Mental Health Services Act

City of Berkeley Mental Health

COMMUNITY SERVICES AND SUPPORTS PLAN

Three-Year Program and
Expenditure Plan Requirements

Fiscal Years 2005-06, 2006-07, 2007-08

Department of Health and Human Services
Mental Health Administration

November 23, 2005

Dear Stakeholder and Interested Community Member:

Last November, California voters passed Proposition 63, now known as the Mental Health Services Act (MHSA). The ballot initiative became effective on January 1, 2005 and imposes a 1% tax on personal income in excess of $1 million. MHSA funding is designed to "expand and transform" California's public mental health system and is expected to generate over $700 million annually statewide.

The City of Berkeley MHSA Community Services and Supports (CSS) Draft Plan is submitted today for public review and comment. A Public Hearing will be held in early January 2006**,** following a thirty-day comment period as prescribed by law.

In addition to introducing the CSS Plan, I'd like to highlight this exciting opportunity to build on Berkeley's existing programs and services and move toward the vision defined in the Mental Health Services Act: *to reduce disparities in access to public mental health services and to develop services that are culturally and linguistically competent, that emphasize partnership and collaboration and that reflect family and consumer needs and values. The vision includes a focus on wellness, recovery and resilience for adults with severe mental illnesses and children suffering from serious emotional disturbances.* This vision implies an ambitious set of goals and significant change in how public mental health services have historically been delivered.

The attached three-year expenditure plan represents the product of extensive planning in Berkeley and Albany for Community Services and Supports, the largest component of the Mental Health Services Act. In addition to funding CSS and Community Program Planning, the Mental Health Services Act identifies four other components eligible for state funding: Prevention and Early Intervention, Capital Facilities and Technology, Education and Training, and Service Innovation. The California Department of Mental Health (DMH) has not yet issued guidelines beyond the Community Services and Supports component.

Over a nine-month period, the Berkeley MHSA Steering Committee and Work Groups conducted **67 community meetings** and focus groups attended by over **six hundred people**. Written and web-based surveys were distributed in three languages and **345 survey responses** were received. Berkeley Mental Health commissioners, staff, consumers, family members and other stakeholders both managed and actively participated in the planning process. The planning process was conducted according to a set of guiding principles developed by the Steering Committee and reflecting the values and vision articulated in the MHSA.

Berkeley Mental Health, serving the communities of Berkeley and Albany since 1962, is one of two city-based mental health jurisdictions in California today. City mental health programs were first defined in California law in 1957 by the Short-Doyle Act and reaffirmed in 1991 with the passage of the Bronzan-McCorquodale Act, also known as "Realignment." The Mental Health Services Act amends several sections of the California Welfare and Institutions Code and **identifies city programs defined in Realignment as equivalent to county mental health programs under the MHSA.**

The attached City of Berkeley CSS Plan describes a budget of $1.1 million. This amount is derived from a State Department of Mental Health formula that was applied to county jurisdictions only. State DMH did not apply the county formula to Berkeley/Albany and thus has reserved only $250,000 for Berkeley's CSS Plan. The balance of funds, $860,000, has been reserved for Alameda County on behalf of Berkeley/Albany and is currently in dispute.

The Department of Mental Health has requested an integrated CSS Plan from Alameda County and the City of Berkeley. Alameda County has posted a CSS Plan that includes a $250,000 program developed by the Berkeley/Albany stakeholders. The City of Berkeley has included the same $250,000 as part of this draft $1.1 million plan to assist stakeholders in a comprehensive review of Berkeley's vision for its CSS programs.

Berkeley is firmly committed to the goal of an integrated countywide MHSA plan. An integrated plan, however, has yet to be achieved during this first planning phase. We look forward to developing criteria and procedures for an integrated plan in collaboration with the State and County in order to achieve this goal in the near future. A truly integrated plan will address the needs of the entire county with recognition of the assets, opportunities and unique qualities of all local communities.

I am very pleased to present this draft plan to the Berkeley and Albany communities and to other stakeholders. Mental Health system transformation began several years ago in Berkeley and we have already seen significant improvements in service delivery and system coordination. We now have an opportunity to enrich and continue this process and more fully realize the vision

of the Mental Health Services Act in Berkeley/Albany and throughout Alameda County.

I eagerly anticipate your review and critical comment on this draft plan. The planning process was exciting; it forged new partnerships that need to grow and it maintained a clear focus on public service. At the conclusion of the thirty-day review and public hearing, Berkeley will revise its plan and respond to all substantive comments received during the review period.

Thank you for your participation in this very important work.

Sincerely,

Harvey Tureck
Mental Health Director

EXHIBIT 1: Program and expenditure Plan Face Sheet

MENTAL HEALTH SERVICES ACT (MHSA)
THREE-YEAR PROGRAM and EXPENDITURE PLAN
COMMUNITY SERVICES AND SUPPORTS
Fiscal Years 2005-06, 2006-07, and 2007-08

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County Mental Health Director:

Printed Name
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Signature

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City of Berkeley Mental Health Division

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Section I: Planning Process

Local Planning Process

Planning Structure

The Berkeley/Albany planning process began before the Mental Health Services Act (MHSA) passed last November. After the election, staff, Mental Health Commissioners, consumers and other stakeholders began working in earnest. Those involved in planning committees were asked to attend statewide meetings and review regulations, data, guidelines, screening tools, survey results, proposals, and more. Most importantly, participants in the planning groups strove to uphold the guiding principles they had developed (see below) and the fundamental MHSA planning concepts that were emerging from statewide stakeholder input. We sought and listened to an incredible array of diverse voices. As one might expect from a planning process in Berkeley, there were challenges to the process, challenges to include more people and challenges to look at issues differently. We heard from those who felt excluded and damaged by the mental health system, those who sang praises about the help they had received, and many who knew very little about what the mental health system offers. This public feedback was combined with state planning requirements, data and lively debate to decide how best to spend the limited funds available. What follows is a fuller description of the planning process and the service recommendations being made.

The Berkeley/Albany MHSA planning process was organized into five work groups led by a Steering Committee:

Work Groups

- Children & Family
- Transitional Age Youth
- Adults
- Older Adults
- Consumers

Berkeley Mental Health was dedicated to full inclusion of consumers and family members in our planning process.

The age-based work groups included representation from consumers, family, community-based providers, and Berkeley mental health staff. Each of the work groups held community meetings to gather input related to their age group/interest area, and developed detailed proposal options. Members of work groups reviewed:

- ✓ Draft and final CSS requirements
- ✓ Prevalence data outlining ethnic, cultural, gender and age-based disparities
- ✓ Input from various meetings and surveys
- ✓ Community generated proposals

Each work group sent representatives to the Steering Committee to facilitate communication and coordination during the process.

The Consumer Work Group was comprised of consumer participants in the age based work groups, consumers who were members of the Steering Committee and consumers interested in being part of the process. As noted above they conducted community meetings, reviewed input from other meetings, promoted engagement of and participation by consumers in the broader planning process envisioned and created proposals and reviewed service proposals to determine if they met the test of being "consumer driven." Consumers were active participants throughout the process.

Steering Committee

The Steering Committee was comprised of representatives from:

- Consumers
- Family members
- Berkeley/Albany Mental Health Commission
- Community representatives
- Berkeley Mental Health Cultural Competency Work Group
- Service Employees International Union Local 535
- Berkeley Mental Health line staff
- Berkeley Mental Health Consumer Liaison
- Berkeley Mental Health management staff
- National Alliance for the Mentally Ill (NAMI)
- Mental Health Director
- Berkeley Housing Department
- MHSA Lead Planner
- MHSA Planning Assistant

The Steering Committee provided oversight and logistical support for the planning process. They also sponsored community meetings, targeted outreach, and other methods of gathering stakeholder community input. This information was shared with work groups to inform their process. After the age-based work groups developed service proposals, the Steering Committee was involved in prioritizing and revising proposals in accordance with budget restrictions.

Members of the pre-existing Berkeley Mental Health Cultural Competency Work Group joined the Steering Committee to assure broad cultural representation in planning. They were active in organizing outreach activities, community meetings and critiquing plan proposals

Planning Principles

One of the first tasks of the Steering Committee was the development of guiding principles for the Berkeley/Albany planning process.

Mental Health Services Act
City of Berkeley Guiding Principles

Mission Statement
"The MHSA Steering Committee will ensure an opportunity for community participation to identify unmet community mental health needs in order to complete and submit a proposal for MHSA funding to the State Department of Mental Health. The Steering Committee will ensure fidelity to the spirit and law of the MHSA through the use of qualitative and quantitative data and an inclusive community process."

1. The Steering Committee will support the values and goals of the MHSA.

2. Cultural competency will be embedded in all plans and processes with a special awareness of and attention to inclusiveness.

3. The process will have a focus on stigma reduction for all populations including specific ethnic groups.

4. All components of the proposal and subsequent funding allocations will reflect documented consumer, family and community needs and input.

5. Strategies will be informed by and in accordance with promising and innovative practices that are values driven and positive-outcome based.

6. Services to individuals and families will focus on strength-based interventions that promote hope, personal empowerment and responsibility, resiliency, recovery, wellness and independence and will reflect the values and principles of the Community Services and Supports programs (formerly Systems of Care).

7. Priority attention must be given to adults and older adults with serious mental illness, and children and youth with serious emotional disturbance with a recognition that a public mental health system should strive to care for all those with mental illness.

8. Priority will be given to proposals and programs that optimize access, coordination and integration of mental health services in Berkeley/Albany.

9. The Steering Committee will remain faithful to the stakeholder process and is aware of its roles and responsibilities as a fair decision-making team.

1.1 Briefly describe how your local public planning process included meaningful involvement of consumers and families as full partners from the inception of planning through implementation and evaluation of identified activities.

The Berkeley/Albany MHSA planning process was designed from its inception to involve a broad range of stakeholders. Consumer and family members were recruited from:

- Berkeley/Albany Mental Health Commission
- Family Support Groups
- NAMI of the East Bay
- Berkeley Drop-In Center
- Berkeley Mental Health Clinics
- Consumer-focused meetings
- Schools
- Faith-based outreach
- Culture-based outreach

Consumer and family members were involved in all aspects of planning including:

- Providing input into the process
- Serving as members of work groups and the Steering Committee
- Co-chairing work groups
- Organizing and leading community input processes
- Giving input on final plan proposals
- Participating in the public review process

Consumers and family members comprised 43% of the Steering Committee members

Specific outreach efforts were made to engage consumer and family members by holding meetings in places and at times that were convenient for each group. Please refer to Attachment A for a complete meeting list. Some community input sessions were structured specifically for consumers and family members. MHSA planning members went to NAMI meetings and to agencies where consumers often gather including:

- The Berkeley Drop In Center
- The Multi-Agency Service Center (primarily serving homeless individuals)
- The Women's Day Time Drop-In Center

- The Radical Mental Health Collective
- The Creative Living Center
- Shelter and drop-in programs for Transition Age Youth
- Senior centers and senior living programs.

By reaching out to various community-based programs the process was able to receive input from consumers who were not part of organized advocacy groups.

Of the 637 community members who participated in community meetings and outreach efforts, 286 were consumers and 61 identified themselves as family members

In addition to holding meetings, input was gathered with surveys. The survey form was available in English, Spanish and Chinese and was available on the Berkeley Mental Health web page. A special survey form was developed for consumer input. These surveys were used when doing street outreach to homeless individuals and were made available in the clinic lobbies and at consumer outreach activities. Survey forms were also made available to senior centers, senior and student housing projects and community events such as the Juneteenth Street Fair and the May is Mental Health Month event.

A variety of methods were used to encourage consumer and family participation in all aspects of the planning process. These included:

- Stipends for consumers, family and Mental Health Commissioners on limited incomes to participate in work groups, community meetings, the Steering Committee, trainings and other specified meetings
- Translation services
- Snacks and/or meals at all community meetings
- Incentives, such as food gift certificates, were used to promote participation in hard-to-reach or hard-to-engage populations such as transition aged youth, seniors and homeless individuals
- Transportation assistance was provided when necessary to ensure consumer participation at planning meetings and training events.
- Childcare was provided on request for community meetings

The Consumer Work Group was formed to maintain and ensure a consistent consumer driven voice throughout planning. Efforts were made to develop a similar group for family members. When initial recruitment efforts did not engage enough family members in the planning process, special meetings were held for family members to gather their input. There was active family involvement in the Alameda County planning process, and input gathered from family members was integrated with the Berkeley process. Family members from throughout Alameda County met separately as part of the Alameda planning process and developed a position paper that highlighted issues relevant to families. This input was also integrated into developing the Berkeley MHSA proposal.

Consumers and family members comprised 43% of the Steering Committee members; there were seven consumers and three family members on the twenty-three-member committee. Of the 65 total participants in the work group and Steering Committee planning process, 19 were consumers and 4 were family members. While there were challenges in recruitment, family members were most consistently involved with the Steering Committee during the process when decisions were being made regarding strategy development. .

1.1 In addition to consumers and family members, briefly describe how comprehensive and representative your public planning process was.

The Berkeley/Albany planning process worked to involve a broad range of stakeholders representing the diversity of the community. Efforts were made to promote engagement and full participation in the planning process of persons representing various ethnic communities and age groups. The existing Cultural Competency Work Group provided leadership on the Steering Committee and in working with diverse cultural communities to provide input into the planning process.

Planning Groups

Steering Committee and work group meetings were open to the public throughout the entire planning process. The public was encouraged to attend through an invitation available on the website, flyers sent to stakeholder groups and distributed at meetings and through other publicity avenues. All of the planning groups achieved some level of cultural diversity. When disparities were noted, special efforts were made to engage those communities. The Mental Health Program Supervisor coordinating MHSA planning efforts chaired the Steering Committee. Work Groups were co-chaired by mental health staff, consumers and MH Commissioners. Agendas and meeting minutes were available by request over the phone or through the website. Periodic planning updates were published on the website and emailed and/or sent via postal service to the MHSA mailing list, which was composed all planning committee participants, attendees of MHSA meetings, and anyone else who wished to be included on this list.

Community Input Opportunities

Significant emphasis was placed on reaching stakeholders who have not normally been a part of mental health planning efforts. To this end, a high priority was placed on going to meet the community “on their turf.” Two-thirds of the community meetings/input sessions held over a six-month period reflected this type of outreach effort. All of the meetings provided training on MHSA issues and were designed to receive honest input on community needs. This input was recorded during each meeting and transcribed into a master community issues/needs list. This list was categorized by meeting and input type. Results

were sent to the work groups to ensure that plans developed reflected the needs of the community.

Twenty-three (23) of the 67 meetings were public meetings sponsored by the Steering Committee or Work Groups. To ensure accessibility and inclusion, they were held in geographically strategic locations throughout the community and at various times including evening meetings. These meetings were varied in their scope and purpose, including:

- Targeted meetings to attract particular audiences:
  - Family members
  - Consumers
  - Line staff
- General meetings to attract a broad representation of community members
- General meetings that were age-group specific
- Specific issue-based meetings including:
  - Issues of unique concern to Asian communities
  - Issues of unique concern to Latino communities
  - Criminal justice issues
  - School-based issues

Forty-four (44) of the 67 meetings were outreach efforts where members of the Steering Committee or work groups went to existing community groups to hear their issues and gather input. These included outreach to:

- African American Faith Community
- Alcohol and drug programs
- Business associations
- Eight City of Berkeley Commissions:
  - Aging
  - Community Health
  - Disability
  - Homeless
  - Human Welfare
  - Parks & Recreation
  - Police Review
  - Youth
- Existing collaborative groups:
  - Youth
  - Homeless
  - Radical Mental Health
  - City of Berkeley System of Care Policy Council
- Housing and support programs for homeless individuals
- Latino Community
- Public Health

- Schools
- Senior Centers and housing projects
- Youth homeless shelters and residential programs

Surveys

Surveys were distributed to the public at local community events, housing projects, and via the website. The basic survey tool was translated into both Spanish and Chinese. Work Group members modified the basic survey to make it more relevant to the African American community, mental health consumers and seniors. Each of these modifications maintained the same basic structure but phrased questions in slightly different ways to be user-friendly and elicit a more thorough response. Some surveys provided more check-box choices and others asked open-ended questions. 345 survey responses were received through these outreach efforts. Survey responses were tabulated and the resulting information provided to the work groups and Steering Committee.

Encouraging Participation

As noted in the section above, a mixture of methods were used to promote community participation in the planning process. These included stipends, food, food gift certificates and arrangements for childcare, transportation and translation services. At each meeting the website address and contact numbers for MHSA planning staff were distributed. Individuals were invited to meetings and actively encouraged to provide input through the planning process.

1.2 Identify the person or persons in your city who had overall responsibility for the planning process. Please provide a brief summary of staff functions performed and the amount of time devoted to the planning process to date.

Planning Responsibility and Staff functions

Planning responsibility for the Berkeley/Albany MHSA planning process was shared between the Mental Health Director and a Mental Health Program Supervisor. The Mental Health Director initiated planning efforts in late September 2004 and continued to lead these efforts until a Program Supervisor was hired in April. At that time the Program Supervisor took over the lead-planning role and was supported by the Director.

Mental Health Commission members were actively involved in leadership roles throughout the process including serving as co-chairs of work groups and participating on the Alameda County Adult and Transition Age Youth Planning Panels. Below is a chart outlining staff functions and percentage of time spent in MHSA planning activities.

