

RESOLUTION NO. 66,446-N.S.

MENTAL HEALTH SERVICES ACT (MHSA) INNOVATIONS (INN) PLAN UPDATE

WHEREAS, the City's Department of Health, Housing & Community Services, Mental Health Division, currently receives Mental Health Services Act (MHSA) Innovations (INN) funds on an annual basis for short term projects that will increase learning in the mental health field through strategies that will either improve the access, quality, or outcomes of services, and/or promote community collaborations; and

WHEREAS, the Mental Health Division works cooperatively and in partnership with community-based agencies, and other providers in the provision of such services and supports; and

WHEREAS, developed by the Mental Health Division following a three month long community planning process that included input from mental health consumers, family members, staff, and other community stakeholders, the initial MHSA INN Plan was adopted on February 23, 2012 by the Mental Health Commission; and

WHEREAS, on March 20, 2012 by Resolution No. 65,629-N.S., pursuant to the approved MHSA INN Plan, City Council authorized the execution of up to seven Innovation pilot project grants, utilizing \$429,600 by June 2012; 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 which included an update to continue mental health services and supports through INN projects utilizing \$315,000 by June 2013; and

WHEREAS, the MHSA INN Plan Update must be approved by City Council in order to continue funding mental health services, supports and administration utilizing \$147,700 by June 30, 2014.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager is hereby authorized to approve the MHSA INN Plan Update (Exhibit A) for INN Projects through June 30, 2014. A record signature copy of said contract and any amendments to be on file in the Office of the City Clerk.

The foregoing Resolution was adopted by the Berkeley City Council on January 21, 2014 by the following vote:

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

Noes: None.

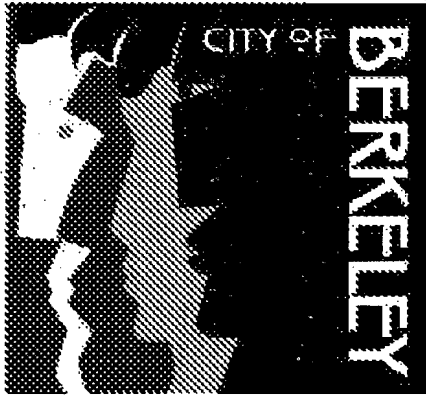
Absent: None.

Attest:


Mark Numainville, CMC, City Clerk


Tom Bates, Mayor

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



Innovations (INN) Plan Update

EXHIBIT A

INNOVATION PLAN UPDATE
COUNTY CERTIFICATION

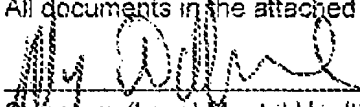
County Name: City of Berkeley

County Mental Health Director Name: Kelly Wallace Telephone Number: (510) 981-5107 Email: KWallace@ci.berkeley.ca.us	Project Lead Name: Karen Klatt Telephone Number: (510) 981-7644 Email: KKlatt@ci.berkeley.ca.us
Mailing Address: City of Berkeley Health, Housing & Community Services 2180 Milvia Street, 2 nd Floor Berkeley, CA 94704	Mailing Address: City of Berkeley Family, Youth & Children's Services 3282 Adeline Street Berkeley, CA 94703

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws, and statutes for this Innovation Plan Update. Mental Health Services Act funds are and will be used in accordance with Welfare and Institutions code Section 5891 and Title 9, California code of Regulations (CCR), Section 3410, Non-Supplant.

This draft INN Plan Update has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft INN Plan Update is being circulated for 30 days to stakeholders for review and comment and a public hearing will be held by the local Mental Health Commission on December 12th, 2013. All input will be considered and adjustments will be made, as appropriate. Any draft Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed INN Plan Update is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

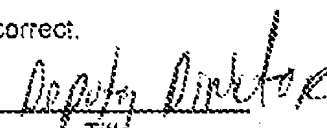
All documents in the attached Draft INN Plan Update are true and correct.



Signature (Local Mental Health Director/Designee)

11-18-13

Date



Deputy Director
Title

MENTAL HEALTH SERVICES ACT INNOVATIONS

Mental Health Services Act (MHSA) is California state legislation approved by voters in November 2004. This Act places a 1% tax on every dollar of personal income over \$1 million. The State allocates these revenues to local mental health departments for the purpose of transforming and expanding mental health services. There are five MHSA funding components: Community Services and Supports; Prevention & Early Intervention; Workforce, Education & Training; Capital Facilities & Technological Needs; and Innovations.

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

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

Projects must also either: introduce new mental health practices or approaches that have never been done before; or make changes to existing mental health practices/approaches, including adapting them to a new setting or community; or introduce a new promising community-driven practice/approach that has been successful in non-mental health contexts or settings. As with all MHSA components, INN funds are made available through an approved INN Plan which includes a planning process informed by community stakeholders, plan development, a 30-Day Public Review, a Public Hearing, and approval by City Council.

