

Exhibit A

COUNTY CERTIFICATION
MHSA FY 2009/10 ANNUAL UPDATE

County Name: City of Berkeley

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

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment, and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.


Signature

10/7/09
Date

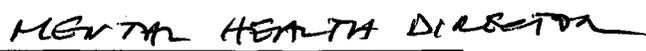

Title
Local Mental Health Director/Designee

Exhibit B

Description of Community Program Planning and Local Review Processes MHSA FY 2009/10 ANNUAL UPDATE

County Name: City of Berkeley

1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

To develop the FY 2009/10 Community Services & Supports (CSS) Annual Update, Berkeley Mental Health (BMH) relied primarily on information gathered from the original planning process. The planning effort at that time was meticulous and thorough, involving many sectors of the community.

In fact, even prior to the passage of Proposition 63, staff, commissioners, consumers and other stakeholders had already begun preparing for future MHSA funding and established an MHSA planning committee in September 2004. After the initial MHSA guidelines were issued and CSS community program planning began, BMH sought and listened to an incredible array of diverse voices.

The Berkeley/Albany MHSA planning process was organized into five work groups led by a Steering Committee. Highlights from the original CSS planning process in 2005 included:

- Steering Committee and work group meetings that were open to the public
- The involvement of Consumers and family members in all aspects of planning
 - Consumers and family members comprised 43% of the Steering Committee members
- The development of a Consumer Work Group to maintain and ensure a consistent consumer driven voice throughout planning
- An attainment of some level of cultural diversity on each planning group
- An emphasis on outreach to stakeholders who had not typically been a part of mental health planning efforts (including 66% of community meetings/input sessions)
- A total of 67 community meetings that reached at least 637 people:
 - 23 were public meetings sponsored by the Steering Committee or Work Groups
 - 44 were held with existing community groups at community sites
 - 286 participants were consumers; 61 were family members
- A wide public distribution of surveys at local community events, housing projects, and via the website in three languages

After Berkeley's initial CSS plan was approved in 2006, staff developed a document titled "CSS Program Development History" to record in detail all planning efforts and decision-making processes. It included a discussion of areas where programs were proposed (based on community input) but not prioritized into the original CSS plan. This document acts as a road map of key dates, decisions, and stakeholders that were involved in the process. It was reviewed for accuracy and approved by the Steering Committee in 2007, and has been instrumental in having a reliable record on which to depend. Staff reviewed the

“CSS Program Development History” as well as data gathered during the original planning process to make decisions on areas to further evaluate for inclusion in this update.

Several things were discovered based on a review of this effort. First, some of the recommended strategies that were not included in the original CSS proposal were subsequently funded through CSS growth funds or where appropriate, the Prevention & Early Intervention (PEI) component. Second, an innovative idea brought forward in both CSS and PEI Community Program Planning to create strategies for consumer involvement in wellness trainings and alternative healing modalities, was re-visited. Third, even though consumer and family members had been hired as a result of the first CSS Plan, in order to effectively implement MHPSA services as envisioned in the City of Berkeley, additional positions would need to be created to increase staffing levels in this area including the addition of a parent partner position for children’s services. Finally, an original priority to add nursing capacity in the CSS plan caused a re-thinking of the current medical staffing configuration. Each of these ideas/unmet needs were taken into consideration when preparing materials for the MHPSA Advisory Committee (formerly the MHPSA Steering Committee), to review for input and inclusion into the FY 09-10 Annual Update.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

A broad base of community members and stakeholders were involved in the original CSS Planning process. At that time, an emphasis was placed on outreach to consumers who were not part of organized advocacy groups. Targets of outreach included:

- African-American Faith Community
- Alcohol and drug programs
- Business associations
- Eight City of Berkeley Commissions:
 - Aging
 - Community Health
 - Disability
 - Homeless
 - Human Welfare
 - Parks & Recreation
 - Police Review
 - Youth
- Existing collaborative groups:
 - Youth
 - Homeless
 - Radical Mental Health
 - City of Berkeley System of Care Policy Council
- Housing and support programs for homeless individuals
- Latino Community
- Public Health
- Schools, including K-12, Berkeley Adult School and Berkeley Community College
- Senior Centers and housing projects
- Youth homeless shelters and residential programs

The MHPSA Advisory Committee, is the local stakeholder group that provides oversight and accountability on the creation, implementation and evaluation of MHPSA programs. The committee is comprised of a diverse group of consumers, family members, city staff, school

representatives and community advocates, representing the following constituencies:

- Berkeley and Albany Public Schools
- Transition Age Youth Advocates
- Homeless Advocates
- Public Health
- Community based organizations
- Mental Health Consumers/Family Members
- Children/Youth services
- Unserved, underserved and inappropriately served populations
- City of Berkeley Staff

The MHSa Advisory Committee provided input and direction on the draft plan update.

