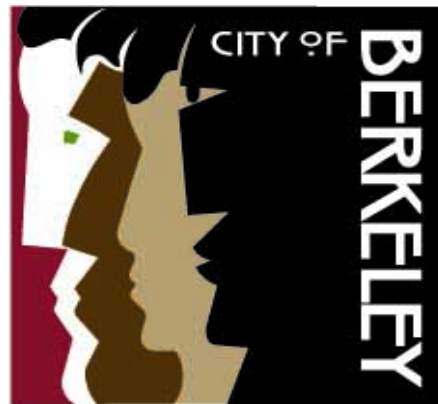


# **City of Berkeley Mental Health Mental Health Services Act (MHSA)**



**FY13-14  
Annual Update**

RESOLUTION NO. 66,668–N.S.

MENTAL HEALTH SERVICES ACT (MHSA) FISCAL YEAR (FY) 2013-2014 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 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 or Plan Update for each MHSA component; and

WHEREAS, the City Council previously approved the MHSA FY12 and FY13 Annual Update; and

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

WHEREAS, in order to continue MHSA funded programs and services the MHSA FY13-14 Annual Update must be approved by City Council.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the MHSA FY13-14 Annual Update that outlines current programming and continues mental health services and supports through June 30, 2015, incorporated herein as Exhibit A, is hereby approved.

BE IT FURTHER RESOLVED that the City Manager is authorized to forward the MHSA FY13-14 Annual Update to appropriate state officials.

\* \* \* \* \*

The foregoing Resolution was adopted by the Berkeley City Council on June 24, 2014 by the following vote:

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

Noes: None.

Absent: None.

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

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

## MHSA COUNTY COMPLIANCE CERTIFICATION

County: City of Berkeley

Local Mental Health Director	Program Lead
Name: Steve Grolnic-McClurg	Name: Karen Klatt
Telephone Number: (510) 981-	Telephone Number: (510) 981-7644
Email: SGrolnic-McClurg@ci.berkeley.ca.us	Email: KKLatt@ci.berkeley.ca.us
<b>County Mental Health Mailing Address:</b>  Berkeley Mental Health 2636 Martin Luther King Jr. Way Berkeley, CA 94703	

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

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

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant

All documents in the attached annual update are true and correct.

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

[Signature] 5/22/14  
Signature Date

County: City of Berkeley

Date: 5/22/14

# MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County/City: CITY OF BERKELEY

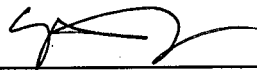
- Three-Year Program and Expenditure Plan  
 Annual Update  
 Annual Revenue and Expenditure Report

<p align="center"><b>Local Mental Health Director</b></p> <p>Name: Steve Grolnic-McClurg</p> <p>Telephone Number: (510) 981-5249</p> <p>E-mail: SGrolnic-McClurg@cityofberkeley.info</p>	<p align="center"><b>County Auditor-Controller / City Financial Officer</b></p> <p>Name: Robert Hicks</p> <p>Telephone Number: (510) 981-7339</p> <p>E-mail: rhicks@cityofberkeley.info</p>
<p>Local Mental Health Mailing Address:</p> <p>Health Housing &amp; Community Services                  City of Berkeley                  2180 Milvia St., 2nd Floor                  Berkeley, CA 94704</p>	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report 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 other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

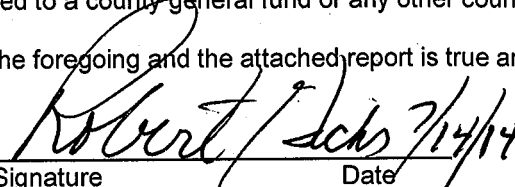
Steve Grolnic-McClurg, Mental Health Manager  
 \_\_\_\_\_  
 Local Mental Health Director (PRINT)

  
 \_\_\_\_\_  
 Signature 7/11/14  
 Date

I hereby certify that for the fiscal year ended June 30, 2014, 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 12/20/2013 for the fiscal year ended June 30, 2013. I further certify that for the fiscal year ended June 30, 2014, 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 Board of Supervisors 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 and the attached report is true and correct to the best of my knowledge.

Robert Hicks, Finance Director  
 \_\_\_\_\_  
 County Auditor Controller / City Financial Officer (PRINT)

  
 \_\_\_\_\_  
 Signature 7/14/14  
 Date

<sup>1</sup> Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)  
 Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

## **MENTAL HEALTH SERVICES ACT FY13-14 PLAN UPDATE SUMMARY**

Per State legislation, mental health jurisdictions are required to provide updates on Mental Health Services Act (MHSA) plans on an annual basis. This plan update provides current information on programming for all five MHSA funding components for the 13-14 fiscal year through the following sections:

- MHSA Background and Overview;
- Community Planning Process;
- Annual Update Overview;
- Community Services and Supports;
- Prevention and Early Intervention;
- Innovation;
- Workforce, Education & Training;
- Capital Facilities & Technological Needs;
- Average Cost Per Client;
- Program Budgets

Reporting on FY11-12 program data for Community Services & Supports, and Prevention & Early Intervention programming, and the first six months of FY12-13 program data for Innovations, is included throughout the plan update. Some of the various accomplishments of MHSA programming during the reporting timeframe include: a reduction in psychiatric inpatient hospital days for severely mentally ill clients; a step-down to less intensive services for some Berkeley Mental Health (BMH) clients; an increase in positive housing outcomes for Transition Age Youth (TAY); the implementation of Diversity and Multi-cultural trainings aimed at transforming the system of care; Family Advocacy, Wellness Recovery, Employment, and Housing services and supports for clients and their family members; augmented prevention and intervention services for children and youth in the schools and community; and increased trauma support services for underserved and inappropriately served cultural and ethnic populations, etc.

This plan update continues previously approved programs. Except where otherwise indicated, funding for all programs will continue at the prior approved amount through the use of previous year's unspent MHSA funds.

## **MENTAL HEALTH SERVICES ACT BACKGROUND AND OVERVIEW**

California voters passed Proposition 63, also known as the Mental Health Services Act (MHSA), in November 2004 to expand and improve public mental health services. At that time, California's public mental health funding was insufficient to meet the demand for services. Counties and cities estimated they were serving about half the population that needed public mental health care. The majority of mental health funding went to treatment for individuals with the most severe and persistent mental illness, state hospitals and the criminal justice system. For this reason, California's mental health delivery system was frequently portrayed as a "fail first" model. Instead of providing services, the "safety net" of an under-funded system had become the criminal justice system, the courts, and emergency rooms.

Since California taxpayers approved a 1% tax on incomes above \$1 million dollars to fund Proposition 63, more than \$8 billion has been raised. Through stakeholder input, mental health programs and supports are tailored to meet the individual needs of the diverse clientele. Prop 63 services maintain a commitment to service, support and assistance. Because of Prop 63, California is moving its public mental health system to a "help first" system by providing enhanced funding for effective treatment for people with serious mental illness, new Prevention and Early Intervention services and the unique Innovation component.

MHSA includes the following five funding components:

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

The MHSA also aims to improve and increase services and supports for individuals and families from cultural and ethnic populations that are traditionally un-served and underserved in the mental health system. In Berkeley and Albany these include: Asian Pacific Islanders (API); Latinos; Lesbian, Gay, Bi-Sexual, Transgender, Queer/Questioning, Inter-sexed (LGBTQI); Senior Citizens; and Transition Age Youth (TAY). African Americans are an additional

population of focus as data indicates they are overrepresented in the mental health system and hence "inappropriately served", which is often due to being provided services that aren't culturally responsive and/or appropriate.

Community Services & Supports, Prevention & Early Intervention, and Innovation funds are the only re-occurring monies that are allocated annually and may be spent over a three-year timeframe. Workforce, Education & Training and Capital Facilities and Technological Needs funds had initial expenditure timeframes of 10 years each, and must be utilized by the end of Fiscal Year (FY) 2017-2018. The MHSA funding process involves the development of an approved plan that specifies the local community plan for spending these funds. This planning process includes conducting 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 City Council approval on the plan. State legislation requires mental health jurisdictions to provide updates on MHSA Plans annually and for the coming FY14-15, an integrated Three Year Program and Expenditure Plan is also required. The City of Berkeley Mental Health (BMH) has previously approved MHSA plans and Annual Updates in place for each funding component, and in the upcoming months, will begin an extensive Community Program Planning process for the Three Year Program and Expenditure Plan.



**FY13-14 PLAN UPDATE**  
**COMMUNITY PROGRAM PLANNING PROCESS**

In February 2014, BMH began the Community Planning Process for the MHSA FY13-14 Annual Update. Multiple re-organizations within the Division, staff vacancies and/or changes in key staff, precluded this process from occurring earlier. Given that the fiscal year was already well underway, the primary focus of the FY13-14 Community Program Planning Process was to provide information on programs currently being implemented and obtain input that could inform existing services and/or be utilized in planning for the upcoming FY14-15 Three Year Program and Expenditure Plan.

The Community Program Planning process included obtaining input from MHSA Advisory Committee members, Consumers, Family Members, Berkeley Mental Health (BMH) Staff, community-based organizations, and other MHSA Stakeholders. During this process, two MHSA Advisory Committee meetings, two Community meetings, and two Staff meetings were held with a total of 40 individuals attending at least one of the meetings. Input received during the Community Planning Process provided a variety of input, including feedback on ways to improve housing and employment services, advocacy for additional services for high needs underserved populations, and ideas for new programming.

A 30-Day Public Review was held from April 22 through May 21 to invite input on the FY13-14 Annual Update. A copy of the FY13-14 Annual Update was posted on the BMH MHSA website in English and Spanish and was available for reviewing in hard copy format at the downtown Public Library at 2090 Kittredge Street. An announcement of the 30-Day Public Review was issued through a Press Release and mailed and/or emailed to community stakeholders. Following the 30-day public review period a Public Hearing at the Mental Health Commission was conducted on May 22<sup>nd</sup> at 7:00pm at the North Berkeley Senior Center. Substantive comments received during the 30 Day Public Review and Public Hearing will be utilized to inform the Three Year Program and Expenditure Plan. Comments focused on expanding crisis services, involving peers in the crisis response, and increasing services for disabled individuals.

During the Public Hearing the following motion was made: M/S/C (Arreguin, Dixon) The Mental Health Commission recommends that City Council approve the MHSA FY 13-14 Annual Update. Ayes: Arreguin, Dixon, Fazio, Grossman, Heda, Marasovic, Michel, Posey, Silverberg; Noes: None; Abstentions: None; Absent: Davis.

## MHSA FY13-14 ANNUAL UPDATE OVERVIEW

The City of Berkeley MHSA FY13-14 Annual Update provides current information on programming for all five MHSA funding components, and except where otherwise indicated, continues approved programs at the same funding amount through the use of previous year's unspent MHSA funds. Prior years approved MHSA Plans and/or Annual Updates can be accessed on the BMH website: [http://www.cityofberkeley.info/Mental\\_Health/](http://www.cityofberkeley.info/Mental_Health/).

