Executive Summary

Berkeley Mental Health Planning Process
Mental Health Services Act
Community Services and Supports

November 28, 2005

Overview

The Mental Health Services Act (MHSA) is California state legislation that was approved by voters in November 2004. This act places a 1% tax on every dollar of earned annual income over $1 million. The State allocates these tax revenues, on a formula basis, to city and county mental health departments for the purpose of improving mental health services. There are five funding streams associated with the MHSA: Community Services and Supports, Prevention and Early Intervention, Capital Facilities and Technology, Workforce Development, and Innovative Programs. The State Department of Mental Health (DMH) decided to release planning requirements in stages, beginning with Community Services and Supports (CSS). The draft plan summarized here represents the collective outreach and planning work of many people from the cities of Berkeley and Albany.

The Berkeley/Albany planning process started before the MHSA was passed. Berkeley/Albany Mental Health staff, commissioners, consumers and other stakeholders began working in earnest. Those involved in planning activities were asked to attend statewide meetings, read and evaluate state planning requirements, interpret utilization data, review guidelines, employ screening tools, scan survey results, review proposals, and, most importantly, find ways of hearing and involving the larger community in decisions made about mental health services. Participants in the planning groups strived to uphold their guiding principles and the MHSA CSS fundamental planning concepts: collaboration, cultural competence, consumer and family driven, wellness/recovery/resilience focused and integration of services.

We sought and listened to a powerful array of diverse voices. As one might expect from an open planning effort in Berkeley, there were challenges to the process - to include more people, to ensure key voices were being heard, to respond to questions about our direction. 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 the mental health system. This stakeholder input and feedback was combined with state planning requirements, data and lively debate to decide how best to spend the limited funds available.

Planning Structure

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

Steering Committee Membership:

The Steering Committee was comprised of representatives from:

- Consumers
- Family members
- Berkeley/Albany Mental Health Commission
- 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

Work Groups
The following work groups were developed to look at service needs for particular populations:

- Consumer
- Youth and Family
- Transition Age Youth (age 16-24)
- Adults
- Older Adults

The four aged-based planning groups reflect DMH planning requirements, and consisted of consumers, family members, mental health staff, Mental Health Commissioners, and representatives from community-based agencies and local schools. The Consumer group was developed to support the active participation of consumers in planning and to ensure that the consumer voice was heard throughout the process.

In addition to participating in the above work groups, Berkeley stakeholders were also involved in the Alameda County planning process. The Alameda County process was structured similar to the Berkeley process. A Project Management Team led the work. Four age-based planning panels, some of which divided into sub-groups, developed proposals. A Stakeholder Committee reviewed planning proposals and along with mental health administrative staff crafted the final plan. Berkeley staff and commissioners were involved in the County Project Management Team, Stakeholder Committee, and on aspects of each of the four age-based planning processes.

Planning Process

The Berkeley/Albany Mental Health planning process was made up of four steps: outreach to the community, identifying community issues, analyzing mental health needs to choose priority issues, and developing service recommendations. These steps followed a logic model outlined by DMH for local planning processes.

1. Outreach to the Community

Sixty-seven (67) outreach/community input meetings were held over a six-month period, attended by over 600 people. Survey forms were distributed in three languages and slightly modified by some work groups to be more relevant particular populations. Three hundred and forty five (345) survey responses were received. Input from the meetings and surveys was categorized into issues of concern for the community. A complete list of meetings is attached.

2. Identifying Community Issues

This is a sampling of what we heard from the community:

Homelessness was the issue most frequently mentioned by the community. This issue included feedback about the lack of affordable housing and a lack of services to help all those who could benefit.

Lack of knowledge about the mental health system and services was mentioned in most meetings. Some had no idea what services were offered and wanted this information more available. Others felt excluded by the system. Various members of the community did not see their culture or language reflected in the mental health service system. Disability advocates said the system needed to know more about the specialized needs of those with mental health issues who are also deaf, blind, or have other physical disabilities.

