

City of Berkeley Mental Health Division
Mental Health Services Act (MHSA) Community Supports and Services (CSS)
Implementation Progress Report
(Draft for Public Review and Comment)

Introduction

California voters approved the Mental Health Services Act (MHSA) in November 2004. The MHSA provides funding for state and local mental health programs in five categories:

- Community Services and Supports (CSS)
- Workforce Development and Education/Training
- Prevention and Early Intervention
- Capital Facilities and Technology and
- Innovative Programs.

The first category of funding to be released was Community Services and Supports. The state developed regulations for how local jurisdictions should engage in planning for the use of these funds, which included involvement of the community and a wide range of stakeholders.

The City of Berkeley's Mental Health Services Act (MHSA) Community Services and Supports (CSS) plan was originally submitted in March 2006. After negotiation with the State Department of Mental Health regarding the amount of funding that Berkeley/Albany Mental Health would receive, the plan was approved September 20, 2006.

In accordance with state guidelines, this Implementation Progress Report is to cover activities through December 2006. This report therefore covers a period of just over three months of program implementation time. Some of the key highlights during this timeframe included:

- Ongoing meetings on a monthly basis with the Steering Committee (the group of community stakeholders who were involved in the development of the CSS Plan)
- Multicultural Outreach Coordinator hired.
- Community Outreach and Engagement activities to underserved populations
- Drafting Requests for Proposals (RFP's) for services to be provided by community based organizations
- Expansion of the Consumer Liaison position and planning initiated for a Wellness/Recovery Task Force
- Initiation of technical assistance services to review Berkeley Mental Health employment services, refine the Employment Coordinator job description and develop an implementation plan for the employment services.
- Development of job descriptions and program plans
- Initiated discussions with community partners on housing alternatives for Transition Age Youth
- Engaged consultants to develop a strategic plan to improve cultural competency in staff and integrate with community outreach efforts
- Established recruitment protocols with Human Resources Department to promote City of Berkeley employment of consumers, family members and people with mental disabilities

1.) Program Services Implementation

State Guideline:

a.) Briefly report by each service category (i.e., Full Service Partnerships, General System Development and Outreach and Engagement) on how the implementation of the approved programs/services is proceeding.

- i.) Describe whether services are proceeding as outlined in the county approved plan and subsequently adopted in the MHSA Performance Contract. If not, please identify the key differences.***

Full Service Partnerships (FSP)

There are two full service partnership programs in the Berkeley CSS Plan

1. Children's Intensive Support Services
2. Integrated Services Expansion for Transition Age Youth, Adults and Older Adults

Children's Intensive Support Services CSS Funds: \$130,000

- Brief Program Description: Contract with community based provider to provide intensive mental health services to children who do not have Medi-cal or other insurance.
- Goals for period ending December 2006: Request for Proposals (RFPs) developed in August, issued in September; reviewed by October; and awarded to a community contractor by November.
- Actual progress: RFP was developed, reviewed through city process and finalized by December 2006. It was actually released in January 2007 and the contract awarded in June 2007 to Fred Finch Programs.

Integrated Services Expansion for Transition Age Youth, Adults and Older Adults: CSS Funds \$320,000

- Brief Program Description: Provide additional staffing to adult mental health clinic to provide comprehensive mental health and support services. Most of the services will be for transition age youth and older adults, with an emphasis on Latino and Asian/Pacific Islanders — 18 clients to be served. Staffing includes 2 clinicians, .5 peer counselor, .5 Employment Coordinator. Funds to support housing.
- Goals for the period ending December 2006: Recruit and hire staff. Staff to meet with Multicultural Outreach Coordinator to develop strategies for reaching unserved/underserved ethnic populations.
- Actual progress: The first clinician for the program was hired and meetings did occur with the Multi cultural Outreach Coordinator to develop outreach strategies. It was

decided to phase hiring of other staff with enrollment of clients. Given the goal of reaching out to un-served communities it was clear that enrollment would be measured. Meetings with Human Resources were initiated to clarify job classification and recruitment procedures for peer counselor and family advocate positions. Worked closely with the Housing Department on the development of housing targeted to Transition Age Youth (TAY).