In the previous Annual Update, the City of Berkeley included FY11-12 data for Community Services & Supports, and Prevention & Early Intervention programming, and the first six months of FY12-13 data for Innovations projects. Program activity information and data for FY12-13 will be reported in the FY14-15 Three Year Program and Expenditure Plan. This Annual Update outlines programming for each MHSA component by section re-stating previously reported data and substantive program changes. Program costs per client in FY11-12, and FY13-14 budgets are included at the end of the document. A quick index of programs is provided below (with additional details on services outlined per section throughout the document):

<b>COMMUNITY SERVICES &amp; SUPPORTS</b>	
Program	Page(s)
Children's Intensive Support Services	7-8
TAY, Adult & Older Adult Full Services Partnership	8-9
Diversity & Multi-Cultural Services	10-11
TAY Support Services	12-13
Wellness Recovery System Integration	13-14
Family Advocate Services	14-16
Employment Services	16
Housing Services/Supports	16-17
Benefits Advocacy Services	17
<b>PREVENTION &amp; EARLY INTERVENTION</b>	
BE A STAR	18-19
Supportive Schools Program	19-20
Community Education & Supports	20-26
Social Inclusion Program	26-27
High School Youth Prevention Program	27
Community-Based Child/Youth Risk Prevention Program	27-28
Homeless Outreach Program	28

<b>INNOVATIONS</b>	
Innovations Projects	29-38
<b>WORKFORCE, EDUCATION &amp; TRAINING</b>	
Peer Leader Coordination	39
Staff Development & MHPA Training	40
High School Career Pathways Program	40
Graduate Level Training Stipend Program	40
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<b>CAPITAL FACILITIES &amp; TECHNOLOGICAL NEEDS</b>	
Capital Facilities	41
Technological Needs	41

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

MHPA CSS funds into three categories: Full Service Partnerships; Outreach and Engagement; and System Development. Funds are used primarily on intensive services and supports for Seriously Emotionally Disturbed children and youth, and Severely Mentally Ill Transition Age Youth (TAY), Adults, and Older Adults. Children's services provided through this component include individualized or "wraparound" services, build on the strengths of each eligible child and family, and address the client's unique and changing needs. Services for TAY, Adults and Older Adults should have an interagency network of services with multiple points of access and be assigned a single person or team to be responsible for all treatment, case management, and community support services. Funds in this MHPA component can also be utilized to create opportunities for mental health consumers and family members to directly participate in decisions that affect their lives around services and resource allocations, and to ensure the system of care is providing culturally competent services.

### **CITY OF BERKELEY CSS PROGRAMS**

Following a year-long community planning and plan creation 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, and May 2013. From the original CSS Plan and/or through subsequent plan updates, the City of Berkeley has provided the following services:

- Wrap-around Services for Children and their families;
- TAY, Adult and Older Adult Intensive Treatment Services
- Multi-cultural Outreach & Engagement;
- TAY Support Services;

- Consumer Advocacy;
- Wellness and Recovery Services;
- Family Advocacy;
- Educational and Employment Services, Housing Services and Supports;
- Benefits Advocacy.

Previously approved programs that will continue to be sustained through the next fiscal year are outlined in this update.

### FULL SERVICE PARTNERSHIPS

#### Children's Intensive Support Services

The Intensive Support Services program is a community-based mental health program designed to provide intensive short-term, individualized treatment, care coordination, and support to children and youth ages 0-18 years. Interventions may include mental health counseling, parent and child psycho-education, case management, psychiatry, crisis services, brokerage, and/or stabilization for acute mental health issues. Services are individually tailored, developed in collaboration with families, and include a range of strength-based, culturally competent services and resource acquisition. Major strategies include coordination with a range of services to promote resilience in the child and family, and the utilization of schools as an important avenue for referrals. 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. This program serves 10-20 youth at a time.

Services for this program were previously provided through a community-based organization during the time period of July 2007 through September 2011, serving a total of 60 clients. In the most recent timeframe that this program has been in operation, July 2010 through September 2011, 27 youth were served. Demographics on youth served during this timeframe were as follows:

<b>CLIENT DEMOGRAPHICS N=27</b>	
<i>Client Gender</i>	<i>Number Served</i>
Male	63%
Female	37%
<b>Race/Ethnicity</b>	
<i>Client Race/Ethnicity</i>	<i>Number Served</i>
African Americans	37%
Caucasian	15%
Latino	4%
Nicaraguan	4%
Bi-Racial	11%
Mexican/American	11%
Other Asian	7%
Unknown/Not Reported	11%

<b>Age at Admission</b>	
<i>Client Age In Years</i>	<i>Number Served</i>
6-9	4%
10-12	26%
13-15	52%
16-18	18%

A sampling of available data on clients receiving intensive support services through this program over time showed the following outcomes: an approximate 70% decrease in school suspensions and an approximate 75% increase in school attendance, in youth who had previous difficulties attending school and/or whom had experienced prior school suspensions; an approximate 85% decrease in psychiatric hospitalizations in youth who had been at risk for, or who had prior hospitalizations; an approximate 70% decrease in arrests leading to Juvenile Hall in youth who had been involved with probation; and an approximate 95% of youth served remained at home and did not need out-of-home placement.

Berkeley Mental Health is currently assessing how to best implement Children's Intensive Support Services and intends to have services in place during the Fiscal Year 2014-2015.

**TAY, Adult and Older Adult Full Services Partnership**

This program provides intensive support services to TAY, Adults and Older Adults with severe mental illness that are homeless or at risk of becoming homeless. A primary focus is on those in need who aren't currently receiving services and/or individuals that in spite of their current services are having difficulties with: obtaining or maintaining housing; frequent or lengthy psychiatric hospitalizations; and/or frequent or lengthy incarcerations. Priority populations include individuals from un-served, underserved and inappropriately served cultural communities. Client services and peer supports are coordinated through integrated assessment and treatment teams which maintain a low staff-to-client ratio (12:1) that allows for frequent and intensive support services. Clients are provided assistance with finding appropriate housing and in some cases may qualify for temporary financial assistance. Efforts are also made to involve family members and other community support persons in the client's recovery plan and program staff may provide assistance with getting financial benefits established and/or providing assistance with money management. A full range of mental health services are provided along with access to housing, education, benefits advocacy, supported employment, and other client services such as the clinic's peer led Wellness Recovery activities. The primary goals of the program are to engage clients in their treatment; reduce homelessness, hospitalization, and incarceration; and to increase stabilization, employment and educational readiness; self-sufficiency; and wellness and recovery. The program serves up to 50-60 clients at a time.

In FY11-12 a total of 68 TAY, Adults, and Older Adults were served through this program. Demographics on those served include the following:

<b>CLIENT DEMOGRAPHICS N=68</b>	
<i>Client Gender</i>	<i>Number Served</i>
Male	63%
Female	37%
<b>Race/Ethnicity</b>	
<i>Client Race/Ethnicity</i>	<i>Number Served</i>
African American	35%
Asian Pacific Islander	9%
Caucasian	49%
Latino	3%
Multi-Racial	4%
<b>Age Category</b>	
<i>Client Age Category</i>	<i>Number Served</i>
Transition Age Youth	23%
Adult	59%
Older Adult	18%

Outcomes for TAY served through this program were as follows: Six aged out of the program; one stepped down in care to Meds Only; one was incarcerated; one moved out of the area; and seven were housed. Of the seven who were housed: Three clients no longer needed Mental Health services, one of whom obtained employment; one stepped down to Meds Only services and received an Internship; and two were enrolled in school.

Adult and Older Adult client outcomes included the following: Six clients were dis-enrolled from the program, three of which stepped down to a lower level of care, two reconnected with family and moved out of the service area, and one was transferred to a forensic case management team; thirty-three were able to maintain stable housing throughout the entire fiscal year; eight entered the program homeless and were able to move into permanent stable housing; seven were able to maintain housing for part of the fiscal year; and four clients were continuously homeless throughout the fiscal year.

Some of the various program successes achieved during FY11-12 included: Assisting clients with obtaining and maintaining stable housing; reducing the number of client inpatient psychiatric hospital days; keeping clients engaged in mental health services; reconnecting clients with family members; and assisting some clients in achieving "recovery" to the point that they were able to step down to less intensive services. Program challenges included: Finding safe, affordable housing in one of the most expensive housing markets in the U.S.; figuring out how to best serve (a small portion of) clients who were unwilling to accept housing; assisting housed clients in maintaining residency as they may at times relapse and/or have behavioral or money management problems; serving clients with severe substance abuse problems who are unwilling to address or sometimes even acknowledge that they have substance abuse issues.

Going forward an increased focus will be on hiring staff with lived experience as mental health consumers, increasing housing options for clients, improving client outcomes in regard to obtaining volunteer or paid employment, and involving consumers in more peer-led and community activities.

## MULTI-CULTURAL OUTREACH AND ENGAGEMENT

### **Diversity & Multicultural Services**

A Diversity & Multicultural Coordinator (DMC) provides leadership in identifying, developing, implementing, monitoring, and evaluating services and strategies that lead to continuous cultural, ethnic, and linguistic improvements within the Division's mental health system of care, with a special emphasis on un-served, underserved, and inappropriately served populations. The DMC also collaborates with state, county, and local agencies in order to address mental health inequities and disparities for targeted communities in the Cities of Berkeley and Albany. The DMC accomplishes these goals by: Providing training to mental health stakeholders; performing ongoing outreach and engagement to un-served, underserved, and inappropriately served communities; developing long and short term goals and objectives to promote cultural and linguistic competency; chairing the agency's Diversity and Multicultural Committee and Staff Training Committee; attending continuous trainings in the areas of cultural competency and mental health services; monitoring Interpreter and Translation Services for the Division; collaborating with State, Regional, County, and local groups and organizations, and developing and updating BMH's Cultural Competency Plan.

Program services, events, and activities provided under the direction of the DMC in FY11-12 are summarized below:

- **Training:**
  - Military Culture Training in December of 2011 - (14 individuals attended this training) Attendees included staff and service providers.
  - California Brief Multicultural Competency Scale (CBMCS) training - Approximately 85% of BMH Staff completed the CBMCS 4-day training between February and June of 2012. (\*Note this training was coordinated by the DMC and funded under the MHSA WET component).
  - Healing From Our Cultural Roots, Latino Conference, April 2012 - (An estimated 110 individuals attended this training.) Attendees included staff, consumers, family members, service providers, and residents.
  - LGBTQI PRIDE training in June of 2012 - (Approximately 120 individuals attended this training) - This training was collaborated with Alameda County Behavioral Health Care Services (ACBHCS) and several community partners. Attendees included staff, consumers, family members, service providers, and residents.
- **Cultural/Ethnic and Community Events:**
  - Annual Juneteenth Event in June 2012 – BMH Information Booth (More than two-hundred individuals stopped by the booth.) Seven consumers; including TAY and family members assisted with staffing the booth.

