

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



**Fiscal Year 2016 - 2017
Annual Update**

RESOLUTION NO. ##,###-N.S.

MENTAL HEALTH SERVICES ACT (MHSA) FISCAL YEARS (FY) 2016 – 2017
ANNUAL UPDATE

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

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

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

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

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

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

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

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

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

WHEREAS, in order to comply with state requirements the MHSA FY2016-2017 Annual Update must be approved by City Council.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the MHSA FY2016-2017 Annual Update that, incorporated herein as Exhibit A, is hereby approved.

BE IT FURTHER RESOLVED that the City Manager is authorized to send the MHSA FY2016-2017 Annual Update to appropriate state officials.

Exhibit A: MHSA FY2016–2017 Annual Update

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: City of Berkeley

FY16/17 Annual Update

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

This Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the City Council on January 24, 2017.

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

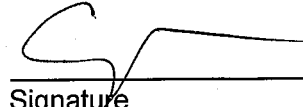
Steven Grolnic-McClurg  7/26/17
Local Mental Health Director/Designee Signature Date

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BACKGROUND AND OVERVIEW

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

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

- Community Services & Supports: Primarily provides 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.

Among other things, the MHSA provides enhanced services and supports for Seriously Emotionally Disturbed children and Transition Age Youth (TAY), adults, and older adults suffering from Severe Mental Illness through a “no wrong door” approach and aims to move public mental health service delivery from a “disease oriented” system to one that is culturally responsive, consumer informed, and wellness recovery oriented. This is accomplished through implementing programs that focus on the following major components:

- Wellness, recovery and resilience;
- Cultural competency;
- Consumer/family driven services;
- Consumer/family member integration in the mental health system; and
- Community collaboration.

The MHSA also strives to improve and increase services and supports for individuals and families from cultural and ethnic populations that are traditionally un-served and underserved in the mental health system. In Berkeley and Albany these have included: Asian Pacific Islanders (API); Latinos; Lesbian, Gay, Bi-Sexual, Transgender, Queer/Questioning, Inter-Sexed (LGBTQI); Senior Citizens; and Transition Age Youth (TAY). African Americans have been an additional population of focus as data indicates they are overrepresented in the mental health system and hence “inappropriately served”, which could be due to being provided services that are not culturally responsive and/or appropriate.

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

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

- Intensive services for Children, TAY, Adults and Older Adults;
- Multi-Cultural Outreach engagement, trainings, projects and events;
- Mental health services and supports for homeless TAY;
- Wellness Recovery services and activities;
- Family Advocacy, Housing services and supports, and Benefits Advocacy;
- Trauma services and short term projects to increase service access and/or improve mental health outcomes for un-served, under-served and inappropriately served populations;
- Increased mental health prevention, and intervention services for children and youth in area schools and communities;
- Augmented Homeless Outreach services;
- A Mental Health Career Pathways program for High School youth; and
- Mental Health Consumer, Peer Leadership Program.

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

This City of Berkeley’s MHSA FY16/17 Annual Update is a stakeholder approved plan that provides an update to the previously approved MHSA FY14/15 - 16/17 Three Year Program and Expenditure Plan. The Annual Update summarizes proposed program changes and additions, includes descriptions of currently funded MHSA services, and provides a reporting on FY15 program data.

MESSAGE FROM THE MENTAL HEALTH MANAGER

This annual update comes at a time when the public mental health system and Berkeley Mental Health is facing both enormous opportunities and huge challenges. There are new services and programs available to a greater number of individuals, and yet the system is more complex and one only needs to walk through downtown Berkeley to know that these new services and systems are not reaching many who need them.

The public system has significantly expanded since the Affordable Care Act and now provides a much more robust level of care for individuals who are on Medi-Cal and have low to moderate mental health concerns. At the same time, Berkeley Mental Health, following the input of community members, has significantly increased staffing and services that provide far greater access to care for all individuals in Berkeley and Albany. Residents of Berkeley and Albany are going to be able access to a wide array of programs that were not available in the past. These include:

- A Mental Health Wellness center in Berkeley or Albany that will be open to all. Bonita House was awarded the contract for this program, funded jointly through Berkeley/Albany MHSA funds and Alameda County Behavioral Healthcare Services. Bonita House is actively looking for a suitable location for this important addition to the system of care. The Wellness Center aims to be peer-driven, focused on cultural humility and competence, and able to provide appropriate care for the transition aged youth population.
- A Transitional Outreach Team (TOT), funded through Berkeley/Albany MHSA funds. This team, consisting of a licensed clinician and a peer/family provider position, aims to follow up with individuals and families that have had a recent crisis. The goal of the team will be a brief outreach engagement that will help that individual and/or family get connected to the resources they need so that they are able to move towards recovery. The clinician has been hired for this program and is cross-training, and the peer/family member position is in the hiring process. The goal is that this program will be up and running in Spring of '17.
- An expanded Mobile Crisis Team (MCT), funding through both increased City of Berkeley General Fund and Berkeley/Albany MHSA funds. This expansion has been up and going since July '16, and through the expansion the MCT is now available to 1 AM every day, and there are two teams available to respond to crisis during peak later afternoon and early evening hours.
- A new Homeless Outreach and Treatment Team (HOTT) funded through Berkeley/Albany MHSA and Realignment funds, as well as City of Berkeley General Funds. This new five person team will focus on doing persistent outreach and time limited treatment for a set of the most difficult to reach homeless individuals in Berkeley and Albany. The goal of the team is to both house and connect into care these individuals, and through the 3 year pilot the program aims to move 75-100 individuals into permanent housing. Staffing for this program is being hired, and the program should be up and running in Spring of '17.
- Alameda County Behavioral HealthCare Services has launched three programs that are open to residents of Berkeley and Albany and are focused on helping those who are either not connected to care or are not doing well despite being in treatment. These are:

- An In-Home Outreach Team (IHOT) for North Alameda County. This IHOT team consists of a case manager, a peer specialist and a family member, with the goal of connected people who are unserved into services. The team that covers North Alameda County will serve 15-20 individuals at a time. IHOT places a large emphasis on supporting the family members of those with mental illness, and is focused on linking the individuals served to care in order to avoid unnecessary hospitalizations and reduce interactions with the criminal justice system.
- A pilot Community Conservatorship (CC) program. This is a voluntary program for individuals who meet criteria for grave disability and are unconnected to care while in the hospital or psychiatric emergency services. This 12 person pilot will extend this voluntary conservatorship to individuals when they are back in the community.
- A pilot Assisted Outpatient Treatment program (AOT). AOT is a court-ordered treatment for individuals with severe mental illness in crisis who are resistant to seeking treatment. This pilot will serve 5 individuals and will provide these individuals will intensive full service partnership level of care.

While all of these expansions of services focused on access are very exciting and responsive to community input, outcome data and clear need, there remain some very distinct challenges to providing excellent care to those in need. These include:

- A current dislocation of Adult Mental Health staff. Due to facility issues the adult mental health clinic was closed in Summer of '16. This was before the planned relocation of staff to a space that is being renovated on University Avenue, and has led to staff temporarily being located at a variety of settings while an additional facility was successfully located on Alcatraz Avenue, and while Berkeley Mental Health is waiting on the University Avenue relocation to be finished. While staff have done an amazing job of attempting to meet the needs of those being served through utilizing a wide variety of strategies, the temporary loss of an adult clinic site has impacted access to care. Berkeley Mental Health has been unable to continue on demand assessment during this relocation period, and due to increased time needed to see individuals in the field, existing staff are less able to provide the intensive outreach some consumers require. While this is temporary, it has really brought home both how crucial past changes to access were, and how important on demand access is to quickly get individuals into care. It is anticipated that the Alcatraz site will be open in Winter of '16/17 (improving access) and University will be open in Spring of '17 (marking the return of an integrated adult clinic and a return to previous standard of care). To support the eventual reconstruction of the adult clinic at 2640 MLK Jr. Way, this MHSA plan includes a request for funds to supplement the existing funding for the work on that clinic. These supplemental funds will support cost increases due to a changing building market as well as a building that is environmentally friendly and welcoming to all who utilize it.
- An increase in the homeless population in Berkeley, and a clear need for more care to support these individuals in accessing care, avoiding hospitalizations, and reducing interactions with the criminal justice system.
- A public mental health system that, while expanded through additional services mandated by the Affordable Care Act, is potentially more confusing and complicated. Berkeley Mental Health aims to be the “front door” for this expanded public mental health system, but the

relocation has reduced our ability to be as successful as we aspire to be. While temporary, we continue to work hard to minimize the impact of the relocation on the community.

- Persistent gaps in access for the Hispanic and Asian Pacific Islander communities in Berkeley and Albany, and well as continued input that African Americans are being inappropriately served by the public mental health system. Berkeley Mental Health is deeply engaged in a process of exploring cultural humility through intensive trainings and staff discussion, as well as starting a health disparities committee to look at treatment inequities both within the division and in the larger community. While these are important steps, the division knows there is a lot of work to do in this area.

In this Plan Update, Berkeley Mental Health is attempting to both expand what is working and adding necessary infrastructure to ensure that these new program succeed and by adding new services. The addition of staff will support us in ensuring that we are both providing high level services and appropriately evaluating the effectiveness of both internal and external programs.

Over the next year, we will continue to evaluate what additions to the system of care in Berkeley and Albany will allow us to meet the needs of the community. Through the use of community member input, outcome data, and the expertise of staff members, the mental health division will continue to grow and change to support the evolving needs of the community. As adult staff are relocated to our new treatment locations, the significant additions to care that have been funded in large part through MHSAs funds will help create more accessible, equitable, and effective public mental health system.

DEMOGRAPHICS*

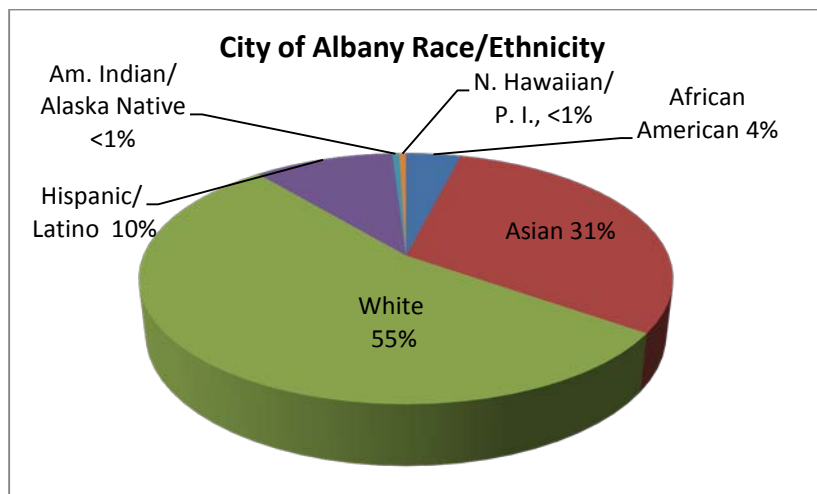
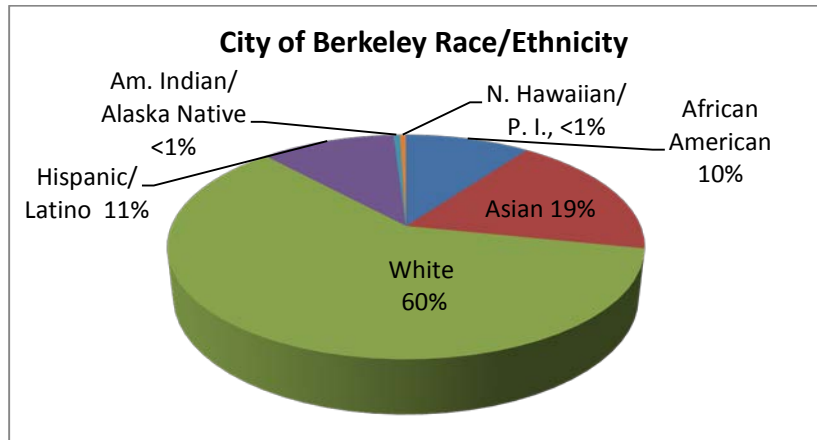
*(United States Census Bureau, 2009-2013: <http://quickfacts.census.gov>)

Description

Situated in the heart of the San Francisco Bay area, and home to the University of California, Berkeley is an urban city, located in northern Alameda County. Adjacent to Berkeley and bordering Contra Costa County is the small suburban city of Albany. With a combined land mass of around 12.2 miles and a total population of 140,707 the cities of Berkeley and Albany are densely populated and larger than 23 of California’s small counties.