3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.

Information provided by the Department of Mental Health (DMH) was shared in two ways with stakeholders. First, DMH information was provided to the MHSa Advisory Committee either prior to or at the beginning of every meeting. Program implementation updates were provided to the MHSa Advisory Committee for input and oversight. Additionally, annual CSS Implementation Progress Reports were: reviewed by the MHSa Advisory Committee; posted on the MHSa website; and distributed widely in the community via mail and email.

4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.

With the exception of a few narrative changes from BMH staff input, no substantive comments were received during the 30-Day Public Review and Public Hearing. For a description of comments received and responses, see Attachment A.

5. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The 30-Day Public Review was held from June 23, 2009 - July 22, 2009. The Mental Health Commission Hearing was held on July 23, 2009. With the exception of a few narrative changes from BMH staff input, no substantive comments were received during the 30-Day Public Review and Public Hearing. For a description of comments received and responses, see Attachment A.

Exhibit C

Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

County Name: City of Berkeley

Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities. (suggested length – one-half page)

Multicultural Outreach and Engagement

During this period, efforts were primarily targeted on Latino and Asian-Pacific Islander (API) communities, as they were determined to be the most unserved and underserved populations in Berkeley during the extensive community program planning process. All activities incorporated the use of cultural, linguistic, and age-appropriate methods in order to create a more client-driven and culturally competent mental health system.

➤ Latino Community Outreach and Engagement:

The main strategy for Latino outreach and engagement activities was to build on the demonstrated success of the “Latino Families in Action” program by intensifying outreach activities, expanding the number of workshops and psycho-educational groups, and training community leaders to ensure sustainability. BMH developed partnerships with community leaders in churches and other groups, and developed a series of workshops to connect with additional Latinos to reduce stigma surrounding mental health. This series focused on using cultural values to illustrate certain concepts in mental health. A major result was to create therapeutic support and educational groups for men, women and couples, and anger management groups for youth. The following outlines the 2008 achievements of the Latino Families in Action program:

- Prevention workshops: Monthly workshops were held with the goals of reducing mental health stigma, informing families about available services, and building community supports. Each month, 70-90 adults and 40-60 children participated in 2-hour sessions.
- Community Leader Development: Twenty-five Latino community leaders were recruited and trained. Leaders are now actively outreaching to the community and facilitating workshops and groups.
- Support Groups: Three weekly, time-limited support groups were facilitated reaching approximately 62 people:
 - 1) “El Arco Iris de la Familia/Family Rainbow” = Couple’s Group
 - 2) “El Mastil de la Familia/Family Mast” = Men’s Group
 - 3) “El Sol de la Familia/Family Sunshine” = Family Group

- Latino Consultation Services: Small workshops were led by community leaders. During these sessions, the Multicultural Outreach Coordinator provided brief, one to three appointment consultations with participants, as well as clinical referrals.
- Latino Family Network: Collaboration with community-based organizations working with Latino families provided coordination, the integration of services and increased awareness within the community.

➤ **API Community Outreach and Engagement:**

In the API community, BMH contacted leaders and held four focus groups: two with middle and high school students, and two more with parents of students. The goals of the meetings were to better understand stigma about mental illness from an API perspective, at what point API consumers will seek mental health services, and which kind of services are needed. Participants recommended reducing parents' stress by distributing informational booklets in their languages, parenting classes, and holding community activities, e.g. festivals and other events.

➤ **Transition Age Youth Support Team:**

This program serves Transition Age Youth (TAY) with serious mental health issues who are homeless and not currently receiving services. Outreach, engagement, treatment, referral, and support services are provided to youth in need. During 2008, outreach and engagement services were provided to 107 youth. Thirty-four of those youth were provided with assessments and referrals, 15 of whom received on-going treatment services. The ethnic breakdown of the 34 youth who received assessments, referrals and/or treatment services was as follows: 2 Asian Pacific Islanders; 2 Latinos; 12 African-Americans; 2 Africans; 1 Caribbean; 10 Caucasians; and 5 Bi-racial individuals. By the end of this reporting period, 14 of the 15 youth who received treatment services were housed through referrals from this program. This included referrals to MHSA funded TAY Transitional Housing programs in Alameda County.