CITY OF BERKELEY INN PROGRAMS

Following a four month Community Planning Process the City of Berkeley's initial INN Plan was approved in February 2012. Per the approved INN Plan and the FY12-13 Annual Update, the following services have been implemented 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 Transition Age Youth (TAY); Technology Support Groups for senior citizens; Nutrition, Healthy Meal Preparation, and Exercise classes for Board and Care residents; and Mental Health services and supports for LGBTQI located in community agencies. Each project is implemented through community partners.

MHSA INN PLAN UPDATE COMMUNITY PLANNING PROCESS

The Community Planning Process for this MHSA INN Plan Update began with internally examining current programming, and available funding. Programming priorities were influenced by the minimal timeframe left to expend the FY11-12 funds, and the duration of the current INN projects. Recommendations for funding priorities were vetted through the MHSA Advisory Committee. Following decisions on what to fund, the MHSA Plan Update was written and put out for a 30-Day Public Review and comment period from November 12, 2013 to December 11, 2013. As part of the Public Review a copy of the MHSA INN Plan Update was posted on the BMH MHSA website and was available for reviewing in hard copy format at the downtown Public Library at 2090 Kittredge Street. An announcement of the 30-Day Public Review was issued through a Press Release and mailed and/or emailed to community stakeholders. A Public Hearing at the Mental Health Commission was conducted on December 12th at 7:00pm at the North Berkeley Senior Center. Comments received during the 30-day public review and/or at the Public Hearing included: a request to use funding to increase services for homeless women, which we anticipate will be addressed on some level through the new Homeless Outreach Project that is funded through the MHSA Prevention & Early Intervention component; and to use MHSA monies in the future to address mental health issues in the general disabled population.

The Mental Health Commission passed the following motion at the December 12th meeting: **M/S/C (Adams, Marasovic) Move to accept the MHSA Innovations Plan Update Report.**
Ayes: Adams, Arreguin, Davis, Heda, Kealoha-Blake, Marasovic, Michel, Posey; **Noes:** None; **Abstentions:** None; **Absent:** Black.

PROGRAMMING RECOMMENDATIONS

This MHSA INN Plan Update proposes programming for the use of MHSA INN FY11-12 funds in the amount of \$147,700. Recommendations are for INN projects that were previously approved through the initial INN Plan and continued in the FY12-13 Annual Update, to receive an additional funding amount of \$20,630 each, enabling contractors to increase their scope of work through June 2014. The remaining balance, \$3,290, will be utilized to support City contracting processes. Descriptions, activities, and outcomes for each project are detailed below:

African American Community Empowerment Academy

Implemented through McGee Avenue Baptist Church which is located in the community of the target population, this project provides psycho-educational activities and supports for African American youth, Adults, and Older Adults living in South Berkeley. Appropriately named the "Umoja" (the Swahili word for Unity) Project, as services focus on empowering and unifying participants around the social, cultural and spiritual aspects of the African American heritage, and enable the exploration of key cultural issues such as "Post Traumatic Slavery Syndrome".

Activity Update

This project is implemented in a safe, non-threatening environment and incorporates an Afro-centric model, utilizing the guiding principles of "Nguso Zaba" and "Kwanzaa" to engage program participants in adopting wellness concepts and positive mental health practices. The purpose of the project is to assess whether Cultural Heritage Training and Leadership Skill Building activities will: improve the mental health of African American consumers; increase

access for those who are in need but not currently receiving services; and build community advocates. Described below are services and activities provided through this project.

Support Groups for Youth, Women, and Men: Support groups are separately provided weekly for youth (11-18 years old); women (18-55 years old); and men (18-55 years old). Groups provide a safe listening forum for those experiencing stress as well as a medium to provide additional strategies and resources to empower at-risk families and individuals. Each group meets once a week for an hour and a half as outlined below:

Youth Support Groups: These weekly support groups provide an opportunity for youth to address and confront issues that impact their lives, including the impacts of being placed in foster care, gun violence, insecurity, poverty, broken homes, etc. Additionally, weekly workshops are conducted at B-Tech High School to support youth who are at-risk and have experienced challenging issues in their lives such as involvement with the foster care system; mental and emotional trauma; encounters with the juvenile justice systems; excessive truancy, etc. The groups empower youth to use their voice as a positive means for healing and implementing change.

Women's Support Groups: These weekly services provide women and mothers with a safe forum and the necessary supports to address challenging issues in their communities and daily lives including oppression, homelessness, incarceration, mental health needs, etc.