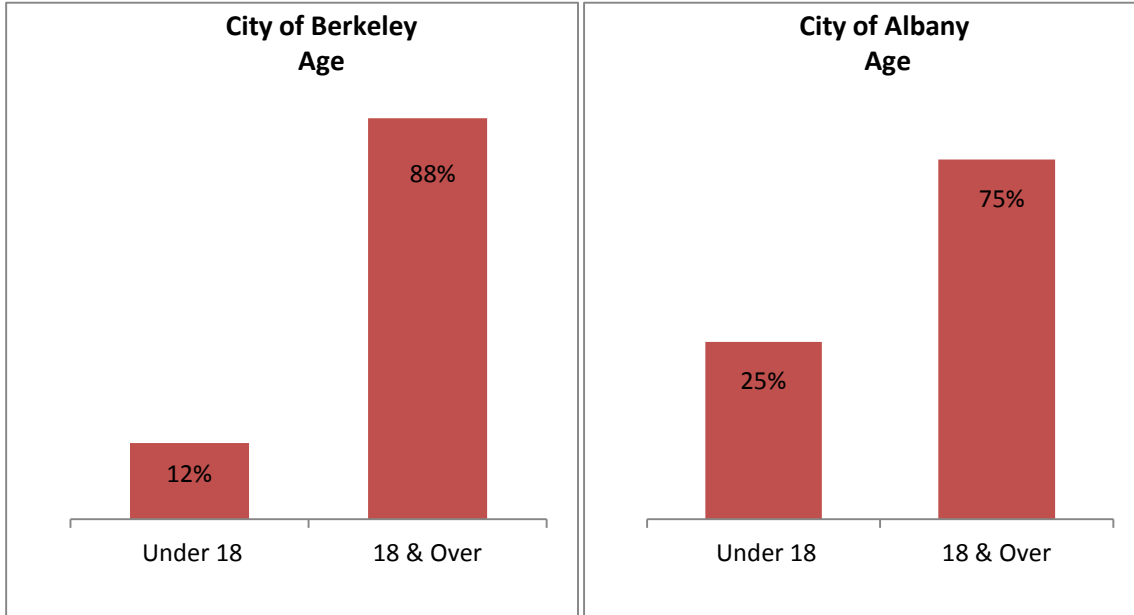
Race/Ethnicity

Berkeley and Albany are diverse communities with changing demographics. In each city the African American population has decreased in recent years while the Latino and Asian populations have both increased. Both cities have large student populations, including Albany Village, providing housing for many of University of California’s foreign students and their families. Threshold languages include English, Spanish, Farsi, Cantonese, and Vietnamese, and approximately 27% of Berkeley and 40% of Albany residents speak a language other than English at home. Each city is comprised of the following racial and ethnic demographics: White; African American; Asian; Hispanic/Latino; American Indian/Alaska Native; and Native Hawaiian/Pacific Islander (P.I.). Demographics per city are outlined below:

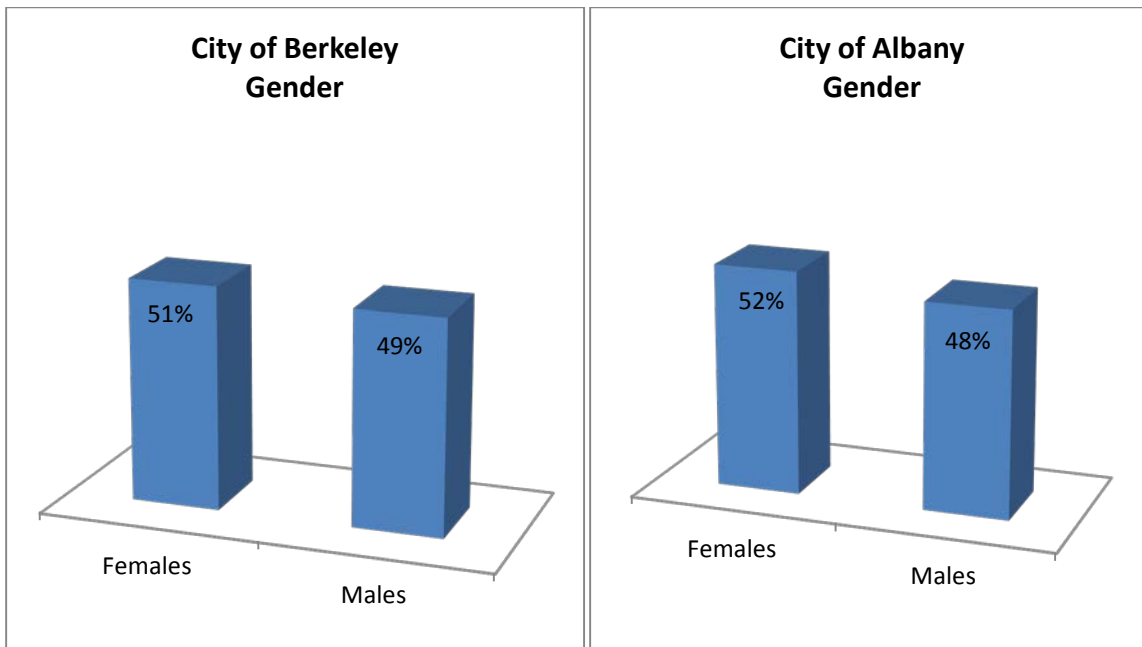


Age/Gender

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



Gender demographics are very similar in both cities, with a slightly higher proportion of females in each as shown below:



Income/Housing

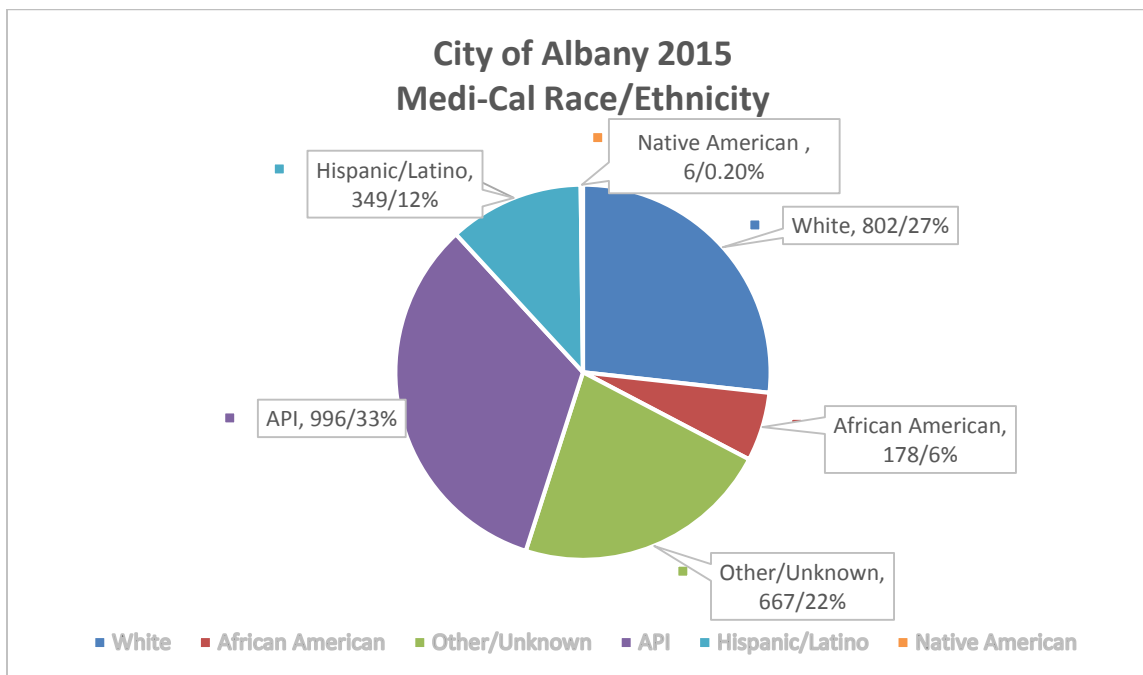
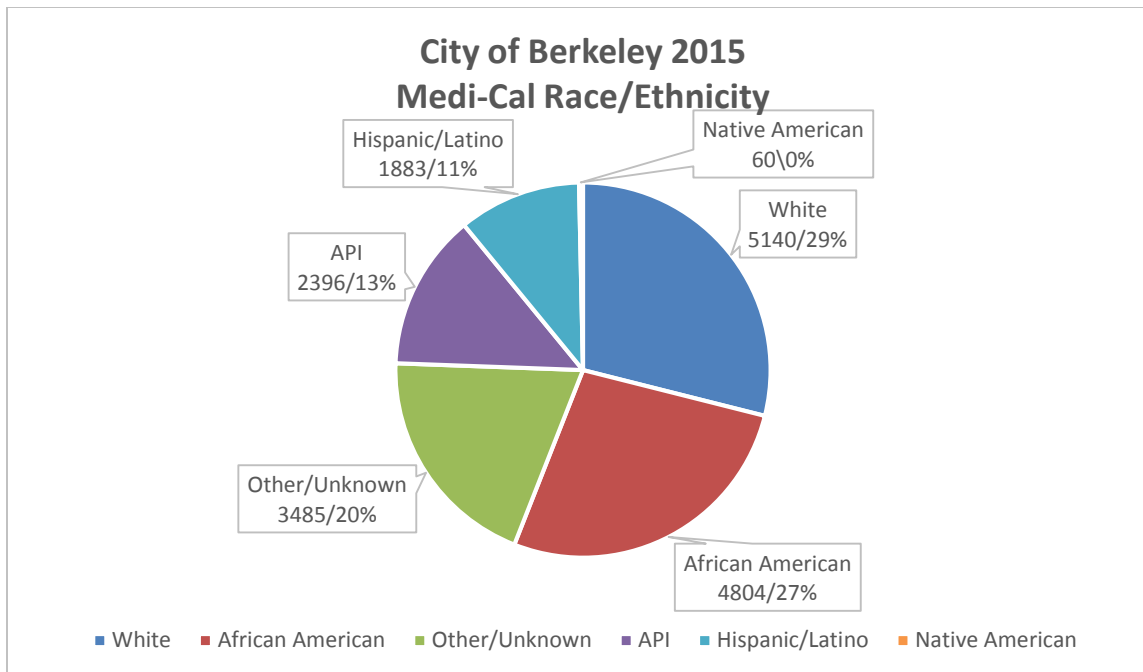
With some of the highest housing costs in the Bay Area, the Berkeley median household income is \$65,283, and Albany is \$78,769. Nearly 20% of Berkeley and 11% of Albany residents live below the poverty line and approximately 42% of Berkeley and 35% Albany children qualify for free and reduced lunches. While 42% of Berkeley and 47% of Albany residents own their own homes, there is a large proportion of homeless individuals including women, TAY, and Older Adults. In Berkeley, approximately 46% of the homeless population meets the federal definition for chronic homelessness (adults unaccompanied by children, who have at least one disability and have been homeless for over a year or four or more times in the last year). This is a disproportionately high percentage compared to other municipalities, and a sub-group with higher rates of both mental illness and substance abuse.

Education

Berkeley and Albany have a highly educated population: 97% of individuals aged 25 or older are high school graduates; and approximately 70% possess a bachelor's degree or higher.

System Organization

BMH is one of the two city-based public mental health programs in the state, providing services for residents of Berkeley and Albany. It is a Division of the City of Berkeley Health, Housing & Community Services (HHCS) Department. Services are provided at two clinic sites: Family, Youth & Children and Adult Services. A Mobile Crisis response Team operates seven days a week. Services include: assessment, assertive community treatment, individual and group therapy, case management and crisis intervention. In addition to offering homeless outreach and support, some services are provided through a variety of community-based agencies and at school sites. The majority of mental health services provided by BMH are aimed towards the Medi-Cal and uninsured population; as such it is important to note the ways in which the Medi-Cal population demographics differ from the overall demographics in Berkeley and Albany. Using data available from Alameda County, the Medi-Cal population in Berkeley in 2015 was as follows:



Community Program Planning (CPP)

Community Program Planning (CPP) for the City of Berkeley's MHSAs FY16/17 Annual Update was conducted over a three month period enabling input from the MHSAs Advisory Committee members, consumers, family members, representatives from community-based organizations, individuals from un-served, underserved and inappropriately served populations; BMH Staff; City Commissioners, and other MHSAs Stakeholders. During this process, one MHSAs Advisory Committee meeting and two Community Input meetings were held. Information about what was being proposed to be included in the FY16/17 Annual Update was also provided at the Mental Health Commission meeting.