Full Service Partnerships

The Children's Intensive Support Services Full Service Partnership (FSP) provides intensive short-term, individualized treatment, care coordination, and support to children and youth ages 0-18 years. During this reporting period (covering FY 2008), the Intensive Support Services FSP served 18 children in need including: 2 Latinos; 7 African-Americans; 4 Caucasians; and 5 individuals of mixed races (including Asian, Latino, Caucasian, and African-American).

The FSP for TAY, Adults & Older Adults provides intensive support services to individuals with severe mental illness who are homeless or at risk of becoming homeless. During this reporting period, services were provided to a total of 13 individuals including: 2 Latinos; 2 Asian-Pacific Islanders; 5 African-Americans; 1 Native American; and 3 Caucasians. Of those served there were 6 TAY, 4 adults and 3 Older Adults. (These numbers do not reflect 28 additional clients that were transitioned from the AB2034 program into the FSP). Notwithstanding a high demand for FSP services, enrollments were deliberately slowed to ensure accessibility for underserved populations. More recently this strategy has been shifted to fully enroll the targeted numbers and prioritize underserved individuals, which at times, may lead to over-enrollment.

System Development

Prior to MHSA funding the primary services for family members of adult mentally ill clients was a Family Support Group. The Family Advocate (who currently co-facilitates the Family Support Group), increased service capacity through the provision of outreach, information, referrals, and/or support services to Family members in need. During this reporting period approximately 146 family members were served including: 31 Latinos; 11 Asian-Pacific Islanders; 32 African-Americans; and 72 Caucasians.

The Employment Coordinator worked with an employment consultant, adult mental health services staff and local and state agencies to create an assessment and referral program for clients who are interested in pursuing employment/or the advancement of educational interests. On a bi-monthly basis the Employment Coordinator, adult services clinicians, and staff from the Department of Rehabilitation and other community agencies meet to discuss client referrals. The Employment Coordinator meets with each referral and together with the clinician is there to provide supports to each individual as they progress through the program. A total of 43 clients were served during this timeframe including: 4 Asian-Pacific Islanders; 21 African-Americans; 3 Bi-racial individuals; and 15 Caucasians.

Reducing Disparities Learning Collaborative (RDLC)

In 2008, Berkeley Mental Health started work with the Reducing Disparities Learning Collaborative, a multi-county effort to eliminate disparities in mental health access, service utilization and outcomes for cultural, ethnic, and linguistic populations through data-driven continuous quality improvement strategies. Berkeley Mental Health has identified severely mentally ill Latino adults as the priority population for this project, and have been working to introduce small-scale interventions to increase access and improve services to this population.

Workforce Development

Long standing efforts to recruit a more diverse work force have been successful with more bi-lingual/bi-cultural staff, consumers and family members being hired with MHSA funds. The Cultural Competence Committee sponsored a series of half-day training sessions beginning in 2007 focused on the provision of culturally appropriate services to: Asian-Pacific Islanders; Latinos; African-Americans and LGBT individuals.

Mental Health Services Act–Work Plan Description (EXHIBIT D)



County Name

City of Berkeley

Work Plan Title

Intensive Support Services Children’s Wraparound Full-Service Partnership

Population to Be Served

- Children and families who meet the acuity of public mental health and who have a SED/SMI.
- Youth who are awaiting enrollment in AB3632 services.
- Priority given to Latino and Asian youth.

Work Plan Description

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
24-40 Total
 Number of Clients By Funding Category
24-40 Full Service Partnerships
 _____ System Development
 _____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 _____ Total
 Number of Clients By Type of Prevention
 _____ Early Intervention
 _____ Indicated/Selected
 _____ Universal

The Intensive Support Services program is a community-based mental health program designed to provide intensive short-term, individualized treatment, care coordination, and support to children and youth ages 0-18 years. Interventions may include mental health counseling, parent and child psycho-education, case management psychiatry, crisis services, brokerage, and/or stabilization for acute mental health issues. Major strategies include coordination with a range of services to promote resilience in the child and family, and the utilization of schools as an important avenue for referrals. The main goal of the program is to enable children, youth and their families to acquire the skills and/or mental health supports needed to improve, stabilize and strengthen their levels of individual and family functioning.