Title	*Function*	*Percent of time**
Mental Health Director	Chair meetings, oversee planning process, administration, participate in Alameda County Project Management team	20%
Quality Improvement Mental Health Program Supervisor	Chair meetings, oversee planning process, review community input, provide input to planning groups, provide training, outreach to community, agenda development, participate in writing of plan, participate in Alameda County Project Management Team and Stakeholder Group	85%
Clinical MHSA Planning Assistant	Provide staff support to Steering Committee and Work Groups, develop written materials including draft plan, gather data, outreach to community, develop and implement surveys, maintain website	100%
Management Analyst	Gather data, assist with budget development, technical support	10%
Mental Health Program Supervisors	Co-chair work groups, facilitate community input meetings, review data and community needs, write draft program proposals, attend Steering Committee meetings	15%
Mental Health Medical Director	Co-chaired the Older Adult Work Group. Participated in the Alameda County North County Older Adult planning sub-group.	5%
Team Leaders	Participated in Work Groups, attended specific planning sub-groups of the Alameda County Adult and Children's planning process	5%
Consumer Liaison	Chair Consumer Work Group, member of Steering Committee, facilitate consumer involvement, oversee stipend payments, write draft proposals. Participated in the Alameda County Wellness/Recovery work group and the Stakeholder group.	25%
Cultural Competence Coordinator	Oversee process, review proposals for adherence to cultural competence values, bring MHSA issues to the Cultural Competency Work Group	10%
MSW Intern	Arrange meetings, analyze community needs input, assist in writing of plan	20%
Line Staff Steering Committee members (2 positions)	Attend Steering Committee meetings, provide input, review proposals, communication with other line staff	10%
Line Staff Work Group Members	Attend Work Group meetings, arrange for community input meetings, review data, develop draft plans, provide input and share information with other staff	10-15%

*Percentages assume a 40-hour workweek and were adjusted for part time people

1.3 Briefly describe the training provided to ensure full participation of stakeholders and staff in the local planning process

The City of Berkeley utilized a wide variety training methods and resources to provide comprehensive training to multiple stakeholders during the planning process for the Mental Health Services Act.

Training began with a community meeting on December 6, which provided a comprehensive overview of the Mental Health Services Act and ways in which the community could become involved in the process. Training continued to be provided at all community meetings and outreach sessions. Noteworthy aspects of training efforts include:

- Public meetings provided opportunities for in-depth training on principles of the MHSA and the public mental health system.
- Specialized training was developed and presented by staff coordinating the MHSA planning efforts.
- Written training materials were available at all community meetings in both Spanish and English.
- Some Steering Committee and Work Group meeting sessions were devoted to training and updates on the state and county Community Supports and Services guidelines and process.
- Key stakeholders attended trainings provided by the State Department of Mental Health and the California Institute of Mental Health and then shared this training information with other planning participants.
- CIMH Webcast trainings were made available to committee members, staff and mental health commissioners.

All groups received training in the basic content and legislative intent of the MHSA. Training emphasized defining and interpreting the principles of system transformation, collaboration and partnership, coordination and integration, recovery concepts, cultural competence and outcome based service delivery. In larger community forums this education was expanded to include an orientation to the public mental health system and a review of services currently available.

Specialized trainings, such as how to conduct public hearings have been provided to members of the Mental Health Commission who are charged with holding the public hearing on the draft plan. Other specialized training efforts included:

- Consumer and family training: Special efforts were made to ensure that consumers and family members attended DMH and CIMH trainings. When program proposals were being reviewed, a separate time was made available prior to each Steering Committee to provide training to consumer and family members.

- Mental health staff training: On March 8, 2005, a two-hour All Staff Training was held for clinical, management and administrative staff on the MHSA and the planning process in Berkeley; training was also provided

on system transformation and collaboration within the mental health system of care and the larger community.

- Work Group Participants: All members of work groups were trained in conducting focus groups and data collection. Members were given a MHSA focus group 'script' to help guide discussion with stakeholders. These scripts were revised by some of the age-based work groups.
- All Planning Team members: A 3-hour session on CSS plan guidelines and plan development process was held for all those participating in the planning process. This training provided an opportunity for participants to walk through the state logic model and planning process in an experiential way.

Section II: Plan Review

2.1 Provide a description of the process to ensure that the draft plan was circulated to representatives of stakeholder interests and any interested party who requested it.

The Berkeley/Albany Community Services and Supports draft plan, and Executive Summary in English and Spanish, was posted to the City of Berkeley website on November 23, 2005 for public comment. The website had clear and explicit directions on how to submit written comment, and had a section for people to use who do not have email. Hard copies of the document were made available through the Mental Health Administration office, and through all library branches in Berkeley and Albany.

Over 180 stakeholders were personally contacted to review the CSS Plan

The CSS plan was distributed to the following stakeholders:

- ✓ Members of workgroups
- ✓ Mental Health Commission members
- ✓ City of Berkeley Mental Health Staff
- ✓ All community members who attended an information meeting, focus group or community forum and who also left an email address
- ✓ All community-based organization representatives who attended a an information meeting, focus group or community forum
- ✓ City of Berkeley commission secretaries who hosted a focus group for distribution to their commission
- ✓ Other community and civic groups in the City of Berkeley in the public health, mental health and/or social justice fields
- ✓ Individuals who expressed interest in the MHSA via feedback on our website or by phone

Over 180 individuals and organizations were sent announcements that the Berkeley/Albany CSS draft plan was posted, and those who were not accessible

via email were mailed packets with the Executive Summary and a letter requesting their feedback and presence at the public hearing.

A press release detailing the CSS plan and public comment opportunity was issued on December 21, 2005. The release also appeared on the City of Berkeley official internal website and was distributed to over 400 community members who receive automatic updates.

On December 27, 2005, an email was sent to all stakeholders, staff, workgroup members and leadership announcing the public hearing to take place on January 9th, 2006, and the information was posted to the website.

2.2 Provide documentation of the public hearing by the mental health board or commission

The public hearing took place on Monday, January 9, 2006 in the Berkeley City Council Chambers. It was sponsored and facilitated by the Berkeley/Albany Mental Health Commission (please refer to the attached agenda). Eight commissioners and two individuals whose membership to the commission is immanent attended the meeting, as well as 24 other individuals from the community. The event was televised live courtesy of Berkeley Community Media, and was rebroadcast once daily for the next four days.

2.3 Provide the summary and analysis of any substantive recommendations for revisions

Overall, the comments we received from the public were encouraging of both the plan development process and the plan itself. We continue to be aware that the mental health needs of the community far outweigh available resources. A former foster youth told us that he looks forward to how MHSA funds can be used in Berkeley to help transition age youth, and a self-identified consumer expressed support for the plan and hope for improved mental health services in the future.

There were several comments that relate directly to the plan's proposed services:

Comment: A local community leader who works with homeless transition age youth requested more funding for this community. She specifically mentioned the need for more clinical staff and a one-stop center for homeless transition age youth, citing the recent closure of the only daytime drop in services for youth in Berkeley.

> Response: At the time the CSS plan was being developed, there were more services for homeless transition age youth in Berkeley, and the day-time drop in center was still in operation. While the workgroup did not

know that these services would be lost they did discuss the concept of a one-stop center at some length. The current CSS proposal is envisioned as a step in this direction. Our plan is to start with increased clinical services and a peer mentor, with the goal of eventually building a one-stop center. Berkeley Mental Health is a participant in the city Homeless Youth Committee that brings together many community based agencies serving these youth

Comment: A school board member requested that schools be more explicitly included in each proposed program area of CSS, specifically in training and outreach efforts, and that schools can access all CSS program services easily.

Response: Berkeley Mental Health has a solid relationship with the Berkeley Unified school district, and outstations clinical interns at several schools in Berkeley to provide therapy and some case management services to youth. We are in the process of developing relationships with the Albany public schools as well. Several proposed CSS programs will support our relationships with local schools to provide mental health resources, such as the Multicultural Outreach Coordinator, the Children's Wraparound program, and the Transition Age Youth clinician. We look forward to future funding MHSA streams to enhance our efforts. Language to reflect this is included in the program description later in this proposal.

Comment: A local stakeholder with a benefits and legal advocacy organization requested funding for SSI/MediCal benefits counseling, citing other San Francisco Bay Area counties inclusion of this component in their proposed programs.

Response: While the stakeholder process recognized that this is a need in the community, it was not prioritized for funding. Berkeley Mental Health would like to find creative ways to seek support for this outside of MHSA funds.

Comment: A professional working in HIV/AIDS advocacy requested increased coordination between the medical, mental health and substance abuse systems, particularly for people with HIV/AIDS.

Response: Currently, Berkeley Mental Health actively participates in the City of Berkeley System of Care, which is comprised of local social services in mental health and substance abuse issues. Our Alcohol and Other Drugs Coordinator works in the community to enhance system integration. Berkeley Mental Health currently collaborates with one of the health clinics in the area and is exploring more ways to work with Public Health staff. While the stakeholder planning process did not prioritize this issue, we affirm the value

of system integration across physical health, mental health and substance abuse.

It should be noted that during a review of the Alameda County CSS plan, stakeholders from the Native American Health Center recommended "developing programs to serve Native Americans specifically as Native Americans refuse to accept a referral to county mental health programs under any circumstances." Berkeley Mental Health wants to be sensitive to the needs of this community, and the proposed Multicultural Outreach Coordinator will work with Alameda County Behavioral Health on ways to best serve Native Americans in Berkeley.

2.4 If there are any substantive changes to that plan circulated for public review and comment, please describe those changes

Based on public comment, the suggestion to specifically target schools in outreach efforts has been included in the Children's Full-Service Partnership program and the Community Outreach Program. Language was also added to reflect coordination with Alameda County regarding services to Native Americans.

Grammatical and other minor changes have been suggested by the team of writers and a member of the Steering Committee and were made to the Berkeley CSS plan.

Part II: PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

Section I: Identified Community Issues Related to Mental Illness and Resulting from Lack of Community Supports and Services

1.1 Please list the major community issues identified through your community planning process, by age group. Please indicate which community issues have been selected to be the focus of MHSSA services over the next three years by placing an asterisk (*) next to these issues. (Please identify all issues for every age group even if some issues are common to more than one group.)

The following charts are the community issues by age group that were generated in the public planning process. Issues marked by an asterisk (*) have been selected to be the focus of MHSA services over the next three years.

City of Berkeley Children/Youth Issues
• School Failure *
• Lack of ethnic staff/language ability *
• Out of home placement
• Insufficient services for individuals in the child welfare and juvenile justice systems
• Inadequate transitional services from therapeutic environment to mainstream school
• Inadequate school-based services
• Insufficient providers who are representative of the community
• System is confusing, lack of information about the system
• Too long to access services, can't get in for services
• Insufficient services that encourage an individual's feeling of cultural inclusion in the system
• Insufficient services that address self-esteem in youth
• Peer and Family problems
• Client choice not honored
• Homelessness, lack of affordable housing
• Insufficient services that address post-partum depression issues
• Insufficient focus on the family as unit of service
• Insufficient dual recovery services
• Involuntary care—institutionalization and incarceration
• Involvement in the child welfare and juvenile justice system
• Increased depression, low self esteem
• Out of home placement
• Inability to integrate physical disabilities into treatment
• Insufficient access to and coordination with the range of services that promote resiliency
• Insufficient staff training and orientation towards resilience and cultural competence
• Insufficient geographic access to services
• Insufficient numbers of care management, clinical and family/peer support staff
• Insufficient anti-stigma campaigns

City of Berkeley: Transition Age Youth
• Homelessness*
• Incarceration *
• Involuntary Care
• Insufficient services that address special needs of transitional age youth
• Poverty & victimization
• Problems with police/criminal justice system
• Substance abuse
• Insufficient focus on services to address sexual abuse and domestic violence
• Insufficient services that address “culture shock”, immigration and legal issues
• Lack of services
• System is not welcoming
• Peer and Family problems
• Insufficient services that encourage an individual’s feeling of cultural inclusion from the system
• Insufficient providers who are representative of the community
• Need alternatives to current crisis intervention model
• Frequent emergency medical care
• Barriers to work/Inability to work
• Inability to manage independence
• Isolation
• Insufficient employment opportunities
• Inadequate transition services from therapeutic environment to mainstream school
• Inadequate school-based services
• Insufficient programs that prevent/address poverty
• School Failure
• Depression/low self esteem
• Insufficient services that focus on learning disabilities
• Insufficient services that promote safety
• Insufficient services that address peer pressure/negative peer relationships
• Insufficient alternative/holistic services
• Insufficient language capabilities
• Insufficient services for people who haven’t been hospitalized
• Insufficient services that prevent individual’s feeling of cultural exclusion from the system
• Inability to integrate physical disabilities into treatment
• Insufficient access to and coordination with the range of services that promote resiliency
• Insufficient regional distribution of services
• Insufficient anti-stigma campaigns

City of Berkeley Adult Issues
• Homelessness*
• Inability to manage independence*
• Isolation
• Frequent hospitalizations
• Incarceration
• Involuntary care
• Consumer choice not honored
• Inability to work
• Insufficient immediate access to quality care
• Insufficient programs that prevent/address poverty
• Insufficient training to prevent police harassment and stereotyping
• Insufficient programs that address literacy
• Lack of information about the system—system is confusing/fragmented
• Substance Abuse
• Insufficient programs to manage stress, depression, anger and fear
• Insufficient services to address community violence
• Insufficient focus on the effects of trauma on the individual, family and community
• Poverty and victimization
• Insufficient integration of physical disabilities into treatment
• Trauma
• Depression/low self esteem
• Insufficient services that address complaints from the business community that homeless mentally ill are on the streets
• Services not welcoming
• Need alternative to mobile crisis
• Insufficient services and supports for families
• Insufficient lines of accountability to identify and resolve systemic problems with the system of care
• Insufficient access to and coordination with the range of services that promote wellness/recovery
• Insufficient numbers of care management, clinical and peer support staff
• Insufficient early intervention services
• Insufficient dual recovery services
• Insufficient anti-stigma campaigns
• Insufficient staff training and orientation towards wellness/recovery and cultural competence
• Insufficient opportunities for families to take an active part in designing services
• Insufficient opportunities for consumers to take an active part in designing and delivering services
• Insufficient access to insurance benefits
• Insufficient crisis services

City of Berkeley Older Adult Issues
• Homelessness*
• Isolation*
• Insufficient providers whose ethnicities reflect the community that is served
• Insufficient focus on the effects of trauma on the individual, family and community
• Frequent emergency medical care/lack of medical care
• Barriers to work/Inability to work
• Services not welcoming, hard to access, afraid to stay in waiting room at clinic
• Insufficient services that address depression
• Substance Abuse
• Depression, low self esteem
• Family problems
• Consumer choice not honored
• Insufficient anti-stigma campaigns regarding age
• Lack of services acknowledging special needs such as blind, deaf, medical problems, etc.
• Stigma associated with mental illness and with aging
• Insufficient bi-lingual capabilities
• Insufficient integration of physical disabilities into treatment
• Insufficient services that promote safety
• Insufficient transportation for homebound seniors
• Insufficient services that address loss and grief
• Inadequate attention on older adults coping with loosing physical ability
• Insufficient anti-stigma campaigns
• Insufficient access to and coordination with the range of services that promote wellness/recovery
• Insufficient staff training and orientation towards wellness/recovery and cultural competence
• Insufficient opportunities for families to take an active part in designing services
• Insufficient numbers of care management, clinical and peer support
• Insufficient dual recovery services

As part of the planning process, the Consumer workgroup also identified issues of importance, and a priority ranking was sent to all work groups to be integrated into the age-based work group priorities. Those issues were:

City of Berkeley Consumer Workgroup Issues
• Homelessness/Lack of Affordable Housing**
• Frequent Hospitalization
• Incarceration**
• Inability to Manage Independence**
• Immediate Access to Quality Care
• Barriers to work or meaningful daily activity/Inability to work
• Lack of peer support
• Lack of support for child care
• Discrimination against persons with mental health issues
• Children taken away by CPS/family ties severed to gain access to treatment
• Disparities in access to medication/too long to get medications
• Stigma/racism
• Crisis response often creates more problems
• Poverty & Victimization
• Need alternative ways to handle crisis situations

**Indicates issues that were prioritized by age-based workgroups

1.2 Please describe what factors or criteria led to the selection of the issues starred above to be the focus of MHSA services over the next three years. How were issues prioritized for selection? (If one issue was elected for more than one age group, describe the factors that led to including it in each.)

How Issues were identified

1. *Community Meetings*: The primary purpose of outreach to the community was to hear directly about the ways in which diverse stakeholders experience the impact of mental illness on the community. At each of the 67 community meetings, issues identified were recorded on flip charts and then transcribed onto a master list for analysis. Community input included both identification of issues and possible solutions to the issues raised. During most of the meetings, participants were asked to prioritize those issues and solutions they felt should be considered for implementation in the planning process, and were given three dot stickers to place next to issues they felt strongest about. This was done both to get a sense of priority from the community and to also convey that resources from the MHSA were limited and that difficult choices would need to be made.

The raw data from all community meetings generated a list of solutions and issues. An analysis shows:

- The total list of issues/solutions had over 1,500 entries, many of these are duplicate issues/solutions
- Of the 1500, 455 received a priority ranking
- The prioritized list was reduced to just issues, resulting in 312 entries
- The 312 entries were synthesized into 19 different categories and became part of the community issues listed in the previous section

2. *Surveys*: Input from all of the surveys received was entered into a spreadsheet and responses categorized. Input from the 345 surveys received also provided issues and solutions. The issues were ranked by how frequently they were mentioned and a similar analysis was given, resulting in inclusion into the general categories.

Each work group received a subset of the above data for review and synthesis broken out by age group. The data they received specifically showed the number of times that a particular issue had been raised. For example, of the 312 issue entries, 61 of them related to homelessness. These data were one of the factors considered by the work groups in their process.

The general issues list was sent to each of the aged based groups for consideration in their prioritization process.

Work groups had a variety of information to help them determine priority issues:

- Summary data from community meetings and surveys
- Prevalence data estimating the numbers of persons not served by the mental health system (defined as “unserved” by DMH planning guidelines)
- Homeless data from a plan recently developed jointly with Alameda County on homeless issues
- Their experience of hearing from stakeholders in the outreach groups they sponsored
- The experience of work group members

Initially each of the work groups identified 2-6 priority issues. As they worked through the process of identifying strategies and program models, priority issues were reexamined. While certain strategies could affect a number of the priority issues, it was decided to narrow the issues chosen so that we could see if certain key issues were really improved by the programs that would be put into place.

<u>Children and Family Work Group</u>

Priority Issues: *School failure, Lack of ethnic staff/language capability*

The Children and Family Work Group set up community meetings that focused on family input. One of these meetings was at an African American church and another at a Latino childcare center. In addition they met with community programs that provide social and recreational programs for youth and families, with the Berkeley Youth Collaborative, with provider agencies and with school district personnel and parents. Many of the staff on the workgroup had experience providing services at school sites and were able to recruit members from the educational community to be part of the work group.