As with previous MHSAs Plans and Annual Updates, the methodology utilized for conducting CPP for the MHSAs FY16/17 Annual Update enabled a collaborative process to occur between BMH staff, MHSAs Advisory Committee members and other MHSAs stakeholders. Development of the MHSAs FY16/17 Annual Update began with an internal examination of existing programs, unaddressed needs, and available funding which included a review of input received during the preparation of the MHSAs FY14/15 - 16/17 Three Year Program and Expenditure Plan, recent Innovations program planning, and/or through previous MHSAs planning processes. Following an internal review, proposed ideas and potential programs were vetted through the MHSAs Advisory Committee prior to engaging other stakeholders. During the CPP, proposed uses of CSS unspent monies to increase funding in the following program areas below, were vetted to MHSAs stakeholders:

- Adult Clinic Renovation
- Flex Funds
- Wellness Center
- McKinley House

Feedback received during the CPP process around increasing funding to these program areas was largely favorable. Additional input acquired from MHSAs Stakeholders is categorized into the following themes outlined below, each of which includes a sampling of some of the various stakeholder comments received:

- Implement services and supports for Board & Care residents and staff: Create opportunities for connections, interactions, recreation, communication, problem solving and skill building for Board & Care clients. Create a training for Board & Care staff in the Recovery Model, and how to better communicate with clients.
- Create a BMH Volunteer Program: There are often times when individuals want to volunteer to do various work within the Mental Health system. This program would implement a BMH Volunteer training, ensure all legalities were met to host volunteers in the system, create jobs/activities, and oversee volunteers doing various jobs/activities within the system, etc. Some potential outcomes of a volunteer program could be that consumers could get involved in meaningful work without taking on an ongoing job; or possibly a Client/Buddy program could be created under volunteer services.

- Create an Interagency Staff Connection Network: Create a mechanism where it is easier for staff who are working on similar issues with clients, or are working with the same clients, to more easily connect with each other to collaborate instead of duplicate work.
- Healthy Nutrition program for clients: Building on previous efforts both within the Mental Health and the Health Divisions, this program would assist consumers in accessing nutritious foods and creating healthy lifestyles.

A 30-Day Public Review was held from Wednesday, November 16, 2016 through Thursday, December 15, 2016 to invite input on this MHSA FY16/17 Annual Update. A copy of the Plan was posted on the BMH MHSA website and available for reviewing in hard copy format at the downtown Public Library at 2090 Kittredge Street. An announcement of the 30-Day Public Review was issued through a Press Release and mailed and/or emailed to community stakeholders. Following the 30-day public review period a Public Hearing was held at the Mental Health Commission on Thursday, December 15, 2016 at 7:00pm at the North Berkeley Senior Center. Substantive comments received during the 30-day Public Review and Public Hearing did not warrant a change to the MHSA FY17/18 Annual Update. Areas of input included:

- Financial planning, and retirement planning for consumers;
- Additional outreach throughout Berkeley and Albany;
- Increased services for homeless individuals in Albany and North Berkeley, and the Albany Unified School District;
- Request for an independent system for dispatching city resources to the scene of a mental health emergency that begins with contact between the caller and a mental health professional, and 24 hour emergency mental health services;
- Implementation of services at Berkeley Independent Study and for individuals who do not qualify for MediCal;
- Development of Employment services that encompass Peer Support Services;
- Concerns around both the HOTT program capacity, and the amount of funding allocated for housing in this program;
- Need for guidance to the general public on how to respectfully interact with individuals who are experiencing mental health/or substance abuse issues;
- Increased long-term solutions for individuals experiencing mental health issues;
- Focus on program outcomes;
- Development of programs or collaborations with area agencies that check individuals health conditions and provide access to showers and laundry facilities;
- Involvement of patient-advocacy groups and prescribing physicians around medication management.
- Development of a system where individuals experiencing mental health issues and homelessness could have access to a portable data card or device to securely hold all demographic and basic health information.

Input received will be utilized to inform future MHSA plans and programming.

During the Public Hearing the Mental Health Commission made the following motion:
M/S/C (King, Kerr) Approve the MHSA FY16/17 Annual Update and move it to City Council.
Ayes: Davila, Heda, Kealoha-Blake, Kerr, King, Marasovic. Noes: None; Abstentions: None;
Absent: Michel (approved LOA), Posey.

**MHSA FISCAL YEAR (FY) 2016 - 2017
ANNUAL UPDATE**

This City of Berkeley's MHSA FY16/17 Annual Update is a stakeholder approved plan that provides an update to the previously approved MHSA FY14/15 - 16/17 Three Year Program and Expenditure Plan. The Annual Update summarizes proposed program changes and additions, includes descriptions of currently funded MHSA services, and provides a reporting on FY15 program data.

A review of new services, staffing, and supports that are being added in FY17 through the previously approved MHSA FY15/16 Annual Update, are outlined below:

Homeless Outreach and Treatment Team (HOTT)

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

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

The program will have dedicated funds for rapid re-housing and short term rental subsidies. There will also be a dedicated independent evaluation to assess program accomplishments over the three year timeframe, and to ascertain whether it should continue past the initial funding period. Staffing for this program is currently being hired and the program should be fully implemented by the Spring of 2017.

Increase Funding for Transition Age Youth Support Services

Implemented through a community partner, Youth Engagement Advocacy Housing (YEAH), Transition Age Youth Support Services 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 youth focused, culturally appropriate 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 housing attainment and retention support, financial management, employment, schooling, and

community involvement. This program serves 15-20 youth at a time. Through the previously approved FY15/16 Annual Update BMH added a 5% Cost of Living Adjustment (COLA) to this project in FY17 through CSS Multi-cultural Outreach funds.

Increase Case Management for Youth and Transition Age Youth

In response to a continued high need for additional services and supports for youth and TAY who are suffering from mental health issues and may be homeless or marginally housed, BMH will be utilizing \$100,000 of CSS System Development funds in FY17 to increase case management services for this population. Services will be provided by a community partner that will be chosen through a competitive Request for Proposal (RFP) process.

Increase Nursing and Housing Staffing

In FY17, BMH will add a Nurse and a Housing Specialist to increase Division-wide medical and housing services and supports for clients across the system. The new staff will split their time between Family, Youth & Children's services (FYC) and the Adult Clinic. These previously approved additional staffing positions will be funded through CSS System Development funds.

Increase Quality Improvement/Quality Assurance/MHSA Staffing

In addition to many other duties, the BMH MHSA Coordinator has been solely responsible for conducting the contract monitoring for all of the MHSA funded contracts. In FY17, to increase capacity and support in this area of work, BMH will add a full-time Assistant Management Analyst. In order to strengthen the available information on program outcomes, this proposed new hire will also work in the area of collecting and reporting on mental health division data, providing a much needed addition to the BMH Administrative infrastructure. BMH is also proposing to add a project-based Assistant Management Analyst for a one year period, to provide staffing support for the MHSA Coordinator on various upcoming MHSA projects and deliverables.

Children's Intensive Support Services Full Service Partnership (FSP)

This FSP provides comprehensive, intensive mental health services for children, youth (0-18) and their families in their homes and/or communities. In FY16, Family, Youth & Children's (FYC) services re-implemented the Children's FSP, in-house, adding two clinicians and a half-time nurse practitioner to ensure an appropriate level of staffing and supports for clients in need. Through the previously approved FY15/16 Annual Update, beginning in FY17 a Clinical Supervisor was also added to this program. This position is primarily funded through MHSA CSS FSP funds.

TAY, Adult & Older Adult FSP Expansion

This program was designed to provide intensive support services to approximately 60 TAY, Adults and Older Adults with severe mental illness that are homeless or at risk of becoming homeless. The most intensive level of clinical supports offered at BMH is provided through this program. Client services and peer supports are coordinated through integrated assessment and treatment teams which strive to maintain a low staff-to-client ratio (12:1) which allows for frequent and intensive support services. Through the FY15/16 Annual Update, BMH added a dedicated Clerical Staff to support this program, through MHSa CSS FSP funds.

Increase Permanent Housing for FSP Level Clients

Through the previously approved MHSa FY15/16 Annual Update, and as a result of community input received during current and previous MHSa planning processes around the difficulties of obtaining access to affordable housing in Berkeley/Albany, in FY17 BMH will utilize \$100,000 of CSS FSP funds, on an ongoing annual basis, to add seven permanent housing units for FSP Level clients. The housing units will be located at McKinley House, on McKinley Avenue in Berkeley.

Increase Funding for PEI Community Education & Supports Projects

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. Through the previously approved FY15/16 Annual Update BMH added a 5% Cost of Living Adjustment (COLA) in FY17 for each Community Education & Supports contract through the PEI funding component.

PROPOSED NEW FY16/17 FUNDING ADDITIONS

Adult Clinic Renovation

Through previously approved MHSa Plans and/or Annual Updates BMH has allocated \$2,954,198 towards the renovation of the Adult Mental Health Clinic. In order to create a clinic that is a net zero environmentally sustainable space, it is anticipated that costs will be much higher than originally anticipated.

Per MHSa statute, (Welfare and Institutions Code, Section 5892(b)): *“In any year after 2007–08, programs for services pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850) of this division may include funds for technological needs and capital facilities, human resource needs, and a prudent reserve to ensure services do not have to be significantly reduced in years in which revenues are below the average of previous years. The total allocation for purposes authorized by this subdivision shall not exceed 20 percent of the average amount of funds allocated to that county for the previous five years pursuant to this section.”*

This legislated allowable use of funds will enable BMH to re-allocate a sum of CSS and/or PEI funds towards technological needs, capital facilities projects, human resource needs, and/or the prudent reserve. Per this legislation and the need for additional funding, BMH is proposing to re-allocate \$819,613 of unspent CSS Funds towards the renovation of the Adult Clinic.

Increase Flex Funding

Through the previously approved MHSA FY14/15 – 16/17 Three Year Program and Expenditure Plan the Division proposed to use \$10,000 of CSS System Development monies to provide flexible funds for Tier One BMH clients who are not at the FSP level of care, but are still in need of similar resources and supports. Through this Annual Update, BMH is proposing to increase the funding amount by \$10,000 (for a total of \$20,000 on an ongoing annual basis) to enable flexible funds to be used with clients across the system for supports such as housing, clothing assistance, food, transportation, etc. This use of flexible funds will aid individuals in achieving better stability in areas where they are less capable of addressing their daily living needs.

Increase Funding for McKinley House

Through the previously approved MHSA FY15/16 Annual Update, beginning in FY17 BMH will utilize \$100,000 of CSS FSP funds on an annual basis, to add seven permanent housing units for FSP Level clients. The housing units will be located at McKinley House, on McKinley Avenue in Berkeley. As costs are slightly higher than originally anticipated, BMH is proposing to add an additional \$10,000 of CSS System Development funds to this endeavor for a total cost of \$110,000 on an ongoing annual basis.

Increase Funding for the Wellness Center

Per the previously approved MHSA FY14/15 - 16/17 Three Year Program and Expenditure Plan, BMH will utilize \$300,000 of CSS System Development funds annually to pool with \$300,000 of ACBHCS monies to fund a local Wellness Recovery Center that will be sited in the Berkeley/Albany area. The Wellness Center among other things, aims to be peer-driven, focused on cultural humility and competence, able to provide appropriate care for the transition aged youth population, and able to provide services for Mental Health consumers at any Level of Care. Bonita House was awarded the contract for this Wellness Center and is actively looking for a suitable site where the center will be located. ACBHCS will oversee the contract and together with BMH will ensure a process where both systems of care have input into the ongoing program evaluation.

