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

# FY2020/21 - 2022/23 Three Year Program and Expenditure Plan

# MHSA COUNTY COMPLIANCE CERTIFICATION

**County/City:** City of Berkeley FY20/21 – 22/23 Three Year Program and Expenditure Plan

| Local Mental Health Director | Program Lead |
|---|---|
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I hereby certify that I am the official responsible for the administration of County/City mental health services in and for said County/City and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Annual Update, including stakeholder participation and nonsupplantation requirements.

This Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Annual Update attached hereto, was adopted by the City Council on December 1, 2020.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant. All documents in the attached annual update are true and correct.

Steven Grolnic-McClurg
Local Mental Health Director/Designee


Signature

1/22/21
Date

## MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

**County:** City of Berkeley

| Local Mental Health Director | County Auditor-Controller/City Financial Officer |
|---|---|
| Name: Steve Grolnic-McClurg Telephone | Name: Henry Oyekanmi |
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I hereby certify that the FY20/21 – 22/23 Three Year Program and Expenditure Plan is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including. Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years. I declare under penalty of Perjury under the laws of this state that the foregoing and the attached FY20/21 – 22/23 Three Year Plan is true and correct to the best of my knowledge.

Steven Grolnic-McClurg — Local Mental Health Director (PRINT)

Signature — 1/22/21 — Date

I hereby certify that for the fiscal year ended June 30, 2019 the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended . I further certify that for the fiscal year ended June 30, 2019 the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the City Council and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing is true and Correct to the best of my knowledge.

HENRY OYEKANMI — City Financial Officer (PRINT)

Signature — 2/9/2021 — Date

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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 was 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 (CSS): Primarily provides treatment services and supports for Severely Mentally Ill Adults and Seriously Emotionally Disturbed Children and Youth.

- Prevention & Early Intervention (PEI): 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 (INN): For short-term pilot projects designed to increase new learning in the mental health field.
- Workforce, Education & Training (WET): 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 (CFTN): 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 children, youth and Transition Age Youth (TAY), adults, and older adults 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 unserved and underserved in the mental health system. In Berkeley these have included: Asian Pacific Islanders (API); Latinos; Lesbian,

Gay, Bi-Sexual, Transgender, Queer/Questioning, Inter-Sexed, Agender, Plus others (LGBTQIA+); Senior Citizens; and Transition Age Youth (TAY). African Americans have been an additional population of focus as data indicates they are overrepresented in the mental health system and hence "inappropriately served", which could be 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 an 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 a 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 set period, three years for CSS and PEI and five years for INN funds. Workforce, Education & Training and Capital Facilities and Technological Needs funds had initial expenditure time periods of 10 years each, and had to be utilized by the end of Fiscal Year 2018 or 2019. Per the City Council approved MHSA AB114 Reversion Expenditure Plan some CFTN and WET projects were continued past the original timeframes.

MHSA legislation requires mental health jurisdictions to provide updates on MHSA Plans on an annual basis and an integrated Program and Expenditure Plan must also be developed every three years. Currently, the City of Berkeley Mental Health (BMH) Division has an approved MHSA FY2017/18 - 2019/20 Three Year Program and Expenditure Plan and Annual Updates to that plan in place which covers each funding component. Since 2006, as a result of the City's approved MHSA plans, a number of new services and supports have been implemented to address the various needs of the residents of Berkeley 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 unserved, underserved and inappropriately served populations;
- Increased mental health prevention, and intervention services for children and youth in area schools and communities;
- Augmented Homeless Outreach and treatment services;
- A Transitional Outreach Team; and
- Funding for increased services for Senior Citizens and the API population.

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 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 unserved, underserved and inappropriately served populations, among other community stakeholders.

MHSA funding is based on a percentage of the total population in a given area. The amount of MHSA funds the City of Berkeley receives is comprised of a calculation based on the total population in Berkeley. MHSA funding have been utilized to provide mental health services and supports in Berkeley. Additionally, since Fiscal Year 2011 (FY11), the City of Berkeley has also utilized a portion of MHSA funds to provide services in the City of Albany, although Albany is a part of the Alameda County total population. As agreed to in contract negotiations, with the Alameda County Behavioral Health Care Services (ACBHCS), beginning in FY21 the City of Berkeley will only be using MHSA funds for services and supports in Berkeley. Going forward, ACBHCS will provide MHSA funded services in Albany.

This City of Berkeley MHSA FY2020/2021 – 2022/2023 Three Year Program and Expenditure Plan (Three Year Plan) is a stakeholder informed plan that provides an update to previously approved MHSA Plans and Updates. This Three Year Plan summarizes proposed program changes and additions, includes descriptions and updates of currently funded MHSA services, and provides a reporting on FY2018/19 (FY19) program data.

Community program planning for this Three Year Plan was conducted during a global pandemic and public outcry for racial justice and police reform following the murder of George Floyd. Both crises have further exposed the pervasive racial, social and health inequities that exist and detrimentally impact African Americans and other communities of color.

In response to public input received through MHSA Community Program Planning and from a variety of other local gatherings and venues, one of the additions the Division is proposing through this Three Year Plan is to increase funding in the Prevention and Early Intervention Community Education and Supports program to provide additional services for the African American, Latinx, and LGBTQIA+ populations. Information on public comments received can be found in the Community Program Planning section, and the proposed program addition can be located in the Proposed Addition section of this Three Year Plan.

## MESSAGE FROM THE MENTAL HEALTH MANAGER

The MHSA FY21, FY22, and FY23 Three Year Plan comes at a time when we are facing unprecedented challenges and some unique opportunities to improve care. The Covid-19 pandemic has upended so many parts of everyone's lives, and has caused both the Mental Health Division and our contracted providers to quickly pivot to new ways of providing services. At the same time, the murder of George Floyd and the subsequent Black Lives Matter protests have led to a huge amount of community input into the need to remove law enforcement from mental health services and the need to provide better supports and services for communities of color. This input echos many years of input from the community about devastating racial health inequities. It has been a period of needing to both take swift action to revise services, and to carefully listen to the voices of those whose communities require new and improved services.

The Covid-19 pandemic has deeply impacted the economy, and in Mental Health, much of our revenue is tied to the taxes in California. The MHSA funds are incredibly sensitive to the income of the most well off residents of California, and we are looking at several years of uncertainty regarding the amount of funding we will receive. While we include the most recent projections of MHSA funds for the City of Berkeley for FY 21, 22, and 23, it is not clear how accurate these projections will be. In this three year plan we are increasing spending even though our funding is projected to decrease over these three years, and we will have to closely monitor both expenditures and revenue and adjust as needed in the MHSA Plans for FY22 and FY23. That said, given the huge need, we are increasing funding in several areas in an effort to be responsive to community need.

Several programs and processes funded through previous MHSA Plans have begun or will begin in the coming year. Notably, the Berkeley Wellness Center is now operating; the Adult Mental Health Clinic renovation will be completed and the building at 2640 Martin Luther King will begin providing services in FY21; the Mental Health Division will be developing Results Based Accountability (RBA) outcome measures for all programs in FY21; and the Homeless Full Service Partnership will being providing intensive wraparound services for homeless individuals in FY21. The projects all reflect a commitment to provide welcoming, consumer focused services in a way that is transparent to the community.

The mental health division presents the City of Berkeley's MHSA FY21, FY22, and FY23 Three Year Plan with gratitude for all the hard work that went into the programs it describes. Our community partners, consumers, Mental Health Commission, and City staff all deserve appreciation for their efforts, input, and partnership.

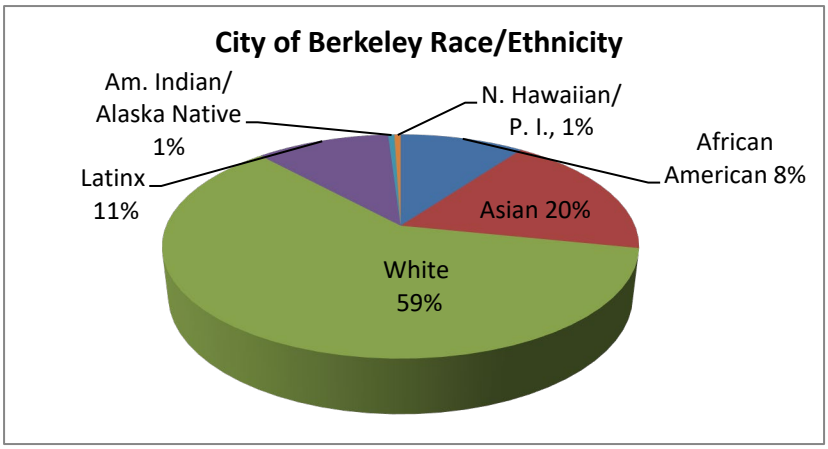
## DEMOGRAPHICS

### 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. With a combined land mass of around 12.2 miles and a total population of 122,667 the City of Berkeley is densely populated and larger than 23 of California's small counties.

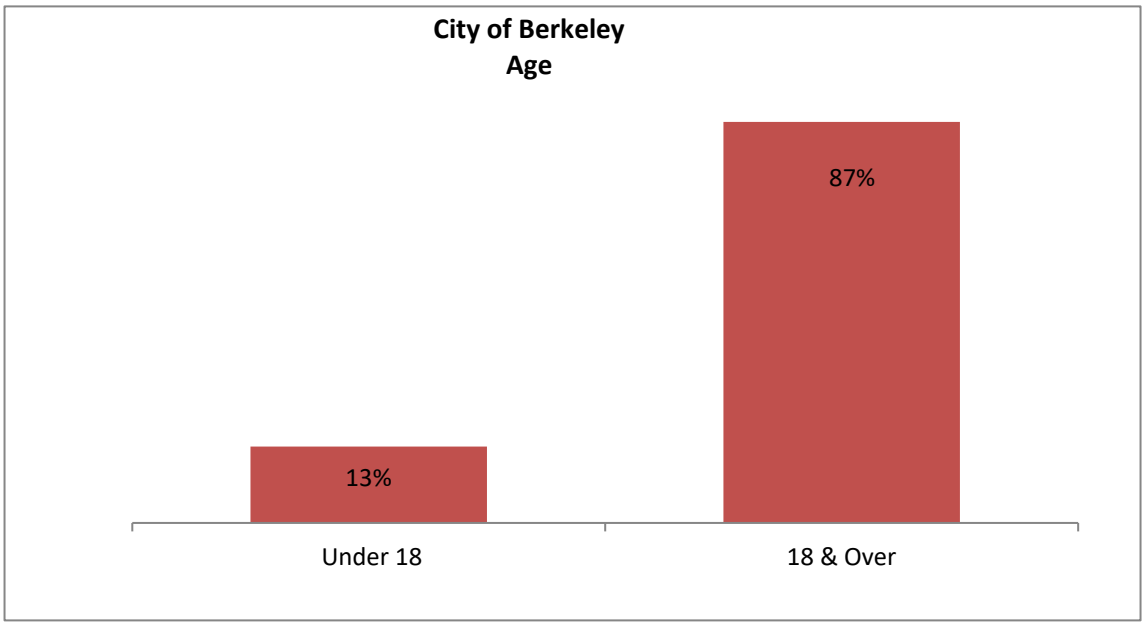
### Race/Ethnicity

Berkeley is a diverse community with changing demographics. The African American population has decreased in recent years while the Latino and Asian populations have both increased. Berkeley has a large student population, which provides housing for many of University of California's foreign students and their families. Threshold languages include English, Spanish, Farsi, Cantonese, and Vietnamese, and approximately 29% of Berkeley residents speak a language other than English at home. Berkeley is comprised of the following racial and ethnic demographics: African American; Asian; Latinx; White; American Indian/Alaska Native; and Native Hawaiian/Pacific Islander (P.I.). Demographics are outlined below:

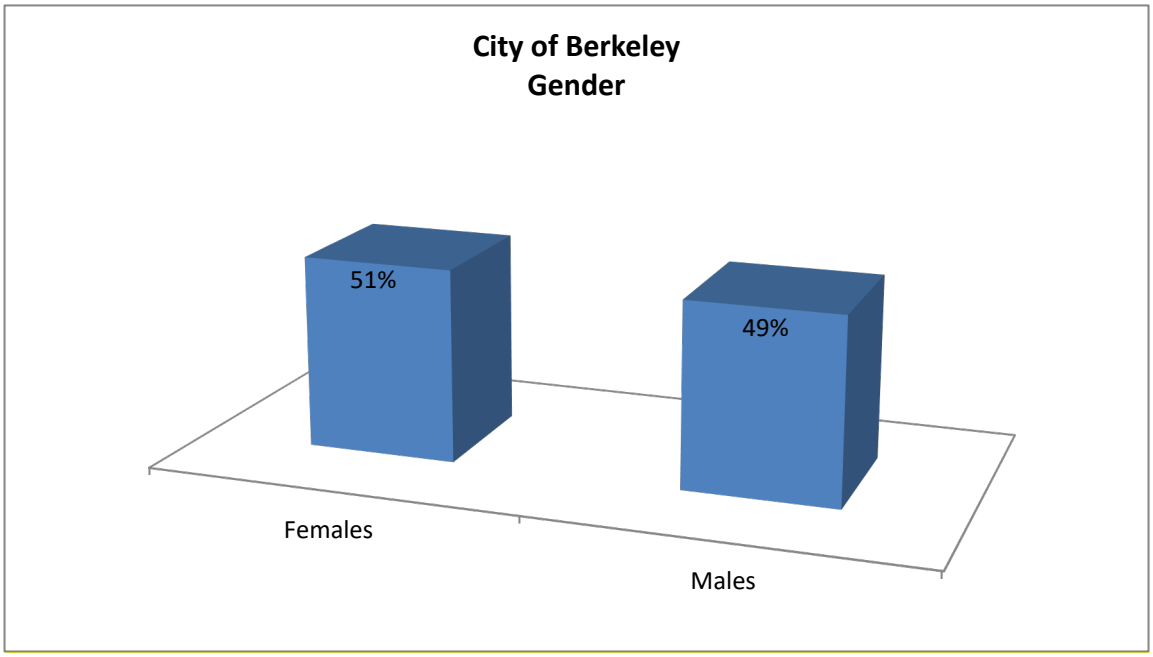



### Age/Gender

As depicted in the table below, a large percentage of individuals in Berkeley are over the age of eighteen:




Gender demographics are as follows:




**Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersexed, Agender, Plus (LBGTQIA+) Population**

Based on a Gallop Survey of interviews conducted during the timeframe of 2012-2014, the San Francisco Bay Area has the highest LGBTQIA+ population (6.2%) of any of the top 50 United States metropolitan areas. Additionally, according to Williams Institute, in a survey of Cities with 50+ same-sex couples (ranked by same-sex couples per 1,000 households) conducted in 2010, the City of Berkeley ranked number 13 in the State of California and number 48 among 1,415 United States

cities. The City of Berkeley had 2.1% same-sex households according to the 2010 United States Census and the City of Albany had 1.7% same-sex households.