Currently, BMH contracts with a local agency to run this program which provides individually tailored plans that are developed in collaboration with families and that include a range of strength-based, culturally competent services and resource acquisition.

Mental Health Services Act–Work Plan Description (EXHIBIT D)



County Name

City of Berkeley

Work Plan Title

Transition-Age Youth, Adult & Older Adult Full-Service Partnership

- Transition-Age Youth, Adults and Older Adults.
- Priority given to TAY, seniors, Latinos and Asians, and those who are homeless or at risk of homelessness.

Work Plan Description

This program provides intensive support services to individuals with severe mental illness who are homeless or at risk of becoming homeless. Priority populations include Transition Age Youth, Older Adults, and individuals in unserved and underserved ethnic communities. A full range of mental health services are provided along with access to housing, supported employment, and other client supports. Client services and peer supports are coordinated through integrated assessment and treatment teams, which include clinicians as well as consumer staff. The main goals of the program are to reduce homelessness, hospitalization and incarceration, and increase stabilization, employment opportunities, and self-sufficiency.

The original intent of this Full Service Partnership was to expand the AB2034 Homeless Outreach Program, which at the time served 100 individuals. Adding capacity to a program that was blended into existing treatment teams, provided an opportunity to leverage resources. Once approved, the CSS Plan added the staffing and client supports to serve an additional 18-20 individuals in need of intensive support services. Within a year of the City of Berkeley’s CSS Plan approval, funding for AB2034 was discontinued at the state level. This had major implications locally for individuals receiving services, as well as staff on the blended teams that served FSP/AB2034 clients. MHSA One Time Administrative funds were utilized to ensure program services were continued on a time limited basis for those in need.

FSP staffing to date has lacked supervisory and administrative functions. These duties were supported by Realignment funded positions. By allocating resources to ensure requisite staffing, client supports and 24/7 coverage, this update will provide an opportunity to maintain an ongoing program capacity to serve 50-60 individuals in need of intensive support services. The following positions or staff time will be added to the existing approved FSP program:

FSP Supervisor (0.25) - Supervisory time will be added to provide administrative support and oversight.

Team Leader (1.00) – A Team Leader will provide programmatic direction and day-to-day service coordination.

Personal Service Coordinator (1.00) – An additional Personal Service Coordinator will provide the staffing to support an increased program capacity.

Psychiatrist (0.40) – The addition of Psychiatric time will ensure appropriate levels of clinical oversight.

Registered Nurse (0.80) – The addition of a Registered Nurse will add nursing functions to the program thereby creating a holistic approach to the overall health care of individuals receiving FSP services, many of whom have co-occurring serious medical conditions.

Peer Counselor (1.00) – A Peer Counselor will be added to serve as a mentor to FSP clients.

Standby/On-Call pay for clinicians providing 24/7 response.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
50-60 Total
 Number of Clients By Funding Category
50-60 Full Service Partnerships
 _____ System Development
 _____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 _____ Total
 Number of Clients By Type of Prevention
 _____ Early Intervention
 _____ Indicated/Selected
 _____ Universal



County Name

City of Berkeley

Work Plan Title

Multicultural Outreach & Engagement

Population to Be Served

- Unserved and underserved Asians and Latinos of all ages.
- Inappropriately served populations such as African-Americans and LGBT.

Work Plan Description

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
 200 Total
 Number of Clients By Funding Category
 Full Service Partnerships
 System Development
 200 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 Total
 Number of Clients By Type of Prevention
 Early Intervention
 Indicated/Selected
 Universal

This program conducts outreach activities to Latinos, Asians and other unserved ethnic populations using cultural, linguistic, and age-appropriate methods. The primary goal is to identify and implement unique ways to outreach and engage individuals who are currently unserved in the mental health service delivery system, primarily those from ethnic communities. A secondary goal is to improve service delivery by becoming more culturally competent and responsive to the needs of the diverse populations within the City of Berkeley, including those inappropriately served. Partnerships with ethnic-specific community providers and programs and a Family support component are integral to the program.

Through this update the goals of the Multicultural Outreach program will be expanded through the following:

Multicultural Outreach Coordinator (0.25) = An increase in the Multicultural Outreach Coordinator’s time will ensure an appropriate level of administrative support for overseeing the missions of reducing disparities in access to services and increasing cultural competency.

