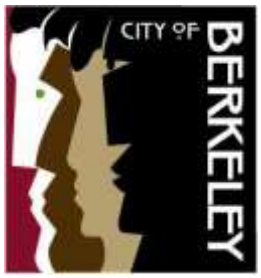

Health, Housing & Community Services
Mental Health Division

Greetings!

Your input and comments are invited on the **Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan** which has been posted on the website for a 30-day Public Review and Comment period. The 30-day Public Review and Comment period is being held from March 25 through April 23 and will provide an opportunity for input on proposed uses of Innovations funds.

In order to provide input please respond by **5:00pm on Thursday April 23, 2015** by directing your feedback via email, phone or mail to:

Karen Klatt, MEd
MHSA Coordinator
City of Berkeley Mental Health
3282 Adeline St.
Berkeley, CA 94704
(510) 981-7644 - Ph.
(510) 981-5255 - Fax
KKlatt@ci.berkeley.ca.us

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

Fiscal Year 2015 Through 2017
Three Year Program and
Expenditure Plan

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BACKGROUND AND OVERVIEW

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

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

- Community Services & Supports: Primarily provides treatment services and supports for Severely Mentally Ill Adults and Seriously Emotionally Disturbed Children.
- Prevention & Early Intervention: For strategies to recognize early signs of mental illness and to improve early access to services and programs, including the reduction of stigma and discrimination and for strategies to prevent mental illness from becoming severe and disabling.
- Innovations: For short-term pilot projects designed to increase new learning in the mental health field.
- Workforce, Education & Training: Primarily for strategies to identify and remedy mental health occupational shortages, promote cultural competency and the employment of mental health consumers and family members in the workplace.
- Capital Facilities and Technological Needs: For capital projects on owned buildings and on mental health technology projects.

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

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

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

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

The MHSA legislation requires mental health jurisdictions to provide updates on MHSA Plans on an annual basis and beginning in FY15, an integrated Program and Expenditure Plan must also be developed every three years. Through FY14, the City of Berkeley Mental Health (BMH) has approved MHSA Plans and Annual Updates in place for each funding component. As a result of the City's approved MHSA plans, since 2006 a number of new services and supports have been implemented to address the various needs of the residents of Berkeley and Albany including the following:

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

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

This City of Berkeley's MHSA Three Year Program and Expenditure Plan is a stakeholder informed plan on how MHSA funds are proposed to be utilized over the next several years. The plan outlines program changes and additions and includes descriptions of currently funded MHSA services, and a reporting on FY13 program data.

MESSAGE FROM THE MENTAL HEALTH MANAGER

Berkeley Mental Health (BMH) is proud to present a MHSA Three Year Plan that will allow BMH and its partners to be more responsive to the needs of the community. The community has given input about the many ways that those with mental health concerns need better access to care, more culturally sensitive services, and increased wellness and recovery supports. The stakeholder process has placed a particular emphasis on the need to augment crisis services.

At the same time as the gap between the need for services and our capacity to meet that need has been heighted, there have been economic trends that have led to projections of increased funding. MHSA funding is very sensitive to the California economy. As the economy has improved, the City has begun receiving, and is projected to continue to receive, increased MHSA revenue. While ensuring that there is a prudent reserve to sustain programs through an economic downtown, the increased revenue allows for expansion of mental health programming.

The Three Year Plan better meets community needs, and includes:

- Increased hours of service for the Mobile Crisis Team (MCT) and two teams to work at times of peak need in order to respond to individuals in the community who are in mental health crisis – expanding on .5 FTE Behavioral Health II Clinician funded by the City Council in FY 2015;
- Expansion of the Transition Age Youth (TAY), Adult, and Older Adult Full Service Partnership Team (FSP). This treatment team utilizes an intensive assertive community treatment model to provide wrap-around services for those over 18 with the highest level of mental health needs;
- Creation of a Children's Full Service Partnership. This new program will add capacity to provide wrap around services for children in Berkeley and Albany who have a very high level of mental health needs;
- Expanding the use of "flex funds" from the Full Service Partnership to other levels of care. Experience has shown that having funding that can support the multiple needs of mental health consumers – including housing and food – can lead to better outcomes;
- A new Mental Health Wellness Center in the Berkeley/Albany area that will be open to all residents of Berkeley and Albany who have a mental health concern. The City and County of Alameda will share in the costs of this center.
- Funding a community based organization to provide sub-rep payee services for consumers of Berkeley Mental Health.

While not sufficient to fully meet the needs, this Three Year Plan marks a significant step in supporting BMH to better provide a system of care that is welcoming, inclusive, and recovery focused.

DEMOGRAPHICS*

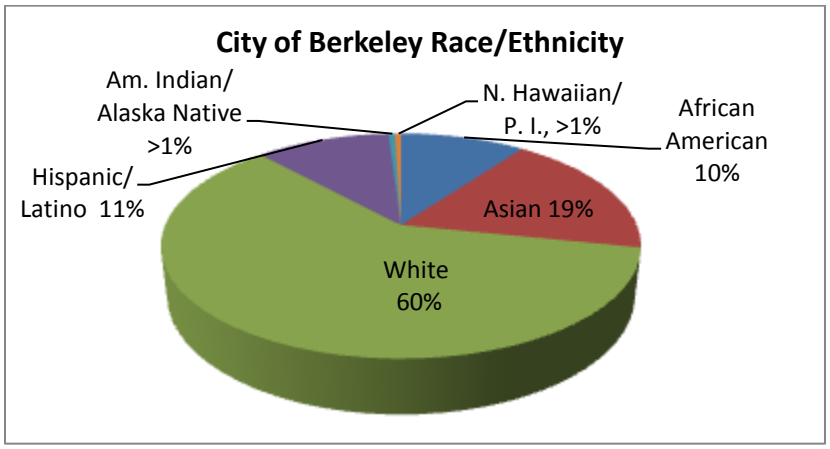
*(United States Census Bureau, 2009-2013: http://quickfacts.census.gov)

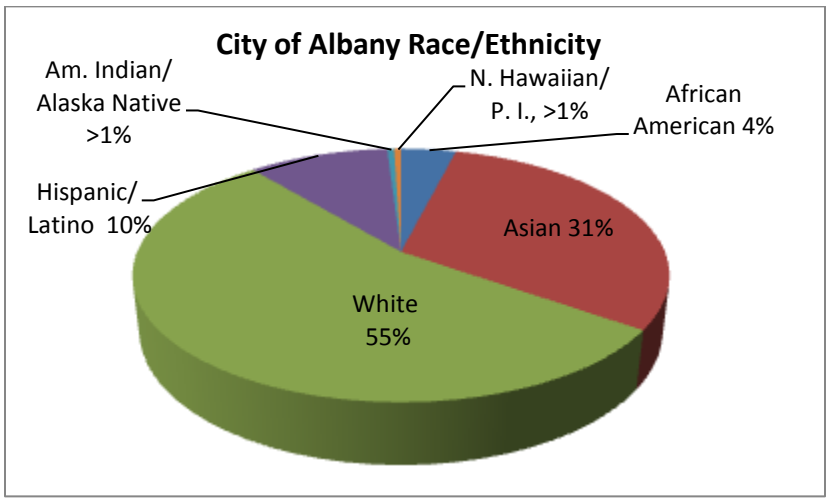
Description

Situated in the heart of the San Francisco Bay area, and home to the University of California, Berkeley is an urban city, located in northern Alameda County. Adjacent to Berkeley and bordering Contra Costa County is the small suburban city of Albany. With a combined land mass of around 12.2 miles and a total population of 135,960 the cities of Berkeley and Albany are densely populated and larger than 23 of California's small counties.

Race/Ethnicity

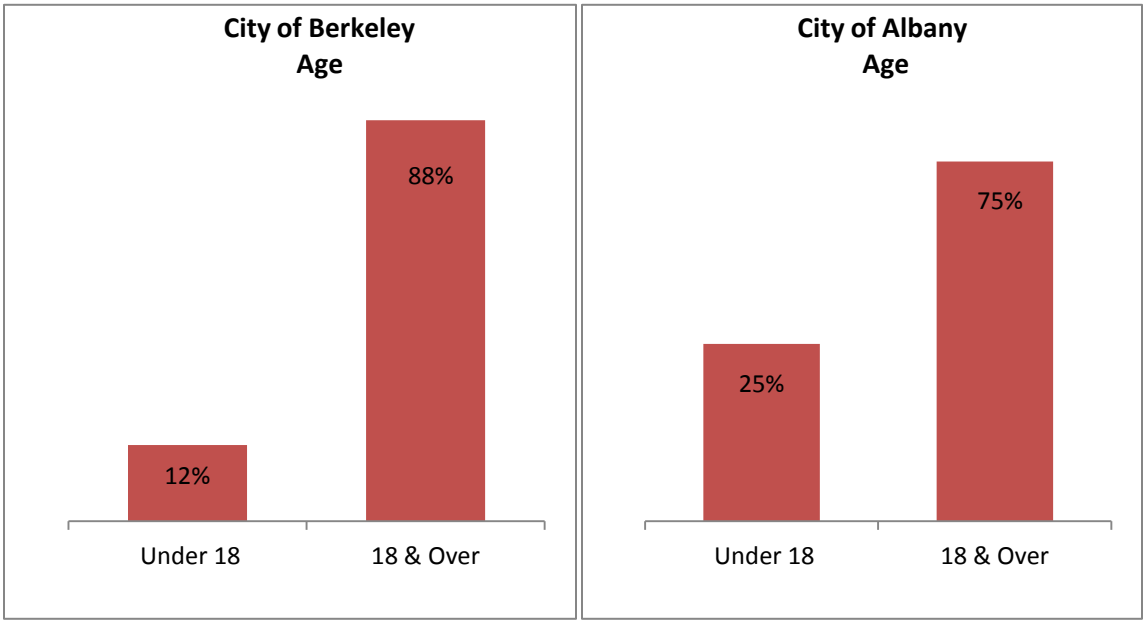
Berkeley and Albany are diverse communities with changing demographics. In each city the African American population has decreased in recent years while the Latino and Asian populations have both increased. Both cities have large student populations, including Albany Village, providing housing for many of University of California's foreign students and their families. Threshold languages include English, Spanish, Farsi, Cantonese, and Vietnamese, and approximately 26% of Berkeley and 38% of Albany residents speak a language other than English at home. Each city is comprised of the following racial and ethnic demographics: White; African American; Asian; Hispanic/Latino; American Indian/Alaska Native; and Native Hawaiian/Pacific Islander (P.I.). Demographics per city are outlined below:



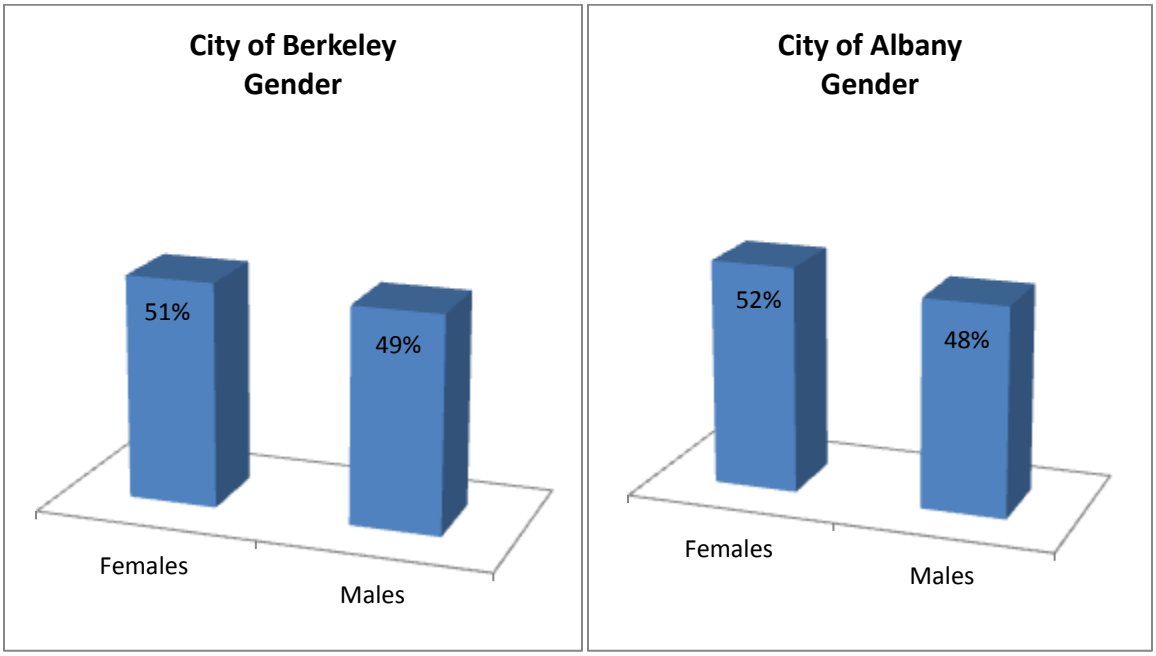


Age/Gender

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



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



Income/Housing

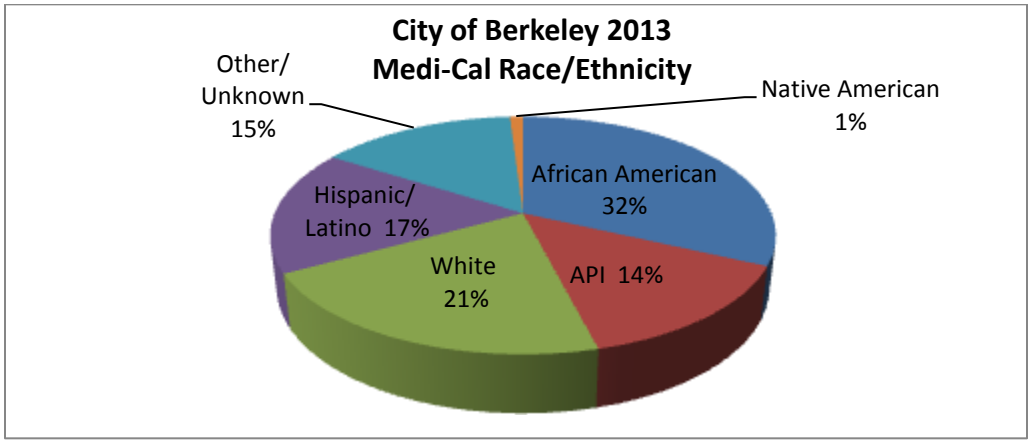
With some of the highest housing costs in the Bay Area, the Berkeley median household income is $63,312, and Albany is $73,728. Nearly 19% of Berkeley and 10% of Albany residents live below the poverty line and approximately 42% of Berkeley and 35% Albany children qualify for free and reduced lunches. While 42% of Berkeley and 47% of Albany residents own their own homes, there is a large proportion of homeless individuals including women, TAY, and Older Adults. In Berkeley, approximately 46% of the homeless population meets the federal definition for chronic homelessness (adults unaccompanied by children, who have at least one disability and have been homeless for over a year or four or more times in the last year). This is a disproportionately high percentage compared to other municipalities, and a sub-group with higher rates of both mental illness and substance abuse.