Fatherhood Group/Men's Support Groups: The Fatherhood Group is designed to connect participants with experienced mentors who can share strategies for empowerment and successful parenting. Services are designed to support fathers and to increase their knowledge around the importance of their role as parents in the context of the African American community. Weekly groups are also provided for men where they can access supports around various issues in their communities and families including unemployment, substance abuse, incarceration, homelessness, etc. Also included is a monthly workshop series to build and affirm the self-esteem of African American men and confront some of the mental and social perils which impede their progress as fully engaged individuals within our community.

Last year 42 youth and 13 adults participated in weekly support groups or workshops. Demographics on those served include the following:

Youth Support Groups N = 42			
<i>Gender</i>	<i>Number Served</i>	<i>Age</i>	<i>Number Served</i>
Female	50%	11-15	29%
Male	50%	16-18	71%
Adult Support Groups N = 13			
<i>Gender</i>	<i>Number Served</i>	<i>Age</i>	<i>Number Served</i>
Female	62%	26-35	15%
Male	38%	36-45	23%
		46-55	62%

Additional project services include: open forum groups for indigent adults in the community to identify and address issues of substance abuse, homelessness, violence, etc.; community workshops focusing on African American Child Rearing/Family Management, Family and Community Violence, Health and Substance Abuse, Stress and Anger Management, and Economic Management; Youth Advocacy workshops where trained youth leaders support young people in leadership development and in coping with various aspects of physical and

mental health issues including peer pressure, stress management, teen and family violence, substance abuse, self-esteem, sexual identity and body image, and general health and nutrition; and trainings for a cadre of Service Providers to increase understanding and supports around the specific and unique needs facing at-risk African American families in South Berkeley. Last year, the project provided a workshop for 25 community leaders and providers that serve the African American community.

Outcomes: Per project report, youth were very receptive to the services that were provided. Weekly support groups and workshops were regularly attended and proved to be very beneficial. Project activities encouraged healing and restoration from the trauma that many youth encountered and explored the impact that oppressive practices and patterns in the community have on young people who are the ultimate victims of the breakdown in the family unit. Youth were taught to draw upon the positive aspects of their rich heritage, and to utilize the principles of Kwanzaa, to identify and strengthen their ability to succeed.

Women were very responsive to the weekly support groups as well, and appeared to appreciate having a safe place to address the issues and daily challenges they encounter. It was discovered that African American women in particular, have encountered issues of internal and external oppression that can often trigger various mental health issues that often go un-noticed and without the proper supports needed. However, many women participants were unwilling to address specific issues around mental health, as noted that particularly within the African American community, discussions around mental health are often viewed as off-limit topics. This highlighted a challenge for the project to seek to remove the negative stigma associated with mental health so that women, and all project participants, will feel more comfortable discussing such issues and accessing the care and supports they need.

It was found that although men were initially reluctant to participate in a support group, once they were engaged and felt safe in the environment, their commitment was unwavering. Also noted, was that men find it difficult to discuss their challenges as they seem to view doing so as a sign of weakness. The bi-monthly workshops did however, seem to draw a large attendance of men. At one workshop on "Legacy of our Fathers", 25 men throughout the community were in attendance. A project challenge will be to expand efforts to outreach and engage more men to participate in the ongoing weekly supportive services.

Re-entry Systems Synergy

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

Activity Update

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

separate support groups tailored to address the specific needs of Ex-Offenders, Veterans, and their families as follows:

Ex-Offender Weekly Support Group: These groups are incorporated into the structure of already existing Re-entry Groups for Ex-Offenders, and are conducted on a weekly basis. The Re-entry group addresses criminal and addictive thinking and covers the following: Cognitive behavioral therapy; socialization; money management; anger management; and drug and alcohol education. Groups are offered once a week for up to 46 weeks for 90 minutes per session. Last year 7 female and 40 male Ex-Offenders were served through Weekly Support Groups.

Veteran Weekly Support Group: The Veterans Group addresses Veteran's needs to recover safety in their lives and to heal from combat-related trauma and Post Traumatic Stress Syndrome (PTSD) and substance abuse. The Veterans group offers support especially geared to treating Veterans who have combat stress reactions and who are dealing with the aftermath of combat experiences and/or are having issues around re-integrating back into the community and covers the following: Combat stress and PTSD treatment; substance abuse education; life skills for returning Veterans; anger management; and stress reduction. Groups are offered once a week for up to 46 weeks for 90 minutes per session. Last year, 2 female and 57 male Veterans were served through weekly support groups.

Family Support Groups: Support groups for family members of Ex-Offenders and Veterans meets every two weeks for approximately 46 weeks for 90 minutes each session. These groups have a psycho-educational format providing a safe place where family members receive information around relevant aspects to their situation, and based on the group members needs, are able to process issues as they arise. Last year 13 female and 19 male family members of Ex-Offenders and Veterans participated in support groups.