Mental health consumers expressed many opinions. Some felt their lives had been saved by the services they received; others felt their choices were not honored in the treatment process. Complaints were expressed about that lack of alternatives for people experiencing a crisis situation. Some felt the system was confusing and fragmented.

Family members expressed frustration with the mental health system. They felt left out and excluded by some staff while at the same time they were providing day-to-day support for their family members. One family member stated "I am the case manager; I know what is going on with my son before the staff here do." While some family members expressed gratitude for the family support groups operated by Berkeley Mental Health, they also felt their perspectives were not well understood by staff.

Services not welcoming of various cultures: Members of the Latino, African American and senior citizen communities wanted to see services available in various locations in their neighborhoods. Asian and Latino leaders reminded us that members of their community would avoid services labeled as "mental health". They also emphasized the importance of a family focus in the way services are offered.

School failure. Those who work with children were concerned about how many of them "fall through the cracks." Some children have no access to health insurance. Many school based and community providers did not understand why some children who

appeared to have significant mental health issues were not found eligible for services until they were hospitalized or arrested. Another issue raised was that even for children who qualify for a range of supportive services, these services are not well coordinated.

Transition age youth felt the larger systems including mental health, social services, and justice, often complicated their lives and did not help. They expressed frustration about not knowing where to turn for what. They wanted support from people who they could relate to, who would encourage them and not try to control them. Those working with transition age youth emphasized that in order to provide services to this population, there is a need to establish consistent relationships and flexible ways of engaging youth.

Older Adults wanted to know how to access affordable services. They felt they struggled with a "double stigma" of aging and mental illness. Substance abuse was a serious concern for this population as was isolation. Some homeless seniors felt unsafe accessing shelters and other homeless services. Concerns with physical health care needs were expressed along with stories that medical problems were not properly diagnosed because the person also had a psychiatric disability.

These are a few of the issues expressed through the planning process. Everywhere we went people were open to sharing both their concerns and their suggestions for how to make improvements.

3. Analyzing Needs/Choosing Priority Issues

Workgroup participants were asked to choose which issues should become the focus of MHSA CSS planning. In addition to hearing from the community, data about who receives services was provided by Alameda County. In looking at this data, general trends became evident:

- In all age groups, Asians and Latinos were not receiving services at the level that these communities are represented in the Berkeley/Albany population
- African Americans were over represented in the service population
- Children had the highest rate of receiving services
- Transition age youth and those over 65 were the least served

From this data some conclusions were drawn:

- Mental Health does not have adequate or effective ways of reaching most ethnic populations, transition age youth and seniors over 65;
- African Americans are not being appropriately served; and
- Even doubling the capacity of the current mental health system would not meet the estimated need in the community.

Based on all the input, work groups prioritized the following issues:

Name of workgroup	**Prioritized issues**
Consumer Work Group	Homelessness/Lack of Affordable Housing Inability to Manage Independence
Children and Family Work Group	School failure Lack of ethnic staff/language capability
Transitional Age Youth Work Group	Homelessness, Incarceration
Adult Work Group	Homelessness, Inability to manage independence
Older Adult Work Group	Homelessness, Isolation

4. Developing Service Recommendations

Once priority issues were identified, work groups discussed how to best address the issues. In dialogue with the Steering Committee, work groups developed program ideas and proposals. Proposals were also received from a few community-based providers. The Steering Committee then took a lead role in reviewing and refining these proposals. This process included:

- Critiquing proposals for their fidelity to the MHSA CSS core principles of collaboration, cultural competence, consumer/family driven, wellness/recovery/ resilience focused and promoting an integrated service experience
- Integrating and combining proposal ideas
- Paring down the scope of proposed services
- Asking what proposals would facilitate system transformation
- Prioritizing the proposals

The state provided local jurisdictions with estimates of funding levels for CSS services, which consisted of providing a base amount of $250,000 and then adding an amount based on specific factors that could generally be described as: poverty population, cost of living, prevalence of mental illness and other funds supporting a local mental health system. The City of Berkeley's funding estimate was set at the base level of $250,000. The additional funding, based on Berkeley's and Albany's population and the aforementioned factors, was included in the Alameda County estimate. State DMH indicated that they wanted a single integrated plan from Berkeley/Albany and Alameda County.