Education

Berkeley and Albany have a highly educated population: 95% of individuals aged 25 or older are high school graduates; and approximately 70% possess a bachelor's degree or higher.

System Organization

BMH is one of the two city-based public mental health programs in the state, providing services for residents of Berkeley and Albany. It is a Division of the City of Berkeley Health, Housing & Community Services (HHCS) Department. Services are provided at two clinic sites: Family, Youth & Children and Adult Services. A Mobile Crisis response Team operates seven days a week. Services include: assessment, assertive community treatment, individual and group therapy, case management and crisis intervention. In addition to offering homeless outreach and support, some services are provided through a variety of community-based agencies and at school sites. The majority of mental health services provided by BMH are aimed towards the Medi-Cal and uninsured population, as such it is important to note the ways in which the Medi-Cal population demographics differ from the overall demographics in Berkeley and Albany. Using data available from Alameda County, the Medi-Cal population in Berkeley in 2013 was as follows:



BMH will continue to track the Medi-Cal demographics for Berkeley and Albany as more data becomes available.

Community Program Planning (CPP)

Community Program Planning (CPP) for the City of Berkeley's MHSA Three Year Program and Expenditure Plan was conducted over a three month period enabling input from the MHSA Advisory Committee members, consumers, family members, representatives from community-based organizations, individuals from un-served, underserved and inappropriately served populations; City Commissioners, BMH Staff, and other MHSA Stakeholders. During this process, three MHSA Advisory Committee meetings, three Community Input meetings, and one BMH Staff meeting were held.

As with previous MHSA Plans and Annual Updates, the methodology utilized for conducting CPP for the Three Year Program and Expenditure Plan enabled a collaborative process to occur between BMH staff, MHSA Advisory Committee members and other MHSA stakeholders. Development of the Three Year Program and Expenditure Plan began with an internal examination of existing programs, unaddressed needs, and available funding which included a review of input received during the preparation of the FY14 Annual Update and/or through previous MHSA planning processes. Following an internal review, proposed ideas and potential programs were vetted through the MHSA Advisory Committee prior to engaging other stakeholders. Feedback acquired during staff and community meetings was presented to the MHSA Advisory Committee who provided recommendations to the Division on priority programming. Overall the input could be categorized primarily into the following themes outlined below, each of which includes a sampling of some of the various stakeholder comments received:

- Increase Mobile Crisis, Outreach, and Wellness and Recovery Services: Expand the Mobile Crisis Team and hours; implement a consumer-driven Wellness Recovery Center; add Flex Funds for Level One clients.
- Implement additional services and supports for Children and Youth: Increase Trauma, Homelessness, and Wellness Recovery services; implement programs which address mental health issues prior to them becoming chronic.
- Increase Culturally Responsive Services: Add a Cultural Broker program; implement specialized support group services in the African American community; collaborate with community-based partners to determine barriers affecting the Asian Pacific Islander (API) utilization rate at BMH.
- Expand the capacity at BMH by increasing staffing at various levels: Increase the hiring of Consumers and Family Members; expand Homeless Outreach staff and TAY, Adult and Older Adult Full Services Partnership personnel; and increase the hiring of African American and API clinicians.

Additional comments received reiterated feedback obtained through previous MHSA planning processes including the need for strategies that assist clients in maintaining their housing and achieving their employment goals. During planning for the MHSA Three Year Plan, input was also acquired on reallocating a sum of Community Services and Supports (CSS) and

Technological Needs (TN) unspent funds towards the costs of renovating the BMH Adult Clinic. As the Adult Clinic is in dire need of remodeling, MHSA Stakeholders were largely in favor of this proposed use of unspent funds.

A 30-Day Public Review is currently being held from Wednesday, March 25 through Thursday April 23, 2015 to invite input on the MHSA FY15 through FY17 Three Year Program and Expenditure Plan. A copy of the Plan is posted on the BMH MHSA website and is available for reviewing in hard copy format at the downtown Public Library at 2090 Kittredge Street. An announcement of the 30-Day Public Review has been issued through a Press Release and mailed and/or emailed to community stakeholders. Following the 30-day public review period a Public Hearing at the Mental Health Commission will be held on Thursday, April 23, 2015 at 7:00pm at the North Berkeley Senior Center. Substantive comments received during the 30-Day Public Review and Public Hearing will be noted and utilized to inform the final Three Year Program and Expenditure Plan.

MHSA FISCAL YEAR 2015 THROUGH 2017

THREE YEAR PROGRAM AND EXPENDITURE PLAN

This City of Berkeley MHSA Three Year Program and Expenditure Plan is a stakeholder informed plan on how MHSA funds are proposed to be utilized over the next several years. The plan outlines program changes and additions and includes descriptions of currently funded MHSA services, and a reporting on FY13 program data.

As outlined in the MHSA FY14 Annual Update, all programs that were previously approved have continued through FY15, and have largely remained at the same funding amounts. With the exception of current Innovations (INN) programs, which due to the short-term funding source will be ending June 30, 2015, BMH is planning (pending program performance review) to continue all MHSA funded services through FY16 at the same (or in some instances, a slightly higher) funding amount. Beginning in FY16, BMH will undergo a more in-depth evaluation of existing services and supports to assess the degree to which local programs are meeting current needs. This process will potentially inform shifts in, and/or additions to, future MHSA programs and services. Concurrently in FY16 and continuing forward, as a result of input received during this, or previous MHSA Planning processes, the Division will be expanding the capacity of various programs through an increase in staffing and resources.

Statewide MHSA funding projections are increasing over the next several years which will enable BMH to add and sustain additional staffing, services and client resources through the Community Services and Supports (CSS) funding component. Outlined below are proposed new services and supports which will be funded specifically out of CSS Full Service Partnership (FSP) or System Development funds:

Children's Intensive Support Services Full Service Partnership

The BMH Children's Intensive Support Services Full Service Partnership (FSP) was originally designed to provide intensive short-term, individualized treatment, care coordination, and support to 10-20 children and youth at a time. Program interventions included mental health counseling, parent and child psycho-education, case management, psychiatry, crisis services, brokerage, and/or stabilization for acute mental health issues. Services were individually tailored, developed in collaboration with families, and incorporated a range of strength-based, culturally competent services and resource acquisition.

From July 2007 through September 2011 a local community-based organization provided these FSP services**.** Since October 2011, all high level children and youth have received services through either through existing services at BMH Family, Youth & Children's Services (FYC), or were referred to other area agencies. Beginning in FY16, FYC will re-implement the Children's FSP adding two clinicians and a half-time nurse practitioner to ensure an appropriate level of staffing and supports for clients in need. This in-house FSP will provide comprehensive, intensive mental health services for children, youth (0-18) and their families in their homes and/or communities, and in addition to the services outlined above will include:

- 24/7 Crisis response;
- individual/family counseling;
- Peer and parent support;
- Assistance with transportation as related to their mental health treatment goal;
- Help with accessing physical health care;
- Assistance with finding a safe and affordable place to live or in remaining in their present home;
- Assistance obtaining eligible financial and health benefits;
- Referrals to substance abuse and domestic violence counseling and other resources as needed.

This project will serve approximately 16 children and youth at a time.

TAY, Adult & Older Adult FSP Expansion

This program was designed to provide intensive support services to approximately 60 TAY, Adults and Older Adults with severe mental illness that are homeless or at risk of becoming homeless. A primary focus is on those in need who are not currently receiving services and/or individuals that in spite of their current services are having difficulties with: obtaining or maintaining housing; frequent or lengthy psychiatric hospitalizations; and/or frequent or lengthy incarcerations. Priority populations include individuals from un-served, underserved and inappropriately served cultural communities. The most intensive level of clinical supports offered at BMH is provided through this program. Client services and peer supports are coordinated through integrated assessment and treatment teams which strive to maintain a low staff-to-client ratio (12:1) which allows for frequent and intensive support services.

Although the targeted number of clients to be served through this program is 60, over the past several years the actual number of clients served has been much more, putting a strain on staff resources and fidelity to a low clinician-to-client ratio. Beginning in FY16, through CSS FSP funds, BMH is proposing to hire an additional clinician for this program to increase the level of resources for clients in need.

Flexible Funds for Level One Clients

Currently, flexible funds are used with clients on the BMH FSP Team to assist with outreach and engagement, and client supports such as housing, clothing assistance, food, transportation, etc. This has aided individuals in achieving better stability in areas where they are less capable of addressing their daily living needs. In FY16, the Division is proposing to utilize a portion of CSS System Development monies to provide flexible funds for Tier One BMH clients who are not at the FSP level of care, but are still in need of similar resources and supports.

Mobile Crisis Team (MCT) Expansion

In March 2014, the Mental Health Commission requested that BMH staff present information and options for improving Crisis Services to reduce the number of individuals experiencing incidents of mental health crises. As a result of this, the Mental Health Manager and/or the Crisis, Assessment and Triage (CAT) Program Supervisor met with or participated in meetings with a variety of stakeholder and subject matter experts to gain input that would inform this request. Written reports and recommendations from various stakeholder groups pertaining to this subject and Mobile Crisis Services historical usage data from 2005 to the present were also reviewed. In all, input was received from the following individuals, reports or documents: Recipients of BMH services; all BMH staff including Mobile Crisis Team (MCT) staff and interns; CopWatch report and meeting; NAACP recommendations; City of Berkeley Police Department; Bay Area Mental Health Directors; Bay Area Crisis Directors; Staff and Managers from Alameda County Behavioral Health Care Services (ACBHCS); San Francisco Behavioral Health Services Crisis Units; City of Berkeley HHCS Department Leadership; and the AB1421 ACBHCS Taskforce Group.

Recommendations out of this process are as follows:

- Expand MCT staffing and hours.
- Create a Transitional Outreach Team (TOT) that will augment MCT services through interventions that address issues individuals experience either immediately prior to, or following a mental health crisis.
- Contract with the Alameda County Family and Education Resource Center (FERC) for trainings in Berkeley and Albany to inform stakeholders on Crisis and the 5150 process.
- Conduct Mental Health First Aid Trainings to teach community members how to assist individuals who are in crisis or are showing signs and symptoms of a mental illness.
- Develop a Consumer/Family Member Satisfaction Survey for Crisis services.

BMH has already begun implementation of Mental Health First Aid Trainings in the community. Input received during CPP for this Three Year Plan echoed the need to increase MCT staffing. As such, it is envisioned that beginning in FY16, one half-time Clinical and one half-time Peer or Family staff will be added to the MCT through CSS System Development funds and existing General Fund allocation.

Sub-Representative Payee Program

Current practice at the BMH Adult Clinic is for clinicians to act as representative payees, managing client's money. While on some levels this practice has improved clients' attendance at regular appointments, it has also presented an array of other challenges around the dual role of clinician/money manager. Based on early input received from the Wellness Recovery Task Force, and to assist with the Division's transition away from providing payee services to clients, a Money Management Workshop Series was previously implemented to transition clients away from payee services, to enable them to manage their own money. This six week series informed

clients on the following: budgeting, bank accounts, and credit cards; how to deal with Social Security; and how to avoid victimization through fraud or identity theft. While this was very helpful for some, many clients have still remained dependent on their clinicians for money management.

In an effort to address this ongoing issue, BMH is proposing to use a portion of CSS System Development funds to outsource Sub-Representative Payee services. Beginning in FY16 it is envisioned that these services will be contracted for with a community based organization, which will be chosen through a competitive Request For Proposal (RFP) process. BMH will be conducting Focus Groups with Consumers, Family Members and representatives from un-served, underserved and inappropriately served populations to inform the services that will ultimately be provided through this contract.

Wellness Recovery Center

From the very first MHSA community planning process, various stakeholder groups have advocated for MHSA funds to be utilized to create a Wellness Recovery Center for mental health consumers in Berkeley. Over time, specific input has included ensuring the implementation of a Wellness Recovery Center would be consumer-driven, and would enable specialized services and separate spaces for TAY. Four Wellness Recovery Centers have already been opened in Alameda County and operated by Bay Area Community Services (BACS), a community-based organization. Some of the current features of the Alameda County Wellness Recovery Centers include:

- A full array of Wellness and Recovery skill building tools, services and supports that are offered through groups, one-on-one counseling and other Evidenced Based practices.
- A large staff presence of peers who share the “lived experience” of mental health struggles.
- A Case Management program to assist participants who are severely and persistently mentally ill and are in need of short-term targeted services to help stabilize their lives.
- Medication Support Services.
- Services for Mental Health consumers at any Level of Care.
- No time restrictions on how long consumers can participate in services.
- Walk-in and referral services.

BMH Management toured a few of the Alameda County Wellness Recovery Centers and through recent meetings, the County and City has agreed to pool MHSA monies together to fund a Wellness Recovery Center in Berkeley. The City of Berkeley cost for this project on an annual basis will be $300,000 which BMH is proposing to fund through the CSS System Development funding component. Alameda County will match this funding dollar-for-dollar to allow for a total of $600,000 of total funding for this project. The project is slated for implementation in FY16 through a community-based organization following a competitive RFP process. ACBHCS and BMH will work together to ensure a process where both systems of care

have input into ongoing program evaluation. ACBHCS will administer the contract with the chosen provider.

Adult Clinic Renovation

The City of Berkeley was previously allocated $1,432,100 in MHSA Capital Facilities and Technological Needs (CFTN) funds. This funding component allows monies to be utilized on either renovations of City owned buildings where mental health services are provided, or technological upgrades to mental health data systems, or both. In 2011, the City of Berkeley CFTN Plan was developed and approved. This plan allocated $816,050 towards renovating the Adult Mental Health Clinic to create a safe, welcoming environment that is consumer and family friendly. The Adult Clinic serves Berkeley's most at-risk and fragile population through crisis intervention, case management, individual/or group therapy, and psychiatric medication support. FSP/Intensive Case Management Teams, Clinical services, Mobile Crisis, and Homeless Outreach operations are all based at the clinic. In its current condition, use of the space is inefficient and inadequately aligned with MHSA goals, including that of creating welcoming spaces for client and family centered wellness and recovery programs and services. In addition to electrical, HVAC and other environmental upgrades, it was originally envisioned that CFTN funds would be used to re-configure shared work spaces to increase safety; improve clinical, wellness/recovery, support services, and administrative functions; and support the implementation of electronic health records and other emerging technologies. Per the approved CFTN Plan, the remaining $616,050 funds were approved to be used to locally achieve the goals of implementing a fully operable Electronic Health Records (EHR) system and to provide consumer access to personal health information. It was envisioned that the City of Berkeley would partner with Alameda County regarding the EHR system that would be implemented.

