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

FY2018-2019
Annual Update

RESOLUTION NO. 68,639-N.S.

MENTAL HEALTH SERVICES ACT (MHSA) FISCAL YEAR 2018 – 2019 (FY19) ANNUAL UPDATE

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

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

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

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

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

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

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

WHEREAS, 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, on July 25, 2017 by Resolution No. 68,109-N.S., the City Council authorized the City Manager to approve the MHSA Fiscal Year 2017/18 - 2019/20 Three Year Program and Expenditure Plan; and

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

WHEREAS, in order to comply with state requirements the MHSA FY19 Annual Update must be approved by City Council.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the MHSA FY19 Annual Update that, incorporated herein as Exhibit A, is hereby approved.

BE IT FURTHER RESOLVED that the City Manager is authorized to forward the FY19 Annual Update to appropriate state officials.

The foregoing Resolution was adopted by the Berkeley City Council on October 30, 2018 by the following vote:

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

Noes: None.

Absent: None.

Jesse Arreguin, Mayor

Attest:
Mark Numainville, City Clerk

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: City of Berkeley FY18/19 Annual Update

Local Mental Health Director	Program Lead
Name: Steve Grolnic-McClurg	Name: Karen Klatt
Telephone Number: (510) 981-5249	Telephone Number: (510) 981-7644
E-mail: SGrolnic-McClurg@cityofberkeley.info	E-mail: KKlatt@cityofberkeley.info
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 Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Annual Update attached hereto, was adopted by the City Council on October 30, 2018.

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 — 12/13/18 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
County Mental Health Mailing Address: 2636 Martin Luther King Jr. Way Berkelev, CA 94703	

I hereby certify that the FY18/19 Annual Update 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 FY18/19 Annual Update is true and correct to the best of my knowledge.

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

Signature — 12/13/18 — Date

I hereby certify that for the fiscal year ended June 30, 2017, 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, 2017. I further certify that for the fiscal year ended June 30, 2017 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 — 12/20/18 — Date

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BACKGROUND AND OVERVIEW

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

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

- Community Services & Supports (CSS): Primarily provides treatment services and supports for Severely Mentally Ill Adults and Seriously Emotionally Disturbed Children.
- 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 had to be utilized by the end of Fiscal Year 2018 (FY18).

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 FY2017/18 - 2019/20 Three Year Program and Expenditure Plan (Three Year 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 Transitional Outreach Team; 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 FY2018/19 (FY19) Annual Update is a stakeholder informed plan that provides an update to the previously approved Three Year Plan. The Annual Update summarizes proposed program changes and additions, includes descriptions of currently funded MHSA services, and provides a reporting on FY17 program data.

MESSAGE FROM THE MENTAL HEALTH MANAGER

The City of Berkeley's MHSA 2018/19 Plan includes continued expansion of 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 increases funding for supportive housing; it increases funding for Asian and Pacific Islander individuals and families, a population that is currently underserved; 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 have effectively served the residents of Berkeley and Albany in the past.

The system of care is focused on providing services that are welcoming, culturally appropriate, and recovery oriented. While this continued expansion of services will increase the capacity to serve more individuals and families, there remains a significant gap between the community's needs and the ability for the mental health division and the contractors it funds to meet those needs. The continued high rates of individuals with mental health concerns that remain homeless, the continued high rates of hospitalization and 5150's; and the continued disparities of mental health outcomes for African=American all are evidence that there remains a huge amount of work to be done to meet the needs of all the residents of Berkeley and Albany.

This plan continues to support ongoing partnerships with Berkeley Unified School District, the City of Albany, the City of Berkeley's 2020 Vision: Equity in Education Project, and the Alameda County Behavioral Health Care System in an effort to leverage the efforts and funding of the mental health division to support the residents of Berkeley and Albany. The plan also significantly increases the ability of BMH to utilize Results Based Accountability in all division programs to ensure that outcomes are transparent and that funded programs are effective.

The mental health division presents the City of Berkeley's MHSA 18/19 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, input, and partnership.

DEMOGRAPHICS*

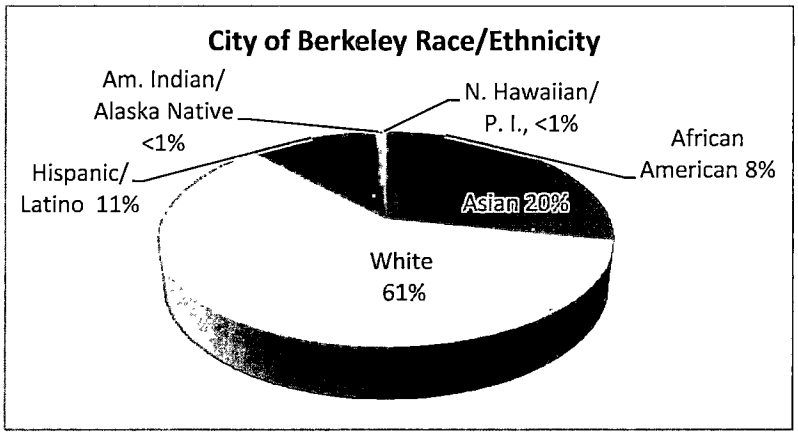
*United States Census American Fact Finder: https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

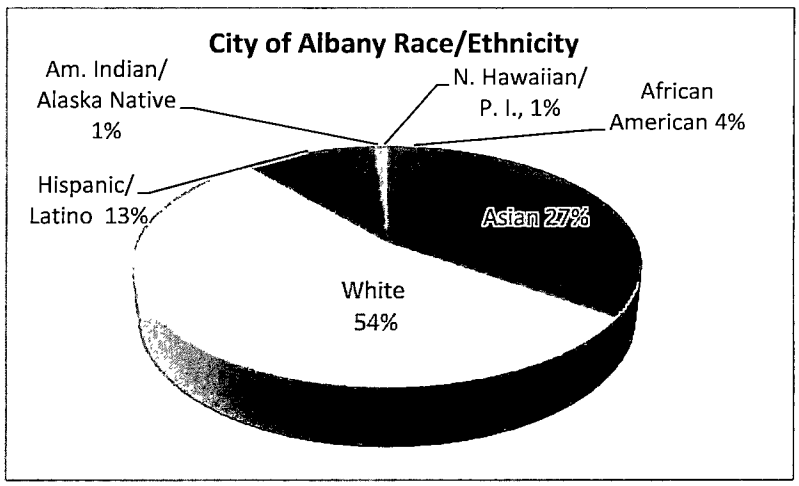
Description

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 142,467 the cities of Berkeley and Albany are densely populated and larger than 23 of California's small counties.

Race/Ethnicity

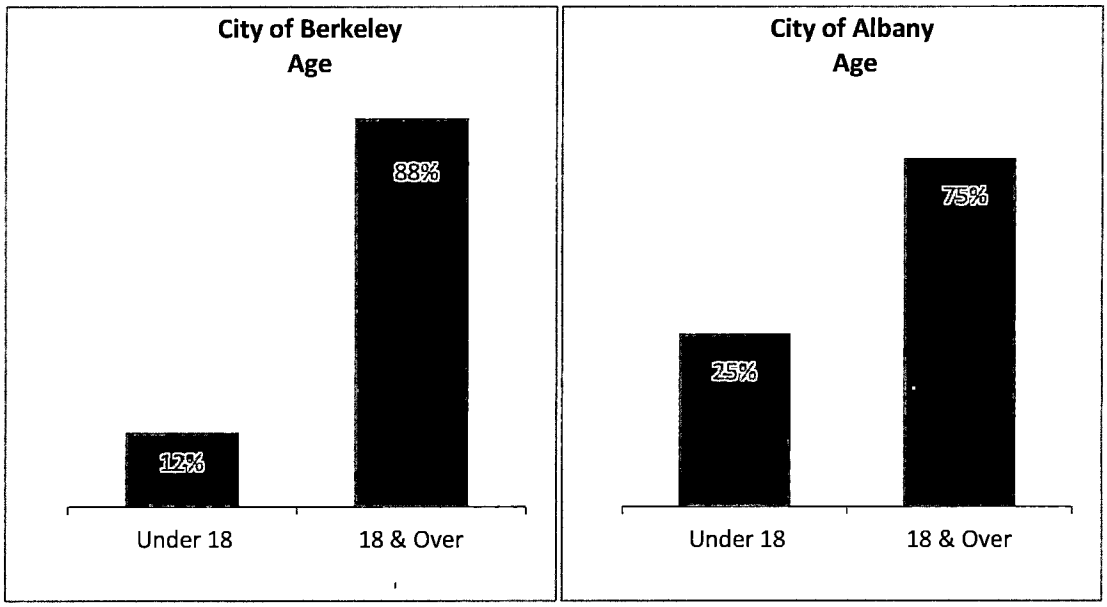
Berkeley and Albany are diverse communities with changing demographics. In each city the African American population has decreased in recent years while the Latino and Asian populations have both increased. Both cities have large student populations, including Albany Village, providing housing for many 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 40% 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:



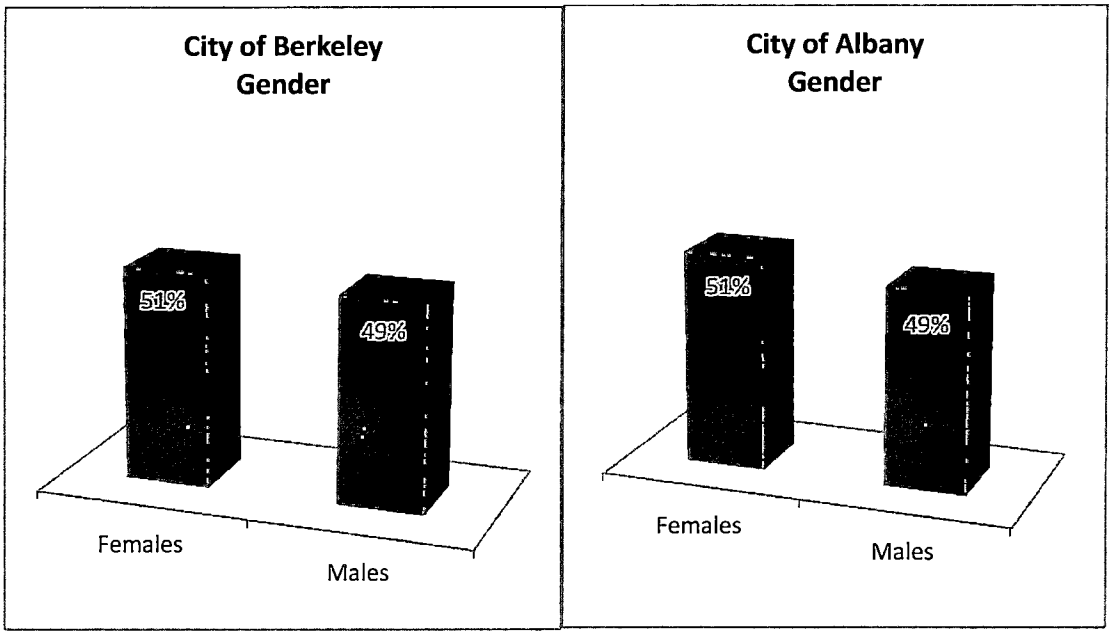


Age/Gender

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:



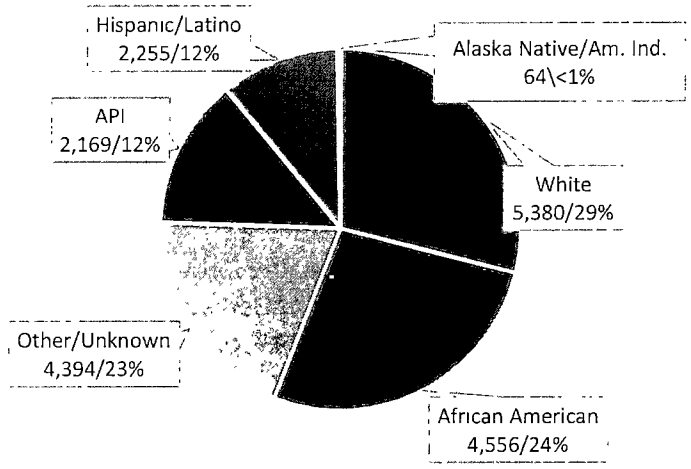
Lesbian, Gay, Bisexual, Transgender, Queer (LBGTQ) Population
Based on a Gallop Survey of interviews conducted during the timeframe of 2012-2014, the San Francisco bay area has the highest LGBTQ population (6.2%) of any of the top 50 United States metropolitan areas. Additionally according to Williams 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 $70,393, and Albany is $85,458. 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 72% possess a bachelor's degree or higher.

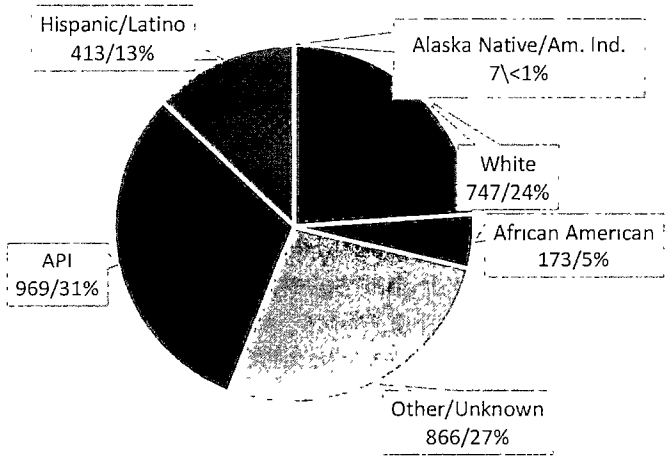
System Organization
Berkeley Mental Health (BMH), one of two city-based public mental health programs in the state, provides services for residents of Berkeley and Albany. It is a Division of the City of Berkeley Health, Housing & Community Services (HHCS) Department. Services are provided at multiple 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 2017 was as follows:

City of Berkeley 2017
Medi-Cal Race/Ethnicity



White African American Other/Unknown API Hispanic/Latino Native American

City of Albany 2017
Medi-Cal Race/Ethnicity



White African American Other/Unknown API Hispanic/Latino Alaska Native/American Indian

Community Program Planning (CPP)

Community Program Planning (CPP) for the City of Berkeley's MHSA FY2018/19 (FY19) Annual Update 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, two MHSA Advisory Committee meetings and four Community Input meetings were held.

As with previous MHSA Plans and Annual Updates, the methodology utilized for conducting CPP for the MHSA FY19 Annual Update was implemented to enable a collaborative process to occur between BMH staff, MHSA Advisory Committee members and other MHSA stakeholders. Development of the MHSA FY19 Annual Update began with an internal examination of existing programs, unaddressed needs, and available funding which included a review of input received during the preparation of previous MHSA planning processes. Following an internal review, proposed ideas and potential programs were vetted through the MHSA Advisory Committee prior to engaging other stakeholders.

Proposed additions that were considered in this process included: increased case management for TAY and women; enhanced shelter supports; additional services for Asian Pacific Islanders; funding for both an Evaluation Consultant and an Innovation Consultant, increased funding for services in Albany and for the Russell Street Residence; additional BMH nursing, clinical and administrative staffing; monies to support construction costs for the Wellness Recovery Center; enhanced funding for Flex Funds for BMH Clients; funding for the High School Mental Health Peer Education Program; allocation of another year of funds to California Mental Health Services Authority (CalMHSA) for local involvement in PEI Statewide projects; and increase in funds for the Wellness Recovery Program. Community input received during the CPP for the proposed additions was largely favorable. Input received during the CPP focused on requests for the following: training and working with staff at Board & Care facilities on how to provide low cost highly nutritious meals; providing strength based approaches for residents at Board & Care facilities or at other sites that residents regularly frequent to help promote confidence and a higher social skill level; enhancing mental health staffing in the schools; additional wellness recovery activities such as sports, recreation, rap groups, drumming, and other music programs.

The Division took additional time to assess which programs should be added to ensure this FY19 Annual Update includes the right level of expenditures that will enable programs to be sustained, while avoiding the risk of reversion. As such, some but not all proposed programs and additions were included. Proposed services and additions that were not included will be re-visited for possible inclusion to be funded through future MHSA Plans.

As per MHSA plan requirements, this FY19 Annual Update, reports on data from FY17, (data from two years prior to FY19). While some MHSA programs have collected outcome and client self-report measures, the majority of the data is more process related. However, as previously reported in the MHSA FY2017/18 – 2019/20 Three Year Program and Expenditure Plan (Three

Year Plan), there are a few initiatives that are currently underway to evaluate the outcomes of several MHSA programs including the following:

- Impact Berkeley: In the past year, the City of Berkeley's HHCS Department began the roll-out of "Results Based Accountability" in various Public Health and Mental Health programs. Through this initiative the Department envisioned, clarified and developed a common language about the outcomes and results each program is seeking to achieve, and used a rigorous framework to begin measuring and enhancing progress towards these results. The first part of the roll-out included the Children's Full Service Partnership and the MHSA CSS and PEI funded community agency programs. It is anticipated that the first year report on this initiative will be released in early 2019.

- Homeless Outreach & Treatment Team: This pilot program supports homeless mentally ill individuals in Berkeley/Albany engaging them in mental health services. A local consultant, Resource Development Associates, has been hired to measure the outcomes and effectiveness of this pilot project. An evaluation report will be provided mid-way and at the end of this three year 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. The Evaluators first year report is part of the "City of Berkeley Mental Health Services Act (MHSA) Fiscal Year 2017 Innovations Evaluation Report", which is located on the City of Berkeley Mental Health Division MHSA website.

- INN Data Outcomes: Per new MHSA INN regulations, all INN funded programs have to collect additional state identified outcome measures and detailed demographic information. The first report that includes data specific to the new INN requirements, "City of Berkeley Mental Health Services Act (MHSA) Fiscal Year 2017 Innovations Evaluation Report" , is located on the City of Berkeley Mental Health Division MHSA website. The next round of INN programs to be funded will also have provisions for evaluation to be an integral part of the project.

- PEI Data Outcomes: Per new MHSA PEI regulations, all PEI funded programs have to collect additional state identified outcome measures (specific to the category of services provided) as well as detailed demographic information. The first report that includes data specific to the new PEI requirements, "City of Berkeley Mental Health Services Act (MHSA) Fiscal Year 2017 Prevention & Early Intervention Evaluation Report" is located on the City of Berkeley Mental Health Division MHSA website. All PEI contracted programs have also been participating in the HHCS Department's "Impact Berkeley" initiative.

Future MHSA Plans and updates will include reporting on the progress of these initiatives. Additionally, the Division has been evaluating input received around additional strategies to obtain program outcomes and through this FY19 Annual Update is proposing to add funding for a Consultant who could implement an RBA Evaluation for all programs across the Mental Health Division.

A 30-Day Public Review was held from Wednesday, August 29, through Thursday, September 27, 2018 to invite input on this MHSA FY2018/19 Annual Update. 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 mailed and/or emailed to community stakeholders. On the evening of September 27, 2018 a Public Hearing was held at the Mental Health Commission meeting. Input received during the 30-Day Public Review and/or the Public Hearing will be utilized to inform future MHSA plans and services. Input received included the following:

- Outreach is a very important component of how the PEI project works with individuals, according to one MHSA funded contractor.
- Cultural humility and cultural responsive services are hugely important and complicated, and this should be considered when attempting to get a consultant for cultural humility.
- Social and recreational activities and healthy food choices at Board & Care facilities would be a good idea.
- The color schemes on each race and ethnicity should be consistent across the various charts in the Demographics section of this Annual Update.