Demographics on all those served throughout the project include the following:

Ex-Offender Support Groups N=47					
<i>Gender</i>	<i>Number Served</i>	<i>Race/Ethnicity</i>	<i>Number Served</i>	<i>Age</i>	<i>Number Served</i>
Female	15%	African American	45%	25-35	13%
Male	85%	Caucasian	32%	36-45	28%
		Latino	13%	46-55	23%
		Filipino	4%	56-65	26%
		Mexican/American	2%	66-75	8%
		Native American	2%	76-85	2%
		Other	2%		
Veteran Support Groups N=59					
<i>Gender</i>	<i>Number Served</i>	<i>Race/Ethnicity</i>	<i>Number Served</i>	<i>Age</i>	<i>Number Served</i>
Female	3%	African American	50%	25-35	8%
Male	97%	Caucasian	37%	36-45	12%
		Latino	7%	46-55	29%
		Mexican/American	2%	56-65	27%
		Native American	2%	66-75	7%
		Other	2%	76-85	2%
				Unknown	15%

Family Support Groups N=32					
Gender	Number Served	Race/Ethnicity	Number Served	Age	Number Served
Female	41%	African American	56%	25-35	19%
Male	59%	Caucasian	32%	36-45	25%
		Latino	6%	46-55	25%
		Mexican/American	6%	56-65	13%
				66-75	3%
				76-85	3%
				86-95	3%
				Unknown	9%

All participants are also able to undergo a training to become Peer Mentors for the project once they are stabilized in their recovery. Peer Mentors receive a stipend for their work, gain valuable experience, and develop strong skill sets for their resumes, all building their self-worth while helping others. Last year one third of the Peer Mentors were Ex-offenders and five were Veterans.

Outcomes: Support groups provided Ex-offenders, Veterans and family member participants with a safe place to process common challenges, issues and experiences and to have access to other additional in-house services as needed such as: Weekly Wellness Recovery Action Plan (WRAP) groups for those struggling with co-occurring disorders; case management; crisis intervention; vocational assistance; Individual Therapy; and Family Therapy (which has been integral in reuniting families that have been fractured by drug addiction, incarceration and extended military service). Among project participants there has been reduced recidivism, decreased relapses into mental health disorders, and improved self-esteem.

Per project report, participants not only stayed clean, sober, and out of the system (for Ex-offenders) but also found new meaning in their lives and a renewed sense of hope. Many participants with mental health issues either started addressing them for the first time, or re-engaged in mental health treatment. Family members demonstrated increased communication skills and positive progress towards reunification with their Ex-offender or Veteran relative. Going forward, the project will focus on engaging more women and younger veterans into support services and on strengthening the Family Group by encouraging the participation of children of Ex-offenders and Veterans.

Sisterhood for Wellness Project for Asian Pacific Islanders

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

Activity Update

This project provides information, services and supports to immigrant women, elders and girls in the Tibetan and other immigrant/refugee communities in Berkeley and Albany. The goal is to reach women (ages 16 and above) with particular attention to new immigrants, single mothers,

victims of family and community violence, and elders. This project is appropriately named the "Sisterhood for Wellness Project", as CHAA partners with "Acha-Himalayan Sisterhood" (formerly known as ACHA-Tibetan Sisterhood). ACHA is a grassroots volunteer women's group in Berkeley, whose mission is to create safe, supportive, and inclusive spaces for women immigrants, refugees, and asylees. In collaboration with ACHA, CHAA implements the following overarching project strategies:

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

Outreach, Trainings and Workshops: In an effort to raise awareness and increase knowledge and supports for women in API immigrant, refugee and asylee communities, workshops are provided on important topics related to health, and well-being.

Cultural Wellness Activities: Wellness workshops are conducted weekly for women of all ages and from all Asian Pacific Islander communities, with a focus on engaging the community through various organized cultural awareness activities. The purpose of the activities/workshops are to increase social supports; reduce cultural, social and linguistic isolation; reduce symptoms of depression, anxiety and trauma; and increase participants self-confidence, sense of integration, and sense of independence. Participants are introduced to new wellness techniques and concepts (such as: stress management and recognizing symptoms of contributing stressors to mental health) while honoring cultural modalities for mental health and wellness (such as: spirituality, traditional healing methods, dietary practices, etc.).