As it is anticipated that both administrative and program costs will be higher than originally projected, BMH is proposing through this Annual Update to add an additional \$150,000 (for a total of \$450,000) of CSS System Development funds on an annual basis towards the Wellness Recovery Center.

PROGRAM DESCRIPTIONS AND FY15 DATA BY FUNDING COMPONENT

Outlined in this section per each funding component are descriptions of current City of Berkeley MHSAs services along with FY15 program data. Across all MHSAs funded programs, in FY15 a total of 5,848 individuals participated in some level of services and supports. Additionally, a total of 545 individuals attended six BMH Diversity and Multi-cultural trainings aimed at transforming the system of care, and 1,365 individuals attended 11 BMH Diversity and Multicultural events. Some of the FY15 MHSAs funded program highlights include: a reduction in psychiatric inpatient hospital and/or incarceration days for severely mentally ill clients; a decrease in the number of days severely mentally ill clients spent homeless; services and supports for homeless or marginally housed TAY who are suffering from mental illness; services and supports for family members; consumer driven wellness recovery activities; Housing, and Benefits Advocacy services and supports for clients; augmented prevention and intervention services for children and youth in the schools and community; increased outreach, and support services for underserved and inappropriately served cultural and ethnic populations.

COMMUNITY SERVICES & SUPPORTS (CSS)

Following a year-long community planning and plan development process, the initial City of Berkeley CSS Plan was approved by the California Department of Mental Health (DMH) in September 2006. Updates to the original plan were subsequently approved in September 2008, October 2009, April 2011, May 2013, May 2014, May 2015 and June 2016. From the original CSS Plan and/or through subsequent plan updates, the City of Berkeley has provided the following services:

- Wrap-around Services for Children and their families;
- TAY, Adult and Older Adult Intensive Treatment Services;
- Multi-cultural Outreach & Engagement;
- TAY Support Services;
- Consumer Advocacy;
- Wellness and Recovery Services;
- Family Advocacy;
- Housing Services and Supports; and
- Benefits Advocacy.

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

FULL SERVICE PARTNERSHIPS (FSP)

Children's Intensive Support Services FSP

This program provides intensive short-term, individualized treatment, care coordination, and support to children and youth ages 0-18 years. The main goal of the program is to enable children, youth and their families to acquire the skills and/or mental health supports needed to improve, stabilize, and/or strengthen their levels of individual and family functioning. Program interventions include mental health counseling, parent and child psycho-education, case management, medication management, crisis services, brokerage, and/or stabilization for acute mental health issues. Services are individually tailored, developed in collaboration with families, and incorporate a range of strength-based, culturally competent services and resource acquisition. Program strategies also incorporate a range of services to promote resilience in the child and family, and utilize schools as an important avenue for referrals. This program is structured to serve 10-20 youth at a time.

During the time period of July 2007 through September 2011, program services were provided through a local community-based organization. Following this timeframe, all high level children and youth were served either through existing services at BMH Family, Youth & Children's Services (FYC), or were referred to other area agencies. Beginning in FY16, FYC re-implemented the Children's FSP adding two clinicians and a half-time nurse practitioner to ensure an appropriate level of staffing and supports for clients in need and in FY17, a Clinical Supervisor position was also added. This in-house FSP provides comprehensive, intensive mental health services for children, youth (0-18) and their families in their homes and/or communities. Data is currently unavailable in FY15, for this program.

TAY, Adult and Older Adult FSP

This program provides intensive support services to TAY, Adults and Older Adults with severe mental illness that are homeless or at risk of becoming homeless. A primary focus is on those in need who are not 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.

The most intensive level of clinical supports offered at BMH are provided through this program. 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 treatment 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, 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 60 clients or “partners” at a time.

In FY15, a total of 66 Transitional Age youth (TAY), Adults, and Older Adults were served through this program. Demographics on those served include the following:

CLIENT DEMOGRAPHICS N=66	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	64%
Female	28%
Race/Ethnicity	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	52%
Asian Pacific Islander	7%
Caucasian	38%
Hispanic/Latino	3%
Age Category	
<i>Client Age Category</i>	<i>Percent of Total Number Served</i>
Transition Age Youth	17%
Adult	68%
Older Adult	15%

Client outcomes included the following: 21 total partners were dis-enrolled from the program during FY15: 13 partners (62%) graduated from the program and stepped down to a lower level of care, 2 partners (9.5%) opted to discontinue participation, 2 partners (9.5%) were discontinued due to extended hospitalizations, 3 partners (14%) were dis-enrolled due to an extended incarceration and 1 partner (5%) was unable to be located. 13 new partners were enrolled into the program over the course of the fiscal year.

For the 60 program participants who completed a full year in the program, there were positive outcomes with regard to reductions in psychiatric hospitalizations, incarceration and days spent homeless for program participants. There was a 79% reduction in days of psychiatric hospitalization during the first year of program participation. Partners spent 4,566 days in psychiatric hospitals (county and state hospitals) the year before program enrollment and 947 days in these settings during the first year of program participation. There was a 92% reduction of days spent incarcerations during the first year of program participation. Partners spent 1,165 days incarcerated the year prior to program enrollment as compared with 94 days incarcerated during the first year of program participation. There was a 72% reduction in days spent homeless. Partners spent 4,978 days homeless the year before program enrollment and 1,407 days homeless during the first year of program participation.

Program challenges included: As with previous years, it continues to be a challenge to find 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 the program will continue to focus on: Developing staff expertise in treating substance abuse disorders with ongoing training in Motivational Interviewing, and exploring training in other evidence based practices, such as Cognitive Behavioral therapy for Psychosis and Illness, Management, Recovery; working on increasing housing options for clients; improving outcomes with 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

The Diversity & Multicultural Coordinator provides leadership in identifying, developing, implementing, monitoring and evaluating services and strategies that lead to continuous cultural, ethnic and linguistic improvements within the Division's system of care, with a special emphasis on unserved, underserved and inappropriately served populations. The Diversity & Multicultural Coordinator also collaborates with the state, counties, local agencies and community groups in order to address mental health inequities and disparities for targeted populations and the community-at-large in the cities of Berkeley and Albany. The Diversity & Multicultural Coordinator accomplishes these goals by:

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

In FY15, under the direction of the Diversity & Multicultural Coordinator the following trainings, events, activities and projects were conducted:

Diversity & Multicultural Trainings:

- State Spirituality Conference – October 9 & 10, 2014 – Collaborative event with the State Spirituality Initiative and Community partners – (An estimated 300 individuals attended this event). Attendees included City, County and State staff, consumers, family members, service providers and residents from throughout California.
- LGBTQ PRIDE training- June 4, 2015 - (Approximately 110 individuals attended this training) - This training was collaborated with Alameda County Behavioral Health Care Services (ACBHCS) and community partners. Attendees included staff, consumers, family members, service providers, and residents.

Cultural/Ethnic and Community Events:

- Day of Prayer Event, October 7, 2014 – Collaborative event with ACBHCS Spirituality Committee and Community partners - (An estimated 35 individuals attended this event.) Attendees included City and County staff, consumers, family members, service providers, and residents from throughout Alameda County.
- BMH Latino Heritage Month event – October 23, 2014 - (An estimated 60 individuals attended this training.) Attendees included staff, consumers, family members, service providers, and residents.
- BMH Native American Heritage Month event – November 19, 2014 – (An estimated 50 individuals attended this event). Attendees included staff, consumers, family members, community partners, and residents.
- Asian New Year Event – February 17, 2015 – (An estimated 30 individuals attended this event). Attendees included staff, consumers, family members, community partners, and residents.
- BMH Annual Black History Month event – February 25, 2015 (Approximately 70 individuals attended this event). Attendees included staff, consumers, family members, community partners, and residents.
- ACBHCS Annual Black History Month Collaborative event – February 27, 2015 (Approximately 150 individuals attended this event). Attendees included staff, consumers, family members, community partners, and residents.
- May Is Mental Health Month event- May 2, 2015 – (Approximately 70 individuals attended this event) - Attendees included staff, consumers, family members, community partners, and residents.
- City of Albany, Asian Heritage Month event - May 9, 2015 – (Approximately 200 individuals attended this event) - Attendees included staff, consumers, family members, community partners, and residents.
- Gay Prom, Sponsorship for Horizon Services, Eden Project – June 6, 2015 – (Approximately 300 individuals attended this event) - Attendees included students, staff, consumers, family members, community partners, and residents.

- Black Student Graduation event, Collaborative event with Berkeley High School Parent Resource Program – June 6, 2015 (Approximately 350 individuals attended this event) - Attendees included students, teacher, staff, consumers, family members, community partners, and residents.
- BMH Annual PRIDE Month event – June 24, 2015 (Approximately 50 individuals attended this event) - Attendees included staff, consumers, family members, community partners, and residents.

Committees/Groups:

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

Outreach and Engagement:

- Alive – UCB Students
- The Way Christian Center, African Americans and Youth
- Beats, Rhymes and Life, Inc. – TAY
- Black Repertory Theatre – African Americans
- Berkeley Youth Alternatives
- Black Infant Program
- Native American Health Center
- ROOTS – Re-entry population
- Village Connect, Inc., Communities of Color
- BAHIA, Inc., Latino Community
- Eden Project – LGBTQI Youth
- Healthy Black Families
- City of Albany – Seniors, youth , staff and residents
- GOALS For Women
- Berkeley High School – Students and Families

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

work in partnership with BMH clinical staff and community service providers.

TAY Support Services

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

In FY15, a total of 38 TAY were served. Demographics on TAY served were as follows:

CLIENT DEMOGRAPHICS N=38	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	50%
Female	50%
Race/Ethnicity	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	61%
Caucasian	21%
Multi-racial	18%

The project continued to offer clients Shelter Plus Care and Coach vouchers through the City of Berkeley’s HHCS Department. Of the 38 youth engaged in on-going clinical case management, seven were housed and 31 were homeless or unstably housed during the reporting timeframe.

SYSTEM DEVELOPMENT

System Development includes Wellness Recovery Support Services that are intended to expand collaboration with stakeholders, promote the values of wellness, recovery and resilience, and move the Division towards a more consumer and family member driven system. Services are comprised of the following main components: Wellness/Recovery System Integration; Family Advocacy Services; Employment/Educational services. Additional services to support clients include Housing Services and Supports, 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 478 clients a year.

In FY15 some of the various activities that were conducted under the direction of the Consumer Liaison included:

Berkeley Pool of Consumer Champions (POCC): The Berkeley POCC met monthly to outreach to Berkeley consumers, connect with Alameda County POCC activities, and to become informed about Berkeley's MHSA planning and implementation process. Monthly meetings at times included the Department Director or the Division Manager. The POCC hosted an orientation to the ACBHCS POCC, to help recruit Berkeley residents. On average, the Berkeley POCC consisted of 7-8 individuals at each meeting. Six stipends were awarded to participants on a rotating basis that was determined by the group. A total of 27 unduplicated consumers attended the group during the reporting timeframe.

Wellness Recovery Activities: Designed with, and building on the talents of consumers, the BMH Wellness Recovery activities included workshops, trainings and ongoing healthy groups. Light refreshments were served at each activity. In FY15, a total of 22 unduplicated consumers attended this program. Peer led activities included:

- Art Projects – Creating collages, drawing, using water color pencils, drawing to music, painting, art with color, drawing your fantasy room, art show review.
- Facilitated discussions – Topics such as: Basic nutrition and nutrition for depression, 8 Dimensions of Wellness and other Wellness Talks, Healthy Sleep, What propels you and has made you who you are, Importance of setting goals, Debriefing on Mental Health First Aid Training.
- Creative Writing – Creating a Gratitude List, poetry reading and writing, writing about participant's positive traits, writing memories of Fall, creating Greeting cards; noting individuals with Mental Illness, sharing a story of the Holidays.
- Stress Reduction – Progressive relaxation, stretching, and visualization meditation.

- Games - Playing Jenga, rhyming word games, 2 Truths and 1 Lie Game, basic whistling, finding fun and cheap recreation.
- Cooking - Sharing favorite salad recipes.
- Field Trips – The group went to the Berkeley Art Museum and UC Botanical Gardens. They also attended the 25th anniversary of the Berkeley Drop-In Center and toured the Inter-City Services Computer Training Program.