The issue most consistently raised during the community planning process for Children and Family workgroup was the need for more services in the schools. Several statements were made indicating that many children were not getting the services they needed. Others were receiving services but these services were not well coordinated. Some felt this lack of service was related to cultural and language barriers, others noted that not having insurance coverage was a barrier for children receiving services. As the work group reviewed the various other issues of concern they determined that many of the issues such as peer and family problems, incarceration, depression, etc. were manifested as school failure and could be best treated by providing services in schools.

The other issue frequently mentioned was the need for more bi-lingual and bi-cultural staff. In the Latino and African American community meetings, family members wanted more services for their children in hope of avoiding more serious problems, as they got older. Most indicated that they were unaware of what services were available and felt the mental health system could do a better job of marketing. Members of the Latino and Asian communities explained that individuals are hesitant to access services labeled as “mental health” services. A better way to engage the community would be through education and skill based sessions. The work group felt that in order to begin addressing cultural concerns it was important to hire more bi-lingual and bi-cultural staff.

Transitional Age Youth Work Group

Priority Issues: *Homelessness, Incarceration*

The transitional age youth work group initially spent most of its time going into the community to hear from youth about their needs and issues. Through these meetings, consistent themes began to emerge. It was clear that the youth had experienced a great deal of trauma and confusion in their lives. They expressed both a need for connection and for independence. Many of the young adults who provided input into the planning process were homeless or had recently been homeless. Homelessness was an issue identified by the youth and the community as the most significant issue for this age population.

From research findings and our own interactions with the youth, the root causes of homelessness include:

- Childhood abuse and neglect, violence in the home
- Discrimination related to racism/sexism/homophobia
- Low socio-economic status/poverty
- Little access to community resources
- Little connection to a school community and poorly functioning schools
- High incidence of learning difficulties
- Decline in the safety net system
- Incorrect diagnosis or undiagnosed mental illness
- Early introduction to drugs and gangs

Based on information collected by the winter shelter for youth in Berkeley, these root causes result in a higher prevalence of mental illness in the TAY homeless population. Of the 231 youth served by that program, 36% indicated that they had been hospitalized or treated for a mental disorder, 8% indicated that they had tried to commit suicide in the last 6 months, and 75% indicated that they currently use drugs or alcohol. Due to their chaotic life circumstances, many are not able to access psychiatric help and often end up in jails, emergency rooms, and psychiatric hospitals.

Four separate outreach groups were held at the Berkeley Adult School. While the school serves adults of all ages, they had particular concerns regarding young adults, many of whom are immigrating to the area from other countries and have to overcome a variety of language and cultural adjustment issues. The situations faced by these young people can lead to psychiatric problems, and in some cases, put them at serious risk for suicide. Many of them had no idea how to access mental health services.

Once the work group had conducted outreach and reviewed the available data, two meetings were held with line staff providing services to TAY, community providers and with transitional age youth consumers from various programs, including the Youth Emergency Assistance Hostel and the Berkeley Adult School. This joint group prioritized the issues of homelessness, incarceration, problems with police and a lack of access to services. They also told us what services they felt would work best for transitional age youth. The youth wanted one place to access all necessary services. This idea matched what the group heard during the input process as a number one need. Mentoring and peer support services were also frequently mentioned as effective tools for working with transitional age youth.

<u>Adult Work Group</u>

Priority Issues: *Homelessness, Inability to manage independence*

The adult work group held a series of community meetings inviting a diverse representation of community providers including consumers and family members, line staff, law enforcement, homeless service providers, substance abuse providers, probation staff, University personnel and public health staff. During input sessions, the group used the state defined issues to guide their discussions.

Not surprisingly in a city that has 40% of the county's HUD defined chronically homeless population, the most frequently mentioned issues related to homelessness. Another frequently raised issue was about the overall lack of mental health services. Many people did not know what services were available and some who had tried to get services gave up for various reasons. A number of providers expressed frustration in trying to access to mental health services for their clients. It was very clear from the data and the comments of a number of individuals from the Asian and Latino communities who significant numbers of people were not accessing services.

The Adult group met jointly with the Consumer Work Group to develop priorities for the adult population. Both groups agreed that homelessness was a significant priority. The consumer group had heard a number of concerns about various aspects of involuntary care: hospitalization, incarceration and police involvement with the 5150 process. As the process progressed, both the Adult and Consumer group felt it was critical to focus MHSA funds on promoting wellness and recovery in the Berkeley Mental Health system.

The Adult group reviewed the success of the homeless outreach (AB 2034) program currently operating in Berkeley. In reviewing program outcomes they noted that there was limited success in getting people into jobs. The workgroup felt that focusing on employment was important in achieving the values of wellness/recovery, specifically as a function of the ability to manage independence.

The Consumer Work group wanted to see the system become more consumer-driven. One of the ways that this could be achieved is to involve consumers at all levels of the organization.

Older Adult Work Group

Priority Issues: *Homelessness, Isolation*

The Older Adult Work Group worked closely with the Alameda County North County Older Adult Subgroup. Members of the Berkeley work group attended Alameda County meetings; likewise, members of the Alameda County group came to meetings of the Berkeley group.

The Berkeley Older Adult Work group visited senior centers and senior housing projects to survey seniors on their needs. Special input sessions were held and survey distributed in five senior housing sites. Once again, homelessness was the most frequently raised issue. Workgroup members observed that homelessness affects older adult in unique ways:

- Many seniors interviewed had experienced homelessness and mental illness late in their lives; several did not know where to turn for services
- Physical health problems were complicated by homelessness; the group heard about individuals who had physical health problems that went undiagnosed for many years because physicians felt the issues were related to their mental illness.
- Many complained that they did not feel safe in many of the shelters that served adults and some had been victimized in these shelters
- Staff and participants in four of the senior centers in the Berkeley/Albany area complained that homeless people came into their centers and acted in ways that seemed to indicate that they needed mental health services. Staff were often unsure how to handle this and some complained that the same people reappeared regularly

Another serious issue the work group discussed was the insufficient services for homebound seniors. "Meals on wheels" drivers encountered people they felt needed to be assessed by mental health professionals but they either did not know how to access the system or had negative experiences doing so. Individuals in senior housing projects said that some residents acted as if they needed psychiatric help but were isolating themselves and refused to accept help.

Given the impact of what they heard through the survey and outreach process, the group settled upon the issues of homeless and isolation as the most significant issues that impact the community and those suffering from psychiatric disabilities.

1.3 Please describe the specific racial ethnic and gender disparities within the selected community issues for each age group, such as access disparities, disproportionate representation in the homeless population and in county juvenile or criminal justice systems, foster care disparities, access disparities on American Indian rancherias or reservations, school achievement drop out rates and other significant issues.

School failure, homelessness, incarceration, isolation, and inability to manage independence were selected as priority community issues within the purpose and intent of the Mental Health Services Act. While detailed data on utilization rates and disparities will be highlighted in Section II, racial, ethnic and gender

disparities within these prioritized community issues exist and have informed our planning and decision-making process to produce program proposals that fit with identified needs. Please refer to the Alameda County MHSA plan for a fuller discussion of disparities within the criminal justice system, as these services are countywide.

School Failure

As mentioned earlier, the Children's workgroup and larger community identified that *school failure* is a major issue as the result of unmet mental health needs, and furthermore that families of color are disproportionately affected by this due to language and cultural barriers in the schools. Immigrant parents and parents who do not speak English have even more barriers to access. Currently, Berkeley Mental Health provides in-school services at three elementary schools, one junior high, and one high school.

Homelessness[1]

Almost every workgroup identified homelessness as an urgent community issue resulting from lack of mental health services. Despite having only 10% of the county population, 60% of Alameda County single homeless adults reside and receive services in Berkeley, and 40% of Alameda County's *chronically* homeless adults reside and receive services in Berkeley – a rate of chronic homelessness far exceeding most urban areas in America. Within the Berkeley chronic homeless group, 86% are males, and within a group called "community homeless" defined as including "persons whose living situation is transient or precarious and those who lack a place of their own or for whom homelessness may be imminent," 58% are female. While 47% of homeless services users are African-American and 42% are white, from anecdotal evidence we know that Asian/Pacific Islanders, Latinos, and other ethnic groups may experience "community homelessness" at significant rates and therefore experience cultural or linguistic barriers to mental health service; 19% of the community homeless speak both English and at least one other language which may indicate different saturation rates within homeless subgroups.

Incarceration

Transition-age youth we connected with reported that they experience harassment from police and subsequent fear of incarceration; many told us that they have been incarcerated and that this has negatively affected their mental health. Nationally, we know that while youth of color represent only 32% of the population, they make up to 68% of the juvenile justice population and are over-represented in the adult jail system at a rate of 2.5 times that of white youth.[2]

Inability to manage independence

[1] Statistics courtesy of "Alameda Countywide Shelter and Services Report – Berkeley Report", May 2004.
[2] National Mental Health Association, "Mental Health and Youth of Color in the Juvenile Justice System," 2005

The ability to manage independence is a fundamental component of wellness and recovery, and relates to most other important issues such as incarceration, involuntary care, and isolation. Anecdotal evidence gathered from the community shows that people with ethnic, cultural and language barriers can have a very difficult time managing independence because societal structures such as employment, benefits, and access to services is weighted unfavorably against them. To compensate for this, family and culture of origin support is essential in fostering the ability to be *interdependent*, that is, to connect with and utilize natural helping systems.

Isolation

Ethnic, cultural and gender variances and disparities no doubt exist within the issue of isolation. Again, anecdotal evidence tells us that people with language and cultural barriers from the mainstream system can experience added isolation. For example, we heard from many people that there are those in their communities who need mental health services and do not seek them out because there are not people who will speak their language or provide treatment that will reflect the values of their culture. In addition, there may be stigmas against mental illness within an individual's culture that prevent accessing services.

1.4 If you selected any community issues that are not identified in the "Direction" section of the CSS Planning requirements, please describe why these issues are more significant for your city/community and how the issues are consistent with the purpose and intent of the MHSA>

One issue was prioritized by the Berkeley/Albany planning process that was not included in the list of issues provided by the Department of Mental Health. That issue is: Lack of ethnic staff/language capacity.

Berkeley Mental Health has prioritized this issue because of the sheer volume of times it was mentioned by the community. The Children and Family workgroup prioritized it because in order to provide services to various ethnic populations, the system needs to better understand how to culturally and linguistically engage diverse populations. While this issue was not listed in the DMH guidelines, it is in alignment with the core element of developing a culturally competent system. A further reason this issue was chosen was that prevalence data indicates an overrepresentation of African Americans in the mental health system. This led to discussion of inappropriate or culturally uninformed services for African Americans and the need to better understand this issue. Barriers to appropriate services are different for Asian/Pacific Islanders, Latinos, African Americans and other ethnic and cultural groups.

Section II: Analyzing Mental Health Needs in the Community

2.1 Using the information from population data for the county/city and any available estimates of unserved populations, provide a narrative analysis of the unserved populations in your county by age group. Specific attention should be paid to racial ethnic disparities.

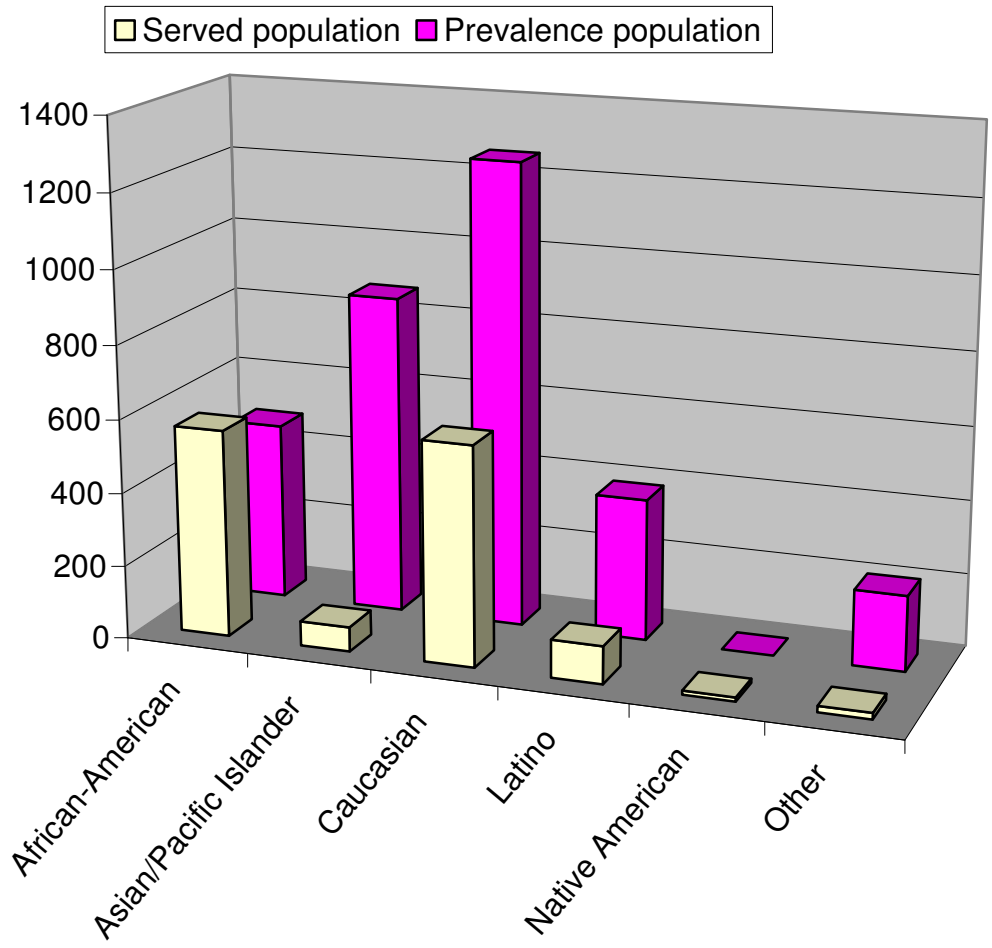
The following chart shows the estimated prevalence of people in the community with a mental illness compared with those who receive services to treat the mental illness. The numbers reflect people who live in Berkeley/Albany and receive services either from the Berkeley or Alameda County mental health systems. According to the State Department of Mental Health, the prevalence rate for persons who are at or below 200% of the poverty level is 8.69%. This number does not include incarcerated or homeless persons and may greatly underestimate the actual need for services.

It is clear that across all ages, Asians and Latinos are the most unserved ethnic populations in Berkeley/Albany, with utilization rates of only 7% and 27% respectively. African-Americans are over-represented in the system at 117% utilization of projected need.

Summary of Estimated SED/SMI Prevalence Population by Age and Ethnicity		**Summary of clients served as percentage of estimated SMI/SED Prevalence Population by Age and Ethnicity**		
Berkeley/Albany		Berkeley/Albany		
Summary – all ages	Berkeley/Albany	**Summary - all ages**	# of Clients	Served as % of Prevalence Population
African American	485	African American	566	117%
Asian/PI	870	Asian/PI	67	7%
Caucasian	1,260	Caucasian	597	47%
Latino	386	Latino	103	27%
Native American	0*	Native American	11	`
Other	206	Other	17	8%
Total:	3207	Total:	1361	42%

* The “0” reflects statistical issues regarding the small size of the Berkeley/Albany population; a more accurate understanding of need can be found in countywide data for Native Americans.

Viewing the data by age group, 91% of transition-age youth are unserved. Only 1% of Asian/Pacific Islander, 7% of Caucasian and 11% of Latino transitional age youth receive services for a serious mental illness/severe emotional disturbance. Adults ages 60 and over have a utilization rate of only 29% across with only 9% of Latinos, 12% of Asian/Pacific Islanders, and 19% of African-Americans receiving mental health services. Viewing the data another way, one can clearly see the differences between individuals who fit the prevalence definition and the number actually served:



Additionally, it is helpful to view information by age group as well:

Summary of Estimated SED/SMI Prevalence Population by Age and Ethnicity			**Summary of clients served as percentage of estimated SMI/SED Prevalence Population by Age and Ethnicity**		
Berkeley/Albany			Berkeley/Albany		
Children and Youth			**Children and Youth**		
Summary ages 0-17	Berkeley/Albany		Summary age 0-17	# of Clients	Served as % of Prevalence Population
African American	133		African American	183	137%
Asian/PI	57		Asian/PI	17	30%
Caucasian	81		Caucasian	75	92%
Latino	89		Latino	42	47%
Native American	0		Native American	3	`
Other	25		Other	5	20%
Total:	385		Total:	325	84%

Transitional-Age Youth Summary age 16-24	Berkeley/Albany
African American	82
Asian/PI	617
Caucasian	596
Latino	157
Native American	0
Other	103
Total:	1,555

Transitional-Age Youth Summary age 16-24	# of Clients	Served as % of Prevalence Population
African American	61	75%
Asian/PI	9	1%
Caucasian	41	7%
Latino	18	11%
Native American	5	`
Other	2	2%
Total:	136	9%

Adults Summary age 18 - 59	Berkeley/Albany
African American	273
Asian/PI	779
Caucasian	1,074
Latino	286
Native American	0
Other	175
Total:	2,587

Adults Summary age 18 - 59	# of Clients	Served as % of Prevalence Population
African American	368	135%
Asian/PI	46	6%
Caucasian	478	45%
Latino	60	21%
Native American	7	`
Other	12	7%
Total:	971	38%

Older Adults Summary age 60+	Berkeley/Albany
African American	79
Asian/PI	34
Caucasian	105
Latino	11
Native American	0
Other	6
Total:	235

Older Adults Summary age 60+	# of Clients	Served as % of Prevalence Population
African American	15	19%
Asian/PI	4	12%
Caucasian	44	42%
Latino	1	9%
Native American	1	`
Other	4	69%
Total:	69	29%

As a final note, in carefully reviewing the data we were surprised by the high number of Caucasian and Asian Transition Age youth and felt this may be due to the student population at the University of California at Berkeley (UC Berkeley) Data from the university shows that 2004, Caucasians and Asian/Pacific Islanders comprise 35% and 34% of the UC Berkeley student population (n = 32,814) respectively. Most university students fall within 200% of poverty as evidenced by the fact that 49% of all undergraduates receive some sort of financial aid. (Source: UC Berkeley, Office of Student Research, 2005) Students typically seek health and mental health services through the University-sponsored clinic on campus. We believe the student population may distort the 18-24 year old prevalence estimates within ethnic groups. Despite this fact, it is clear that there are currently access barriers for this age group.