A written description of each of the following additional comments that were made by an MHSA Stakeholder who is also a Mental Health Commissioner, is included in the Public Comments Appendix, Page 1B:

- MHSA is fragmented among the 58 counties and 2 cities.
- Most of money is spent on a tiny fraction of people with Serious Mental Illness (SMI) and/or Substance Use Disorders (SUD) for Medi-Cal.
- Likely changes in the MHSA funding stream from CSS to PEI.
- Likely emphasis on providing supportive housing for people with SMI and/or SUD.
- State legislation focused on conservatorship and expanding the definition of grave disabled (in addition to Laura's Law) expanded in Alameda County.
- An evaluation should be done to calculate the overall direct and indirect costs to serve individuals with SMI & SUD.
- Examine the role of Technology - focus on Technology Infrastructure and Digital Technology
- BMH must have a robust Technology (IT) Infrastructure.
- There will be a possible shift from Specialty Mental Health services to using the Medi-Cal model for all services.

During the Public Hearing the Mental Health Commission passed the following motion:
M/S/C (Posey, Fine) Move to recommend to the City Council to approve the MHSA FY19 Annual Update.
Ayes: Castro, Davila, Fine, Heda; Kealoha-Blake, Ludke, Posey; Noes: None;
Abstentions: None; Absent: cheema; Ortiz.

MHSA FISCAL YEAR (FY) 2018/19

ANNUAL UPDATE

This City of Berkeley's MHSA FY2018/19 (FY19) Annual Update is a stakeholder informed plan that provides an update to the MHSA 2017/18 – 2019/20 Three Year Program and Expenditure Plan (Three Year Plan). The Annual Update summarizes proposed program changes and additions, includes descriptions of currently funded MHSA services that are proposed to be continued in FY19, and provides a reporting on FY17 program data.

PROPOSED NEW FUNDING ADDITIONS

A review of proposed staffing and services to be added through the MHSA FY19 Annual Update, 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 unallocated CSS FSP funds.

- 1 Full-Time Equivalent (FTE) Behavioral Health Clinician II - $153,992: The addition of this clinical position will enable the TAY, Adult & Older Adult FSP to better serve existing consumers and increase the program capacity, thereby better supporting the community needs.

- .5 FTE Registered Nurse - $83,212: The addition of a Registered Nurse position will increase the availability of medical supports for consumers in need.

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.

- Senior Behavioral Health Clinician - $167,744: The addition of this position will ensure the Children's FSP has the appropriate level of oversight and support, while also increasing the capacity of this team to serve more children and families.

MHSA Administration

Per the approved MHSA FY17 Annual Update a project-based Assistant Management Analyst was hired on a short-term basis to support the work of the MHSA Coordinator. With additional MHSA state reporting requirements prompting increasing demands on the MHSA Coordinator, this additional staffing support has proven to be very beneficial to the Division. As such, in

FY19, BMH is proposing to utilize $131,153 from a combination of unallocated CSS and PEI Administration funds to hire a Full-time Assistant Management Analyst.

Flex Funds for Clients

Flex Funds are currently used with clients throughout the system to assist with outreach and engagement, and client supports such as housing, clothing assistance, food, transportation, etc. This support aides individuals in achieving better stability in areas where they are less capable of addressing their daily living needs. In FY19, the Division is proposing to utilize $10,000 of unallocated CSS System Development monies to increase the amount of Flex Funds to a total of $30,000 to be utilized for clients in need.

Wellness Recovery Center

Per previously approved MHSA Plans BMH has allocated $450,000 of CSS System Development funds annually to pool with Alameda County Behavioral Health Care Services (BHCS) monies to fund a local Wellness Recovery Center. In FY16, a Memorandum of Agreement (MOU) with Alameda County BHCS was finalized.

BHCS executed a Request For Proposal (RFP) process and Bonita House was the chosen community-based organization who will be implementing the Wellness Center. Bonita House identified a site on University Avenue where the Wellness Center will ultimately be located and construction has begun.

In FY18, BMH was notified that construction costs on the Wellness Recovery Center are projected to be more than originally anticipated. 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."

This legislated allowable use of funds will enable BMH to re-allocate a sum of CSS and/or PEI funds towards technological needs, capital facilities projects, human resource needs, and/or the prudent reserve. Per this legislation and the need for additional funding for the construction of the Wellness Recovery Center, in FY19 BMH is proposing to transfer $750,000 of unspent CSS Funds towards to the Capital Facilities Technological Needs (CFTN) funding component. Transferring funds from the CSS component to CFTN, will enable them to be utilized for construction costs on the Wellness Recovery Center. Once the transfer occurs, the funds will be allocated to the County to cover the City of Berkeley's portion of the additional construction costs on the Wellness Recovery Center.

Employment Services

In the previously approved Three Year Plan funding for an Employment Specialist (1 FTE Social Services Specialist - $132,523) was added through unspent CSS System Development funds. It was envisioned that this position would focus on utilizing an evidenced based model for supporting individuals with serious mental illness in obtaining and retaining competitive employment.

The hiring process for this position has not occurred yet, as BMH has been evaluating whether the best use of funds would be to hire the full-time position, or to contract the services out to a local organization that focuses on employment services and supports for mental health consumers. As a decision on the best approach has not been finalized yet, BMH is requesting to have flexibility in FY19, on how the funds previously allocated for an Employment Services Specialist position, will be utilized.

Albany Community Resource Center

In the previously approved Three Year Plan the City of Berkeley allocated $32,000 of MHSA CSS System Development funds to support the City of Albany Community Resource Center. The Albany Community Resource Center was a short term pilot project that offered residents a one-stop venue to learn about and receive referrals and resources to assist with a range of social and economic needs. The Community Resource Center was staffed by a half-time Community Resource Center Director.

In early 2018, due to a loss of staffing the Albany Community Resource Center closed prematurely. During the time the Resource Center was in operation, 54 individuals (30 females, and 24 males) between the ages of 8-87 years old were served. The demographics of individuals served were as follows: 9% African American; 7% Asian; 7% Latino; 33% Caucasian; 2% Mixed; 42% Unknown. The top concerns of those served included housing or homelessness, mental health issues, and medical and/or dental needs. The provision of referrals and assistance for Albany residents were able to continue on an interim basis at the Albany Senior Center by Resource Center volunteers.

In March 2018, the Albany City Council authorized the development of a "Human Services Resource Linkage Program" which will continue the work of the Community Resource Center and will include a full-time Human Services Resource Coordinator. To provide support to this program in FY19 BMH is proposing to allocate a total of $50,000 of PEI Funds to support this program.

Additional Services for Asian Pacific Islanders

The Asian Pacific Islander population is significantly underserved in the mental health system. In an effort to better meet the needs of this underserved population, BMH is proposing to utilize $100,000 of unallocated CSS System Development funds to contract with a local community-based organization or partner with ACBHCS to increase funding for a contractor selected for similar purposes.. The contractor will provide access to additional services and supports for this

population, and if BMH directly contracts with an organization the contractor will be chosen through a competitive Request for Proposal (RFP) process.

Russell Street Residence Funding Support

The Russell Street Residence provides permanent supportive housing for 21 formerly homeless adults aged 18 and older, who live with severe mental illness. Operated through the Berkeley Food & Housing Project (BFHP) the Russell Street Residence offers residents the following services: 24/7 care; meals; therapeutic groups, activities and outings; transportation to medical appointments; and assistance with daily living activities such as laundry and personal hygiene. Additionally, staff work with residents to support the development of independent living skills.

Since the inception of the Russell Street Residence in 2002, BFHP and BMH have been in a partnership relationship, with the City providing funds to support the program. Over the years, the costs of operating this permanent supportive housing program have significantly increased which has created a gap between funding and expenditures. The projected budget for FY19, is $676,231 with a funding gap of approximately $114,000. In previous years, BFHP has covered this gap with cash reserves. However, BFHP reports that continuing to utilize organizational reserves for this purpose is no longer viable.

Currently, the City of Berkeley provides a funding amount of $43,045 for this program. In order to ensure this vital permanent supportive housing program is able to continue to be sustained, BMH is proposing in FY19 to begin allocating an additional $114,000 of unallocated CSS System Development funds on an annual basis to BFHP to support the Russell Street Residence.

Evaluation Consultant

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

In response to this input, BMH is proposing to allocate $100,000 of unallocated CSS System Development funds for a Consultant who will conduct an evaluation on all BMH programs across the system utilizing the "Results Based Accountability" (RBA) framework. The RBA framework will measure how much was done, how well it was done, and whether individuals are better off as a result of the services they received. The Consultant will be chosen through a competitive RFP process.

Innovations Consultant

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. MHSA Innovation Plans also have the added requirement of approval from the State

Mental Health Oversight and Accountability Commission (MHSOAC). From the development of an Innovations Plan through all required approvals is often a very lengthy process of 6-8 months or more. As increased work demands have created time constraints for MHSA Administrative staff, in FY19 the Division is proposing to hire a consultant who will conduct all the required steps to ensure the next MHSA Innovations Plan is approved.

Per MHSA regulations, a percentage of funds may be used on community program planning activities. As such, in order to provide support on the MHSA INN Plan execution process, BMH is proposing to utilize $50,000 of unallocated monies ($20,000 INN and $30,000 CSS System Development funds) to hire an Innovation Consultant. The Consultant will be chosen through a competitive RFP Process.

Dynamic Mindfulness Program (DMind)

In FY19, BMH is proposing to allocate $95,000 of unspent PEI funds to support the Berkeley Unified School District (BUSD) Dynamic Mindfulness (DMind) Program. DMind is an evidence-based trauma-informed program that will be implemented in each of the BUSD middle and high schools. Validated by independent researchers as a transformative program for teaching children and youth, skills for optimal stress resilience and healing from trauma, the DMind program integrates mindful action, breathing, and centering into an intervention that can be implemented in the classroom in 5-15 minute sessions, 3 to 5 times a week. This program has proven to be successful with vulnerable students who are exhibiting signs of trauma/PTSD from Adverse Childhood Experiences (ACEs), and/or disengagement from school, chronic absences, and significant behavioral challenges, including emotion regulation, impulse control, and anger management. DMind also enables teacher well-being, which has been shown to enhance student learning. The program components will include in-class and after-school DMind sessions for students, student peer leadership development, training and coaching of school staff, and program evaluation.

