City of Berkeley
Mental Health Services Act (MHSA)

Fiscal Year 2017
Prevention & Early Intervention
Evaluation Report

January 30, 2018

TABLE OF CONTENTS

Introduction……………….…………………………………………………….………….1

Background……………………………………………………………………………..2

PEI Program Requirements…………………………………………………………..7

PEI Demographic Reporting Requirements………………………………………….9

City of Berkeley PEI Programs...…………………………………………………...11

Prevention/Early Intervention Combined Programs …….……………………………12

Early Intervention (Only) Programs…...………………………………...…………19
.

Access and Linkage to Treatment Program…...…………………………...…………..35

Stigma and Discrimination Reduction Program…………………………...………..38

Outreach for Increasing Recognition of Early Signs of Mental Illness Program..........42

Suicide Prevention (Optional PEI Program)..……………………………..……….44

Appendix.…………………………………………………………………..……1A

INTRODUCTION

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

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

Per Mental Health Services Act (MHSA) State requirements, beginning December 2017, Mental Health jurisdictions are to submit a Prevention and Early Intervention (PEI) Evaluation Report to the Mental Health Services Oversight and Accountability Commission (MHSOAC) on an annual basis. The first PEI Annual Report provides a report on Fiscal Year 2017 (FY17) Data. Additionally, beginning December 2018, a Three Year PEI Evaluation Report is due to the MHSOAC every three years.

New PEI regulations and data collection requirements became operative in October 2017, providing counties with only eight or nine months to establish a data collection system. Therefore, for the first Annual PEI Evaluation Report, a Waiver was issued by the MHSOAC (see appendix for a letter from the MHSOAC) to all Counties (and City Mental Health jurisdictions receiving MHSA Funds) which indicated if a Mental Health jurisdiction was not able to collect all of the required data for the reporting period, they should identify and report on the data they are able to collect; obstacles faced in being able to comply with the requirements and timeline for complying fully with the regulations in future reports.

The City of Berkeley requested and was granted a one-month extension to complete this Prevention and FY17 PEI Evaluation Report. The report provides descriptions of currently funded MHSA services, and reports on FY17 program and demographic data to the extent possible. Of the data collected across all programs, in FY17 a total of 6,130 individuals participated in some level of PEI services and approximately 1,254 individuals were linked to ongoing individual counseling services.

The main obstacles in collecting data for this first PEI Evaluation Report had to do with limited staffing and resources both within the City and at Contractor sites to implement and oversee all the necessary data collection requirements. While, it may be a multi-year process before the City of Berkeley will be able to present a complete data set for each PEI Program on an Annual basis, ongoing efforts will continue towards accomplishing this goal.

BACKGROUND

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

Key Community Mental Health Needs:

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

PEI Priority Populations:

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

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

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

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

PREVENTION

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

EARLY INTERVENTION

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

ACCESS and LINKAGE to TREATMENT

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

STIGMA and DISCRIMINATION REDUCTION

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

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

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

OPTIONAL - SUICIDE PREVENTION

Activities to prevent suicide as a consequence of mental illness.

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

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

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

PEI PROGRAM REQUIREMENTS

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

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

* <u>Evidence-based practice standard</u>: Activities for which there is scientific evidence consistently showing improved mental health outcomes for the intended population, including, but not limited to, scientific peer-reviewed research using randomized clinical trials.

<u>Promising practice standard:</u> Programs and activities for which there is research showing positive outcomes, but the research does not meet the standards used to establish evidence-based practices and does not have enough research or replication to support generalizable positive public health outcomes.

<u>Community and/or practice-based evidence standard</u>: A set of practices that communities have used and determined to yield positive results by community consensus over time, which may or may not have been measured empirically. Takes a number of factors into consideration, including worldview, historical, and social contexts of a given population or community, which are culturally rooted.

PEI Demographic Reporting Requirements

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

(A) The following Age groups:

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

(B) Race by the following categories:

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

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

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

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

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

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

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

(E) Sexual orientation

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

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

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

(G) Veteran Status,

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

(H) Gender

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

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

CITY OF BERKELEY PEI PROGRAMS

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

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

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

Additionally, within FY18, the City of Berkeley Health, Housing and Community Services Department began the roll-out of “Impact Berkeley” in various Public Health and Mental Health programs. “Impact Berkeley” is an evaluation that utilizes the methodology of “Results Based Accountability”, which seeks to answer how many individuals are being served, how well the program is providing services, and whether participants are better off as a result of participating in the program, or receiving services. Through this initiative the Department has been envisioning, clarifying, and developing a common language about the outcomes and results each program is seeking to achieve, and will then use a rigorous framework to measure and enhance programs towards these results. The first part of this roll-out includes the PEI Community Education & Supports Program contracted services. Staff have been working with PEI funded Contractors both on establishing measures for “Impact Berkeley” and for PEI program requirements, the data of which will be reported on in future PEI Evaluation Reports.