- May Is Mental Health Month 2012 - (Approximately 80 individuals attended this event) - Attendees included staff, consumers, family members, community partners, and residents.
- Annual Black History Month event in 2012 (Approximately 125 individuals attended this event) - Attendees included staff, consumers, family members, community partners, and residents.
- **Outreach and Engagement:** Outreach and Engagement activities were conducted at the following locations to targeted populations: St. Joseph The Worker Church (Latino community); University Village (Latino and Asian communities in Albany); Community Health for Asian Americans (Asian community) Buddhist Temple (Thai community); Portia Bell Hume Behavioral Health and Training Center (Sikh and Hindu communities); East Oakland Masjid (Muslim community); Pacific Center (LGBTQI community); South Berkeley Community Church (African American Homeless population); and Berkeley High School (Youth population).
- **Special Projects:**
  - Active engagement with the State of California Reducing Disparities Projects (CRDP) for African Americans; Latinos; Asian/Pacific Islanders; Native Americans; and LGBTQI population initiatives (2011 - 2012).
  - Monthly Diversity & Multicultural Calendar (2011 - 2012) - This Cultural Competency Educational tool was developed for staff and community partners with a focus on cultural events, celebrations, and information about different populations throughout the world.
  - Senior Medication Screening and Education for Seniors, 2011 – (Approximately 40 individuals received this service) In collaboration with LifeLong Medical Care. Provided seniors and their caregivers with education, motivation, and referrals for optimum health and wellness.

The DMC also actively serves on the following groups/committees: Diversity & Multicultural Committee, Chair; BMH Training Committee, Chair; PEERS Countywide Spirituality Committee member; ACBHCS LGBTQI PRIDE Committee Member; ACBHCS Cultural Responsiveness Committee Member; State and County Ethnic Services Managers/Cultural Competency Coordinators Committee Member; PEERS African American Action Team Committee Member; Statewide Spirituality Liaison, and East Bay Regional Ethnic Services Managers Committee, Co-Chair.

As with other jurisdictions, going forward BMH needs to continue to address limitations in providing culturally responsive services to unserved, underserved, and inappropriately served communities within the local mental health delivery system.



### **TAY Support Services**

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

This program has been widely successful in addressing the multiple needs of TAY youth. In FY11-12, 47 unduplicated TAY were served, 25 through assessments, and 22 youth received intensive weekly services. An additional 135 youth received outreach and engagement to inform them of program services. Demographics on youth served were as follows:

<b>CLIENT DEMOGRAPHICS N=22</b>	
<b>Gender of Client</b>	
<i>Client Gender</i>	<i>Number Served</i>
Male	45%
Female	55%
<b>Race/Ethnicity</b>	
<i>Client Race/Ethnicity</i>	<i>Number Served</i>
African American	59%
Caucasian	14%
Latino	14%
Bi-racial	13%

Many youth receiving intensive weekly services met 2-3 times a week with a Case Manager and once a week with a Peer Counselor. The project was able to offer clients Shelter Plus Care and Coach Certificates through the City of Berkeley Health, Housing and Community Services Department. Housing retention was crucial to maintaining the stability of youth. Youth in the program receiving Shelter Plus Care and/or Coach certificates all retained their housing except for one youth who moved to transitional housing. By the end of FY11-12, the 21 youth still in intensive weekly services had the following housing outcomes: Eight were in City of Berkeley Shelter Plus Care apartments; two were in City of Berkeley Coach Certificate apartments; one moved from Section 8 into their own apartment; one was in their own apartment; one was in an inpatient psychiatric hospital; one was in Fred Finch Turning Point transitional housing; one moved from homelessness to a shared rental apartment; one moved from a subsidized to an unsubsidized apartment; and five were homeless.

Employment and/or educational outcomes for youth in the program were as follows: Six had part-time jobs; two had full-time job; one had a temporary job; four had Social Security Income; eight were in school; one was on medical leave; one had no income; and one was incarcerated.

## **SYSTEM DEVELOPMENT**

At BMH, System Development comprises 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 Advocate Services; and Employment/Educational services. Additional services to support clients include Housing Services and Supports, and Benefits Advocacy. Together, each ensures that consumers and family members are informed of, and able to be involved in, opportunities to provide input and direction in the service delivery system and/or to participate in recovery-oriented or other supportive services of their choosing. Strategies designed to reach program goals include: developing policies that facilitate the Division in becoming more Wellness & Recovery oriented and consumer/family member driven; outreach to, and inclusion of, consumers and family members on Division committees; provision of family support & education; supported employment and vocational services; wellness activities; peer supportive services; client advocacy; housing supportive services; and benefits advocacy.

### **Wellness Recovery System Integration**

A Consumer Liaison works with staff, stakeholders, community members and clients to advance the goals of Wellness and Recovery on a system wide level. In order to accomplish these goals, some of the various tasks include: recruiting consumers for Division committees; convening committees around Wellness Recovery system initiatives; oversight/administration of peer stipends; convening and conducting meetings for a "Pool of Consumer Champions (POCC)"; working with staff to develop various Wellness and Recovery related policy and procedures; and oversight of the Division's "Wellness Recovery Activities". The Consumer Liaison is also a resource person around "Mental Health Advance Directives" for consumers desiring to express their treatment preferences in advance of a crisis; and is a participant on a number of local MHSA initiatives. These individual and system-level initiatives impact approximately 512 clients a year.

The following activities were conducted in FY11-12 under the direction of the Consumer Liaison:

- **Wellness Recovery Task Force:** This group began meeting in May 2007 to assist the Division in becoming more Wellness and Recovery oriented. Task Force members consisted of staff, consumers, family members, and community advocates. Overtime the Task Force has been very instrumental in bringing Wellness Recovery ideas and strategies forward for system change initiatives. Within the past year the Task Force met with Division leadership and made recommendations to BMH on Innovation strategies and how to create a more welcoming environment. The Task Force additionally provided information on free or low cost recreational activities, became informed on Peer-Run respites, and in conjunction with the federal Substance Abuse Mental Health Services Administration's (SAMHSA) 1<sup>st</sup> Wellness Week, initiated an Art Walk. During the year Task Force members noted that

attendance had become low (4-8 members) and tended to only include consumers. After the 5<sup>th</sup> anniversary celebration in May 2012, the group decided to disband. It is intended that a forum will be convened to generate ideas for a future Wellness Recovery oriented planning group.

- **Berkeley Pool of Consumer Champions (POCC):** The Berkeley POCC meets monthly to outreach to consumers, connect with Alameda County POCC activities, and to become informed about Berkeley's MHSA planning and implementation process. The Berkeley POCC consists of 6-13 members. Six stipends are awarded to participants on a rotating basis that is determined by the group. Within the past year, the POCC began meeting quarterly with the Department Director. The group also developed a statement on the 5150 process that was shared with the Alameda County POCC and BMH management.
- **Wellness Recovery Activities:** Designed with, and building on the talents of consumers, the Division Wellness Recovery activities implements workshops, trainings and ongoing healthy groups. Activities are led by trained "Wellness Recovery Leaders", and members and leaders, include consumers, family members and community members. Light refreshments are served at each activity. Over the past year activities (such as: creative writing; movement, art, etc.) were conducted on a weekly basis. One leader hosted an informal group that visited the Berkeley Art Museum on the first Thursday of the month, which is admission free day. Weekly attendance included 5-10 members.
- **Money Management Series:** Based on early feedback from the Wellness Recovery Task Force, this program was initiated to assist with the Division's transition away from providing payee services to clients. A six week series started in March 2012 that included budgeting; how to deal with Social Security; information on bank accounts and credit cards; and how to avoid victimization through fraud or identity theft. Four consumers participated in the series.
- **BEST Now! Intern:** During the second half of FY11-12, a consumer from BEST Now! did an internship with the Division. In addition to being a visible proof of recovery, the intern provided outreach to BMH consumers to participate in various supportive activities, and started a Bipolar Support Group that served 3 participants. When the internship ended, participants were encouraged to venture to the larger Berkeley Bipolar Support group.

### **Family Advocate Services**

A Family Advocate works with Family Members, staff, community-based organizations etc. to improve services and supports for BMH clients and their family members on a system-wide level. Services provide both individual family services and supports, and system-wide change initiatives. This family/caregiver-centered program serving Berkeley and Albany provides information, education, advocacy and support services to 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 works with family members throughout Berkeley Mental Health and the community, providing support and linkages to community services and 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. Additionally, the Family Advocate provides outreach to families through existing BMH family support groups, NAMI of the East Bay, community clinics and the Alameda County Family Education and Resource Center (FERC); 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 a Family Consultation 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 512 clients and their family members a year.

In FY11-12 under the direction of the Family Advocate, the following individual/or group services and supports were conducted through this program:

- **Warm Phone Line Support:** A Warm Phone Line provided a sympathetic resource for family members needing information, referrals, supports, and assistance in navigating the complex mental health system. During FY11-12, the Family Advocate fielded 120 calls, assisting family members in need.
- **Family Support Group:** Family Support groups were offered for parents, children, siblings, spouses, significant others, or caregivers. An English speaking support group met twice a month for two hours and a Spanish speaking group met monthly for 90 minutes. Last year, 120 Family Members/Caregivers participated in Support Groups. Demographics on those served include the following:

<b>CLIENT DEMOGRAPHICS N=120</b>	
<i>Client Gender</i>	<i>Number Served</i>
Male	18%
Female	78%
Unknown	4%
<b>Race/Ethnicity</b>	
<i>Client Race/Ethnicity</i>	<i>Number Served</i>
African American	5%
Asian Pacific Islander	2%
Caucasian	71%
Latino	10%
Unknown	12%
<b>Age Category</b>	
<i>Client Age Category</i>	<i>Number Served</i>
Adult (26-59 years)	33%
Older Adult (60+)	48%
Unknown	19%

- **Family Consultation Group:** A Family Consultation Group was convened monthly to provide a space for families to provide input and direction around policies and strategies to assist the Division in becoming more family oriented. The group met for two hours each month and consisted of 8 female members, seven of whom are older adults and one is an adult.

### **Employment Services**

Previously, a BMH Employment Specialist provided services to support consumers in job readiness and accessing employment opportunities. It was envisioned that these services would at a minimum, create and nurture supported vocational, educational and volunteer "try-out" opportunities in the community; build employment and educational readiness; and increase the numbers of consumers who are gainfully employed and/or engaging in other meaningful activity such as school or volunteer work. Different strategies were implemented along the way including utilizing the Dartmouth model of supported employment. The Dartmouth model helps to promote wellness and recovery by enabling clients to work alongside other non-mentally ill workers in a competitive environment in their community. In this model, employment supports are 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 have remained low. In total, 49 TAY and Adult consumers received Employment & Educational services in FY11-12, 6 of who obtained employment. Demographics of those served include the following: 49% African Americans; 41% Caucasians; 6% Asian Pacific Islanders; and 4% Hispanics.

During the Community Program Planning process for this and last year's Annual Update, several community and MHSA Advisory Committee members provided input on strategies to better support clients in reaching their Employment goals, such as having Mental Health staff assist 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 utilizing evidence based practices. Going forward, management staff will be evaluating the input received along with employment best practice models in order to adopt strategies that will increase positive outcomes for BMH clients.