Since the approval of the original CFTN Plan, BMH has obtained architectural renderings and a more detailed assessment of the projected costs to fully renovate the Adult Clinic, finding that the amount that was originally allocated towards this project is not enough. The projected expenditures are expected to be roughly 3.7 million dollars.

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

This legislated allowable use of funds would enable BMH to allocate a sum of CSS and/or PEI funds towards technological needs, capital facilities projects, human resource needs, and/or the prudent reserve. Per this legislation and the need for additional funding, during planning for the Three Year Plan, BMH obtained input from MHSA stakeholders on reallocating the allowable amount of CSS FY15 and FY16 funds, $755,205 and $753,949 respectively, towards the renovation of the Adult Clinic. Additionally, stakeholders were asked to provide input on

reallocating the previously designated and approved, but still unused, Technological Needs funds in the amount of $616,050, towards this project. As the Adult Clinic is in disrepair, the vast majority of input received regarding reallocating funds towards this project was favorable. **Together with the Capital Facilities funding amount of $816,050, re-distributing funds in this manner would enable a total of $2,941,100 of MHSA funds to be available for the renovation of the Adult Clinic.** It is hoped that any funds needed for this project beyond this amount, could be provided through City of Berkeley General Fund. If additional funding is secured and the project passes through all required steps, construction is planned to begin in January 2016 and it is estimated will be completed by January 2017.

Part of the stakeholder input around the Adult Clinic renovation was for BMH client's to have the opportunity to participate in a wellness recovery project to highlight their art and creativity through a mural that would become a part of the newly renovated building. It is anticipated that this project would be funded out of CSS System Development funds.

Additional upcoming projected changes and/or additions in other areas of MHSA programming during this three year timeframe are as follows:

Innovations

Per the initial approved Innovations (INN) Plan and subsequent Annual Updates, the following seven projects have been implemented through community partners: A Community Empowerment Project for African Americans; Services and supports for Ex-offenders re-entering the community, Veterans returning home from being deployed or at war, and their families; Cultural Wellness strategies for API ; a Holistic Health care project for TAY; Technology Support Groups for senior citizens; Nutrition, Healthy Meal Preparation, and Exercise classes for Board and Care residents; and Mental Health services and supports for LGBTQI located in community agencies. Current MHSA INN projects will be ending on June 30, 2015 requiring a planning process for the next round of new INN programs to be initiated. Mental Health jurisdictions are also required to report on the results of strategies and projects that are implemented through this funding component.

In the fall of 2014, BMH underwent a planning process to amend the current INN Plan to allocate $44,500 of unspent INN funds to hire two consultants to assist with some of the upcoming INN components evaluation and planning work. The amendment proposed to allocate $22,000 for an Evaluation Consultant who will evaluate and report on the results of the currently funded INN projects; and $22,500 for a Planning Consultant, who will facilitate the State required community planning process around strategies and projects to be implemented through the next round of INN funds.

The INN Plan Amendment was vetted through the MHSA Advisory Committee, who by a majority vote elected to move forward with the proposed use of funds. A 30-Day Public Review and comment period was held from Wednesday, October 22 through Thursday, November 20, 2014 during which time no substantive comments were received. The INN Plan Amendment was approved through City Council in January 2015. At present, the INN Plan Amendment is under review with the State Mental Health Oversight and Accountability Commission (MHSOAC). The MHSOAC has already approved BMH's utilization of funds for a Planning

Consultant. The City is now currently awaiting the MHSOAC's approval of the use of funds for an Evaluation Consultant. In the event that this proposed use of funds is not approved by the MHSOAC, BMH is proposing to allocate a small portion of unspent CSS Administrative monies towards this purpose. It is anticipated that both consultants will be hired in the Spring of FY15 and that work in each area will be completed by early to mid FY16.

Workforce, Education & Training Programs

As many of the City of Berkeley Workforce, Education and Training (WET) programs have not been fully implemented yet, beginning in FY16 BMH will be undergoing a planning process to reassess workforce needs. Any changes to current WET programs will be provided through the FY17 and/or future MHSA Annual Updates.

MHSA Conferences

It is anticipated that during the three year time frame BMH will convene an "Underserved Strategy Conference" designed to increase Culturally Responsive services. The funding for the conference will be through CSS Multicultural Outreach and Engagement funds. BMH will also convene a conference on "Maternal Depression" funded through the WET funding component. Both conferences will be provided to BMH staff and the larger system of care.

MHSA Housing Funds

The City of Berkeley was previously allocated $1,258,600 in MHSA Housing funds to be used on local development projects to increase housing units for severely mentally ill individuals. In order to access this funding source, prior State of California guidelines required mental health jurisdictions to reassign funds to the California Housing Finance Agency (CalHFA) who through a State application process would administer the specified amounts of monies to area developers following local approval of proposed housing projects. In 2008, the City of Berkeley reassigned the local MHSA Housing Funds to CalHFA. Since that time as a result of this process, the predominate amount of local MHSA Housing funds have been utilized towards building Harmon Gardens (a housing development project for TAY), and renovating University Avenue Homes, for Adults and Older Adults.

A small portion ($24,778) of City of Berkeley MHSA Housing funds still currently remains at CalHFA. Per new State guidelines, in order for those funds to be distributed back to the local level, BMH must obtain City Council approval to access the funds, sign an MHSA Housing County Funding Release Form, and send the form with evidence of City Council approval to the California Department of Health Care Services (CA DHCS). Following a release of the remaining funds, BMH will undergo a stakeholder process to determine how they will be utilized. Funds must be utilized on housing assistance for severally mentally ill individuals which includes the following: rental assistance or capitalized subsidies; security deposits, utility deposits, or other move-in cost assistance; and capital funding to build or rehabilitate housing for persons who are seriously mentally ill and homeless or at risk of homelessness.

In the remaining period of FY15, BMH will be seeking approval from City Council for the release of the remaining allocation of MHSA Housing Funds followed by the other State required steps. It is currently anticipated that specific local uses of funds will be determined through the planning process for the FY16 Annual Update.

PROGRAM DESCRIPTIONS AND FY13 DATA
BY FUNDING COMPONENT

Outlined in this section per each funding component are descriptions of current City of Berkeley MHSA services along with FY13 program data. Some of the various highlights of MHSA programming during the FY13 reporting timeframe include: a reduction in psychiatric inpatient hospital and/or incarceration days for severely mentally ill clients; the continuation of Diversity and Multi-cultural trainings aimed at transforming the system of care; services and supports for family members; consumer driven wellness recovery activities; Housing, and Benefits Advocacy services and supports for clients; augmented prevention and intervention services for children and youth in the schools and community; increased outreach, and support services for underserved and inappropriately served cultural and ethnic populations; positive health outcomes for TAY and Board and Care residents; etc.

COMMUNITY SERVICES & SUPPORTS (CSS)

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

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

Descriptions for each CSS funded program and FY13 data are outlined below:

FULL SERVICE PARTNERSHIPS (FSP)

Children's Intensive Support Services FSP

The Intensive Support Services FSP was originally designed to provide intensive short-term, individualized treatment, care coordination, and support to children and youth ages 0-18 years. The main goal of the program was to enable children, youth and their families to acquire the skills and/or mental health supports needed to improve, stabilize, and/or strengthen their levels of individual and family functioning. Over time, program interventions included mental health counseling, parent and child psycho-education, case management, psychiatry, crisis services, brokerage, and/or stabilization for acute mental health issues. Services were individually tailored, developed in collaboration with families, and incorporated a range of strength-based, culturally competent services and resource acquisition. Coordinating with a range of services to promote resilience in the child and family, and the utilization of schools as an important avenue for referrals, proved to be major program strategies. This program was originally structured to serve 10-20 youth at a time.

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

TAY, Adult and Older Adult FSP

This program provides intensive support services to TAY, Adults and Older Adults with severe mental illness that are homeless or at risk of becoming homeless. A primary focus is on those in need who aren't currently receiving services and/or individuals that in spite of their current services are having difficulties with: obtaining or maintaining housing; frequent or lengthy psychiatric hospitalizations; and/or frequent or lengthy incarcerations. Priority populations include individuals from un-served, underserved and inappropriately served cultural communities. The most intensive level of clinical supports offered at BMH are provided through this program. Client services and peer supports are coordinated through integrated assessment and treatment teams which maintain a low staff-to-client ratio (12:1) that allows for frequent and intensive support services.

Clients are provided assistance with finding appropriate housing and in some cases may qualify for temporary financial assistance. Efforts are also made to involve family members and other community support persons in the client's recovery plan and program staff may provide assistance with getting financial benefits established and/or providing assistance with money management. A full range of mental health services are provided along with access to housing, education, benefits advocacy, supported employment, and other client services such as the clinic's peer led Wellness Recovery activities. The primary goals of the program are to engage clients in their treatment; reduce homelessness, hospitalization, and incarceration; and to

increase stabilization, employment and educational readiness; self-sufficiency; and wellness and recovery. The program serves up to 60 clients at a time. In FY13 a total of 82 TAY, Adults, and Older Adults were served through this program. Demographics on those served were as follows:

CLIENT DEMOGRAPHICS N=82	
Client Gender	*Percent of Total Number Served*
Male	63%
Female	37%
Race/Ethnicity	
Client Race/Ethnicity	*Percent of Total Number Served*
African American	42%
Asian Pacific Islander	7%
White	44%
Hispanic/Latino	1%
Multi-Racial	5%
Native American	1%
Age Category	
Client Age	*Percent of Total Number Served*
18-25 years (Transition Age Youth)	23%
26-59 years (Adult)	59%
60+ (Older Adult)	18%

During FY13, twenty-five clients were dis-enrolled from the program, 7 of whom graduated and stepped down to a lower level of care; 3 moved out of the service area (some having reconnected with family); 2 no longer met the target population criteria; 1 was assisted with connecting with the Veteran's Administration case management team; 5 opted to discontinue participation; 3 were incarcerated, and 4 were unable to be located. Clients who completed a full year in the program had reductions in psychiatric hospitalizations, incarceration and days spent homeless as shown through the following positive outcomes:

- 50% reduction in days of psychiatric hospitalization (clients spent 2,279 days in county/or state psychiatric hospitals the year before program enrollment and 1,151 days in these settings during the first year of program participation);
- 52% reduction of incarcerations (clients spent 846 days incarcerated the year prior to program enrollment as compared with 409 days incarcerated during the first year of program participation);
- 63% reduction in days spent homeless (clients spent 4,182 days homeless on the street the year before program enrollment and 1,544 days homeless during the first year of program participation).

As with previous years, challenges continued to be in the following areas: acquiring safe, affordable housing in one of the most expensive housing markets in the United States; figuring out how to best serve (a small portion of) clients who were unwilling to accept housing; assisting housed clients in maintaining residency as at times they may relapse and/or have behavioral or money management problems; serving clients with severe substance abuse problems who are unwilling to address or sometimes even acknowledge that they have substance abuse issues.

Going forward an increased focus will be on: increasing staff capacity; developing staff expertise in treating substance abuse disorders with ongoing training in Motivational Interviewing; exploring staff training in other evidence based practices, such as Cognitive Behavioral therapy for Psychosis and Trauma informed Care; continuing to work on increasing housing options for clients; improving outcomes with regard to obtaining volunteer or paid employment; and involving consumers in more peer-led and community activities**.**

MULTI-CULTURAL OUTREACH AND ENGAGEMENT

Diversity & Multicultural Services

The Diversity & Multicultural Coordinator provides leadership in identifying, developing, implementing, monitoring and evaluating services and strategies that lead to continuous cultural, ethnic and linguistic improvements throughout the BMH System of Care for staff, service providers, consumers and family members, with a special emphasis on unserved, underserved and inappropriately served populations and communities. The Diversity & Multicultural Coordinator also collaborates with the state, counties and local agencies in order to address mental health inequities and disparities for targeted populations and the community-at-large in the cities of Berkeley and Albany. The Diversity & Multicultural Coordinator accomplishes these goals by:

- Providing training to all mental health stakeholders;
- Performing outreach and engagement to unserved, underserved and inappropriately served populations and communities;
- Developing long and short term goals and objectives to promote cultural/ethnic and linguistic competency;
- Chairing the agency's Diversity and Multicultural Committee and Staff Training Committee;
- Developing and updating the BMH Cultural Competency Plan;
- Attending continuous trainings in the areas of cultural competency and mental health services;
- Monitoring Interpreter and Translation Services for the agency;
- Collaborating with state, regional, counties and local groups and organizations.

Participants involved in trainings, committees/groups, and/or cultural/ethnic community events/activities are primarily diverse individuals and include participants from un-served, underserved and inappropriately served populations and the community-at-large.

In FY13, under the direction of the Diversity & Multicultural Outreach Coordinator the following trainings, events, activities and projects were conducted:

Trainings:

- *Asian/Pacific Islanders Heritage Training* - August 2012 (12 individuals attended this training) - Attendees included staff and local service providers.
- *California Reducing Disparities Project (CRDP)* - African American Forum - August 2012 (An estimated 90 individuals from diverse communities and different locations throughout California attended this event). This regional forum was conducted in collaboration with the African American Health Institute; ACBHCS ; Contra Costa County BHCS and San Francisco City & County Public Health Department. Attendees included staff, consumers, family members, service providers and residents.

- *API Spirituality & Wellness Conference* - January 2013 (An estimated 95 individuals from diverse communities and locations throughout the region attended this conference). This conference was conducted in collaboration with the Community Health for Asian Americans; ACHA-Tibetan Sisterhood; The Hare Krishna Temple and the Portia Bell Hume Center. Attendees included staff, consumers, family members, service providers and residents.
- *Phoenix Rising: African Americans Conference* - February 2013 (An estimated 350 individuals attended this training). This conference was conducted in collaboration with Berkeley Unified School District. Attendees included staff, students, consumers, family members, service providers and residents.
- *California Reducing Disparities Project (CRDP), LGBTQI2S Forum* - February 2013 (An estimated 60 individuals from diverse communities and locations attended this event). This county forum was conducted in collaboration with ACBHCS. Attendees included staff, consumers, family members, service providers and residents.
- *Addressing Trauma from the Inside Out: A Woman's Perspective* - May 2013 (55 participants attended this all day staff training). Attendees included staff, consumers, and service providers.
- *Spirituality and Mental Health* - May 2013 (40 participants attended this training). This training was collaborated with PEERS and ACBHCS. Attendees included staff, faith community, consumers and service providers.
- *LGBTQ-2S PRIDE training* - June 2013 (Approximately 100 individuals attended this training). This training was conducted in collaboration with ACBHCS; Pacific Center for Human Growth; Horizon Services and several other community partners. Attendees included staff, consumers, family members, service providers and residents.