**Income/Housing**

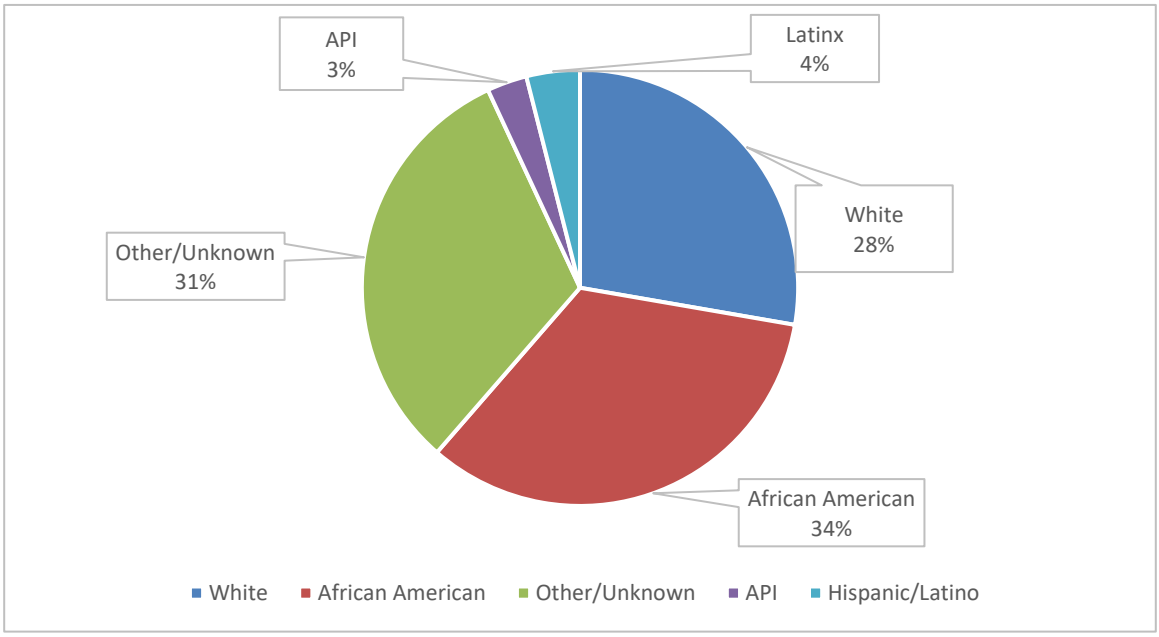
With some of the highest housing costs in the Bay Area, the Berkeley median household income is $80,912. Nearly 20% of Berkeley residents live below the poverty line and approximately 42% of Berkeley children qualify for free and reduced lunches. While 43% of Berkeley residents own their own homes, there are many 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 has a highly educated population: 97% of individuals aged 25 or older are high school graduates; and approximately 73% possess a bachelor's degree or higher.

**System Organization**

Berkeley Mental Health (BMH), one of two city-based public mental health programs in the state, provides services for residents in Berkeley. It is a Division of the City of Berkeley Health, Housing & Community Services (HHCS) Department. Services are provided at multiple clinic sites and in the field. BMH has several units providing services: Access; Family, Youth & Children; and Adult Services. 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. As part of the Access unit, a Mobile Crisis Response Team operates seven days a week. 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. Using data available from Alameda County, the Medi-Cal population in Berkeley in 2019 was as follows:


API
3%
Latinx
4%
White
28%
Other/Unknown
31%
African American
34%
White
African American
Other/Unknown
API
Hispanic/Latino

## Community Program Planning (CPP)

Community Program Planning (CPP) for this City of Berkeley MHSA Three Year Plan was conducted over a three-month period to enable opportunities for input from MHSA Advisory Committee members, consumers, family members, representatives from community-based organizations, individuals from unserved, underserved and inappropriately served populations, BMH Staff, City Commissioners, and other MHSA Stakeholders. During this process, one MHSA Advisory Committee meeting and three Community Input meetings were initially held. Following community input requesting information regarding the MHSA budget, four additional Community Input Meetings and one MHSA Advisory Committee meeting were held which included the requested information. Due to local and state mandates on social distancing amid the Covid-19 Public Health Emergency, all meetings were conducted through the Zoom platform. A copy of the presentation that was conducted during community meetings was also posted on the City of Berkeley MHSA Webpage in Spanish and English.

As with previous MHSA Plans and Annual Updates, the methodology utilized for conducting CPP for the Three Year Plan was implemented to enable a collaborative process to occur between BMH staff, MHSA Advisory Committee members and other MHSA stakeholders. Development of the MHSA Three Year Plan began with an internal examination of existing programs, unaddressed needs, and available funding which included a review of input received during 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.

Proposed additions that were considered in this process included:

- Increase funds for the Berkeley Food and Housing Project, Russell Street Residence;
- Addition of a full-time Mental Health Nurse Supervisor for the Medical Unit;
- Increase the Psychiatrist on the Homeless Full Service Partnership (FSP) to half-time;
- Provide funding for the Greater Bay Area Workforce, Education and Training Regional Partnership;
- Receive Unreimbursed/Unexpended MHSA Housing Funds from the State and utilize the funds locally;
- Align amounts in contracts that serve FSP clients to the FSP funding component;
- Do a Request for Proposal (RFP) for the Transition Age Youth Support Services Contract;

Input received during Community Program Planning Zoom meetings largely supported the proposed additions. Additional input received during community meetings and/or through email that was not specific to the proposed additions is categorized below:

Comments on New or Increased Programs/Services

- Provide specific services and supports for individuals with Dissociative (DID) Identity Disorder such as: A Peer Plural Warm Line, DID Peer Support Groups, and Trainings by Consumers for the Mental Health Community;
- Provide more supports for communities of color who have enormous needs;

- Add services and supports for the Berkeley general population who are in need of mental health services and supports due to the pandemic;
- Provide mental health services and supports for individuals who have limited or no insurance;
- Enable a community member with the interest in doing so, to work alongside a mental health clinician to implement Restorative Justice Circles and or Support Groups for teenage girls;
- Implement Consumer-led Expressive Arts and Movement/Nature activities;
- The Dynamic Mindfulness program should be made pervasively available to students and the adults around them to help develop stress resilience, healthy behaviors and heal primary and secondary trauma.
- Provide data collection on costs per client to assess the financial impact;
- Add more funding for Wellness and Recovery Programs;
- Examine ways to develop community engagement and transportation strategies;
- Provide Mental Health services, supports and collaborations for Women at Black Infant Health;
- Ensure that the staff person hired to provide services for individuals with Substance Use Disorders has experience with Harm Reduction;
- Utilize all available MHSA unspent funds this year on mental health needs in the community;
- Add Peer Support Specialists at Drop-In Centers.

Additional Comments and Input:

- The long-term trauma of police violence is a mental health issue;
- Pain is different for people of color, instead of people who are white;
- Very little information is available to the community on police violence, the pandemic, etc.;
- We must make changes when things are not working, don't want to rely on mental health programs that aren't working;
- Glad to hear about the plan of expanding and increasing services for the Mobile Crisis model;
- Community members are isolated from services;
- We are only looking at what's funded from MHSA for Berkeley programs. It would be good if the community was able to look at the whole Mental Health funding/services picture;
- Homeless Outreach feels non-existent;
- Ingenuity is needed to solicit community feedback;
- Want to thank the City of Berkeley for the Mental Health Consultations that are conducted at Head Start sites, the BMH Clinician who conducts them is doing a phenomenal job.

Some of the questions during community meetings were regarding various BMH services, strategic planning, data collection, program evaluation, and protocols implemented for Covid-19. Many of the questions were addressed by the Mental Health Manager or the MHSA Coordinator. One repeated inquiry was around Mobile Crisis services and the involvement of Police in the crisis response. MHSA funds provide a small portion of monies for Mobile Crisis services. However, per public comments received during this and previous MHSA Plan processes, Mental Health Commission meetings, City Council meetings and through other local venues, there is a strong interest in how Mobile Crisis services are provided in Berkeley.

As a result of input received from a variety of stakeholders for a mental health crisis response that does not so heavily involve law enforcement, the Division recently executed a Request for Proposal (RFP) process to hire a Consultant who will: Conduct a stakeholder process involving a variety of constituents to obtain input on the strengths and opportunities for improvement in the current mental health system; obtain suggestions through the stakeholder process, of possible alternative mental health crisis response systems in Berkeley; research mental health crisis response systems, including those that utilize little or no law enforcement involvement, and identify best practices in mental health crisis response and care; identify the pros and cons of crisis response models including the one Berkeley uses; provide information that would allow the Division to evaluate the costs of alternative models or a combination of models to provide effective mental health crisis care; and make recommendations about possible changes to the current mental health crisis system that would lead to better outcomes while maintaining safety for both consumers and staff. The consultant will be hired in FY21, and work will soon begin. On July 14, 2020 City Council passed Resolution No, 69,501-N.S., to "Transform Community Safety and Initiate a Robust Community Engagement Process". Results of this process may likely impact the Division's Mobile Crisis services.

In addition to the Community Input Meetings, in an effort to increase community input on this Three Year Plan through implementing additional ways that the community could inform the MHSA process, three questions were put up on the Berkeley Considers Forum for public input during the month of May. Berkeley Considers is an online forum for civic engagement. It is run by OpenGov a non-partisan company whose mission is to broaden civic engagement and build public trust in government. As with any public comment process, participation in Berkeley Considers is voluntary. Questions that were put on the Berkeley Considers forum to inform the Three Year Plan were as follows:

1.) What are the most pressing unmet Mental Health needs in the City of Berkeley?

2.) What are your ideas on best ways to address these needs?

3.) Is there anything else you would like to share regarding Mental Health services and needs in the City of Berkeley?

In all a total of 24 individuals provided input on the three Mental Health Needs questions through the Berkeley Considers forum. The top 5 recurring themes in the responses to the first two questions are outlined below:

| Responses on most pressing unmet Mental Health needs in the City of Berkeley |
|---|
| • Need for more health, mental health and housing services for homeless individuals who are living with mental health or co-occurring disorders;<br>• Services for people who don't have insurance, and/or of whom need mental health services and supports especially during the pandemic;<br>• Need for more Psychiatrists for medication management services<br>• Need more mental health services for Senior Citizens and teens; |

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|---|
| • Need for services for individuals who have mental health issues and aren't able to advocate for themselves. |
| Responses regarding ideas on best ways to address unmet mental health needs |
| • Provide more outreach, connections, resources, and counseling on the street for the Homeless population;<br>• Do a better job of informing residents of the services that already exist and how to access them such as through advertising and educational campaigns, etc.<br>• Implement larger scale supports to help a broader range of the population, including those who are marginally employed, or who have limited healthcare, etc.<br>• Explore the implementation of Supportive Housing or Transitional Housing Models geared towards individuals who are in need of mental health services and are not able to advocate for themselves:<br>• Conduct some kind of organized times when housed and unhoused individuals can come together to understand what the needs are when it is safe to do so, given Covid-19. We are all learning there are resources that can be shared and we are all interconnected. |

Some of the responses to the third question included the following:

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| Responses on anything else regarding Mental Health services and needs in the City of Berkeley |
| • Mental health services are undervalued and underfunded, especially in times like these. Make the most of resources and volunteers and don't forget the young and the elderly. Work with Berkeley Commissions who are also trying to help these populations.<br>• Bring mental health professionals into college student group housing sites to meet with students where they are. The students could meet with representatives and learn about how to access available services;<br>• Stop referring to the mentally ill as a "homeless" problem. Providing someone a home does not fix alcoholism, other drug addictions and mental health issues which need treatment.<br>• Despite available City services there are individuals who still face loads of anxiety. Do some Zoom events Berkeley style, with music, comedy, art, some natural beauty, new age stuff, live talk. If we draw together, things get better.<br>• People cannot achieve mental health, safety and stability while still homeless;<br>• There is a need to address long-term housing;<br>• The treatment at Herrick/Sutter inpatient and outpatient is stellar…a model program. The demand exceeds the capacity. The need for these services is growing due to the pandemic. |

Utilizing Zoom and the Berkeley Considers Forum proved to be valuable community program planning activities for increasing input into the Three Year Plan, especially during the pandemic. All input received through the community program planning process will be utilized to inform current and proposed mental health programs through this Three Year Plan, and future MHSA Plans and updates. Some substantive comments received during community program planning for this Three Year Plan that have been repeated through previous MHSA planning processes and other local gatherings and City meeting venues, around the need for more services and supports for various cultural and ethnic populations warranted a proposed change in this Three Year Plan to the MHSA PEI Community Education and Supports Program.