During last year approximately 395 women were reached through Core Group, Capacity Building Trainings, Workshops, or Cultural Wellness activities. Demographics on those served include the following:

DEMOGRAPHICS N=395			
Race/Ethnicity	Number Served	Age	Number Served
Bhutanese	10%	24 and under	13%
Cambodian	3%	25-59	85%
Chinese	7%	60+	2%
Filipino	4%		
Japanese	3%		
Korean	2%		
Mongolian	4%		
Nepali	25%		
Tibetan	21%		

Vietnamese	6%	
Other including: Bangladeshi, Burmese, Hmong, Indian, Khumer, RakHaing, Thai, Tongan	12%	
Unspecified	3%	

Outcomes: This project has highlighted some valuable lessons in assessing community readiness to address issues around women's empowerment and specific community concerns such as gender-equity, domestic violence, and women's voices and choices. Within refugee communities, especially the Tibetans and Bhutanese who are still struggling for their political rights and sovereignty, it was learned that there are strong expectations that a focus on political freedom should trump all other issues. Addressing other community-building and empowerment issues appeared to be seen as disruptions to the 'greater' struggles for freedom. Despite the many pressures and community challenges faced by Tibetan women participants, they remained open and receptive to opportunities for growth and moving forward.

The project Core Group that was formed provided opportunities to foster connections between the participants, conduct a needs assessment of women's needs in the Himalayan community, support one another, and create role models for community empowerment and resource sharing. Last year the Core Group conducted 30 meetings, each of which was designed around a social bonding potluck meal, as food is an integral part of social gatherings in the Himalayan community.

Cultural Wellness activities intentionally integrated mental health and culture, creating sensitive and safe environments for un-served and underserved API women to access information around topics of interest and community resources. Last year, Cultural Wellness activities, Community Capacity Building Trainings and Workshops were well attended, highly rated, and very popular with attendees from many API communities. Among the most successful and beneficial trainings and activities were: Basic Budgeting and Retirement Planning; Parenting skills; Parent-Teacher Communications; Child Birth and Reproductive Health; Jewelry Making and Embroidery; Job Readiness; Vocational Training; Yoga Classes; Meditation; and International Storytelling.

It was learned that API women have definitions of "wellness" that are multidimensional. Per multiple focus group discussions, it appeared that happiness, success, reputation among friends, and getting the right result when doing the right thing all seemed to be indicators of wellness to API women. Although, getting the desired effect is really difficult when the required resources and the path to get there are at times unknown, the project provided an important safe space where women could go to share resources, and support one another to attain their wellness goals.

Going forward the project will focus on providing more workshops on Parenting Skills, Domestic Violence, Meditation, Yoga, Somatic Practices, Job Readiness, Public Speaking, Language Improvement, and other topics of interest to the community. Additionally, the project plans to incorporate the arts, such as playback theatre and art therapy, so women will have access to alternative mediums to share their stories.

Trauma Informed Holistic Health Care Delivery Model for Transition Age Youth (TAY) Implemented through the Niroga Institute this project provides holistic health services for TAY. The goals of the project are: to understand the impact and outcomes on the well-being of TAY who simultaneously receive mental and physical health interventions; to ascertain whether various skills based interventions promote positive health practices and healing; and to assess the impact of receiving services in a culturally appropriate setting from an agency that provides culturally-based services, has on the healing of traumatic issues.

Activity Update

This project provides holistic healing services TAY in Berkeley, and partners with YEAH for mental health services and supports. The partnering of these two organizations brings together the eastern practices of yoga and mindfulness that create stress management and emotional regulation in combination with the western modality of mental health treatment through narrative therapy, to pilot test this TAY holistic approach. Services are as follows:

Community Engagement: "Community Mind-Body (COMBO)" meetings for TAY are held at local youth serving organizations such as: Berkeley Youth Alternatives, BOSS, United for Health-Suitcase Clinic, Youth Spirit Artworks, Teen Center, Berkeley Food and Housing Project, Harmon Gardens, Fred Finch Youth Center, etc. Additional COMBO meetings are conducted at area community groups working with the TAY population (including Berkeley Mental Health, Berkeley Family, Youth, & Children's Services, YEAH, among others). The purposes of the meetings are to conduct mini-trainings on trauma informed "Transformative Life Skills" (TLS, a multi-modality intervention that teaches yoga, breathing techniques and meditation). Over the course of last year, 23 COMBO meetings were conducted at thirteen TAY serving organizations serving 332 individuals including 158 TAY, 89 staff from youth serving organizations, 36 teens, and 49 at-risk adults.

BREATHE Campaign: Twenty-four TAY participated in the development and creation of the "BREATHE Campaign". The BREATHE Campaign is a TLS-based Photovoice project, combining photography, grassroots social action, and participatory visual methods of digital storytelling to empower TAY to create a series of posters displaying captivating images of "peace amidst chaos". The BREATHE Campaign is designed to compel viewers to slow down, take a deep breath, and shift from the sympathetic (fight/flight) modality to the parasympathetic (centered/grounded) state, thereby aiding in emotional regulation and the development of self-mastery. BREATHE posters have been created and distributed to TAY-serving organizations, and in other locations throughout the City, especially in areas where TAY congregate. As reported by project staff the campaign created a safe environment enabling youth to talk candidly about their histories of stress and trauma, where participants commented that they learned practical skills to deal with stress. An event hosting an Art Show to display the photographic images youth created for the campaign was very empowering to the participants, eight of whom indicated a desire to continue their involvement with the program.