Parent Partner (1.00) = A fulltime Parent Partner to be added in children’s services will assist parents in accessing supports and navigating the system. The Parent Partner will serve as a role model, providing outreach, information, support and increased access for unserved, underserved and inappropriately served families with high-risk youth or severely emotionally disturbed children.

Direct Service Staffing (.50) = An increase in direct service staffing will expand the capacity for psycho-educational workshops, time-limited groups and brief therapy in community settings for people not requiring FSP level services. The goal of these interventions will be to reduce disparities in access for people who do not ordinarily seek clinic-based services, reduce stigma about receiving mental health services and to educate and engage communities in order to reach underserved individuals with serious mental illnesses who may need more intensive (FSP) services.

Mental Health Services Act–Work Plan Description (EXHIBIT D)



County Name

City of Berkeley

Work Plan Title

TAY Support Team

Population to Be Served

- Transition-Age Youth, specifically who are homeless or at risk of being homeless or incarcerated.
- Unserved, underserved and inappropriately served ethnic populations.

Work Plan Description

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
75 Total
 Number of Clients By Funding Category
 _____ Full Service Partnerships
 _____ System Development
75 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 _____ Total
 Number of Clients By Type of Prevention
 _____ Early Intervention
 _____ Indicated/Selected
 _____ Universal

This program provides outreach, supports, services and/or referrals to Transition Age Youth with serious mental health issues who are homeless 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 strategies include: culturally appropriate outreach and engagement methods; peer counseling; assessment; individual and group therapy; family education; ancillary program referrals and linkages. The main goals are to outreach to TAY in need and provision of services, supports and referrals to promote self-sufficiency, resiliency and wellness.

Currently, BMH contracts with a program that has demonstrated success in serving the homeless TAY population in the Berkeley community. Services are designed to be culturally relevant, tailored to each individual’s developmental needs, and are delivered in multiple, flexible environments.

Mental Health Services Act–Work Plan Description (EXHIBIT D)



County Name

City of Berkeley

Work Plan Title

Wellness and Recovery Support Services

- Services available to all consumers.
- Unserved, underserved and inappropriately served transitional age youth, adults, and older adults are the priority populations of this program.

Work Plan Description

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
 _____ Total
 100
 Number of Clients By Funding Category
 _____ Full Service Partnerships
 100 System Development
 _____ Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 _____ Total
 Number of Clients By Type of Prevention
 _____ Early Intervention
 _____ Indicated/Selected
 _____ Universal

To meet the goals of system improvement, this program is comprised of three components:

- 1.) Peer Counseling** –Integration of Peer Counselors into existing service teams, developing supports for those Peer Counselors and providing peer support to clients.
- 2.) Wellness/Recovery System Integration**—Inclusion of staff, and other stakeholders, in the advancement of Wellness & Recovery on a system wide level; promotion of linkages to Families and community services; promotion of consumer wellness through education and the integration of primary health care needs to mental health; promotion of community integration of consumers through housing coordination, employment services and flexible spending funds.
- 3.) Employment & Education Support**—Facilitation of employment and educational opportunities for BMH consumers.

Strategies for the program components are: increased involvement of consumers and family members in the service delivery system; the development of policies that will facilitate the MHS goals of becoming more Wellness & Recovery oriented and consumer and family member driven; the provision of family support and education; psycho-educational workshops on use of medications, substance abuse conditions, supportive employment and vocational services; community integration of consumers; outreach to and inclusion of consumers and family members on the Wellness Recovery Task Force and other committees; personal growth opportunities; peer supportive services; and client advocacy.

Through this update the Wellness Recovery support Service program will expand capacity through enhancing components one and two and utilizing a new program strategy:

***Wellness Series** – Building on the work of the “Wellness Recovery Advisory Group”, the creation of a “Wellness Series” will provide an opportunity to create workshops, trainings and ongoing healthy groups that are of interest to consumers and family members. This addition will be the start of a continuum of Wellness & Recovery services. The series will be designed and organized by BMH consumers and consumer staff.

***Position Additions:**

Consumer Liaison (0.50) – Increasing the Consumer Liaison position to full-time will increase the level of administrative support and oversight of the system-wide Wellness Recovery program development and integration.