Mental Health Peer Education Program

In response to an identified need by Berkeley High School students, in FY19, BMH is proposing to allocate $92,778 of unallocated PEI funds to support the Berkeley Unified School District (BUSD) Mental Health Peer Education Program. This is a new program in BUSD that will develop and implement a mental health curriculum for 9th graders and an internship program for a cohort of high school students in an effort to increase student awareness of common mental health difficulties, resources, and healthy coping and intervention skills. Through this program students will be trained by a licensed BUSD clinician to conduct class presentations covering common mental health disorders, on and off campus resources, as well as basic coping and intervention skills.

California Mental Health Services Authority (CalMHSA) PEI Statewide Projects

In 2009, California's counties formed the California Mental Health Services Authority (CalMHSA) as a Joint Powers Authority to implement PEI statewide program initiatives. With an approved combined funding level of $40 million per year for four years during the timeframe of 2011 through 2015, CalMHSA implemented statewide initiatives in the following areas: Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health. Following 2015, funding for PEI Statewide projects was generated through pooled contributions from individual

counties. Contributing counties are members of a CalMHSA board that provides direction into the types of initiatives that are implemented. In order to continue to sustain programming, CalMHSA previously asked counties to allocate 4% of their annual local PEI allocation each year from FY2018 – FY2020 to these statewide initiatives. In the City of Berkeley, this currently amounts to approximately $43,600 a year.

Through the previously approved Three Year Plan the City of Berkeley allocated PEI funds for one year towards this statewide initiative, and for the remaining two years, elected to assess on an annual basis whether or not to continue to allocate funds to this initiative. In FY17, through this initiative resources on Suicide Prevention, Student Mental Health and Stigma and Discrimination reached an excess amount of 1400 individuals. Additionally an excess of 1250 pamphlets and resources on Suicide Prevention, Student Mental Health and Stigma and Discrimination were distributed in local schools and the community. BMH also participated in the CalMHSA "Each Mind Matters" campaign and distributed materials and giveaways at the local "May is Mental Health Month" event. Part of participation in the CalMHSA Each Mind Matters "May is Mental Health Month" initiative also enabled BMH to send a group of consumers to a local baseball game.

As with last year, in FY19, BMH is proposing to allocate 4% of PEI Funds (approximately $43,600) to CalMHSA to access and participate in the PEI Statewide Program initiative.

PROGRAM DESCRIPTIONS AND FY17 DATA BY FUNDING COMPONENT

Outlined in this section per each funding component are descriptions of current City of Berkeley MHSA services along with FY17 program data. Across all MHSA funded programs, in FY17, a total of 6,398 individuals participated in some level of services and supports. Additionally, a total of 604 individuals attended BMH Diversity and Multi-cultural trainings aimed at transforming the system of care, and 1,487 individuals attended BMH Diversity and Multicultural events. Some of the FY17 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, January 2017 and July 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;
- Benefits Advocacy; and
- Transitional Outreach Services.

Descriptions for each CSS funded program and FY17 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.

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 FY17, a total of 23 children/youth ranging in ages from 7 to 18 years old were served through this program. Demographics on those served were as follows:

CLIENT DEMOGRAPHICS N=23		
Client Gender	*Number Served*	*% of total*
Male	11	48%
Female	11	48%
Transgender	1	4%
Race/Ethnicity		
Client Race/Ethnicity	*Number Served*	*% of total*
African American	13	57%
Asian Pacific Islander	0	0%
Caucasian	5	22%
Latino	4	17%
Mixed Race	1	4%

TAY, Adult and Older Adult Full Services Partnership

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

The team utilizes an Assertive Community Treatment approach which maintains a low staff-to-client ratio (12:1) that allows for frequent and intensive support services. Clients are provided assistance with finding appropriate housing and in some cases may qualify for temporary financial assistance. A full range of mental health services are provided by a team comprised of a Program Supervisor, Clinicians, a Social Services Specialist, a Registered Nurse and a ½ time Psychiatrist. The primary goals of the program are to engage clients in their treatment and to reduce days spent homeless, hospitalized and/or incarcerated. Goals also include: increasing employment and educational readiness; self-sufficiency; and wellness and recovery. The program serves up to 60 clients at a time. During FY17 a total of 64 Transitional Age Youth (TAY), Adults, and Older Adults were served through this program. Demographics on those served include the following:

CLIENT DEMOGRAPHICS N=64		
Client Gender	*Number Served*	*% of total*
Male	40	62.5%
Female	24	37.5%
Race/Ethnicity		
Client Race/Ethnicity	*Number Served*	*% of total*
African American	35	54%
Asian Pacific Islander	6	9%
Caucasian	20	31%
Latino	3	5%
Native American	0	0%
Age Category		
Client Age Category	*Number Served*	*% of total*
Transition Age Youth	5	8%
Adult	50	78%
Older Adult	9	14%

TAY, Adult and Older Adult client outcomes included the following: 7 partners were dis-enrolled from the program during FY17: 2 partners met treatment goals and graduated to lower levels of care, 1 partner moved out of the county, 2 partners were unable to be located, 1 partner was discharged due to serving a jail sentence and 1 partner died. 11 new partners were enrolled into the program over the course of the fiscal year.

There were 64 FSP program participants in FY17, 60 completed a full year of services in the program and are included in the program outcome report data. There were positive outcomes with regard to reductions in days spent homeless, in hospital settings and/or incarcerated. There was a **65% reduction in days spent homeless.** Partners spent 5,515 days homeless (on the street, couch surfing and in shelters) the year before the program enrollment and 1,945 days homeless during the first year of program participation. There was an **88% reduction in days spent in psychiatric hospital settings** (Psychiatric Emergency, acute inpatient, IMDs, MHRCs and state psychiatric hospitals) during the first year program participation. Partners spent 4,144 days in psychiatric hospital settings the year before program enrollment and 492 days in these settings during the first year of program participation. There was an **83% reduction of days spent incarcerated** during the first year of program participation. Partners spent 1,120 days incarcerated (jail and prison) the year prior to program enrollment as compared with 186 days incarcerated during the first year of program participation.

While achieving impressive outcomes, the program continues to face challenges. One continued challenge is the difficulty of finding safe, affordable housing in one of the most expensive housing markets in the U.S., especially given that Licensed Board & Cares that provide clients 24/7 support and monitor medication adherence have recently been closing down and Single Room Occupancy Hotels have been raising their monthly rates such that clients are not able to afford staying there without housing subsidies. The program has also struggled with how to better serve individuals with severe substance abuse problems who are unwilling to address or sometimes even acknowledge that they have substance abuse issues.

Going forward BMH will continue to develop staff expertise in treating substance abuse disorders by providing ongoing training in Motivational Interviewing. The team will also continue to work on increasing fidelity to the Assertive Community Treatment model.

MULTI-CULTURAL OUTREACH AND ENGAGEMENT

Diversity & Multicultural Services

The Diversity & Multicultural Coordinator (DMC) provides leadership in identifying, developing, implementing, monitoring, and evaluating services and strategies that lead to continuous cultural, ethnic, and linguistic improvements within the organization's system of care, with a special emphasis on unserved, underserved, inappropriately served, and emerging populations. The DMC also collaborates with the state, regional counties, other City divisions, local agencies and community groups in order to address mental health inequities and disparities for targeted populations and communities and the community-at-large in 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 our system of care;
- Developing an annual training plan and budget;
- Chairing the agency's Diversity and Multicultural Committee;
- Attending continuous trainings in the areas of cultural competency;
- Monitoring Interpreter and Translation Services for the agency;
- Collaborating with State, Regional, County, and local groups and organizations and;
- Developing and updating BMH's Cultural Competency Plan as needed.

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

Program services, events and activities conducted in FY17, are summarized below:

Diversity & Multicultural Trainings:

- Black History Month Conference 2017: Understanding the Plight of African American Men in the 21st Century – February 8, 2017(Approximately 100 individuals attended this event). Attendees included staff, residents, consumers, family members and service providers.

- Alameda County BHCS Annual Black History Month Conference - February 24, 2017 (Approximately 200 individuals attended this event). Attendees included staff, consumers, family members, community partners and residents. This training was a collaboration with Alameda County BHCS and community partners.

- Community Forum - Mixed Race: Which Box Do I Check? – March 11, 2017 (Approximately 28 individuals attended this event). Attendees included students, staff, consumers, family members, community partners and residents. This was a collaboration with Berkeley High School Parent Resource Center.

- LGBTQ PRIDE Conference – June 8, 2017 (Approximately 100 individuals attended this training). Attendees included staff, consumers, family members, service providers and residents. This training was a collaboration with Alameda County BHCS and community partners.

Cultural/Ethnic and Community Events:

- South Berkeley Legacy Project: Unveiling of Byron Rumford Statue and Community Fair – July 17, 2016 (Approximately 300 individuals attended this event). Attendees included residents, consumers, family members and service providers.

- BAHIA, Inc., Health Fair – October 9, 2016 (Approximately 250 individuals attended this event). Attendees included residents, community partners, consumers, family members and service providers.

- Multicultural Celebration – December 9, 2016 (Approximately 50 individuals attended this event). Attendees included residents, community partners, consumers, family members and service providers.

- BMH Annual Black History Month event – February 24, 2017 (Approximately 60 individuals attended this event). Attendees included staff, consumers, family members, community partners and residents.

- May Is Mental Health Month Event – May 6, 2017 (Approximately 70 individuals attended this event). Attendees included staff, consumers, family members, community partners and residents.

- Asian Heritage Month Events, a collaboration with the City of Albany: Thai Cultural Talk & Dances - May 13, 2017 (27 individuals attended this event). Attendees included staff, community partners and residents.

- Chinese Medicine & Exercises - May 22, 2017 (15 individuals attended this event). Attendees included staff, community partners and residents.

- Japanese Tea Ceremony - May 17, 2017 (20 individuals attended this event). Attendees included staff, community partners and residents.