Cultural/Ethnic and Community Events:

- *Mental Health National Day of Prayer Event - October 2012 (Approximately 30 individuals attended this event). This event was conducted in collaboration with ACBHCS and other community agencies and consumers. Attendees included the faith community, staff, consumers, family members, service providers and residents.*
- *Latina Women's Spirituality and Wellness - October 2012 - A six-week culturally specific support group for Latina women (The group consisted of 7 participants). This was conducted in collaboration with University of California at Berkeley, University Village in Albany, and St. Joseph the Worker Church.*
- *BMH Annual Black History Month Event - February 2013 (Approximately 85 individuals attended this event). Attendees included staff, consumers, family members and community partners.*
- *Culture and Wellness - April 2013 - A six-week Support Group for Latino Men (The group consisted of 5 participants). This culturally specific project was conducted in collaboration with St. Joseph the Worker Church, LifeLong Medical Care and La Clinica de La Raza.*

- *BMH Annual May Is Mental Health Month Event 2013 - (Approximately 80 individuals attended this event). Attendees included staff, consumers, family members, community partners and residents.*
- *African American Youth & Family Educational Celebration - June 2013 (More than 200 participants attended the event). This event was conducted in collaboration with Berkeley Unified School District. Attendees included staff, students, family members, community partners and residents.*
- *BMH Annual PRIDE Event - June 2013 (Approximately 50 individuals attended this event). Attendees included staff, consumers, family members and community partners.*
- *TAY, GAY PRIDE Dance - June 2013 (Financial sponsorship was provided to assist with this annual event). This is a collaboration with Horizon Services, LGBTQI youth services unit and other community partners. Attendees included staff, youth, family and community partners.*
- *Annual City of Berkeley Juneteenth Event - June 2013 - BMH Information Booth (Approximately one-hundred and fifty individuals stopped by the booth.) Four consumers; including TAY assisted with staffing the booth.*

Committees/Groups:

- BMH Diversity & Multicultural Committee, Chair
- BMH Staff Training Committee, Chair
- PEERS Countywide Spirituality Committee Member
- ACBHCS PRIDE Committee Member
- ACBHCS Cultural Responsiveness Committee Member
- State and County Ethnic Services Managers/Cultural Competency Coordinators Executive Committee Member
- PEERS African American Action Team Committee Member

Outreach and Engagement:

- St. Joseph the Worker Church - Latino community
- UCB, University Village - Latino and Asian communities in Albany
- Asian Community Mental Health
- CHAA - Asian community
- Buddhist Temple - Thai community
- Portia Bell Hume Behavioral Health and Training Center - Southeast Asian communities
- Geeta Society - Hindu community
- Buddhanusorn Temple - Buddhist community
- Pacific Center - LGBTQI-2S community
- Church for Today - Spirituality
- The Way Christen Center - Spirituality
- Berkeley High School - Students and Parents
- CRDP Latino Community Event
- Native American Health Center

Special Projects:
Active engagement with the State of California Reducing Disparities Projects *(*CRDP) for African Americans; Latinos; Asian/Pacific Islanders; Native Americans; and LGBTQI-2S population initiatives (2012 - 2013).

In recent years due to reductions in staff, retirements and resignations BMH has sustained a major loss in the cultural and linguistic capabilities of clinical personnel. Going forward, in order to address the on-going challenges of providing culturally responsive services to un-served, underserved and inappropriately served consumers and family members, there is a need to address this issue through various strategies including increasing diversity within the BMH workforce.

One strategy that has been recommended through input received during various MHSA planning processes is to develop a *Culture Brokers Program*. Culture Brokers Programs assist with the delivery of mental health services to unserved, underserved and inappropriately served individuals and communities by collaborating with and/or outsourcing services to community partners who serve and are from the same cultural/ethnic community and/or have an extensive knowledge base of the group's culture. Culture Brokers Programs work with consumers, family members, staff and community groups as agreed upon, in order to increase cultural and linguistic responsive services in the system of care. If implemented, a Culture Brokers Program would be an integrated part of BMH's Diversity & Multicultural Services.

TAY Support Services

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

In FY13, a total of 57 TAY were served, 34 through assessment services, and 23 received intensive services on a weekly basis throughout the year. Demographics on TAY served through weekly intensive services were as follows:

CLIENT DEMOGRAPHICS N=23	
Client Gender	*Percent of Total Number Served*
Male	39%
Female	57%
Transgender	4%
Race/Ethnicity	
Client Race/Ethnicity	*Percent of Total Number Served*
African American	52%
Asian	9%
White	17%
Hispanic/Latino	13%
Multi-racial	9%

The project continued to offer clients Shelter Plus Care and Coach Certificates through the City of Berkeley's HHCS Department. By the end of FY13, ten youth who were engaged in intensive services were housed through the Shelter Plus Care program, and two were housed though the COACH Program. Additionally, one youth was in independent housing and one was in a transitional housing program. Housing retention support services were a crucial component in aiding youth in achieving and maintaining stability. This stability in housing enabled youth to more readily connect with area resources, in working towards their goals and achieving greater levels of self-sufficiency.

Employment and/or educational outcomes for TAY in the intensive service program were as follows: Two were employed; two were enrolled in Community Colleges; one was enrolled in a Vocational Training program; two received Social Security Income; five received General Assistance; and five received CalFresh/Food Stamps.

SYSTEM DEVELOPMENT

System Development includes Wellness Recovery Support Services that are intended to expand collaboration with stakeholders, promote the values of wellness, recovery and resilience, and move the Division towards a more consumer and family member driven system. Services are comprised of the following main components: Wellness/Recovery System Integration; Family Advocacy Services; Employment/Educational services. Additional services to support clients include Housing Services and Supports, and Benefits Advocacy. Together, each ensures that consumers and family members are informed of, and able to be involved in, opportunities to provide input and direction in the service delivery system and/or to participate in recovery-oriented or other supportive services of their choosing. Strategies designed to reach program goals include: developing policies that facilitate the Division in becoming more Wellness & Recovery oriented and consumer/family member driven; outreach to, and inclusion of, consumers and family members on Division committees; provision of family support & education; supported employment and vocational services; wellness activities; peer supportive services; client advocacy; housing supportive services; and benefits advocacy.

Wellness Recovery System Integration

A Consumer Liaison works with staff, stakeholders, community members and clients to advance the goals of Wellness and Recovery on a system wide level. In order to accomplish these goals, some of the various tasks include: recruiting consumers for Division committees; convening committees around Wellness Recovery system initiatives; oversight/administration of peer stipends; convening and conducting meetings for a "Pool of Consumer Champions (POCC)"; working with staff to develop various Wellness and Recovery related policy and procedures; and oversight of the Division's "Wellness Recovery Activities". The Consumer Liaison is also a resource person around "Mental Health Advance Directives" for consumers desiring to express their treatment preferences in advance of a crisis; and is a participant on a number of local MHSA initiatives. These individual and system-level initiatives impact approximately 575 clients a year.

In FY13 some of the various activities that were conducted under the direction of the Consumer Liaison included:

Berkeley Pool of Consumer Champions (POCC): The Berkeley POCC met monthly to outreach to Berkeley consumers, connect with Alameda County POCC activities, and to become informed about Berkeley's MHSA planning and implementation process. The Berkeley POCC consisted of 6-13 members. Six stipends were awarded to participants on a rotating basis that was determined by the group. During this timeframe the POCC began meeting monthly with the Department Director.

Wellness Recovery Activities: Designed with, and building on the talents of consumers, the Division Wellness Recovery activities implemented workshops, trainings and ongoing healthy groups. Activities were led by trained "Wellness Recovery Leaders", and members and leaders, included consumers, family members and community members. Light refreshments were served at each activity. In FY13 activities (such as: creative writing; movement, art, etc.) continued on a weekly basis for 5-7 regular participants. One Wellness Recovery activity

included the Alameda County 10x10 Campaign Wellness Walk. BMH participated by offering "Chair Yoga" and transporting clients to and from the event.

Money Management Series: Based on early feedback from the Wellness Recovery Task Force, this program was initiated to assist with the Division's transition away from providing payee services to clients. Two six week series were held in FY13 that included budgeting; how to deal with Social Security; information on bank accounts and credit cards; and how to avoid victimization through fraud or identity theft. Four consumers participated in the series.

Family Advocacy Services

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

The Family Advocate serves as a point of contact for family members who are currently accessing or attempting to access services and/or who have questions and concerns about the mental health system, providing them with supports, and as needed, referrals to additional community resources. Outreach is provided to families through existing BMH family support groups, NAMI of the East Bay, community clinics and the Alameda County FERC. Additionally, the Family Advocate coordinates forums for family members to share their experiences with the system; recruits family members to serve on BMH committees; supports family members through a "Warm line"; conducts a Family Support Group, and a Family Consultation Group; and creates training opportunities to educate mental health staff on how to effectively work with families. The combination of individual services and system-level initiatives impact approximately 575 clients and their family members a year.

In FY13 under the direction of the Family Advocate, the following individual/or group services and supports were conducted through this program*:*

Warm Phone Line Support: A Warm Phone Line provided a sympathetic resource for family members needing information, referrals, supports, and assistance in navigating the complex mental health system. During FY13, the Family Advocate fielded approximately 190 calls, assisting family members in need.

Family Consultation Group: A Family Consultation Group met monthly to provide a space for families to provide input and direction around policies and strategies to assist the Division in becoming more family oriented. The group met for two hours each month. In FY13, 8 females, seven older adults and one adult, participated in the Family Consultation Group.

Family Support Group: Family Support groups were offered for parents, children, siblings, spouses, significant others, or caregivers. An English speaking support group met twice a month for two hours and a Spanish speaking group met monthly for 90 minutes. In total, 53

Family Members/Caregivers participated in Support Groups. Demographics on those served include the following:

CLIENT DEMOGRAPHICS N=53	
Client Gender	*Percent of Total Number Served*
Male	30%
Female	70%
Race/Ethnicity	
Client Race/Ethnicity	*Percent of Total Number Served*
African American	7%
Asian Pacific Islander	6%
White	78%
Hispanic/Latino	9%
Age Category	
Client Age	*Percent of Total Number Served*
26-59	50%
60+	50%

Employment Services

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

Although various strategies were implemented over the years, client participation and employment outcomes remained low through FY12, followed in FY13, with an unexpected vacancy in the Employment Specialist position. Low client outcomes coupled with a vacancy in the position prompted BMH to evaluate current best practices for mental health client employment. This evaluation is currently in progress. Additionally, input received during the Community Program Planning processes for the FY13 and FY14 Annual Updates, provided recommendations on strategies to better support clients in reaching their Employment goals, such as: Assisting clients on interviews and on what to share with an employer regarding reasonable accommodations; providing mentoring and job shadowing; implementing technology training for clients; having services be integrated and supported, and implementing evidence

based practices. Going forward, BMH plans to finish the assessment of input received and evaluation of best practices in order to implement strategies that will increase the chances for positive employment outcomes for mental health clients.

Housing Services and Supports

Previously a Housing Specialist worked with clients and staff throughout the Division to provide information and supports on Housing Resources, with the aim of increasing housing opportunities for clients and helping those housed retain their housing. In FY13 the Housing Specialist Position became vacant. Since that time although clients have continued to receive some level of housing support from Case Managers and/or through Shelter Plus Care personnel, there hasn't been a dedicated staff member in place to focus solely on this aspect of the work. The vacancy in the Housing Specialist position has allowed BMH to re-assess where staff expertise would be most beneficial in supporting mental health clients with their housing needs. Additionally, input received during the FY14 and previous MHSA Community Program Planning processes included concerns around the lack of affordable housing in Berkeley and echoed the need for additional supports to assist clients in maintaining their housing. Going forward, it is envisioned that when a Housing Specialist is hired, they will be involved in: providing housing resource services for clients; working with landlords to increase housing opportunities; collaborating with case management staff, landlords, and Board & Care Managers to provide additional supports for clients who are already housed; and working in tandem with the new City of Berkeley HHCS Department "Housing Crisis Resolution Center" (which serves as a single entry point into emergency shelter and transitional housing, where clients are triaged based on their housing and service needs).

Benefits Advocacy Services

Through this project a community-based organization assists clients in obtaining benefits. Services are provided for approximately 10 BMH clients a year. In FY13, 21 clients were provided Benefits Advocacy services through this agency. The results were as follows; 12 clients were allowed benefits; 3 client's cases are still pending; 2 client's cases were found ineligible; 1 client became gainfully employed, 1 withdrew their case from the process; 1 stopped attending; and 1 died. Demographics on client participants were as follows:

CLIENT DEMOGRAPHICS N=21	
Client Gender	*Percent of Total Number Served*
Male	48%
Female	52%
Race/Ethnicity	
Client Race/Ethnicity	*Percent of Total Number Served*
African American	38%
American Indian/Alaska Native	5%
White	29%
Other	19%
Unknown	9%
Age Category	
Client Age	*Percent of Total Number Served*
18-24 years	62%
25-61 years	29%
62 & Over	9%

PREVENTION & EARLY INTERVENTION (PEI)

The original City of Berkeley Prevention & Early Intervention (PEI) Plan was approved by DMH in April 2009. Subsequent Plan Updates were approved in October 2010, April 2011, May 2013, and June 2014. From the original approved PEI Plan and/or through Plan Updates, the City of Berkeley has provided the following services through this funding component:

- An early identification, assessment, treatment and referral program for children (0-5 years old) and their families;
- Prevention and short-term intervention services in the Berkeley school system;
- Trauma support services for youth, adults and older adults in un-served, underserved and inappropriately served populations;
- An anti-stigma support program for mental health consumers and family members;
- Intervention services for at-risk children; and increased homeless outreach services for TAY, adults, and older adults.

Descriptions for each PEI funded program and FY13 data are outlined below:

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

The Be A Star program is a collaboration with the City of Berkeley's Public Health Department providing a coordinated system in Berkeley and Albany that identifies children birth to age five and their parents, who are at risk of childhood development challenges including developmental, social, emotional, and/or behavioral concerns. The program specifically targets low income families, including those with teen parents, who are homeless, substance abusing, or in danger of foster care. Services include triage, assessment, treatment and referrals to appropriate community-based or specialist services as needed. Children and families are accessed through targeted efforts at the following: Black Infant Health; Vera Casey Teenage Parenting programs; Child Health and Disability Prevention programs, Pediatric providers; and through state-subsidized Early Childhood Development Centers. The goals of the program are to identify, screen and assess families early, and connect them with services and supports as needed.The program uses the "Ages and Stages Questionnaires" (ASQ) screening tool to assess children in need. The ASQ consists of a series of 20 questionnaires that correspond to age intervals from birth to 6 years designed to help parents check their child's development. Each questionnaire contains simple questions for parents to answer that reflect developmental milestones for each age group. Answers are scored and help to determine whether the child's development is on schedule or whether the child should be referred for a developmental checkup with a professional. Over 400 children are assessed each year.