This FY16/17 PEI Evaluation Report documents program measures and demographic elements to the extent data was available. While, it may be a multi-year process before the City of Berkeley will be able to present a complete data set for each PEI Program on an Annual basis, ongoing efforts will continue towards accomplishing this goal.

PREVENTION AND EARLY INTERVENTION COMBINED PROGRAMS

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

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

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

In FY17, a total of 455 children were reached through this program. At Berkeley Unified School District (BUSD) this program reached 370, 3-5 year olds. A total of 59 of the children reached were already receiving services through an Independent Education Plan (IEP). A total of 296 ASQ's were returned and scored. Through these screenings, 45 children scored in the "Of Concern" 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	150	26	17.3%
King	74	12	16.2%
Hopkins	72	7	9.7%

As a result of the BUSD ASQ screenings, 49 referrals were made to the following services:
25 to Mental Health services; 11 to BUSD Special Education; 13 to other area Districts Special Education services.

A total of 85 additional ASQ's were administered by Public Health nurses during home visits. Of the 85 completed ASQ's, 8% scored in the "of concern" range and 27% 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).

Demographics on all children who received outreach and/or screenings were as follows:

PARTICIPANT DEMOGRAPHICS N=455	
Age Groups	
0-15 (Children/Youth)	100%
Race	
Black or African American	23%
Asian	23%
White	9%
Other	31%
More than one race	6%
Declined to Answer (or Unknown)	8%
Ethnicity: Hispanic or Latino	
Mexican/Mexican-American/Chicano	31%
Ethnicity: Non-Hispanic or Non-Latino	
Declined to Answer (or Unknown)	69%
Primary Language Used	
Declined to Answer (or Unknown)	100%
Sexual Orientation	
Declined to answer (or Unknown)	100%
Disability	
Declined to answer (or Unknown)	100%
Veteran Status	
No	100%
Gender: Gender Assigned at Birth	
Declined to answer (or Unknown)	100%
Current Gender Identity	
Declined to answer (or Unknown)	100%

High School Youth Prevention Program

This program operates in conjunction with other health related services offered at Berkeley High School (BHS) and Berkeley Technology Academy (BTA) to provide young people with the information and individual support they need to make positive and healthy decisions in their lives. The program includes: outreach activities designed to provide students with basic information around the risks of certain behaviors, and ways to protect themselves and make positive and safer decisions; classroom presentations to enable students to receive more in-depth information around a variety of health topics and available resources, and provide the opportunity for students to do a personal assessment of risk and current lifestyle choices; drop-in crisis and counseling services; individual appointments to identify young people who may need more intensive intervention; and short-term treatment. The individual appointments, held at the school-based health center, provide young people with the opportunity to hold very in-depth discussions around the choices they are making and the risks that are involved in their choices. They receive guidance about changes they can make to reduce or eliminate their risks, and are given the opportunity to identify barriers that might exist for them that prevent them from making healthier choices. In addition, they complete a 40 question, in-depth HEADSSS (Home, Education, Activities, Drugs/Alcohol, Sexuality, Safety, Suicidality) assessment. Based on the outcome of the individual appointment and/or assessment, a young person may be referred to either a medical or mental health professional for follow-up care and intervention and/or treatment. Approximately 2600 Berkeley High School Students and 100 B-Tech students receive some level of services through this program each year.

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

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

In FY17, approximately 3,652 students received services through this project with 1,215 students receiving mental health services. Demographics on the total number served were as follows:

PARTICIPANT DEMOGRAPHICS N=3,652	
Age Groups	
0-15 (Children/Adult)	22%
16-25 (Transition Age Youth)	78%
Race	
American Indian or Alaska Native	1%
Asian	5%
Black or African American	24%

Native Hawaiian or Pacific Islander	1%
White	29%
Other	2%
More than one Race	18%
Declined to Answer (or Unknown)	1%
Ethnicity: Hispanic or Latino	
Mexican/Mexican-American/Chicano	20%
Ethnicity: Non-Hispanic or Non-Latino	
Declined to Answer (or Unknown)	80%
Primary Language	
English	93%
Spanish	7%
Sexual Orientation	
Gay or Lesbian	1%
Heterosexual or Straight	96.3%
Bisexual	2.6%
Declined to Answer (or Unknown)	.1%
Disability	
Declined to Answer (or Unknown)	100%
Veteran Status	
No	100%
Gender: Assigned sex at birth	
Male	21%
Female	77%
Declined to Answer (or Unknown)	2%
Current Gender Identity	
Male	21%
Female	77%
Transgender	>.1%
Declined to Answer (or Unknown)	1.4%

Demographics on the students receiving ongoing counseling services were as follows:

PARTICIPANT DEMOGRAPHICS N=1,215	
Age Groups	
0-15 (Children/Adult)	22%
16-25 (Transition Age Youth)	78%
Race	
Asian	8%
Black or African American	25%
Native Hawaiian or Pacific Islander	3%
White	24%
Other	28%
More than one Race	12%
Ethnicity: Hispanic or Latino	
Central American	6%
Mexican/Mexican-American/Chicano	19%
Declined to Answer (or Unknown)	3%
Ethnicity: Non-Hispanic or Non-Latino	
Declined to Answer (or Unknown)	72%
Primary Language	
English	82%
Spanish	16%
Declined to Answer (or Unknown)	2%
Sexual Orientation	
Declined to Answer (or Unknown)	100%
Disability	
Declined to Answer (or Unknown)	100%
Veteran Status	
No	100%
Gender: Assigned sex at birth	
Male	34%
Female	64%
Declined to Answer (or Unknown)	2%

Current Gender Identity	
Male	34%
Female	64%
Declined to Answer (or Unknown)	2%

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.

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

In FY17, The City of Berkeley was not able to implement this program due to staff turnover and vacancies.

EARLY INTERVENTION (ONLY) PROGRAMS

Supportive Schools Program

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

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

In FY17, approximately 1,072 youth participated in individual or group therapy services and 35 parents received consultation services. Demographic data on individuals served through this program included:

PARTICIPANT DEMOGRAPHICS N=1,107	
Age Group	
0-15 (Children/Youth)	97%
26-59 (Adult)	3%
Race	
American Indian or Alaska Native	3%
Asian	5%
Black or African American	22%
Native Hawaiian/Pacific Islander	<1%
White	33%
Other	<1%
More than one race	14%
Declined to Answer (or Unknown)	7%
Ethnicity: Hispanic or Latino	
Mexican/Mexican-American/Chicano	15%
Ethnicity: Non-Hispanic or Non-Latino	
African	1%
Asian Indian/South Asian	<1%
European	<1%
Filipino	<1%
Japanese	<1%
Korean	<1%
Middle Eastern	<1%

Vietnamese	<1%
More than one ethnicity	1%
Declined to answer (or Unknown)	80%
Primary Language Used	
English	8%
Spanish	4%
Mandarin	<1%
Declined to Answer (or Unknown)	88%
Sexual Orientation	
Declined to answer (or Unknown)	100%
Disability	
Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)	6%
Declined to answer (or Unknown)	94%
Veteran Status	
No	100%
Gender: Assigned sex at birth	
Male	44%
Female	40%
Declined to answer (or Unknown)	16%
Current Gender Identity	
Male	43%
Female	41%
Questioning or unsure of gender identity	<1%
Declined to answer (or Unknown)	16%

Community Education & Supports Program

The Community Education & Supports program implements culturally-responsive psycho-educational trauma support services for individuals (18 and above) in various cultural, ethnic and age specific populations that are unserved, underserved and inappropriately served in Berkeley and Albany including: African Americans; Asian Pacific Islanders; Latinos; 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 are outlined below:

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

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

In FY17, a total of 21 students participated in three separate Support Groups with a total of 449 group sessions. An additional 54 individual sessions were held among group participants. Throughout the year there was 1 Child Protective Services (CPS) report made and four suicide assessments were conducted.

Twenty-four students completed a questionnaire that was administered on the 3rd week of group. Questionnaire Results are outlined below:

QUESTIONNAIRE RESULTS N = 24	
QUESTIONS	**PARTICIPANT RESPONSES**
Have you lost someone close to you?	Yes – 75% No – 25%
Have you witnessed violence in your family?	Yes – 58% No – 42%
Have you witnessed violence in your home?	Yes – 42% No – 58%
Have you been a victim of violence or abuse?	Yes – 37% No – 63%

QUESTIONNAIRE RESULTS N = 24	
QUESTIONS	**PARTICIPANT RESPONSES**
If yes, have you spoken to anyone about this?	Yes – 25% No – 12% Didn't answer – 63%
Do you feel that you've had the support in your life to cope effectively with the painful things you've experienced?	Yes - 63% No – 33% Didn't answer – 4%
Are you currently experiencing a lot of stress in your life?	Yes – 83% No – 17%
Do you use drugs or alcohol to help cope with your feelings, i.e. relax, calm down, quiet your mind, reduce anger, etc.?	Yes – 50% No – 50%
Are there adults at your school who you can talk openly to about personal issues?	Yes – 50% No – 50%

Twenty-one students completed a questionnaire that was administered on the second to the last Support Group meeting. Results are outlined below:

QUESTIONNAIRE RESULTS N = 21	
QUESTIONS or STATEMENTS	**PARTICIPANT RESPONSES**
I felt welcomed into group.	Yes – 100%
I felt the group was a place I could express my feelings.	Yes – 90% Sometimes – 10%
I felt supported by other group members.	Yes – 95% Most times – 5%
Do you have support in your life to deal with the painful things you've experienced?	Yes - 90% Somewhat – 10%
Are you currently experiencing a lot of stress in your life?	Yes - 48% Kind of – 9% Not as much – 9% In the middle – 5% Not really – 19% No – 10%