### **Housing Services and Supports**

A Housing Specialist works with clients and staff throughout the Division to provide information and supports on Housing Resources, with the aim of increasing housing opportunities for clients

and helping those housed retain their housing. Input received during the FY13-14 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. Going forward, in addition to providing housing resource services for clients the Housing Specialist will work with landlords to increase housing opportunities and will collaborate with case management staff, landlords, and Board & Care Managers to provide additional supports for clients who are already housed.

### **Benefits Advocacy Services**

A collaboration with a community-based organization assists clients in obtaining benefits. Services are provided for approximately 10 BMH clients a year. In FY11-12, 18 clients (15 men and 3 women) were provided services through this agency. The results were as follows; 7 clients were allowed benefits; 9 client cases are pending; 1 client's case was insufficient to proceed; and 1 client passed away, so his case was closed.

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

MHSA Prevention and Early Intervention funds are to be used to prevent mental illnesses from becoming severe and disabling. Programs funded under this component can have:

- An emphasis on improving timely access to services for underserved populations;
- Outreach to increase knowledge and a recognition of the early signs of potentially severe and disabling mental illnesses;
- A reduction in stigma associated with either being diagnosed with a mental illness or seeking mental health services;
- A reduction in discrimination against people with mental illness;
- Access and linkages to necessary medical care for those in need of additional services;
- An emphasis on strategies to reduce the negative outcomes that may result from untreated mental illness.

Programs can also include mental health services similar to those provided under other programs effective in preventing mental illnesses from becoming severe, as well as components similar to programs that have been successful in both reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives.

### **CITY OF BERKELEY PEI PROGRAMS**

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

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

Previously approved programs that will continue to be sustained through the next fiscal year, are outlined in this update.

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

The Be A Star program is a collaboration with the City'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. Approximately 400 children are assessed each year.

In FY11-12, a total of 269 children were screened at the 3 BUSD preschool/childcare sites (323 ASQ's were prepared and distributed, and 269 were returned and scored, for a 83% return rate). An additional 96 children were screened through home visits conducted by Public Health nurses. Of the 269 screenings from BUSD preschools, 184 (68%) showed typical results; 31 (12%) were "of concern"; 54 (20%) were "to monitor". All kids shown to be "of concern" were: referred to BUSD Special Education for an assessment; referred to a ULSS intervention class and/or discussed at ULSS for class interventions; and/or were referred to mental health staff

present in the preschools. Overall, a total of 17 mental health agency referrals were made through BUSD preschool screenings. Additional program activities included the following:

- **Outreach and Engagement:** Presentations to promote a better understanding of the ASQ tool, and to increase successful completion of the questionnaire, were held at Head Start's Pregnant Women's groups and at the Vera Casey Teen Parenting program to a total of 32 women. Additionally, in collaboration with Berkeley Unified School Districts (BUSD) Summer Bridge program, two parenting groups provided supports to 22 parents of incoming kindergartners who have not attended preschool.

Throughout the year, BE A STAR staff maintained and strengthened relationships with pediatric providers and community partners by: conducting regular visits with pediatric providers to offer consultation and technical assistance on ASQ implementation and/or ASQ pickup; participating in monthly pre K-Universal Learning Support Services (ULSS) meetings, which are school-based groups convened to assess each student for strengths, progress, and early interventions for academic or other supports; participating in Berkeley's Early Childhood Education Kindergarten collaborative meetings; and collaborating with all 3 BUSD preschools/child care sites to prepare and score ASQs for over 300 children.

- **Training:** A refresher training on Universal Developmental Screening for 18 month old clients was provided to 35 staff at West Berkeley Family Practice.

### **Supportive Schools Program**

Through the original PEI Plan, MHSA funds were leveraged to support the implementation of the "BEST" program in several area schools in an effort to transform schools into a more overall welcoming environment, and to fill some of the resource gaps around early intervention services. BEST is a model program that implements among other things, Positive Behavioral Supports (PBS), to change the culture of a school from one that is reactive and aversive in addressing problem behaviors, to one that uses preventative, positive, and supportive approaches. In the implementation of this program, two BMH staff were trained as BEST coaches and were out-sourced to area schools to be on-site for consultation, and to provide other services and supports. BEST coaches worked with schools to ensure the following activities were implemented:

- **Primary Prevention for School/Classroom Wide Systems/PBS Coaching and Program Development:** This component of BEST included the following: Refining behavioral expectations to be taught by school staff; building and supporting leadership teams at schools to decide how to implement programs; training school site teams in the PBS/BEST model; training school staff in Resiliency and Strengths Based interventions; developing and implementing curriculums to be taught to all students that support the PBS framework; analysis of data on student office discipline, referral, and performance to help teams make informed planning decisions around behavioral interventions; and collaboration with community service providers on referrals. During the most recent year the BEST model was implemented, (FY10-11), 3,664 Elementary and Middle School youth were impacted by PBS primary prevention and/or intervention services. Demographics on students served included



the following: 30% Caucasians; 25% Hispanics/Latinos; 22% African Americans; 10% Bi-Racial or Multi-Racial individuals; 9% Asian Pacific Islanders; 1% American Indian/Alaska Natives; and 3% unknown.

- **Secondary Prevention for Children with At-Risk Behavior and Tertiary Prevention/Specialized and Individualized Intervention for Children with High-Risk Behavior:** Services in this component included the following: provision of intensive/targeted interventions to support children who are at risk of chronic problem behaviors or higher/more intensive individualized interventions; mental health consultation with teachers and parents; outreach to families; group therapy; social skills training; developmental assessments; safety screening; crisis intervention; counseling; teacher and staff training on mental health issues; referrals to supportive services (including out-patient wrap-around mental health services). During the most recent year the BEST model was implemented, (FY10-11), 34 students received intervention services. Demographics on students served include the following: 44% African Americans; 24% Caucasians; 23% Hispanics/Latinos; 3% Bi-Racial or Multi-Racial individual; 3% Asian Pacific Islanders; and 3% American Indian/Alaska Natives.

Since the approval of the original PEI Plan, BEST was implemented in several local schools over a number of years. Following that period, many schools who had implemented BEST, began to move away from some of the aspects of the BEST model focusing priorities and resources on the intervention needs of students. While the PBS approach of the program was still embraced and utilized, many schools were not necessarily keeping full fidelity to other aspects of the BEST model. Therefore in FY12-13 the focus of this program was changed to more accurately reflect the prevention and intervention strategies that are currently being implemented, that do not include all the components of the BEST model. Since that time, leveraged MHSA PEI funds have provided resources to support mental health prevention and intervention services in the schools including: outreach; psycho-social education; and consultation with parents/or teachers.

### **Community Education & Supports**

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

#### **➤ Albany Trauma Project**

Implemented through Albany Unified School District this project provides trauma support services to Latinos, Asian Pacific Islanders and African American TAY, and Adults. Through various supports the project: provides helpful information and coping strategies around the effects of trauma; offers interventions to keep at-risk individuals and families from developing serious mental health symptoms and behaviors; provides a forum for clinicians to monitor

trauma-exposed individuals and families who may need more intensive mental health services; and creates a venue to explore trauma and stress management through symbols of healing, artwork, and alternative coping strategies. Services include: Youth Support Groups; Adult Support Groups; and Parent Education. Additional one time cultural activities to promote healing through reflection groups and art projects are also conducted throughout the year. This project annually serves approximately 30-40 youth and 45-55 adults.

Descriptions of services provided and numbers served through this project in FY11-12 are outlined below:

- **Youth Support Groups:** Weekly support groups were provided at two Albany High Schools. Separate Support Groups were held for Asian Pacific Islander, Latino, and African American youth at each school. Additionally, an all Girls Group was provided. Groups met for 1-2 hours a week and were ongoing throughout the school year. Through all groups a total of 40 students participated in Support Groups. Demographics on youth served include the following: 40% African Americans; 32% Latinos/Latinas; 23% Asian Pacific Islanders; and 5% Bi-racial.

Albany High School: A total of 24 youth were served through groups at Albany high School. Over the course of the year, 3 group members discontinued services, one because she wasn't comfortable with the group format and two students because of conflicts with sports. Pre and post group evaluation results showed the following: 21 felt welcomed into the group; 18 felt the group was a place they could express their feelings; and 21 felt supported by other group members. In response to what their favorite thing about group was, students indicated the following: Making new friends; the people; the conversation; it was real; hearing other peoples' stories; helping others; sharing; and caring. In response to what their least favorite thing about group was, the majority of students responded with: nothing; a few students said missing class; and one student said feeling pressured to talk. Overall ratings on Albany High School youth groups indicated the following scores on a scale of 1-10: Asian Group: 8.6; Latino/Latina Group: 9.6; African American Group: 9.

MacGregor High School: A total of 16 students participated in youth support groups at MacGregor High School. The Girls Group served 10 students over the course of the year and the Latino Group served 6 students. As with Albany High School, pre and post tests were administered at MacGregor. In the Girls Group, although for various reasons several of the members were absent on the day the post-test was administered, the group received an overall satisfaction rating of 8.6 on a scale of 1-10. Participants expressed: interest in continuing the group next year; enjoyed participation in the group and getting to know people that they wouldn't ordinarily know; and enjoyed listening to others experiences and helping others. Closer friendships were formed outside of the group. In addition, per project staff report, participating in the group seemed to lead to an increased comfort with therapy.

Six students participated in a Latino group that was started in the beginning of the year by mental health interns. The group ultimately disbanded primarily due to the resignation of one of the interns. When group ended, all student participants were offered individual counseling.

- **Adult Support Groups:** Outreach and engagement activities and support groups were provided to Latino immigrant adults dealing with trauma issues, who live and work the

backstretch of Golden Gate Field's race track as groomers; exercise jockeys and caretakers of the horses.

Initially, a healing art project was conducted to engage individuals in creating a "Mural" of their stories as a means to open the door to begin dialoging about trauma. Approximately 41 individuals, primarily men, 20-55 years of age, participated in the project. Participants shared their stories of home and their desire to see their families who they have been separated from for years. They drew images of memories they had and shared stories about their lives. Some of them shared that they couldn't draw or write, but wanted symbols to be put in that they saw as important to the mural. As the pictures were put into the mural, the participant's excitement for the project grew. Project staff found that towards the end, participants didn't want to leave, they were so engrossed with the painting. Golden Gate Field's staff were even impressed by the level of participation, collaboration and group cohesiveness and how it represented a whole other side to the individuals that they had never seen before. The participants were very proud of the end result of the Healing Mural as it represents each of their lives. The mural (pictured below) currently hangs at Golden Gate Fields.



Additional engagement activities included a "Community Building Event" which had 275 attendees; and a "Día De Los Muertes Reflection Group" that had 45 participants.

A total of 60 adults, participated in regular ongoing support groups. Groups met from 1-2 hours each and utilized strengths-based activities to support adults through issues of acculturation, immigration, and dislocation and focused on increasing positive communication and coping skills. Group participants included 5 females and 55 males, ranging in age from 20-55 years old. All participants had a myriad of basic living needs and many were isolated and illiterate, placing an "X" for their name on project sign-in sheets.