In FY13, 313 ASQ's were prepared and distributed at Berkeley Unified School District (BUSD) Pre-schools (254 were returned and scored, for an 81% return rate). Through these screenings, 41 children scored in the "monitor range" receiving ongoing surveillance throughout the year, with at least 6 receiving intervention services in the preschool and 37 children scored in the

"concern range" and received direct services and/or a referral for assessment and follow-up. An additional 13 ASQ's were conducted with children in the BUSD-Summer Bridge program.

The ASQ, and Depression Screenings on pregnant and postpartum mothers, were also administered during home visits throughout the year. A total of 108 ASQ's were administered in the homes of Berkeley residents, 5 of which scored in the "of concern" range and were referred to either their pediatrician, Regional Centers of the East Bay (RCEB) or BUSD for assessment. The Edinburgh Depression Screen was given to a total of 40 prenatal or postpartum women, 5 of whom scored in the "of concern" range and were referred to appropriate area services. All families participating in the screenings received educational materials related to Child Development. An additional 653 children were screened through area Pediatric clinics or Family Practices. The chart below depicts the numbers and results of children screened at Kiwi San Pablo Pediatrics, Kiwi Alcatraz Pediatrics and Lifelong West Berkeley Family Practice:

Clinic/Practice	Number Screened	Screening Results
Kiwi San Pablo Pediatrics	403	51% = No concern 17% = Of concern 32% = Monitor only
Kiwi Alcatraz Pediatrics	157	57% = No concern 17% = Of concern 26% = Monitor only
Lifelong – West Berkeley Family Practice	93	45% = No concern 25% = Of concern 30% = Monitor only

Supportive Schools Program

Through the original PEI Plan, MHSA funds were leveraged to support the implementation of the Building Effective Schools Together (BEST) program in several area schools in an effort to transform schools into a more welcoming environment, and to fill some of the resource gaps around early intervention services. BEST is a model program that implements among other things, Positive Behavioral Supports (PBS), to change the culture of a school from one that is reactive and aversive in addressing problem behaviors, to one that uses preventative, positive, and supportive approaches. In the implementation of this program, two BMH staff were trained as BEST coaches and were out-sourced to area schools to be on-site for consultation, and to provide other services and supports. BEST coaches worked with schools to ensure the following activities were implemented:

Primary Prevention for School/Classroom Wide Systems/PBS Coaching and Program Development: Including refining behavioral expectations to be taught by school staff; building and supporting leadership teams at schools to decide how to implement programs; training school site teams in the PBS/BEST model; training school staff in Resiliency and Strengths Based interventions; developing and implementing curriculums to be taught to all students that support the PBS framework; analysis of data on student office discipline, referral, and

performance to help teams make informed planning decisions around behavioral interventions; and collaboration with community service providers on referrals.

Secondary Prevention for Children with At-Risk Behavior and Tertiary Prevention/Specialized and Individualized Intervention for Children with High-Risk Behavior: Including the provision of intensive/targeted interventions to support children who are at risk of chronic problem behaviors or higher/more intensive individualized interventions; mental health consultation with teachers and parents; outreach to families; group therapy; social skills training; developmental assessments; safety screening; crisis intervention; counseling; teacher and staff training on mental health issues; referrals to supportive services (including out-patient wrap-around mental health services).

Since the approval of the original PEI Plan, BEST was implemented in several local schools over a number of years. Following that period, many schools who had implemented BEST, began to move away from some of the aspects of the BEST model focusing priorities and resources on the intervention needs of students. While the PBS approach of the program was still embraced and utilized, many schools were not necessarily keeping full fidelity to other aspects of the BEST model.

Beginning in FY13 the focus of this program was changed to more accurately reflect the prevention and intervention strategies that were being implemented, which did not include all the components of the BEST model. Since that time, leveraged MHSA PEI funds have provided resources to support mental health prevention and intervention services in the Berkeley Elementary schools. Services include: outreach; mental health programming; classroom, group, and one-on-one psycho-social education and support; and consultation with parents and/or teachers. In FY13 approximately 315 youth were served through this program. Aggregated demographic data on youth participants was as follows:

CLIENT DEMOGRAPHICS N=315	
Client Gender	*Percent of Total Number Served*
Male	56%
Female	43%
Unspecified/Unknown	1%
Race/Ethnicity	
Client Race/Ethnicity	*Percent of Total Number Served*
African American	40%
Asian	5%
White	18%
Hispanic/Latino	19%
Bi-racial or Multi-racial	13%
Other	1%
Unspecified/Unknown	4%

Community Education & Supports

The Community Education & Supports program implements culturally-responsive psycho-educational trauma support services for individuals (18 and above) in various cultural, ethnic and age specific populations that are un-served, underserved and inappropriately served in Berkeley and Albany including: African Americans; Asian Pacific Islanders; Latinos; LGBTQI;

TAY; and Senior Citizens. All services are conducted through area community-based organizations. Descriptions for each project within this program are outlined below:

Albany Trauma Project

Implemented through Albany Unified School District this project provides trauma support services to Latinos, Asian Pacific Islanders and African American TAY, and Adults. Through various supports the project: provides helpful information and coping strategies around the effects of trauma; offers interventions to keep at-risk individuals and families from developing serious mental health symptoms and behaviors; provides a forum for clinicians to monitor trauma-exposed individuals and families who may need more intensive mental health services; and creates a venue to explore trauma and stress management through symbols of healing, artwork, and alternative coping strategies. Services include: Youth Support Groups; Adult Support Groups; and Parent Education. Additional one time cultural activities to promote healing through reflection groups and art projects are also conducted throughout the year. This project annually serves approximately 30-40 youth and 45-55 adults. Descriptions of services provided and numbers served through this project in FY13 are outlined below:

Youth Support Groups: Weekly support groups were provided at Albany and Macgregor High Schools in Albany. Separate Support Groups were held for Asian Pacific Islander, Latino, and African American youth at each school. An all Girls Group was also provided. Groups met for 1-2 hours a week throughout the school year. In FY13, across both schools a total of 37 students participated in Support Groups. At Albany High School, there were 26 youth participants, 22 of whom signed up for multiple additional blocks of eight sessions each and continued in the groups for the entire academic year. A total of 11 students participated in Support Groups at MacGregor High School at different times of the year. Demographics on youth participants included the following:

PARTICIPANT DEMOGRAPHICS N=37	
Participant Gender	*Percent of Total Number Served*
Male	32%
Female	68%
Race/Ethnicity	
Participant Race/Ethnicity	*Percent of Total Number Served*
African American	38%
Asian Pacific Islander	22%
Hispanic/Latino	40%

Evaluation results from a Pre and Post Support Group questionnaire that was completed by 22 of the youth participants showed the following: All students reported feeling welcomed into the group and supported by other group members; 19 felt the group was a place they could express their feelings and 3 felt it was a place they could “sometimes” express their feelings. Prior to the group, half of the students who completed the pre and post test questionnaires reported they were experiencing a lot of stress in their lives, compared to only 7 following the group.

In response to what their favorite thing about group was, some of the various comments students made included the following: “Talking in general”; “positive atmosphere”; “sharing feelings and listening to others”; being able to have a place to talk about my feelings because I

can't do that very often anywhere else"; "feeling a sense of family outside of my home"; "knowing that I got people helping me with everything", etc. On a scale of 1-10, overall ratings from youth who participated in Support Groups indicated the following scores: Asian Group: 9.1; Latino/Latina Group: 9.7; African American Group: 9.5.

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

In FY13, a total of 125 adults participated in regular ongoing weekly support groups. Group participants included 20 females and 105 males, ranging in age from 20-80 years old. All participants had a myriad of basic living and mental health needs and many were isolated and illiterate. In addition to the weekly support groups over 175 individuals participated in special holiday celebrations and activities that were offered through this project to build community and support issues of healing. This project has been a key source of reaching a community that otherwise would not have resources. It is structured to take into account the barriers those living and working on the backstretch experience in accessing services, including complicated work hours, difficulty getting transportation, as well as their levels of acculturation, language and experience. Self-report from multiple participants, indicated that having mental health resources come into the backstretch has been a strong support for them.

Parent Education Evenings: Six Korean Parent Education Evenings were conducted over the course of the school year as a means of outreach to this population in Albany. Educational events were usually held from 1-2 hours each and were structured to provide information and supports to parents around trauma issues related to acculturation and immigration, with a focus on positive coping strategies. Parent Education Evening events were conducted in the Korean language. Some of the various topics included the following: "Dealing with Cultural Differences"; "Adjusting to the School System and Immigration Issues"; "Acculturation Conflicts"; "Dealing with Middle Childhood Development patterns and Coping Skills", etc. A range of 8-16 parents regularly attended each event.

Living Well Project

Implemented through Center for Independent Living, this project provides services for Senior Citizens (aged 50 and over) who are coping with trauma and/or mental health issues associated with acquired disabilities. Senior Citizens with acquired disabilities are one of the most difficult groups to reach with disability services. It is similarly difficult to intervene with this group's developing mental health issues related to aging and the traumatic impact of acquiring one or more disabilities (such as loss of mobility, vision, hearing, et al). The core of the project is a wellness workshop series entitled "Living Well with a Disability". Through a combination of education, goal setting, group and peer counseling, the workshop series is designed to promote positive attitudinal shifts in a population who, despite the tremendous need for care, are often typically not responsive to mental health intervention. The workshop series includes an 8-10 week, one to two hour class conducted by Peer Facilitators, and an optional 30 minute

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

In FY13, project outreach was conducted at the following area locations or events: Oakland Pride; Covenant Workshop Center Resource Fair; LifeLong Health Fair; Solano Stroll; Harriet Tubman Terrace; Redwood Gardens; Eastmont Health and Wellness Fair; Over 60's Clinic; BMH; Alameda County Public Health; Dia de los Muertes event; Spirituality and Wellness Conference; Golden Gate Fields; North and South Berkeley Senior Centers. The Living Well workshop series was conducted in the following Berkeley locations where Senior Citizens either frequent or reside: Center for Independent Living; Harriet Tubman Terrace; Over 60's Health Clinic; Sacramento Senior Homes; South Berkeley Senior Center; and Strawberry Creek Lodge. Each Living Well Workshop Series included the following sessions: Orientation; Goal Setting; Problem Solving; Healthy Reactions; Beating the Blues (Depression and Moods); Healthy Communication; Seeking Information; Physical Activity; Eating Well (Nutrition); Advocacy (Self and Systems Change); and Maintenance. Topics of Grief and Loss, Depression, Retirement, and Senior Invisibility were also incorporated into the program. By participant self-report, the Living Well Workshop Series was very helpful. It was so popular at some locations that there were requests to expand the series. Additional program activities included, peer group or one-on-one counseling, Senior Fitness, Chair Yoga, and a workshop series on Bullying. In all approximately 97 Senior Citizens participated in Living Well Project activities, 55 of whom took part in Living Well Workshops.

Harnessing Hope Project

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

In FY13, the following activities were conducted through this project:

Outreach and Engagement: Outreach and engagement activities were conducted to increase knowledge and the recognition of early signs of mental illness and to inform residents of project services. Outreach was conducted at the following locations: Black Infant Health; local schools and churches; South Berkeley residential areas; Suitcase Clinic; and Lifelong.

Peer Facilitator Training: A Peer Facilitator Training was held to increase knowledge and skills around how to facilitate peer support groups through an African American cultural lens. Five individuals participated in this training. Participants went on to facilitate Kitchen Table Talk

Support Groups, and were supported during the year through mentoring sessions that were held to provide facilitators with support and skills around how to handle difficult group topics and issues.

Kitchen Table Talk Support Groups: These support groups were designed to increase information and supports around current and historical trauma and to teach participants healthy coping skills. A total of 62 African American women ranging in age from 18-55, participated in Kitchen Table Talk Support Groups, many of whom were also assessed and received individual and/or family psycho-educational support services, or were referred to additional community resources as needed. Per project staff report, Participants from the older generations provided insights to younger participants around historical trauma, life challenges and experiences. Group participants learned from each other and demonstrated their cultural strengths and resilience around effective ways to manage stress.

Trauma Support Project for LGBTQI Population

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

In FY13, outreach to approximately 1000 community members was conducted at various locations including the Berkeley Senior Centers and the Berkeley Pride Event. Project fliers were also sent to community-based organizations throughout Berkeley and Albany. Fourteen community volunteers completed the Peer Facilitator training, and six Skill Building workshops for Peer Facilitators were conducted on a bi-monthly basis. Thirteen ongoing support groups were held on a weekly or bi-weekly basis including the following: Young Queer Women; Butch-Stud; Female to Male; Lesbians of Color; Middle-Aged Men; Married/Formerly Married Gay/Bisexual Men; Young Men's Group (20's-30's); Transgender/Transsexual Support Group; Partners of Trans and Gender-Varient; Senior Men; Bi-sexual Women; Aging Queer Women; and Wicked Transcendent Folk (WTF) Gender Varient Group. A total of 104 individuals participated in support groups throughout the year, 31 of whom received additional services and/or referrals. Demographic data on those served included the following:

PARTICIPANT DEMOGRAPHICS N=104	
Participant Gender	*Percent of Total Number Served*
Male	23%
Female	42%
Transgender - Female to Male	8%
Transgender - Male to Female	4%
Gender Non-Conforming*	23%
Race/Ethnicity	
Participant Race/Ethnicity	*Percent of Total Number Served*
African American	14%
White	48%
Hispanic/Latino	20%
Asian Pacific Islander	6%
Bi-Racial	7%
Native American	3%
Unknown/Not Reported	3%
Age Category	
Participant Age	*Percent of Total Number Served*
18-24	22%
25-44	49%
45-54	15%
55-61	6%
62 & up	8%

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

TAY Trauma Support Project

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

In FY13, project outreach was conducted at the following locations: Berkeley streets, (particularly along Shattuck and Telegraph avenues); local parks; Berkeley Public Library; Fred Finch Turning Point program; Fred Finch STAY Well program; Building Opportunities for Self-Sufficiency (BOSS); Berkeley Youth Alternatives; Berkeley Food and Housing Project (BFHP); and YEAH shelter program. The project first focused on building relationships with youth through one-on-one sessions prior to attempting to engage them in support group activities, social outings and celebratory events. Psycho-educational support groups included the following: An art group, where in one of the popular sessions, participants made duct tape wallets and discussed budgeting skills; an African Drumming group; and workshops on

relationships that were facilitated by outside consultants. Social outings were held at the Oakland Museum, Oakland's Fox Theatre District, San Francisco Exploratorium, Berkeley Botanical Gardens, and a local Ice Skating rink. Project celebratory events included honoring TAY who had attended and completed the Berkeley City College semester, and a celebration of life event. In total, 27 youth engaged in one-on-one sessions with the project Case Manager (for approximately 87 total sessions), 15 youth participated in support groups, and up to 13 TAY participated in the social outings that were offered.