Community-Wide TLS: Two short video protocols, one focused on stress management ("Manage Your Stress – Anytime, Anywhere"), and the other focused on healing from trauma ("Healing Yoga for Trauma") were developed and made available on the internet via YouTube, and also as freely downloadable mobile applications. TAY will be able to follow along with these short personal practice protocols, and TAY-serving organizations can play these protocols onsite at specific times of the day for collective practice. The videos of TLS protocols for stress management and for healing from trauma are available on YouTube at http://www.niroga.org/media/video-healing_yoga and at the following: <http://youtu.be/QAa6H3QHFL8> (for Trauma) and <http://youtu.be/ANDMZb86C10> (for Stress).

These videos are also available through iApp. A total of 2005 views of Healing Yoga and 337 views of Yoga for Stress Management have occurred since they were developed.

TLS Community Capacity Building: To build community capacity of TLS, an all day retreat was conducted for a selected group of eleven TAY from area youth serving organizations, of whom learned the TLS protocol and will be prepared to serve as TLS Peer Educators and act as role models of self-mastery in their communities. TLS Peer Educators will provide a role on a Youth Advisory Board guiding future TLS trainings and campaigns.

Mental Health Supports: TAY staying at the YEAH! Shelter received weekly TLS Sessions conducted on site, twice a week. TAY participants also received free passes to go to the Niroga Institute (which is a block away) to attend classes 7 days a week. A total of 23 TAY participated in weekly TLS Sessions.

Across all project services, 214 unduplicated TAY were served during last year. Demographics on those served are as follows:

DEMOGRAPHICS N=214					
Gender	Number Served	Race/Ethnicity	Number Served	Age	Number Served
Female	37%	African American	17%	16-17	27%
Male	40%	Asian Pacific Islander	15%	18-19	16%
Unknown	23%	Caucasian	25%	20-21	23%
		Latino	10%	22-23	13%
		Bi-Racial	8%	24-25	7%
		Mexican/American	2%	Unknown	14%
		Native American	1%		
		Unknown	22%		

Outcomes: The success of the COMBO meetings began to build collaborative relationships with other Berkeley TAY serving organizations and agencies where regular TLS services will be regularly provided for youth. TAY who participated in the Breathe Campaign had high attendance and perfect retention rates. Strong bonds were formed among TAY participants and with Niroga as an organization. Project staff learned directly from youth about the stressors in their lives, and the resources and practices they have (or lack) to cope with stress in a healthy way. Discussions with youth changed the focus of the Breathe Campaign. The project originally began with the principal goal of producing breath-inspiring photographs, but by the third session it was clear that the needs of the youth warranted something different so a shift in focus was made from "Peace amidst Chaos", to "healing from trauma and stress through self-expression". Participants used the safe space they found within the project to discuss challenging experiences, and a staff social worker and a trauma sensitive yoga teacher were available to assist youth with their healing process. Of the 14 participants in the Breathe Campaign, 10 continue to have an active relationship with Niroga, 5 joined the institutes newly created Youth Advisory Board, two have applied to Niroga's year long Yoga Teacher Training Program, and two youth who found themselves in intolerable situations took positive actions over their lives and now live in much healthier environments.

The TLS video protocols on stress management and healing from trauma proved to be widely viewed, highly beneficial, and a viable and efficient mode of disseminating TLS practices and information. Based on the number of online views of the TLS video protocols there is clearly a need for healing from the effects of trauma.

The TLS Community Capacity Building training was positively rated by all 11 youth participants, 8 of whom expressed a desire to continue their education as TLS Peer Educators and 4 of whom affirmed a commitment to help spread mindfulness practices among local youth by joining the Youth Advisory Board.

Overall twenty- three youth participated in TLS sessions weekly at the YEAH site. In order to retain and increase TAY participation and influence the culture going forward, Niroga and Yeah staff will work together to implement on-site TLS trainings and trauma-informed care groups.

Senior 2 Senior Project

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

Activity Update

This project provides services for Senior Citizens (aged 50 and over). Weekly Support Groups are implemented that provide access to, education on, and supports around new iPad and computer technologies for Albany/Berkeley Senior Citizens. Services are structured as a 12 week series of weekly two hour Support Groups where 10 Senior Citizens are served at a time. Support Groups are held in a relaxed setting, promoting sharing, learning, and mutual respect among group members. Group structure allows for each participant to receive individualized attention, supports, and referrals as needed.