Peer Counselor (0.50) – Adding a half-time Peer Counselor to serve as a “Recovery Coach” will create an increased capacity for Wellness and Recovery service integration, as well as staffing support for the Wellness Series strategy.

Family Advocate (0.50) – Expanding family advocacy will provide additional outreach, information, advocacy and support service capacity and will promote the integration of families as partners in treatment services.

Housing Coordinator (0.50) –Increasing the (FSP) Housing Coordinator to full-time will increase housing retention for homeless and at risk TAY, Adults and Older Adults through dedicated support to consumers, staff, landlords, and housing related social services.

Psychiatric Nurse Practitioner (0.50) – The addition of a Psychiatric Nurse Practitioner will create a system-wide nursing function for the improved coordination with and management of primary health care needs, and increase prescribing and medication support capacity.

***Flexible funds for Client Supports:**

Allocating funds in this manner will provide access to various supports for clients in need who may not meet the threshold for FSP or intensive mental health services to improve employment and/or community integration outcomes.

Administration

The City of Berkeley's approved CSS Plan currently funds an MHSA Coordinator and an Office Specialist. Based on upcoming program expansion and the subsequent workload to manage CSS program implementation, administrative staffing will need to be increased. Through this update, administrative staffing will be expanded in the following manner:

- **Division Manager (0.10)** – Adding staffing time from the Division Manager will provide programmatic oversight and direction for CSS implementation and annual updates.
- **Fiscal/Administrative Supervisor (0.10)** – Adding staffing time from the Health Administrative Financial Specialist will provide fiscal support and direction for CSS implementation, annual updates and state reporting requirements.
- **MHSA Supervisor (0.75)** – A full-time MHSA Supervisor will add administrative oversight, direction and system-wide integration of CSS Programs in BMH and community services.
- **Assistant Management Analyst (0.25)** – The addition of an Assistant Management Analyst will provide data and analytic support for MHSA administration, including state reporting requirements and oversight of local MHSA contracts.

The above positions will be jointly supported by PEI and CSS Administration.

Unspent/Unapproved Funds

The City of Berkeley requests the balance of unspent/unapproved funds to be utilized in the following manner:

Previous Years Unspent Funds: \$797,452

- Training: \$53,500 = Funds will be utilized for the provision of training and technical assistance to conduct several Cultural Competency and System Development related trainings that were approved in the original CSS Plan, but have not yet been implemented. A pilot Crisis Intervention Training (CIT) program for the Berkeley Police Department will also be implemented
- Consultants: \$40,000 = Consultants will be hired to provide direction and assistance on the implementation of various MHSA related projects including: housing development, and MHSA Advisory Committee expansion and facilitation.
- Prudent Reserve: \$703,952 = Specified amount will be allocated to the Prudent Reserve.

FY08-09 Unapproved Funds: \$611,300

- Operating Reserve: \$203,837 = Specified amount will be allocated to the Operating
- Housing Development : \$200,000 = Requested funds will be added to a pre-existing City of Berkeley Housing Fund for the development of fifteen affordable studio apartments designated for transition aged youth who are homeless or at risk of homelessness. Funded jointly by Alameda County and the City of Berkeley, ten of the fifteen units will be dedicated to housing youth with serious mental illnesses. The development project will also include one manager's unit. Services for housed youth will be provided by Berkeley Mental Health, Alameda County and community agencies. Berkeley's initial CSS Plan allocated a total of \$300,000 to this endeavor. The additional \$200,000 will be combined with the approved amount for a total of \$500,000 in MHSA CSS funds to be allocated to this development project.
- Prudent Reserve: \$207,463 = Specified amount will be allocated to the Prudent Reserve.

EXHIBIT E-Summary Funding Request

FY 2009/10 Mental Health Services Act
Summary Funding Request

County: City of Berkeley

Date: 10/7/2009

	MHS Component				
	CSS	CFTN	WET	PEI	Inn
A. FY 2009/10 Planning Estimates					
1. Published Planning Estimate ^{a/}	\$2,687,100				
2. Transfers ^{b/}					
3. Adjusted Planning Estimates	\$2,687,100	\$0	\$0	\$0	\$0
B. FY 2009/10 Funding Request					
1. Required Funding in FY 2009/10 ^{c/}	\$4,160,725				
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds ^{d/}	\$797,452				
b. Adjustment for FY 2008/09 ^{e/}					
c. Total Net Available Unspent Funds	\$797,452	\$0	\$0	\$0	\$0
3. Total FY 2009/10 Funding Request	\$3,363,273	\$0	\$0	\$0	\$0
C. Funding					
1. Unapproved FY 06/07 Planning Estimates					
2. Unapproved FY 07/08 Planning Estimates					
3. Unapproved FY 08/09 Planning Estimates	\$1,893,500				
4. Unapproved FY 09/10 Planning Estimates	\$2,687,100				
5. Total Funding^{f/}	\$4,580,600	\$0	\$0	\$0	\$0