Since December 2006 the Employment Coordinator has begun orientation and the process is underway to hire a peer counselor. Six clients have been enrolled in the FSP program.

State Guideline: For the Full Service Partnership category only: If the County has not implemented the SB 163 Wraparound (Welfare and Institutions Code, Section 18250) and has agreed to work with their county department of social services and the California Department of Social Services toward the implementation of the SB 163 Wraparound, please describe the progress that has been made, identify any barriers encountered, and outline the next steps anticipated.

The City of Berkeley was not specifically required to meet the SB 163 wraparound requirements of the MHSA plan. Wraparound services for Medi-Cal children in Berkeley and Albany are provided by Alameda County Behavioral Health Care Services (ACBHCS). Berkeley will work cooperatively with ACBHCS and Alameda County Social Services on this issue. The following is an excerpt from the ACBHCS Implementation Progress Report regarding these services.

Alameda County Behavioral Health Care Services and the Alameda County Social Services Agency (SSA) collaborated closely on the development of an RFP for Wraparound Services for children who are dependents of the court. This RFP held true to the core values and principles of Wraparound while utilizing a different funding mechanism than SB 163.

SSA was involved with the State and Federal Government in negotiations (along with Los Angeles County) to enter into a 5 year IVE Waiver agreement. The decision to continue the SB 163 funding model of Wraparound was put on hold pending a decision on the IVE Waiver as this would negate the need to continue the SB 163 funding model.

General System Development

Wellness/Recovery Services-- CSS Funds \$160,000

- Brief Program Description: Enhance services currently provided at Berkeley Mental Health to include activities promoting wellness and recovery. Reach out to family members and a focus on employment services. Staffing includes increasing the current Consumer Liaison to full time from part time, a .5 Family Advocate and a .5 Employment Coordinator (to be combined with the .5 in the FSP program)
- Goals for period ending December 2006: Work with Human Resources to designate city classifications for positions above, begin recruitment, begin development of Wellness Recovery Task Force.

- Actual progress: Goals met. The duty statement for the Family Advocate was finalized and work began with Human Resources to finalize recruitment language.

The contract that funds the Consumer Liaison was increased to allow for a full time position and work began with Human Resources to develop a civil service classification for this position. The Consumer Liaison developed a plan and created a brochure for the Wellness Recovery Task Force (WRTF). Presentations about the WRTF were made to staff and consumers. Outreach to consumers began to ensure broad participation in the WRTF. The Consumer Liaison attended Wellness Recovery Action Plan (WRAP) facilitator training and developed a WRAP brochure for Berkeley Mental Health. She also developed a draft stipend policy to formalize payments to consumers and family members for their involvement in system-wide planning committees and other short-term projects. The stipend policy was reviewed by the Management Team on 11/07/06 and was then sent to the City Attorney for approval.

Since the Employment Coordinator is a new position for Berkeley Mental Health it was decided to apply for technical assistance from the state to assist us in developing the duty statement and work plan for this position. The application was submitted, approved and work began with Steve Ekstrom from the Results Group. He held initial meetings with staff from mental health, the Department of Rehabilitation (DOR), Rubicon, and Alameda County Vocational Services to clarify the scope of the work.

Since December 2006 the Wellness Recovery Task Force has, convened and met three times. The Family Advocate was hired. The Employment Coordinator began working and the technical assistance work continues with community partners.

State guideline: For General System Development only: Describe how the implementation of the General System Development programs has strengthened the County's overall public mental health services system. If implementation has not yet occurred or is in an early stage of development simply indicate that this is the situation and no other response is needed.

These services are in the early stage of development. The most promising efforts to date are the work of the Wellness Recovery Task Force, which has held an orientation to Wellness Recovery, brainstormed ideas of how a wellness recovery Berkeley Mental Health would look, reviewed a recovery orientated service plan. The Task Force is now beginning to look at the issue of money management and representative payee services.

Outreach and Engagement

Multicultural Outreach, CSS Funds \$90,000

- Brief Program Description: Develop methods to engage ethnic communities and increase service utilization in these communities. Plan to begin with outreach to Asian communities. This program builds on the success of the Latino Families in Action program that has been engaging Latinos in the community for the past five years. Funds

pay for a .5 Multicultural Outreach Coordinator and for small contracts with ethnic service provider organizations.