2.2 Using the format below, indicate the estimated total number of persons needing MHSA mental health services who are already receiving services, including those currently fully served and those underserved/inappropriately served, by age group, race ethnicity, and gender. Also provide the Total County and poverty population by age group and race ethnicity.

Berkeley Mental Health and the County system often share in providing services to an individual; therefore, it is difficult to project exactly the number of underserved people there are within the confines of the Berkeley system itself. The following chart reflects countywide information that is inclusive of Berkeley, and defines "fully-served" by participation in either wraparound services or the AB2034 program.

CHILDREN AND YOUTH	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	165	129	3,774	2,804	6,872		102,559		344,359	
African American	127	90	1,863	1,320	3,400	49%	28,764	28%	55,827	16%
Asian/ Pacific Islander	1	3	229	219	452	7%	18,552	18%	70,503	20%
Latino	8	10	692	528	1,238	18%	36,689	36%	89,103	26%
Native American	0	1	40	20	61	1%	518	1%	595	0%
White	26	24	727	552	1,329	19%	12,001	12%	104,094	30%
Other	0	0	57	44	101	1%	6,035	6%	24,237	7%
Unknown	3	1	166	121	291	4%				

TRANSITION AGE YOUTH	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	38	48	967	964	2,017		60,982		163,258	
African American	25	32	403	371	831	41%	11,026	18%	23,976	15%
Asian/ Pacific Islander	0	1	102	94	197	10%	15,035	25%	36,617	22%
Latino	0	7	153	192	352	17%	16,837	28%	43,136	26%
Native American	0	1	7	8	16	1%	306	1%	674	0%
White	10	6	246	251	513	25%	14,046	23%	49,812	31%
Other	1	0	19	16	36	2%	3,732	6%	9,043	5%
Unknown	2	1	37	32	72	4%				

ADULTS	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	148	111	4,303	6,473	102,559		238,151		344,359	
African American	68	55	1,449	2,325	3,897	35%	51,275	22%	146,497	14%
Asian/ Pacific Islander	1	2	623	993	1,619	15%	50,814	21%	224,672	21%
Latino	7	5	434	720	1,166	11%	57,246	24%	178,063	17%
Native American	0	0	29	54	83	1%	1,330	1%	4,209	0%
White	68	47	1,475	1,828	3,418	31%	66,150	28%	469,053	44%
Other	2	2	74	130	208	2%	11,336	5%	39,873	4%
Unknown	2	0	219	423	644	6%				

OLDER ADULTS	Fully Served		Underserved/ Inappropriately Served		Total Served		County Poverty Population		County Population	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	20	33	321	614	988		46,030		179,024	
African American	7	13	62	137	219	22%	10,829	24%	27,069	15%
Asian/ Pacific Islander	2	0	71	134	207	21%	10,125	22%	25,888	14%
Latino	0	2	33	52	87	9%	4,873	11%	17,281	10%
Native American	0	0	1	5	6	1%	251	1%	411	0%
White	11	17	115	210	353	36%	18,594	40%	104,062	58%
Other	0	1	3	12	16	2%	1,359	3%	4,315	2%
Unknown	0	0	36	64	100	10%				

The Berkeley/Albany Steering Committee discussed other ways of understanding who is "fully served" and who is "under-served;" specifically, they wanted to hear from consumers themselves. A survey was conducted by consumers with a sample of Berkeley/Albany clients receiving services in the Berkeley clinics. A second survey was conducted with clinical staff. Interestingly, a majority of consumers felt they were fully served while staff felt that a majority, if not all, of their clients were under-served. We wondered if staff and clients truly understood the definition of "wellness/recovery goals." Because of this and other issues regarding how data was organized, it was decided to use a more objective definition of "fully served": individuals who receive AB 2034 or wraparound services. Since some Berkeley/Albany residents receive services in the Alameda County system and Alameda County residents living outside of Berkeley/Albany receive services through the Berkeley system, it was decided to view this data from a countywide perspective. The challenge of defining "underserved" will be an ongoing discussion for the Berkeley/Albany implementation process.

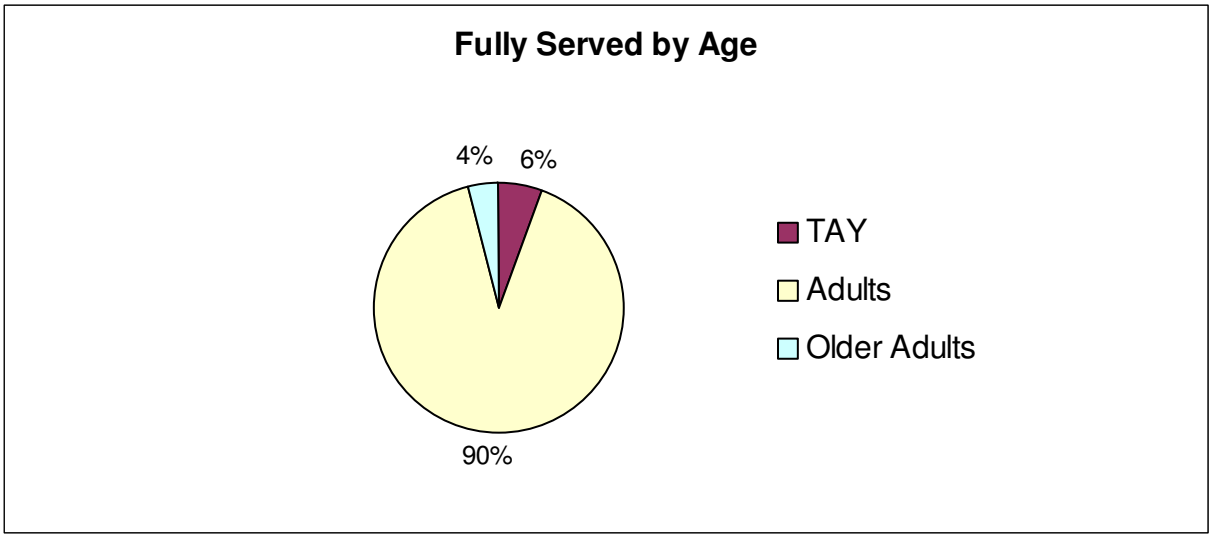
2.3 Provide a narrative discussion/analysis of the ethnic disparities in the fully served, underserved and inappropriately served populations in your county by age group as identified in Chart A. Include any available information about their age and situational characteristics as well as race ethnicity, gender, primary language, sexual orientation, and special needs.

A thorough analysis of ethnic disparities in fully served, underserved and inappropriately served people was completed by Alameda County using the data chart above. As mentioned earlier, Berkeley Mental Health and the County system often share in providing services to an individual; therefore, it is difficult to project exactly the number of underserved people there are within the confines of the Berkeley system itself. That said, similar disparities occur in Berkeley as in the larger county as a whole. From Alameda County data, highlights of these disparities include:

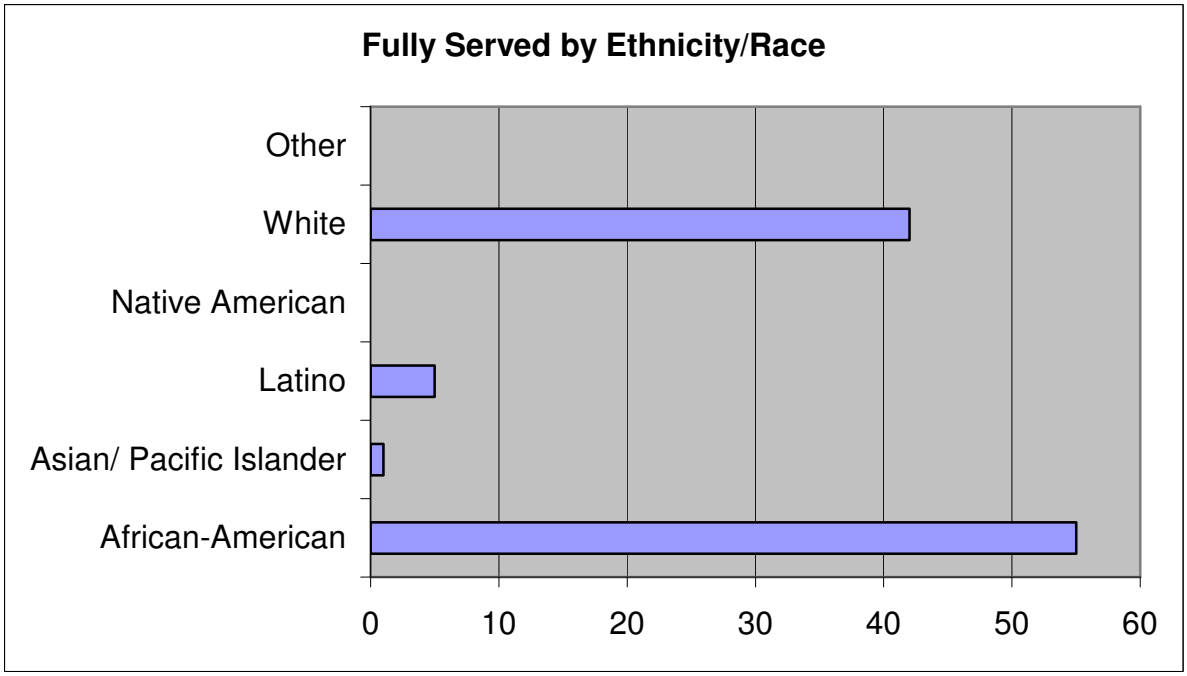
- From March 2004 to April 2005, 357 children ages 0-5 were removed from the home and placed in foster care; 138 were African-American.
- African-Americans attending state-funded pre-kindergarten were about twice as likely to be expelled as Latino and Caucasian children.
- Many Asian/Pacific Islanders experience severe trauma before emigrating to the United States or during the process of fleeing from their homes.
- African-American youth represented only 17% of the population of Alameda County in 2003, they represented 46% of all referrals to the juvenile justice system during that same time.
- Fifteen percent (15%) of the County's poverty population are transition age youth.
- Caucasian and African-American transition age youth are served at nearly four times the rate of Asian/Pacific Islanders and three times the rate of Latinos.
- A larger percentage of transition age youth and adult males are served than females
- Caucasian and African-American adults are served at nearly four times the rate of Asian/Pacific Islanders and three times the rate of Latinos.
- 26% of adults with a serious mental illness who were incarcerated in 2004 were also psychiatrically hospitalized at least once between January 2003 and July 2005.
- There are over 7600 In Home Supportive Services clients age 65 and over in Alameda County; over 75% are non-white and 41% are non-English speaking.

Currently, 105 individuals have been identified as being fully served by Berkeley Mental Health as defined by their participation in either wraparound services or the AB2034 program. Despite these small numbers, it is clear that BMH vastly

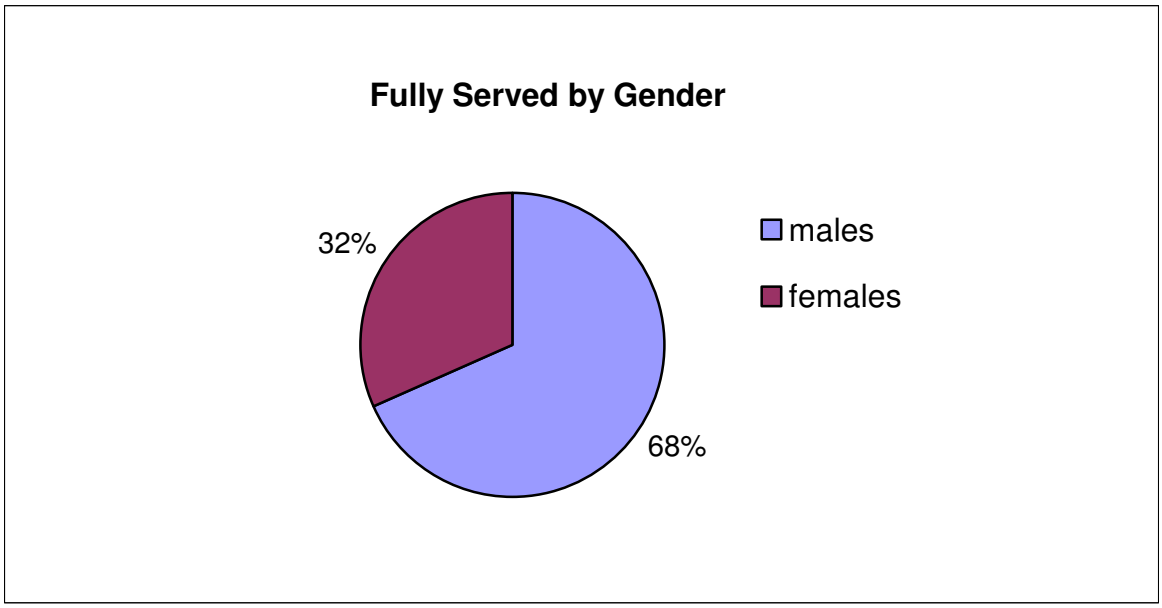
underserves children, transitional age youth, and older adults, as well as Asian/Pacific Islanders and Latinos. While adults comprise 90% of those fully served, transition age youth and older adults comprise less than 10% together. Currently, Berkeley Mental Health does not have a wraparound services program, therefore the number of children fully served is only included in countywide data.



It is clear from the chart below that Whites and African-Americans are served in much higher numbers than other ethnic/racial groups.



Males access full-service partnership services at twice the rate as females.



2.4 Identify objectives related to the need for, and the provision of, culturally and linguistically competent services based on the population assessment, the county's threshold languages and the disparities or discrepancies in access and service delivery that will be addressed in this Plan.

The City of Berkeley has identified three objectives that relate to the need for, and provision of, culturally and linguistically relevant services to further the goals of the MHSA and system transformation:

- We want to improve access to mental health services for persons from various ethnic communities. MHSA funds will be used to hire a Multicultural Outreach Coordinator who will facilitate outreach and engagement efforts, specifically in Latino and Asian communities.
- We want to learn more about the issue of inappropriately served African Americans. The Multicultural Outreach Coordinator (MOC) will work with the existing Cultural Competency Work Group and community members involved in MHSA planning to begin to address this issue. Since this is a statewide/nationwide issue the MOC will also raise the issue in statewide forums.
- Because the City of Berkeley does not have adequate cultural or linguistic capacity to meet the needs of the community, we want to increase the number of bi-lingual and bi-cultural staff working within the mental health system. This would affect MHSA funded positions and existing staff vacancies.

Section III: Identifying Initial Populations for Full Service Partnerships

3.1 From your analysis of community issues and mental health needs in the community, identify which initial populations will be fully served in the first three years. Please describe each population in terms of age and the situational characteristics described above (e.g., youth in the juvenile justice system, transition-age youth exiting foster care, homeless adults, older adults at risk of institutionalization, etc.). If all age groups are not included in the Full Service Partnerships during the three-year plan period, please provide an explanation specifying why this was not feasible and describe the county's plan to address those age groups in the subsequent plans.

All age groups are included in the full service partnership program proposals.

Children:
Wrap around services are provided by Alameda County for dependent children with full scope Medi-cal including children living in Berkeley and Albany. During the planning process advocates from the Berkeley and Albany school system spoke about the number of children who "fall through the cracks" and cannot access mental health services. Some of these children are eventually found to be eligible for 3632 services but their condition worsens while waiting for this determination to be made. Others do not have access to insurance that would pay for treatment. Many of these children come from families who are not native to the United States and do not fully understand the system or services available. The Berkeley wrap-around services will target children with serious emotional disturbance who are uninsured and under-insured, particularly those from ethnic communities.

Transition Age Youth/Adults/Older Adults:

These three age groups will be served by the expansion of Berkeley's current AB 2034 services. There are not adequate funds to develop targeted programs for these populations, instead targeted services will be developed to reach individuals with serious mental illness that fall into these age ranges. It should be noted that the emphasis will be on transition age youth and older adults since these two populations are the most unserved. However service will also be available for adults. The services will be focused on those who are homeless or at risk of becoming homeless. Individuals who are frequently institutionalized will be given priority for services.

3.2 Please describe what factors were considered or criteria established that led to the selection of the initial populations for the first three

years. (Distinguish between the criteria used for each age group if applicable.)

Children: 8-10 slots per year

The criteria used to select the initial population came from a review of CSS requirements and from community members involved with the Berkeley/Albany planning process. In reviewing the prevalence data made available to Berkeley by Alameda County, it shows that children 0-18 are served at 100%. Within this data African American are served at a level of 138% , Asians at 66% and Latinos at 78%. However, it was clear from community input that there were many children in need who were not receiving services. As noted above, representatives from the school systems felt that it would be most productive to work with the schools in identifying those children most in need in an effort to prevent hospitalization or out of home care.

Transition Age Youth/Adults/Older Adults: proposed 25 slots

Transition Age Youth
This age group is the most unserved age group in Berkeley. Advocates for homeless youth expressed concerns that the current system is not set up to adequately serve this age group. When staff from our current AB 2034 program worked collaboratively with the programs that serve homeless youth, they were able to build relationships and enroll a few youth in the program. However the demand exceeded the current capacity. It was felt that additional youth could be served by expanding the current program. Advocates felt it was critical to have the services offered in Berkeley and in places where the youth already gather.

Many of the transition age youth on the streets came out of the foster care system with no supports or are trying to get away from abusive family situations. Statistics from the winter shelter program for transition age youth in Berkeley estimates that over 30% have serious mental illness. Many of the young adults expressed that despite being hospitalized or incarcerated, there were little or no services for them.

Adults
It is clear that there is a need for full service mental health programs for adults. It estimated that there are over 700 chronically homeless adults in the city of Berkeley. Although Berkeley Mental Health provides outreach, mobile crisis and intensive support (AB2034) services to this population, it is not adequate to meet the needs. In all community meetings homelessness and the lack of adequate housing resources was mentioned as a high need. It was this consistent community input that lead to prioritizing the need for full service partnership services for adults of all ages in Berkeley.

Older Adults

Older adults are the second most unserved age population in Berkeley/Albany. Participants in the older adult work group talked about how this population is often overlooked for services for a variety of reasons including the fact that they can isolate themselves and not seek services. Homeless older adults talked about their need for services. The current AB 2034 program only serves a few older adults, it was felt that adding additional resources could provide increased services to this age group.

