition this population includes students who are struggling with re-unification with family members who they may never have met, or who they believe had abandoned them, and who they now must trust to care for them.

C. Barriers to Care Among Refugees, Asylees and Unaccompanied Children

"Already there is immense disparity in mental health in the U.S., as ethnic and racial minorities tend to have less access to, and receive less benefit from, mental health services... For refugees the disparity is made worse because of language, stigma, a lack of culturally-responsive providers, and issues related to service delivery."[5] Although the San Francisco Bay Area, and especially the City of Berkeley, is a welcoming place for people from all over the globe, international survivors are often unable to access mental health support due to considerable cultural, linguistic and economic barriers they face, as well as the severe levels of trauma they carry with them, with few clinicians trained to specifically serve the complex needs of this population. In particular, survivors of human rights abuses from African countries and Middle Eastern countries, and international LGBTQ survivors of persecution, face a relative scarcity of services due to few clinicians having an understanding of the historical and political contexts of these countries of origin, including the nature of government oppression in these

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[1] U.S. Home to Far More Refugee Torture Survivors than Previously Believed," Center for Victims of Torture September 29, 2015.

[2] Fazel M, Wheeler J, Danesh J. Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. Lancet 2005;365:1309-1314.

[3] Lustig, S, Kia-Keating, M, Kight, W et al. Review of child and adolescent refugee mental health. J Am Acad Child Adolesc Psychiatry, 2004;43(1): 24-36.

[4] World Health Organization and United Nations High Commissioner for Refugees. Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings. WHO 2012: 18.

[5] Farmer, B. (Ed.). Walking Together: A Mental Health Therapist's Guide to Working with Refugees. Lutheran Community Services Northwest: 17.

regions, as well as the severe levels of persecution faced by LGBTQ populations in many countries where such persecution is publicly condoned.

At Berkeley High School, newcomer students also lack access to trauma-informed, culturally aware and linguistically accessible mental health care. As an example, one suicidal Spanish-speaking student was recently turned away from BHS health services due to a lack of language capacity, while students who speak other languages such as Arabic and Tigrinya are even less likely to have access to care. These newcomer students are in urgent need of individual and group therapy led by trained mental health clinicians who have the knowledge and skills to serve the diverse needs of these students.

According to the California Multicultural Mental Health Services Act Coalition's 2013-2014 State of the State report, for refugee and asylee communities, access to social services including health and mental health care is limited. One key informant for the report described these limitations stating, "All new RAs [refugees/asylees] undergo mandated Refugee Health Screening (RHS) within the first 30 days of arrival which includes a built-in mental health assessment tool for individuals who are 16 years and above...[Actually, this is only the case for refugees who arrive to California with refugee status, and excludes asylum seekers who arrive to California and then apply for asylum status]...During this first and possible singular encounter with a practitioner in a sterile clinical setting, new arrivals may not divulge traumatic events. RHS sites may not be equipped to coordinate referrals into behavioral health care and/or the services currently on offer within the community may not match the needs of trauma survivors." In fact, it has been noted within Alameda County that a major constraint in the county is the lack of behavioral health clinicians and services for such referrals to provide care for refugee populations. In the County, "The RHS process has little capacity to delve into perceived cases of trauma and emotional need: RHS staff and interpreters do not have specialized knowledge of mental health, behavioral health clinicians are not immediately available on-site, and referral mechanisms are not in place to facilitate warm hand-offs to Country or community-based providers"[6]

The California Multicultural Coalition's study further emphasized various barriers to care including understaffed and overworked community-based organizations contending with extremely high levels of need. Language barriers and general navigational issues are two of the largest hurdles refugee populations face initially because refugee and asylee populations often speak languages of lesser dispersion such as Tigrinya and Amharic. Finding interpreters for these languages is challenging and service providers must use trained interpreters that adhere to professional standards and ethics. In 2015, there were 738 certified medical interpreters in California to cover 1.7 million people with limited English speaking skills - and the overwhelming majority of medical interpreter training programs cover physical health, not mental health. When in-person language interpretation is unavailable, contracted language line services are used within healthcare and social service settings to communicate with clients. In Alameda County, it has been noted that, "...There remains a pronounced lack of certified mental health professionals within the community who are able to assist refugees in their own native language." Further, "cultural beliefs about mental health vary among populations and refugees may be less willing to seek services, even when available, due to perceived stigma."[7]

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[6] Jennie, Mollica. "Report on Task Force and Research Activities, Outcomes and Recommendations", Alameda County Refugee & Asylee Health Services Coordination, February 2014.

[7] Raphael, Blythe. "Refugee Resettlement in the United States and Alameda County: A Primer," East Bay Refugee Forum, April 2013.