- Gay Prom, Sponsorship for Horizon Services, Eden Project – June 3, 2017 (Approximately 300 individuals attended this event). Attendees included students, staff, consumers, family members, community partners and residents.

- Black Student Graduation, a collaborative event with Berkeley High School – June 10, 2017 (Approximately 350 individuals attended this event). Attendees included students, teacher, staff, consumers, family members, community partners and residents.

- City of Albany Community Forum: Bringing People Together Across Differences – June 10, 2017. (Approximately 45 individuals attended this event). Attendees included residents, staff, consumers, family members and community partners.

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
- BHS Community Resource Committee

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

Outreach and Engagement:

- McGee Baptist Church – African Americans
- Albany Korean Community Church – API
- Native American Health Center – Native Americans
- ROOTS – Re-entry population
- Village Connect, Inc., Communities of Color
- Eden Project – LGBTQI2-S Youth
- Pacific Center – LGBTQI2-S
- BAHIA, Inc. – Latino population
- Healthy Black Families – African Americans
- City of Albany – Seniors, youth, staff and residents
- BUSD – Staff, Students and Families
- AUSD – Staff, Students and Families
- REALM, Charter School – Students and Faculty

TAY Support Services

Implemented through Covenant House, the Youth Engagement Advocacy Housing (YEAH!) 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 FY17, a total of 67 TAY between the ages of 18-24 were served. Demographics on TAY served were as follows:

CLIENT DEMOGRAPHICS N=67		
Client Gender	*Number Served*	*% of Total*
Male	50	75%
Female	17	25%
Race/Ethnicity		
Client Race/Ethnicity	*Number Served*	*% of Total*
African American	47	70%
Asian Pacific Islander	1	1%

Caucasian	13	20%
Latino	1	1%
Bi-racial/Multi-racial	5	8%

The project continued to offer clients Shelter Plus Care and Coach vouchers through the City of Berkeley's HHCS Department. During FY17, outreach and engagement efforts reached 327 TAY, and a total of 422 sessions were provided across the 67 program participants. Of the 67 TAY engaged in the program 3 were identified as needing moderate to high needs of support; 3 obtained their own housing; 7 moved in with family or friends; 1 maintained or gained their housing situation with case management support through the Shelter Plus Care Program; 8 moved into another shelter or housing program. Additionally, 8 TAY obtained employment while 4 depended on SSI for income.

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. In FY17, these individual and system-level initiatives impact approximately 420 clients.

In FY17 some of the various activities that were conducted under the direction of the Consumer Liaison included:

Berkeley Pool of Consumer Champions (POCC)

During FY17, 12 meetings were held which included updates on the POCC Steering Committee, as well as debriefings on the California Association of Mental Health Peer Run Organizations (CAMHPRO) and POCC conferences, and information about local recreational and social activities. The Berkeley POCC outreach brochure was created, finalized and distributed. The group met briefly with the Director of Health, Housing and Community Services, and provided input to BMH staff on what consumers need in order to successfully move on from BMH. The group hosted an orientation to new members in coordination with the County POCC and gave a presentation to the POCC Steering Committee about their work. The Berkeley POCC sponsored the annual Art Walk in downtown Berkeley and offered rides for Berkeley members to the POCC Annual Barbecue. Due to loss of several members due to death and illness, the group decided to work on sending cards of sympathy and cheer to members and, when appropriate, their family members. An average of 5+ persons attended each meeting and throughout the year 13 unduplicated people attended.

Wellness Recovery Activities

Designed with, and building on the talents of consumers, the BMH Wellness Recovery activities included workshops, trainings and ongoing health groups. Light refreshments were served at each activity. In FY17, a total of 39 unduplicated consumers attended this program. Peer led activities included:

- Facilitated Discussions - Topics included: Ways to Deal with Stress; Coping Skills; Famous People with Mental Illness; Word Prioritization; Stressbusting Ideas; and Eight Styles of Relaxation.
- Creative Writing - Topics included: Recovery; Recovery High Points Of The Past Week; Gratitude lists; Poetry; Santa's Lists; GLAD Technique; Bucket List; What If You Won The Lottery?; Highs And Lows Of Past Week; About The Rain; Your Goals; Your Recovery Goals; Recovery In Summer; Your Positive Qualities; What To Do When Things Get Off Track; What Would You Do With $10,000?; Positive Memories Of San Francisco; and Your Hopes And Dreams.
- Creating - Tissue Flowers & painting Sugar Skulls for the Day of the Dead Altar displayed at Oakland Museum; Watercolor Painting; and Greeting Cards.
- Exercise - Stretching; Movement to music; Yoga; Foot and Hand Reflexology.
- Games - Wellness Hangman, LifeStories, Moods, Jenga!, Boggle, Price Is Right, and Would You Rather?
- Drawing – Including: Pencil designs; Coloring mandalas; Summer; Your Recovery for the Week; How the Music Sounds; Drawing a Feeling; Spring Flowers; Monochromatic Drawing; Your Life Vessel; Ask-It Basket; and Telling Your Story in Art.
- Sharing - Holiday Recipes; Wellness Tools; Affirmations; and Strategies for Happiness.
- Field trips - Berkeley Art Museum; Employment One-Stop Center; South Berkeley Senior Center; Oakland Museum gardens; SF MOMA; Berkeley Main Library; new Adult Clinic site before remodeling, Berkeley Marina, Redwood Park, and Tilden Park.
- Other - Webinar on Creativity for Peer Specialists; Guided Meditation; Storytelling; Check In; Relaxation Meditation; and Mental Health Advance Directive Consultation.

Mental Health Advance Directives

This consultation is offered monthly on a drop-in basis. Two people attended the consultation. One person completed a Mental Health Advance Directive and the other gathered information.

As a result of these meetings, recommendations were made to the existing Mental Health Advance Directive policy and procedure.

Hearing Voices Support Group

The Hearing Voices Support Group is offered through a contract with the Bay Area Hearing Voices Network and takes place at the North Berkeley Senior Center. In FY17, weekly groups were offered with an average attendance of 6-7 persons. Several family members have reported that they are pleased that their loved one is engaged and doing well as a result of this group.

The Consumer Liaison also conducted or participated in the following activities during the reporting timeframe: Created a monthly activity calendar that was sent to approximately 150 individuals via the postal service and another 125 individuals by email; Attended the Greater Bay Area Workforce and Education Collaborative; Participated in the planning of the Spring 2017 California Association of Social Rehabilitation Agencies (CASRA) Conference and the May Is Mental Health Month event in Berkeley; Co-facilitated 2 Adult Mental Health First Aid trainings and 2 Youth Mental Health First Aid trainings; Participated in the Advisory Committee for the Casa Ubuntu Wellness Center at Eastmont Mall; Conducted Consumer Perception surveying in November and May during the state survey period which included recruiting, training and supervising surveyors as well as submitting complete surveys to the state; Administered the Consumer and Family Member Stipend Program and worked on revising the Division Stipend Policy; Began working with Jay Mahler on the 50 year history of the Consumer Movement in Alameda County; and attended the following conferences - 2016 Alternatives Conference in San Diego, CA, WISE California 2016 Conference on Consumers in the MH Workforce, and POCC Annual Conference.

Family Advocacy Services

Berkeley Mental Health has a Family Advocate position designed to work 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 are 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 FY17 the Family Advocate position was vacant and it wasn't filled until February 2018.

Employment Services

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

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

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

Housing Services and Supports

Previously a Housing Specialist worked with clients and staff throughout the Division to provide Housing Resources, with the aim of increasing housing opportunities for clients and increasing housing retention. In FY13 the Housing Specialist Position became vacant. Up until early FY18, although clients continued to receive housing support from case managers and/or through Shelter Plus Care personnel, there was not a dedicated staff member in place to focus solely on this aspect of the work. The vacancy in the Housing Specialist position allowed BMH to re-assess where staff expertise would be most beneficial in supporting mental health clients with their housing needs. Additionally, input received during the FY14 and previous MHSA Community Program Planning processes included concerns around the lack of affordable housing in Berkeley and echoed the need for additional supports to assist clients in maintaining their housing.

In FY17, BMH began interviewing for the Housing Specialist position and the position was filled in early FY18. The current Housing Specialist has been involved in: providing housing resource services for clients; working with landlords to increase housing opportunities; collaborating with case management staff, landlords, and Board & Care Managers to provide additional supports for clients who are already housed; and working in tandem with the City of Berkeley HHCS Department Hub (which serves as a single entry point into emergency shelter and transitional housing, where clients are triaged based on their housing and service needs).

Benefits Advocacy Services

Through this project a community-based organization, the Homeless Action Center (HAC), assists clients in obtaining public benefits. Services are provided for approximately 10 BMH clients a year. In FY17, 16 clients were served through this agency. Demographics on those served were as follows:

CLIENT DEMOGRAPHICS N=16		
Client Gender	*Number Served*	*Percent of Total Number Served*
Male	7	44%
Female	9	56%
Race/Ethnicity		
Client Race/Ethnicity	*Number Served*	*Percent of Total Number Served*
African American	8	50%
Caucasian	5	31%
Hispanic	1	6%
Other	2	13%
Age Category		
Client Age in Years	*Number Served*	*Percent of Total Number Served*
18-24 years	2	13%
25-44 years	5	31%
45-54 years	4	25%
55-61 years	5	31%

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 additions to BMH have been or are in the process of being implemented through CSS System Development funds:

- New staff were added to expand Mobile Crisis Team (MCT) capacity, allowing two teams to respond separately to crises between 1130am and 5pm. Based on a safety review of the program, staff work as a pair after 5pm.
- 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.

One additional program that was added thru the previously approved FY16 MHSA Annual Update to support Crisis Services, is the Transitional Outreach Team (TOT). This program 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.