QUESTIONNAIRE RESULTS N = 21	
QUESTIONS or STATEMENTS	**PARTICIPANT RESPONSES**
Do you use drugs or alcohol to help cope with your feelings, i.e. relax, calm down, quiet your mind, reduce anger, etc.?	Yes – 14% Sometimes – 10% Kind of – 5% No – 71%
In the future, I would seek therapy or group counseling if I felt I needed help.	Yes – 62% Maybe – 33% No – 5%
Are there adults at your school who you can talk openly to about personal issues?	Yes – 90% Kind of – 5% No – 5%

According to the pre-test a vast majority of Group members had experienced significant trauma. Other traumas students had experienced which were discussed during Support Groups sessions had to do with racism, immigration, loss of a parent, mental illness of a parent or sibling, parental alcoholism/addiction, adoption, significant early loss, divorce, extreme physical illness of a parent, poverty, rejection by parents, and living in highly chaotic and conflicted families. An unusually high number of students did not live with either of their parents which led them to feel further isolated and rejected.

In comparing the results of the questionnaires there was a marked increase in students who felt there was an adult at school they could speak with about personal issues, a significant decrease in students perception of stress in their lives, and a decrease in the number of Group members who indicated they used substances to manage their feelings. This seems to suggest that the Support Group experience helped participants to: engage in healthier coping strategies, and to feel less overwhelmed and more connected to each other and adults at school. Questionnaire results also suggest that Group members had a positive experience. All participants who completed the end of the group questionnaire responded that they felt welcomed into the group. Only two students indicated that they sometimes felt that the Group was a place they could talk about their feelings, all of the other participants indicated they could talk about their feelings in group. Additionally, only one student indicated they sometimes felt supported by their peers, while all other participants indicated that they felt supported by their peers. Lastly, a high percentage of students indicated if they needed help in the future, that they may seek Therapy or Group Counseling services.

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

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

In FY17, 268 individuals participated in either individual or group counseling, case management services, weekly workshop activities, or community group events. All participants had a myriad of basic living and mental health needs and many were isolated and illiterate. In addition to the weekly support groups 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.

In FY17, there were a total of 289 individuals served through the Albany Trauma Project. Demographics on individuals served were as follows:

PARTICIPANT DEMOGRAPHICS N=289	
Age Group	
0-15 (Children/Youth)	3%
16-25 (Transition Age Youth)	11%
26-59 (Adult)	8%
60 and Over (Older Adult)	5%
Declined to Answer (or Unknown)	73%
Race	
Asian	2%
Black or African American	2%
Other	96%
Ethnicity: Hispanic or Latino	
Central American	8%
Mexican/Mexican-American/Chicano	88%
Ethnicity: Non-Hispanic or Non-Latino	
Declined to answer (or Unknown)	4%
Primary Language Used	
English	5%
Spanish	95%

Sexual Orientation	
Heterosexual	93%
Declined to answer (or Unknown)	7%
Disability	
Difficulty Seeing	1%
Physical/mobility domain	1%
Chronic health condition	1%
Declined to answer (or Unknown)	97%
Veteran Status	
No	100%
Gender: Assigned sex at birth	
Male	16%
Female	11%
	73%
Current Gender Identity	
Male	16%
Female	11%
Declined to answer (or Unknown)	73%

Living Well Project

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

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

In FY17, eight workshop cycles were conducted, five 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.

This program also hosted outreach and informational events. In all approximately 205 Senior Citizens participated in some aspect of this program with 54 participating in the Living Well Workshops. Demographics of Workshop participants are outlined below:

PARTICIPANT DEMOGRAPHICS N=54	
Age Groups	
26-59 (Adult)	9%
Ages 60+ (Older Adult)	91%
Race	
American Indian or Alaska Native	2%
Black or African American	63%
White	20%
Other	7%
Declined to Answer (or Unknown)	8%
Ethnicity: Hispanic or Latino	
Caribbean	4%
Central American	2%
Mexican/Mexican-American/Chicano	4%
Puerto Rican	2%
South American	2%
Other	5%
Ethnicity: Non-Hispanic or Non-Latino	
African	4%
Other	19%
Declined to Answer (or Unknown)	58%

Primary Language Used	
English	93%
Spanish	7%
Sexual Orientation	
Heterosexual or Straight	76%
Declined to Answer (or Unknown)	24%
Disability	
Difficulty seeing	7%
Difficulty hearing	9%
Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)	17%
Physical/mobility domain	28%
Chronic health condition	37%
Declined to Answer (or Unknown)	11%
Veteran Status	
Yes	9%
No	89%
Declined to Answer (or Unknown)	2%
Gender: Assigned sex at birth	
Male	20%
Female	76%
Declined to Answer (or Unknown)	4%
Current Gender Identity	
Male	20%
Female	70%
Declined to Answer (or Unknown)	10%

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) and "Just Like Sunday Dinners" (a space for African Americans from all generations to come together to gain supports from one another); workshops and classes; mental health referrals and community linkages; peer counseling and support. A key component of this project is to train and mentor community leaders to become Peer Facilitators of Kitchen Table Talk groups. This project serves approximately 50-130 individuals a year.