D. The Need for Early Intervention

Importantly, research has found benefits to early intervention with newly arrived forcibly displaced populations. A 2015 study of torture survivors in northern California further found that, even when accounting for pre- and post-migration factors, including types of torture, immigration status, sociodemographic status, housing status and more, the most important factor associated with probable PTSD and depression was the length of time between arrival in the U.S. and the provision of clinical mental health services; when survivors received mental health care one year or more after resettlement, they were more likely to suffer from PTSD and depression than those who received care within the first year after arrival.[8]

II. PARTNERSHIPS FOR TRAUMA RECOVERY: ADDRESSING THE NEED FOR PSYCHOSOCIAL CARE FOR REFUGEES, ASYLEES AND UNACCOMPANIED CHILDREN

A. Mental Health Care and Individual and Family Advocacy

PTR's downtown Berkeley-based Mosaic Healing Center is a vital Sanctuary Space in the City of Berkeley. Since its opening in 2016 we have provided individual, family and group therapy to 125 clients from 27 countries, including a 16 year old Berkeley High School asylum seeker and a 16 year old Berkeley High School Central American child of asylees. PTR's Group therapy has supported newly arrived Yemeni girls and boys, as well as Afghan women. Approximately 90% of our individual clients are asylum seekers who have been referred to us by attorney partners including the East Bay Sanctuary Covenant, East Bay Community Law Center and more, and 25% of our individual clients are LGBTQ asylum seekers from the Middle East, Africa and Latin America, including countries such as Uganda and Cameroon where persecution of LGBTQ people is condoned by the government.

Age Demographic (years)	Number of Clients Referred
Children (0-18)	39
Transitional Age Youth (19-24)	13
Adults (25-64)	73

Critical to PTR's approach is our support for asylum seekers' legal claims. First, we take referrals for these clients to receive mental health care, not only enabling the client to process their feelings and better manage their emotional responses during the asylum declaration process, but also, enabling them to more effectively make their declarations, by piecing together the fragmented memories that often arise from post-traumatic stress disorder, to more cohesively tell their story. As well, recognizing that psychological affidavits for asylum seekers' cases often provide the critical evidence needed to help an asylum seeker win their immigration claim, PTR's clinicians provided psychological affidavits to support 20 of our asylum seekers' claims for legal status. Finally, PTR provides professional wellbeing support to our partner agencies through consultations and group support to prevent secondary trauma, compassion fatigue and burnout among service providers.

[8] Song etal., Psychological distress in torture survivors: pre- and post-migration risk factors in a US sample. Social Psychiatry and Psychiatric Epidemiology 50(4) · November 2014.

"Working with therapists at Partnerships for Trauma Recovery helps me provide holistic legal services to my clients. I am better able to explain to an adjudicator - who may have the final say on a case - the psychological reasons behind a client's actions. Recently, when the legal arguments for a Motion to Reopen for an asylum seeker weren't very strong, because of my increased understanding of trauma, I was able to include psychological evidence to strengthen one of the legal arguments. We won the motion and I am confident that it was the psychological evidence that helped the adjudicator understand the facts of the case in order to grant the motion and give the client a second chance."
-Dania Lopez Beltran, Staff Attorney, East Bay Community Law Center

In addition, individual and family advocacy is incorporated into PTR's approach which highlights the role that ethnicity, religion, education, and international social construct play on our clients' struggle to integrate into their new communities and process their trauma and integrate into their new communities. Through our case management services PTR clinicians collaborate with other providers, advocate through phone calls and letters, research and share information, fill out forms, and refer clients to other providers. Describing services in ways that are culturally understandable and meaningful to people who have in many cases just arrived in the U.S. and who have significant fear of authority due to flight from oppressive governments is essential. This is an area in which PTR's

Case Example: A 26 year-old Eritrean woman came to the United States as an asylum seeker. She arrived alone, leaving all her family and friends behind. In a country known for severe political repression and human rights violations, Ruth was arbitrarily detained and tortured shortly before her flight from Eritrea. As a result of polio in early childhood, Ruth has a permanent disability that requires her to use a whueelchair. During her imprisonment and despite her disability, she was severely beaten, repeatedly assaulted and deprived of her basic need for food, hygiene and medical care. Upon her release from prison, Ruth's family was able to help her escape, knowing they would never see her again. Ruth's painful decision to leave her family and flee her home country was a taken despite her extreme vulnerability. Although she was able to access homeless shelters at night, she spent many days in the rain, in her wheelchair with nowhere to go. However, once she connected with PTR's Mosaic Healing Center where we were able to provide her with psychosocial support in her language - Tigrinya - she was given referrals to address her basic material needs, including through the Women's Drop-In Shelter in Berkeley. PTR subsequently conducted significant outreach to obtain a host family to house her and is now providing ongoing psychological and psychosocial support for Ruth.

accumulated knowledge stands as an asset.