Additional duties and activities provided by the Consumer Liaison during the reporting timeframe were as follows: Published a monthly calendar of wellness activities offered through BMH; provided a training to BMH Adult Clinic interns on Wellness Recovery at BMH; presented on Trauma Informed Care at the Best Now! Training which trains consumers to be Peer Specialists; coordinated intern placement for the Best Now! Program, attended the Greater Bay Area Workforce and Education Collaborative; participated in the planning of the Spring 2015 CASRA conference and the “May is Mental Health Month” event in Berkeley; co-facilitated three Mental Health First Aid trainings, received training to facilitate the “Hearing Voices Network” support groups; conducted Consumer Perception surveys including recruiting and training surveyors and compiling and analyzing the data obtained in the surveys; participated in statewide stakeholder meetings on developing wellness oriented Clinical Guidelines for Involuntary Treatment; collaborated with the Mental Health Association, San Francisco in drafting and implementing the Bay Area Personnel Network to support employment of consumers in the mental health workforce; collaborated with Berkeley City College in developing an OSHPD proposal to train and hire consumers in peer designated positions; presented at the American Psychiatric Association conference on consumer employment in the mental health workforce; coordinated the Client Culture In-Service Training at the BMH Adult Clinic; attended the “Together Against Stigma” Conference; staffed the Mental Health Commission; helped coordinate transportation for BMH consumers to attend the “We Move for Health” event at Lake Merritt.

Family Advocacy Services

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

The Family Advocate serves as a point of contact for family members who are currently accessing or attempting to access services and/or who have questions and concerns about the mental health system, providing them with supports, and as needed, referrals to additional community resources. Outreach is provided to families through existing BMH family support groups, NAMI of the East Bay, community clinics and the Alameda County Family Education Resource Center (FERC). Additionally, the Family Advocate coordinates forums for family members to share their experiences with the system; recruits family members to serve on BMH

committees; supports family members through a “Warm line”; conducts a Family Support Group; and creates training opportunities to educate mental health staff on how to effectively work with families. The combination of individual services and system-level initiatives impact approximately 478 clients and their family members a year.

In FY15 under the direction of the Family Advocate, the following individual/or group services and supports were conducted through this program:

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

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

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

A total of 144 family members were served, 58 of whom participated in Support Groups and 35 of whom received ongoing multiple services. Demographics on those served include the following:

CLIENT DEMOGRAPHICS N=144	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	22%
Female	78%
Race/Ethnicity	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	8%
Asian Pacific Islander	4%
Caucasian	41%
Hispanic/Latino	16%
Unknown	31%
Age Category	
<i>Client Age in Years</i>	<i>Percent of Total Number Served</i>
18-25	5%
26-55	32%
56+	41%
Unknown	22%

Employment Services

Previously, a BMH Employment Specialist provided services to support consumers in job readiness and accessing employment opportunities. It was envisioned that these services would at a minimum, create and nurture supported vocational, educational and volunteer “try-

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

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

Housing Services and Supports

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

In FY17, BMH will begin interviewing for the Housing Specialist position. Going forward, it is envisioned that when a Housing Specialist is hired, they will be involved in: providing housing resource services for clients; working with landlords to increase housing opportunities; collaborating with case management staff, landlords, and Board & Care Managers to provide

additional supports for clients who are already housed; and working in tandem with the City of Berkeley HHCS Department “Housing Crisis Resolution Center” (which serves as a single entry point into emergency shelter and transitional housing, where clients are triaged based on their housing and service needs).

Benefits Advocacy Services

Through this project a community-based organization, the Homeless Action Center (HAC), assists clients in obtaining benefits. Services are provided for approximately 10 BMH clients a year. In FY15, 14 clients were served through this agency. Demographics on those served were as follows:

CLIENT DEMOGRAPHICS N=14	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	50%
Female	50%
Race/Ethnicity	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	50%
Asian	7%
Caucasian	29%
Hispanic	7%
Other	7%
Age Category	
<i>Client Age in Years</i>	<i>Percent of Total Number Served</i>
18-24 years	14%
25-44 years	29%
45-54 years	36%
55-61 years	14%
62 & Over	7%

Flexible Funds for Level One Clients

Through the previously approved MHSA FY14/15 – 16/17 Three Year Program and Expenditure Plan the Division proposed to utilize a portion of CSS System Development monies to provide flexible funds for Tier One BMH clients who are not at the FSP level of care, but are still in need of similar resources and supports. In FY17, a contract will be executed to enable flexible funds to be used with clients across the system for supports such as housing, clothing assistance, food, transportation, etc. This use of flexible funds will aid individuals in achieving better stability in areas where they are less capable of addressing their daily living needs.

Mobile Crisis Team (MCT) Expansion

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

- New staff were added to expand the Mobile Crisis Team (MCT) capacity and Mobile Crisis service hours were increased to 1:00am, 365 days a year. As a result, there are now two teams available to respond to crisis during peak later afternoon and evening hours.
- Transitional Outreach Team (TOT) which will augment MCT services through interventions that will address issues individuals experience either immediately prior to, or following a mental health crisis. This team, consisting of a licensed clinician and a peer/family provider position, will follow-up with individuals and families that have had a recent crisis. The goal of the team will be a brief outreach engagement that will help that individual and/or family get connected to the resources they need so that they are able to move towards recovery. The clinician has been hired for this program and is cross-training, and the peer/family member position is in the hiring process. The goal is to have this program fully implemented by the Spring 2017.
- BMH Staff conducted multiple Mental Health First Aid Trainings to teach community members how to assist individuals who are in crisis or are showing signs and symptoms of a mental illness.
- A Consumer/Family Member Satisfaction Survey for Crisis services was developed and implemented by BMH Staff.

Sub-Representative Payee Program

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

In FY17, Sub-Representative Payee services will be contracted out to a community based organization, which will be chosen through a competitive Request For Proposal (RFP) process.

Wellness Recovery Center

Per the previously approved MHSA FY14/15 - 16/17 Three Year Program and Expenditure Plan, BMH proposed to utilize \$300,000 of CSS System Development funds annually to pool with \$300,000 of ACBHCS monies to fund a local Wellness Recovery Center. In FY16, the Memorandum of Agreement (MOU) with ACBHCS was finalized. The County executed an RFP process and Bonita House was the chosen community-based organization who will implement the Wellness Center. It is anticipated that the large portion of FY17 will be spent on securing a location for the Center and getting it ready to open for services.

BMH Peer and Family Member Positions

Since the first MHSA Plan, BMH has included positions for peers and family members with lived experience to be added to various programs throughout the Division. The BMH Division utilizes existing City job classifications to create an employment track for peer or family member

providers. The entry level position is Community Health Worker, the mid-level is Assistant Mental Health Clinician, and the top-level is Social Services Specialist. All of these classifications are used broadly for differing purposes throughout the City. For the specific positions where the MHSA Plan envisioned utilizing peer or family providers, we have had good success in establishing employment lists where there are applicants who describe themselves as peer providers or family member providers. Currently, the Division is in the process of filling a number of positions within these classifications. As such, it is anticipated that BMH will be successful in increasing the number of peer and family member providers in the near future.

PREVENTION & EARLY INTERVENTION (PEI)

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

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

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

The Be A Star program is a collaboration with the City of Berkeley's Public Health Department providing a coordinated system in Berkeley and Albany that identifies children birth to age five and their parents, who are at risk of childhood development challenges including developmental, social, emotional, and/or behavioral concerns. The program specifically targets low income families, including those with teen parents, who are homeless, substance abusing, or in danger of foster care. Services include triage, assessment, treatment and referrals to appropriate community-based or specialist services as needed. Children and families are accessed through targeted efforts at the following: Black Infant Health; Vera Casey Teenage Parenting programs; Child Health and Disability Prevention programs, Pediatric providers, and through state-subsidized Early Childhood Development Centers. The goals of the program are to identify, screen and assess families early, and connect them with services and supports as needed. The program uses the "Ages and Stages Questionnaires" (ASQ) screening tool to assess children in need. The ASQ consists of a series of 20 questionnaires that correspond to

age intervals from birth to 6 years designed to help parents check their child’s development. Each questionnaire contains simple questions for parents to answer that reflect developmental milestones for each age group. Answers are scored and help to determine whether the child’s development is on schedule or whether the child should be referred for a developmental checkup with a professional. Over 400 children are assessed each year.

In FY15, 405 ASQ’s were prepared at Berkeley Unified School District (BUSD) Pre-schools for 3 and 4 year olds. A total of 354 ASQ’s were returned and scored, for an 87.4% return rate. Those children who were not screened with ASQ’s either had IEP’s or their parents opted out. Demographics on BUSD Children with returned and scored ASQ’s were as follows:

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

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

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

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

A total of 85 additional ASQ’s were administered by Public Health nurses. Demographics on the 85 ASQ’s were as follows: 2% African American; 36% Asian; 24% Latino; 13% Multi-Racial and 25% unknown. Of the 85 completed ASQ’s, 8% scored in the “of concern” range and 27% scored in the “monitoring” range. Children who received scores in the “Of Concern” range were referred to their pediatrician for follow-up and those receiving scores in the “monitor only” range were screened again at a later date (usually between 2-6 months later).

During the data FY15 data reporting timeframe, an additional 640 children were screened through the “Help Me Grow” Sites (Pediatric clinics or Family Practices) during well child visits:

Pediatric/Family Clinics ASQ Results N= 640		
<i>Clinic/Practice</i>	<i>Number Screened</i>	<i>Screening Results</i>
Kiwi San Pablo Pediatrics	315	52% = No Concern 20% = Of Concern 28% = Monitor Only
Kiwi Alcatraz Pediatrics	151	59% = No Concern 22% = Of Concern 19% = Monitor Only
Lifelong – West Berkeley Family Practice	174	69% = No Concern 14% = Of Concern 17% = Monitor Only

Supportive Schools Program

Through the original PEI Plan, MHSA funds were leveraged to support the implementation of the Building Effective Schools Together (BEST) program in several area schools in an effort to transform schools into a more 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.

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.

Beginning in FY13 the focus of this program was changed to more accurately reflect the prevention and intervention strategies that were being implemented, which did 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 Berkeley Elementary schools. Services include: outreach; mental health programming; classroom, group, and one-on-one psycho-social education and support; and consultation with parents and/or teachers. In FY15, approximately 586 students were reached through classroom presentations. Additionally, 121 youth participated in group support services, and 342 participated in individual therapy services. Demographic data on youth participating in individual therapy services was as follows:

CLIENT DEMOGRAPHICS N= 342	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	35%
Female	21%
Unknown/Unreported	44%
Race/Ethnicity	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	20%
Asian Pacific Islander	2%
Caucasian	14%
Hispanic/Latino	11%
Bi-racial or Multi-racial	9%
Unknown/Unreported	44%

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 FY15 are outlined below:

Youth Support Groups: Weekly support groups were provided at Albany High School and MacGregor High School. Separate Support Groups were held for Asian Pacific Islander, Latino, and African American youth. Groups met for 1-2 hours a week throughout the school year and were focused on helping participants process various traumatic events through the development of trust, close connections to each other, and creating a safe space for the expression and understanding of feelings. In FY15, a total of 26 students participated in the three Support Groups with a total of 391 group sessions. There were an additional 93 individual sessions among group participants. Pre and post-test results suggested that participants had an overwhelmingly positive experience in the groups. All students responded that they felt

welcomed into the group, that they could express their feelings, and that they felt supported by other group members. Group participation also positively impacted student's feelings of whether they felt they had support in their lives, had an impact on reducing stress among group participants, and increasing self-worth. Data also suggested that students felt an increased closeness and connections to each other and developed stronger relationships with their peers both inside and outside of the group.

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

In FY15, approximately 127 adults participated in this program in some capacity. Approximately 5-20 participated in regular ongoing weekly support groups. Group participants ranged in age from 20-85 years old. All participants had a myriad of basic living and mental health needs and many were isolated and illiterate. In addition to the weekly support groups over 200 individuals participated in special holiday celebrations and activities that were offered through this project to build community, and support issues of healing.

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

Parent Education Evenings: Korean Parent Education Evenings were conducted over the course of the school year as a means of outreach to this population in Albany. Educational events were usually held from 1-2 hours each and were 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 conducted in the Korean language. A range of 10-15 parents regularly attended each event.