A 30-Day Public Review was held from Tuesday, August 25th through Wednesday, September 23rd to invite input on this MHSA Three Year Plan. A copy of the Plan was posted on the BMH MHSA website. An announcement of the 30-Day Public Review was mailed and/or emailed to community stakeholders. A Public Hearing was held at 7:00pm on Thursday, September 24th during a Mental Health Commission meeting which was held on the Zoom platform. Comments received during the 30-Day Public Review or Public Hearing were as follows:

- Increase funding for the Bay Area Hearing Voices Network for outreach to educate the community on available services; dispel stigma around individuals who have voice hearing, vision or other unique experiences; and expand the number of support groups.
- The pandemic and all that has followed has exacerbated the wellness of children who are anxious and depressed. Make the Wellness Center a safe place that deals with Adverse Childhood Events (ACES), where child-parent therapy can happen. Children's resiliency is increased when there is an adult in their lives who offers unconditional love and support.
- Create a collaboration with the Wright Institute, which provides a number of clinical services, including a new older adult program.
- Expand substance abuse treatment and support as even more services and connections are necessary during these difficult times.
- Develop a liaison with Berkeley Bipolar Bears, which provide support for people with affective disorders such as bipolar and depression.
- It seems that families have difficulty accessing care for their family members. Family members need someone to call who can help them access long-term care.
- Access to counseling and medication optimization, possibly in a residential setting is needed. This should then be followed by supportive housing in the community. Having this available when the disease first becomes evident would prevent homelessness and possibly addiction.
- We at least need more emergency beds to get people off the streets and perhaps more aggressive prioritizing of those who have continuing problems. This needs to be a regional, statewide and national effort.
- There should be a Drop-In Center where people can access information on various services and resources including housing, and have public access to computers.
- I am concerned that BMH is engaging in services that sound good, but don't provide culturally responsive and/or qualified staff with the ability to deliver the services to Ethnic groups. I hope we are not doing more harm than good with some of these services that are being overseen and operated by people outside of the specific ethnic groups that are receiving services.
- The African American community would like for BMH to provide MHSA funding towards the development of the African American Holistic Center in Berkeley.
- BMH Consumers/Peers: Especially those with co-occurring disorders would be supported in their treatment if BMH had acupuncture services as part of the service delivery at least 2 days a week on site at the clinics.
- Services should be provided to all residents of Berkeley irrespective of their Insurance Plans because Doctors are so expensive and not everyone can afford it.
- Office hours at BMH should be until 4-5pm, not until 1pm.
- There should be a multidisciplinary program under one roof so it is easier to take advantage of the program. It should include: Psychiatrists, Psychologists; Dieticians; Small farm where patients can learn how to grow and cook veggies; Exercise; Yoga; Meditation; Acupuncturist and Massage Therapy. Patients should be introduced to all services at their first visit.

- If patients are not treated as a whole, these patients will not be able to recover to their full potential and we will be losing a big chunk of our population who are highly educated, are very bright, but have not recovered mentally.
- Increase the resource allocation for the LGBTQIA+ population and ensure the Division is collecting monthly data on this population.
- Address the new Senate Bill 855. Push for equity of burden of Mental Health.
- For the Community Education & Supports project Request for Proposal process, ensure the Division is engaging the communities that will be served through this project to include input on services needed.

Below are some of the input received through letters provided by the "Women's Daytime Drop-In Center" and "Friends of Adeline". Both letters are included in the Appendix C – Public Comments.
Women's Daytime Drop-In Center Letter:

- The Women's Daytime Drop-In Center which provides services to some of the most vulnerable women in Berkeley: appreciates that there is a focus on equity and the impact of stress on female clients who are Black, Indigenous and People of Color in the MHSA Plan; applauds the creation of the Homeless FSP; is concerned about how MHSA funds and Berkeley Mental Health supports the mental health needs of unhoused women especially with the ending of the HOTT program as HOTT supported many individuals in emergency situations.

"Friends of Adeline" Letter:

- It is particularly important that Berkeley recognize the devastating effects that racism has had on the population. Not only the racism that exists within our communities but the long time, foundational 'systemic' racism at the root of the fabric of the Nation. Policies such as red-lining, restrictive bank loans encouraging development by developers only interested in profits have weakened and decimated African Americans and other populations of color.
- Berkeley also has some of the worst outcomes in educational disparities in the country for African Americans. Additionally, large Health Disparities have been documented since 1999 in the City of Berkeley Health Status Report.
- Friends of Adeline is asking that the African American Holistic Resource Center be included in the MHSA Three Year Plan under the following funding areas: Community Services and Supports; Prevention and Early Intervention; and Capital Facilities.
- We support the African American Holistic Resource Center as it will provide culturally responsive resources for whole person care across the life span as well as an array of other mental health, educational, legal, health, and social/cultural programming.
- The importance of the funding and continuing support of the African American Holistic Health Center should be understood as a recognition of the continuing importance of the African American community to Berkeley.

All input received will be utilized to inform this Three Year Plan and future MHSA Plans and updates. Following the Public Hearing the Mental Health Commission passed the following motion on the African American Holistic Resource Center:

M/S/C (Davila, Hawkins) Motion to include the African American Holistic Resource Center, to adjust the budget to fund the program of $250,000.
Ayes: Davila, Hawkins, Kealoha-Blake, Moore, Opton, Pritchett; Noes: None; Abstentions: None; Absent: None.

**African American Holistic Resource Center (AAHRC)**

The African American/Black community in Berkeley has the highest rate of morbidity and mortality of any racial/ethnic group. According to the City of Berkeley's *Health Status Summary Report 2018*, "African Americans are 2.3 times more likely to die in a given year from any condition compared to Whites, and the COVID-19 virus has increased the morbidity and mortality rates for this population.

Socioeconomic factors, birth outcomes, and morbidity rates that stretch across the life span of African Americans indicates they are not thriving in the City of Berkeley. Therefore, it is essential that a paradigm shift take place for this population in the delivery of care and services. Culturally Centered Engagement System of Care that is effective in welcoming, supporting, healing, and empowering the Black community in the City of Berkeley must be developed.

In April 2011, the African American/Black Professionals & Community Network (AABPCN) crafted the report titled *A Community Approach for African American/Black Culturally Congruent Services*. In the AABPCN report it identified challenges that the African American community faces in areas of education, employment, health, and mental health, housing, and community relationships.

A vision and framework were provided in the report for the development of an African American Holistic Resource Center (AAHRC) in South Berkeley. The center would include the use of culturally congruent practices, embedded in an integrated service delivery system, which would help to decrease inequities and disparities in the African American community in Berkeley.

The AAHRC facility as outlined in the Feasibility Study, 2018 is stated to be a state-of-the-art green building ranging in size of 6,000 Square feet, that includes but is not limited to a multipurpose room, library, medical screening room, two therapy offices, two classrooms, dance studio, game room, kitchen, offices with a reception area, and a yard/garden area. The delivery of culturally congruent services at the AAHRC will provide African Americans with the support they need to decrease inequities and disparities, and build community.

The City of Berkeley has located a city owned building in South Berkeley for the location of the AAHRC and currently funding is being sought to construct the center. The AAHRC will be a beacon of light and hope for Berkeley's African American community when it is developed.

(Some information was taken from the *A Community Approach for African American/Black Culturally Congruent Services* and the *African American Holistic Resource Center Feasibility Study*, 2018 reports).

The Mental Health Division is very interested in supporting the African American Holistic Resource Center, and will work with the planning group for the AAHRC to obtain a specific proposal. The Mental Health Division intends to work with the planning group to propose funding for the AAHRC in the FY21/22 Plan Update, once the specific needs and appropriate funding categories are determined.

Following the Public Hearing the Mental Health Commission made the following motion regarding the Three Year Plan:
M/S/C (Pritchett, Davila) Motion to approve the report and forward to the City Council for approval. Ayes: Davila, Hawkins, Kealoha-Blake, Moore, Opton, Pritchett; Noes: None; Abstentions: None; Absent: None.

## COVID-19 PUBLIC HEALTH EMERGENCY

The Covid-19 crisis has caused an unprecedented, unstable time where individuals are experiencing a variety of physical health, mental health and financial needs. The State and local suspension of all but essential business operations for a period of time, in response to the Covid-19 crisis has had a significant impact on the economy and the sales and tax revenues the City receives. MHSA is funded though California millionaires who aren't immune from losses to their income. As such, at the minimum over the next couple of years, MHSA funding will be unstable. As with all MHSA Plans and Annual Updates, revenue and expenditures in this Three Year Plan are estimates. The Division will be closely monitoring the City of Berkeley's MHSA funding allotments and expenditures to assess whether program changes are needed in the future. Any proposed program changes will be vetted for community input and reflected in Annual Updates during the Three Year timeframe.

**MHSA Flexibilities** - New regulations were passed on July 1st, 2020 to provide various flexibilities with MHSA funding as a result of the Covid-19 Public Health Emergency:

- **Three Year Program and Expenditure Plan Extension:** If a County/City is unable to complete and submit a Three Year Program and Expenditure Plan for the year beginning FY20/21 due to the Covid-19 Public Health Emergency, they may extend their current approved plan. The new due date for the FY20/21 – 22/23 Three Year Program and Expenditure Plan has been extended to July 1, 2021.

- **Prudent Reserve:** Per MHSA legislation mental health jurisdictions are required to maintain a local Prudent Reserve to be able to fund the most crucial support services in the event there is a downturn in the amount of MHSA revenues received. MHSA regulations require the State to determine when Prudent Reserve funds can be locally accessed. New MHSA flexibilities allow mental health jurisdictions to determine when Prudent Reserve funds are needed for local use, and enables the transfer of funds into their CSS and PEI components to meet local needs, without a determination or initiation from the State.

- **CSS Allocations:** MHSA Generally requires at least 51% of CSS funds to be allocated to Full Service Partnership (FSP) programs. To allow more flexibility in allocating CSS funding according to local needs during the Public Health Emergency, counties can determine the allocation percentages across the three CSS funding components: Full Service Partnership; General System Development and Outreach and Engagement.

- **Reversion Extension:** In order to avoid being subject to reversion, MHSA funds are required to be expended by certain specified timeframes, that are determined by each funding component. New flexibilities allow an extension for the reversion date of MHSA funds. The reversion date for unspent funds originally subject to reversion on July 1, 2019 and July 1, 2020, including the AB114 Reversion funds, has been extended to July 1, 2021.

As with other Behavioral Health program and policy allowances the State has executed in response to Covid-19, it is possible that additional MHSA Flexibilities will be implemented over the next year that could likely affect how MHSA funds are able to be utilized to meet local needs during the pandemic.

**Local MHSA Services During the Pandemic**
Through the implementation of social distancing protocol, and utilizing phone and Zoom technologies, local MHSA funded programs and services have largely continued during the Covid-19 Public Health Emergency. As this Three Year Plan requires reporting on programs in FY19, data and information on programs and services in operation in FY20, during the pandemic, will be reported in the FY22 Annual Update.

## MHSA FY20/21 - 22/23 Three Year Plan

This City of Berkeley's MHSA FY20/21 – 22/23 Three Year Program and Expenditure Plan (Three Year Plan) is a stakeholder informed plan that provides an update to previously approved MHSA Plans and Updates. The Three Year Plan summarizes proposed program changes and additions, includes descriptions and updates of currently funded MHSA services that are proposed to be continued in the next three years, and a reporting on FY19 program data. Additionally, per state regulations, this Three Year Plan includes the FY19 Prevention and Early Intervention (PEI) Annual Evaluation Report (Appendix A) and the FY19 Innovations (INN) Annual Evaluation Report (Appendix B).

While some MHSA programs have collected outcome and client self-report measures, the majority of the data currently being collected is more process related. However, as reported in previous MHSA Plans and Updates, there are a few initiatives that are currently underway to evaluate the outcomes of several MHSA programs including the following:

- Impact Berkeley: In FY18, the City of Berkeley introduced a new initiative in the Health Housing and Community Services (HHCS) Department called "Impact Berkeley". Central to this effort is using a highly regarded framework called Results Based Accountability (RBA) to account for the work of the Department. RBA provides a new way of understanding the quality and impact of services provided by collecting data that answer three basic questions:
  1. How much did you do?
  2. How well did you do it?
  3. Is anyone better off?

  RBA has been incorporated into selected programs within the Department. This has included community agency programs funded through the MHSA Prevention & Early Intervention (PEI) Community Education & Supports program. Through this initiative the Department worked with each contractor to envision, clarify and develop measures on the outcomes and results each program is seeking to achieve, and used a rigorous framework to begin measuring and enhancing progress towards these results. Page 55 of this Three Year Plan provides an aggregated summary of some of the results of this initiative. The full report on the Impact Berkeley PEI program results can be accessed on the MHSA website: MHSA Plans and Updates - City of Berkeley, CA

- Homeless Outreach & Treatment Team: This pilot project supports homeless mentally ill individuals in Berkeley/Albany engaging them in mental health services. A local consultant, Resource Development Associates (RDA), was hired to measure the outcomes and effectiveness of this pilot project. In late FY20, the Homeless Outreach and Treatment Team Final Evaluation Report was released. Some of the many results of this evaluation can be reviewed in the PEI Section of this Three Year Plan.