Berkeley stakeholders hoped to be involved in determining how the total amount of funding for Berkeley/Albany, estimated at $1.11 million, was to be used in the integrated plan. Planning was done with this in mind. Although this matter remains in dispute, both Berkeley and Alameda County agreed to proceed with plan development, provisionally

using the state's allocation guidelines. The Alameda County draft integrated plan only reflects Berkeley's recommendations for the base amount of $250,000. Berkeley has, however, released it's own plan reflecting the recommendations for $1.11 million. What follows is a summary of the complete recommendations from the Berkeley planning process and a brief summary of the $250,000 component in the Alameda County integrated plan.

Service Recommendations

Based on work group proposals and state CSS requirements, the Steering Committee created five program strategies for funding. CSS requirements indicate that a majority of funding should go towards Full Service Partnership Programs, the balance of funds are to be used for Outreach and Engagement and System Development.

Full Service Partnerships do "whatever it takes" to engage individuals with serious mental illness and provide what is needed to help people remain independent in the community. They provide a range of mental health services and supports and usually have access to funds to help support and subsidize housing. These programs are costly and serve a few people at a time, however, they been proven to be very effective. The Full Service programs proposed are:

- **Children's Wraparound Services**
- **Homeless Outreach Expansion for Transition Age Youth and Older Adults**

Outreach and engagement services are primarily designed to reach those individuals who don't access services currently. The Outreach and Engagement programs being proposed are:

- **Multicultural Outreach and Engagement**
- **Transition Age Youth Support Team**

System development funds should be used for improving programs and services to become more responsive to the needs of mental health consumers. The System Development proposal being proposed is:

- **Wellness and Recovery Services**.

1. Children's Wraparound Services

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 available services. Youth who do not have Medi-Cal or any other insurance but who meet the needs for intensive support will be eligible for this program. Additionally, youth who are being assessed for AB3632 services (a school-based system for identifying seriously emotionally disturbed children) can receive intensive wraparound services in this program to meet their needs during the sometimes long waiting period..

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. The program will be able to serve 10 – 12 youth each year for a total cost of $130,000.

2. Homeless Outreach Expansion for Transition Age Youth and Older Adults

Staffing

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

This proposal is an expansion of existing Berkeley Mental Health services that are provided through AB 2034 (Integrated Services for Homeless Mentally Ill) funding. The current AB 2034 program serves over 100 consumers. Forty percent of the chronically homeless adults in Alameda County live in Berkeley. People who are *chronically homeless* have the highest rate of serious mental illness and substance abuse among the general homeless population, which renders this group at very high risk for incarceration, hospitalization and severe physical illness. There is clearly a need for expanded homeless outreach and support services. This proposal will expand the capacity of those teams to provide services to individuals currently un-served and to those in the system who are underserved as well. This expansion proposal moves the Berkeley/Albany system towards the goal of having a majority of mental health services provided in a full service partnership model.

3. Multicultural Outreach and Engagement Services

Staffing

- 1.0 FTE Coordinator
- $25,000 contract with a community-based agency

The most un-served populations in the Berkeley/Albany community are Asians and Latinos of all ages. The primary goal of this approach is to identify and implement unique ways to reach out and engage individuals that are currently un-served in the mental health system, primarily those from ethnic communities.

The secondary goal of this strategy is to improve service delivery by becoming more culturally competent and aware of the needs of the diverse populations within the cities of Berkeley and Albany. These goals will be achieved through a training program and the development of collaborative relationships with community based agencies, leaders

of cultural communities, and other service providers such as public health and primary care.