In order to avoid literacy capabilities from limiting anyone's ability to respond, an informal, oral evaluation was administered individually to participants at the end of the group. Some of the participant comments were as follows:

- "This project helped us forget our worries, it allowed us a space to think and share;"
- "This project helped to relieve our stress;"
- "For you to be here is a gift to us, we are able to talk and share about many things;"
- "Thank you for making a difference."

In assessing the impact this group has made, project staff noted that it comes out of an innovative cultural model of treatment that takes into account the lives' of the backstretch, the barriers that they experience to treatment as well as their level of acculturation, language and the experience of the individuals. It is very clear that a traditional model of

treatment would be difficult for the individuals to experience. First, they are not willing to go out into the community for resources as they cannot leave their work to do so. The times and hours are complicated, even transportation is difficult for them to access. Therefore, having mental health resources come into the backstretch has been a strong support for them.

Future priorities are around how to best support the aging population that live and work at Golden Gate Fields. Project staff are concerned about what will happen to older adults as this life is all they have known for years. They have become institutionalized in this process of the backstretch becoming the only family they know and a structured system that is their life. Staff are looking at how to address these issues by talking with them and working on helping them to find, envision and create their futures.

**Parent Education Evenings:** Parent Education Evenings were provided to reach Korean and Chinese parents living in Albany. Each educational event was held from 1-2 hours and structured to provide information and supports to parents around trauma issues related to acculturation and immigration, with a focus on positive coping strategies. Parent Education Evening events were held separately for each population and were conducted in Korean and Mandarin languages. Topics included the following: "Dealing with Cultural Differences"; "Adjusting to the School System and Immigration Issues"; "Acculturation Conflicts"; "Dealing with Middle Childhood Development patterns and Coping Skills". There was a range of 10-24 Participants at each Korean Parent Education Evening; and the number of attendees at Chinese Parent Education Evenings ranged from 4-26 participants.

➤ **Living Well Project**

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

In FY11-12, 169 Senior Citizens participated in Living Well project activities. Six cycles of the Living Well series workshops, were conducted in the following Berkeley locations; Redwood Gardens; North Berkeley Senior Center; Center for Independent Living; and South Berkeley Senior Center. 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. Additional program activities included: Peer group or one-on-one counseling; "Living Well at the Movies" where participants are shown movies focusing on entertainment and self care; Asian cooking demonstrations; presentations on the importance of getting enough Vitamin D and staying hydrated; and at the request of participants, a workshop on Employment Readiness.

Project outreach was conducted at the following area events: Alameda County Board of Supervisor's.- Prevention & Wellness Hearing; Alzheimer's Forum; Cancer Survivors' Celebration of Life; North Berkeley Senior Center's First Annual Senior's Health Fair; Healing from Our Cultural Roots Training at Berkeley Mental Health; Senior Injury Prevention Training/Forum; Berkeley Senior Centers (North and South locations); Berkeley Juneteenth; and at the Harriet Tubman Senior Residence.

The workshop series was well attended and by participant report, very successful. In fact, at one location it was requested that the series be extended as participants deemed the program to be so beneficial. Peer counseling, both group and one-on-one format, and Living Well at the Movies, were also very popular activities.

#### ➤ **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, strengths based coping skills, and supportive services through the following services: Outreach and engagement; screening and assessment; psycho-education; family education; support groups such as "Kitchen Table Talk groups (non-stigmatizing, culturally responsive, peer centered groups); workshops and classes; mental health referrals and community linkages; peer counseling and support. A key component of this project is to train and mentor community leaders to become Peer Facilitators of Kitchen Table Talk groups. This project serves approximately 50-130 individuals a year.

In FY11-12, the following activities were conducted through this project:

- **Outreach and Engagement:** These activities were designed to inform residents of project services. Approximately 596 individuals were outreached to at the following area locations: Berkeley Women's Center; Black Infant Health; Peralta Schools; Emeryville Unified School District; Rubicon; Berkeley Youth Alternatives; Inner-City Services; Phillip Temple Church; Berkeley Unified School District; Berkeley Women's Health Center; A Better Way; Gina Beauty 4 U; Berkeley Women's Drop-In Center; Ashby BART; Washingtwn Laundry; Pat's Hair Debonair; Lazarus Studio for Her; Rathas Beauty Salon; Wash & Shop Laundromat; Sparkle Clean Wash & Dry; J & L Laundry Cleaning; Central Launderette; Blow Salon; University Launderette; Anna Bella nails; Salon 2000; Nina Café; Mokka; CalSubs; Elmwood Laundry; Nabolom Bakery; Dream Fluff Café; Noah's Bagel; Pete's Coffee; La Mediterranean; Craigslist; Door-to-Door; and Street outreach.

- **Kitchen Table Talk Groups:** These supportive groups were held at Berkeley Food and Housing Project and the Suitcase Clinic and provided psycho-education and support services aimed at empowering homeless women in transitional shelters. Additional groups were held at Black Infant Health. In FY11-12 a total of 40 African American women, ranging in age from 26-67 years old, participated in Kitchen Table Talk Support Groups. Many of the participants were also assessed and received individual and/or family psycho-educational support services, or were referred to additional community resources as needed. For many of the participants, this support group was the only opportunity they had for discussing their emotional and substance abuse struggles and it was a great way to build community in a place where residents normally keep to themselves. Per project staff report, participants commented on how they felt less stressed and more supported after group, and how they looked forward to future groups.

Additional activities conducted in FY11-12 included a Wellness/Mental Health Training Fair that was held in December to provide supports for individuals around the holiday's, and regular meetings with the project Stakeholder group.

➤ **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 support services to identified underserved populations within the local LGBTQI community. This project provides 12-15 support groups weekly throughout the year targeting various populations and needs within the LGBTQI community including: Men of Color; Young Queer Women; Gender Non-Conforming; Female To Male Transgender; Bi-sexual Women; Working Women over 50; Married/Once Married Men; Aging Queer Women; Partners of Transgender People; Young Men's Group (20's-30's); Middle-Aged Men's Group; Transgender/Transsexual Support Group; Butch/Stud (Butch Lesbians of Color); LGBTQI People Living with Cancer; Younger Men of Color; Parents of LGBTQI Youth; Long-Time Survivors of HIV, etc. Support groups are lead by Peer Facilitator community volunteers who are trained in Group Facilitation/Conflict Resolution and who have opportunities to participate in additional Skill Building workshops in order to share methods used to address group challenges and to learn new facilitator techniques. This project serves approximately 68-70 individuals a year.

In FY11-12, fifteen ongoing groups were implemented including the following newly added groups: Partners of Transgender people; Gender Non-Conforming Group; 50+ Working Women's Group; Queer Young Women's Group; and the Young Men of Color Group. Each group met weekly (except for two that meet on a bi-weekly basis) holding a total of 428 sessions, that provided supports for 93 residents. Demographic data collected on those served showed: 30% were people of color, and 51% were women. Twenty-four of the group participants were referred for additional mental health services. Although surveys were administered at the end of group, only 32% were returned. Of those returned, the surveys showed positive group reviews.

Outreach was conducted at Berkeley Senior Centers and the Berkeley Pride Event and project fliers were sent to community based organizations throughout Berkeley and Albany. Twenty-seven community volunteers completed the Peer Facilitator training, and six bi-monthly facilitator Skill Building workshops were conducted. The following community education/training workshops on LGBTQI related issues were also held: Youth Issues Form; HIV and Men Seeking Men (MSM) Informational meeting; Smoking Cessation Workshop; Presentation on Tax Laws for Same-Sex couples; and a memoir workshop for LGBTQI elders.

➤ **TAY Trauma Support Project**

Implemented through YEAH this project was originally implemented to provide trauma support group services for TAY who are suffering from the impact of trauma and/or other life stressors and are homeless, marginally housed, or housed but in need of supports. The project serves a wide range of youth from various cultural and ethnic backgrounds who share the common goal of living lives less impacted by trauma and more impacted by wellness.

In FY11-12 through this project 130 youth were outreached to and offered opportunities to participate in various group activities including the following: Stress Reduction; Harm Reduction; Youth Cultural Heritage; Housing and Income; Community Meeting; Yoga; Art and Soul; and Movement. Although youth strongly influenced the types of groups that were implemented and street outreach to youth, and outreach at area youth serving agencies was conducted regularly, consistent attendance was lower than anticipated. As YEAH TAY shelter services are available from November through May, it was found that groups were better attended during that timeframe as youth were on-site, reminded of the scheduled group time, and encouraged to participate. Still, a total of 73 group sessions were held over the year serving approximately 34 youth. Demographics on those participating in groups were as follows: 50% African American; 32% Caucasian; 12% Bi-racial; and 6% Hispanic.

A consistent low attendance in support groups prompted project and City staff to examine whether better strategies exist to address the trauma needs of this population. As a result, in addition to continuing to offer support groups, the following services/activities were added in the 12-13 fiscal year: One-on-one sessions that assess individuals needs around trauma supports and support group readiness; psycho-educational support groups; youth social outings that provide TAY with exposure to healthy settings designed to enhance life skills and choices; and youth celebratory events that are held monthly to convene youth around a positive occasion, acknowledge the various small and large accomplishments of TAY participants, and build trust and community. Approximately 30-35 TAY receive services through this project a year.

**Social Inclusion Program**

The Social Inclusion program was created to combat stigma, attitudes and discrimination around individuals with mental health issues. Through this program, a "Telling Your Story" group was formed that provides mental health consumers with opportunities to be trained, compensated and empowered to share their stories of healing in a supportive peer environment. When they feel ready, consumers can elect to be community presenters, sharing their

inspirational stories at pre-arranged local public venues to dispel myths and educate others. This program serves approximately 5-10 individuals a year.

In FY11-12, the "Telling Your Story" group met 12 times. Three successful panel presentations were conducted to BMH Interns, and at the Family Support Group. The ongoing group consisted of 3-10 regular attendees.

### **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 (B-Tech) to provide young people with the information and individual support they need to make positive and healthy decisions in their lives. The program includes: outreach activities designed to provide students with basic information around the risks of certain behaviors, and ways to protect themselves and make positive and safer decisions; classroom presentations to enable students to receive more in-depth information around a variety of health topics and available resources, and provide the opportunity for students to do a personal assessment of risk and current lifestyle choices; individual appointments to identify young people who may need more intensive intervention; and short-term treatment.

The individual appointments, held at the school-based health center, provide young people with the opportunity to hold very in-depth discussions around the choices they are making and the risks that are involved in their choices. They receive guidance about changes they can make to reduce or eliminate their risks, and are given the opportunity to identify barriers that might exist for them that prevent them from making healthier choices. In addition, they complete a 40 question, in-depth HEADSSS (Home, Education, Activities, Drugs/Alcohol, Sexuality, Safety, Suicidality) assessment. Based on the outcome of the individual appointment and/or assessment, a young person may be referred to either a medical or mental health professional for follow up care and intervention and/or treatment. Approximately 2600 Berkeley High School Students and 80 B-Tech students receive some level of services through this program each year. This program was implemented in FY12-13 and has become a successful partnership between the Public Health and Mental Health Divisions of Berkeley's Health, Housing, and Community Services Department. As the program has developed, the staffing structure for the program has evolved to better meet the needs of the participants of both BHS and B-Tech.