Social Inclusion Program

The Social Inclusion program was created to combat stigma, attitudes and discrimination around individuals with mental health issues. Through this program, a "Telling Your Story" group was formed that provides mental health consumers with opportunities to be trained, compensated and empowered to share their stories of healing in a supportive peer environment. When they feel ready, consumers can elect to be community presenters, sharing their inspirational stories at pre-arranged local public venues to dispel myths and educate others. This program serves approximately 5-10 individuals a year.

In FY13, the "Telling Your Story" group met twice a month to practice sharing their stories with each other. Two successful panel presentations were conducted at the Healing Trauma Summit, and at the BMH "May is Mental Health Month" event. The ongoing group consisted of 3-10 regular attendees.

High School Youth Prevention Program

This program operates in conjunction with other health related services offered at Berkeley High School (BHS) and Berkeley Technology Academy (B-Tech) to provide young people with the information and individual support they need to make positive and healthy decisions in their lives. The program includes: outreach activities designed to provide students with basic information around the risks of certain behaviors, and ways to protect themselves and make positive and safer decisions; classroom presentations to enable students to receive more in-depth information around a variety of health topics and available resources, and provide the opportunity for students to do a personal assessment of risk and current lifestyle choices; individual appointments to identify young people who may need more intensive intervention; and short-term treatment. The individual appointments, held at the school-based health center, provide young people with the opportunity to hold very in-depth discussions around the choices they are making and the risks that are involved in their choices. They receive guidance about changes they can make to reduce or eliminate their risks, and are given the opportunity to identify barriers that might exist for them that prevent them from making healthier choices. In addition, they complete a 40 question, in-depth HEADSSS (Home, Education, Activities, Drugs/Alcohol, Sexuality, Safety, Suicidality) assessment. Based on the outcome of the individual appointment and/or assessment, a young person may be referred to either a medical or mental health professional for follow up care and intervention and/or treatment. Approximately 2600 Berkeley High School Students and 80 B-Tech students receive some level of services through this program each year.

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

In FY13, approximately 1,504 students received services through this project. Demographics on those served were as follows:

PARTICIPANT DEMOGRAPHICS N=1504	
Participant Gender	*Percent of Total Number Served*
Male	38%
Female	62%
Transgender	<1%
Race/Ethnicity	
Participant Race/Ethnicity	*Percent of Total Number Served*
African American	27%
Asian	6%
White	31%
Hispanic/Latino	18%
Multi-racial	14%
Other	4%

Community-Based Child & Youth Risk Prevention Program

This program targets children and youth from un-served, underserved, and inappropriately served populations who are impacted by multiple risk factors including trauma, family or community violence, familial distress, and/or family substance abuse, (among other issues). The program is primarily community-based with some supports also provided in a few area schools. A range of psycho-educational activities provide information and supports for those in need. Services also include assessment, brief treatment, case management, and referrals to long term providers and other resources as needed. The main goals are to reduce risk factors or other stressors, and promote positive cognitive, social, and emotional well-being. This program serves approximately 110 Children & Youth a year.

This program was originally implemented towards the end of FY12. During that time most activities were around engaging and outreaching to area schools and community agencies for referrals, setting up regular hours at local Head Start programs and at one area middle school, and providing mental health consultations to parents, counselors and community-based organizations. Services for youth primarily began in FY13 at which time a total of 61 children and youth were seen through this program. Demographics on youth served in FY13 were as follows:

CLIENT DEMOGRAPHICS N=61	
Client Gender	*Percent of Total Number Served*
Male	51%
Female	49%
Race/Ethnicity	
Client Race/Ethnicity	*Percent of Total Number Served*
African Americans	23%
White	18%
Hispanic/Latino	48%
Asian Pacific Islander	11%
Age Category	
Client Age In Years	*Percent of Total Number Served*
1-4	2%
5-12	11%
13-14	41%
15-18	36%
19-22	10%

Homeless Outreach Program

Community program planning for the MHSA FY13 Update identified homeless and marginally housed individuals as those that have high priority needs for additional Mental Health services and supports. Various populations were identified that have specific mental health and healthcare acquisition needs of which the current system of care is either minimally serving or not addressing at all, including: women; elderly; and TAY, adults and older adults living on the streets or in area homeless encampments. As such a new program was added through the FY13 Annual Update that increases access to available resources for homeless individuals in Berkeley and Albany.

This program is implemented through Building Opportunities for Self-Sufficiency (BOSS), a local community-based organization. Those in need are outreached to and provided with supported referrals to area programs and resources. Program services include outreach, education, crisis intervention, short-term counseling, and referrals. This program serves approximately 100 individuals. By the end of FY13, this program had not been implemented yet.

INNOVATIONS (INN)

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

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

Each project is implemented through community partners. Descriptions for each INN funded project and FY13 data are outlined below:

African American Community Empowerment Academy

Implemented through McGee Avenue Baptist Church which is located in the community of the target population, this project provides psycho-educational activities and supports for African American youth, Adults, and Older Adults living in South Berkeley. Appropriately named the "Umoja" (the Swahili word for Unity) Project as services focus on empowering participants around social, cultural and spiritual aspects of the African American heritage and enable the exploration of key cultural issues such as "Post Traumatic Slavery Syndrome". The project utilizes an Afro-centric model that is implemented in a safe, non-threatening environment. The purpose of the project is to assess whether Cultural Heritage Training and Leadership Skill building activities will: improve the mental health of African American consumers; increase access for those who are in need but not currently receiving services; and build community advocates. The project serves approximately 100 African Americans a year.

In FY13 the following services were provided:

Support Groups for Youth, Women, and Men: Support groups were separately provided for youth (11-17 years old); women (18-55 years old) and men (18-55 years old). Groups provided a safe listening forum for those experiencing stress as well as a medium to provide additional strategies and resources to empower at-risk families and individuals. Each group met weekly for approximately an hour and a half. Many of the men and women attending support groups were experiencing an array of other issues such as unemployment, substance abuse, and homelessness. Youth participants were impacted by issues of foster care, incarceration, gun violence, and/or mental and emotional trauma.

Per project staff report, men participating in support groups found it difficult to discuss their challenges, as they appeared view doing so, as a sign of weakness. However, once they got past the initial reluctance to engage with the group and felt safe, their commitment was unwavering. While the women participating in support groups seemed to be very receptive to having a forum to deal with the issues and challenges of daily life, many were unwilling to address specific issues pertaining to their personal mental health. Youth participants seemed to be very receptive to services, which provided them with a safe forum to discuss their concerns and an opportunity to learn how to use their voice as a positive means for change. The range of regular participants for each weekly support group in FY13 was as follows: 5 men; 8 women; and 12 youth.

Additional services included: Separate workshops in various community locations for Men, Women and Youth; Open forum groups for indigent adults in the community to identify issues of substance abuse, homelessness, violence, etc. which impact African Americans living in poverty; community workshops focusing on African American Child Rearing/Family Management, Family and Community Violence, Health and Substance Abuse, Stress and Anger Management, and Economic Management; Youth Advocacy workshops where trained youth leaders supported young people in leadership development and in coping with various aspects of physical and mental health issues including peer pressure, stress management, teen and family violence, substance abuse, self-esteem, sexual identity and body image, and general health and nutrition; and trainings for a cadre of Service Providers to increase understanding and supports around the specific and unique needs facing at-risk African American families in South Berkeley. Various project workshops were conducted in the community, churches and at B-tech which proved to be very popular with regular attendance from approximately: 25 men; 15 women; and 30 youth. One Training for Service Providers was also conducted during this timeframe, serving 25 participants.

Re-entry Systems Synergy

Implemented through Options Recovery Services this project provides re-entry services for Ex-offenders and Veterans who are struggling with mental health and/or substance abuse disorders providing supports for individuals and their families. The goal of this project is to understand whether participating in informal community-building activities that are offered in a supportive environment by peers, builds resiliency, increases knowledge and awareness, promotes successful re-entry into the community, and increases positive mental health outcomes for Ex-Offenders, Veterans and their families. A specific emphasis is placed on engaging Ex-Offenders who are coming into the community as a result of AB109, Public Safety Realignment (which shifted the responsibility and funding for non-serious, non-violent, non-sex offenders from the state to the local level), veterans who are returning to the community from being on deployment or at war; and family members of each targeted population. Services include specialized separate support groups tailored to address the specific needs of Ex-Offenders, Veterans, and their families. This project serves 130 TAY, Adult, and Older Adult Ex-Offenders, Veterans and their families members a year.

In FY13 the following services were provided:

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

Veteran Weekly Support Group: The Veterans Group addressed Veteran's needs to recover safety in their lives and to heal from combat-related trauma and Post Traumatic Stress Syndrome (PTSD) and substance abuse. The Veterans group offered support especially geared to treating Veterans who had combat stress reactions and who were dealing with the aftermath of combat experiences and/or are having issues around re-integrating back into the community and covered the following: Combat Stress and PTSD treatment; substance abuse education; life skills for returning Veterans; anger management; and stress reduction. Groups were offered once a week for 90 minutes each. .

Family Support Groups: Support groups for family members of Ex-Offenders and Veterans met every two weeks for 90 minutes each session. These groups had a psycho-educational format providing a safe place where family members could receive information around relevant aspects to their family situation, and based on the group members needs, were able to spend the session processing issues as they arose.

Through this project a total of 48 Ex-Offenders; 53 Veterans; and 27 Family Members were served. Demographics on those served include the following:

DEMOGRAPHICS			
Ex-Offender Support Groups N=48			
Race/Ethnicity	*Percent of Total Number Served*	*Age*	*Percent of Total Number Served*
African American	46%	16-25	2%
White	29%	26-35	12%
Hispanic/Latino	15%	36-45	17%
Asian Pacific Islander	6%	46-55	17%
Mexican/American	2%	56-65	15%
Unknown	2%	66-75	10%
		76-85	2%
		Unknown	25%
Veteran Support Groups N=53			
Race/Ethnicity	*Percent of Total Number Served*	*Age*	*Percent of Total Number Served*
African American	49%	16-25	4%
White	36%	26-35	2%
Hispanic/Latino	7%	36-45	2%
Mexican/American	2%	46-55	19%
American Indian	2%	56-65	26%
Unknown	4%	66-75	6%
		76-85	2%
		Unknown	39%
Family Support Groups N=27			
Race/Ethnicity	*Percent of Total Number Served*	*Age*	*Percent of Total Number Served*
African American	56%	26-35	15%
White	26%	36-45	19%
Hispanic/Latino	18%	46-55	11%
		56-65	22%
		66-75	7%
		76-85	4%
		86-95	4%
		Unknown	18%

Wellness Strategy for Asian Pacific Islanders

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

This project provides information, services and supports to immigrant women, elders and girls in the Tibetan and other immigrant/refugee communities in Berkeley and Albany. The project aims

to reach women (ages 16 and above) with particular attention to new immigrants, single mothers, victims of family and community violence, and elders. The project serves approximately 150-200 API individuals a year.

In FY13 the following services were provided:

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

Outreach, Trainings and Workshops: Workshops were provided throughout the year on important topics related to women, health, and well-being in an effort to raise awareness and increase knowledge and supports for women in API immigrant; refugee and asylee communities. Outreach and engagement activities were also conducted in the targeted community and at three local annual events.

Cultural Wellness Activities: Wellness workshops were conducted weekly for women of all ages, engaging approximately 174 women in the community through various organized cultural awareness activities. The purpose of the activities/workshops were to increase social supports; reduce cultural, social and linguistic isolation; reduce symptoms of depression, anxiety and trauma; and increase participants self-confidence, sense of integration, and sense of independence. Participants were introduced to new wellness techniques and concepts (such as: stress management and recognizing symptoms of contributing stressors to mental health) while honoring cultural modalities for mental health and wellness (such as: spirituality, traditional healing methods, dietary practices, etc.).

Approximately 395 individuals were reached through Core Group, Workshops, or Cultural Wellness activities. Demographics on those served include the following:

PARTICIPANT DEMOGRAPHICS N=395	
Race/Ethnicity	
Participant Race/Ethnicity	*Percent of Total Number Served*
Tibetan	21%
Nepali	25%
Bhutanese	10%
Mongolian	14%
Vietnamese	6%
Filipino	14%
Burmese	1%
Tongan	3%
Bangladesh	2%
Hmong	<1%
Japanese	3%
Korean	2%
Cambodian	13%
Chinese	27%
Indian	2%
Khmer	2%
Rakhaing	<1%
Thai	72%
Unspecified	13%
Age Category	
Participant Age	*Percent of Total Number Served*
Under 18	5%
18-24	10%
25-59	82%
60+	3%

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

Implemented through the Niroga Institute this project provides holistic health services for TAY. The goals of the project are: to understand the impact and outcomes on the well-being of TAY who simultaneously receive mental and physical health interventions; to ascertain whether various skills based interventions promote positive health practices and healing; and to assess the impact of receiving services in a culturally appropriate setting from an agency that provides culturally responsive services, has on the healing of traumatic issues. Originally envisioned to pilot test comprehensive holistic health services for the TAY population, this project currently focuses on specific holistic health practices such as “Transformative Life Skills” ” (TLS, a multi-modality intervention that teaches yoga, breathing techniques and meditation), and trauma informed mental health supports, to assess whether these strategies improve the mental health outcomes of TAY participants. Approximately 40-80 TAY are served a year through this project.

In FY13 the following services were provided through this project:

Community Engagement: “Community Mind-Body (COMBO)” meetings for TAY were held at local youth serving organizations such as: Berkeley Youth Alternatives, BOSS, United for Health-Suitcase Clinic, Youth Spirit Artworks, Teen Center, Berkeley Food and Housing Project, Harmon Gardens, Fred Finch Youth Center, etc. Additional COMBO meetings were conducted

at area community groups working with the TAY population (including City Slicker Farms, Downtown Berkeley YMCA, and the Berkeley Downtown Business Association, among others). The purpose of the meetings was to conduct mini-trainings on trauma informed "Transformative Life Skills" (TLS, a multi-modality intervention that teaches yoga, breathing techniques and meditation). In total, 23 COMBO meetings were conducted at various TAY serving agencies and other locations in Berkeley, providing TLS for approximately 201 youth. Per aggregated results on evaluation forms administered following each training, 92% of TAY indicated they increased their knowledge and skill set around TLS. One participant indicated the following: "What I liked most about the workshop is how calm everyone felt all at once; the feeling was great!"