3.3 Please discuss how your selections of initial populations in each age group will reduce specific ethnic disparities in your county.

Berkeley Mental Health is committed to appropriately engaging ethnic communities and ensuring access to services. Providing full service partnership services is one piece of this effort. Data on the chronically homeless population in Berkeley indicates that 47% are African American and 42% Caucasian. Our rates of hospitalization do not show a high percentage of Asians and Latinos. In order to find individuals in the Asian and Latino communities who are in need of full service partnership services, outreach efforts will utilize interventions unique to those cultures. These services will make a significant difference in the lives of people served. This will hopefully facilitate improved relationships with individuals of ethnic communities and lead to improved access to mental health services for these communities.

It is unclear if the intensive services provided will make a statistical difference in the prevalence rates. Our experience in the AB 2034 program is that many people are touched by outreach efforts that are not eventually enrolled. These people may receive some mental health support at a level appropriate to their needs. The prevalence data provided as part of the planning process would suggest that if we served 8 Latinos over the age of 65, that age group would be fully served. It is difficult, however to have confidence that this data truly represents the need. We are confident that as we discover better ways to engage ethnic communities and more effective ways to serve all those struggling with mental illness, there should be measurable changes over time in the levels of disparity.

Section IV: Identifying Program Strategies

4.1 If your county has selected one or more strategies to implement with MHSA funds that are not listed in this section, please describe those strategies in detail in <u>each</u> applicable program work plan including how they are transformational and how they will promote wellness/recovery/ resiliency and are consistent with the intent and purpose of the MHSA. No separate response is necessary in this section.

See Exhibit 4, all programs are using strategies outlined in the CSS requirements.

Section V: Assessing Capacity

5.1 Provide an analysis of the organization and service provider strengths and limitations in terms of capacity to meet the needs of racially and ethnically diverse populations in the county. This analysis must address the bilingual staff proficiency for threshold languages.

Berkeley Mental Health has spent a number of years working to improve its organizational capacity to meet the diversity needs of the community. Despite these efforts, gaps still exist. According to DMH guidelines, services must be provided to individuals in their primary language when the population reaches "threshold" levels. "Threshold" is defined as "3,000 beneficiaries or 5% of the Medi-Cal population, whichever is lower, whose primary language is other than English." Spanish is a threshold language in Berkeley/Albany. Four percent of current direct service mental health staff and interns speak Spanish.

By working jointly with community leaders and community-based programs, a small outreach project was developed three years ago to engage the Latino community. Staff learned that the community was interested in understanding more about the behavioral problems their children exhibited and wanted to know how best to intervene. A psycho-educational program was developed and offered to the community free of charge. Participation in these meetings has been consistently high, i.e., 50-75 adolescents and adults and many younger children in childcare. Staff are available during and after the events to provide more information.

Through this approach, individuals with serious emotional disturbance and serious mental illness have been identified and received services who have serious emotional disturbance and serious mental illness and who have gained access to services as a result. The current system has a limited capacity, however, to continue providing services to those identified through this outreach. The project, despite capacity limitations, has proven its effectiveness in engaging

the Latino community, decreasing stigma and improving collaboration between Mental Health, Public Health, community agencies and the faith community.

Berkeley Mental Health faces serious challenges in providing services to Asian communities. The agency has lost three bi-lingual, bi-cultural Asian staff in the past three years. Through the MHSA planning process, contacts were made with the Asian community. These relationships are not as well developed currently as with the Latino community, but will be continued and strengthened by hiring an outreach coordinator to direct this work and to collaborate with Asian community agencies, Alameda County Behavioral Health Care Services, and other institutions.

As noted below disparities exist between the staff composition of African Americans and the population served. In the planning process, there was considerable input that there were mental health issues unique to African Americans that were not well understood or addressed by the system. The Cultural Competency Work Group will look closely at this issue and will work collaboratively with groups across the state to develop more appropriate services for African Americans.

Budget reductions in FY 2005 and a three-year selective hiring freeze in the City of Berkeley have compromised organizational capacity. The hiring freeze was lifted in July 2005 and the Mental Health Division is now in the process of recruiting to fill vacancies at all levels. These vacancies are viewed as an opportunity to begin to address some of the deficiencies in staffing capacity in terms of cultural competence, management and administration, consumer providers, and the diversity of other skills needed for system transformation.

5.2 Compare and include an assessment of the percentages of culturally, ethnically and linguistically diverse direct service providers as compared to the same characteristics of the total population who may need services in the county and the total population currently served in the county.

The current composition of Berkeley Mental Health (BMH) is 50 regular clinical service employees and 30 interns, for a total of 80 direct service staff members. The ethnic diversity of BMH staff is reflected in the comparison chart below; the majority (65%) of the BMH staff is Caucasian; 16% identify as African American; 9% identify as Latino; and 10% as Asian/Pacific Islander.

Cultural and Ethnic assessment of population and staff	*Percent of total prevalence population in Berkeley/Albany (n = 3,207)*	*Percent of population served at Berkeley Mental Health (n = 1,361)*	*Percent of Berkeley Mental Health staff (n = 50)*
African-American	15%	42%	16%
Asian/Pacific Islander	27%	5%	10%
Caucasian	40%	44%	65%
Latino	12%	8%	9%
Native American	< 1%	< 1%	0
Other	6%	1 %	0
Totals	**100%**	**100%**	**100%**

The first column shows how a certain group comprises the total prevalence population of 3,207 in terms of a percent. From previous data highlighted in this plan, we know that Asian/Pacific Islanders, Caucasians, Latinos, and other groups are unserved, and that African-Americans are over-represented (see section 2.1). The second column shows how the current client population is ethnically/racially comprised. Viewing the third column, a staff breakdown by ethnicity/culture, one can compare staff and client characteristics, and find a few disparities when viewed across clinical job classifications, primarily among African Americans and Caucasians. Notable differences are:

- African Americans are the most significantly under-represented ethnic group at Berkeley Mental Health; while 42% of consumers are African American, only 16% of staff identify as such.
- Caucasians, on the other hand, are over-represented within staff: 44% of the client population is Caucasian, as is 65% of BMH staff.
- In contrast, Latinos and Asian/Pacific Islanders, who respectively make up 8% and 5% of the client population, are more consistent with staffing levels (10% API, 9% Latino).
- There are 11 Native Americans in the Berkeley/Albany area who receive mental health services, there are currently no Native Americans on staff at BMH.

Linguistic capacity of BMH staff
Total BMH staff: 102 (including non-clinical staff and interns)

Language	*Number of Staff*	*Percent of BMH staff (n=102)*
French	1	1%
Hindi*	1	1%
Japanese*	2	2%
Mandarin*	1	1%
Portuguese	1	1%
Spanish	14	14%
Tagalog*	1	1%
Total	**21**	**21%**

*Considered as Asian/Pacific languages

Berkeley Mental Health staff present a fair degree of linguistic diversity, yet it is difficult to compare this to the client pool, as there is no comprehensive data on the language needs of existing clients. From the 102 current BMH staff members, approximately 21% have self-identified as bilingual. According to agency language bank data, 14% of the total staff speak Spanish and 5% speak Asian/Pacific languages (e.g. Japanese, Tagalog, Hindi, and Mandarin). Various other Indo-European languages (e.g. French, Portuguese) are also represented.

For several years, Berkeley Mental Health has recognized that certain ethnic and cultural populations do not access mental health services in proportion to their numbers within the community. During the MHSA planning process over the last year, much attention has been given towards developing outreach programs specifically targeting Asian and Latino families in the Berkeley/Albany region. Program managers are actively recruiting bilingual and bicultural staff members for current vacancies, which has been a challenge in the past few years partly due to the City of Berkeley freeze hiring new positions.

5.3 Provide an analysis and include a discussion of the possible barriers your system will encounter in implementing the programs for which funding is requested in this Plan and how you will address and overcome these barriers and challenges. Challenges may include such things as difficulty in hiring staff due to human resource shortages, lack of ethnically diverse staff, lack of staff in rural areas and/or on Native American reservations and rancherias, difficulties in hiring clients and family members, need for training of staff in recovery/ wellness/resiliency and cultural competence principles and approaches, need to increase collaborative efforts with other agencies and organizations, etc.

The primary barrier Berkeley will face in implementing its plan is the lack of administrative support available. Budget reductions, vacancies and the hiring freeze over the past three years disproportionately affected administrative and supervisory staff. The addition of new programs puts additional burden on this system. This is part of the rationale for requesting administrative support at the 15% level allowed by the state. Even with this additional support supervisory staff will be expected to take on additional duties based on the programs proposed in this plan.

Another challenge in implementing the Berkeley Plan will be finding staff with specific skills in working with the unserved populations and bi-lingual capacity. With the neighboring counties also seeking these staff, there will be challenges in recruiting a pool of qualified applicants. Berkeley will utilize its connections with community leaders and community based agencies to help recruit staff who are qualified and who may become qualified. One of the greatest challenges will be finding clinicians and peers to work with transition age youth. During the planning process, community input stressed the importance of finding staff that the youth can relate to and respect. To help find the best staff, transition age youth consumers will be involved in the hiring process for these positions.

Given the fact that there are significant unserved populations in Berkeley, another challenge will be finding those people most in need of mental health services within an ethnic population. This is also true for transition age youth and seniors. In order to ensure the staff are focusing on seriously emotionally disturbed youth and seriously mentally ill individuals, outreach efforts will be carefully monitored. In those cases where services are contracted, regular monitoring visits and chart reviews will be done periodically to ensure that the clients receiving services meet medical necessity and other service criteria. These monitoring duties will be the responsibility of the MHSA Planning Assistant, and the AB 2034 Coordinator

An ongoing challenge faced by most mental health systems is the implementation of wellness/recovery values and principles. To assist in this transition, Berkeley is already contracting for training and technical assistance for staff in working with consumer peer counselors. The Consumer Work group developed some criteria for determining how well the system is moving towards a recovery focus and these criteria will be reviewed for implementation system-wide.

Section VI: Developing Work Plans with Timeframes and Budgets/Staffing

6.1.1 Please complete Exhibits 1, 2, and 3, providing summary information related to the detailed work plans contained in the Program and Expenditure Plan.

Exhibit 1 in front of document
Exhibit 2 to be posted separately from this document
Exhibit 3 is in Attachment B

6.1.2 the majority of a county's total three-year CSS funding must be for Full Service Partnerships. If individuals proposed for Full Service Partnerships also receive funds under System Development or Outreach and Engagement Funding, please estimate the portion of those funds that apply toward the requirement for the majority of funds during the three-year period. (Small counties are exempt from this requirement until Year 3 of the three-year plan.) Please provide information demonstrating that this requirement has been met.

The majority of Berkeley Mental Health's allocation is being used to fund full-service partnerships for children, transitional age youth, adults and older adults. The proposed Transition Age Youth Resource Specialist, the proposed Multicultural Outreach Coordinator, and the proposed Family Advocate will all conduct activities that will assist in finding full-service partnership participants. The Employment Specialist position is funded 50% by FSP funds and 50% by System Development funds. Their work will reflect this distribution.

6.1.3 please provide the estimated number of individuals expected to receive services through System Development Funds for each of the three fiscal years and how many of those individuals are expected to have Full Service Partnerships each year.

For employment services: The Employment Specialist will serve at least 25 individuals per year who are not part of the full service partnership program.

For advocacy services: The Family Advocate will outreach to at least 20 family members not already receiving some kind of support during the first year. This number will increase to 35 in the second year and 50 in the third year.

For peer support services: Peer counselors will serve 50 individuals per year

Consumer Liaison: The Consumer Liaison will not be providing direct services but will be involving at least 10 consumers in ongoing planning activities and

organizing trainings, input sessions, surveys etc that will reach at least 100 consumers per year.

6.1.4 Please provide the estimated unduplicated count of individuals expected to be reached through Outreach and Engagement strategies for each of the three fiscal years and how many of those individuals are expected to have Full Service Partnerships each year.

The clinician serving transition age youth will conduct outreach to approximately 50 individuals per year. Of those, we anticipate that 8 - 10 per year will be directed into full service partnership services with another 10 - 15 receiving ongoing case management services from the clinician.

The Multicultural Outreach Coordinator will spend most of the first year developing outreach strategies and arranging for training for staff. If the outreach strategies developed for the Asian Community are as effective as those developed for the Latino Community, we will anticipate reaching 80 in our first year, 200 in the second year and 300 in the third year. We will also expect that in the second and third years 5-8 persons will be referred into full service partnership programs and approximately 25 persons per year into ongoing clinical services.

6.1.5 For children, youth and families, the MHSA requires all counties to implement Wraparound services, pursuant to W&I Code Section 18250, or provide substantial evidence that it is not feasible in the county in which case counties should explore collaborative projects with other counties and/or appropriate alternative strategies. Wraparound programs must be consistent with the program requirements found in W&I Code Sections 18250-18252. If Wraparound services already exist in a county, it is not necessary to expand these services. If Wraparound services are under development, the county must complete the implementation within the three-year plan period.

Please refer to Berkeley Children's Wraparound Program strategy that follows.

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: City of Berkeley	Fiscal Year: 05-06	Program Work Plan Name: Children's Wraparound Services
Program Work Plan #: COB 1		Estimated Start Date:

Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	Provide strength-based, family-driven services to youth and their families with multiple, complex mental health and behavioral needs. Individually tailored plans in coordination with families to engage in a range of services, depending on family needs.
Priority Population: *Describe the situational characteristics of the priority population*	Children and families who meet the acuity of public mental health and who have a SED/SMI. Youth who are awaiting enrollment in AB3632 services. Priority given to Latino and Asian youth.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type: FSP	Fund Type: Sys Dev	Fund Type: OE	Age Group: CY	Age Group: TAY	Age Group: A	Age Group: OA
Creation of individualized plans in collaboration with the youth and family	☒	☐	☐	☒	☐	☐	☐
Coordination with a range of services that promotes resilience	☒	☐	☐	☒	☐	☐	☐
Organization, implementation and oversight of an interagency plan	☒	☐	☐	☒	☐	☐	☐
Delivery of tasks needed to support and serve the youth and family	☒	☐	☐	☒	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
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	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐

6.2 – Full Service Partnership Strategy

Berkeley Children's Wraparound Services

6.2.1 Complete Exhibit 4 (as required under Section IV response).

Refer to Exhibit 4 above

6.2.2 Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.

Based on the desire to respond to children's unmet mental health needs in the community, Berkeley Mental Health proposes to add a children's full-service partnership to the existing array of current services. Youth and families who do not have Medi-Cal or any other insurance but who meet the needs for intensive support will be eligible for this program. A Berkeley Wraparound program will fill the gap for youth who have a severe emotional disturbance but who do not have Medi-Cal or any other insurance. Additionally, youth who are awaiting enrollment in AB3632 services can receive intensive wraparound services in this program to meet their needs in the meantime, and coordination with local public schools will be an essential component.

Wraparound means "doing whatever it takes" for a child and their family to promote stabilization, wellness and resiliency. An individualized plan is created in collaboration with the child and family and is solely based on the identified needs of the family. The range of wraparound services includes coordination of, and collaboration with other services to provide, individual and family therapy, individual rehabilitative activities, school and legal issues, medical care, housing, employment, respite care, access to 24-hour crisis services, and any other need a family may have.

This program will be contracted with an existing community-based organization that specializes in delivering the type of high quality family-driven wraparound services that will enhance resiliency and promote wellness. The wraparound approach is chosen because it can positively affect those youth who have the most severe emotional disturbances in the community and provide support for their families according to their identified needs.

6.2.3 Describe any housing or employment services to be provided.

We know that often a road to success in children's lives is having stability in their living situation. While there are not funds available in this program to directly subsidize housing, housing support will be integral to wraparound services delivered through this program. Examples of such support would include

assistance paying deposits, costs for credit checks, and purchase of necessary items to maintain housing. Likewise, since the wraparound interventions are based on what the family needs to support the child, the issue of employment for the family may arise. In these instances, support for employment services will be provided through the contracting agency.

6.2.4 Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.

The average cost for each FSP client in this program is approximately $11,000. It is anticipated that this program will serve 8-10 children. The full funding for this program will come from MHSA funds.

6.2.5 Describe how the proposed program will advance the goals of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.

Wraparound services by definition advance the goals of resiliency as one of the guiding concepts of this approach. This program goes beyond traditional mental health interventions to include support for all realms of a child's life within their family: from education to legal issues, from medical needs to improving family communication, wraparound starts where the family is. Services are driven by an individual family's identified needs, rather than a prescribed set of mental health provisions. In this way, each family in the program engages in self-determination and collaborates with providers to design supports and services that fit best for them. Additionally, another guiding principle of this approach is that all individual plans are based on the identified strengths of the child and family.

6.2.6 If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

Currently, the Berkeley Mental Health System does not provide wraparound services for children and families in the community. Service provision has been provided through Alameda County's Children's System of Care, however, the current service provision extends only to dependents of the system. The Berkeley Mental Health Wraparound program will provide services for children who do not have Medi-Cal or other insurance.

6.2.7 Describe which services and supports clients and/or family members will provide. Indicate whether clients and/or families will actually run the service or if they are participating as a part of a service program, team, or other entity.

Berkeley Mental Health will work with the contractor to ensure that family member peers will be a component of services. It is important for families to have access to peers with direct experience to provide one-to-one support, share experiences, and teach advocacy skills. In addition, the proposed Family Advocate will be another resource for families in the wraparound services program.

6.2.8 Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

Schools will be an important avenue for referrals, and providing these services will strengthen our collaborative relationship with the school systems in Berkeley and Albany. Collaboration will also be facilitated through a contract with a community-based agency with experience providing this level of intensive services for children The contract will be coordinated by the existing Family and Children's Program. Implementing a small wraparound component within Berkeley Mental Health will strengthen collaboration with Alameda County Behavioral Health Services and the countywide Children's System of Care. This project will also support service delivery change already underway through strategic planning in Berkeley's Children's Services.

6.2.9 Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of the plan and what specific strategies will be used to meet their needs.