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

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



This program was implemented towards the end of FY11-12. During that time most activities were around engaging and outreaching to area schools and community agencies for referrals. Staff also set up regular hours at local Head Start programs and at one area middle school, and provided mental health consultations to parents, counselors and community-based organizations.

### **Homeless Outreach Program**

Community program planning for the MHSA 12-13 Update identified homeless and marginally housed individuals as those that have high priority needs for additional Mental Health services and supports. Various populations were identified that have specific mental health and healthcare acquisition needs of which the current system of care is either minimally serving or not addressing at all, including: women; elderly; and TAY; adults and older adults living on the streets or in area homeless encampments. As such a new program was added through the FY12-13 Annual Update that increases access to available resources for homeless individuals in Berkeley and Albany.

This program is just getting underway through Building Opportunities for Self-Sufficiency (BOSS), a local community-based organization. Those in need will be outreached to and provided with supported referrals to area programs and resources. Program services include outreach, education, crisis intervention, short-term counseling, and referrals. It is envisioned that this program will serve approximately 100 individuals. In FY11-12, this program had not been implemented yet.

### **INNOVATIONS (INN)**

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

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

Projects must also either: introduce new mental health practices or approaches that have never been done before; or make changes to existing mental health practices/approaches, including adapting them to a new setting or community; or introduce a new promising community-driven practice/approach that has been successful in non-mental health contexts or settings.

## CITY OF BERKELEY INN PROGRAMS

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

- A Community Empowerment program 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. Each project is implemented through community partners.

Described in this update are previously approved projects that will continue to be sustained through the next fiscal year at a reduced rate. Going forward projects will primarily focus on evaluating what has been learned through pilot testing the given mental health strategy or approach.

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

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

The following services and activities are provided through this project:

- **Support Groups for Youth, Women, and Men:** Support groups are separately provided twice a month for youth (11-17 years old); women (18-55 years old) and men (18-55 years old). Groups provide a safe listening forum for those experiencing stress as well as a

medium to provide additional strategies and resources to empower at-risk families and individuals. Each group met twice a month for an hour and a half. In the first half of FY12-13, the range of regular participants for each bi-monthly support group was as follows: 4-7 youth; 6-10 women; and 7-10 men.

- **Fatherhood Group/Men's Support Groups:** These supportive services for 18-55 year old African American men are designed to connect participants with experienced mentors who can share strategies for empowerment and successful fatherhood. Fifty fathers are targeted a year to receive services that are designed to support fathers and to increase their knowledge around the importance of their role as parents in the context of the African American community. Groups meet twice a month for an hour and a half and include rotating facilitators to provide participants with opportunities to assume leadership within the group. Also included is a monthly workshop series to build and affirm the self-esteem of African American men and confront some of the mental and social perils which impede their progress as fully engaged individuals within our community.

Additional services include: Open forum groups for indigent adults in the community to identify issues of substance abuse, homelessness, violence, etc., that impacts African Americans living in poverty; community workshops focusing on African American Child Rearing/Family Management, Family and Community Violence, Health and Substance Abuse, Stress and Anger Management, and Economic Management; Youth Advocacy workshops where trained youth leaders support young people in leadership development and in coping with various aspects of physical and mental health issues including peer pressure, stress management, teen and family violence, substance abuse, self-esteem, sexual identity and body image, and general health and nutrition; and trainings for a cadre of Service Providers to increase understanding and supports around the specific and unique needs facing at-risk African American families in South Berkeley. In the first half of FY12-13, many of these services were currently in the early implementation phase. One Service Provider training was conducted, serving 25 participants.

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

Implemented through Options Recovery Services this project provides re-entry services for Ex-offenders and Veterans who are struggling with mental health and/or substance abuse disorders providing supports for individuals and their families. The goal of this project is to understand whether participating in informal community-building activities that are offered in a supportive environment by peers, builds resiliency, increases knowledge and awareness, promotes successful re-entry into the community, and increases positive mental health outcomes for Ex-Offenders, Veterans and their families. The project serves approximately 130 individuals a year.

This project provides services to TAY, Adult, and Older Adult Ex-Offenders, Veterans and their families. A specific emphasis is placed on engaging Ex-Offenders who are coming into the community as a result of AB109, Public Safety Realignment (which shifted the responsibility and funding for non-serious, non-violent, non-sex offenders from the state to the local level), veterans who are returning to the community from being on deployment or at war; and family

members of each targeted population. Services include specialized separate support groups tailored to address the specific needs of Ex-Offenders, Veterans, and their families as follows:

- **Ex-Offender Weekly Support Group:** These groups are incorporated into the structure of already existing Re-entry Groups for Ex-Offenders, and are conducted on a weekly basis. The Re-entry group addresses criminal and addictive thinking and covers the following: Cognitive Behavioral Therapy; socialization; money management; anger management; and drug and alcohol education. Groups are offered once a week for up to 46 weeks for 90 minutes per session serving 8-12 Ex-Offender participants.
- **Veteran Weekly Support Group:** The Veterans Group addresses Veteran's needs to recover safety in their lives and to heal from combat-related trauma and Post Traumatic Stress Syndrome (PTSD) and substance abuse. The Veterans group offers support especially geared to treating Veterans who have combat stress reactions and who are dealing with the aftermath of combat experiences and/or are having issues around re-integrating back into the community and covers the following: Combat Stress and PTSD treatment; substance abuse education; life skills for returning Veterans; anger management; and stress reduction. Groups are offered once a week for up to 46 weeks for 90 minutes per session serving 8-12 Veteran participants.
- **Family Support Groups:** Support groups for family members of Ex-Offenders and Veterans meets every two weeks for approximately 46 weeks for 90 minutes each session. Two to eight families (with approximately 8-16 participants) are served through each group. These groups have a psycho-educational format providing a safe place where family members receive information around relevant aspects to their family situation, and based on the group members needs, are able to spend the session processing issues as they arise.

In the first half of FY12-13 this project served 31 Ex-Offenders; 28 Veterans; and 14 Family Members. Demographics on those served include the following:

<b>DEMOGRAPHICS</b>			
<b>Ex-Offender Support Groups N=31</b>			
<i>Race/Ethnicity</i>	<i>Number Served</i>	<i>Age</i>	<i>Number Served</i>
African American	42%	25-35	6%
Caucasian	32%	36-45	10%
Latino	16%	46-55	6%
Asian Pacific Islander	7%	56-65	13%
Mexican/American	3%	66-75	10%
		Unknown	55%
<b>Veteran Support Groups N=28</b>			
<i>Race/Ethnicity</i>	<i>Number Served</i>	<i>Age</i>	<i>Number Served</i>
African American	36%	25-35	4%
Caucasian	46%	46-55	4%
Latino	11%	56-65	11%
Mexican/American	3%	66-75	7%
American Indian	4%	76-85	3%
		Unknown	71%

Family Support Groups N=14			
Race/Ethnicity	Number Served	Age	Number Served
African American	50%	25-35	36%
Caucasian	43%	36-45	7%
Latino	7%	46-55	7%
		56-65	14%
		66-75	7%
		86-95	7%
		Unknown/Not Reported	22%

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

Implemented through Community Health for Asian Americans (CHAA), this project provides culturally appropriate mental health services and supports to un-served and underserved API communities. The goals of the project are to understand the main challenges and barriers to accessing and utilizing mental health services for API living in the Berkeley/Albany area. This project seeks to understand this issue through testing whether culturally based activities that foster intergenerational interaction, support continuity in community narratives, build intercultural alliance, and improve the quality and density of social support, can result in a reduction of acculturative stress; promote healthy integration and wellness; and increase the access to, or the outcomes of, mental health services for underserved and un-served API's in Berkeley and Albany. This project serves approximately 150-200 API individuals a year.

This project provides information, services and supports to immigrant women, elders and girls in the Tibetan and other immigrant/refugee communities in Berkeley and Albany. The project aims to reach women (ages 16 and above) with particular attention to new immigrants, single mothers, victims of family and community violence, and elders. This project is appropriately named the "Sisterhood for Wellness Project" as CHAA partners with "Acha, Tibetan Sisterhood" (Acha is a volunteer driven women's group designed to create a safe, supportive, and inclusive space for immigrant and refugee women to empower each other) to implement the following overarching project strategies:

- **Capacity Development:** Services have focused intentionally on Tibetan women in the Berkeley/Albany area as a pilot effort to develop a core group of women leaders and volunteers within one API community to be a possible model of engagement to replicate with women in other API communities. The project focuses on building the capacity of this core team through Leadership Development training, and workshops designed to promote women's self-empowerment; increase API women's mental health and wellness in Berkeley and Albany; and develop a women-led culturally sensitive pilot model for decreasing API women's vulnerability to mental health disorders. At least 5-10 women form the core group, which meets at a minimum twice per month. Core group participants assist in forming the structure of the program by co-designing interventions and cultural wellness strategies and have opportunities to fulfill their individual and collective sense of contribution toward the overall well-being of their respective communities, particularly for women and girls empowerment, by serving as "change agents" and leaders of wellness activities.

- **Outreach, Trainings and Workshops:** Workshops are provided throughout the year on important topics related to women, health, and well-being in an effort to raise awareness and increase knowledge and supports for women in API immigrant; refugee and asylee communities. Approximately 40 women will attend at least one workshop a year. Outreach and engagement activities are also conducted in the targeted community and at three local annual events.
- **Cultural Wellness Activities:** Wellness workshops are conducted weekly for women of all ages, engaging approximately 100 women in the community through various organized cultural awareness activities. The purpose of the activities/workshops are to increase social supports; reduce cultural, social and linguistic isolation; reduce symptoms of depression, anxiety and trauma; and increase participants self-confidence, sense of integration, and sense of independence. Participants are introduced to new wellness techniques and concepts (such as: stress management and recognizing symptoms of contributing stressors to mental health) while honoring cultural modalities for mental health and wellness (such as: spirituality, traditional healing methods, dietary practices, etc.).

During the first half of FY12-13, approximately 100 individuals were reached through Core Group, Workshops, or Cultural Wellness activities. Demographics on those served include the following:

<b>PARTICIPANT DEMOGRAPHICS N=100</b>	
<b>Race/Ethnicity</b>	
<i>Participant Ethnicity</i>	<i>Number Served</i>
Tibetan	64%
Nepali	14%
Mongolian	3%
Vietnamese	3%
Filipino	4%
Burmese	2%
Tongan	1%
Bangladesh	1%
Hmong	2%
Japanese	1%
"Asian"	1%
Korean	1%
Other	3%
<b>Age at Admission</b>	
<i>Participant Age In Years</i>	<i>Number Served</i>
Under 18	5%
18-24	10%
25-59	82%
60+	3%

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

Implemented through the Niroga Institute this project provides holistic health services for TAY. The goals of the project are: to understand the impact and outcomes on the well-being of TAY who simultaneously receive mental and physical health interventions; to ascertain whether

various skills based interventions promote positive health practices and healing; and to assess the impact of receiving services in a culturally appropriate setting from an agency that provides culturally-based services, has on the healing of traumatic issues. Originally envisioned to pilot test comprehensive holistic health services for the TAY population, this project currently focuses on specific holistic health practices such as "Transformative Life Skills" (TLS, a multi-modality intervention that teaches yoga, breathing techniques and meditation), and trauma informed mental health supports, to ascertain whether these strategies improve the mental health outcomes of TAY participants. Approximately 40-80 TAY are served a year through this project.