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

In FY17, the following activities were conducted through this project:

Demographics on individuals served through this project were as follows:

PARTICIPANT DEMOGRAPHICS N=33	
Age Groups	
0-15 (Children/Youth)	24%
16-25 (Transition Age Youth)	3%
26-59 (Adult)	37%
Ages 60+ (Older Adult)	12%
Declined to answer (or Unknown)	24%
Race	
Black or African American	88%
Asian	3%
More than one Race	6%
Declined to answer (or Unknown)	3%
Ethnicity: Hispanic or Latino	
Mexican/Mexican-American/Chicano	6%
Ethnicity: Non-Hispanic or Non-Latino	
Vietnamese	3%
East Asian	3%
Declined to Answer (or Unknown)	88%
Primary Language Used	
Declined to Answer (or Unknown)	100%

Sexual Orientation	
Heterosexual or Straight	27%
Declined to Answer (or Unknown)	73%
Disability	
Declined to Answer (or Unknown)	100%
Veteran Status	
Declined to Answer (or Unknown)	100%
Gender: Assigned sex at birth	
Male	9%
Female	82%
Declined to Answer	9%
Current Gender Identity	
Male	9%
Female	82%
Declined to Answer (or Unknown)	9%

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 250 individuals a year.

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

In FY17, outreach to over 400 community members was conducted at various locations including Street Fairs, Community Agencies, and area events. During the reporting timeframe, a total of 16 new Peer Facilitators were trained. Fourteen Peer Facilitators attended Skill Building Consultation Trainings that were conducted on a monthly basis by the Program Manager. 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.

In FY17, a total of 244 individuals participated in support groups throughout the year. Fourteen support group participants were referred to individual Mental Health Services. Demographics on individuals served through this program included the following:

PARTICIPANT DEMOGRAPHICS N=244	
Age Groups	
16-25 (Transition Age Youth)	28%
26-59 (Adult)	57%
Ages 60+ (Older Adult)	13%
Declined to Answer (or Unknown)	2%
Race	
American Indian or Alaska Native	2%
Asian	10%
Black or African American	8%
White	59%
More than one race	10%
Declined to Answer (or Unknown)	11%
Ethnicity: Hispanic or Latino	
Hispanic	10%
Ethnicity: Non-Hispanic or Non-Latino	
Non-Hispanic	90%
Primary Language Used	
English	84%
Spanish	1%
Declined to state (or Unknown)	15%
Sexual Orientation	
Gay or Lesbian	36%
Heterosexual or Straight	4%
Bisexual	17%
Questioning or unsure of sexual orientation	4%

Queer	26%
Another sexual orientation	6%
Declined to Answer (or Unknown)	7%
Disability	
Disabled	18%
Not disabled	73%
Declined to Answer (or Unknown)	9%
Veteran Status	
Yes	19%
No	73%
Declined to Answer (or Unknown)	8%
Gender: Assigned sex at birth	
Male	38%
Female	35%
Declined to Answer (or Unknown)	27%
Current Gender Identity	
Male	31%
Female	31%
Transgender	11%
Gender Non-conforming	25%
Declined to Answer (or Unknown)	2%

Transition Age Youth Trauma Support Project

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

accomplishments of TAY participants, and build trust and community. Approximately 30-35 TAY receive services through this project a year.

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

In FY17, 67 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=67	
Age Group	
16-25 (Transition Age Youth)	100%
Race	
Asian	2%
Black or African American	70%
Native Hawaiian or Other Pacific Islander	0%
White	20%
Other	2%
More than one Race	6%
Ethnicity: Hispanic or Latino	
Mexican/Mexican-American	2%
Ethnicity: Non-Hispanic or Non-Latino	
Declined to Answer (or Unknown)	98%
Primary Language Used	
Declined to Answer (or Unknown)	100%
Sexual Orientation	
Declined to Answer (or Unknown)	100%
Disability	
Declined to Answer (or Unknown)	100%
Veteran Status	
No	100%
Gender: Assigned sex at birth	
Male	75%
Female	25%

Current Gender Identity	
Male	75%
Female	25%

ACCESS AND LINKAGE TO TREATMENT PROGRAM

Homeless Outreach and Treatment Team (HOTT)

The Homeless Outreach and Treatment Team (HOTT) program was established out of an effort to address the current homeless crisis, and as a result of input received through various MHSA community program planning processes. Utilizing a portion of PEI and CSS funds, blended with realignment and general funds HOTT is a three year pilot program 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. Key program components include the following evidence and experience based practices: Housing First; Persistent and Consistent Outreach; Supportive Case Management; Linkage to Care; and Treatment.

A local consultant, Resource Development Associates, has been hired to conduct a dedicated independent evaluation to assess the program accomplishments over the three-year timeframe, and to ascertain whether HOTT should continue past the initial funding period.