- PEI Data Outcomes: Per MHSA PEI regulations, all PEI funded programs have to collect additional state identified outcome measures (specific to the category of services provided) as well as detailed demographic information. Beginning in FY19, PEI Evaluations were required to be included in each MHSA Annual Update or Three Year Plan. See Appendix A for the Fiscal Year 2019 Prevention & Early Intervention Annual Evaluation Report.

- INN Data Outcomes: Per MHSA INN regulations, all INN funded programs have to collect additional state identified outcome measures and detailed demographic information. Beginning in FY19, INN Evaluations were required to be included in each MHSA Annual Update or Three Year Plan. See Appendix B for the Fiscal Year 2019 Innovations Annual Evaluation Report.

- Results Based Accountability Evaluation for all BMH Programs: Through the approved FY19 Annual Update the Division executed a Request for Proposal (RFP) process to hire a consultant who will implement a Results Based Accountability Evaluation for all programs across the Division, and Resource Development Associates (RDA) was the chosen vendor. In FY21, work on this evaluation will begin.

Future MHSA Plans and Updates will continue to include reporting on the progress of these initiatives.

## PROPOSED NEW FUNDING ADDITIONS

A review of proposed staffing and services to be added through this MHSA Three Year Plan, are outlined below:

- **Increase Funding for the Berkeley Food & Housing Project, Russell Street Residence**
  The Berkeley Food & Housing Project (BFHP) operates the Russell Street Residence (RSR) which provides permanent supportive housing for seventeen formerly homeless adults diagnosed with serious and persistent mental illness. Residents at RSR receive the following services: meals; therapeutic groups, activities and outings; transportation to medical appointments; assistance with daily activities including laundry and personal hygiene.

  BMH has provided funding to the BFHP for many years, to operate the RSR which provides housing to clients served by the Division. In FY19, BFHP lost funding from the Department of Housing and Urban Development (HUD), for the RSR, creating a large gap in funds. At that time, BFHP presented BMH with a budget that showed the required funding that was necessary to keep the RSR program in operation. In FY20, BMH was not able to provide all of the requested funding to fill the gap. As such, through this Three Year Plan, the Division is

proposing to utilize CSS System Development monies to increase funding for the BFHP RSR to sustain ongoing operations. The total proposed amount of the increase in FY21 is $312,345 (which includes a one-time funding increase of $106,000 to cover the shortfall in FY20). For FY22 and FY23, the proposed increase is $206,245, to the base contract amount each year.

- **Add a full-time Mental Health Nurse Supervisor**
  The BMH Medical Unit currently has nurses that provide services and supports for clients. Through this Three Year Plan, the Division proposes to utilize $227,309 of MHSA CSS System Development funds to hire a Mental Health Nurse Supervisor who will oversee the services and supervise nursing staff. With current hiring freezes in place due to losses in City revenue as a result of the Covid-19 Pandemic, the determination of whether this position may be added during the three-year timeframe will be decided through a separate City review and approval process.

- **Increase Psychiatric Support on the Homeless Outreach Full Service Partnership**
  Through the approved MHSA FY20 Annual Update, the Homeless Outreach and Treatment Pilot Project will transition to a Full Service Partnership (FSP). In July FY20 the new Homeless Outreach FSP will begin. Current approved staffing for the Homeless FSP includes a .25 Psychiatrist position. Through this Three Year Plan, the Division proposes to utilize $145,457 of CSS Full Service Partnership funds to increase the Psychiatrist to a .50 position. This will provide increased supports for program participants. With current hiring freezes in place due to losses in City revenue as a result of the Covid-19 Pandemic, the determination of whether this position may be added during the three-year timeframe will be decided through a separate City review and approval process.

- **Provide funding for the Greater Bay Area Workforce, Education & Training Regional Partnership**
  The Office of Statewide Health Planning and Development (OSHPD) is allocating $40 million in Workforce, Education and Training funds for Regional Partnerships across the state for various mental health workforce strategies that will be implemented in FY20-FY25.

  Each Regional Partnership will be able to decide which strategies they want to allocate funds for to benefit the local area. Strategies include:

  Pipeline Development: Introduce the public mental health system to kindergarten through 12th grades, community colleges, and universities. Ensure that these programs incorporate developmentally appropriate concepts of mental health needs, self-care, and de-stigmatization and target resources at educational institutions with underrepresented communities. The Regional Partnerships would conduct pipeline activities to identify student scholarship and stipend candidates.

  Undergraduate College and University Scholarships: Provide scholarships to undergraduate students in exchange for service learning received in a public mental health system.

Clinical Master and Doctoral Graduate Education Stipends: This program would provide funding for post-graduate clinical master and doctoral education service performed in a local public mental health system.

Loan Repayment Program: Provide educational loan repayment assistance to public mental health system professionals that the local jurisdiction identifies as serving in hard-to-fill and hard-to-retain positions.

Retention: Increase the continued employment of public mental health system personnel identified as high priority by county behavioral health agencies, by increasing and enhancing evidence-based and community-identified practices.

The Division has participated in meetings with representatives from the other counties in the Greater Bay Area Regional Partnership. All participating counties have decided to allocate these funds for the Loan Repayment program. This program will enable funds in the amount of $12,000 - $15,000 to be made available to repay a portion of student loans for a given number of staff who are in hard-to-fill positions, in exchange for a number of years served in the Public Mental Health system.

OSHPD is requesting that each Regional Partnership contribute an additional portion of local funds towards this initiative. For the Bay Area Regional Partnership, the total amount of the contribution is $2.6 million, and the proposed contribution from Berkeley is $40,127. Through this Three Year Plan, the Division is proposing to transfer CSS Funds to the Workforce, Education and Training (WET) funding component to participate in this initiative, through the following process:

*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 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."*

- **Receive and utilize Unreimbursed/Unexpended State MHSA Housing Funds**
  Previously in order to utilize a one-time allotment of dedicated MHSA Housing Funds received from the state, mental health jurisdictions had to reallocate the funds to the California Housing and Finance Agency (CalHFA). Once funds were reallocated and a housing development project had been identified through a local process, area developers would work directly with CalHFA through the Special Needs Housing Program. Through this process, BMH previously allocated funding to the local Harmon Gardens and University Avenue Homes housing development projects

CalHFA has recently discontinued the Special Needs Housing Program, and Berkeley has a small amount of housing funds in the amount of $25,623. Through this Three Year Plan the Division will be requesting that the remaining amount of housing funds (and any additional accrued interest and/or future residual receipts) be returned to the City to be utilized locally on housing supports.

- **Align Contract Expenditures for FSP Program to MHSA FSP Component**
  Through previous approved MHSA Three Year Plans and Annual Updates, the Division has added funding for contracted services for clients across the system, via the CSS System Development funding component. In order to properly align expenditures on contracts, the Division is proposing through this Three Year Plan to align the amounts in contracts that serve FSP clients, to the FSP funding component.

- **Re-issue Request For Proposal for Transition Age Youth Support Services Project**
  To ensure fair contracting practices, the City re-issues Requests For Proposals (RFP) on contracts that have been in place with the same contractor for five or more years. As such, the Division will be executing an RFP process for the Transition Age Youth Support Services Project. This contract is currently contracted to Covenant House. The Division is proposing to continue the current contract with Covenant House through 3/31/21 to ensure the seamless continuance of services while the RFP process is executed. The chosen vendor from the RFP process will begin providing services in April 2021.

- **Increase Funding for the Community Education and Supports Program**
  Since 2011, the Community Education & Supports program has been implemented through the Prevention Early Intervention (PEI) funding component. This program provides culturally-responsive, psycho-educational trauma support services for individuals in various cultural, ethnic and age specific populations that are unserved, underserved and inappropriately served in Berkeley including: African Americans; Asian Pacific Islanders; Latinx; Lesbian, Gay, Transgender, Queer, Intersex, Agender, Plus (LGBTQIA+); TAY; and Senior Citizens. Currently, $192,276 MHSA PEI funds are utilized on an annual basis for this program, which amounts to $32,046 per each population served. All services have been conducted through local community-based organizations.

  As a result of public input received through this Three Year Plan and from a variety of other local gatherings and venues around the need for increased supports for various populations the Division is proposing to increase program amounts allocated for services for the African American, Latinx, and LGBTQIA+ populations to $100,000 each.

  Input received during community program planning for this Three Year Plan and previous MHSA planning processes, as well as from other local gatherings and City meeting venues, has repeatedly resounded the need for health and racial equity for African Americans and communities of color. According to the Berkeley Health Status Report 2018, that was written by the Berkeley Public Health Division, health disparities remain prevalent for African Americans and communities of color. Health disparities can be directly tied to the economic,

social, and environmental inequities that can be found in certain neighborhoods in Berkeley (in particular West, South and Central Berkeley). Residents of these communities are predominately people of color and low income. Some of the disparities outlined in the report are as follows:

- African Americans and other people of color die prematurely and are more likely than White people to experience a wide variety of adverse health conditions throughout their lives;
- Berkeley's African American population experiences inequitably high rates of hospitalization due to uncontrolled diabetes and long-term complications, such as kidney, eye, neurological and circulatory complications;
- African Americans die younger (prematurely) than any other racial/ethnic group in Berkeley. The death rate for African Americans in Berkeley is twice the death rates of Whites, and the gap has remained consistent over time;
- Compared to White families, the proportion of families living in poverty is 8 times higher among African American families, 5 times higher among Latino families and 3 times higher among Asian families;
- African American high school students are 1.4 times more likely than White students to drop out of high school;
- African Americans are 2.8 times less likely, Latinx are 1.6 times less likely and Asians are 1.1 times less likely than Whites to have a bachelor's degree or higher.
- A higher incidence of disease is linked to neighborhoods that have been historically under-resourced and overexposed to unhealthy conditions. These neighborhoods have more people living in poverty and more people of color than surrounding neighborhoods.

As a response to the Health Status Report, the Public Health Division engaged in a strategic planning Community Health Assessment process that involved community and stakeholder engagement. The goal for the community engagement process was to supplement the findings in the Health Status Report by hearing directly from the community about the challenges they face as well as their identified needs. Specific community populations who have experienced historical and sustained impacts of health inequities, and therefore would have valuable knowledge and input, were identified to help shape the direction of the Division and in turn, improve the health of all the communities in Berkeley.

As part of this process, in October 2018, Berkeley initiated community engagement activities which included a community health survey, community focus groups, and a partner convening. The community and partner engagement process also explored the impact of identified health issues among specific vulnerable populations who have experienced historically, disproportionate poorer health outcomes and faced challenges across multiple health needs. Populations were as follows: African American, Latinx; Older Adult (Age 65+); Youth (Age 10-24); Persons experiencing homelessness; Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersexed, Asexual (LGBTQIA); Day Laborers; Persons with Disabilities; and the South and West Berkeley Neighborhoods.

According to the Community Health Assessment, Mental Health was identified as the top

health need across the majority of community groups. Per the Assessment, when participants spoke about mental health, they were referring primarily to depression and/or anxiety, not necessarily severe mental illness (SMI). Additional health needs identified by the majority of community members included diabetes, substance abuse/tobacco use, and violence/crime. During the community partner roundtable event, mental health was also identified as the greatest health impact experienced by the communities they serve. When survey respondents were asked to suggest two services they would like to see the Public Health Clinic provide, mental health was reported as the top service. This data suggests that mental health is the top need of Berkeley communities.

Identified health disparities that have long been prevalent due to social, economic, environmental factors, etc., as well as the deleterious effects of racism, are also currently being evidenced on the local, State and National levels during the pandemic. Data has shown among the vulnerable populations who are being hardest hit by Covid-19 are individuals from communities of color, such as Latinx and African Americans.

Repeated input over time regarding the need for increased services and supports for the LGBTQIA+ population, has also been provided through various MHSA planning processes. The diverse LGBTQIA+ community includes individuals from a multitude of racial, ethnic and age specific populations. LGBTQIA+ individuals often feel disenfranchised and are either afraid to seek the mental health services they need, and/or for fear of stigma and discrimination, may not represent themselves fully in the services they do receive, and are often invisible within the system.

In an effort to be responsive to input on the need to provide increased services and supports for these populations, the Division is proposing through this Three Year Plan, to increase the program amounts allocated for services for the African American, Latinx, and LGBTQIA+ populations to $100,000 each. For the remaining populations served through this program the Division is proposing the following:

- Senior Citizens: Funding for Senior Citizens will remain at the current level of $32,046, as through the FY20 Annual Update, up to $150,000 MHSA CSS monies were allocated for additional services and supports for this population;
- TAY: Funding for the TAY population will remain at the current level of $32,046, as through previous MHSA Plans and Annual Updates a total amount of $222,856 of CSS funds has been allocated to implement services for this population through community partners;
- API: Services for the API community will no longer be provided through this project, beginning in FY21, as through the MHSA FY19 Annual Update, $100,000 MHSA CSS Funds were allocated for services and supports for this population.

While the full array of MHSA services are available to individuals meeting program criteria from all populations in Berkeley, allocating funding in the proposed manner will ensure each unserved, underserved and inappropriately served population has at least $100,000 (or more) of dedicated MHSA funds for services and supports. The Division will continue to assess the needs of each population to evaluate whether additional changes will be needed in the future.