Services are as follows:

- **Community Engagement:** "Community Mind-Body (COMBO)" meetings for TAY are held at local youth serving organizations such as: Berkeley Youth Alternatives, BOSS, United for Health-Suitcase Clinic, Youth Spirit Artworks, Teen Center, Berkeley Food and Housing Project, Harmon Gardens, Fred Finch Youth Center, etc. Additional COMBO meetings are conducted at area community groups working with the TAY population (including City Slicker Farms, Downtown Berkeley YMCA, and the Berkeley Downtown Business Association, among others). The purpose of the meetings are to conduct mini-trainings on trauma informed "Transformative Life Skills" (TLS, a multi-modality intervention that teaches yoga, breathing techniques and meditation). During the first half of FY12-13, 13 COMBO meetings were conducted at various TAY serving agencies and other locations in Berkeley, providing TLS for approximately 91 youth.
- **BREATHE Campaign:** Several TAY have participated in the development and creation of the "BREATHE Campaign". The BREATHE Campaign is a TLS-based Photovoice project, combining photography, grassroots social action, and participatory visual methods of digital storytelling to empower TAY to create a series of posters displaying captivating images of "peace amidst chaos". The BREATHE Campaign is designed to compel viewers to slow down, take a deep breath, and shift from the sympathetic (fight/flight) modality to the parasympathetic (centered/grounded) state, thereby aiding in emotional regulation and the development of self-mastery. BREATHE posters have been created and distributed to TAY-serving organizations, and in other locations throughout the City, especially in areas where TAY congregate. During the first half FY12-13, 10 youth participated in the first cohort of the BREATHE Campaign. As reported by project staff the campaign created a safe environment enabling youth to talk candidly about their histories of stress and trauma, where participants commented that they learned practical skills to deal with stress. An event hosting an Art Show to display the photographic images youth created for the campaign was very empowering to the participants, eight of whom indicated a desire to continue their involvement with the program.
- **Community-Wide TLS:** Two short video protocols, one focused on stress management ("Manage Your Stress – Anytime, Anywhere"), and the other focused on healing from trauma ("Healing Yoga for Trauma") will be developed and available on the internet via YouTube, and also as freely downloadable mobile applications. TAY will be able to follow along with these short personal practice protocols, and TAY-serving organizations can play

these protocols onsite at specific times of the day for collective practice. During the first half of FY12-13, the two short videos of TLS protocols for stress management and for healing from trauma have been produced and are available on YouTube at [http://www.niroga.org/media/video-healing\\_yoga](http://www.niroga.org/media/video-healing_yoga) and at the following: <http://youtu.be/QAa6H3QHPL8> (for Trauma) and <http://youtu.be/ANDMZb86C10> (for Stress).

- TLS Community Capacity Building:** To build community capacity of TLS, an all day training will be developed and conducted for TAY leaders nominated by TAY-serving organizations, who will be prepared to serve as TLS Peer Educators and act as role models of self-mastery in their communities playing a leadership role in driving ongoing COMBO meetings and orchestrating and sustaining the BREATHE campaign. In the first part of FY12-13 this part of the project had not been implemented yet. Since that time, a retreat was conducted for eleven TAY participants that are prepared to serve as TLS Peer Educators and will provide a role on a Youth Advisory board guiding future TLS trainings.
- Mental Health Supports:** Youth served at YEAH will have simultaneous access to mental health supports and TLS sessions. During the first six months of this fiscal year although mental health supports were ongoing, TLS Sessions have just recently been implemented with this group of TAY. Time has been spent engaging and building trust with potential TAY participants. Currently, onsite TLS sessions are offered at YEAH twice a week. TAY participants also receive a free pass to go to the Niroga Institute (which is a block away) to attend classes 7 days a week. In the first half of FY12-13, 6 youth had just started attending TLS sessions provided at YEAH.

Across all project services, 107 TAY were served during the first six months of the 12-13 fiscal year. Demographics on those served are as follows:

PARTICIPANT DEMOGRAPHICS N=107	
Race/Ethnicity	
<i>Participant Race/Ethnicity</i>	<i>Number Served</i>
African American	25%
Caucasian	21%
Latino	7%
Asian Pacific Islander	21%
Bi-Racial	6%
Mexican/American	3%
Native American	1%
Unknown/Not Reported	16%
Age at Admission	
<i>Participant Age In Years</i>	<i>Number Served</i>
16-17	11%
18-19	21%
20-21	34%
22-23	8%
24-25	8%
Unknown/Not Reported	18%



## **Senior 2 Senior Project**

Implemented through Albany Senior Center, this project provides Technology Support Groups for Senior Citizens in an effort to decrease isolation, increase social connections, and identify those in need of mental health services. The goals of the project are to understand whether issues of loneliness and isolation can be decreased and mental health positive outcomes can be increased in the Senior Citizen population through training and access to social media technologies and associated peer supports. This project serves approximately 30 Senior Citizen adults (aged 50 and over) a year.

Services include weekly support groups that are implemented to provide access to, education on, and supports around new phone and computer technologies for Albany/Berkeley Senior Citizens. Services are structured as a 12 week series of weekly two hour Support Groups where 10 Senior Citizens are served at a time. Support Groups are held in a relaxed setting, promoting sharing, learning and mutual respect among group members. Group structure allows for each participant to receive individualized attention, supports, and referrals as needed.

Early on in this project, it was learned that participant interest seemed to be more focused on learning how to use iPads instead of phone technologies and support groups were restructured accordingly. During the first half of the 12-13 fiscal year, 10 Caucasian women ranging in age from 58-91 attended the support group series, 8 of whom graduated from the program and received full ownership of their iPads for following through on their commitment. Per project staff report:

- A typical response received from participant's was "My granddaughter writes me emails now", and about other family pictures being sent and received.
- An extremely shy member of the group, is now taking her iPad to a local café, which was a personal goal for her.
- Another participant reported having a neighbor offer to share her WiFi service with her and then introduced her to the "Words with Friends" app.
- After suffering health problems, one participant will be moving to an assisted living community and plans to keep in touch with a friend in class through email and possibly through an online game.
- At least five of the participants reported very low social or family interaction in their everyday lives at the beginning of the group. Through their participation in the support group, these individuals shared experiences and stories and worked in small groups weekly all with new acquaintances. Many exchanged phone numbers and email addresses and several started eating together and sharing rides home.

It was noted that although participants did not specifically report on feeling less isolated as a result of participating in the support group, their participation increased their connections to others and also helped them to become knowledgeable about how to access activities of interest and area resources.

## **Board & Care Nutrition Project**

Implemented through Berkeley Food & Housing Project (BFHP), this project implements a nutrition and exercise support services project for Board and Care residents in an effort to improve and/or prevent serious medical conditions and increase positive physical and mental health outcomes for mentally ill Adults and Older Adults. The goals of the project are to: create a change in participants knowledge as it relates to healthy foods and nutrition information; increase participants skills around acquiring and preparing healthy meals; have a positive change on participants Physical Health, as demonstrated through vital health signs; and to increase self-care, as demonstrated by changes in participants health habits. This project serves approximately 25-45 Board & Care residents a year.

This project provides services to 25-45 residents with mental health disabilities who reside in "Russell Street Residence", or the "Transitional House" at the North County Women's Center in South Berkeley. A collaboration with Samuel Merritt University (SMU) supports all of the program services described below with 4-5 students interning at each of the two sites during the program year. Services include the following:

- **Nutrition Education and Cooking Instruction Class Component:** A collaboration between BFHP and "Three Squares", a local "Culinary Partner", enables the provision of Nutrition Education and Cooking Instruction classes on-site to interested participants in the target population. At each site, nutrition classes are provided for a minimum of 8-12 weeks and Cooking Instruction classes are conducted in 30 minute sessions each over a six month period. This project is conducted weekly at each site, for approximately 6 to 8 weeks by Three Squares, with each class conducted for approximately two hours. After the class module ends, SMU nursing students provide ongoing nutrition education and help residents at each site cook a meal weekly for the duration of the project.
- **Walking and Exercise Program Component:** SMU nursing students who are interested in serving as "Health Mentors" for the project lead walking groups, run exercise and activity groups, develop individualized nutrition and walking goals, and provide mentoring and reinforcement to program participants. The Walking and Exercise project component is conducted in 30 minute sessions each, over a six month period, and is conducted weekly at each site. Residents at both sites are encouraged to participate in this component of the project.

Additional services includes a partnership with Lifelong Medical Center to provide Physical Exams on each participant monitoring vital health signs at designated key points in the project including prior to participant involvement in each project component and at the end of services. All services, including culinary, diet and nutrition instruction take place onsite to ensure accessibility and cultural competence, by building on the existing relationship and comfort residents have with their respective housing sites.

During the first half of the 12-13 fiscal year, 22 residents ranging in age from 28-74 participated in some aspect of the project, 8 of whom graduated from the "Three Squares" cooking class. Demographics on those served are as follows: 64% African Americans; and 36% Caucasians. By project staff report, walking groups were difficult as residents walked at different paces.

Therefore each nursing student paired up with 1-2 residents and led walks in smaller groups. To encourage physical activity a Tally Board was incorporated that totaled amounts of physical activity for each participant into points that were used to reward those who exercised regularly. During the reporting timeframe, three residents became self-motivated to exercise regularly by either riding a bike or taking a walk, and one resident who had previously gained 40 pounds over a period of 6 months, lost a total of 30 pounds. At the Russell Street Residence, there was an increase of healthier menu options, more fruits and vegetables were incorporated into meals, Yoga was implemented, and plans were made to incorporate on-site Tai Chi classes. Plans were also made to implement a Chi Gung group at the North County Women's Shelter.

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

Implemented through Pacific Center for Human Growth, this project provides no-cost mental health services and supports to LGBTQI-identified residents at collaborating off-site agencies where other public social services are being provided. The main goals of the project are to better understand the needs of those who are marginalized from multiple perspectives; and to gauge whether LGBTQI individuals will be more accepting of mental health services and have better mental health outcomes when culturally competent individuals meet them in their own settings (i.e., agencies where they are already accessing other services). An additional goal is to determine if providing competency training on LGBTQI issues for agencies that do not specifically provide such services, improves the mental health outcomes for their LGBTQI clients. Approximately 20-30 LGBTQI TAY, Adults and Older Adults are served through this project a year.

Within the first six months of FY12-13, two interns were trained and collaborations were formed with the following partner sites: North Berkeley Senior Center; Jewish Family & Children's Services; Berkeley Adult School; and the Center for Independent Living. Services at collaborating sites began to be provided in October 2012. A total of 14 individuals ranging in age from 23-80 received mental health services and supports. Demographics on those served are as follows: 29% Caucasians; 7% African American; 14% Latinos; 14% Mexicans; 14% Asian Pacific Islanders; 7% French Canadian; and 15% Multi-Racial individuals.