A cornerstone of the wraparound model is to tailor an individual plan in collaboration with the youth and family in a culturally appropriate way. This program will be contracted with an agency that has demonstrated success in implementing this principle, and Berkeley Mental Health will conduct ongoing monitoring to ensure that cultural needs are addressed throughout service delivery. Reducing disparities in access to wraparound services will be a priority in defining this project's work plan.

6.2.10 Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.

The City of Berkeley emphasizes sensitivity to, and inclusion of, issues regarding staff, consumer and community members' sexual orientation, gender, and gender presentation. Throughout this new program, special attention will be paid to promoting an inclusive environment for all people.

6.2.11 Describe how services will be used to meet the service needs for individuals residing out-of-county.

Referrals will generally be drawn from the Albany and Berkeley School Districts and nearly all referrals will be Alameda County residents. Services for out of county residents will be addressed on a case-by-case basis with those counties as needed.

6.2.12 If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the goals of the MHSA.

All strategies are those listed in the MHSA CSS Plan Requirements.

6.2.13 Please provide a timeline for this work plan, including all critical implementation dates.

2006

May	✓ Submit Request for Proposals
August 1	✓ Deadline for proposal submission
September 1	✓ Contract granted
December	✓ 6 - 8 youth/families enroll in Full-Service Partnerships

6.2.14 Develop Budget Requests: Exhibit 5 provides formats and instructions for developing the Budget and Staffing Detail Worksheets and Budget Narrative associated with each program work plan. Budgets and Staffing Detail Worksheets and Budget Narratives are required for each program work plan for which funds are being requested.

6.2.15 Quarterly progress report

To be completed on a quarterly basis.

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: **City of Berkeley**	Fiscal Year: 05-06	Program Work Plan Name: Full Service AB 2034 Expansion
Program Work Plan #: COB 2		Estimated Start Date: 10/06
Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	Intensive support services to unserved and underserved individuals who are homeless or at risk of becoming homeless. Full range of mental health services to be provided along with funds to provide access to housing, subsidize housing, support employment efforts, etc. Outreach to engage unserved communities is included in services. See section 6 for complete description.	
Priority Population: *Describe the situational characteristics of the priority population*	Priority given to transition age youth, seniors, Latinos and Asians who are homeless or at risk of homelessness.	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Outreach to homeless shelters, drop in centers, streets, primary care settings and other places where homeless mentally ill are	☒	☐	☐	☐	☒	☒	☒
Supportive employment and other productive activities, and personal growth opportunities	☒	☐	☐	☐	☒	☒	☒
Peer support services	☒	☐	☐	☐	☒	☒	☒
Development of housing options including transitional housing and ongoing housing subsidies	☒	☐	☐	☐	☒	☒	☒
Integrated assessment and treatment teams	☒	☐	☐	☐	☒	☒	☒
Vocational services	☒	☐	☐	☐	☒	☒	☒
Intensive community services and supports teams available 24/7	☒	☐	☐	☐	☒	☒	☒

6.2 – Full Service Partnership Strategy

Homeless Outreach Expansion for Older Adults & Transition Age Youth

6.2.1 Exhibit 4

See exhibit 4 above

6.2.2 Narrative

This proposal would be an expansion of existing services that are provided through homeless outreach (AB 2034) funds. The current homeless outreach program serves over 100 consumers. We are proposing to add capacity to serve 25 additional individuals, with an emphasis on reaching unserved older adults and transitional age youth. Of those currently receiving services, 6% are in the age range of transition age youth (18-24) and 4% are over 60. Looking at the population currently served based on ethnicity, 52% are African American, 40% are Caucasian, 6% are Latino, 1% are Asian and 1% other. These numbers are reflective of the access and prevalence data presented earlier. Forty percent of the chronically homeless adults in Alameda County are in Berkeley. There is clearly a need for expanded homeless outreach and support services.

When the City of Berkeley developed its AB 2034 homeless outreach program, it integrated staff and supports into already existing service delivery teams; that is, there is no separate "stand alone" AB 2034 program, rather the program is folded into other adult service teams. This proposal will expand the capacity of those teams to provide services to individuals currently unserved and to those in the system who are underserved as well. The administrative oversight structure currently in place for the AB 2034 funded program will be able to monitor the collection of necessary outcome information for these expanded services. Existing supervisory staff will provide supervision for the clinicians hired. This expansion proposal moves the Berkeley/Albany system towards the goal of having full service partnership services available to a larger percentage of consumers needing them.

Staffing:

- 2.5 Clinicians
- .5 Peer Counselors
- .5 Employment Specialist (will be combined with another .5 in the MHSA proposed Wellness program)
- .5 Clerical Support

The clinicians will be added to existing service teams, one focusing on transition age youth, another on older adults and a third on the adult population. A half-

time Employment Specialist will work with clients enrolled in the program to assist them in accessing employment services. A peer counselor will be hired to provide outreach and ongoing supports. Peer counselors hired under the Wellness/Recovery program will also assist with outreach for these services. The experience of other homeless outreach programs is that peer staff are often more effective than other staff in reaching those who are reluctant to accept services due to negative experiences with the system.

Efforts will be made to recruit bi-lingual staff for these positions. Staff will work closely with homeless drop-in services targeted to transition age youth as well as with the clinician who will be contracted out to provide services to homeless transition age youth. Staff will also work closely with the Multicultural Outreach Coordinator to coordinate outreach efforts to ethnic communities that have not traditionally accessed services, particularly focusing on the Latino and Asian populations.

A partial list of places to focus outreach efforts includes:

- The Multi-Agency Service Center for homeless adults
- Berkeley Day Labor Center
- Berkeley Food and Housing Project
- The YEAH winter shelter program for Transitional Age youth
- Senior Centers
- Faith-based organizations
- Health clinics
- Telegraph Ave, People's Park, Civic Center and other places where homeless congregate in the community

Berkeley Mental Health currently has a Mobile Crisis Team as well as homeless outreach staff who have developed close working relationships with public safety. Police routinely call Berkeley Mental Health when homeless individuals are acting in ways that are perceived to pose a public safety concern. These units will work closely with mental health staff in this program to refer individuals who may benefit from services.

The main service objectives for consumers enrolled in these services will be a reduction in homelessness, involuntary services and incarceration, and increases in employment, education and socialization. Staff will follow the current successful model being used in the AB 2034 program. Deliverables include:

- Engaging homeless individuals in a non-coercive way
- Approaching each person from the perspective of getting to know them and their individual needs
- Developing mutually agreed upon goals
- Being available for support 24/7
- Providing financial support for housing and other basic needs

- Maintaining close supportive contact with each person to help prevent situations that would lead to the need for crisis services or hospitalization.
- Encouraging consumers to engage in meaningful daily activities including socialization, education and employment

Each enrolled individual will be assigned a personal service coordinator to provide and oversee services. Caseloads will be determined based on consumer needs. With its integrated AB 2034 program, Berkeley has been able to accommodate and adapt services to clients' changing service needs in a flexible way that is clinically sound and supports a wellness/recovery focus.

6.2.3 Housing or employment services to be provided

Housing and employment support are key elements of this program. Funds have been designated to provide rental subsidies, assistance with moving expenses, and other housing related costs. The flexible fund may also be used for engagement activities such as providing homeless individuals with food, clothing, temporary shelter, etc. The Employment Specialist will work with existing employment services, the State Department of Rehabilitation, and with the Alameda County Vocational Program to provide employment services.

Berkeley Mental Health is currently working with the City Housing Department to develop a housing plan for mental health consumers. AB2034 funds are available in the mental health budget to support these services. This housing plan will likely include filling a vacant Housing Coordinator position to oversee the development of housing options for mental health clients and to coordinate with Alameda County Behavioral Health in MHSA housing development. This presents another opportunity for city and county collaboration, where a sharing of resources will likely lead to a better result. Berkeley Mental Health currently manages a number of Shelter Plus Care certificates through the City's Housing Department, a practice that can expand with the City's ability to provide additional intensive housing support through MHSA funds.

The experience of innovative programs as well as our AB 2034 program shows us that access to housing is more successful when a dedicated staff person is available to landlords 24/7 and the program has the flexibility to cover costs of minor damage and repairs. Berkeley Mental Health works closely with non-profit developers and property management companies as well as Section 8 landlords. Existing AB 2034 infrastructure will make expansion of housing resources more cost-effective.

6.2.4 Average cost for each FSP

This program is anticipated to enroll 25 persons. We are anticipating approximately $90,000 in Medi-cal revenue to offset some of the costs, and the

total program will cost approximately $500,000. The average cost per person is $20,000 per year.

6.2.5 How program will advance goals of recovery

Recovery is an ongoing process. Individuals with mental illness do recover and can lead meaningful and productive lives. Many of the individuals currently living on the streets have had some contact with the mental health system that was not helpful to them. Berkeley's current AB 2034 program has demonstrated that when staff are persistent and look for ways to engage people on their terms, productive change does happen. The key to this success is discovering what an individual wants based on what they tell you, not by offering what you think they need. This program expansion will build upon these successful engagement models.

Another key element of recovery is employment and productive daily activity. During the MHSA planning process a number of consumers emphasized that employment has been paramount to their own recovery. The Employment Specialist will collaborate and support consumers on an individualized basis to help them achieve their employment goals

6.2.6 Description of existing program to be expanded

As noted above, this program service will supplement the current AB 2034 program provided by Berkeley Mental Health, and expand it to serve more transition age youth and older adults. This program currently serves over 100 consumers. The program provides funding for 9.00 FTE positions including a psychiatrist, four clinicians, a peer counselor, a program coordinator, clerical support and the currently vacant housing coordinator. Flexible funds to subsidize housing and provide other supports are part of the existing program. As noted previously, staff funded by the AB2034 program work on in each of the service teams. This MHSA expansion will follow that same program model and like AB 2034, be designed to promote further transformation of the existing system and reduce cost through an integrated program design.

6.2.7 Services and supports by peers/family

A peer counselor will be hired as part of this service expansion. This individual will provide outreach and ongoing services. Consumers who have been homeless for a long period of time often have difficulty transitioning to "living inside." Peer counselors can be very helpful in proving practical support to these individuals. A number of consumers who have worked in the MHSA planning

process have had experience being homeless. It is very likely that Berkeley would be able to hire a peer counselor with this experience.

6.2.8 Collaboration strategies

Staff from this program will collaborate with staff hired from other MHSA programs and with the existing Mobile Crisis and Homeless Outreach staff. As noted above, there will be ongoing collaboration with the Housing Department, Police, homeless shelters and drop in programs, primary care clinics, etc. An Adult System of Care Committee comprised of community-based providers already exists in Berkeley and the current AB 2034 Coordinator has established collaborative relationships with a number of housing and employment resources in the City and County.

In order to reduce disparities and increase access for unserved age and ethnic groups, intensified outreach activities are being developed as described in the system development part of this plan. The level of focus and collaboration necessary to succeed in reducing these disparities is considerable.

6.2.9 Cultural competence

Efforts will be made to recruit bi-lingual, bi-cultural staff into positions. All staff hired will be required to attend ongoing cultural competency training. The basic approach of this type of program is to honor the perspective, experience and array of cultural backgrounds of the individuals being served.

6.2.10 Sexual orientation, gender sensitivity

The City of Berkeley emphasizes sensitivity to, and inclusion of, issues regarding staff, consumer and community members' sexual orientation, gender, and gender presentation. On-going training will continue to be a priority in these areas. Throughout the new program, special attention will be paid to promoting a welcoming and inclusive environment for all people, especially those who have been marginalized because of their gender, sexual orientation and/or gender presentation.

6.2.11 Services to out-of-county residents

While located in Berkeley, services will be available to any Alameda County resident. Alameda County and Berkeley have agreed not to exclude clients based on residency and will work with other county mental health departments to the extent that out of county residents are identified.

6.2.12 Strategies not listed in Section IV

All major strategies employed in this program are listed in the MHSA CSS Plan Requirements.

6.2.13 Work plan timeline

2006

May – August	✓ Recruit and hire program staff
September 1	✓ Program staff hired, receive training from current staff, outreach efforts begin
	✓ Staff meet with Multicultural Outreach Coordinator to establish plan to coordinate outreach efforts to ethnic communities
	✓ Employment Specialist begins to establish relationships with employment services
October 1	✓ Employment Specialist to begin working with staff and consumers to develop employment strategy
November 1	✓ Employment support groups begin, Employment specialist meets with teams
	✓ First consumers enrolled in full service program

2007

January 1	✓ 5 - 8 consumers enrolled in program
	✓ Continue outreach and program enrollments
July 1	✓ First consumers referred to employment support program

6.2.14 Budget requests

See Attached Exhibit 5

6.2.15 Quarterly progress report

Refer to Exhibit 6

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: City of Berkeley	Fiscal Year: 2005-2006	Program Work Plan Name: Multi-Cultural Outreach and Engagement
Program Work Plan #: COB 3		Estimated Start Date: September 1, 2006

Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	The Multi-Cultural Outreach and Engagement program will conduct outreach and engagement activities to Latinos and Asians and other unserved ethnic populations using cultural, linguistic, and age-appropriate methods in order to create a more client-driven and culturally competent mental health system.
Priority Population: *Describe the situational characteristics of the priority population*	Target populations will be unserved Asians and Latinos. These populations represent the most unserved individuals in the Berkeley/Albany mental health system.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
*Ethnic-specific outreach strategies to racial ethnic populations to eliminate disparities in care**	☐	☐	☒	☒	☒	☒	☒
*Partnerships with ethnic-specific community providers and programs**	☐	☐	☒	☒	☒	☒	☒
*Family support**	☐	☐	☒	☒	☒	☒	☒
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐

* Program strategies listed in the MHSA Community Supports and Services Plan Requirements

Outreach and Engagement Program Strategy

Multicultural Outreach and Engagement Program

6.2.1 Exhibit 4

See exhibit 4 above

6.2.2 Narrative

The City of Berkeley proposes a **Multicultural Outreach and Engagement Program** Strategy that meets identified community issues and addresses unserved populations.

Staffing

- A part time .8 FTE Coordinator
- 25,000 contract with community based agency

The primary goal of this program is to identify and implement unique ways to reach out and engage individuals who are currently unserved in the mental health service delivery system, primarily those from ethnic communities. The secondary goal of this program is to improve service delivery by becoming more culturally competent and responsive to the needs of the diverse populations within the City of Berkeley. These goals will be achieved through a training program and building on existing (and developing new) collaborative relationships with community based agencies, leaders of cultural communities, and other service providers such as public health, and faith-based organizations. Increased outreach to schools will be a vital component to this program. Input from various ethnic communities indicated that a "family focus" would be an important component in outreach efforts. This focus will be enhanced by working with schools in Berkeley and Albany.

From prevalence data, the populations that are most unserved in the Berkeley system are Asians and Latinos of all ages. What unites these groups is the need for specifically tailored outreach and engagement efforts to enable people with SMI/SED to access services. In addition, utilization data and input from the community indicates that it is likely that those in the African American community are inadequately and inappropriately served. Input from the Native American community is that changes will have to be made in order to effectively serve this population.

The target population for outreach and engagement efforts will be those persons within these groups with a serious mental illness or severe emotional disturbance, as well as family members of persons with SMI/SED who may be

isolated culturally from accessing services for their loved one. Community issues reflect a mistrust of the current mental health system's capacity to effectively engage and serve people within the identified communities.

6.2.3 Housing or employment services to be provided

While there are not funds available in this program to directly support these efforts, housing support is an integral part of AB 2034 and general adult services at Berkeley Mental Health. The vision over time will be to integrate these resources, including housing subsidies and flexible funding, for all consumers. If it is learned through outreach efforts that an individual needs housing or employment, an appropriate and supported referral will be made to ensure seamlessness of services. The Multicultural Outreach Coordinator will provide referrals and support as needed to housing and employment resources.

6.2.4 Average cost for each FSP

N/a

6.2.5 How the program will advance goals of recovery

One of the goals in recovery is acknowledging the unique needs of individuals. The Multicultural Outreach Coordinator will help the system better understand how to envision recovery for various cultural communities. The program will also have a holistic focus and work to help individuals with various and unique aspects of their lives. The coordinator will solicit ongoing input from the community about how to improve service and outreach strategies including outreach to indigenous leaders and healers to frame recovery in a culturally competent manner.

6.2.6 Description of existing program to be expanded

The proposed Multi-Cultural Outreach Program will expand upon a successful current Berkeley Mental Health strategy for outreach to unserved populations. The "Latino Families in Action" project, involves the Latino community using an educational approach to reduce the stigma of mental illness and support Latino families in their social, emotional, physical and spiritual issues and needs. This innovative mental health project collaborates with public health and community organizations to provide workshops, referrals, assessment and limited brief treatment. The project was developed through collaboration with Latino community based organizations and leaders in the community to gather input from them on the best ways to engage the community. The experience of this

project model has been that by providing services responsive to the Latino community, individuals and their families with seriously emotionally disturbed children and seriously mentally ill adults come forward and engage with mental health providers. In fact the ability to engage this population has exceeded the capacity of the service delivery system to provide ongoing treatment. The new program would provide resources to increase the outreach efforts while existing vacant positions would be filled and used to provide direct treatment for the SED/SMI individuals in these currently underserved and unserved populations, particularly in Asian communities. In addition, MHSA funds will be used to support a fee for service contract with an Asian community-based provider.

6.2.7 Services and supports by peers/family

Program staff will build upon the "Latinos Family in Action" program model that actively encourages family members in the community to take leadership and conduct outreach through communication through informal, often neighborhood- or church-based, networks. These family members will be able to receive payment from the stipend/peer counseling account being set up in the Peer and Family Support Program. We will consider expanding this component in future years.

6.2.8 Collaboration strategies

Utilizing a contract with a community-based agency, staff will develop outreach and engagement strategies to Asian communities with the collaborative assistance of Asian key informants during year one of the new program. Relationships that have been established with Latino community agencies will continue and be expanded upon. A process will be developed to engage leaders in the African American community and various community agencies to address ways to more appropriately serve this community. It will also be important for the Multicultural Outreach Coordinator to maintain collaboration with existing county efforts in any creation of specialized programs to serve traditionally unserved groups, such as Native Americans.