## PROGRAM DESCRIPTIONS AND FY19 DATA BY FUNDING COMPONENT

Outlined in this section per each funding component are descriptions of current City of Berkeley MHSA services along with FY19 program data. Across all MHSA funded programs, in FY19, a total of 6,459 individuals participated in some level of services and supports. Additionally, a total of 817 individuals attended BMH Diversity and Multi-cultural trainings aimed at transforming the system of care, and 2,070 individuals attended BMH Diversity and Multicultural events. Some of the FY19 MHSA funded program highlights include: A reduction in psychiatric inpatient hospital and/or incarceration days for severely mentally ill clients; a decrease in the number of days severely mentally ill clients spent homeless; step down to a lower level of care for some clients; services and supports for homeless or marginally housed TAY who are suffering from mental illness; services and supports for family members; multicultural trainings, projects and events; 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 homeless TAY, Adults and Older Adults and individuals in unserved, underserved and inappropriately served cultural and ethnic populations.

### 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, May 2014, May 2015, June 2016, January 2017, July 2017, October 2018, and July 2019. 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;
- Housing Services and Supports;
- Homeless Outreach Services;
- Benefits Advocacy; and
- Transitional Outreach Services.

Descriptions and updates for each CSS funded program and FY19 data are outlined below

## FULL SERVICE PARTNERSHIPS (FSP)

### Children/Youth Intensive Support Services Full Service Partnership

The Intensive Support Services Full Service Partnership (FSP) is for children ages 0-25 and their families. This program is for children, youth and their families who would benefit from, and are interested in participating in a program designed to address the total needs of a family whose child (and possibly other family members) is experiencing significant emotional, psychological or behavioral problems that are interfering with their wellbeing.

Priority populations include children and youth who:

- have substantial impairment in self-care, school functioning, family relationships, the ability to function in the community, and are at risk of or have already been removed from the home and have a mental health disorder and/or impairments that have presented for more than six months or are likely to continue for more than one year without treatment;
  OR
- display psychotic features, or a history of hospitalization due to Danger to Self, Danger to Others, Grave Disability or a recent attempt within the last six months from the date of referral.

The Children/Youth FSP program utilizes wraparound as the treatment model. Wraparound differs from many service delivery strategies, in that it provides a comprehensive, holistic, youth and family-driven way of responding when children or youth experience serious mental health or behavioral health challenges. The model puts the child or youth and family at the center. With the help of the FSP team, the family and young person take the lead in deciding their vision and goals. Team member's work together to put the goals into an action plan, monitor how well it is working, and make changes to it as needed.

In FY19, a total of 34 children/youth and their families were served through this program. Demographics on those served were as follows:

| **CLIENT DEMOGRAPHICS N=34** | | |
|---|---|---|
| *Client Gender* | *Number Served* | *% of total* |
| Male | 21 | 62% |
| Female | 13 | 38% |
| **Race/Ethnicity** | | |
| *Client Race/Ethnicity* | *Number Served* | *% of total* |
| African American | 15 | 44% |
| Asian Pacific Islander | 3 | 9% |
| Caucasian | 4 | 12% |
| Latinx | 4 | 12% |
| Mixed Race | 7 | 20% |
| Unknown | 1 | 3% |

Children/youth outcomes were as follows: 11 clients reached 100% of their treatment goals and their cases were closed; 12 clients stepped down to a lower level of care; 8 client cases were closed due to low/no engagement; 6 clients moved out of the area; 11 clients were placed on 5150/5585 hold; 1 client was placed out of the home.

**TAY, Adult and Older Adult Full Service Partnership**

This FSP program provides intensive support services to TAY, Adults and Older Adults with severe mental illness using an Assertive Community Treatment (ACT) approach. The program focuses on serving individuals who are have had difficulty with obtaining or maintaining housing; frequent and/or lengthy psychiatric hospitalizations; and/or frequent or lengthy incarcerations. Priority populations also include individuals from un-served, underserved and inappropriately served cultural communities.

The team utilizes an ACT approach which maintains 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. A full range of mental health services are provided by a team comprised of 1 Clinical Supervisor, 5 masters level Behavioral Health Clinicians, 1 Social Services Specialist, 1 Registered nurse and a ½ time psychiatrist. The primary goals of the program are to engage clients in their treatment and to reduce days spent homeless, psychiatrically hospitalized and/or incarcerated. Goals also include increasing, employment and educational readiness; self-sufficiency; and wellness and recovery. The program serves up to 60-70 clients at a time.

In FY19 a total of 63 TAY, Adults, and Older Adults completed at least 1 year of service in the program. Demographics on those served include the following:

| **CLIENT DEMOGRAPHICS N=63** | | |
|---|---|---|
| *Client Gender* | *Number Served* | *% of total* |
| Male | 38 | 60% |
| Female | 25 | 40% |
| **Race/Ethnicity** | | |
| *Client Race/Ethnicity* | *Number Served* | *% of total* |
| African American | 31 | 49% |
| Asian Pacific Islander | 2 | 3% |
| Caucasian | 24 | 38% |
| Latinx | 6 | 10% |
| **Age Category** | | |
| *Client Age Category* | *Number Served* | *% of total* |
| Transition Age Youth | 5 | 8% |
| Adult | 44 | 70% |
| Older Adult | 14 | 22% |

TAY, Adult and Older Adult client outcomes included the following: 11 partners were dis-enrolled from the program during FY19, 8 partners met treatment goals and graduated to lower levels of care (73% dis-enrolled from services), 2 partners moved out of the county (18% of those dis-enrolled from services), 1 partner was unable to be located (9% of those dis-enrolled); 18 new partners were enrolled and completed 1 year of service during the course of the fiscal year. There were 63 FSP program participants in FY19 who completed at least 1 full year of service in the program and are included in the program outcome report data. There were positive outcomes with regard to reductions in days spent homeless, in psychiatric hospital settings and/or incarcerated. There was a **42.2% reduction in days spent homeless**. Partners spent 5,783 days homeless (on the street, couch surfing and in shelters) the year before program enrollment and 3,344 days homeless during the first year of program participation. There was an **85.6%**

**reduction in days spent in psychiatric hospital settings** (Psychiatric Emergency, acute inpatient, IMDs, MHRCs and state psychiatric hospitals) during the first year of program participation. Partners spent 4,522 days in psychiatric hospital settings the year before program enrollment and 651 days in these settings during the first year of program participation. There was a **72.7% reduction of days spent incarcerated** during the first year of program participation. Partners spent 1,566 days incarcerated (jail and prison) the year prior to program enrollment as compared with 427 days incarcerated during the first year of program participation.

Program challenges: Finding safe and affordable housing in the Bay Area is becoming increasingly difficult as housing prices continue to rise and are among the most expensive in the Country. Additionally, Licensed Board & Cares that provide clients 24/7 support and monitor medication adherence have been closing down. Single Room Occupancy Hotels have also been raising their monthly rates such that clients are not able to afford staying there without housing subsidies. The program has also struggled with how to better serve individuals with severe substance abuse problems who are unwilling to address or sometimes even acknowledge that they have substance abuse issues. Going forward the Team will continue to develop staff expertise in treating Substance Use Disorders by providing ongoing training in Motivational Interviewing. The Team will also continue to work on increasing fidelity to the ACT Model. If BMH is able to do so, given current City hiring freezes, an additional Behavioral Health Clinician will be added in FY21 to increase program capacity.

## MULTI-CULTURAL OUTREACH AND ENGAGEMENT

### Diversity & Multicultural Services

The Diversity & Multicultural Coordinator (DMC) provides leadership in identifying, developing, implementing, monitoring, and evaluating services and strategies that lead to continuous cultural, ethnic, and linguistic improvements within the organization's system of care, with a special emphasis on unserved, underserved, inappropriately served, and emerging populations. The DMC also collaborates with the state, regional counties, other city divisions, local agencies, and community groups in order to address mental health inequities and disparities for targeted populations and communities, and the community-at-large in Berkeley.

The Diversity & Multicultural Coordinator accomplishes these goals by:

- Providing cultural competency training to all behavioral health, community partners, and all stakeholders in Berkeley and other geographic locations in the region as a collaborative partner;
- Performing outreach and engagement to unserved, underserved, inappropriately served and emerging communities and populations;
- Developing long and short term goals and objectives to promote cultural/ethnic and linguistic competency within our system of care;
- Developing an annual training plan and budget;
- Chairing the agency's Diversity and Multicultural Committee;
- Attending continuous trainings in the areas of cultural competency;
- Monitoring Interpreter and Translation Services for the agency;

- Collaborating with State, Regional, County, and local groups and organizations, and
- Developing and updating BMH's Cultural Competency Plan as needed.

Participants involved in Berkeley Mental Health's trainings, committees, groups, cultural/ethnic community events and activities are city staff, community providers, consumers/clients, family members, and residents from diverse groups and populations. There is a focus on improving services for unserved, underserved, inappropriately served, and emerging populations and communities throughout Berkeley, and other areas within the region.

Program services, events and activities conducted in FY19, are summarized below:

**Diversity & Multicultural Conferences and Trainings:**

**Beyond Diversity: White Privilege** – September 18, 2018 – (Approximately 88 individuals attended the training) – Attendees included staff, consumers, family members, community partners, and students.

**Cultural Competency Summit** – African American Women's Presentation – October 22, 2018 – (Approximately 60 individuals attended the presentation) – Attendees included staff and community partners from throughout the State. This was a statewide collaboration with County Behavioral Health Care Services agencies.

**Alameda County Behavioral Health Care Services (BHCS) and City of Berkeley Annual Black History Month Conference** – Commemorating 400 Years of Enslavement – February 22, 2019 – (Approximately 200 individuals attended this event) – Attendees included staff, consumers/clients, family members, community partners, students, teachers, and residents. This conference collaboration was with Alameda County BHCS, the City of Berkeley, and the Pool of Consumer Champions.

**Black History Month** – Black History Month Spirituality Training - February 28, 2019 – (Approximately 30 individuals attended this event) – Attendees included clergy, consumers/clients, family members, and community partners. This collaboration was with NAMI Contra Costa County and Church of ME.

**PRIDE Annual Conference – Diverse Lives:** Learning from the LGBTQQI2-S Community – June 13, 2019 – (Approximately 70 individuals attended the training) – Attendees included staff, consumers/clients, family members, community providers, and students. The collaboration was with the City of Berkeley, the Pacific Center of Human Growth, NAMI Contra Costa County, and other community partners.

**Cultural/Ethnic and Community Events:**
**Dia de Los Murtos Event** – Latino community Health Fair – November 2, 2018 – (Approximately 350 individuals attended the event) – Attendees included residents, consumers/clients, family

members, youth, children, and community partners. This collaboration was with the City of Berkeley, BAHIA, Inc., RISE, and other community partners.

**Black History Month Event** – Black History Month Event, Berkeley High School – February 20, 2019 - (Approximately 80 individuals attended this event) – Attendees included students, staff, consumers/clients, family members, community partners, teachers and residents. This collaboration was with BUSD.

**African American/Black Educational Event** – May 10, 2019 – (Approximately 200 individuals attended the event) – Attendees included students, staff, family members, and community residents. This collaboration was with BUSD.

**May Is Mental Health Month Event** – May 16, 2019 – (Approximately 40 individuals attended the event) – Attendees included staff, consumers, family members, students, community partners, and residents.

**Gay Prom** – Sponsorship for Horizon Services, Eden Project – June 1, 2019 – (Approximately 300 individuals attended this event) – Attendees included students, staff, consumers, family members, community partners, and residents.

**Latino Educational Event** – June 8, 2019 – (Approximately 100 individuals attended the event) – Attendees included students, staff, family members, and community residents. This collaboration was with BUSD.

**City of Berkeley Juneteenth Festival** – June 16, 2019 – (Approximately 1000 plus individuals attended this event) – Attendees included a diverse group of residents and stakeholders from throughout the region.

**Committees/Groups:**

- BMH Diversity & Multicultural Committee, Chair
- BMH Staff Training Committee, Chair
- Alameda County BHCS PRIDE Committee Member
- Alameda County BHCS Cultural Responsiveness Committee Member
- Statewide Spirituality Liaison, Spirituality Initiative Committee Member
- State and County Ethnic Services Managers/Cultural Competency Coordinators, Committee Member
- Alameda County BHCS African American Steering Committee for Health and Wellness, Committee Member
- BMH Health Equity Committee – Co-Chair
- African American Holistic Resource Center, Community Leadership Committee, Co-Chair

**Outreach and Engagement:**

- NAMI – Mental Health Family Members
- Berkeley Drop-In – Homeless Population
- McGee Baptist Church – African American Community

- Church of ME – Mental Health Population
- ROOTS – Re-entry population
- Village Connect, Inc., African American Population
- Eden Project – LGBTQI2-S – TAY
- Pacific Center – LGBTQI2-S Community
- South Berkeley Community Church – Faith-based Population
- BAHIA, Inc. – Latino Community
- Healthy Black Families – African American Women & Children Population
- BUSD – Staff, Students, and Families
- Options Recovery Services - Substance Use Disorder Population

**Transition Age Youth (TAY) Support Services**

Implemented through Covenant House, the Transition Age Youth (TAY) Support Services 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 Latinx 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 FY19, a total of 76 TAY between the ages of 18-24 were served. Demographics on TAY served were as follows:

| **CLIENT DEMOGRAPHICS N=76** | | |
|---|---|---|
| *Client Gender* | *Number Served* | *% of Total* |
| Male | 36 | 47% |
| Female | 28 | 37% |
| Transgender | 6 | 8% |
| Genderqueer | 3 | 4% |
| Questioning or Unsure | 3 | 4% |
| **Race/Ethnicity** | | |
| *Client Race/Ethnicity* | *Number Served* | *% of Total* |
| African American | 27 | 35% |
| Asian Pacific Islander | 2 | 3% |
| Caucasian | 34 | 45% |
| Latinx | 17 | 22% |
| Native Hawaiian or Alaska Native | 3 | 4% |
| Bi-racial/Multi-racial | 6 | 8% |
| Other | 4 | 5% |

| Age Category | | |
|---|---|---|
| *Client Age* | *Number Served* | *% of Total* |
| Transition Age Youth | 76 | 100% |
| **Sexual Orientation** | | |
| Gay or Lesbian | 13 | 17% |
| Heterosexual or Straight | 52 | 68% |
| Bisexual | 10 | 13% |
| Questioning or Unsure | 1 | 1% |
| Queer | 1 | 1% |

During FY19, 421 outreach activities were conducted with a total of 11,384 duplicated contacts and 76 individuals received engagement and ongoing program services. Weekly support groups were also offered to youth in this program on the following topics: Coping Skills; Creative Expression; Harm Reduction; and Mindfulness. During the reporting timeframe approximately 20% of youth participated in ongoing Mental Health services and 92% participated in weekly support groups. There were 483 referrals to the following services and supports: 88 Mental Health; 90 Physical Health; 119 Social Services; 59 Housing; and 127 other unspecified services. Per a Satisfaction Survey that was administered, youth participants reported the following: 100% indicated satisfaction with the treatment services they received; 17% exited the program into stable housing; and 39% became employed or entered into school.