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

MHSA WET funds fall into five categories: Workforce Staffing Support; Training and Technical Assistance; Mental Health Career Pathways Programs; Residency and Internship Programs; and Financial Incentives Programs. Funds are intended to be utilized on programs that: identify and remedy mental health occupational shortages; establish stipends for persons enrolled in academic institutions who want to be employed in the mental health system; promote the employment of mental health consumers and family members; promote the inclusion of cultural competency in training and educational programs; implement strategies to recruit high school students for mental health occupations, increasing the prevalence of mental health occupations in high school career development programs; promote the meaningful inclusion of mental health consumers and family members and incorporate their viewpoint and experiences in training and educational programs; implement trainings and/or curriculums to train and retrain staff; establish

regional partnerships among the mental health system and the educational system to expand outreach to multicultural communities, increase the diversity of the mental health workforce, reduce the stigma associated with mental illness, and promote the use of web-based technologies, and distance learning techniques.

### **CITY OF BERKELEY WET PROGRAMS**

The City of Berkeley WET Plan was approved in July 2010 by DMH for a total amount of \$656,860 to be utilized on local programs through FY2017-2018. A subsequent update was approved in May 2013. Specific programs in the approved WET Plan include:

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

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

### **TRAINING AND TECHNICAL ASSISTANCE**

#### **Peer Leadership Coordination**

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

Thus far, the Peer Leader Coordinator has been involved in helping to conceptualize this program including working with staff, BMH leadership and Human Resources around program planning and development. The Peer Leader has also been involved in building relationships in the community, and working with Alameda County around complimentary programming.

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

This WET component implements training for BMH staff and those from affiliated community agencies in an effort to transform the system of care. The BMH Training Coordinator facilitates a Training Committee that meets bi-monthly to set priorities for the Division. Training topics include, but are not limited to MHSA related core concepts, including: wellness and recovery; resiliency; cultural competency; community collaboration; and innovative and best practices etc.

## **MENTAL HEALTH CAREER PATHWAYS PROGRAMS**

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

Area High Schools will implement 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.

## **FINANCIAL INCENTIVE PROGRAMS**

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

Per the original WET Plan, this program will offer stipends to Psychologists, Social Workers, Marriage and Family Therapists and other counseling trainees and interns who have cultural and linguistic capabilities. The stipend program will develop guidelines and a system will be 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.

### **Peer Leader Stipend Program**

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

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

Capital Facilities can be used to: Acquire and build upon land or buildings; construct or renovate buildings; establish a capitalized repair/replacement reserve for buildings acquired or constructed with Capital Facilities Funds and/or personnel cost directly associated with a Capital Facilities project; renovate buildings that are privately owned if the building is used to provide MHSA services; purchase a building for use where vocational, educational and/or recreational services will be provided to individuals and families to support MHSA services; purchase land where a clinic, clubhouse or other type of building can be built that supports MHSA services; make an existing building (where MHSA Services are held) more accessible to clients and family and compliant with the Americans with Disabilities Act (ADA); purchase a modular building for mental health services located on school grounds; cover costs associated with construction of a new building on land including parking lots, sidewalks, easements, exterior

lighting, initial landscaping, etc.; renovate existing space to create a common room for clients to meet and/or for a computer room for client access; and in limited circumstances Capital Facilities Funds can be used to lease or rent a building.

Technological Needs are intended to be used to: Increase client and family empowerment by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings; modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency, and cost effectiveness.

### **CITY OF BERKELEY CFTN PROGRAMS**

The original City of Berkeley CFTN Plan was approved by DMH in April 2011. Program descriptions for each funding category are outlined below:

#### **Capital Facilities**

Funds will be used to renovate the Adult Services Clinic in order to create a more welcoming environment for consumers and family members. System upgrades and re-configuring of shared work spaces will increase safety; and improve clinical, wellness/recovery, support services, and administrative functions. Currently, BMH Management Staff are working with an architectural firm to draft plans to renovate the Adult Clinic.

#### **Technological Needs**

Funds will be utilized to locally achieve the state goals of implementing a fully operable Electronic Health Records system (EHR) and providing consumer access to personal health information. The City of Berkeley will collaborate with Alameda County to meet these goals.

Within the upcoming fiscal year, the City of Berkeley plans to use a small portion of Technological Needs funds (less than \$20,000) to create and maintain a module within the existing "City Data Services System" (a web-based data management system) in order to support the monitoring of MHSA services conducted through contracts with local community based organizations.

**AVERAGE COST PER CLIENT  
AND  
PROGRAM BUDGETS**

**AVERAGE COST PER CLIENT  
FOR MHSA FUNDED PROGRAMS IN FY11-12**

<b>COMMUNITY SERVICES &amp; SUPPORTS (CSS)</b>				
<b>Program Name</b>	<b>Approx. # of Clients</b>	<b>Cost</b>	<b>Average Cost Per Client</b>	
Children's Intensive Support Services*	27	\$35,919	\$1,330	
TAY, Adult & Older Adult FSP	68	\$1,696,267	\$24,945	
TAY Support Team	47	\$101,768	\$2,165	
Wellness Recovery System Integration (Includes: Family Advocacy, Wellness Recovery Services, Educational and Employment Services, Housing Services and Supports)	150	\$399,780	2,665	
Benefits Advocacy Services	10	\$20,000	\$2,000	
<b>PREVENTION &amp; EARLY INTERVENTION (PEI)</b>				
<b>Program Name</b>	<b>Approx. # of Clients</b>	<b>Cost</b>	<b>Average Cost Per Client</b>	
BE A STAR	269	\$104,279	\$388	
Supportive Schools Project	Data not available	\$35,000	Data not available	
Albany Trauma Project	124	\$53,040	\$2,210	
Living Well Project	169	\$26,520	\$157	
Harnessing Hope Project	40	\$26,520	\$663	
LGBTQI Trauma Project	93	\$26,520	\$285	
TAY Trauma Project	34	\$26,520	\$780	
Social Inclusion Project	5	\$10,000	\$2,000	

\*Represents numbers served and funding for first quarter of FY11-12



**FY 2013/14  
MHSa FUNDING SUMMARY**

County: City of Berkeley

Date: 4/18/14

	<b>MHSa Funding</b>					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. Estimated FY 2013/14</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	1,934,832	580,029	1,432,100	1,445,935	363,335	
2. Estimated New FY 2013/14 Funding	2,614,032	0	0	653,508	172,000	
3. Transfer in FY 2013/14 <sup>1</sup>	0	0	0	0	0	
4. Access Local Prudent Reserve in FY 2013/14	0	0	0	0	0	
5. Estimated Available Funding for FY 2013/14	<u>\$ 4,548,864</u>	<u>\$ 580,029</u>	<u>\$ 1,432,100</u>	<u>\$ 2,099,443</u>	<u>\$ 535,335</u>	
<b>B. Estimated FY2013/14</b>	2,704,889	45,604	0	1,013,655	190,443	
<b>C. Estimated FY2013/14 Contingency Funding</b>	<u>\$ 1,843,975</u>	<u>\$ 534,425</u>	<u>\$ 1,432,100</u>	<u>\$ 1,085,788</u>	<u>\$ 344,892</u>	

<sup>1</sup>Per 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.

<b>D. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2013	1,751,416
2. Contributions to the Local Prudent Reserve in FY 2013/14	\$ 0
3. Distributions from Local Prudent Reserve in FY 2013/14	\$ 0
4. Estimated Local Prudent Reserve Balance on June 30, 2014	<u>\$ 1,751,416</u>

FY 2013/14

**CSS BUDGET SUMMARY**

County: City of Berkeley

CSS Programs		MHA Funds by Service Category			
		MHA FY13/14 Funding	Full Service Partnerships (FSP)	Multi- Cultural Outreach and Engagement	System Development
<b>Previously Approved Programs</b>					
1.	Full Service Partnerships	\$1,234,163	\$1,234,163		
2.	Multi-Cultural Outreach & Engagement	\$344,462		\$344,462	
3.	System Development	\$239,502			\$239,502
5.	<b>Subtotal Programs</b>	<b>\$1,818,127</b>	<b>\$1,234,163</b>	<b>\$344,462</b>	<b>\$239,502</b>
6.	Administrative/Operating	\$653,508			
7.	<b>Total</b>	<b>\$2,471,635</b>			
<b>New Programs</b>					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.		\$0			
10.		<b>\$2,471,635</b>			

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)).

**PEI BUDGET SUMMARY**

County: City of Berkeley

PEI Programs		MHS FY13/14 Funding	MHS Funds by Service Category	
			Prevention	Early Intervention
<b>Previously Approved Programs</b>				
1.	BE A STAR	\$112,512		\$112,512
2.	Supportive Schools Project	\$35,000		\$35,000
3.	Community Education & Supports	\$159,120		\$159,120
4.	Social Inclusion	\$10,000	\$10,000	
5.	Child/Youth Risk Prevention Project	\$139,985		\$139,985
6.	High School Youth Prevention Project	\$242,128		\$242,128
7.	Homeless Outreach Project	\$25,000		\$25,000
8.	<b>Subtotal Programs</b>	<b>\$723,745</b>	<b>\$10,000</b>	<b>\$713,745</b>
9.	Administrative/Operating 25%	\$163,377		
10.	<b>Total</b>	<b>\$887,122</b>		
<b>New Programs</b>				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.		<b>\$887,122</b>		

FY 2013/14

**INN BUDGET SUMMARY**

County: City of Berkeley

<b>INN Projects</b>		<b>MHSA FY13/14 Funding</b>
<b>Previously Approved Projects</b>		
1.	African American Empowerment Academy	\$20,630
2.	Re-entry Systems Synergy	\$20,630
3.	Wellness Strategy for Asian Pacific Islanders	\$20,630
4.	TAY Holistic Health Care Project	\$20,630
5.	Senior 2 Senior Project	\$20,630
6.	Board & Care Nutrition Project	\$20,630
7.	Improve Access for LGBTQI Project	\$20,630
8.	<b>Subtotal Projects</b>	<b>\$144,410</b>
9.	Administrative/Operating 25%	\$43,000
10.	<b>Total</b>	<b>\$187,410</b>
<b>New Programs</b>		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		<b>\$187,410</b>

WET BUDGET SUMMARY

County: City of Berkeley

WET Programs		MHSAs Funds by Service Category			
		MHSA FY13/14 Funding	Training and Technical Assistance	Mental Health Career Pathways Programs	Financial Incentive Programs
<b>Previously Approved Programs</b>					
1.	Peer Leadership Coordination	\$31,899	\$31,899		
2.	Staff Development/MHSA Training	\$6,705	\$6,705		
3.	High School Career Pathways Program	\$7,000		\$7,000	
4.	Graduate Level Training Slipend Program				
5.	Peer Leader Slipend Program				
6.	<b>Subtotal Programs</b>	<b>\$45,604</b>			
7.	Administrative/Operating 25%				
8.	<b>Total</b>	<b>\$45,604</b>			
<b>New Programs</b>					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.		<b>\$45,604</b>			