B. Expanding Capacity to Provide Intensive Mental Health Care for Globally Diverse Populations in Our Communities

PTR is implementing one of the few multidisciplinary clinical training programs in the nation with an international trauma specialization. This year, we have trained 9 clinical interns from Bay Area psychology and social work programs in a 10-month, in-depth training program focused on serving the clinical and case management needs of forcibly displaced people in our communities. The 2017-2018 clinical team will grow to 11 interns. Our trauma-informed and internationally focused didactic and experiential curriculum is combined with extensive clinical supervision, preparing graduates to effectively serve the needs of forcibly displaced populations with severe trauma.

In PTR's clinical training program, "a trainee might for example see an Afghan family with young children; an Eritrean single mother; a young Congolese man; an Ethiopian couple; a gay man from Uganda; a disabled Yemeni torture survivor; an elder indigenous Guatemalan woman seeking asylum; and an unaccompanied youth from El Salvador. Some clients are from extremely poor rural backgrounds and have never been to school, while others may be highly educated from comfortable backgrounds in capital cities. Clients might be Muslim, Orthodox Christian, Hindu or Buddhist. They can be transgender and Muslim, or Catholic and gay."

Recognizing that a major obstacle to mental health care for international survivors is linguistic accessibility, PTR also centralizes the role of ***Refugee Voices***, our mental health interpretation team consisting of former refugees and asylees, who not only expand our linguistic reach, but simultaneously strengthen their skills in mental health interpretation through our training and professional support program. Our first year's clinical team and Refugee Voices interpreter team has the capacity to serve clients in 29 languages.

III. RECOMMENDATIONS

Partnerships for Trauma Recovery has the capacity to implement all of the following:

1. **Especially in this intense political climate, with significant threat to immigrant populations, increase support for trauma-informed, *globally* culturally aware and linguistically accessible mental health care and case management for refugees, asylees, asylum seekers and unaccompanied children, who are currently underserved.** Mental health care would address the experience and expression of emotional distress specific to refugee and asylum seeking populations through trauma-informed, culturally adapted mental health services. A multidisciplinary clinical team would assess needs, implement appropriate therapeutic approaches, manage crises such as suicidality, and measures the effectiveness of their interventions. Group therapy would leverage the organic therapeutic qualities of groups to effect change by normalizing experiences, building social support, and engaging in shared learning and healing.

2. **Increase support for capacity building through clinical training of psychology and social work students to serve the specific mental health and case management needs of forcibly displaced populations with severe trauma histories.** Training aimed at developing a comprehensive understanding of the psychosocial impacts of human rights abuses, as well as skilled capacity for helping survivors heal would consist of in-depth case supervision and a tailored training curriculum with topics including: refugee and asylee trauma; forced displacement and exile; grief and loss; sensitive assessment and treatment planning; working with victims of torture; collaborating with interpreters; medication adherence; vicarious trauma and self-care; and global cultural awareness and contextual competence. With this training, these globally-minded clinicians are prepared to spread their knowledge and clinical skills to reach greater numbers of international survivors of human rights abuses.

3. **Increase support for training of in-person mental health interpreters to expand local capacity to expand the number of trained mental health interpreters.** Training content includes: (a) Mental health terminology; b) Interpreting in a mental health setting as a key member of the therapeutic team; (c) Trauma-informed Interpreting for torture and war trauma survivors. (d) Understanding stigma; (e) Cultural use of language. For example, "my heart is burning" means something different to Karen-speaking Burmese clients; (f) Use of body language in creating safe or unsafe spaces. (g) Self-care and vicarious trauma due to therapeutic content; (h) Boundary setting, particularly because interpreters are often refugees themselves; (i) Role of clinician, client and interpreter; and (j) Ethics and confidentiality.

4. **Through a pilot project, support globally culturally accessible individual and group-based mental health care for Berkeley High School's newcomer students to enable them to better access the educational opportunities provided to them at BHS and prevent future mental**

health challenges. Newcomer teachers and other BHS staff have identified specific high priority groups including: (a) A group to address PTSD, in particular hypervigilance, caused by previous trauma as well as current anxiety about ICE raids; (b) A group to discuss issues of abandonment for students who are being reunited with parents who fled their home countries without them; and, (c) A group for Middle Eastern and northern African students who have escaped war. PTR has the capacity to engage in this process, with current capacity to provide individual therapy for BHS students referred to the Mosaic Healing Center (located two blocks from BHS) as well as group therapy in Spanish on-site at BHS.

City of Berkeley
Mental Health Division
Response on comments submitted
by Partnerships on Trauma Recovery
on the MHSA FY17/18 – 19/20
Three Year Program and Expenditure Plan

This input will be considered in the formation of future MHSA Plans and programming.