In FY17, although there were facility issues and unexpected delays in hiring, TOT was still able to serve approximately 777 clients. Demographics on those served were as follows:

CLIENT DEMOGRAPHICS N=777		
Client Gender	*Number Served*	*Percent of Total Number Served*
Male	416	54%
Female	360	46%
Transgender	1	<1%
Race/Ethnicity		
Client Race/Ethnicity	*Number Served*	*Percent of Total Number Served*
African American	256	33%
Caucasian	248	32%
Latino/Hispanic	64	8%
Asian	*31*	*4%*
Unknown	178	23%
Age Category		
Client Age in Years	*Number Served*	*Percent of Total Number Served*
18-60	750	97%
61 and over	27	3%

Outcomes of the program during the reporting timeframe included:

- Provided numerous individuals and families who have had contact with Mobile Crisis with follow-up services, by phone and/or in person, a service that did not exist before this program came into being;
- Connected many individuals and families with needed mental health care, housing, literacy services, family services, and emergency medications;
- Offered intensive short term support to individuals and families who experienced a mental health crisis, including referrals, linkage, psychoeducation, and active support in connecting with needed serviced in Berkeley or elsewhere in the Alameda County system of care;
- Provided in person outreach and engagement to individuals in inpatient settings who needed assistance connecting to treatment and were unlikely to make it to the clinic for an intake. Settings included John George Psychiatric Facility, Villa Fairmont, Herrick Hospital, Woodrow House, and other sites. TOT staff worked with facility staff in addition to mental health consumers;
- Provided in person outreach and engagement to individuals receiving homeless services and staff at homeless service provider agencies, including MASC, BOSS, BFHP, and others. Also conducted significant in person outreach at homeless encampments throughout the City;
- Coordinated with other programs within the City's Mental Health Division, including the Crisis/Assessment/Triage (CAT) On Duty staff, field based services such as Mobile Crisis (MCT) and the Homeless Outreach and Treatment Team (HOTT), and with the case management teams at the Adult and Children's clinics;
- Provided culturally responsive services to Spanish speaking individuals and families to help them navigate the mental health system;
- Connected reluctant, difficult to engage individuals with care at Berkeley Mental Health through persistent outreach and engagement at inpatient facilities and in the community.

Sub-Representative Payee Program

In the previously approved MHSA FY2014/15 – 2016/17 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 FY19, Sub-Representative Payee services will be contracted out to a community based organization, which will soon be chosen through a competitive Request For Proposal (RFP) process that was recently conducted.

Wellness Recovery Center

Per previously approved MHSA Plans the City of Berkeley has allotted $450,000 of CSS System Development funds annually to pool with Alameda County BHCS monies to fund a local Wellness Recovery Center. In FY16, a Memorandum of Agreement (MOU) with Alameda County BHCS was finalized.

Alameda County BHCS executed an RFP process and Bonita House was the chosen community-based organization who will be implementing the Wellness Center. Bonita House

identified a site on University Avenue where the Wellness Center will ultimately be located and construction has begun.

As construction costs are projected to be more than originally anticipated, in FY19 BMH is proposing to transfer $750,000 of unspent CSS System Development funds to the CFTN funding component. Once funds have been transferred they will be allocated to the County to be utilized on construction costs for the Wellness Recovery Center.

BMH Peer and Family Member Positions

Since the first MHSA Plan, BMH has included positions for peers and family members with lived experience to be added to various programs throughout the Division. The BMH Division utilizes existing City job classifications to create an employment track for peer or family member providers. The entry level position is Community Health Worker, the mid-level is Assistant Mental Health Clinician, and the top-level is Social Services Specialist. All of these classifications are used broadly for differing purposes throughout the City. For the specific positions where the MHSA Plan envisioned utilizing peer or family providers, BMH has had success in establishing employment lists where there are applicants who describe themselves as peer providers or family member providers. In early August 2018, a Peer Specialist was hired to support the Wellness Recovery services work. It is anticipated that BMH will continue to increase the number of peer and family member providers in the future.

Homeless Outreach and Treatment Team (HOTT)

The Homeless Outreach and Treatment Team (HOTT) is funded in both the CSS and PEI components. The primary goal of this program is to engage and provide access and linkage to services that promote health, mental health and self-sufficiency for individuals who have significant mental health and related disorders, and are currently living on the streets of Berkeley and Albany. The key components of the program include the following evidence and experienced based practices:

- Persistent and consistent outreach;
- Supportive case management;
- Linkage to care;
- Treatment.

The program has dedicated flexible funds for short-term housing vouchers, to assist clients with short term housing for emergency stabilization and respite. There is also a dedicated independent evaluation to assess program accomplishments over the three years of the pilot, and to ascertain whether it should continue past the initial funding period.

In May 2017, the HOTT program began providing services. During the short time period that this program was implemented in FY17, 5 individuals were served. Demographics on those served are reported in the PEI section of this Annual Update.

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 FY19 to increase case management services for this population. Use of funding for these services was previously approved in the FY16 MHSA Annual Update. Services will be provided by a community partner that will soon be chosen through a competitive Request for Proposal (RFP) process that was recently conducted.

PREVENTION & EARLY INTERVENTION (PEI)

The original City of Berkeley Prevention & Early Intervention (PEI) Plan was approved by DMH in April 2009. Subsequent Plan Updates were approved in October 2010, April 2011, May 2013, May 2014, May 2015, June 2016, January 2017 and July 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.

PEI Reporting Requirements

In October 2017, new MHSA State regulations around the types of PEI programs that are required and the collection and reporting of PEI demographic and program data became operative. Beginning FY17, Mental Health jurisdictions were to submit a PEI Evaluation Report to the Mental Health Services Oversight and Accountability Commission (MHSOAC) on an annual basis. Additionally, beginning in FY18, a Three Year PEI Evaluation Report is also due to the MHSOAC every three years. The "City of Berkeley Mental Health Services Act (MHSA) Fiscal Year 2017 Prevention & Early Intervention Evaluation Report" which is available on the MHSA website, provides a report on FY17 Data. Descriptions for each PEI funded program and FY17 data as reported in the "City of Berkeley Mental Health Services Act (MHSA) Fiscal Year 2017 Prevention & Early Intervention Evaluation Report" 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.

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%

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 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

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%
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%
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:

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.

In FY17 33 individuals were served 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 the Covenant House, Youth Engagement Advocacy Housing (YEAH!) program, this project provides supportive services for Transition Age Youth (TAY) who are suffering from the impact of trauma and/or other life stressors and are homeless, marginally housed, or housed but in need of supports. The project serves a wide range of youth from various cultural and ethnic backgrounds who share the common goal of living lives less impacted by trauma and more impacted by wellness. The project consists of the following four components: One-on-one sessions that assess individuals needs around trauma supports and support group readiness; psycho-educational support groups; youth social outings that provide TAY with exposure to healthy settings designed to enhance life skills and choices; and youth celebratory events that are held monthly to convene youth around a positive occasion to acknowledge the various small and large accomplishments of TAY participants, and build trust and community. Approximately 30-35 TAY receive services through this project a year.

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

In 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%

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%

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, and Suicidality) assessment. Based on the outcome of the individual appointment and/or assessment, a young person may be referred to either a medical or mental health professional for follow-up care and intervention and/or treatment. Approximately 2600 Berkeley High School Students and 100 B-Tech students receive some level of services through this program each year.

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

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

In 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.

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

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 May 2016, the second MHSA INN Plan was approved. This plan implemented a Trauma Informed Care for Educators project in BUSD.

INN Reporting Requirements

In October 2017, new MHSA State requirements around the collection and reporting of INN demographic and program data became operative. Beginning FY17, Mental Health jurisdictions are to submit an Innovation (INN) Evaluation Report to the Mental Health Services Oversight and Accountability Commission (MHSOAC) on an annual basis. Additionally, beginning in FY18, a Three Year INN Evaluation Report is also due to the MHSOAC every three years. The "City of Berkeley Mental Health Services Act (MHSA) Fiscal Year 2017 Innovations Evaluation Report", which is available on the MHSA website, provides a report on FY17 Data.

A description of the currently funded INN program and FY17 data is outlined below:

Trauma Informed Care Project

In May 2016, following a three month community planning process the City of Berkeley received approval from the Mental Health Oversight and Accountability Commission (MHSOAC) to

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

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

In FY17, 93 individuals participated in TIC Trainings. Demographic data that was collected during this timeframe was as follows:

PARTICIPANT DEMOGRAPHICS N=93	
Age Groups	
26-59 (Adult)	100%
Race	
Asian/Pacific Islander	8.5%
Black or African American	10%
White	60%
Other	4.3%
More than one Race	5.7%
Ethnicity	
Hispanic or Latino	11.4%
Gender	
Male	22.9%
Female	77.1%

Pre and Post Survey results demonstrated that participants had an increased sense of efficacy with trauma-induced behavior and mental health concerns among their students. As a result of the program, educators felt less challenged by behavior issues in their classroom, increased their knowledge around students' barriers to accessing services and how to handle and approach students' behavior issues, and felt more comfortable working with parents, especially around recommending that their child seek counseling.

While the data indicated that it is too early to determine the student impact of the program, baseline FY16 data on the number of students identified for "Response to Intervention"- RTI (a

multi-tier approach to the early identification and support of students with learning and behavior needs, as a proxy for early disciplinary issues) and Mental Health follow-up, was collected and compared with the reporting timeframe. Fifty students were referred to RTI, which was an increase from the 14 students in FY16, who were referred to the services. The number of students identified for Mental Health follow-up, remained the same, at 5 students each year.

Although an evaluation was conducted, with only one year of project implementation there was not enough time to adequately evaluate the learning objectives. In FY18, when a new 2020 Vision Manager was hired, meetings were held with several of the BUSD principals who indicated that although their schools received a lot of positive benefits out of the TIC project, additional training requirements within the school system have been added for teachers and administrators that will need to be fulfilled over the next couple of years. As a result, the TIC Project may not be able to be prioritized within the school system at this time. In light of the changes in the school system, the 2020 Vision Manager did some outreach and found that four area Head Start Centers are interested in executing the same TIC Project for their early childhood educators and staff, to impact the children and families who are served at the centers.