6.2.9 Cultural competence

The entire focus of the Multicultural Outreach Coordinator will be to address cultural disparities in utilization rates at Berkeley Mental Health, and specifically to increase services to currently unserved Latinos and Asian/Pacific Islanders. Through coordinated efforts with the existing "Latinos Families in Action " program, collaboration with local agencies, and creation of outreach strategies in Asian/Pacific Islander communities, this new position will help the system become more culturally competent. New opportunities to build on existing

regional cultural competence resources will be supported by MHSA funding and will be explored with neighboring jurisdictions. At the very least, collaborative training, a mapping of regional resources and other activities would support movement in this direction, consistent with the vision of the MHSA.

6.2.10 Sexual orientation, gender sensitivity

The City of Berkeley emphasizes sensitivity to, and inclusion of, issues regarding staff, consumer and community members' sexual orientation, gender, and gender presentation. Training will continue to be a priority in these areas. Throughout the new program, special attention will be paid to promoting an inclusive environment for all people.

6.2.11 Services to out-of-county residents

While located in Berkeley, services will be available to any Alameda County resident. Alameda County and Berkeley have agreed not to exclude clients based on residency.

6.2.12 Strategies not listed in Section IV

All strategies are those listed in the MHSA CSS Plan Requirements.

6.2.13 Work plan timeline

2006

May - August	✓ Recruit and hire staff
September 1	✓ Program staff hired ✓ Begin to plan outreach efforts to Asian/Pacific Islander communities ✓ Expansion of Latino outreach efforts begins ✓ Goals are established to improve cultural competence of services for African Americans

2007

March 1	✓ Asian/Pacific Islander outreach plan fully developed
June 30	✓ Outreach efforts reach 80 Latinos and 80 Asian/Pacific Islanders ✓ Identify potential shared resource opportunities in partnership with Alameda and Contra Costa Counties

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: **City of Berkeley**	Fiscal Year: 05-06	Program Work Plan Name: Transition Age Youth Support Team
Program Work Plan #: COB 4		Estimated Start Date:9/06

Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	This program will provide services for the most unserved age group in the City of Berkeley, and proposes to use peer counseling and culturally appropriate outreach and engagement methods to accomplish this.
Priority Population: *Describe the situational characteristics of the priority population*	Only 9% of transition age youth with an SMI/SED receive services through the current mental health system. Major issues for transition age youth are homelessness and incarceration.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Outreach and engagement	☐	☐	☒	☐	☒	☐	☐
Peer Counseling	☐	☐	☒	☐	☒	☐	☐
Assessment	☐	☐	☒	☐	☒	☐	☐
Values-driven evidence-based clinical services	☐	☐	☒	☐	☒	☐	☐
Integrated substance abuse and mental health services	☐	☐	☒	☐	☒	☐	☐
Family education	☐	☐	☒	☐	☒	☐	☐
Partnerships with ethnic community providers and programs	☐	☐	☒	☐	☒	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐

Outreach and Engagement Program Strategy

Transition Age Youth Support Team

6.2.1 Exhibit 4

Please refer to Exhibit 4 above

6.2.2 Narrative

The City of Berkeley proposes a **Transitional Age Youth Support Team** to increase capacity meet the unmet needs of this group in the community.

Staffing

- 1.0 FTE Resource Specialist
- 0.5 FTE Peer Counselor

The most unserved age group in Berkeley/Albany is 16 – 25, with only 9% of individuals with SMI/SED receiving mental health services. In order to reach this population, the system needs to go to where the youth are rather than expect them to come into traditional mental health clinics. Mental health staff have reached out to homeless youth in these shelters and engaged some in services. However, there is not consistent clinical mental health support available to youth on their turf. This proposal would expand the capacity of the mental health system to reach out to youth and engage them in appropriate services.

The Transitional Age Youth Support Team offers a beginning for developing more comprehensive services in the future for transitional age youth. During the planning process, the youth and those who serve them wanted to establish a "one-stop" service center. This ambitious goal is beyond the scope of MHSA funding at this time. However, stakeholders seek to allocate MHSA funds with this longer-term vision in mind. Given the urgent mental health needs of the population and the need to establish consistent relationships to ensure appropriate engagement, the strategy proposes hiring a mental health professional and peer counselors to work within one of the programs serving homeless transition age youth. Having a community-based program hire the mental health professional provides the necessary stability needed by the youth. Berkeley Mental Health will provide additional psychiatric services for youth who need medication management. If more intensive services are needed, young adults will be referred to the full service partnership expansion program being developed with MHSA funds. An important component to this program will be peer mentorship to support the young adults to achieve their identified recovery. Peer counselors will be able to interact with the youth from a unique perspective and can also provide insight to team members about how to best reach out to youth.

The TAY Resource Specialist will provide:

- Outreach and engagement services
- Assessment
- Case management
- Rehabilitative services
- Services for co-occurring (mental health and substance abuse) disorders
- Group and Individual treatment
- Family education

Peer Counselors will provide:

- Outreach and engagement services
- One-on-one support
- Family education

It has been the community's experience that young adults go to programs where they feel comfortable, and this program is designed to provide clients with the resources they need as they identify them. Attention will be paid to respecting and including cultural issues to make programs and services welcoming. The clinician will develop and maintain relationships with other community agencies providing services to youth so that they can be directed into programs that will meet their unique needs. Some examples would include the Radical Mental Health Collective, the Pacific Center and SMAAC (Sexual Minority Alliance of Alameda County).

The Specialist will assess individuals and make determinations about the level of care needed. A full array of mental health services will be provided to those meeting the criteria. Individuals will be assisted in accessing related services such as employment, housing, etc. If clients need more mental health assistance than the clinician can provide, a supported referral with be made to services at Berkeley Mental Health and/or Alameda County Behavioral Health. The specialist will continue to be involved with the client until that individual has made a relationship with their new service providers.

Because incarceration was a prioritized issue for this group, the Specialist will provide advocacy services, specifically using prevention techniques as well as transition services post-involvement with the justice system. Peer counselors will also support youth to advocate for themselves.

Program staff will collaborate with other Berkeley Mental Health resources and will provide a family education component in the form of educational sessions and a support group for family members. Developmentally, young adults are in a process of individuating from their families; many of them are aging out of the foster care system as well. These issues are complicated in cases where young

adults are also experiencing psychiatric disabilities. Education and support are seen as important for helping all types of families effectively cope with the situations they are facing. Family education/support will be provided in individualized ways as needed for those receiving services. Family support will also be available in the form of education and support groups separate from individualized treatment plans. Finally, it will be important for the Specialist to build relationships with local public schools to reach transition age youth who may need services.

6.2.3 Housing or employment services to be provided

One focus for the transitional age youth resource specialist will be to assist young adults in accessing housing and employment services. While there are not housing subsidy funds available in this program to directly support these efforts, housing support is an integral part of AB 2034 and general adult services at Berkeley Mental Health. The vision over time will be to integrate these resources, including housing subsidies and flexible funding, for all consumers. If it is learned through outreach efforts that an individual needs housing or employment, an appropriate and supported referral will be made to ensure seamlessness of services.

6.2.4 Average cost for each FSP

N/a

6.2.5 How program will advance goals of recovery

The program will have a holistic focus and work to help young adults with various and unique aspects of their lives. The services offered will focus on youth being able to take greater control of their lives and manage symptoms of their illnesses. The clinician will solicit ongoing input from the youth about how to improve service and outreach strategies. Individualized education, employment and training, skill-building and community integration will be emphasized in these services.

6.2.6 Description of existing program to be expanded

Berkeley Mental Health currently “out-stations” clinicians in several community-based programs in order to more appropriately engage clients. This proposal would expand that capacity through contracting with a community-based organization with the goal of increasing access for TAY consumers in full service partnerships, engaging underserved Latino and Asian consumers, and

increasing the ability of current TAY providers to support wellness and recovery goals with less disabled consumers.

6.2.7 Services and supports by peers/family

This program is based upon meeting youth "where they are at." Utilizing the wisdom and experience of peer counselors, outreach strategies will be aimed at developing relationships in order to engage youth to achieve their identified wellness goals. On site services will be offered for youth to take advantage of, on their own terms. The nature of the program will be to tailor interventions and services individually for each person; in this way the program is designed to be client-driven. It is hoped that a peer counselor position can be added to the program in subsequent years.

6.2.8 Collaboration strategies

As noted in the body of the program description, the TAY Resource Specialist will collaborate with local service provider agencies and organizations including: the winter shelter program, homeless drop in centers for youth, substance abuse recovery programs, other youth-serving agencies in Berkeley and with Alameda County Behavioral Health Services. Relationships will also be established with local public schools, county-based services such as juvenile hall and Social Services. Additionally, there is currently a homeless youth coordinating committee in Berkeley that will be used to enhance community collaboration.

6.2.9 Cultural competence

The TAY Resource Specialist and Peer Counselor will employ culturally relevant outreach and engagement methods, depending on the identified culture of the individual. There are many homeless young adults in Berkeley, and "street youth culture" is considered a legitimate classification by youth themselves, with corresponding strengths, codes, symbols, and modes of communication; as noted earlier. The goal of staff will be to build relationships and trust by showing respect to youth who identify with this culture.

6.2.10 Sexual orientation, gender sensitivity

The City of Berkeley emphasizes sensitivity to, and inclusion of, issues regarding staff, consumer and community members' sexual orientation, gender, and gender presentation. Training will continue to be a priority in these areas. Throughout the new program, special attention will be paid to promoting an inclusive environment for all people.

6.2.11 Services to out-of-county residents

While located in Berkeley, services will be available to any Alameda County resident. Alameda County and Berkeley have agreed not to exclude clients based on residency and will work with other counties to secure appropriate services should residency become an issue.

6.2.12 Strategies not listed in Section IV

All strategies are those listed in the MHSA CSS Plan Requirements.

6.2.13 Workplan timeline

<u>2006</u>	
May - August	✓ Recruit and hire staff
September 1	✓ Transitional Age Youth Program Specialist and Peer Counselors begin outreach
<u>2007</u>	
March 1	✓ 50 transitional age youth are targets of outreach efforts ✓ 5 transitional age youth enroll in Full-Service Partnerships

6.2.14 Budget requests

See attached exhibits

6.2.15 Quarterly progress report

To be completed quarterly

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: **City of Berkeley**	Fiscal Year: 05-06	Program Work Plan Name: Wellness/Recovery Support Services
Program Work Plan #: COB 5		Estimated Start Date: 9/06

Description of Program: *Describe how this program will help advance the goals of the Mental Health Services Act*	Program contains three components, hiring peer counselors to work within the current system, hiring an Employment Specialist to ensure that consumers are able to access supports necessary to become employed and expansion of our consumer and family support by hiring a Family Advocate and expanding the hours of the current Consumer Liaison. Refer to narrative in Section 6 for complete description. This program advances the goals of MHSA by working towards a consumer/family driven system, implementing whatever is necessary to have services become wellness/recovery focused and providing access to employment, a critical aspect of recovery. Staff in the program will work collaboratively with a number of agencies in Alameda County and Berkeley.
Priority Population: *Describe the situational characteristics of the priority population*	Services available to all consumers, unserved and underserved transitional age youth, adults, and older adults are the priority populations of this program.

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Family support & education	☐	☒	☐	☒	☒	☒	☒
Supportive employment and other productive activities, and personal growth opportunities	☐	☒	☐	☐	☒	☒	☒
Peer supportive and client run services	☐	☒	☐	☐	☒	☒	☒
Client advocacy	☐	☒	☐	☐	☒	☒	☐
Classes and support services for clients to live successfully in the community	☐	☒	☐	☒	☒	☒	☒
Vocational services	☐	☒	☐	☐	☒	☒	☒
Outreach to older adults at senior centers, primary care settings	☐	☒	☐	☐	☐	☐	☒

System Transformation Strategy

Wellness and Recovery Support Services

6.2.1 Exhibit 4

See Exhibit 4 above

6.2.2 Narrative

The City of Berkeley **Wellness and Recovery Support Services** strategy will integrate wellness/recovery values and principles into the existing service delivery system and is comprised of three components:

- **Peer Counseling**—Integrate Peer Counselors into existing service teams and develop supports for those Peer Counselors.

- **Employment & Education Support**—An Employment Specialist will facilitate employment and education opportunities for all consumers and develop short-term "work try-out" experiences.

- **Wellness/Recovery System Integration**—A new Family Advocate position will be created, and the current Consumer Liaison position will be expanded to provide oversight. Together they will work to ensure that consumers and families are involved in directing the service delivery system to ensure that Berkeley Mental Health becomes a consumer/family driven system.

Staffing:

- 1.0 FTE Peer Counselors
- .5 FTE Employment Specialist (to be combined with .5 position in FSP)
- .5 FTE Family Advocate
- .5 FTE expansion of Consumer Liaison to full time

As described more fully below, these services are intended to expand collaboration with stakeholders, promote the values of wellness/recovery/ resilience and move Berkeley Mental Health towards a more consumer/family driven system.

Peer Counseling

Peer Counselors will be hired to provide peer-driven and peer-run counseling and support services. The focus of peer support will be on underserved and unserved individuals. Two half time positions will be created in the first year of the program with a

plan to increase the number and diversity of positions as MHSA/CSS funding allows. Peer counselors will work with existing service teams in Berkeley Mental Health to provide a range of support services that could include such things as:

- Facilitating WRAP (Wellness/Recovery Action Plan) groups
- Providing targeted support to persons to maintain housing
- Providing life skills support
- Engaging consumers in learning more about wellness/recovery principles
- Providing training to staff, consumers, family and other community stakeholders
- Benefits advocacy
- Support to obtain employment
- Symptom management

Peer Counselors will work in the clinic and the community. They will support the FSP by assisting with outreach and engagement of homeless young adults and seniors. They will work closely with the existing Drop-In Center for homeless consumers and with the Drop-In Café program that provides social support for consumers.

In order for peer counselors to be successful in providing services they need ongoing support. The Consumer Liaison will ensure that a support system is developed for peer counselors and those providing stipend services This could include ongoing training, support groups, meeting with other peer providers, accessing the Alameda County wellness/recovery supports, etc.

Employment and Education Support

Berkeley Mental Health currently holds a small contract with a local employment services provider to serve AB2034 enrollees and with a consumer organization to administer stipends and project-based work for consumers. While existing service teams are responsible for providing employment and education support services along with other rehabilitative and therapeutic services, the experience of successful programs, such as the Village in Long Beach, CA, shows that having dedicated staff in charge of employment is the best way of achieving outcomes in this area. To that end, the Employment Specialist will work with consumers and staff to develop and overall strategy to assist consumers in getting to work.

The primary goal of expanding services to include an emphasis on employment is to increase the numbers of consumers who are gainfully employed and/or engaging in other meaningful activity such as school or volunteer work. Employment is a critical aspect of wellness for everyone. In order to achieve this goal, a variety of approaches will be taken, including:

- Expand and develop new relationships with existing employment services such as the Department of Vocational Rehabilitation, Alameda County Behavioral Health Vocational Services Program, community-based one-stop employment centers, etc.

- Liaison with local community colleges and the Berkeley Adult School
- Develop employment support groups focusing on developing the skills and knowledge needed to get a job; information on how benefits are affected by employment will be included
- Collaborate with existing service teams to provide information and support regarding how consumers can access employment and educational services
- Work with Consumer Liaison to ensure that supports for peer counselors are developed.
- Create a stipend program

The Employment Specialist will conduct on-going collaboration with consumers, family members, the current Consumer Liaison, local businesses, community organizations and community colleges. This component will be entirely consumer-driven, and will include opportunities for consumer leadership through trainings, mentoring and community networking. The goal will be to create and nurture vocational, education and volunteer "try-out" opportunities in the community and build employment and education readiness. Phones and computers will be available to participants, who will be able to access training in a variety of applications depending on need; from building phone skills and handling a mouse to writing resumes and creating computer graphics, consumers will have the support of peers and staff to help them meet their identified goals. The Employment Specialist will also create a tracking system of consumers who have accessed vocational opportunities to maintain outcomes data.

Wellness /Recovery System Integration

The experience of mental health systems throughout the state is that implementing wellness/recovery principles in service delivery is an ongoing process that needs to engage participation from staff at all levels. In order to oversee and champion this process the current Consumer Liaison position will be increased from part time to full time and a Family Advocate will be hired. Together they will develop a Wellness/Recovery Advisory Board and be responsible for system-wide training. In addition they will function as advocates for consumers and families currently accessing services or attempting to access services.

Consumer Liaison: The Berkeley Mental Health system currently has a half time Consumer Liaison who oversees the consumer grievance system, serves on planning and leadership teams, quality improvement and cultural competence committees and has been coordinating consumer input into the MHSA planning process. In order to ensure that peer counselors are working in ways that best utilize their skills, the Consumer Liaison will oversee their work with the teams. As part of the MHSA planning process we discovered how valuable it was to have a mechanism to provide reimbursement to consumers participating on committees and surveying other consumers. We are proposing that these services continue past MHSA planning and be expanded to include short-term hourly services. The increase in the Consumer Liaison position would provide:

- Oversight and support for peer counselors providing services in the system.

- Development of an ongoing process to ensure consumer input into program planning and development--this could include quarterly forums, consumer council, surveys, etc.

- Recruit consumers to become involved in planning committees

- Oversight of the peer stipend program—this would include orienting consumers to stipend guidelines, approving projects for stipends, liaison with contractor providing stipend payments and monitoring the budget for these services.

- Implement training programs for staff and consumers on ways to incorporate wellness/recovery values into the ways services are delivered

Family Advocate: Through the Berkeley/Albany MHSA planning process, it has become clear that we need to hear more consistently from family members. While there are family members on the Mental Health Commission, they have not been as active in planning efforts as consumers have been. By having a Family Advocate as part of the system, we will not only improve our support to family members, but will infuse the system with family-driven leadership.

The Family Advocate will work with family members throughout Berkeley Mental Health. The primary role of the advocate will be to provide a point of contact to family members who have questions and concerns about the mental health system. Sometimes it is difficult for staff to support family members because consumers have indicated that they do not want their family to be involved in their treatment. In these cases, the Family Advocate can support family members and direct them to community resources for additional support. In other cases, family members are actively involved in treatment but sometimes have concerns that would be best addressed by a family peer advocate, who can assist them in making sure their voice is heard and issues addressed.