Living Well Project

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

session. Counseling sessions are designed to monitor curriculum impact and continually assess individual goals and resource needs. This project serves up to 150 Older Adults a year.

In FY15, project outreach was conducted at various locations. Living Well Workshops were provided in English and Spanish. Each Living Well Workshop Series included the following sessions: Orientation; Goal Setting; Problem Solving; Healthy Reactions; Beating the Blues (Depression and Moods); Healthy Communication; Seeking Information; Physical Activity; Eating Well (Nutrition); Advocacy (Self and Systems Change); and Maintenance. Topics of Grief and Loss, Depression, Retirement, and Senior Invisibility were also incorporated into the program. By participant self-report, the Living Well Workshop Series was very helpful, with many reporting that they wanted the workshops to be extended for a longer period of time. In all approximately 263 Senior Citizens participated in some aspect of this program with 107 participating in Living Well Workshops. Demographics for Living Well Workshop participants are outlined below:

CLIENT DEMOGRAPHICS N=107	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	17%
Female	83%
Race/Ethnicity	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	46%
Asian Pacific Islander	2%
Caucasian	26%
Hispanic/Latino	26%
Age Category	
<i>Client Age in Years</i>	<i>Percent of Total Number Served</i>
55 or under	31%
56-65	31%
66-75	26%
76-85	11%
86 or over	1%

Harnessing Hope Project

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

In FY15, the following activities were conducted through this project:

Outreach and Engagement: Outreach and engagement activities were conducted to approximately 96 women at various City locations and area events to increase knowledge and the recognition of early signs of mental illness and to inform residents of project services.

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

Kitchen Table Talk Support Groups: These support groups were designed to increase information and supports around current and historical trauma and to teach participants healthy coping skills. Approximately 29 African American women ranging in ages from 18-55, and youth ranging in ages from 12-16 regularly participated in Kitchen Table Talk Support Groups, many of whom were also assessed and received individual and/or family psycho-educational support services, or were referred to additional community resources as needed. Group participants learned from each other and demonstrated their cultural strengths and resilience around effective ways to manage stress.

Trauma Support Project for LGBTQI Population

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

In FY15, outreach to over 400 community members was conducted at various locations including Street Fairs, Community Agencies, and area events. Twenty-eight community volunteers completed the Peer Facilitator training. Skill Building workshops for Peer Facilitators were conducted on a monthly basis with a total of 41 (both newly trained and/or continuing Peer Facilitators) receiving monthly facilitator consultation which were conducted by the Director of Clinical Services and Programs. Fifteen ongoing peer support groups were held on a weekly or bi-weekly basis including the following: Queer Women; Butch-Stud; Female to Male; Women Coming Out; Middle-Aged Men; Married/Formerly Married Gay/Bisexual Men; Young Men; Queer Femmes; Transgender/Transsexual Support Group; Young Adult Group; Partners of Trans and Gender-Variant; Senior Men; Bi-sexual Women; Aging Lesbians; and Gender Variant Group. Participants were surveyed twice a year, and the two most often mentioned reasons for seeking the support of a peer group was isolation and trauma from family rejection. A total of 302 individuals participated in support groups throughout the year.

Demographic data on those served included the following:

PARTICIPANT DEMOGRAPHICS N=302	
<i>Participant Gender</i>	<i>Percent of Total Number Served</i>
Male	20%
Female	34%
Transgender - Male to Female	7%
Transgender - Female to Male	8%
Gender Non-Conforming*	19%
Unknown/Not Reported	12%
Race	
<i>Participant Race</i>	<i>Percent of Total Number Served</i>
African American	6%
Asian Pacific Islander	11%
Caucasian	55%
Hispanic	6%
Native American	2%
Other	1%
Unknown/Not Reported	19%
Age Category	
<i>Participant Age in Years</i>	<i>Percent of Total Number Served</i>
18-24	23%
25-44	39%
45-54	11%
55-61	7%
62 & up	6%
Unknown/Not Reported	14%

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

TAY Trauma Support Project

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

In FY15, 34 TAY participated in one-on-one sessions, case management, support groups, and/or group outings and celebrations. Demographics on youth served were as follows:

CLIENT DEMOGRAPHICS N=34	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	74%
Female	23%
Unknown	3%
Race/Ethnicity	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	47%
Asian Pacific Islander	3%
Caucasian	38%
Multi-racial	3%
Unknown	9%

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 FY15, the “Telling Your Story” group met 24 times with 24 unduplicated individuals attending for a total of 161 visits, to practice sharing their stories with each other. Each group averaged approximately 8 attendees. One group member presented at the BMH “May is Mental Health Month” event.

High School Youth Prevention Program

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

Approximately 2600 Berkeley High School Students and 100 B-Tech students receive some level of services through this program each year.

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

In FY15, approximately 1,295 students at BHS received services through this project, completing a total of 5,396 visits. Demographics on those served were as follows:

PARTICIPANT DEMOGRAPHICS N=1,295	
<i>Participant Gender</i>	<i>Percent of Total Number Served</i>
Male	65%
Female	34%
Transgender	1%
Race/Ethnicity	
<i>Participant Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	26%
Asian Pacific Islander	6%
Caucasian	31%
Hispanic/Latino	18%
Multi-racial	18%
Other	1%

At B-Tech approximately 100 students received services through this project in FY15, completing a total of 345 visits. Demographics on those served were as follows:

PARTICIPANT DEMOGRAPHICS N=100	
<i>Participant Gender</i>	<i>Percent of Total Number Served</i>
Male	54%
Female	46%
Race/Ethnicity	
<i>Participant Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	65%
Hispanic/Latino	14%
Multi-racial	14%
Other	5%
Unknown	2%

Community-Based Child & Youth Risk Prevention Program

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

or other stressors, and promote positive cognitive, social, and emotional well-being. This program serves approximately 110 Children & Youth a year. In FY15 a total of 30 youth received services through this program. Demographics on youth served were as follows:

CLIENT DEMOGRAPHICS N=30	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	33%
Female	67%
Race/Ethnicity	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	47%
Caucasian	10%
Hispanic/Latino	40%
Multi-racial	3%

Homeless Outreach Program

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

In FY14/15 this Homeless Outreach Program was implemented in Berkeley and Albany. Since Implementation, BOSS has worked very closely with BMH to modify services in an effort to find the best ways to engage and provide linkages for individuals in need of mental health services. In FY15, a total of 937 unduplicated individuals received outreach and/or other services through this program with approximately 12 receiving mental health treatment. Demographics included:

CLIENT DEMOGRAPHICS N=937	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	68%
Female	31%
Unknown	<1%
Race/Ethnicity	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	27%
Asian Pacific Islander	3%
Caucasian	56%
Hispanic/Latino	5%
Mixed Race/Multi-Racial	<1%
Unknown	9%
Age	
<i>Client Age</i>	<i>Percent of Total Number Served</i>
Under 18	<1%
18-24	22%
25-44	36%
45-54	13%
55 and over	14%
Unknown	15%

Through collaborative evaluation of the program model and outcomes of the program, this program will be discontinued as of January 2017. After evaluation of the effectiveness of the Homeless Outreach and Treatment Team program, the funding for this program will be determined.

INNOVATIONS (INN)

Following a four month Community Planning Process the City of Berkeley's initial INN Plan was approved in February 2012. Subsequent updates to the initial plan were approved in May 2013, January 2014, June 2014 and January 2015. Per the initial INN Plan and/or through Plan Updates the following pilot projects were implemented from June 2012 – June 2015 through this funding component:

- A Community Empowerment project for African Americans;
- Services and supports for Ex-offenders re-entering the community, Veterans returning home from being deployed or at war, and their families;
- Cultural Wellness strategies for Asian Pacific Islanders;
- A Holistic Health care project for TAY;
- Technology Support Groups for senior citizens;
- Nutrition, Healthy Meal Preparation, and Exercise classes for Board and Care residents;
- Mental Health services and supports for LGBTQI located in community agencies.

An evaluation is currently being conducted on each of the previously funded MHSA INN projects. Additionally, community program planning for potential projects and strategies to be funded through the next round of INN funds is also currently underway. Both evaluation and planning services are being conducted by Applied Survey Research, an outside consultant, who was chosen through a competitive RFP process.

Descriptions for each previously funded INN project and FY15 data are outlined below:

African American Community Empowerment Academy

Implemented through McGee Avenue Baptist Church, located in the community of the target population, this project provided 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 focused on empowering participants around social, cultural and spiritual aspects of the African American heritage and enabled the exploration of key cultural issues such as "Post Traumatic Slavery Syndrome". The project utilized an Afro-centric model that was implemented in a safe, non-threatening environment. The purpose of the project was to assess whether Cultural Heritage Training and Leadership Skill building activities would: 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 served approximately 100 African Americans a year.

In FY15 the following services were provided:

Support Groups for Youth, Women, and Men: Support groups were separately provided for youth (11-17 years old); women (18-55 years old) and men (18-55 years old). A mentor group for Fathers was also conducted. Groups provided 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 weekly for approximately an hour and a half. Many of the men and women attending support groups were experiencing an array of other issues such as unemployment, substance abuse, and homelessness. Youth participants were impacted by issues of foster care, incarceration, gun violence, and/or mental and emotional trauma. The range of regular participants for each group in FY15 was as follows: 13 men; 12 women; and 10 youth.

Additional services included: Separate workshops in various community locations for Men, Women and Youth; Open forum groups for indigent adults in the community to identify issues of substance abuse, homelessness, violence, etc. which impact 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 supported 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. Bi-monthly Workshops and Community Services Forums conducted in the community and at churches proved to be very popular with regular attendance from approximately 20-50 participants and approximately 24 youth attended Youth Advocacy Workshops conducted at Berkeley Technology High School.

Re-entry Systems Synergy

Implemented through Options Recovery Services this project provided re-entry services for Ex-offenders and Veterans who were struggling with mental health and/or substance abuse disorders and provided supports for individuals and their families. The goal of this project was to understand whether participating in informal community-building activities that were 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. A specific emphasis was placed on engaging Ex-Offenders who were 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 were returning to the community from being on deployment or at war; and family members of each targeted population. Services included specialized separate support groups tailored to address the specific needs of Ex-Offenders, Veterans, and their families. This project served approximately 100 TAY, Adult, and Older Adult Ex-Offenders, Veterans and their families members a year.

In FY15 the following services were provided:

Ex-Offender Weekly Support Group: These groups were incorporated into the structure of already existing Re-entry Groups for Ex-Offenders, and were conducted on a weekly basis. The Re-entry group addressed criminal and addictive thinking and covered the following: Cognitive Behavioral Therapy; socialization; money management; anger management; and drug and alcohol education. Groups were offered once a week for 90 minutes each.

Veteran Weekly Support Group: The Veterans Group addressed 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 offered support especially geared to treating Veterans who had combat stress reactions and who were dealing with the aftermath of combat experiences and/or were having issues around re-integrating back into the community and covered the following: Combat Stress and PTSD treatment; substance abuse education; life skills for returning Veterans; anger management; and stress reduction. Groups were offered once a week for 90 minutes each.

Family Support Groups: Support groups for family members of Ex-Offenders and Veterans were offered to meet every two weeks for 90 minutes each session. These groups were structured to have a psycho-educational format providing a safe place where family members could receive information around relevant aspects to their family situation.