PEI Goals: The goal of this program is to connect individuals who have severe mental illnesses as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to, care provided by county mental health programs. This program will measure the following: Average time between referral and engagement in services per each individual; and the duration of untreated mental illness (interval between the onset of symptoms and start of treatment) per each individual.

The HOTT Program began providing services in May 2017. Demographics on the five individuals that received services through this program were as follows:

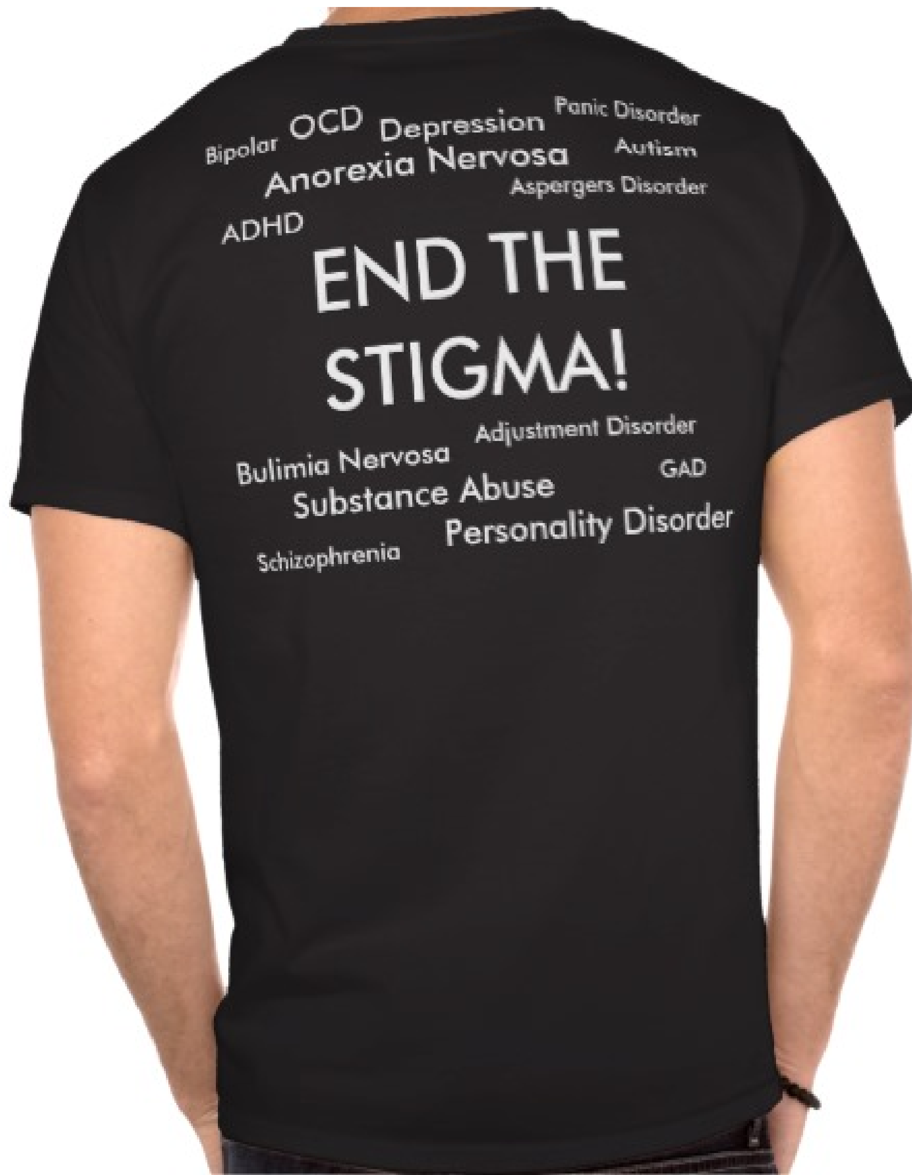
PARTICIPANT DEMOGRAPHICS N= 5	
Age Groups	
26-59 (Adult)	80%
Ages 60+ (Older Adult)	20%
Race	
Black or African American	20%
White	80%
Ethnicity: Non-Hispanic or Non-Latino	
Non-Hispanic or Non-Latino	100%
Primary Language Used	
English	100%
Sexual Orientation	
Heterosexual or Straight	60%
Declined to Answer (or Unknown)	40%

Disability	
Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)	40%
Physical/mobility domain	60%
Chronic health condition	80%
Veteran Status	
Yes	20%
No	80%
Gender: Assigned sex at birth	
Male	60%
Female	40%
Current Gender Identity	
Male	40%
Female	60%

Program and Evaluation Components	
# of Unduplicated Individuals Served	5
# of Unduplicated Referrals Made to a Treatment Program	5
# of Individuals who Followed Through	5
Average Time Between Referral and Engagement in Services	2.8 days

During this reporting period, the "Duration of Untreated Mental Illness" was not collected. This data will be collected for future reports.