- Goals for period ending December 2006: Recruit and hire staff, begin to develop outreach plan to Asian communities, meet with FSP staff, and develop RFP for contract with ethnic service providers.
- Actual progress: Majority of goals met. The .5 Multicultural Outreach Coordinator (MOC) position was combined with a .5 position in the mental health division for a full-time Cultural Competence Coordinator. Recruitment for the position began prior to plan approval and by mid-September the position was filled. Outreach activities began by scheduling meetings with various community leaders in the Latino, LGBT, Asian and African American communities. It was determined that an RFP was not needed to proceed with the small contracts with providers. An agreement was reached with Asian Community Mental Health Services for service provision. As noted earlier the MOC met with staff from the FSP to discuss outreach strategies. An initial plan for outreach to Asian communities was developed.

Since December additional meetings have been held with community leaders, a working outreach plan has been developed. Two training sessions were held, one for staff and one for the community focusing on Asian mental health issues. A day-long all staff training on clinical issues in working with lesbian, gay, bisexual and transgender people was held in April as well as outreach to LGBT leaders in Berkeley to address access and cultural competence issues.

Transition Age Youth Outreach & Service Program, CSS Funds \$70,000

- Brief Program Description: Funding for a transition age youth resource specialist to be hired by a community-based agency currently working with transition age youth. Homeless youth with serious mental illness are to be served through this contract.
- Goals for period ending December 2006: Develop RFP in August, issue in September, review bids in October and award contract in November
- Actual progress: RFP was developed, reviewed through city process and finalized by December 2006. It was actually released in January 2007 and the contract awarded in June 2007 to the YEAH/Lutheran Church of the Cross program for homeless youth.

State Guideline: ii.) Describe the major implementation challenges encountered

- The primary implementation challenge was completing the process to contract out programs to community-based agencies. Some of this delay was due to the fact that during this time period a recruitment process was underway to hire a new MHSA Coordinator. The previous Coordinator left shortly before the CSS plan was approved. Since this timeframe a new MHSA Coordinator was hired who has assumed oversight of the planning and implementation process.

- An additional challenge was the increased workload for existing city administrative staff and clinical staff. The impact of implementing new programs created greater than anticipated workload issues for staff at various levels.
- While the Multicultural Outreach Coordinator was able to begin work quickly it is very challenging to engage the diverse Asian communities. It has also been challenging to find new ways to engage ethnic communities and enroll them in the highest level of service (FSP).
- It has been challenging to follow through on the training and support for system transformation. A plan was developed to engage staff in various training and consultative efforts but it has been difficult to implement this at the same time that new programs are coming on line.
- An interesting challenge was winding down the involvement of consumers and family members who had been receiving stipends for their work on various CSS planning committees. As the work was finished these groups disbanded which led to fewer stipends available overall. While some other committees, such as the Wellness Recovery Task Force have been developed, it was still an overall reduction in involvement of some consumers, while expanding the involvement of others.

State guideline: b.) Highlight the County's key transformation activity/activities in any of the five essential elements:

- ***Community collaboration***

Berkeley/Albany Mental Health has historically maintained relationships with a range of community based service provider agencies. With the addition of the MHSA programs we are expanding these relationships primarily through the work of the Multicultural Outreach Coordinator. One of the projects he was involved with brought together a number of organizations that had connections with Latino youth. In an effort to reach out to these youth contacts were made with the Mayor's office and a task force was developed. One of the projects supported with MHSA outreach funds was having youth take pictures of significant people and relationships in their lives and then sharing the meaning of these photos with each other.

- ***Cultural competence***

The CSS funding for a .5 Multicultural Outreach Coordination led Berkeley Mental Health to reexamine how it had historically provided support for the overall work of integrating cultural competence. Traditionally a manager who also had program supervision responsibilities added cultural competence to their duties. The mental health system identified an existing .5 position to add to the CSS allocation to create a full time position dedicated to these issues.

Developed a contract with consultants to review the existing Cultural Competence Plan and integrate it with the work of reaching out to unserved and underserved ethnic communities. The actual work of the consultants began after December 2006.