The Family Advocate will also:

- Conduct outreach to families through the existing Berkeley Mental Health family support groups, NAMI of the East Bay, community clinics and the newly proposed Alameda County Family Support Center
- Coordinate forums for family members to share their experiences with the system
- Participate in planning committees, quality improvement committee and other forums where family input is necessary.
- Recruit family members to work on these committees
- Collaborate with the Consumer Liaison to provide training for mental health staff on how to effectively work with families
- Collaborate with NAMI and other family groups to develop and support training opportunities for family members on mental illness and navigating the system.

6.2.3 Housing or employment services to be provided

As directed by consumers in the MHSA planning process, employment services are an integral part of this strategy. The Employment Specialist will collaborate with consumers and the community to provide the services outlined above. These services provide a range of opportunities for consumers including education, understanding aspects of employment, the ability to work within the system, and supported referrals to community employment programs. The Employment Specialist will work closely with these programs to ensure that individual consumer needs are honored and that consumers are successful in obtaining employment. An added benefit is that the proposed program will create employment opportunities for consumers and a family member.

Peer counselors will be involved in helping consumers to keep and maintain housing by supporting them in developing independent living skills. While this program does not have a provision for providing direct support for housing, housing support is an integral part of AB 2034 and general adult services at Berkeley Mental Health. Consistent with the vision of the MHSA, building on existing Berkeley services, rather than creating new MHSA "silo" programs is seen as a more effective and economic way to integrate transformational values and services throughout Berkeley Mental Health and the local system of care.

6.2.4 Average cost for each FSP

Not applicable

6.2.5 How program will advance goals of recovery

These services are focused on advancing the goals of recovery and encouraging and supporting hope in consumers and family members. Obtaining employment is a significant step in recovery for many consumers. Providing adequate consumer-driven supports to obtain employment is necessary for success in this area. Stipends for consumers and other low-income stakeholders will encourage participation in all levels of planning within Berkeley Mental Health. The Employment Specialist will create and support vocational opportunities where people can discover, develop, and use their skills to participate fully in their lives and communities.

In order to become more consumer/family driven, it is important to hear from stakeholders on a consistent and ongoing basis. Having consumers and family members embedded within the organization will help ensure this ongoing participation in leadership and decision-making. The Consumer Liaison will ensure that training is made available to staff on ways to incorporate recovery principles into their work. As

part of the Policy and Planning Unit, the Consumer Liaison will review policy and procedure to ensure it includes recovery aspects. The Family Advocate will build a network of supportive relationships for family members, between themselves and amongst staff. The Family Advocate and Consumer Liaison will work together to review current forms and printed information will be reviewed to see if they lead consumers and staff to work from a recovery oriented basis.

As part of the Consumer Work Group process, definitions were created for what it means to be consumer driven and wellness/recovery focused. These definitions will be used on a periodic basis to assess the effectiveness of this program in advancing the goals of recovery.

6.2.6 Description of existing program to be expanded

Employment services: There are currently three service teams providing support to transition age youth, adults, and older adults in the Berkeley Mental Health system. As noted above, these teams are responsible for a variety of outcomes including employment. While these teams have achieved positive results, consumer-defined successful employment remains a high need. The Employment Specialist will work with all teams to provide support, information and services designed to help consumers obtain employment. The Employment Specialist will also be available to transition age youth that are served by the Children and Family team.

Berkeley Mental Health employs a half-time Consumer Liaison who oversees consumer grievances and complaints, serves on various planning groups, and provides consumer advocacy at various levels in the organization. This position currently oversees the stipend program, a duty that will be expand this program. The Family Advocate will work together with the Consumer Liaison to support system transformation as well.

As noted above, Berkeley Mental Health has implemented a small stipend and hourly payment program administered by a community-based organization. In addition to funds available through MHSA, the current mental health program budget will provide additional funds for these services.

Family support: The Berkeley Mental Health System has a twenty-five year history of providing family support groups. These groups meet weekly and are facilitated by clinicians. While they have been extremely valuable, staff that facilitate the groups generally do not have adequate time to work with individual family members. The Family Advocate will provide a much-needed resource to fill this gap and to improve the integration of family members into service plans with consent of the client.

6.2.7 Services and supports by peers/family

Peers and family members will be hired to provide a range of services and supports as noted above. Consumer experience will be a requirement of peer counseling positions and is currently a requirement for the Consumer Liaison positions. A person who has first-hand experience being a family member of a mental health consumer will provide Family Advocate services. Finally, the Employment Specialist position could be filled by someone with consumer and/or family experience. Such experience would be highly valued in this position.

6.2.8 Collaboration strategies

There are several opportunities for collaboration in this strategy:

The primary goal of these services is to enhance collaboration between mental health staff, consumers and family members. This would also include collaboration with an expanded circle of stakeholders who came forward during MHSA planning efforts.

The Employment Specialist will liaise with existing vocational training programs to ensure consumers are matched appropriately according to their needs and desires. The Employment Specialist will also work with the Alameda County Vocational Program to coordinate services. In order to support education and make consumers aware of training opportunities, relationships will be developed with the local community colleges and the Adult School.

The Consumer Liaison will work statewide with the California Network of Mental Health Clients and consumer Liaisons from other counties. Locally the Liaison will work with the Alameda County Network of Mental Clients, PEERS Inc. (Peers Envisioning and Engaging in Recovery Services), Best Now and any Alameda County developed peer support programs.

The Family Advocate will work together with local organizations like NAMI, the Mental Health Association and Alameda County Behavioral Health to promote family advocacy efforts throughout Berkeley Mental Health.

6.2.9 Cultural competence

The approach of these additional services is to provide individually tailored services and supports, which includes providing culturally specific interventions. To promote cultural competency, efforts will be made to ensure that staff hired will include people who are representative of diverse cultures, languages, age groups and sexual orientations. Particular efforts will be made to recruit peer counselors from diverse communities. Funds for translation services will be made available. All staff will be required to attend cultural competence training at least annually. The Consumer Liaison and Family Advocate will ensure that consumers and family members are involved on the existing Cultural Competency Committee.

6.2.10 Sensitivity to sexual orientation and gender

The City of Berkeley emphasizes sensitivity to, and inclusion of, issues regarding staff, consumer and community members' sexual orientation, gender, and gender presentation. On-going training will continue to be a priority in these areas. Throughout the new program, special attention will be paid to promoting a welcoming and inclusive environment for all people, especially those who have been marginalized because of their gender, sexual orientation and/or gender presentation.

6.2.11 Services to out-of-county residents

While located in Berkeley, services will be available to any Alameda County resident. Alameda County and Berkeley have agreed not to exclude clients based on residency.

6.2.12 Strategies not listed in Section IV

All strategies are those listed in the MHSA CSS Plan Requirements.

6.2.13 Work plan timeline

2006

May – August	✓ Recruit and hire program staff
September 1	✓ Program staff hired
	✓ Consumer Liaison position expanded
October 1	✓ Employment Specialist to begin working with staff and consumers to develop overarching strategy to support employment
	✓ Develop relationships with existing employment providers
October 1	✓ Family advocate begins to outreach to families, NAMI, family support groups
November 1	✓ Employment support groups begin, Employment specialist meets with teams
December 1	✓ Peer stipends and hourly position activities defined, guidelines developed for use of these funds

2007

January 1	✓ 10-15 consumers referred for employment services

6.2.14 Budget requests

See attached Exhibit 5

6.2.15 Quarterly progress report

To be completed quarterly

Part III: REQUIRED EXHIBITS

Exhibit 1: Program and Expenditure Plan Face Sheet

Attached to front of document

Exhibit 2: Program Work Plan Listing

Attached

Exhibit 3: Full Service Partnerships Population – Overview

Attached

Exhibit 4: Work Plan Summary

Attached within document in Section 6

Exhibit 5: Budget and Staffing Detail with instructions

Attached

Exhibit 6: Quarterly Progress Goals and Report

Due upon program delivery

Exhibit 7: Cash Balance – Quarterly Report

Due upon program delivery

Attachment #A

City of Berkeley/Albany Mental Health
MHSA Meetings

Meeting Location/Target Audience	Sponsoring group	Type
A Better Way	Children & Families	Outreach/input
Adult System of Care Policy Council	Steering	Outreach/ input
Adult focus stakeholders (3 meetings held on 3 different days)	Adult	Community meeting
Albany High School/community	Children & Families	Community meeting
Albany Senior Center	Older Adult	Outreach/input
ARK – II—residential treatment for TAY	TAY	Outreach/input
Asian Community Key Informant meeting/held at City Hall	Adult/ Cultural Competency	Community meeting
Berkeley/Albany Adult School 2 meetings held at 2 separate times	TAY	Outreach/input
Berkeley/Albany Adult School – Teachers 2 meetings held at 2 separate times	Community	Outreach/input
Berkeley Commissions/MH Clinic	Steering	Community meeting
Berkeley Drop-In Center	Consumer	Outreach/Consumer forum
Berkeley Community/So Berkeley Senior Center	Steering	Initial training session/ Community meeting
Berkeley Community/Trinity Methodist Church	Steering	Initial training session/ Community meeting
Berkeley Community Stakeholder Meetings (2 meetings held on 2 different days)	Steering	Community meeting
Berkeley Community Stakeholder Progress Report	Steering	Community meeting
Berkeley Mental Health/Adult Clinic 2 meetings held on 2 different days	Adult/Steering	Outreach/Staff input
Berkeley Mental Health/ Family & Youth Service Staff	Children & Families	Outreach/Staff input
Berkeley Mental Health older adult consumers	Older Adult	Consumer forum
Berkeley Mental Health - Mobile Crisis	Steering/Adult	Outreach/staff input
Black Infant Health Project	Children & Families	Outreach/input
Centro Vida Preschool	Children & Families	Outreach/input
Chaplaincy for Homeless Youth	TAY	Outreach/input
Children & Family Stakeholders (2 meetings held on 2 different days	Children & Families	Community meeting
Commission on Aging	Steering	Outreach/input
Community Health Commission	Steering	Outreach/input

Creative Living Center	Consumer	Outreach/consumer forum
Criminal Justice Stakeholders	Adult	Community meeting
Disability Commission	Steering	Outreach/input
Drop-In Café/Berkeley Mental Health	Consumer	Outreach/consumer forum
Family Focus Groups (2 meetings held on 2 separate days)	Steering/Adult	Community meeting
Fred Finch Youth House	TAY	Outreach/input
Grey Panthers	Older Adult	Outreach/input
Harriet Tubman—senior housing	Older Adult	Outreach/input
Homeless Commission	Steering	Outreach/input
Human Welfare Commission	Steering	Outreach/input
Humane Commission	Steering	Outreach/input
James Kenny School/parents	Children & Family	Outreach/input
Bahia/ Latino Community Meeting	Cultural Competence	Community meeting
Latino Leaders	Community	Community meeting
Multi-Agency Service Center (MASC)	Consumer	Outreach/ Consumer forum
North Berkeley Senior Center	Older Adult	Outreach/input
Options—residential substance abuse treatment	TAY	Outreach/input
Police Review Commission	Steering/Adult	Outreach/input
Public comment from web/calls	Community	public input
Public Health Nursing	Steering	Outreach/input
Radical Mental Health Collective	TAY	Outreach/input
Russell St. residential program (3 meetings held at 3 separate times)	Adult	Outreach/focus group
Satellite Senior Homes—went to 2 locations to collect survey information	Older Adult	Outreach/surveying
South Berkeley Senior Center	Older Adult	Outreach/input
St. Paul African Methodist	Cultural Competency	Outreach/input
STEPS	TAY	Outreach/input
Strawberry Creek (senior housing)	Older Adult	Outreach/input
Telegraph Area Association	Steering	Outreach/input
West Berkeley Senior Center	Older Adult	Outreach/input
Women's Daytime Drop-In Center	Consumer	Outreach/consumer forum
YEAH shelter (2 meetings held on 2 separate days)	TAY	Community meeting
YMCA	Children & Family	Outreach/input
Young Adult Project	Children & Family	Outreach/input

Youth Collaborative	Children & Family	Outreach/input
Youth Commission	TAY	Outreach/input

Chart Definitions

"Meeting Location/Target/Target Audience"-- refers to where the meeting was held and/or who was specifically invited to attend. All meetings were open to any interested party, however some were specialized to a particular focus.

"Sponsoring group"—refers to the work group that was responsible for organizing the event. "Steering" refers to the Steering Committee and includes those meetings that were organized by MHSA staff at the direction of the Steering Committee.

"Type"
"Outreach/input" refers to meetings where MHSA staff came to an existing meeting to provide training on MHSA and receive input

"Community meeting" refers to a meeting specifically scheduled by MHSA staff where community members were invited. Training was provided and input received.

"Consumer forum" refers to sessions that were predominately mental health consumers. Training was provided , the majority of time in these meetings was on receiving consumer input.

ATTACHMENT "B"

EXHIBIT 2: COMMUNITY SERVICES AND SUPPORTS – PROGRAM WORK PLAN LISTING

County: City of Berkeley

Fiscal Year: 05/06 (3 Months)
(please complete one per fiscal year)

#	Program Work Plan Name	TOTAL FUNDS REQUESTED				FUNDS REQUESTED BY AGE GROUP			
		Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
		$	$	$	$	$	$	$	$
COB 1	**Children's Wraparound**	**32,500**			**32,500**	**32,500**			
COB 2	**Full Service AB 2034 Expansion**	**104,830**			**104,830**		**41,932**	**20,966**	**41,932**
COB 3	**Multicultural Outreach and Engagement**			**29,281**	**29,281**	**7,320**	**7,320**	**7,320**	**7,320**
COB 4	**Transition Age Youth Support Team**			**23,750**	**23,750**		**23,750**		
COB 5	**Wellness/Recovery Support Services**		**47,475**		**47,475**	**7,122**	**11,869**	**16,616**	**11,869**
	Total Funds Requested:	**$ 137,330**	**$ 47,475**	**$ 53,031**	**$ 237,836**	**$ 46,942**	**$84,871**	**$44,902**	**$61,121**

EXHIBIT 2: COMMUNITY SERVICES AND SUPPORTS – PROGRAM WORK PLAN LISTING

County: City of Berkeley

Fiscal Year: 06/07
(please complete one per fiscal year)

#	Program Work Plan Name	TOTAL FUNDS REQUESTED				FUNDS REQUESTED BY AGE GROUP			
		Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
		$	$	$	$	$	$	$	$
COB 1	**Children's Wraparound**	**136,500**			**136,500**	**136,500**			
COB 2	**Full Service AB 2034 Expansion**	**440,287**			**440,287**		**176,115**	**88,057**	**176,115**
COB 3	**Multicultural Outreach and Engagement**			**122,980**	**122,980**	**30,745**	**30,745**	**30,745**	**30,745**
COB 4	**Transition Age Youth Support Team**			**99,750**	**99,750**		**99,750**		
COB 5	**Wellness/Recovery Support Services**		**199,393**		**199,393**	**29,909**	**49,848**	**69,788**	**49,848**
	Total Funds Requested:	**$ 576,787**	**$ 199,393**	**$ 222,730**	**$ 998,910**	**$197,154**	**$356,458**	**$188,590**	**$256,708**

EXHIBIT 2: COMMUNITY SERVICES AND SUPPORTS – PROGRAM WORK PLAN LISTING

County: City of Berkeley

Fiscal Year: 0708
(please complete one per fiscal year)

#	Program Work Plan Name	TOTAL FUNDS REQUESTED				FUNDS REQUESTED BY AGE GROUP			
		Full Service Partnerships	System Development	Outreach & Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult
		$	$	$	$	$	$	$	$
COB 1	**Children's Wraparound**	**143,325**			**143,325**	**143,325**			
COB 2	**Full Service AB 2034 Expansion**	**462,301**			**462,301**		**184,921**	**92,459**	**184,921**
COB 3	**Multicultural Outreach and Engagement**			**129,129**	**129,129**	**32,283**	**32,282**	**32,282**	**32,282**
COB 4	**Transition Age Youth Support Team**			**104,738**	**104,738**		**104,738**		
COB 5	**Wellness/Recovery Support Services**		**209,363**		**209,363**	**31,404**	**52,341**	**73,277**	**52,341**
	Total Funds Requested:	**$ 605,626**	**$ 209,363**	**$ 233,867**	**$ 1,048,856**	**$207,012**	**$374,282**	**$198,018**	**$269,544**

EXHIBIT 3: FULL SERVICE PARTNERSHIP POPULATION – OVERVIEW

Number of individuals to be fully served:
FY 2005-06: Children and Youth:_0___ Transition Age Youth 0_ Adult:_0 Older Adult: 0_ TOTAL:__ ____
FY 2006-07: Children and Youth:__10_ Transition Age Youth:_10 _ Adult:_7__ Older Adult:_8_ TOTAL:__35___
FY 2007-08: Children and Youth:__10__ Transition Age Youth:__10_ Adult:_7_ Older Adult:_8_ TOTAL:_35____

PERCENT OF INDIVIDUALS TO BE FULLY SERVED

	% Unserved				%Underserved				
	%Male		%Female		%Male		%Female		
Race/Ethnicity	**%Total**	**%Non-English Speaking**	**%Total**	**%Non-English Speaking**	**% Total**	**%Non-English Speaking**	**%Total**	**%Non-English Speaking**	**%TOTAL**
				2005/06					
% African American									
% Asian Pacific Islander									
% Latino									
% Native American									
% White									
% Other									
Total Population									
				2006/07					
% African American	5.7%		5.7%		11.4%		2.9%		**25.7%**
% Asian Pacific Islander	8.6%		11.4%	25%					**20%**
% Latino	14.3%	40%	11.4%	25%	2.9%		2.9%		**31.5%**
% Native American									
% White	5.7%		5.7%		2.9%		8.6%		**22.8%**
% Other									
Total Population	**12**	**(2)**	**12**	**(2)**	**6**		**5**		**35/100%**
				2007/08					
% African American	5.7%		5.7%		11.4%		2.9%		**25.7%**
% Asian Pacific Islander	8.6%		11.4%	25%					**20%**
% Latino	14.3%	40%	11.4%	25%	2.9%		2.9%		**31.5%**
% Native American									
% White	5.7%		5.7%		2.9%		8.6%		**22.8%**
% Other									
Total Population	**12**	**(2)**	**12**	**(2)**	**6**		**5**		**35/100%**

EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY
Attached within document in Section 6

(For exhibits 5)

END OF DOCUMENT