As such, proposed changes to the population and funding amount of the original TIC Plan were vetted through community program planning, and an update to the TIC Plan underwent a 30 Day Public Review and Public Hearing process. The proposed new funding amount for the remainder of the modified TIC project will be $340,000. The MHSA INN TIC Plan Update will be on both the City Council and the MHSOAC Agendas for approval in the Fall of 2018. If approved, it is anticipated that in FY19 approximately $110,000 will be expended on this project.

Next Potential MHSA INN funded pilot projects

Technology Suite Project

In June 2018, following a four month community planning process the City of Berkeley Technology Suite Project was approved by City Council. Final approval to join into this project must be obtained by the MHSOAC. If approved by the MHSOAC this project will allocate a total of $462,916 over the next three years to join a Statewide Collaborative with other California counties to pilot a Mental Health Technology Project that will make various technology-based mental health services and supports available locally in Berkeley and Albany. The proposed INN project will seek to learn whether the Technology Suite Project will increase access to mental health services and supports; and whether it will increase the quality of mental health services, including leading to better outcomes. The City of Berkeley is currently on the MHSOAC Calendar in September to obtain approval to join into this project. If approved, it is anticipated that approximately $189,740 will be expended on this project.

Future MHSA INN Projects

In FY19, BMH will begin the community program planning for the next round of INN funded Projects. It is anticipated that the total funding allocation will be $400,000, which depending on the planning process, may be awarded to one or more projects. Per MHSA regulations, 5% of INN funds may be used on community program planning. As such, through this Annual Update BMH is proposing to utilize an additional $20,000 INN funds (5% of $400,000) combined with

$30,000 of CSS funds to hire a Consultant who will conduct all the required steps to ensure the next MHSA Innovations Plan is approved. The Consultant will be chosen through a competitive RFP Process.

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.

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

Peer Leadership Coordination

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

In FY17, the Peer Leader Coordinator researched local organizations in the Bay Area that could offer training and stipends for the Peer Leadership program. As staff on all BMH treatment teams identified the need for support groups for their clients, and group facilitation as an important Peer Specialist skill, a contract was developed with the Alameda County Network of Mental Health Clients BESTNOW! Program to offer Facilitation Training in Berkeley for up to 12 consumers. The training included 12 weeks of classroom instruction in support group facilitation and a 6 month internship co-facilitating a support group.

During this reporting timeframe two scholarships were provided to consumers to attend the California Association of Social Rehabilitation Agencies (CASRA) Annual training conference. CASRA agencies lead the way in hiring individuals who have the "lived experience" of mental health recovery.

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 agency'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 FY17, the Training Coordinator implemented the following trainings through this component:

- Community Gatekeeper Training: Suicide Assessment for Mental Health Professionals – September 14, 2016 – (28 individuals attended this training). Attendees included staff and service providers.

- Older Adults: Adjusting to the Challenges of Aging – October 27, 2016 – (An estimated 71 individuals attended this training). Attendees included staff, service providers and consumers.

- The DSM-5 and Mental Health Services – January 20 & 27, 2017 – (46 individuals attended these trainings). Attendees included staff and service providers.

- Law and Ethics for Mental Health, Behavioral Health and Health Care Providers – March 8, 2017 – (31 individuals attended this training.) Attendees included staff and service providers.

High School Career Pathways Program

Through this program BUSD implemented a curriculum and mentoring program for youth designed to provide opportunities that support student's interest in pursuing a career in the mental health field. This project was implemented in FY15. During this timeframe, BMH FYC, provided internships to two Berkeley High School students. In FY17 there was a vacancy in the

school personnel who had oversight of this program, therefore there were not any student internships in that reporting timeframe and the project was not continued.

Graduate Level Training Stipend Program

Per the original WET Plan, this program offered stipends to Psychologists, Social Workers, Marriage and Family Therapists and other counseling trainees and interns who have cultural and linguistic capabilities. Guidelines were developed and a system was implemented to recruit and provide incentives to those meeting criteria, thereby allowing BMH to attract a more culturally and linguistically diverse pool of graduate level trainees and interns. This program was first implemented in 2016 and in FY17 this program offered stipends to all counseling trainees and interns at BMH. In FY19, through the approved City of Berkeley MHSA Reversion Expenditure Plan, $42,357 remaining WET funds will be expended on this program.

Peer Leader Stipend Program

Under the direction of the Peer Leader Coordinator, this program provided opportunities for peer leaders to take active roles on Division committees, and/or serve in direct service positions in the clinics. As part of participating in various leadership or peer counselor positions, consumers and family members were offered stipends. These opportunities helped to prepare consumers and their family members for roles within the public mental health system. BESTNow! also offered stipends to individuals who participated in the internship program offered in partnership with BMH through 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 updates to the plan in May 2015, June 2016, and January 2017. Through previously approved MHSA Plans and/or Annual Updates, BMH has allocated a total of $3,773,811 towards the renovation of the Adult Mental Health Clinic.

The Adult Clinic serves Berkeley's most at-risk and fragile population through crisis intervention, case management, individual/or group therapy, and psychiatric medication support. FSP/Intensive Case Management Teams, Clinical services, Mobile Crisis, and Homeless Outreach. In its 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.

Renovation on the Adult Clinic has thus far been in the design and pre-construction phase, and it is envisioned that in FY19 construction will begin.

FY17 AVERAGE COST PER CLIENT

COMMUNITY SERVICES & SUPPORTS			
Program Name	**Approx. # of Clients**	**Cost**	**Average Cost Per Client**
Children's Intensive Support Services FSP	13	$264,697	$20,361
TAY, Adult & Older Adult FSP	64	$1,664,291	$26,005
TAY Support Services	67	$101,768	$1,519
Wellness Recovery System Integration (includes: Wellness Recovery Services; Employment/Educational Services; Housing Services and Supports, Crisis Services)	420	$1,053,977	$2,509
Benefits Advocacy	16	$20,000	$1,250
PREVENTION & EARLY INTERVENTION			
BE A STAR	455	$123,117	$271
Supportive Schools Program	1,107	$55,000	$50
Albany Trauma Project	289	$53,040	$184
Living Well Project	205	$26,520	$129
Harnessing Hope Project	33	$26,520	$804
LGBTQI Trauma Project	244	$26,520	$109
TAY Trauma Project	67	$26,520	$396
High School Youth Prevention Program	3,652	$411,840	$113
Social Inclusion Program	19	$1,356	$71
Homeless Outreach and Treatment Team	5	$145,682	$29,136
INNOVATIONS			
Trauma Informed Care Project	93	$70,733	$761

FY 2018/19 Mental Health Services Act Annual Update
Funding Summary

County: City of Berkeley

Date: 8/20/18

	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 2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	6,423,219	1,521,249	1,004,101	42,357	2,789,419	
2. Estimated New FY 2018/19 Funding	4,360,017	1,090,004	286,843			
3. Transfer in FY 2018/19[a/]	(750,000)				750,000	
4. Access Local Prudent Reserve in FY 2018/19						0
5. Estimated Available Funding for FY 2018/19	10,033,236	2,611,253	1,290,944	42,357	3,539,419	0
B. Estimated FY18/19 Expenditures	6,342,898	1,525,642	519,740	42,357	3,539,419	
G. Estimated FY18/19 Unspent Fund Balance	3,690,338	1,085,611	771,204	0	0	0

H. Estimated Local Prudent Reserve Balance	
1. Estimated Unspent Local Prudent Reserve on June 30, 2018	1,605,816
2. Contributions to the Local Prudent Reserve in FY2018/19	0
3. Distributions from the Local Prudent Reserve in FY2018/19	0
4. Estimated Local Prudent Reserve balance on June 30, 2019	1,605,816

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 2018/19 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: City of Berkeley Date: 8/20/18

	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	2,545,562	2,476,286	69,276			
2. Children's FSP	631,620	631,620				
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	318,767	318,767				
2. System Development, Wellness & Recovery	1,913,913	1,913,913				
3. Crisis Services	137,585	137,585				
4. Homeless Outreach & Treatment Team (HO	518,882	182,094		39,529		297,358
5. Albany Resource Center	50,000	50,000				
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	632,633	632,633				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	6,748,962	6,342,898	69,276	39,529	0	297,358
FSP Programs as Percent of Total	50.1%					

FY 2018/19 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: City of Berkeley

Date: 8/20/18

	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	36,332	36,332				
2. Community Children & Youth Prevention	9,142	9,142				
3. High School Prevention Program	109,041	109,041				
4. Social Inclusion	10,000	10,000				
5. CalMHSA Contribution	43,600	43,600				
6. Mental Health Peer Education Program	92,778	92,778				
7. Dynamic Mindfulness	47,500	47,500				
8	0					
9	0					
10.	0					
PEI Programs - Early Intervention						
11. BE A STAR	92,319	92,319				
12. Supportive Schools Program	55,000	55,000				
13. Community Education & Supports	192,376	192,376				
14. High School Prevention Program	327,124	327,124				
15. Homeless Outreach & Treatment Team	108,996	108,996				
16. Community Children & Youth Prevention	27,426	27,426				
17. Dynamic Mindfulness	47,500	47,500				
18.	0					
19.	0					
20.	0					
PEI Administration	326,508	326,508				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,525,642	1,525,642	0	0	0	0

FY 2018/19 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: City of Berkeley Date: 8/20/18

	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 Project	110,000					
2. Technology Suite Project	189,740					
3. New INN Programs	200,000					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	20,000					
Total INN Program Estimated Expenditures	519,740	0	0	0	0	0

FY 2018/19 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: City of Berkeley

Date: 8/20/18

	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. Graduate Level Training Stipend Program	42,357	42,357				
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	42,357	42,357	0	0	0	0

FY 2018/19 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: City of Berkeley Date: 8/20/18

	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	2,789,419	2,789,419				
2. Wellness Center Construction Costs	750,000	750,000				750,000
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	3,539,419	3,539,419	0	0	0	750,000

Margaret Fine, Public Comments for Pubilc Hearing on Annual Update FY 18/19
September 28, 2018, MHC meeting

The information contained in this general summary is based on transcription notes provided by the MHSA Coordinator for the Cities of Berkeley anjd Albany.