## 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. 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; and client advocacy. Some of the additional services and supports that CSS System Development provides funding for are as follows: Housing Services and Supports, Benefits Advocacy; Wellness Recovery Center; Counseling Services for Senior Citizens; Youth Case Management Services; Hearing Voices Groups; Homeless Outreach and Treatment Team; Transitional Outreach Team; Flex Funds and Sub-representative Payee Services for clients, etc.

### Wellness Recovery System Integration

The BMH Wellness Recovery Team 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 the Berkeley "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. In FY19, these individual and system-level initiatives impact approximately 419 clients.

In FY19 some of the various activities of the Wellness Recovery Team that were conducted under the direction of the Consumer Liaison included:

**Berkeley Pool of Consumer Champions (POCC)**

During FY19, 12 meetings were held which included: Sponsoring a South Berkeley Art Walk; presenting about their work at the Alameda County POCC Steering Committee; and creating a space at the Alameda County POCC Holiday Party and POCC Barbeque for people to make cards for individuals in locked facilities. The Berkeley POCC also; co-hosted an orientation to inform individuals about what it does, and to recruit more individuals in the area; tabled at the "Eight Dimensions of Wellness, 10x10, We Move for Health" event for mental health awareness in May; continued to discuss updates for the POCC Action Plan; helped revise the "Guidelines for Respectful Engagement". An average of 4-5 individuals attended each meeting for a total of 12 unduplicated people attending over the course of the year.

**Wellness Recovery Activities**

Designed with, and building on the talents of consumers, the BMH Wellness Recovery activities included workshops, trainings and ongoing health groups. Light refreshments were served at each activity. In FY19, a total of 25 unduplicated consumers attended this program, facilitating peer led activities, which included:

- Facilitated Discussions - Topics included: Ways to Reduce Stress; Our Values; Watching and Discussing the Video Mind Games; Plans for Summer; What to do When You Are Down; Progress On Your Goals; Things to do to Stay Well.
- Creative Writing - Topics included: Writing a story about a picture; Highs and Lows of Recovery; Description of yourself- Your Wishes and Dreams; Gratitude list; Three Truths and a Lie; What Helps and What Doesn't; Goal Setting; Your Recovery Journey; Recovery Essay; Letters to our Younger Selves; Things You Like About Yourself; What to do When Someone is Rude; The Ups and Downs of the Past Week; Your Most Memorable Walk.
- Creating – Mandalas; Greeting Cards; "Wreck This Paper Art"; Origami Cranes for "Day of the Dead" Altar; Using Dots to Create Art; Choices You Regret and What to do About it; Valentine and Christmas Cards; Cards to our Future Selves.
- Exercise – Yoga; Stretching; Meditation; Catching balls; Chi Gung; Walking to the park, and Mindful walking.
- Games - Wellness Tools Hangman; Moods; Creating a Dinner for Under $30 from Ads; Recovery Hangman; Stress Reduction Hangman; Life Stories; Boggle and Jenga!

- Drawing – Including: Nature scenes; A summer day; Coloring mandalas; Outlining objects to create a composition; Using Lines; Shared Drawing; Creating Art with Stray Lines; Abstract drawing.

Field Trips

In FY19 a total of 8 field trips were offered with 34 participants. Peer led field trips at the museums and in nature incorporating expressive arts included trips to: Berkeley Marina; Berkeley Rose Garden; Codornices Park; the San Francisco Museum Of Modern Art; South Berkeley Art Walk; Berkeley Art Museum; and a trip to 4th Street in Berkeley to see the Holiday lights and the local Open Art studios; and a tour of the Berkeley Main Library.

Card Party Groups

In FY19 a total of 29 Card Party groups were offered to inspire consumers to create inspirational cards for individuals in psychiatric hospitals. This program is modeled after the Do-Send-A-Card program created by the San Francisco Mental Health Association. BMH Wellness Recovery staff partnered with the Alameda Network of Mental Health Clients' Reach Out Program to distribute the cards that were created from the Card Party groups when they visit the hospitals throughout the County. Patients can choose the card they want to receive. Through this program over 175 cards, were sent to the Reach Out Program.

Mood Groups

The Mood Group is designed for people to share their thoughts and feelings in a safe place where support is also offered. In FY19, the weekly support group focused on mood scales and enabled time for participants to share freely among non-judgmental peers. There were 33 groups with an average of 15 participants at each group.

Mental Health Advance Directives

This consultation was offered on a drop-in basis. As a result of these meeting sessions, recommendations were made to the existing Mental Health Advance Directive policy and procedure. In FY19, 9 sessions were offered on-site at BMH, and 3 were offered off-site at a community-based organization, and 10 individuals dropped in for consultations.

The Wellness Recovery Team also conducted or participated in the following activities during the reporting timeframe: Developed a monthly color calendar of activities that was sent to approximately 150 individuals via mail and another 130 individuals via email; worked on an introductory letter about the Wellness Recovery Team to be given to consumers; worked on the development of a Mission Statement for the Wellness Recovery Team: participated in the planning and implementation of the May is Mental Health Month event in Berkeley; co-facilitated 1 Adult Mental Health First Aid training and 1 Youth Mental Health First Aid training; participated on the Berkeley Wellness Center Task Force; conducted Consumer Perception surveying in November and May during the State survey period, including recruiting, training and supervising surveyors as well as submitting completed surveys to the state; ministered the Consumer and Family Member Stipend Program and continued work on updating the Stipend Policy; assisted consumers to the POCC Barbeque and tabled the event with cards and information about BMH; participated in the

planning of the 10 x 10 Eight Dimensions of Wellness, “We Move For Health”, and attended the following conferences – POCC 2019 Annual Conference and the Spirituality Conference.

**Hearing Voices Support Group**

The Hearing Voices Support Group is offered through a contract with the Bay Area Hearing Voices Network. The weekly free drop-in Support Group is for adults who experience voices, visions, special messages, unusual beliefs or extreme states of consciousness. The support group is co-facilitated by trained group leaders both of whom have lived experience in the mental health system. Per the approved MHSA FY20 Annual Update, two additional new support groups were implemented through this program in December 2019, one for Transition Age Youth and one for Family Members of individual participants.

In FY19, a total of 504 individuals were served through weekly support groups. There was an increase of 139 individuals served through this project over the previous year. According to the program report, this increase demonstrates the community need for these kinds of groups as well as successful outreach efforts. Outreach efforts included: Posting and distributing leaflets; conducting visits to shelters, housing for the homeless, area hospitals, and the Berkeley Public Library; and conducting presentations on the Hearing Voices Network services at mental health clinics. During the program a survey was administered to the Adult Support Group participants and their family members. Survey questions and some of the responses are outlined below:

| QUESTIONS ASKED TO ADULT SUPPORT GROUP MEMBERS AND SOME OF THE PARTICIPANTS RESPONSES |
|---|
| **How has the group helped you?**<br>“It helps me to listen to and talk to others who also have to deal with the cultural stigma of hearing voices.”<br>“It helps me appreciate my own uniqueness and provides opportunities to hear from others what its like for them to live with voices”.<br>“I still cannot talk to most people about the voices, including family and friends, so this organization makes me realize others are also going through this daily experience.”<br>“Listening to other group members share their experiences has given me hope, not in the sense that my experiences will stop necessarily, but in learning about the similar burdens that others have been carrying longer than me, I feel that mine has lightened.”<br>“The group has helped me function at work and find a job.” |
| **What do you like about the group?**<br>“I like the group’s sense of humor.”<br>“I feel that other group members have good intentions and a desire to help.”<br>“I like a small group and I am able to express what the voices say and deal with it.”<br>“The group has allowed me a forum to talk about my experiences that are not allowed in society. I like it that it’s not judgmental. |
| **How has the group changed your life?**<br>“When I think about how my group has changed my life, I think about the sense of belonging I feel.”<br>“It is the first community I have found in my life that I feel I can not only merge with, but help define.”<br>“I don’t isolate myself like I used to. We meet after group and have coffee and talk about experiences, which I really like.”<br>“I feel very supported since group members are about the only people who understand other voice hearers.”<br>“I was already blogging about my experience in the voice/avatar world, but to talk about my experience has allowed me to go further with the work.” |

**How have you seen your life improve since you started the group?**
"The group has given me a place to be."
"It has given me new friends, improved my social life and given me a connection to something greater than myself."
"It's easier to accept myself because I see and hear from others who hear voices and we are not crazy."
"My experience in the group has been freeing and discerning".

**Do you feel safe in the group? Why?**
"Yes, I feel safe in the group. Our moderators encourage and try to give everyone the chance to speak"
"I feel I will have support if I come to my group with a problem."

**Do you connect with other members of the group? During group, or after group?**
"I connect with other group members both during and outside of group."

**Do you feel supported in the group? Why?**
"Yes, I do feel supported in my group. Other group members are more than willing to share their advice, even if it's just someone relating to something I am experiencing."
"

**Has the group helped you deal with stigma?**
"Within the group I do not feel the stigma that exists in broader society."
"Talking to other group members who also experience life in ways that are socially stigmatized has given me an escape from that constant negativity.

**What is your experience like in the group?**
"As I've gotten to know the group members better, my experience in the group has shifted. When I first started coming to the group I didn't know anyone and I felt a little shy, but also excited."
"Although I've only been coming to the group for about a year, it has forever changed my life, and I can't see myself leaving."

**QUESTIONS ASKED TO FAMILY MEMBERS OF ADULT SUPPORT GROUP PARTICIPANTS AND SOME OF THE FAMILY MEMBER RESPONSES**

**How has the group helped your loved one?**
"My wife felt immediately welcomed by the group."
"Members and facilitators understand the situation better than the public, and perhaps even the medical community."
"It has been very valuable for my son to have a place he can go to every week and be with people who have shared experiences, where he can express things that he would not be comfortable sharing with others."
"The group has benefitted my family member in a number of ways. The group provides him with a safe place and a feeling of sanctuary where he knows he will be welcome on his good days and not-so-good days."
"He is grateful for the support other group members have given him and to one another. The group gives him a feeling of contribution when he can support others."

**What positive changes have you seen in your loved one/friend?**
"He feels good about being able to share his experiences in a way that may help others. He speaks about them a little more easily with me than he used to as well."
"He has made friends in the group, people he is comfortable being around."
"Attending group gives structure to my family member's day and week."
"Because of my family member's participation in he group, his sense of isolation (of being the only one to experience his experiences) has greatly diminished."
"This is most significant—my family member watched how this group was organized – from the facilitators to the participants – and decided that he wanted to become a peer counselor. He completed a multi-month course as well as an intensive 4-day workshop on peer counseling, and he worked as an intern at a wellness center. He now has a profession complete with a training certificate and employment recommendations."

| |
|---|
| **Are you happy that your friend or loved one attends the group? Why?**<br>"I'm very happy that my family member attends the group, it has been a positive and helpful experience for him."<br>"I'm very happy that my family member attends the group. Discovering a community and participating in it is an affirming activity. The group has also provided my family member the opportunity to expand their social world by making numerous friends who also attend the group. This is most important because in years past my family member has felt socially isolated." |
| **Do you support him/her attending the group? Why?**<br>"I absolutely support my family member attending the group."<br>"I totally support my family member attend the group. The benefits have been many." |

**Family Support Services**

The Family Service Specialist 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 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 Services Specialist 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 Family Education Resource Center (FERC). Additionally, the Family Services Specialist coordinates forums for family members to share their experiences with the system; recruit's family members to serve on BMH committees; supports family members through a "Warm line"; conducts a Family Support 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 419 clients and their family members a year.

In FY19 under the direction of the Family Services Specialist, the following individual or group services and supports were conducted through this program:

**Warm Line Phone Support:** A phone Warm Line provided a sympathetic resource for family members needing information, referrals, supports, and assistance in navigating the complex mental health system. Through the Warm Line, the Family Services Specialist helped families find services and resources as needed.

**Family Support Group:** An English speaking Family Support group was offered to parents, children, siblings, spouses, significant others or caregivers. The group met twice a month for two hours.

**Individual Support:** The Family Services Specialist met with families as needed, to provide personal support to help them prioritize their needs, connect them with appropriate resources and supports, assist them in navigating the Mental Health system and to provide coping skills for dealing with the high level of stress that can ensue from the impact of mental illness in the family.