The first technology support group proved to be so successful that a weekly iPad Drop-In Class was also added in January 2013 at the request of program participants. This ongoing follow-up support group provides free access to personal senior volunteer tutors, ongoing personal email, and drop-in support for both technology and social services needs for all Support Group participants.

During last year, 29 women and 2 men attended the support group series, 28 of whom graduated from the project and received an iPad as a gift for completing the series. Additionally, 35 women and 5 men participated in the weekly iPad Drop-In Class. Demographics for each are outlined below:

Senior 2 Senior Technology Support Groups N=31					
Gender	Number Served	Race/Ethnicity	Number Served	Age	Number Served
Female	94%	African American	3%	55-60	3%
Male	6%	Asian Pacific Islander	10%	61-70	13%
		Caucasian	71%	71-80	39%
		Latino	10%	81-90	42%
		Other	6%	91-100	3%
iPad Drop-In Class N=40					
Gender	Number Served	Race/Ethnicity	Number Served	Age	Number Served
Female	88%	Asian Pacific Islander	37%	61-70	25%
Male	12%	Caucasian	58%	71-80	40%
		Latino	5%	81-90	17.5%
				91-100	2.5%
				Unknown	15%

Outcomes: Support Groups were adapted to the student's expressed needs on how to make them more successful and enjoyable, which in turn kept attendance and completion rate high. It was found that quite a few of the participants had no keyboard experience and that many had a variety of accessibility issues, including vision and hearing needs, and 2nd language limitations. While the iPad tablet has solutions to these dilemmas (dictation, speech selection, zoom/enlarge, international keyboards/screens, etc.) it was important to slow down the process, observe carefully, and not make assumptions about participants skills or needs while introducing these features to the user and supporting them to try out the tools that might be helpful.

By participant self-report, confidence and comfort all rose in the areas of using a computer; or a touch screen device; using computer related technology; searching the internet; and using email. Regarding a reduction in isolation and loneliness as a result of participating in the technology support groups, the following comments were made by program participants:

- "It was wonderful for me to come to the Senior Center and socialize";
- "I enjoyed the class because all of us did not know anything about the iPad, and was helping each other out, it made me feel very comfortable";
- "I got to meet new people with the same problems";
- "Opened another world of experience. People that know me are impressed";
- "Learning to find the town and state my family lived in, so many things to learn. I met a new friend";
- "I want to learn technology to keep my mind working. I want to be able to use a computer independently";
- "My son, he can't believe this. He says, hey mom, you really did it. He's really proud of me. I don't like depending on him all the time".
- "I want to publish my poetry".

Project staff noticed that encouraging each other in this new skill itself is helping to decrease the feelings of isolation in senior participants. Many exchanged email addresses, forwarded funny stories and photos and generally kept in touch for fun and practice. A few of the participants in the initial support groups even went on to be assistants to future groups to continue learning but also to encourage and support others. Some additional observations made by Support Group leaders were as follows:

- A participant, who due to health difficulties, rarely left her house and had no close family or friends, blossomed into a class leader. She was the first to send and respond to emails and to try out new things and encourage others to do so as well. She also mentioned that knowing the technology changed her life and greatly helped her blood pressure because it gave her more control over things she used to worry about such as banking, shopping, correspondence with doctors, etc.;
- Another participant went from looking tired and worried each time she came to the group to being happy and joyous. She has great-grandchildren across the country which the technology she learned assisted her in accessing photos and videos of them, and she now corresponds with old and new friends electronically.
- An additional participant who initially didn't get along well with the other group members mentioned that she liked the camaraderie and cooperation of the other participants.
- Another began sending and receiving photos and funny emails and sharing them with the group and stayed in contact with group members electronically.
- One went onto Face time to communicate with her distant relatives, and wrote the group an email about it.

Project participants were also referred to area resources and services as needed, many of which they were able to research themselves online.

Board & Care Nutrition Project

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

Activity Update

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

Nutrition Education and Cooking Instruction Class Component: Collaborating with "Three Squares", a local "Culinary Partner", enables the provision of Nutrition Education and Cooking Instruction classes on-site to interested participants in the target population. At each site, 2-hour nutrition classes are provided for a minimum of 6-8 weeks during which time a meal is prepared for the residents.

Walking and Exercise Program Component: SMU nursing students who are interested in serving as "Health Mentors" for the project lead walking groups, run exercise and activity groups, develop individualized nutrition and walking goals, and provide mentoring and reinforcement to program participants. The Walking and Exercise project component is conducted in 30 minute sessions each, over a six month period, and is conducted weekly at each site. Residents at both sites are encouraged to participate in this component of the project.