STIGMA AND DISCRIMINATION REDUCTION PROGRAM



Social Inclusion Program

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

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

In FY17, the "Telling Your Story" group met 22 times with 19 unduplicated persons attending for a total of 149 visits. Groups averaged 6-7 attendees. Two panel presentations to Berkeley Mental Health interns were conducted during the reporting timeframe and one experienced presenter from the group, was referred to be part of a video on mental illness. In order to gauge outcomes from this program, structured interviews with participants were conducted over a three-month period. During interviews, many participants described finding relief, inspiration and connection with others through the sharing of their stories. Additionally 63% of participants indicated that they were either 100% open, or more open about their mental illness as a result of being in the program. Program participants also indicated that as a result of participating in the program they have used their story, or life experience, to encourage and help others and to support individuals in the community.

Demographics on group participants is outlined below:

CLIENT DEMOGRAPHICS N=19	
Age Group	
26-59 (Adult)	36%
Ages 60+ (Older Adult)	32%
Declined to Answer (or Unknown)	32%
Race	
American Indian or Alaska Native	5%
Asian	11%
Black or African American	37%
Native Hawaiian or Other Pacific Islander	5%
White	32%
Other	5%

More than one Race	5%
Ethnicity: Hispanic or Latino	
Mexican/Mexican-American	5%
Puerto Rican	5%
Other	11%
Ethnicity: Non-Hispanic or Non-Latino	
African	26%
Asian Indian/South Asian	5%
European	11%
Filipino	11%
Japanese	11%
Middle Eastern	5%
Vietnamese	5%
Other	5%
More than one ethnicity	32%
Primary Language Used	
English	79%
Declined to Answer (or Unknown)	21%
Sexual Orientation	
Gay or Lesbian	5%
Heterosexual or Straight	58%
Bisexual	11%
Queer	5%
Declined to Answer (or Unknown)	21%
Disability	
Difficulty seeing	11%
Difficulty hearing, or having speech understood	26%
Mental domain not including mental illness(including but not limited to a mental disability, developmental disability, dementia)	11%
Physical/mobility domain	11%
Chronic health condition (including but not limited to chronic pain)	26%

Declined to Answer (or Unknown)	26%
Veteran Status	
Yes	5%
No	68%
Declined to Answer (or Unknown)	27%
Gender: Assigned sex at birth	
Male	26%
Female	42%
Declined to Answer (or Unknown)	32%
Current Gender Identity	
Male	26%
Female	42%
Declined to Answer (or Unknown)	32%

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

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

High School Youth Prevention Project

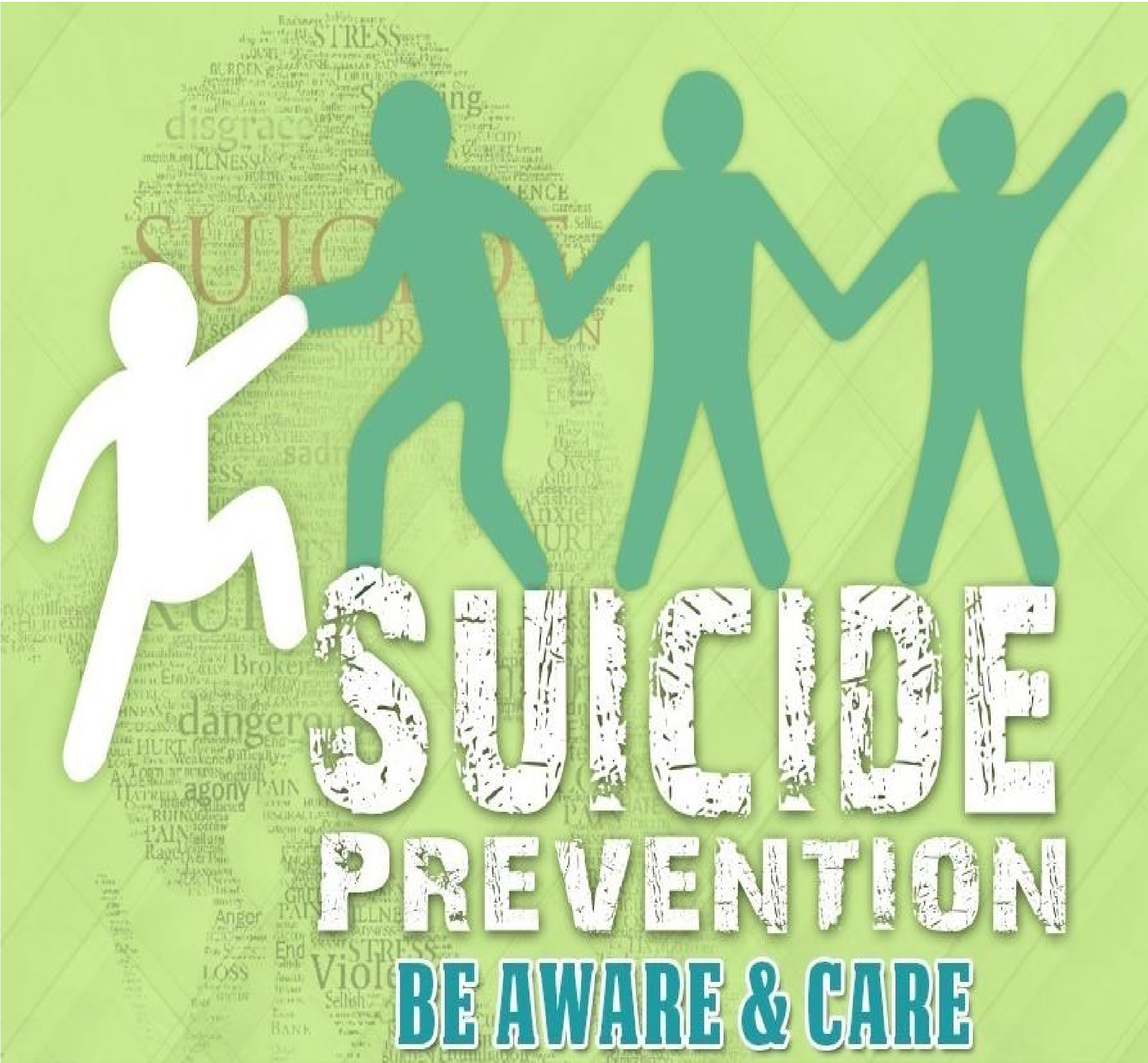
The High School Youth Prevention Program is listed on pages 15-18, as it is also classified as a Prevention and Early Intervention program. The required data elements for the "Outreach for Increasing Recognition of Early Signs of Mental Illness" component of this program were not collected in the reporting timeframe.