4. Transition Age Youth Support Team

Staffing:
- 1.0 FTE Resource Specialist
- 0.5 FTE Peer Counselor

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. This proposal would provide funding for a clinician and half time peer counselor working in a community-based agency serving the TAY population. The clinician would provide:

- Outreach and engagement
- Assessment
- Mental health services including crisis intervention, individual and family therapy
- Case management
- Family support and education

The peer counselor would provide peer support and outreach services. If more intensive services are needed, young adults will be referred to one of the full service partnership programs. The clinician will also provide family education and support.

This proposal offers a beginning for developing more comprehensive services in the future. 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.

5. Wellness and Recovery Services

Staffing
- 1 FTE Peer Counselor (likely to be two .5 positions)
- .5 FTE Employment Specialist (to be combined with .5 position in FSP)
- .5 FTE Family Advocate
- Expansion of half-time Consumer Liaison to full-time

These services will help integrate wellness/recovery values and principles into the existing service delivery system and is comprised of four components:

Consumer-run peer-counseling services: Peer counselors will work with treatment teams to provide various supports for consumers including helping to maintain housing, apply for benefits, get jobs and develop wellness plans. During the MHSA planning process we experienced just how essential it is to have consumers involved. In addition to hiring peer counselors, money will be available for stipends and hourly work to

encourage consumer involvement on planning committees and participation in surveying and other activities.

Employment and education support: Employment is a critical aspect of wellness for everyone. The Employment Specialist will develop relationships with existing employment services such as the State Department of Rehabilitation, Alameda County Behavioral Health Vocational Services Program, and community-based one-stop employment centers. The Specialist will collaborate with existing service teams to provide information and support regarding how consumers can access employment and educational services.

The Family Advocate will provide ongoing support and advocacy for family members throughout the system. This individual will work to involve family members in ongoing planning and training and will liaison with existing family resources including NAMI.

Increasing the Consumer Liaison position will add duties including providing oversight and support to peer counselors and monitoring the stipend and hourly pay system. The Consumer Liaison will also ensure there is consumer involvement and input into program planning and development activities and facilitate ongoing consumer focused training for staff and consumers.

6. Administrative Support

In addition to the above programs, approximately $160,000 was set aside for administrative support which would include clerical support for the above programs and a MHSA Coordinator to provide oversight of the CSS programs, send quarterly reports to the state, oversee system transformation and coordinate planning for the other MHSA funding streams.

Berkeley's input on the Alameda County draft CSS Plan

After clarifying the recommendations above, the Steering Committee met and prioritized services for inclusion in the integrated Alameda County/City of Berkeley plan. The following represents a condensation of the larger proposal and Berkeley's recommendation for the $250,000 planning estimate allocated by the State to the City of Berkeley. Two proposals went into the integrated plan and $25,000 was set aside for administrative oversight.

1. **Multi-cultural Outreach**. This includes a .5 Multi-cultural Outreach Coordinator and money to contract out for a clinician to work with transition age youth
2. **Peer and Family Support**. This includes the Family Advocate and a full time Employment Specialist. The funds to support stipends and hourly work by consumers were reduced slightly but remain part of the plan.

Next steps

Planning requirements state that plans must be available for public comment for at least 30 days and that a public hearing should be held at the end of the review period. A

"summary and analysis of any substantive recommendations for revisions" must be included when the plan is submitted. Berkeley Mental Health has posted the $1.11 million draft plan on their website along with a link for the integrated plan on Alameda County's website. Copies of both plans have been made available to community stakeholders.

- Public comments are welcome on both plans.
- Currently, a date is being set for mid-January for public hearings on the Berkeley CSS plan.
- The Alameda Mental Health Board will hold public hearings on the integrated plan on Dec 12th & 13th, 2005. Your input and comments will be heard and considered for possible revisions during this parallel process.