Additional services includes a partnership with Lifelong Medical Center to provide Physical Exams on each participant monitoring vital health signs at designated key points in the project including prior to participant involvement in each project component and at the end of services. All services, including culinary, diet and nutrition instruction take place onsite to ensure accessibility and cultural competence, by building on the existing relationship and comfort residents have with their respective housing sites. Yoga has also been implemented and plans are being made to incorporate on-site Tai Chi classes and a Chi Gung group. During last year, 27 clients (24 women and 3 men) were served through this project. Demographics on those served are as follows:

DEMOGRAPHICS N=27					
Gender	Number Served	Race/Ethnicity	Number Served	Age	Number Served
Female	89%	African American	70%	25-35	11%
Male	11%	Caucasian	30%	36-45	18%
				46-55	26%
				56-65	26%
				66-75	4%
				Unknown	15%

Outcomes: On project interviews, participants expressed that their health has improved as a result of participating in the project including making and achieving exercise and weight loss goals, feeling increased energy, and being more awake and self-aware. Eight participants experienced significant weight loss, ranging from 6-40 pounds; three quit smoking; four lowered their blood pressure; and one participant who needed to attain a healthier weight, gained twenty pounds. Board and Care staff reported in overall increase in resident's general attitudes and in baking rather than frying, making smoothies, preparing healthier breakfasts, adopting healthier shopping, meal choices, and eating habits, and increased physical activity. An additional benefit of having nutrition programs on-site is that it not only impacted project participants, but all Board and Care residents received exposure to, and knowledge on, how to prepare healthier meals and lead healthier lifestyles.

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

Activity Update

This project provides mental health services and supports to LGBTQI TAY, Adults and Older Adults at two to three collaborating partner sites in the Berkeley/Albany area.

Mental Health Services: Interns are trained and supervised to provide no-cost mental health services and supports to LGBTQI-identified individuals at area collaborating partner agency sites. Last year, two interns were trained and collaborations were formed with the following four partner sites: North Berkeley Senior Center; Jewish Family & Children's Services; Berkeley Adult School; and the Center for Independent Living. Services at collaborating sites began to be provided in October 2012. Over the course of the year, a total of 48 individuals ranging in age from 18-85 received mental health services and supports. Demographics on those served are as follows:

DEMOGRAPHICS N=48					
<i>Gender</i>	<i>Number Served</i>	<i>Race/Ethnicity</i>	<i>Number Served</i>	<i>Age</i>	<i>Number Served</i>
Female	52%	African American	10%	18-25	4%
Male	48%	Arab	2%	26-35	4%
		Asian Pacific Islander	17%	36-45	2%
		Caucasian	52%	46-55	4%
		Latino	13%	56-65	33%
		Multi-Racial	6%	66-75	40%
				76-85	13%

Cultural Competency Staff Training: Trainings on LGBTQI issues are provided at each collaborating partner site. The Trainings are conducted by Pacific Center's Director of Clinical Training, and can include other training staff. Over the past year, Training materials were

adapted to provide modules that can be used in a variety of settings, and four LGBTQI Cultural Competency Trainings were held for 98 staff at four partner sites.

Outcomes: Through this project LGBTQI appropriate services became more readily available to those in need at locations individuals were familiar with and already receiving other services. Client and care-provider reports showed improved treatment outcomes such as: staying in treatment, expressing willingness to return for services, and an overall better treatment experience for LGBTQI clients. Additionally, a total of 63 LGBTQI individuals (and the agencies serving them) received information on community LGBTQI resources and supports.

The Cultural Competency trainings created a collaborative two way learning exchange between the provider and the partner agencies. Through the trainings, 97 staff attendees reported increasing their knowledge of LGBTQI issues; and 85 staff attendees reported increasing their skills in serving the LGBTQI population.

FY 2012

EXHIBIT 3

INNOVATION BUDGET SUMMARY

County: City of Berkeley

Date: 7-Nov-13

Innovation Programs		MHSAs Funds Fiscal Years 11-12 Proposed Budget	Estimated MHSAs Funds by Service Category			
No.	Name					
Previously Approved Programs						
1.		\$144,410				
2.						
3.						
4.						
5.	Subtotal: Programs**	\$144,410	\$0	\$0	\$0	\$0
6.	Plus up to 15% County Administration	\$3,290				
7.	Plus up to 10% Operating Reserve					
8.	Reserve	\$147,700				
New Programs						
1.						
2.						
3.						
4.						
5.						
6.	Subtotal: Programs**					
7.	Plus up to 15% County Administration					
8.	Plus up to 10% Operating Reserve					
9.	Subtotal: New Programs/County Admin./Operating Reserve	\$0				
10.	Total MHSAs Funds	\$147,700				