Through this project a total of 38 Ex-Offenders; 19 Veterans participated in support groups. Two Family Members also received supportive services through this project. Demographics on Ex-Offender and Veteran Support group participants include the following:

DEMOGRAPHICS			
Ex-Offender Support Groups N=38			
<i>Race/Ethnicity</i>	<i>Percent of Total Number Served</i>	<i>Age</i>	<i>Percent of Total Number Served</i>
African American	42%	16-25	5%
Asian Pacific Islander	10%	26-35	13%
Caucasian	37%	36-45	29%
Hispanic/Latino	5%	46-55	34%
Native American	3%	56-65	16%
Unknown	3%	Unknown	3%
Veteran Support Groups N=19			
<i>Race/Ethnicity</i>	<i>Percent of Total Number Served</i>	<i>Age</i>	<i>Percent of Total Number Served</i>
African American	74%	16-25	5%
Caucasian	21%	26-35	11%
Unknown	5%	36-45	5%
		46-55	32%
		56-65	32%
		66-75	10%
		76-85	5%

Wellness Strategy for Asian Pacific Islanders

Implemented through Community Health for Asian Americans (CHAA), this project provided culturally appropriate mental health services and supports to un-served and underserved API communities. The goals of the project were to understand the main challenges and barriers to accessing and utilizing mental health services for API living in the Berkeley/Albany area. This

project sought to understand this issue through testing whether culturally based activities that fostered intergenerational interaction, supported continuity in community narratives, built intercultural alliance, and improved the quality and density of social support, could 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 provided information, services and supports to immigrant women, elders and girls in the Tibetan and other immigrant/refugee communities in Berkeley and Albany. The project aimed to reach women (ages 16 and above) with particular attention to new immigrants, single mothers, victims of family and community violence, and elders. The project served approximately 150-200 API individuals a year. In FY15 the following services were provided:

Capacity Development: Services 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 focused 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. Five women formed the core group, which met at a minimum twice per month. Core group participants assisted with forming the structure of the program by co-designing interventions and cultural wellness strategies and as such, had opportunities to fulfill their individual and collective sense of contribution toward the overall well-being of their respective communities, by serving as "change agents" and leaders of wellness activities.

Outreach, Trainings and Workshops: Workshops were 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. Outreach and engagement activities were conducted in the targeted community and at three local annual events.

Cultural Wellness Activities: Wellness workshops were conducted for women of all ages in the community. The purpose of the activities/workshops were 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 were 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.).

Approximately 255 individuals were reached through this project. Demographics on those served include the following:

PARTICIPANT DEMOGRAPHICS N=255	
Race/Ethnicity	
<i>Participant Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
Bhutanese	3%
Nepali	9%
Tibetan	18%
Mongolian	7%
Cambodian/Khmer	16%
Vietnamese	5%
Burmese	2%
Chinese	3%
Filipino	6%
Korean	2%
Mexican	<1%
Iranian	<1%
Samoan	<1%
Chamorro	<1%
Tongan	<1%
Native American	<1%
Indian	<1%
Japanese	1%
Caucasian	2%
Thai	<1%
Unknown	22%
Age Category	
<i>Participant Age in Years</i>	<i>Percent of Total Number Served</i>
Under 18	6%
18-24	9%
25-59	59%
60+	6%
Unknown	20%

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

Implemented through the Niroga Institute this project provided holistic health services for TAY. The goals of the project were: to understand the impact and outcomes on the well-being of TAY who simultaneously received mental and physical health interventions; to ascertain whether various skills based interventions promoted positive health practices and healing; and to assess what the impact of receiving services in a culturally appropriate setting from an agency that provided culturally responsive services, had on the healing of traumatic issues. Originally envisioned to pilot test comprehensive holistic health services for the TAY population, this project focused 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 assess whether these strategies improved the mental health outcomes of TAY participants. Approximately 40-80 TAY were served a year through this project.

In FY15 the following services were provided through this project:

Community Engagement: The project focused on providing in-depth mind-body trainings to Berkeley TAY-serving organizations, including BMH, and SEEDS (a Berkeley based non-profit specializing in mediation and restorative justice), offering 6-hour Transformative Life Skills (TLS) trainings and bi-monthly two hour coaching. Participants learned optimal tools and skills for their own stress management, resilience, self-care and healing from vicarious trauma, and how to integrate a 15-minute TLS protocol to be used as a dynamic mindfulness module in mental health and/or psycho-educational groups. Some responses to the training included the following:

BREATHE Campaign /Transformative Mindful Mentoring: As a way to continue engaging youth who participated in the projects BREATHE Campaign to support their further healing and development, the project continued the Transformative or Mindful Mentoring program. TAY participants included those from previous year's BREATHE campaign, as well as those recruited from Berkeley schools, shelters, and other youth serving organizations. The BREATHE Transformative Mentoring program included:

- Monthly group meetings with TAY which included practicing TLS, creative arts, & discussion;
- One-on-one mentoring from the projects community yoga-involved volunteers;
- Development of a Youth Advisory Council;
- Referrals to Berkeley mental health, health care, education, and vocational assisting agencies and organizations;
- Free yoga classes at the projects studio.

Some of the comments from youth participants in the Transformative Mindful Mentoring program were as follows:

“The breathing exercises help me stay in the present moment, and not be disturbed by past or present thoughts. It is less stressful to live in the present moment.”

“The practice helps me put things in perspective, realizing that things at times seem so overwhelming but in reality, most everything is transient and not so important in the scheme of things. It helps me realize the importance of taking time to reflect and enjoy life.”

TLS Community Capacity Building: To build community capacity of TLS, a training retreat was held in the summer of 2014 for TAY leaders who were nominated by TAY-serving organizations. The purpose of the training was to prepare TAY 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.

Mental Health Supports: The project continued to collaborate with YEAH! (a TAY serving organization) to offer TLS trainings, and weekly TLS sessions to both TAY and staff at the YEAH! Shelter. By including YEAH! staff in this training, tools could be provided to assist them with managing stress and self-healing from vicarious trauma and to empower staff with the skills to offer TLS to TAY at any time at the shelter. A weekly Trauma-Informed Care group for TAY at the project's studio, was also offered for two hours every week to assist youth in dealing with the effects of trauma in their lives.

Across all project services in FY15, 108 TAY were served. Demographics on those served are as follows:

PARTICIPANT DEMOGRAPHICS N=108	
<i>Participant Gender</i>	<i>Percent of Total Number Served</i>
Male	51%
Female	48%
Unknown	1%
Race/Ethnicity	
<i>Participant Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	28%
Asian Pacific Islander	16%
Caucasian	20%
Hispanic/Latino	21%
Mixed Race	2%
Unknown/Not Reported	13%

Senior 2 Senior Project

Implemented through Albany Senior Center, this project provided 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 were to understand whether issues of loneliness and isolation could be decreased and mental health positive outcomes could be increased in the Senior Citizen population through training and access to social media technologies and associated peer supports.

Services included weekly support groups that were implemented to provide access to, education on, and supports around new computer technologies (primarily iPADS) for Albany/Berkeley Senior Citizens. Services were structured as a 12 week series of weekly two hour Support Groups. Groups were held in a relaxed setting, promoting sharing, learning and mutual respect among participants enabling each individual to receive individualized attention, supports, and referrals as needed. This project served approximately 30 Senior Citizen adults (aged 50 and over) a year.

In FY15, Technology Support Groups were conducted over the course of the year. As with previous years many group participants had a variety of accessibility issues including vision and hearing needs, and second language limitations. Part of the Support Group included demonstrations of solutions that the iPad technology has to these issues (such as: dictation, speak selection, zoom/enlarge, international keyboards and screens, etc.). The project also offered free door-to-door transportation for seniors who had limited mobility and/or who weren't otherwise able to easily or confidently get to class on their own.

Per self-observation ratings on a tool that was administered to individual's pre/post their participation in the support groups, both confidence and comfort in utilizing computer and touch screen devices, accessing email and the internet, and feeling supported by group participants, significantly increased among group members. Some of the comments received from participants were as follows:

- “I felt supported by the structure of the class, as well as the structure of the Senior Center. It opened me up to many more resources that were interesting and accessible”.
- “I met nice people and talked about many things”.
- “This class has met more than my goals. Having started from zero, the tablet was not intimidating. My goal was to learn and be comfortable with accessing information and not feel left out in this new technology. I know I have made inroads into this new world.”

Some of the various information and referral resources that were provided included the following: Senior Helpline Service/Rides for Seniors; Grief Counseling; Caregiver Support Programs; AARP.org; SeniorCitizensDirectory.com; ASC Onsite Congregate Meal Program; Albany Taxi Subsidy Program; Over 60 Health Clinic; Respite Care; EyeCare America.org; ASC Shopping Bus program; Rosen Movement Class; Gentle Yoga Class; Mercy Brown Bag; CA Telephone Access Program; www.flylady.net (website for home de-cluttering support); Albany and City of Berkeley websites, etc.

Support Groups were so popular that many wanted to continue and as such, the weekly Drop-In Class (iPad Partners) which was previously implemented to meet this need, also continued. Through this additional class, an on-going follow-up support system was created for interested participants which included free access to personal senior volunteer tutors, and ongoing personal email and drop-in support for both technology and social service needs.

In all, a total of 27 individuals participated in Technology Support Groups, of whom when they graduated from the program received full ownership of their iPads. Demographics on group participants included the following:

PARTICIPANT DEMOGRAPHICS N=27	
Race/Ethnicity	
<i>Participant Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	7%
Asian Pacific Islander	11%
Caucasian	59%
Hispanic/Latino	19%
Unreported/Unknown	4%
Age	
<i>Participant Age in Years</i>	<i>Percent of Total Number Served</i>
46-55	4%
56-65	11%
66-75	30%
76-85	37%
86-95	11%
Unreported/Unknown	7%

Additionally, a total of 76 individuals continued their learning through the iPad Partners weekly Drop-In Class. Demographics on iPad Partner participants included the following:

PARTICIPANT DEMOGRAPHICS N=76	
Race/Ethnicity	
<i>Participant Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	5%
Asian Pacific Islander	28%
Caucasian	63%
Hispanic/Latino	4%
Age	
<i>Participant Age in Years</i>	<i>Percent of Total Number Served</i>
46-55	3%
56-65	6%
66-75	24%
76-85	19%
86-95	3%
Unreported/Unknown	45%

Board & Care Nutrition Project

Implemented through Berkeley Food & Housing Project (BFHP), this project provided nutrition and exercise support services for Board and Care residents (in “Russell Street Residence”, or the “Transitional House” at the North County Women’s Center) 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 were to: improve participants knowledge and use of 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. Samuel Merritt University (SMU) students supported each of the services conducted through this project which served approximately 25-45 Board and Care residents a year. Program services included:

Nutrition Education and Cooking Instruction Class Component: Nutrition Education and Cooking Instruction classes were provided on-site to interested participants in the target population. During the time cooking classes were held the instructor prepared a meal for the residents and left behind extra produce so residents could cook meals for themselves. One session was even held at a grocery store in order to teach participants how to buy nutritious food at low prices.

Walking and Exercise Program Component: SMU students acted as Health Mentors for the residents and worked with participants through the following: leading walking groups, exercise, and activity groups; developing individualized nutrition and walking goals; conducting workshops on self-care including women’s wellness, self-esteem, self-image, and hygiene; and providing mentoring and reinforcement to program participants. The Walking and Exercise project component was conducted in 30 minute sessions each, over a six month period, and was conducted weekly at each site. Residents at both sites were encouraged to participate in this component of the project. SMU students also took participants on field trips to the Farmer’s Market, parks, and local grocery stores and developed creative approaches to incentivize residents to increase their physical activity by participating in various forms of exercise.

Additional services included Physical Exams that were conducted on each participant by Lifelong Medical Care who also monitored vital health signs. On-site primary care services enabled extensive follow-up for residents as needed. All services, including culinary, diet and nutrition instruction took place onsite to ensure accessibility and cultural competence, by building on the existing relationship and comfort residents had with their respective housing sites.

Client interviews revealed that most residents overwhelmingly increased their knowledge of healthy eating, including making healthier choices. Project participants regularly used recipes learned during the cooking classes, and showed increases in baking rather than frying, making smoothies, and preparing healthier meals. By project staff report, several participants showed initiative in changing their daily health habits, and buying and/or preparing healthier meals, and increasing their physical activity levels. The Walking groups were very successful. Several participants also took Yoga classes that were offered through the Niroga Institute which encouraged deep breathing, mindfulness, and stress reduction practices.

In FY15, a total of 52 women participated in some aspect of the project. Demographics on those served were as follows:

PARTICIPANT DEMOGRAPHICS N=52	
Race/Ethnicity	
<i>Participant Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	63%
Asian Pacific Islander	2%
Caucasian	25%
Latino	6%
Unknown	4%
Age	
<i>Participant Age in Years</i>	<i>Percent of Total Number Served</i>
16-25	4%
26-35	13%
36-45	29%
46-55	19%
56-65	27%
66-75	6%
76-85	2%

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

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

clients. Approximately 20-30 LGBTQI TAY, Adults and Older Adults were served through this project a year.