BREATHE Campaign: Several TAY participated in the development and creation of the "BREATHE Campaign". The BREATHE Campaign is a TLS-based Photovoice project, combining photography, grassroots social action, and participatory visual methods of digital storytelling to empower TAY to create a series of posters displaying captivating images of "peace amidst chaos". The BREATHE Campaign was designed to compel viewers to slow down, take a deep breath, and shift from the sympathetic (fight/flight) modality to the parasympathetic (centered/grounded) state, thereby aiding in emotional regulation and the development of self-mastery. BREATHE posters were created and distributed to TAY-serving organizations, and in other locations throughout the City, especially in areas where TAY congregate.

In FY13, ten youth participated in the BREATHE Campaign which consisted of nine two-hour photovoice sessions. Each session had three sections: mindfulness practice, photography session, and group discussion led by a Yoga Instructor/Photographer/Social Worker. All participants successfully completed the project, which concluded with a public exhibition of their photography work at a Benefit Event held at the Ed Roberts campus. As reported by project staff the campaign created a safe environment enabling youth to talk candidly about their histories of stress and trauma. Per participant self-report, 100% indicated having a better understanding of their stressors, as well as learning new tools to manage their stress, and 80% reported regular use of the stress management techniques they learned through participating in the project. All ten participants continue to have an active relationship with Niroga, 5 of whom joined the Niroga Youth Advisory Board, two applied to the Niroga Yoga Teacher Training program, and two participants who found themselves in intolerable situations took positive actions to get out of the situations and as such, now live in much healthier environments.

Community-Wide TLS: Two short video protocols, one focused on stress management ("Manage Your Stress – Anytime, Anywhere"), and the other focused on healing from trauma ("Healing Yoga for Trauma") were developed and were made to be available on the internet via YouTube, and also as freely downloadable mobile applications. As such, TAY are now able to follow along with these short personal practice protocols, and TAY-serving organizations can play these protocols onsite at specific times of the day for collective practice. The videos of TLS protocols for stress management and for healing from trauma are available as iApps or on YouTube at http://www.niroga.org/media/video-healing_yoga and at the following: http://youtu.be/QAa6H3QHPL8 (for Trauma) and http://youtu.be/ANDMZb86C10 (for Stress).

TLS Community Capacity Building: To build community capacity of TLS, a training retreat was held in June 2013 for TAY leaders who were nominated by TAY-serving organizations. The purpose of the training was to prepare TAY to serve as TLS Peer Educators and act as role models of self-mastery in their communities playing a leadership role in driving ongoing COMBO meetings and orchestrating and sustaining the BREATHE campaign. Of the 11 attendees, 8 expressed a desire to continue their education as TLS Peer Educators, two were unsure when they completed the feedback form, and one expressed a desire to learn more prior to making a commitment. Four youth participants also joined the Niroga Youth Advisory Board.

Mental Health Supports: Mental Health supports and TLS sessions were provided twice a week for 22 TAY in the YEAH! Shelter. YEAH! participants were also provided with free classes at the Niroga Center.

Across all project services, 217 TAY were served in FY13. Demographics on those served are as follows:

PARTICIPANT DEMOGRAPHICS N=217	
Participant Gender	*Percent of Total Number Served*
Men	36%
Women	40%
Unknown	24%
Race/Ethnicity	
Participant Race/Ethnicity	*Percent of Total Number Served*
African American	20%
White	23%
Hispanic/Latino	10%
Asian Pacific Islander	17%
Bi-Racial	8%
Mexican/American	2%
Native American	1%
Unknown/Not Reported	19%
Age Category	
Participant Age In Years	*Percent of Total Number Served*
16-17	24%
18-19	16%
20-21	23%
22-23	14%
24-25	9%
Unknown/Not Reported	14%

Senior 2 Senior Project

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

Services include weekly support groups that are implemented to provide access to, education on, and supports around new computer technologies (primarily iPADS) for Albany/Berkeley

Senior Citizens. Services are structured as a 12 week series of weekly two hour Support Groups where 10 Senior Citizens are served at a time. Groups are held in a relaxed setting, promoting sharing, learning and mutual respect among participants enabling each individual to receive individualized attention, supports, and referrals as needed. This project serves approximately 30 Senior Citizen adults (aged 50 and over) a year.

In FY13, three 12 week Technology Support Groups were conducted over the course of the year. Many group participants had a variety of accessibility issues including vision and hearing needs, and second language limitations. Part of the Support Group included demonstrations of solutions that the iPad technology has to these issues (such as: dictation, speak selection, zoom/enlarge, international keyboards and screens, etc.). The project also offered free door-to-door transportation for seniors who had limited mobility and/or who weren't otherwise able to easily or confidently get to class on their own.

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

- "I'm glad to have come to the Support Group because of the social aspect, and knowing other people aren't as computer savvy like myself. It's also a good discipline going to class once a week."
- "This opened another world of experience for me."
- "I met a new friend".
- "I want to learn technology to keep my mind working; and to be able to use the computer independently".

Additionally, regarding reductions in isolation and loneliness, project staff reported the following:

- One participant, who due to health difficulties, rarely left her house and had no close family or friends, ended up blossoming into a group leader for trying each new thing and encouraging others. She currently corresponds with several individuals that were in the group and indicated that the project changed her life.
- The Support Group forum enabled individuals to start discussions around shared concerns and open up about personal difficulties.
- Some participants were more open to community interactions and resources.

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

Support Groups were so popular that many wanted to continue and as such, a weekly Drop-In Class was implemented. Through this additional class, an on-going follow-up support system

was created for interested participants which included free access to personal senior volunteer tutors, and ongoing personal email and drop-in support for both technology and social service needs.

In all, a total of 30 individuals participated in Technology Support Groups, 28 of whom graduated from the program and received full ownership of their iPads. Demographics on group participants included the following:

PARTICIPANT DEMOGRAPHICS N=30	
Participant Gender	*Percent of Total Number Served*
Men	7%
Women	93%
Race/Ethnicity	
Participant Race/Ethnicity	*Percent of Total Number Served*
African American	3%
Asian	10%
White	70%
Hispanic/Latino	10%
Other	7%
Age	
Participant Age in Years	*Percent of Total Number Served*
56-65	7%
66-75	23%
76-85	53%
86-95	17%

Board & Care Nutrition Project

Implemented through Berkeley Food & Housing Project (BFHP), this project provides nutrition and exercise support services for Board and Care residents (in "Russell Street Residence", or the "Transitional House" at the North County Women's Center) in an effort to improve and/or prevent serious medical conditions and increase positive physical and mental health outcomes for mentally ill Adults and Older Adults. The goals of the project are to: create a change in participants knowledge as it relates to healthy foods and nutrition information; increase participants skills around acquiring and preparing healthy meals; have a positive change on participants Physical Health, as demonstrated through vital health signs; and to increase self-care, as demonstrated by changes in participants health habits. Samuel Merritt University (SMU) students support each of the services conducted through this project which serves to approximately 25-45 Board and Care residents a year.

During FY13, the following services included:

Nutrition Education and Cooking Instruction Class Component: "Three Squares" provided Nutrition Education and Cooking Instruction classes on-site to interested participants in the target population. The Three Squares Team included a nutritionist and a chef who taught two hour nutrition classes for six weeks at each site. Cooking Instruction classes were also conducted in 30 minute sessions over a six month period. The chef prepared a meal each week for the residents and left behind extra produce so residents could cook meals for themselves. One session was even held at a grocery store in order to teach participants how to buy nutritious food at low prices.

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

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

Client interviews revealed that most residents felt healthy and felt their health had improved as a result of participating in the project. Many expressed that even though they still have weight loss goals, their physical activity had increased and they felt more awake, aware and had increased energy. Project participants regularly used recipes learned during the cooking classes, and showed increases in baking rather than frying, making smoothies, and preparing healthier meals. Eight participants experienced a significant weight loss (ranging from 6 to 40 pounds) over the course of the project, three participants quit smoking, and four lowered their blood pressure. By project staff report, several participants showed initiative in changing their daily health habits, buying and/or preparing healthier meals, and increasing their physical activity levels. In total, 27 women participated in some aspect of the project, 18 of whom graduated from the "Three Squares" cooking class. Demographics on those served were as follows:

PARTICIPANT DEMOGRAPHICS N=27	
Race/Ethnicity	
Participant Race/Ethnicity	*Percent of Total Number Served*
African American	67%
White	33%
Age	
Participant Age in Years	*Percent of Total Number Served*
25-35	11%
36-45	18%
46-55	26%
56-65	26%
66-75	4%
Unspecified/Unknown	15%

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

Implemented through Pacific Center for Human Growth, this project provides no-cost mental health services and supports to LGBTQI-identified residents at collaborating off-site agencies where other public social services are being provided. The main goals of the project are to better understand the needs of those who are marginalized from multiple perspectives; and to gauge whether LGBTQI individuals will be more accepting of mental health services and have better mental health outcomes when culturally competent individuals meet them in their own settings (i.e., agencies where they are already accessing other services). An additional goal is to determine if providing competency training on LGBTQI issues for agencies that do not specifically provide such services, improves the mental health outcomes for their LGBTQI clients. Approximately 20-30 LGBTQI TAY, Adults and Older Adults are served through this project a year.

In FY13, interns were trained and collaborations were formed with the following partner sites: North Berkeley Senior Center; Jewish Family & Children's Services; Berkeley Adult School; and the Center for Independent Living. Mental Health services at collaborating sites began to be provided in October 2012. Approximately 63 LGBTQI individuals (and the agencies serving them) received information on relevant community services and supports. Four Cultural Competency trainings (one with each partner agency) were conducted, providing training for 98 staff personnel. Evaluations conducted following the trainings revealed that 97 staff reported an increase in their knowledge of LGBTQI issues and 85 staff reported increases in their skills in serving LGBTQI individuals. According to client and care-provider reports, individuals served through this project showed improved treatment outcomes including: staying in treatment; expressing a willingness to return for services; and a better overall treatment experience. Over the course of the year a total of 37 individuals received mental health services and supports. Demographics on those served included the following:

CLIENT DEMOGRAPHICS N=37	
Client Gender	*Percent of Total Number Served*
Male	68%
Female	32%
Race/Ethnicity	
Client Race/Ethnicity	*Percent of Total Number Served*
African American	3%
White	56%
Hispanic/Latino	14%
Asian Pacific Islander	19%
Multi-Racial	8%
Age Category	
Client Age	*Percent of Total Number Served*
18-25	3%
26-35	11%
36-45	3%
46-55	5%
56-65	30%
66-75	43%
76-85	5%

WORKFORCE, EDUCATION & TRAINING (WET)

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

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

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

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

Peer Leadership Coordination

Per the approved WET plan, a Peer Leader Coordinator will provide and coordinate training for consumers, and family members, including those from culturally and linguistically diverse communities to increase the necessary skills that will enable participants to: Secure consumer and family member positions in the mental health system as they open up; and participate on BMH committees and Boards. In this capacity, the Peer Leader Coordinator will: Develop peer and family training opportunities through the BMH WET Peer Leader Stipend program; provide oversight of these training opportunities and mentoring of the trainees; develop a system to distribute stipends for Peer Leaders; act as a liaison with local community based programs; work in collaboration with other BMH staff; assist in the development of learning collaborations with local community colleges, adult schools and peer agencies; and provide wellness and recovery-based organizing in diverse Berkeley and Albany communities. Additionally, the Peer Leader Coordinator will work on the development of workforce pipeline strategies for mental health consumers and family members

Thus far, the Peer Leader Coordinator has been involved in helping to conceptualize this program including working with staff, BMH leadership and Human Resources around program planning and development. The Peer Leader has also been involved in building relationships in the community, and working with Alameda County around complimentary programming.

Staff Development and MHSA Training

This WET component implements training for BMH staff and those from affiliated community agencies in an effort to transform the system of care. The BMH Training Coordinator is active on the Greater Bay Area Mental Health and Education Workforce Collaborative (GBAWET) and facilitates a Training Committee that meets bi-monthly to set priorities for the Division. Training

topics include, but are not limited to MHSA related core concepts, including: wellness and recovery; resiliency; cultural competency; community collaboration; and innovative and best practices etc. In FY13, a Law and Ethics training, and “Motivating, Inspiring, Supporting, and Serving Sexually Exploited Youth" “MISSSEY” training were conducted through this component.

High School Career Pathways Program

Through this program BUSD has implemented a curriculum and mentoring program for youth designed to provide opportunities that support student’s interest in pursuing a career in the mental health field. This project was just recently implemented in FY15.

Graduate Level Training Stipend Program

Per the original WET Plan, this program will offer stipends to Psychologists, Social Workers, Marriage and Family Therapists and other counseling trainees and interns who have cultural and linguistic capabilities. The stipend program will develop guidelines and a system will be implemented to recruit and provide incentives to those meeting criteria, thereby allowing BMH to attract a more culturally and linguistically diverse pool of graduate level trainees and interns.

Thus far, most of the work that has gone into this program has involved researching the best way to implement it amid City Human Resource policies, etc. Among other things, one strategy that was evaluated involved collaborating with Alameda County on this program, however for various reasons that did not prove to be viable. BMH anticipates either implementing this program within the next fiscal year or proposing a new strategy for these funds through planning for the FY16 Annual Update. If implemented, this program may offer stipends to all counseling trainees and interns at BMH.

Peer Leader Stipend Program

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

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

The original City of Berkeley CFTN Plan was approved by DMH in April 2011. Program descriptions for each funding category are outlined below:

Capital Facilities

Per the approved CFTN Plan funds will be used to renovate the Adult Services Clinic in order to create a more welcoming environment for consumers and family members. System upgrades and re-configuring of shared work spaces will increase safety; and improve clinical, wellness/recovery, support services, and administrative functions.

Since the approval of the CFTN Plan, BMH management has worked with an architectural firm to obtain architectural renderings of the Adult Clinic renovation and has undergone a local community planning process to obtain input on the proposed renovation plans and the utilization of additional MHSA funds towards this project. It is anticipated that previously allocated Capital Facilities funds along with other MHSA funds will be utilized towards this renovation during the Three Year Plan timeframe.

Technological Needs

Per the approved CFTN Plan funds will be utilized to locally achieve the state goals of implementing a fully operable Electronic Health Records system (EHR) and providing consumer access to personal health information. The City of Berkeley will collaborate with Alameda County to meet these goals.