Mental Health First Aid

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

SUICIDE PREVENTION

(OPTIONAL PEI PROGRAM)



Per PEI State Regulations Mental Health Jurisdictions have an option on whether to utilize MHSA PEI funds on Suicide Prevention programs. While the City of Berkeley has not previously chosen to utilize PEI funds to implement a local Suicide Prevention program, in FY18 Berkeley Mental Health began contributing funding to the California Mental Health Services Authority (CalMHSA) PEI Statewide Projects in order to obtain State resources locally on Suicide Prevention, Student Mental Health, and Stigma and Discrimination. Additionally, in FY18 the City of Berkeley began work on a local Suicide Prevention Plan. Data from CalMHSA as well as any local Suicide Prevention programs that are implemented as a result of a City of Berkeley Suicide Prevention Plan will be collected and reported on in future PEI Evaluation Reports.

APPENDIX

STATE OF CALIFORNIA
EDMUND G. BROWN JR., Governor

TINA WOOTON
Chair

JOHN BOYD, PsyD
Vice Chair

TOBY EWING
Executive Director

September 15, 2017

TO: COUNTY MENTAL HEALTH DIRECTORS
COUNTY BEHAVIORAL HEALTH DIRECTORS
COUNTY MHSA COORDINATORS

SUBJECT: Waiver of required data to be submitted in the first Prevention and Early Intervention Program and Evaluation Report and the first Innovative Project Report due no later than December 30, 2017

This letter is a reminder of the waiver issued earlier this year by the MHSOAC for parts of California Code of Regulations (CCR), Title 9, Sections 3560.010, 3580, and 3580.010.

Until adoption of these regulation sections, counties were not required to collect and report data for individual Prevention and Early Intervention (PEI) programs or Innovative Projects under the Mental Health Services Act. Title 9 CCR, Section 3560.010 requires specified data on each PEI program and Sections 3580 and 3580.010 require specified data on each Innovative Project from July 1, 2016 through June 30, 2017 and annually thereafter. Because the regulations became operative in October 2015 counties had only eight to nine months to establish a data collection system.

In response to concerns voiced by counties and recognizing the challenges in establishing data collection systems and balancing those challenges with the importance of the required data, the MHSOAC has authorized a waiver for Title 9 CCR Sections 3560.010, 3580, and 3580.010 as follows:

> For the first Annual Innovative Project Report and the first Annual Prevention and Early Intervention Program and Evaluation Report, due December 30, 2017, a county that is not able to collect all of the required data for the reporting period shall identify and report the data that it was able to collect. In addition, the county is to provide a brief explanation of the obstacles it faced in meeting the reporting requirements and a high-level summary of the county's implementation plan and timeline for complying fully with the future Annual Innovative Project Reports and Annual Prevention and Early Intervention Program and Evaluation Reports.

The first Annual Innovative Project Report and first Annual Prevention and Early Intervention Program and Evaluation Report must be submitted electronically no later than December 30, 2017. Information on how to submit the reports will be sent to you at a later date. If you have any questions regarding the reports please contact Sharmil Shah at Sharmil.Shah@mhsoac.ca.gov.

Respectfully,

Toby Ewing

Toby Ewing, Ph.D.
Executive Director