In FY15, 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. Mental Health services at collaborating sites began to be provided in October 2012. Approximately 105 LGBTQI individuals (and the agencies serving them) received information on relevant community services and supports. Two Cultural Competency trainings were conducted at two partner agencies, providing training for 16 staff personnel. Evaluations conducted following the trainings revealed that 12 staff reported an increase in their knowledge of LGBTQI issues and 14 staff reported increases in their skills in serving LGBTQI individuals. Approximately 42 LGBTQI individuals (and the agencies serving them) received information on Community LGBTQI supports. According to client and care-provider reports, individuals served through this project showed improved treatment outcomes including: staying in treatment; expressing a willingness to return for services; and a better overall treatment experience. Over the course of the year a total of 31 individuals received mental health services and supports. Demographics on those served included the following:

CLIENT DEMOGRAPHICS N=31	
<i>Client Gender</i>	<i>Percent of Total Number Served</i>
Male	32%
Female	65%
Transgender	3%
Race/Ethnicity	
<i>Client Race/Ethnicity</i>	<i>Percent of Total Number Served</i>
African American	9%
Asian Pacific Islander	12%
Caucasian	72%
Hispanic/Latino	5%
Multi-Racial	2%
Age Category	
<i>Client Age in Years</i>	<i>Percent of Total Number Served</i>
56-65	26%
66-75	58%
76 and older	16%

Trauma Informed Care Project

In late FY16, through a community informed process the City of Berkeley received approval to allocate \$180,000 of MHSA INN Funds to implement a Trauma Informed Care (TIC) Training for educators project in three Berkeley Unified School District (BUSD) schools. This INN project will seek to learn whether modifying the mental health approach of TIC Training for educators will increase access to mental health services and supports for students in need, (particularly for underserved ethnic groups), and increase the quality of mental health services, including providing better outcomes. Updates on this project will be reported in future MHSA Annual Updates.

WORKFORCE, EDUCATION & TRAINING (WET)

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

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

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

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

Peer Leadership Coordination

The Peer Leadership program trains mental health consumers to be providers of mental health services, and to provide leadership within the mental health consumer community. Per the approved WET plan, a Peer Leader Coordinator will provide and coordinate training for consumers, and family members, including those from culturally and linguistically diverse communities to increase the necessary skills that will enable participants to be 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

Up through early FY 2016, the Peer Leader Coordinator was involved in helping to conceptualize this program including working with staff, BMH leadership and Human Resources around program planning and development. The Peer Leader Coordinator was also involved in building relationships in the community, and working with Alameda County around complimentary programming. Beginning in 2017, the Peer Leader Coordinator will oversee the Alameda County Network of Mental Health Clients (ACNMHC) who will implement this program. ACNMHC will provide a 12 week introductory Peer Support Specialist Training and supervised internship at BMH for up to 12 mental health consumers. Following the introductory course, BestNow! (one of the five programs that is under the umbrella of the ACNMHC) which focuses

on providing training, placement and support to mental health consumers in internships as Peer Specialists, will reserve space in an annual Bestnow! Peer Specialist Training for up to six Peer Leadership program participants.

Staff Development and MHSA Training

This WET component implements training for BMH staff and those from affiliated community agencies in an effort to transform the system of care. A BMH Staff Training Coordinator prepares, facilitates, presents, monitors, evaluates and documents training activities for BMH's system of care. The Training Coordinator also collaborates with staff from state, counties, local agencies and community groups in order to enhance staff development of employees in the cities of Berkeley and Albany and other areas in the region.

The Training Coordinator accomplishes these goals by:

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

In FY15, the Training Coordinator implemented the following trainings through this component:

- PCOMS (Partners for Change Outcome Management System) Training – November 18, 2014 – (An estimated 22 individuals attended this training). Attendees included staff, service providers and residents.
- COMBO (Community Mind-Body) Workshop – December 12, 2014 (20 individuals attended the training). Attendees included staff, Interns and service providers.
- Law and Ethics for Mental Health, Behavioral Health and Health Care Providers – March 4, 2015 (36 individuals attended this training). Attendees included staff and service providers.
- Nonviolent Crisis Intervention – April 27-29, 2015 – (57 individuals attended this training). Attendees included staff and service providers.

High School Career Pathways Program

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

Graduate Level Training Stipend Program

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

Peer Leader Stipend Program

Per the original WET Plan, this program, under the direction of the Peer Leader Coordinator, will provide opportunities for peer leaders to take active roles on Division committees, and/or serve in direct service positions in the clinics. As part of participating in various leadership or peer counselor positions, consumers and family members will be offered stipends. These opportunities will help prepare consumers and their family members for roles within the public mental health system. This program is being implemented in FY17 and it goes in tandem with the Peer Leadership Coordination program.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

The original City of Berkeley CFTN Plan was approved by DMH in April 2011, with an update to the plan in May 2015.

The City of Berkeley was previously allocated \$1,432,100 in MHSA Capital Facilities and Technological Needs (CFTN) funds. This funding component allows monies to be utilized on either renovations of City owned buildings where mental health services are provided, or technological upgrades to mental health data systems, or both. In 2011, the City of Berkeley CFTN Plan was developed and approved. This plan allocated \$816,050 towards renovating the Adult Mental Health Clinic to create a safe, welcoming environment that is consumer and family friendly. The Adult Clinic serves Berkeley's most at-risk and fragile population through crisis intervention, case management, individual/or group therapy, and psychiatric medication support. FSP/Intensive Case Management Teams, Clinical services, Mobile Crisis, and Homeless Outreach. In its current condition, use of the Adult Clinic space is inefficient and inadequately aligned with MHSA goals, including that of creating welcoming spaces for client and family centered wellness and recovery programs and services. In addition to electrical, HVAC and other environmental upgrades, it was originally envisioned that CFTN funds would be used to re-configure shared work spaces to increase safety; improve clinical, wellness/recovery, support services, and administrative functions; and support the implementation of electronic health records and other emerging technologies.

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

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

Per MHSA statute, (Welfare and Institutions Code, Section 5892(b)): *“In any year after 2007–08, programs for services pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850) of this division may include funds for technological needs and capital facilities, human resource needs, and a prudent reserve to ensure services do not have to be significantly reduced in years in which revenues are below the average of previous years. The total allocation for purposes authorized by this subdivision shall not exceed 20 percent of the average amount of funds allocated to that county for the previous five years pursuant to this section.”*

As a result of this MHSA legislation, through the stakeholder process and the previously approved MHSA FY14/15 - 16/17 Three Year Program and Expenditure Plan BMH reallocated the allowable amount of unspent CSS funds, \$737,738 and \$784,360 respectively, towards the renovation of the Adult Clinic. Additionally, through the same process and approved plan, the previously designated and approved, but still unused Technological Needs funds in the amount of \$616,050, were also re-allocated towards this renovation project. Together with the Capital Facilities funding amount of \$816,050, this has enabled a total of \$2,954,198 of MHSA funds to be available for the renovation of the Adult Clinic. Through this Annual Update BMH is proposing to allocate an additional \$819,613 of unspent CSS funds towards this project for a total amount of \$3,773,811 for the Adult Clinic remodel.

Renovation on the Adult Clinic has thus far been in the design and pre-construction phase and it is envisioned that in FY17 construction will begin.

FY14/15 AVERAGE COST PER CLIENT

COMMUNITY SERVICES & SUPPORTS			
Program Name	Approx. # of Clients	Cost	Average Cost Per Client
Children's Intensive Support Services FSP	Data not available	N/A	Data not available
TAY, Adult & Older Adult FSP	66	\$1,186,596	\$17,978
TAY Support Services	38	\$101,768	\$2,678
Wellness Recovery System Integration (includes: Wellness Recovery Services; Family Advocacy; Employment/Educational Services; Housing Services and Supports)	478	\$333,959	\$698
Benefits Advocacy	14	\$20,000	\$1,429
PREVENTION & EARLY INTERVENTION			
BE A STAR	1,079	\$90,877	\$84
Supportive Schools Program	586	\$35,000	\$60
Albany Trauma Project	344	\$53,040	\$154
Living Well Project	76	\$26,520	\$349
Harnessing Hope Project	29	\$26,520	\$914
LGBTQI Trauma Project	302	\$26,520	\$87
TAY Trauma Project	34	\$26,520	\$780
Social Inclusion Project	8	\$1,565	\$157
Community Child & Youth Risk Prevention Program	30	\$96,183	\$3,206
High School Youth Prevention Program	1,395	\$390,422	\$280
Homeless Outreach Services	937	\$100,000	\$107
INNOVATIONS			
African American Community Empowerment Project	109	\$31,257	\$287
Re-entry Systems Synergy	59	\$31,257	\$530
Wellness Strategy for API	255	\$31,257	\$123
Trauma Informed Holistic Health Care for TAY	108	\$31,257	\$289
Senior 2 Senior Project	103	\$31,257	\$303
Board & Care Nutrition Project	52	\$31,257	\$601
Improve Mental Health Quality for LGBTQI	31	\$31,257	\$1,008

PROGRAM BUDGETS

**FY 2016/17 Mental Health Services Act Annual Update
Funding Summary**

County: City of BerkeleyDate: 11/7/16

	MHSa Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	4,945,388	1,493,978	596,087	306,121	2,919,342	
2. Estimated New FY 2016/17 Funding	4,260,082	1,065,021	280,269			
3. Transfer in FY 2016/17 ^{a/}	(819,613)				819,613	
4. Access Local Prudent Reserve in FY 2016/17						0
5. Estimated Available Funding for FY 2016/17	8,385,857	2,558,999	876,356	306,121	3,738,955	
B. Estimated FY 2016/17 MHSa Expenditures	3,595,461	1,365,377	455,000	150,186	2,500,000	
G. Estimated FY 2016/17 Unspent Fund Balance	4,790,396	1,193,622	421,356	155,935	1,238,955	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2016	1,612,002
2. Contributions to the Local Prudent Reserve in FY 2016/17	0
3. Distributions from the Local Prudent Reserve in FY 2016/17	0
4. Estimated Local Prudent Reserve Balance on June 30, 2017	1,612,002

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2016/17 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: City of Berkeley

Date: 11/7/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. TAY, Adult & Older Adult FSP	1,276,150	1,276,150				
2. Children's FSP	392,213	392,213				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Multicultural Outreach & Engagement	213,710	213,710				
2. System Development, Wellness & Recovery	1,222,642	1,222,642				
3. Crisis Services	86,241	86,241				
4. Tier 1	20,000	20,000				
5. Homeless Outreach and Treatment Team	384,505	384,505				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	321,818	321,818				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	3,595,461	3,595,461	0	0	0	0
FSP Programs as Percent of Total	48.0%					

**FY 2016/17 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: City of BerkeleyDate: 11/7/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Homeless Outreach	25,000	25,000				
2. Community Based Children & Youth Risk	38,569	38,569				
3. High School Prevention Program	92,237	92,237				
4. Social Inclusion	10,000	10,000				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Be a Star	112,833	112,833				
12. Supportive School Program	55,000	55,000				
13. Community Education & Supports	167,076	167,076				
14. High School Prevention Program	284,631	284,631				
15. Homeless Outreach	25,000	25,000				
16. Community Based Children & Youth Risk	118,307	118,307				
17. Homeless Outreach & Treatment Team	196,225	196,225				
18.	0					
19.	0					
20.	0					
PEI Administration	240,499	240,499				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,365,377	1,365,377	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update
 Innovations (INN) Funding

County: City of Berkeley

Date: 11/7/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. TBD	270,000	270,000				
2. Planner/Evaluator	5,000	5,000				
3. Trauma Informed Care Project	180,000	180,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	455,000	455,000	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update
 Workforce, Education and Training (WET) Funding

County: City of Berkeley

Date: 11/7/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Peer Leadership Stipend Program	72,000	72,000				
2. High School Career Pathways Program	7,000	7,000				
3. Graduate Level Training Stipend Program	25,000	25,000				
4. Staff Development and MHS Training	46,186	46,186				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
21.	0					
22.	0					
WET Administration						
Total WET Program Estimated Expenditures	150,186	150,186	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update
 Capital Facilities/Technological Needs (CFTN) Funding

County: City of Berkeley

Date: 11/7/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Adult Clinic Renovation	2,500,000	2,500,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	2,500,000	2,500,000	0	0	0	0