The Multicultural Outreach Coordinator met with leaders from a range of ethnic communities and the LGBT community to introduce them to the MHSA plan and our outreach efforts.

- ***Client/family driven mental health system***

Prior to the approval of our CSS plan, Berkeley contracted with a consultant who developed a plan for hiring peer counselors. During the latter part of 2006 staff met to finalize duty statements for peer counselors and outline issues to be resolved in order to provide optimal support for consumer/provider recruitment and retention. Meetings were held with Human Resources to clarify job classification and recruitment strategies.

Consumers became more actively involved in planning and oversight committees. One of the benefits of the MHSA planning process was that consumers took on primary roles in helping to develop program proposals. As a result they became even more active on some of the division planning committees. Consumers were primarily responsible for determining the primary area of focus for the Continuous Quality Improvement Committee for 2006. They became more involved with the Mental Health Commission and active on sub-committees including the System Transformation and Clinical Protocols Sub-committees. Their efforts led to the creation of an ongoing discussion forum between consumers and psychiatrists that now meets quarterly.

- ***Wellness/recovery/resiliency focus***

As noted previously, planning and recruitment for a Wellness/Recovery Task Force began.

Meetings were held with staff from the Alameda County Vocational Program, which led to the request for a consultant to work with Berkeley on the development of a vocational services plan.

The Consumer Liaison worked with staff in the adult clinic to establish ongoing Wellness Recovery Action Planning (WRAP) groups.

State Guideline: e.) If applicable, provide an update on any progress made towards addressing any conditions that may have been specified in your DMH approval letter.

There were not any conditions for the City of Berkeley to address in the DMH approval letter.

2.) Efforts to Address Disparities

State Guideline: a) Describe your County's current efforts/strategies to address disparities in access and quality of care among the underserved populations targeted in your plan. In your description, please highlight your successes and address any barriers or challenges that you have encountered.

As noted above the Multicultural Outreach Coordinator met with staff at the adult clinic to discuss ways to improve access from various ethnic communities. Ongoing efforts to recruit a more diverse work force have led to more bi-lingual/ bi-cultural staff being hired. The Cultural Competence Committee agreed to sponsor some half-day training sessions beginning in 2007 focused on services to the Asian community.

One of the challenges encountered was getting staff to use some of the resources being developed. For example a number of questions came up regarding how to use the contract with Asian Community Mental Health, which speaks to the need for improved administrative support for improving service access with contracted providers.

b) Describe your County's outreach efforts and the progress made to date to involve the underserved populations that are specifically targeted in your Plan. Please be specific in identifying the strategies and approaches employed.

As envisioned in the CSS Plan, our Multicultural Outreach Coordinator held several meetings with key informants and leaders in the Asian and Latino communities in order to determine the most effective strategies for outreach and engagement with these underserved populations. The input from these meetings led to the development an initial plan to provide educational programs at community sites to begin to engage the community. The Multicultural Outreach Coordinator developed and implemented two early intervention programs: Family Rainbow for couples and Family Sunshine for women with anxiety.

c.) Describe the steps you used towards providing equal opportunities for employment of individuals from underrepresented racial/ethnic and/or cultural communities.

The City of Berkeley has demonstrated its ability to reach underrepresented racial/ethnic and/or cultural communities through its recruitment strategies. Additional work was done through web based advertising, linking with educational programs and outreach and mailings to community organizations. Berkeley has a well developed intern training program. The staff recently hired into clinical positions have predominately been bi-lingual and bi-cultural.

d.) Indicate the number of Native American organizations or tribal communities that have been funded to provide services under the MHSA.

Oakland has a large urban Native American community. The City of Berkeley plan does not directly fund Native American organizations or tribal communities. In our CSS plan we indicated that we would work with Alameda County on outreach to Native American organizations and communities. Our Cultural Competence Coordinator has been a member of the Alameda County Cultural Competence Committee for the past year and will assure this collaboration.

e.) List any policy or system improvements specific to reducing disparities, such as the inclusion of language/cultural competency criteria to procurement documents and/or contracts.