Through the previously approved FY14 Annual Update, the City of Berkeley had planned to use a small portion of Technological Needs funds (less than $20,000) to create and maintain a module within the existing “City Data Services System” (a web-based data management system) in order to support the monitoring of MHSA services conducted through contracts with local community based organizations. This will now be funded under PEI and/or INN Administrative funds instead of through the Technological Needs funding component. Through this Three Year Plan BMH is proposing to utilize all of the Technological Needs funds ($615,050) towards the Adult Clinic renovation. It is anticipated that any future technological needs projects will be funded through a reallocation of a portion of CSS funds towards those needs.

FY13 AVERAGE COST PER CLIENT*

COMMUNITY SERVICES & SUPPORTS			
Program Name	**Approx. # of Clients**	**Cost**	**Average Cost Per Client**
Children's Intensive Support Services FSP	Data not available	N/A	Data not available
TAY, Adult & Older Adult FSP	82	$1,413,578	$17,238
TAY Support Services	57	$101,768	$1,785
Wellness Recovery System Integration (includes: Wellness Recovery Services; Family Advocacy; Employment/Educational Services; Housing Services and Supports)	474	$404,964	$854
Benefits Advocacy	20	$20,000	$1,000
PREVENTION & EARLY INTERVENTION			
BE A STAR	415	$152,912	$368
Supportive Schools Program	315	$55,000	$175
Albany Trauma Project	224	$53,040	$118
Living Well Project	97	$26,520	$273
Harnessing Hope Project	62	$26,520	$428
LGBTQI Trauma Project	101	$26,520	$263
TAY Trauma Project	27	$26,520	$982
Social Inclusion Project	10	$10,000	$1,000
Community Child & Youth Program	61	$26,520	$435
High School Youth Prevention Program	1,504	$47,861	$32
INNOVATIONS			
African American Community Empowerment Project	95	$45,000	$474
Re-entry Systems Synergy	128	$45,000	$352
Wellness Strategy for API	395	$45,000	$114
Trauma Informed Holistic Health Care for TAY	217	$45,000	$207
Senior 2 Senior Project	30	$45,000	$1,500
Board & Care Nutrition Project	27	$45,000	$1,667
Improve Mental Health Quality for LGBTQI	37	$45,000	$1,216

*Per MHSA FY13 Revenue and Expenditure Report

PROGRAM BUDGETS

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Funding Summary and Plan Instructions

General: Round all amounts to the nearest whole dollar.
Heading: Enter the County name and the date the worksheet is completed.

Component Worksheets:

General: Each individual component worksheet has three sections, one for each of the three fiscal years covered by the Expenditure Plan. The top section is for FY2014/15, the middle section for FY2015/16 and the bottom section for FY2016/17.

Column A represents the total estimated program expenditures for each program and represents the sum of the funding sources for the program. Counties should do their best to estimate the funding from the sources identified so as to reflect the estimated expenditures of the entire program.

Definitions:

Medi-Cal FFP represents the estimated Medi-Cal Federal Financial Participation to be received by the program based on Medi-Cal Certified Public Expenditures (CPE) incurred by the County.

1991 Realignment represents the estimated 1991 Realignment to be used to fund the program.
Behavioral Health Subaccount represents the estimated funding from the Behavioral Health Subaccount used to fund the program. This would generally represent some of the matching funds for EPSDT programs.

Estimated Other Funding represents the any other funds used to fund the program, which could include, but is not limited to, County General Fund, grants, patient fees, insurance, Medicare.

Community Services and Supports Worksheet:

The County should identify CSS programs as either those with Full Service Partnership (FSP) expenditures and those without FSP expenditures (i.e., any program with a FSP expenditure would be reported under the FSP program section). Enter the program names on a line in the appropriate section. The line number does not need to correlate with the program number.

Enter the estimated funding for each program in columns B through F. Total estimated program expenditures are automatically calculated as the sum of columns B through F.

Enter the estimated funding for CSS Administration in columns B through F. Total estimated CSS Administration is automatically calculated as the sum of columns B through F.

Enter the estimated funding for CSS MHSA Assigned Housing Funding in columns B through F. Total estimated CSS MHSA Assigned Housing Funding is automatically calculated as the sum of columns B through F.

Total CSS estimated expenditures and funding is automatically calculated.

FSP Programs as a percent of total is automatically calculated as the sum of total estimated FSP program expenditures divided by the sum of CSS funding. Counties are required to direct a majority of CSS funding to FSP pursuant to California Code of Regulations Section 3620.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Funding Summary and Plan Instructions

Prevention and Early Intervention Worksheet:

The County should identify PEI programs as either those focused on prevention or those focused on early intervention. Enter the PEI program names on a line in the appropriate section. The line number does not need to correlate with the program number.

Enter the estimated funding for each program in columns B through F. Total estimated program expenditures are automatically calculated as the sum of columns B through F.

Enter the estimated funding for PEI Administration in columns B through F. Total estimated PEI Administration is automatically calculated as the sum of columns B through F.

Enter the estimated funding for PEI Assigned Funds in columns B through F. PEI Assigned Funds represent funds voluntarily assigned by the County to CalMHSA or any other organization in which counties are acting jointly. Total estimated PEI Assigned Funds is automatically calculated as the sum of columns B through F.

Total PEI estimated expenditures and funding is automatically calculated.

Innovations Worksheet:

The County should enter the INN program names on a line in the appropriate section. The line number does not need to correlate with the program number.
Enter the estimated funding for each program in columns B through F. Total estimated program expenditures are automatically calculated as the sum of columns B through F.
Enter the estimated funding for INN Administration in columns B through F. Total estimated INN Administration is automatically calculated as the sum of columns B through F.
Total INN estimated expenditures and funding is automatically calculated.

Workforce, Education and Training Worksheet:

The County should enter the WET program names on a line in the appropriate section. The line number does not need to correlate with the program number.
Enter the estimated funding for each program in columns B through F. Total estimated program expenditures are automatically calculated as the sum of columns B through F.
Enter the estimated funding for WET Administration in columns B through F. Total estimated WET Administration is automatically calculated as the sum of columns B through F.
Total WET estimated expenditures and funding is automatically calculated.

Capital Facilities/Technological Needs Worksheet:

The County should identify CFTN projects as either capital facilities projects or technological needs projects. Enter the CFTN program names on a line in the appropriate section. The line number does not need to correlate with the program number.

Enter the estimated funding for each program in columns B through F. Total estimated program expenditures are automatically calculated as the sum of columns B through F.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Funding Summary and Plan Instructions

Enter the estimated funding for CFTN Administration in columns B through F. Total estimated CFTN Administration is automatically calculated as the sum of columns B through F.

Total CFTN estimated expenditures and funding is automatically calculated.

Funding Summary Worksheet:

General: The Funding Summary worksheet has three sections for each of the three fiscal years covered by the Expenditure Plan. The County should report estimated available funding and expenditures for each fiscal year and by each component. The estimated unspent funds are automatically shown as available funding in the next fiscal year. The County should use available forecasts of estimated MHSA funding to try and determine new available MHSA funding for each fiscal year.

Sections A, C and E

Line 1 Enter the estimated available funding from the prior fiscal years for FY 2014/15 in Section A. This amount is automatically calculated in for FY 2015/16 in Section C and for FY2016/17 in Section E.

Line 2 Enter the estimated new funding for each fiscal year for each component. The County should reduce the amount of estimated distributions by any estimated prior year reverted funding assuming the reverted funds will be offset against new distributions.

Line 3 Enter the amount of funds requested to be transferred from CSS to CFTN, WET and/or the Local Prudent Reserve. Funds requested to be transferred to CFTN, WET and/or the Local Prudent Reserve will be subtracted from the Estimated Available CSS Funding for the relevant fiscal year and the amount is automatically calculated in Column A (CSS). Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

Line 4 Enter the requested amount to be accessed from the Prudent Reserve for either CSS or PEI. The total is automatically summed in Column F (Prudent Reserve).

Line 5 This amount is automatically calculated and represents the estimated available funding for each component for each fiscal year.

Sections B, D and F

This amount is automatically transferred from the CSS, PEI, INN, WET, and CFTN worksheet.

Section G

This amount is automatically calculated and represents the difference between the estimated available funding and the estimated expenditures at the end of fiscal year 2016/17.

Section H

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan Funding Summary and Plan Instructions

Enter the estimated Local Prudent Reserve balance on June 30, 2014. The rest of the cells are automatically calculated.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: City of Berkeley Date: 3/24/15

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	4,962,903	1,900,130	537,046	523,435	1,432,100	1,751,416
2. Estimated New FY2014/15 Funding	3,452,647	863,162	227,348			
3. Transfer in FY2014/15[a/]	(755,205)				755,205	
4. Access Local Prudent Reserve in FY2014/15						0
5. Estimated Available Funding for FY2014/15	7,660,345	2,763,292	764,394	523,435	2,187,305	
B. Estimated FY2014/15 MHSA Expenditures	2,789,174	1,107,532	263,299	189,897	1,571,255	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	4,871,171	1,655,760	501,095	333,538	616,050	
2. Estimated New FY2015/16 Funding	3,078,305	769,576	202,520			
3. Transfer in FY2015/16[a/]	(753,949)				753,949	
4. Access Local Prudent Reserve in FY2015/16						0
5. Estimated Available Funding for FY2015/16	7,195,527	2,425,336	703,615	333,538	1,369,999	
D. Estimated FY2015/16 Expenditures	3,196,048	1,226,906	220,000	183,352	1,369,999	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	3,999,479	1,198,430	483,615	150,186	0	
2. Estimated New FY2016/17 Funding	3,416,918	854,230	224,798			
3. Transfer in FY2016/17[a/]	0					
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	7,416,397	2,052,660	708,413	150,186	0	
F. Estimated FY2016/17 Expenditures	3,174,382	1,244,196	220,000	150,186		
G. Estimated FY2016/17 Unspent Fund Balance	4,242,015	808,464	488,413	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	1,647,491
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	1,647,491
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	1,647,491
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	1,647,491

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

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: City of Berkeley Date: 3/24/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. TAY, Adult & Older Adult FSP	1,636,971	1,636,971				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Multicultural Outreach & Engagement	332,444	332,444				
2. System Development, Wellness & Recovery	386,935	386,935				
3.						
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	432,824	561,680				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,789,174	2,918,030	0	0	0	0
FSP Programs as Percent of Total	56.1%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: City of Berkeley Date: 3/24/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. TAY, Adult & Older Adult FSP	1,430,796	1,430,796				
2. Children's FSP	345,368	345,368				
3.						
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Multicultural Outreach & Engagement	305,563	305,563				
2. System Development, Wellness & Recovery	658,194	658,194				
3. Crisis Services	90,242	90,242				
4. Tier 1-3	10,000	10,000				
5. Adult Clinic Renovation	-1,508,974	1,508,974				
6.						
7.						
8.						
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	355,885	625,293				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	1,687,074	4,974,430	0	0	0	0
FSP Programs as Percent of Total	35.7%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: City of Berkeley Date: 3/24/15

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. TAY, Adult & Older Adult FSP	1,422,641	1,422,641				
2. Children's FSP	323,881	323,881				
3.						
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Multicultural Outreach & Engagement	308,105	308,105				
2. System Development, Wellness & Recovery	662,625	662,625				
3. Crisis Services	86,241	86,241				
4. Tier 1	10,000	10,000				
5.						
6.						
7.						
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	360,889	634,388				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	3,174,382	3,447,881	0	0	0	0
FSP Programs as Percent of Total	50.7%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: City of Berkeley Date: 3/24/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Homeless Outreach	25,000					
2. Community Based Children & Youth Risk	38,863					
3. High School Prevention Program	99,523					
4. Social Inclusion	10,000					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. BE A STAR	119,762					
12. Supportive School Program	35,000					
13. Community Education & Supports	159,120					
15. High School Prevention Program	299,818					
16. Homeless Outreach	75,000					
17. Community Based Children & Youth Risk	116,590					
18.	0					
19.	0					
20.	0					
PEI Administration	128,856					
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,107,532	0	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: City of Berkeley Date: 3/24/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Homeless Outreach	25,000					
2. Community Based Children & Youth Risk	40,527					
3. High School Prevention Program	97,237					
4. Social Inclusion	10,000					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. BE A STAR	102,361					
12. Supportive School Program	35,000					
13. Community Education & Supports	159,120					
15. High School Prevention Program	291,712					
16. Homeless Outreach	75,000					
17. Community Based Children & Youth Risk	121,541					
18.	0					
19.	0					
20.	0					
PEI Administration	269,408					
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,226,906	0	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: City of Berkeley Date: 3/24/15

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Homeless Outreach	25,000					
2. Community Based Children & Youth Risk	40,527					
3. High School Prevention Program	97,237					
4. Social Inclusion	10,000					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. BE A STAR	105,001					
12. Supportive School Program	35,000					
13. Community Education & Supports	159,120					
14. High School Prevention Program	299,631					
15. Homeless Outreach	75,000					
16. Community Based Children & Youth Risk	124,181					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	273,499					
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,244,196	0	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: City of Berkeley Date: 3/24/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. African American Empowerment Academy	31,257					
2. Re-entry Systems Synergy	31,257					
3. Wellness Strategy for API	31,257					
4. Trauma Informed Holistic Health Model fo	31,257					
5. Senior 2 Senior Project	31,257					
6. Board & Care Nutrition Project	31,257					
7. Improve Access/Quality Services for LGBTC	31,257					
8. Planning and Evaluation	44,500					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	263,299	0	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: City of Berkeley Date: 3/24/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. TBD	220,000					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	220,000	0	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: City of Berkeley Date: 3/24/15

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. TBD	220,000					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	220,000	0	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: City of Berkeley Date: 3/24/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Peer Leader Stipend Program	72,000	72,000				
2. High School Career Pathways Program	7,000	7,000				
3. Graduate Level Training Stipend Program	25,000	25,000				
4. Staff Development and MHSA Training	85,897	85,897				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	189,897	189,897	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: City of Berkeley Date: 3/24/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Peer Leader Stipend Program	72,000					
2. High School Career Pathways Program	7,000					
3. Graduate Level Training Stipend Program	25,000					
4. Staff Development and MHSA Training	79,352					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	183,352	0	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: City of Berkeley Date: 3/24/15

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

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: City of Berkeley Date: 3/24/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Adult Clinic Renovation	1,571,255	816,050				755,205
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,571,255	816,050	0	0	0	755,205

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: City of Berkeley Date: 3/24/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Adult Clinic Renovation	753,949					753,949
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Adult Clinic Renovation	616,050					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,369,999	0	0	0	0	753,949

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: City of Berkeley Date: 3/24/15

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