**FY 2009/10 Mental Health Services Act
Community Services and Supports Funding Request**

County: City of Berkeley

Date: 10/7/2009

CSS Work Plans				FY 09/10 Required MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
No.	Name	New (N)/ Approved Existing (E)			Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHSA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	Intensive Support Services Children's Wraparound Full- Service Partnership	Existing	\$143,675	\$143,675								
2.	Transition Age Youth, Adult & Older Adult Full-Service Partnership	Existing	\$1,366,909	\$1,366,909								
3.	Multicultural Outreach & Engagement	Existing	\$277,752			\$277,752						
4.	Transition Age Youth Support Team	Existing	\$101,768			\$101,768						
5.	Wellness & Recovery Support Services	Existing	\$695,196		\$695,196							
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
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18.												
19.												
20.												
21.												
22.												
23.												
24.												
25.												
26.	Subtotal: Work Plans ^{a/}			\$2,585,300	\$1,510,584	\$695,196	\$379,520	\$0	\$0	\$0	\$0	
27.	Plus County Administration			\$395,300								
28.	Plus Optional 10% Operating Reserve			\$268,710								
29.	Plus CSS Prudent Reserve ^{b/}			\$911,415								
30.	Total MHSA Funds Required for CSS			\$4,160,725								

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=
b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

EXHIBIT G

Community Services and Supports Prudent Reserve Plan FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT

County: City of Berkeley

Date: October 7, 2009

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

1. Requested FY 2009/10 CSS Services Funding	\$2,585,300
Enter the total funds requested from Exhibit E1 – CSS line 26.	
2. Less: Non-Recurring Expenditures	- 293,500
Subtract any identified CSS non-recurring expenditures included in #1 above.	
3. Plus: CSS Administration	+ 395,300
Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.	
4. Sub-total	2,687,100
5. Maximum Prudent Reserve (50%)	1,343,550
Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.	
6. Prudent Reserve Balance from Prior Approvals	325,647
Enter the total amounts previously approved through Plan Updates for the local prudent reserve.	
7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update	+ 911,415
Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29.	
8. Prudent Reserve Balance	1,237,062
Add lines 6 and 7.	
9. Prudent Reserve Shortfall to Achieving 50%	106,488
Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion.	

Dedication of Unspent FY 09-10 Planning Estimates in the amount of \$106,488 to the local prudent reserve. Pending approval from State Department of Mental Health.

Note: If subtracting line 8 from line 5 results in a negative amount – this indicates that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.

Attachment A
MHSA Proposed CSS 09-10 Update Public Comments
30-Day Public Comment Period (6/23/09-7/22/09)
Mental Health Commission Hearing (7/23/09)

NOTE: With the exception of a few narrative edits from BMH staff input, non-staff comments received below did not warrant a change to the proposed CSS 09-10 Update.

-Is the entire funding going to be centered here at BMH?

The programs currently implemented through the approved CSS Plan (and proposed through this update) are located throughout BMH, in the community, and at a few contract providers.

-Is this money legislatively protected so that given the crisis that's going on, money can't be pulled away in terms of wiping out the entire program?

If the state were to propose to cut funds from this program, the measure would have to go back out to the public for a vote as was the case with the May 19th ballot, which didn't pass.

-Concerning the services provided for TAY, will any of the money be going to YEAH that would allow them to provide shelter services full time throughout the year?

We actually increased funds to YEAH with the CSS 07-08 Growth Funds. Therefore, at this time we are not proposing another increase in funds to this program.

-There is a housing component in this as well, is there any ability for YEAH to access that?

Basically what we looked at for housing for the TAY population that YEAH serves will be proposed through the MHSA Housing Component. Presently, through that component BMH is working on a proposal for a joint venture with Alameda County, which will develop permanent, affordable supportive housing for TAY who have a serious mental illness or emotional disturbance and are homeless or at risk of homelessness.