In April 2019 the Family Services Specialist position became vacant. During FY19 a total of 69 family members were served. Demographics of individuals served are outlined below:

| **CLIENT DEMOGRAPHICS N=69** | | |
|---|---|---|
| *Client Gender* | *Number Served* | *Percent of Total Number Served* |
| Male | 53 | 77% |
| Female | 16 | 23% |
| **Race/Ethnicity** | | |
| *Client Race/Ethnicity* | *Number Served* | *Percent of Total Number Served* |
| African American | 7 | 10% |
| Asian Pacific Islander | 13 | 19% |
| Caucasian | 40 | 58% |
| Latinx | 5 | 7% |
| Declined to Answer/Unknown | 4 | 6% |
| **Age Category** | | |
| *Client Age in Years* | *Number Served* | *Percent of Total Number Served* |
| 26-55 years | 18 | 26% |
| 56+ years | 33 | 48% |
| Declined to Answer/Unknown | 18 | 26% |

**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 activities 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. Additionally, input received during various MHSA Community Program Planning processes, 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.

A new Employment Specialist position was proposed through a previously approved Three Year Plan. It was envisioned that once hired, the Employment Specialist would be focused on utilizing an evidenced based model for supporting individuals with serious mental illness in obtaining and retaining competitive employment. The hiring process for this position has not occurred yet, as the City of Berkeley has been evaluating whether the best use of funds would be to hire the full-time position, or to contract the services out to a local organization that focuses on employment services and supports for mental health consumers. As a decision on the best approach had not been finalized yet, in the previously approved MHSA FY19 Annual Update, the Division requested to have flexibility on how to best utilize funds allocated for the Employment Services Specialist position.

**Housing Services and Supports**

Previously a Housing Specialist worked with clients and staff throughout the Division to provide Housing Resources, with the aim of increasing housing opportunities for clients and increasing housing retention. In FY13 the Housing Specialist Position became vacant. Up until early FY18, although clients continued to receive housing support from case managers and/or through Shelter Plus Care personnel, there was not a dedicated staff member in place to focus solely on this aspect of the work. The vacancy in the Housing Specialist position 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.

In FY17, BMH began interviewing for the Housing Specialist position and the position was filled in early FY18. The current Housing Specialist has been 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 City of Berkeley HHCS Department Hub (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, the Homeless Action Center (HAC), assists clients in obtaining public benefits. Services are provided for approximately 10 BMH clients a year. In FY19, 16 clients were served through this agency. Demographics on those served were as follows:

| **CLIENT DEMOGRAPHICS N=16** | | |
|---|---|---|
| *Client Gender* | *Number Served* | *Percent of Total Number Served* |
| Male | 10 | 62.5% |
| Female | 6 | 37.5% |
| **Race/Ethnicity** | | |
| *Client Race/Ethnicity* | *Number Served* | *Percent of Total Number Served* |
| African American | 5 | 31% |
| Caucasian | 9 | 56% |
| Mixed | 1 | 6% |
| Other | 1 | 6% |
| **Age Category** | | |
| *Client Age in Years* | *Number Served* | *Percent of Total Number Served* |
| 18-24 years | 1 | 6.25% |
| 25-44 years | 4 | 25% |
| 45-54 years | 3 | 18.75% |
| 55-61 years | 4 | 25% |
| 62 & over | 4 | 25% |

### Flexible Funds for Level One Clients

A contract with the community-based organization, Berkeley Food & Housing Project, enables flexible funds to be used with clients across the system for supports such as housing, clothing assistance, food, transportation, etc. This use of flexible funds aids individuals in achieving better stability in areas where they are less capable of addressing their daily living needs.

### Mobile Crisis Team (MCT) Expansion

Through the previously approved MHSA FY14/15 - 16/17 Three Year Plan, and as a result of staff and community input on increasing and improving services for those experiencing a mental health crisis, the following additions to BMH have been or are in the process of being implemented through CSS System Development funds:

- Increase in staff to expand the Mobile Crisis Team (MCT) capacity and hours of operation;
- 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;
- A Consumer/Family Member Satisfaction Survey for Crisis services.

### Transitional Outreach Team (TOT)

The Transitional Outreach Team (TOT) was added thru the previously approved FY16 MHSA Annual Update to support Crisis Services, through interventions that address issues individuals experience either immediately prior to, or following a mental health crisis. This team, follows up

with individuals and families that have had a recent crisis. The goal of the team is brief outreach and engagement to assist the individual and/or family get connected to the resources they may need.

In FY19, 321 individuals were served through this project. Demographics on those served were as follows**:**

| **CLIENT DEMOGRAPHICS N=321** | | |
|---|---|---|
| *Client Gender* | *Number Served* | *Percent of Total Number Served* |
| Male | 162 | 50% |
| Female | 153 | 48% |
| Transgender | 2 | 1% |
| Unknown | 4 | 1% |
| ***Client Race/Ethnicity*** | | |
| *Client Race/Ethnicity* | *Number Served* | *Percent of Total Number Served* |
| African American | 86 | 27% |
| Asian | 17 | 5% |
| Caucasian | 114 | 36% |
| Latinx | 23 | 7% |
| More than One Race | 4 | 1% |
| Other | 77 | 24% |
| ***Age Category*** | | |
| *Client Age in Years* | *Number Served* | *Percent of Total Number Served* |
| 0-15 | 25 | 8% |
| 16-25 | 59 | 18% |
| 26-59 | 151 | 47% |
| 60+ | 24 | 8% |
| Unknown | 62 | 19% |

Services provided by this team are subject to the number of referrals that are generated by the Mobile Crisis Team crisis calls. Clients served by TOT often enter the crisis system with fewer resources such as collateral supports, lack of insurance, etc. In FY19, staff turnover and hiring challenges resulted in continuous hiring and training for portions of the reporting timeframe.

Outcomes of the program during the reporting timeframe included:

- Connected many individuals and families to needed mental health care, housing, literacy services, family services, emergency medications;
- Built relationships with various individuals and agencies in the Crisis system;
- Provided options for hospitals, John George and other facilities to follow up regarding discharge planning;
- Offered intensive short term support to individuals and families who experienced a mental health crisis, including referrals, linkage, psycho-education, and active support in connecting with needed services in Berkeley or elsewhere in the Alameda County system of care;
- Provided in person outreach and engagement to individuals in inpatient settings who needed assistance connecting to treatment and were unlikely to make it to the clinic for an intake;
- Strengthened the transitions between hospitalized crisis clients and intakes at BMH;

- Coordinated with other programs within the City's Mental Health Division, including the Crisis/Assessment/Triage (CAT) On Duty staff, field based services such as Mobile Crisis (MCT) and the Homeless Outreach and Treatment Team (HOTT), and with the case management teams at the Adult and Children's clinics;
- Created more flexible opportunities for clients exiting various systems (jail, mental health rehabilitation, hospital, etc.) to connect with the long term mental health system and enter care if desired.

**Sub-Representative Payee Program**

In the previously approved MHSA FY2014/15 – 2016/17 Three Year Plan the Division proposed to use a portion of CSS System Development funds to outsource Sub-Representative Payee services, as the practice for many years at the BMH Adult Clinic has been 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.

In FY19, Sub-Representative Payee services was contracted out to Building Opportunities for Self Sufficiency (BOSS) who were chosen through a competitive RFP process. BOSS began providing Sub-Representative Payee Services in April 2019. Approximately 79 individuals receive services a year.

**Wellness Recovery Center**

Per previously approved MHSA Plans the City of Berkeley has allotted $450,000 of CSS System Development funds annually to pool with Alameda County BHCS monies to fund a local Wellness Recovery Center. In FY16, a Memorandum of Agreement (MOU) with Alameda County BHCS was finalized. Alameda County BHCS executed an RFP process and Bonita House was the chosen community-based organization to implement the Wellness Center, which opened in November 2019.

**BMH Peer and Family Member Positions**

Since the first MHSA Plan, BMH has included positions for peers and family members with lived experience to be added to various programs throughout the Division. The BMH Division utilizes existing City job classifications to create an employment track for peer or family member providers. The entry level position is Community Health Worker, the mid-level is Assistant Mental Health Clinician, and the top-level is Social Services Specialist. All of these classifications are used broadly for differing purposes throughout the City. For the specific positions where the MHSA Plan envisioned utilizing peer or family providers, BMH has had success in establishing employment lists where there are applicants who describe themselves as peer providers or family member providers. In early August 2018, a Peer Specialist was hired to support the Wellness Recovery services work. It is anticipated that BMH will continue to increase the number of peer and family member providers in the future.

**Homeless Outreach and Treatment Team (HOTT)**

The Homeless Outreach and Treatment Team (HOTT) program was established out of an effort to address the homeless crisis, and as a result of input received through various MHSA Community Program Planning processes. Utilizing a portion of PEI and CSS funds, blended with realignment and general funds this pilot program was created to support homeless mentally ill individuals in Berkeley and to connect them into the web of services that currently exist within the system of care. Key program components include the following: Persistent and Consistent Outreach; Supportive Case Management; Linkage to Care; and Treatment.

In FY19, 147 individuals were served through this program. A local consultant, Resource Development Associates (RDA), conducted an evaluation of this project. In late FY20, the Homeless Outreach and Treatment Team Final Evaluation Report was released. As this program is funded in both the CSS and PEI MHSA components, demographics on individuals served and program outcomes are outlined in the PEI section of this Three Year Plan. In FY21, HOTT will continue to be in operation until the Homeless FSP is fully implemented.

**Case Management for Youth and Transition Age Youth**

In response to a high need for additional services and supports for youth and TAY who are suffering from mental health issues and may be homeless or marginally housed, case management services for TAY are provided through a local community partner, Youth Spirit Artworks (YSA). This project serves approximately 50 youth a year.

Program services began in January 2019. During the reporting timeframe, program start-up, outreach, and case management activities were conducted. In the start-up period, prior to hiring a Lead Case Manager/Social Worker, both the YSA Executive Director and the Program Director and two of the YSA Lead Artists provided outreach to homeless youth, assisted new participants with intake and orientation to program activities, and provided participants with care coordination, appointment reminders, connections, transportation to services, and one-on-one support. Outreach activities included conducting presentations and site visits, and making phone calls, sending emails, and distributing brochures to inform the community about YSA Case Management services. The Program Director worked with YSA youth to include them in outreach activities for Peer to Peer engagement, and to accompany them to various community agencies and shelters where outreach was being conducted.

A Lead Case Manager/Social Worker was hired on contract in March, while YSA continued to recruit for a permanent staff person in this position. An Outreach Worker was hired in May, to conduct outreach for 5 to 10 hours a week. In addition to case management services, several workshops and Art Therapy sessions were conducted for youth participants, as well as a picnic to honor graduating youth. In FY19, a total of 31 youth were served through this project. Demographic data on youth participants below is shown in monthly totals, as unduplicated data was not provided:

| Youth Case Management Program Monthly Demographics | | | |
|---|---|---|---|
| *Month/Total Served* | *Gender* | *Race/Ethnicity* | *Age* |
| January: 14 | Male – 36%<br>Female – 43%<br>Other – 21% | African American – 43%; Caucasian – 7%;<br>Asian Pacific Islander – 21%;<br>Native American – 7%; Other – 22%<br>Ethnicity: Latinx - 29% | 16-20 – 79%<br>21-25 – 21% |
| February: 16 | Male – 50%<br>Female – 31%<br>Other – 19% | African American – 31%; Caucasian – 12.5%;<br>Asian Pacific Islander – 19%;<br>Native American – 12.5; Other – 25%:<br>Ethnicity: Latinx – 38% | 16-20 – 81%<br>21-25 – 19% |
| March: 13 | Male – 38%<br>Female – 38%<br>Other – 24% | African American – 23%; Caucasian – 8%;<br>Asian Pacific Islander – 23%;<br>Native American – 8%; Other – 38%<br>Ethnicity: Latinx – 38% | 16-20 – 85%<br>21-25 – 15% |
| April: 18 | Male – 56%<br>Female – 39%<br>Other – 5% | African American – 44%; Caucasian – 17%;<br>Asian Pacific Islander – 6%;<br>Other – 33%;<br>Ethnicity: Latinx – 22%; | 16-20 – 78%<br>21-25 – 22% |
| May: 19 | Male – 63%<br>Female – 32%<br>Other – 5% | African American – 53%; Caucasian – 5%;<br>Asian Pacific Islander – 5%;<br>Native American – 5%; Other – 32%<br>Latinx – 21%; | 16-20 – 79%<br>21-25 – 21% |
| June: 14 | Male – 64%<br>Female – 29%<br>Other – 7% | African American – 57%; Caucasian – 7%;<br>Asian Pacific Islander – 7%;<br>Native American – 7%; Other – 22%;<br>Latinx - 2 – 14%; | 16-20 – 79%<br>21-25 – 21% |

Demographics on sexual orientation of Youth participants were as follows: 29% Heterosexual; 19% Bi-sexual; 3% Gay; 10% A-sexual; 39% Unknown or Declined to State.

Program outcomes during the reporting timeframe were as follows:

- Two youth secured employment;
- One youth secured long-term housing;
- Several youth graduated from High School;
- Several youth applied for post-secondary education;
- Youth provided verbal feedback to program staff that “they were pleased to have caring adults in their lives who keep their word and follow through”.

**Albany Community Resource Center – Albany CARES**

Through previously approved MHSA plans the City of Berkeley allocated funding to support the City of Albany Community Resource Center. The Albany Community Resource Center was initially a short-term pilot project that offered residents a one-stop venue to learn about and receive referrals and resources to assist with a range of social and economic needs. The Community Resource Center was staffed by a half-time Community Resource Center Director. In early 2018, due to a loss of staffing the Albany Community Resource Center closed prematurely. In March 2018, the

Albany City Council authorized the development of a Human Services Resource Linkage Program which was subsequently named “Albany CARES.”