Introduction

- There is a context in California for looking at the MHSA. Darrell Steinberg (co-author of MHSA) and State Senator Scott Wiener have worked to pass legislation. There was an article in the Sacramento Bee, 8/2/2018 and he said it is kind of a "gut-check" moment to improve how MHSA funding is spent—driving nearly every major policy issue.
- They are looking at how the components of the MHSA should be divided and one of the main (items) is looking at how we could be more strategic and accountable (we can be) in delivering mental health services.
- State Auditor's Report (February 2017) focused on DHSC (Department of Healthcare Services for State of California). It was ordered by Joint Legislative Audit Committee to do an audit throughout the state as DCHS failed to recover $230 million not spent by counties.
- Everyone realizing they will have to have data-driven, evidence-based decision-making processes to be able to justify spending, quality, value-based, cost-effective programs
- MHSA set up where (each county/city) submits budget and receives funding from the state—likely there will be more criteria to account for spending.

MHSA—fragmented /patchwork among 58 counties and 2 cities

- After 14 years after MHSA's passage, we (State of California) have fragmented system where counties (58 counties, 2 cities) do as they choose to do. In the Mountain View Voice, 9/14/2018, basically said the right hand does not know what the left had is doing. Half of the models are not-evidenced based and there is a push towards clarifying standards and sharing among all different counties.

Most of money spent on tiny fraction of people with SMI and/or SUD for Medi-Cal

- Calmatters.org—publication focused on state capitol news provided by nonpartisan nonprofit on 8/13/2018—showed 10 percent of state supported patients used up to two-thirds of Medi-Cal budget—"most struggle with addiction or mental health problems."
- Full Service Partnership (FSP) (designed) to address if able to place someone in housing and provide outpatient and other services; then FSP would reduce number of days that people in the hospital—due to housing crisis cannot fulfill. Consequently, there is a low level of evaluation and monitoring including due to having to move offices.

Likely Changes in MHSA Funding Stream from CSS to PEI

- SB 1004 is a statewide strategy for PEI spending so counties target funds on proven areas of need, employ best practices. MHSOAC will provide technical assistance.

- UC Davis Clinic is also motivating this movement in trying to get people in their first or second psychosis to have a manageable life by taking medication.

Likely Emphasis on Providing Supportive Housing for People with SMI and/or SUD

- **Proposition 2** will authorize $2 billion in bonds from MHSA to build supportive housing for people with severe mental illness (who are homeless or at risk of homelessness).
- State of California making effort to place people in supportive housing and take this route rather than be more coercive.
- One question is HOTT serving homeless people (FY 18/19 - $650,000+) and BMH housing specialist to reduce homelessness among people with SMI and/or SUD.
  Karen: May I just answer that question that you just said about the $650,000?
  Margaret: Yes.
  Karen: So the timeframe that the data, remember all the data from the plan is from 16/17 so the HOTT Team began in May 2017 so that was just for May/June of 2017, it doesn't have anything to do with what happened the rest of '17 and now '18.
  Steve: And the amount that was spent was $145,000.
  Margaret: On all five of them?
  Steve: It was on salaries. So we hired in the manager about 3-4 months in and she hired in all the staff and RDA for outcomes. There was not a lot of staffing during those two months.
  Margaret. remember we give you each month how many folks we see in terms of outreach and in terms of serving them in person, so I would agree if we saw 5 people in HOTT in a year then HOTT should not exist.
  Margaret: Yeah, I mean one question is that was what that represented, it should [be] like you had $145,000.
  Steve: Of expenses during that fiscal year. But the program really only started in May and we only enrolled 5 participants in May and June, and it is the enrollees not the people we outreached to.
  Margaret: At this time, where does the program stand?
  Steve: It's in the monthly report Margaret.
- MHSA will be paying $130 million per year in order to give $2 Billion to different counties (and cities) for housing.

State legislation focused on conservatorship and expanding the definition of grave disabled [in addition to Laura's Law (expanded in Alameda County)]

- **Senate Bill (SB 1045)** creates five year opt-in pilot program for San Francisco, Los Angeles and San Diego, making it easier to conserve individuals with serious mental illness and substance use disorders (who refuse treatment) and have been frequently detained by police. Counties must provide housing and wraparound services before they can participate—it's a last resort.
- **Assembly Bill (1971)** expands the definition of gravely disabled (to include person's inability to making basic decisions).

- **Assembly Bill (AB 2156)** makes it easier to conserve people with mental illness who refuse medical treatment and are incapable of making decisions (definition gravely disabled).

Possible Calculation Overall Direct and Indirect Costs Evaluation to Serve People with SMI & SUD—reaches farther than RDA to determine costs and delivery of care across multiple systems

- **Question:** Looking at all of the evaluation from the past, I wonder if BMH has reporting requirements have captured this data from Medi-Cal claims data for analysis?
- There was a study cited: Prevalence, Severity and Co-Occurrence of Chronic Physical Illness of Persons with Serious Mental Illness, Psychiatric Services, 11/2004, vol. 55, no. 10, pp. 1250-57.
- Steve: In the plan, FSP are probably the one program that has the most data in the State because they have data requirements to collect and report and every year all FSP's report on that data, including ours.
- Looking beyond Medicaid claims, there was a study addressing treatment participation with medication adherence: This study looked people with severe mental illness when they were discharged from the hospital and followed them for 90 days. The study is Treatment Participation and Medication Adherence: Effects on Criminal Justice Costs of Persons with Mental Illness, Psychiatric Services, 10/2014, vol. 65, no. 10, pp. 1189-1191.
- Other studies as mentioned are available—please ask.
- There is a focus on not just direct costs to Berkeley Mental Health, but trying to see where the City of Berkeley is putting all of its resources to determine how we can deal with a small group of people that is using a lot of municipal resources—maybe it is a study that has to be done by the City Council in order to get that landscape overview to understand how services are used. It is not just Berkeley Mental Health—it is overall.

Examine Role of Technology—focus on Technology Infrastructure and Digital Technology

- MCF comment regarding why there is not more technology under Capital Technology and Technical Needs—MCF understand it is embedded into non-personnel and personnel services (email).
- Karen: So I can just say that for Capital Facilities what I was talking about when you asked what your question was, was about computers, software, etc. And what I was saying was within each program there are non-personnel expenditures and operating expenses and that doesn't show in here because the state doesn't ask for that. The state asks for the information this way. But in our budget, if we were to open up our budget you would see for every program underneath there are different line items and some of them are for professional services so that's stuff that goes out to the community, there's community agencies stuff, there's stuff for electricity, there's stuff for computers so that's what I was talking about. But for Capital Facilities what we ended up doing is moving all of the Technological Funds that we originally had, we had it for both, you could use it for either, and we moved it all into the renovation of the Adult Clinic. So you are talking about two different things there. So I mean, I didn't want to confuse you.

BMH Must Have Robust Technology (IT) Infrastructure

- IT/Tech Infrastructure—hardware, software, networking capabilities—adapted for health care and is capable of machine learning processes (process a range of data types such as clinical and pharmacy, patient, family, health and mental claims data, surveys, assessments, monitoring and evaluation reports).
- Be prepared for data analytics—qualitative and quantitative techniques (used) to process data to increase productivity. There are a lot of data types: clinical, pharmacy, patients, family—not just an outcome on employment or housing to get outcomes. The Tech infrastructure permits drawing out a lot of different types of data.
- Deep/Machine Learning—automates processes. It would be good to plan for it as it is not only the Technology Suite. There is a need to have a really good plan for handling data including, for instance, wearable devices, smart phones, sensors in medication. There are many ways they have now to monitor and there is more surveillance but it may be the only way to avoid prison. I have concerns about not spending in the Annual Update FY 18/19 for tech needs. Potentially the INN grant could be looked at as a way to focus on getting data needs met.
- Steve: Most counties and cities when they put money into Technological Needs they use it to help defray the cost of an Electronic Health Record. For us, because we are tied to Alameda County. Alameda County still has not instituted an Electronic Health Record. They are apparently getting ready for it. So we don't need money for that area. For all the other things you are talking about in terms of those things it's all very possible everything you suggested the way in which technologically [relates to] healthcare and when that comes and to the degree that it effects the public mental health system, I think that what you just said is very true, Innovation may be a good pathway towards that. And throughout everything you said Margaret, I think the theme was there are tremendous changes coming to the Mental Health System and tremendous changes coming to the delivery of Mental Health care, and I think you are 100% right whether I agree with every point you made or not, the mega theme you have is correct and I think we can all expect in the next decade for there to be very large changes according to the way the Mental Health system is set up and to the delivery of Mental Health care and I think you are correct that we should all be prepared for some rather large changes down the road to help in terms of that piece, so I think your general theme is that we do need to be looking at that as we do our planning going forward.
- Technology needs should be on a priority list so [City of Berkeley] does not miss out because they are going to start demanding this data for all of these grants and all of these funds.
- Steve: And I would certainly agree that the system that Alameda County has the one thing that's good is they did invest in and we got in on the ground floor and purchased licenses to it is a system that does draw data out of these different systems. Sometimes we are able to get good data because of this. But I would also agree that the record keeping system that we use there are many, many places where it does not collect meaningful data. One of the areas that you have been pointing to consistently, and it is very frustrating, it does not draw in data on gender identity, no way to get at that data. It's not a very small but a specific example. You are right that a modern Electronic Health Record system saves time for people including around data and gives you better data, you are absolutely right.

Possible Shift from Specialty Mental Health Services to using Medi-Cal model for all Services

- There are a lot of states that do not have a carve out that delegates Specialty Mental Health Services down to county level; it requires a waiver from the federal government—some states already shifting back.
- For example, a case manager could say "you don't look so good today" when there is underlying chronic pulmonary disease.
- Research on integrating primarily and mental health care (study previously cited) means can go to different places and share the information that allows other monies to be freed up for items like tech. MCF also tweets on mental health so able to dig for scholarship.
- These are themes that are, that we have to cope with and MCF thinks becoming a lot stricter with people who do not want to get better.