- I am curious to know more how the reviewing of previous Community Planning Process (CPP) data specifically directed the findings and proposed update?

During the CPP for the original CSS Plan, various consumer, family member, and age specific work groups were formed to provide input into the best use of the CSS funds. Needs that emerged in this process were prioritized by the MHSA Steering Committee for inclusion in the CSS plan. Following state approval of the CSS Plan, BMH staff created a document called the "CSS Development History" to commemorate the CPP process, including key decisions made and stakeholders involved. For the CSS 09-10 Update, BMH staff reviewed the historical document to re-visit needs that were voiced in the original CPP but were not prioritized into the final plan. A review of this data showed key findings about program needs that were still unfunded as well as those that had subsequently been implemented through the MHSA CSS Growth Funds and/or the PEI funding component. Outstanding program needs were reviewed for the appropriateness of inclusion into the CSS 09-10 Update.

-That kind of addresses what data was collected from 2004/2005 but its several years later so how does data back then speak to the creation of programs for 2009-2010?

The review of the “CSS Development History” was a starting point into program needs that were voiced during original CPP but not funded in the final CSS Plan. What also needed to be considered in the CSS 09-10 Update was to correctly align staff that are providing MHSA services, with the correct funding component. Many staff are providing MHSA related services but have not been charging the budget. Input was garnered from the MHSA Advisory Committee, the Mental Health Commission and several internal groups. Given the input received, BMH did not look at additional client needs that might be different (given the economic situation) than those gathered in 2004-2005.

-Where would I look for cultural competency references? There are so many I was just wondering where do you go to look?

The Multi-cultural Outreach Coordinator has utilized the latest research and the use of experts in the field to conduct staff and community trainings around cultural competency related topics.

-What I wish would happen and its based on spiritual belief is that one of the things I think can help is to be culturally common. To really understand and have that be a part of treatment. My belief is that there are certain standards and they can be arguable but you have to come down from your standards there is always going to be an argument and it might be a good one or it might be a salacious one. At some point you have to say this is the type of place we are and be upfront about it. From my experience people don't have that experience and they don't know what's happening.

Thank you for your comment.

I'm interested in multi-cultural outreach work and engagement with the Latino population. What have they been able to achieve in terms of working with community leaders? I am curious as to what was learned there and then taking out into other cultural groups.

The Multi-cultural Outreach Coordinator has had much success with outreach and engagement efforts in the Latino population. He has trained Latino community leaders to replicate his outreach work in the community. Although community leaders in other cultural groups have seemed quick to embrace the concept of outreach and engagement, the Multi-cultural Outreach Coordinator has experienced a slower process in penetrating and implementing programs into the various non-Latino cultural populations.

-When will the funds be available for the Housing Coordinator position?

Within our base plan of 1.2 million, there is funding for a half-time Housing Coordinator position. The original position became vacant in the Fall of 2008 and then there was a citywide hiring freeze. With this update BMH is proposing to add capacity for another half-time Housing Coordinator to be pared with the original opening to create a full-time position. It is the hope that after approval from the state on the proposed CSS 09-10 Update is obtained, that clearance from the city to fill the position will be granted.

-In other places you have outsourced certain jobs. I would think in this particular position the job should be outsourced because in Berkeley we have “Building Opportunities for Self Sufficiency (BOSS)”, “Berkeley Food and Housing Project (BFHP)”, who have a history of housing people. We have all the resources in place already. Also, if it's a question of

development, then what's happening with "Everybody Home" working with management agencies that are for profit in terms of getting people housed? We are already talking about ways to fund more projects. A lot of work is already being done and it seems that it doesn't make sense to re-create the wheel.

BMH is not planning on re-creating the wheel. There are some definite needs in the housing area working with the clientele currently being served. Through this update BMH is also projecting the capacity to serve more individuals in the TAY, Adult and Older Adult FSP. There is a lot of work to be done and at this point BMH is not anticipating contracting out these services, as it would be in the best interest to have someone that is internal who can work accordingly with clients and staff.

-Just let me add the people at BOSS and BFHP already have close cooperation with staff at BMH so there it's not something that needs to be re-created.

-Was the loss of the Psychiatrist due to funding?

Due to the Mental Health budget situation, BMH is cutting two hourly psychiatrists. The nursing position's that are being proposed through this update will be able to prescribe medications to clients and to attend to various mental/physical health needs.