The inclusion of language /cultural competency is part of the City of Berkeley contracting process. The Cultural Competence Committee began work on developing policy to better integrate information from cultural competence trainings into service delivery and to develop agency measures of cultural competence. Translation of agency informing materials and standard forms has increased and become more routine and efficient.

3. Stakeholder Involvement

State Guidelines: Provide a summary description of the involvement of clients, family members, and stakeholders including those who are racially/ethnically, linguistically and culturally diverse and from other underserved or unserved communities, in the ongoing planning and implementation of the Initial CSS Three-Year Program and Expenditure Plan.

The MHSA Steering Committee was initially formed to oversee the planning process for Community Services and Supports Plan. This group has good representation from consumers and some family member involvement. One of the areas that the Steering Committee itself identified was the need for more representation from unserved ethnic groups. They held some meetings to discuss ongoing outreach to the community and involved the Multicultural Outreach Coordinator. An initial outreach plan was developed and reviewed with the Steering Committee. One of the challenges was how to bring in persons from diverse backgrounds in a meaningful way and it was decided to do further work in this area before initiating further outreach. That is, through the CSS planning process, we have successfully engaged a diverse group of new consumers and family members who have joined the Steering Committee, Mental Health Commission, Quality Improvement Committee, Wellness Recovery Task Force, and Cultural Competence Committee. However, a relatively small number of people have taken on multiple roles in different groups. Outreach for further involvement should now be targeted to very specific planning or other organizational needs and continue to reflect the diversity of the local community.

As noted previously, the work of the Multicultural Outreach Coordinator was led and directed by community stakeholders from various programs within Berkeley and Albany. The first major activity of the MCO was bringing together stakeholders from various organizations including:

- Albany School District
- Bay Area Hispano Institute for Advancement (BAHIA, Inc.)
- Berkeley Organizing Congregations for Action (BOCA)
- Berkeley Unified School District
- Center for Independent Living
- First Source/Youth Works
- Public Health: Black Infant Health/Chronic Disease Prevention/Public Health Nursing
- YMCA
- Saint Joseph the Worker Church

The recruitment for involvement in the Wellness/Recovery Task force included outreach to diverse consumers. The results of this work led to over 30 staff, consumers and family members coming together for the day long Wellness Recovery Task force orientation and training in March 2007.

Consumers and family members who had been involved in the MHSA Steering Committee began to join other BMH committees such as the Cultural Competence Committee, and the

Continuous Quality Improvement Committee, which led to increased diversity on these ongoing planning groups.

4. Public Review and Hearing

State Guidelines Provide a brief description of how the County circulated this implementation Progress Report for a 30-day public comment and review period including the public hearing. Include the following information:

a) The dates of the 30-day stakeholder review and comment period, including the date of the public hearing conducted by the local mental health board or commission.

Public comment period: July 30th to August 30th. Public Hearing to be held by the Mental Health Commission on August 30th.

b) The methods used to circulate this progress report and the notification of the public comment period and the public hearing to stakeholder representatives and any other interested parties.

Notification sent to MHSA mailing list which includes community agencies and those who participated in the planning process by attending an outreach meeting or becoming involved in planning. Press release to local newspapers. Posting of information on the City of Berkeley website. Notification via the Mental Health Commission and distribution of materials at the public library.

c) A summary and analysis of any substantive recommendations or revisions.

Comments and recommendations will be summarized and included in the final report to the State Department of Mental Health.

5. Technical Assistance and Other Support

a) Identify the technical assistance needs in your County for supporting its continued implementation of the initial CSS Three-Year Program and Expenditure Plan.

- Support for how to continue the work of community outreach to involve the community in meaningful ways. This would be following up on the desire of the Steering Committee for ongoing outreach.
- Assistance on the best way to maintain a connection with the community and to get good effective working relationships with the community. Mental Health is everyone's business.
- Ways to more fully integrate CSS values into the ongoing work once training and the initial excitement of something new has faded.

b.) Identify if there are any issues that need further policy development or program clarification.

- Existing policies should be reviewed to promote the inclusion of wellness/recovery and cultural competence language and values;
- Development of an Agency vision for Wellness Recovery
- Updating of current BMH mission statement to reflect recovery and cultural inclusion.
- Policy development around Dual Relationships.