The Albany CARES program provides outreach, assistance and referrals to resources and services that support Albany’s most vulnerable and low-income residents. The programs drop-in hours provide a welcoming environment where services are tailored to each client’s unique needs.

In FY19, 118 individuals received services or supports through this program. Demographics on those served were as follows:

| **CLIENT DEMOGRAPHICS N=118** | | |
|---|---|---|
| *Client Gender* | *Number Served* | *Percent of Total Number Served* |
| Male | 83 | 70% |
| Female | 33 | 28% |
| Non-binary | 2 | 2% |
| ***Client Race/Ethnicity*** | | |
| *Client Race/Ethnicity* | *Number Served* | *Percent of Total Number Served* |
| African American | 18 | 15% |
| Asian | 16 | 14% |
| Caucasian | 43 | 36% |
| Latinx | 10 | 8% |
| Other | 8 | 7% |
| Unknown | | 19% |
| ***Age Category*** | | |
| *Client Age in Years* | *Number Served* | *Percent of Total Number Served* |
| Under 18 | 2 | 2% |
| 18-25 | 2 | 2% |
| 26-39 | 6 | 5% |
| 40-49 | 10 | 8% |
| 50-61 | 19 | 16% |
| 62-79 | 42 | 36% |
| 80+ | 14 | 12% |
| Unknown | 23 | 19% |

During the reporting timeframe, twelve outreach presentations were conducted and program fliers were posted at various locations. The top areas of concern of individuals served through the program included: housing (finding housing, landlord/tenant issues, repairs); medical (mental health support, homecare, insurance); financial (tax exemptions, legal, utilities, employment); and needing conversation and support. The provision of referrals and assistance for Albany residents were able to continue on an interim basis at the Albany Senior Center by Resource Center volunteers. Through on-site support provided from both Berkeley Food and Housing Project and BMH, individuals were able to be connected to resources that they would otherwise never access. Individuals were able to receive immediate assistance from staff assigned to Albany Project HOPE. At times this saved an entire family from crisis, where they would have been homeless and continued to decline without the service. Beginning in FY21, the City of Albany will be funded under Alameda County’s MHSA Plan.

### Additional Services for Asian Pacific Islanders

The Asian Pacific Islander (API) population is significantly underserved in the mental health system. In an effort to better meet the needs of this underserved population, BMH proposed through the previously approved MHSA FY19 Annual Update to allocate CSS System Development funds to contract with a local community-based organization or to partner with Alameda County BHCS to increase funding for a contractor selected for similar purposes. It was envisioned that the contractor would provide access to additional services and supports for this population. In FY20 two separate RFP processes were executed to find a community partner that the Division could contract with who would provide these services, however the Division was unable to secure a Contractor. As a result, during the Three Year timeframe the Division will be re-assessing the best way to provide additional services and supports for the API population.

### Results Based Accountability Evaluation

Feedback received over the past several years regarding program outcomes has been largely focused on implementing evaluative measures that help BMH, MHSA Stakeholders and community members more fully understand and determine how well programs are meeting participant and community needs. Integral to this type of outcome measure is to engage the voice of the program participant around the services they received. Despite best intentions of staff there is simply not the time or expertise to effectively accomplish this and the specialized skills of a consultant will ensure the most successful outcome.

In response to this input, BMH proposed through the previously approved MHSA FY19 Annual Update to allocate CSS System Development funds for a Consultant who will conduct an evaluation on all BMH programs across the system utilizing the “Results Based Accountability” (RBA) framework. The RBA framework will measure how much was done, how well it was done, and whether individuals are better off as a result of the services they received. In FY19 a competitive RFP process was executed, and Resource Development Associates (RDA) was the chosen consultant. In FY20 the RBA evaluation framework will be implemented across the mental health system.

### Counseling Services at Senior Centers

Seniors who only have Medicare insurance currently have great difficulty accessing mental health services, despite consistent input on the need for mental health services for this population. In an effort to increase mental health services and supports for senior citizens, the Division allocated up to $150,000 in the approved FY20 MHSA Annual Update to support this population. MHSA funds will be transferred to the Aging Services Division of HHCS, to implement counseling services at Senior Center sites.

## 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, May 2014, May 2015, June 2016, January 2017, July 2017, October 2018 and July 2019. 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 unserved, 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.

**PEI Reporting Requirements**

Per MHSA PEI regulations, all PEI funded programs must collect specified state identified outcome measures and detailed demographic information. MHSA also requires Evaluation Reports for PEI funded programs. Beginning in FY19, PEI Evaluations were required to be included in each MHSA Annual Update or Three Year Plan. See Appendix A for the Fiscal Year 2019 Prevention & Early Intervention Annual Evaluation Report.

**Impact Berkeley**

In FY18, the City of Berkeley introduced a new initiative in the HHCS Department called "Impact Berkeley". Central to this effort is using a highly regarded framework called Results Based Accountability (RBA) to account for the work of the Department. RBA provides a new way of understanding the quality and impact of services provided by collecting data that answer three basic questions:

- How much did you do?
- How well did you do it?
- Is anyone better off?

RBA has been incorporated into selected programs within the Department. Beginning in FY18, this included community agency programs funded through the MHSA Prevention & Early Intervention Community Education & Supports program. Through this initiative the Department worked with each contractor to envision, clarify and develop measures on the outcomes and results each program is seeking to achieve, and used a rigorous framework to begin measuring and enhancing progress towards these results. Page 55 of this Three Year Plan provides an aggregated summary of some of the results of this initiative. The full report on the Impact Berkeley PEI program results can be accessed on the MHSA website: MHSA Plans and Updates - City of Berkeley, CA

**New PEI Regulations**

Beginning January 1, 2020, per Senate Bill (SB) 1004, Welfare and Institutions Code (WIC) 5840.7 (a) directed the Mental Health Oversight and Accountability Commission (MHSOAC) to establish

priorities for the use of MHSA PEI funds. Section 5840.7 (d)(1) states that mental health jurisdictions shall, through their MHSA Three Year Program and Expenditure Plans and Annual Updates, focus use of their PEI funds on the Commission-established priorities or other priorities as determined through their respective, local stakeholder processes. If a mental health jurisdiction chooses to focus on priorities other than or in addition to those established by the Commission, "the plan shall include a description of why those programs are included and metrics by which the effectiveness of those programs is to be measured" (WIC Section 5840.7 (d)(1)).

At the time of the writing of this Three Year Plan, the MHSOAC had not established additional priorities to the following specifically enumerated required priorities in WIC Section 5840.7 (a) for the use of PEI funding:

- Childhood trauma prevention and early intervention to deal with the early origins of mental health needs;
- Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan;
- Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs;
- Culturally competent and linguistically appropriate prevention and intervention;
- Strategies targeting the mental health needs of older adults;
- Early identification programming of mental health symptoms and disorder, including but not limited to, anxiety, depression, and psychosis.

In order to meet the requirements, each mental health jurisdiction is required to show in the PEI Component of the FY20/21 – 22/23 Three Year Plan the following:

- Which specific PEI priorities the mental health jurisdictions plan addresses, an estimate of the share of PEI funding allocated to each priority, and an explanation of how stakeholder input contributed to those allocations;
- If the mental health jurisdiction has determined to pursue alternative or additional priorities to those listed in Section 5840.7(a), how the determinations were made through its stakeholder process;
- For any alternative or additional priority identified by the mental health jurisdiction, what metric or metrics relating to assessment of the effectiveness of programs intended to address that priority the county will measure, collect, analyze, and report to the Commission, in order to support statewide learning.

All MHSA programs and projected funding amounts were vetted through the Community Program Planning process for this Three Year Plan. Many PEI projects meet multiple established priorities. Per new PEI regulations, outlined below are the City of Berkeley PEI Programs, Priorities and Projected funding amounts:

| CITY OF BERKELEY PEI PROGRAMS | PEI PRIORITIES | Approximate Projected Funding Per Priority |
|---|---|---|
| • Be A Star<br>• Community Based Child & Youth Risk Prevention Program<br>• Supportive Schools | Childhood trauma prevention and early intervention to deal with the early origins of mental health needs. | $172,656 |
| • High School Youth Prevention Project<br>• Mental Health Peer Mentor Program<br>• Dynamic Mindfulness Program<br>• African American Success Project | Youth Engagement and Outreach Strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.<br>Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis | $445,976<br>$445,976 |
| • Community Education & Supports | Culturally competent and linguistically appropriate prevention and intervention;<br>Youth Engagement and Outreach Strategies that target secondary school and transition age youth;<br>Strategies targeting the mental health needs of older adults. | $300,000<br>$32,046<br>$32,046 |
| • Homeless Outreach and Treatment Team | Early identification programming of mental health symptoms and disorder, including but not limited to, anxiety, depression, and psychosis;<br>Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan. | $28,446<br>$28,445 |

Programs and services funded with PEI funds are as follows:

## PEI Funded Children and Youth and TAY Services

Per MHSA regulations 51% of PEI funds are to be used on services and supports for Children, Youth, and TAY. Small counties, of which the City of Berkeley is considered, may elect to forego this regulation as long as a community vetted, locally approved justification is provided as to why children and youth services are funded at a lower level. Since the initial PEI Plan, the City of Berkeley has allocated more than 51% of PEI funds to services and supports for children, youth and TAY as the majority of PEI funds has been utilized to serving these populations.

Currently, eight out of ten local PEI programs provide services for children and youth, 5 of which are in the Berkeley Unified School District (BUSD). Programs are as follows: Behavioral-Emotional Assessment, Screening, Treatment and Referral (BE A STAR); Community-Based Child/Youth Risk

Prevention Program; Supportive Schools Project; Mental Emotional Education Team (MEET); Dynamic Mindfulness (DMIND); African American Success Project; High School Youth Prevention Project, and the TAY Trauma Support Project. Additionally, from FY11 through FY20, the City of Berkeley utilized a portion of PEI funds to provide services for children, youth and TAY in the Albany Unified School District, through the Albany Trauma Project.

**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.

**PEI Goals:** The goal of this program is to bring about mental health, including the reduction of school failure and the removal of children from their homes.

In FY19, there were vacancies in staff, as such program data for the reporting timeframe is unavailable.

**Community-Based Child & Youth Risk Prevention Program**

This program targets children (aged 0-5) who are impacted by multiple risk factors including trauma, family or community violence, familial distress, and/or family substance abuse, (among other issues). A BMH clinician serves as the Mental Health Consultant on this project providing information, services and supports to teachers and parents at the YMCA Head Start program in South Berkeley. Services include individual case consultation for teachers and parents, group consultations, classroom observations and interventions, assessments, brief treatment, and referrals to 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 50 Children & Youth a year.

**PEI Goals:** The goal of this program is to bring about mental health including the reduction of school failure and the removal of children from their homes.

In FY19, the following services were provided:

- Fifteen Early Childhood Mental Health Reflective Case Consultation groups for five classrooms;
- General Classroom Consultations in five classrooms;
- Individual and group consultations to the Center Program Supervisor, 15-18 Childhood Teachers, and two Family Advocates;
- Coordinated with the “Inclusion Program” which includes Inclusion Specialists and a Speech Pathologist to help observation and assessment efforts that facilitate early intervention screenings and referrals to BUSD and Regional Center;
- Planning and assistance with implementation of behavior plans for children with behavioral and social-emotional needs;
- Direct interventions including providing visuals and classroom tools to help teach children self-regulation skills, social skills, and skills to help with transitions and to improve the overall functioning of individual children in the classroom setting;
- Mental Health consultations to 15 parents which included a variety of direct psycho-education around developmental concerns, social-emotional issues/behavioral concerns, parenting issues, providing information regarding mental health services as well as information regarding community services as as: First 5 Alameda, Help Me Grow, Regional Center, BUSD, and Primary Care physicians; and
- Co-facilitated monthly Resiliency Circles to promote self-care and trauma informed care principles with teaching staff.

According to the HeadStart Center Supervisor, the consistency with the current Mental Health Consultant has allowed for relationship building and establishing rapport with teachers and their families, which are essential to providing successful and effective mental health consultation.

In FY19, 54 children were served through this program. Demographics on those served is as follows:

| **PARTICIPANT DEMOGRAPHICS N=54** | |
|---|---|
| **Age Groups** | |
| 0-15 (Children/Youth) | 100% |
| **Race** | |
| Asian | 6% |
| Black or African American | 55% |
| White | 4% |
| Other | 33% |
| More than one Race | 2% |
| **Ethnicity: Hispanic or Latino** | |
| Mexican/Mexican-American/Chicano | 33% |

| Ethnicity: Non-Hispanic or Non-Latino | |
|---|---|
| Declined to Answer (or Unknown) | 67% |
| **Primary Language** | |
| Declined to Answer (or Unknown) | 100% |
| **Disability** | |
| Declined to Answer (or Unknown) | 100% |
| **Gender: Assigned sex at birth** | |
| Declined to Answer (or Unknown) | 100% |
| **Current Gender Identity** | |
| Declined to Answer (or Unknown) | 100% |

**Berkeley Unified School District PEI Funded Children/Youth Programs**

Since the very first MHSA PEI Plan the City of Berkeley has provided MHSA funding to Berkeley Unified School District (BUSD) to implement mental services and supports for children and youth. Currently, MHSA PEI funds, support five programs that provide school-based mental health services and supports for BUSD students. Descriptions of each program and FY19 data are outlined below:

**Supportive Schools Program**

Through this program leveraged MHSA PEI funds support the provision of mental health prevention and early intervention services at each of the Elementary Schools in Berkeley. Services include: outreach; mental health programming; classroom, group, and one-on-one psycho-social education and support; and consultation with parents and/or teachers.

**PEI Goals:** The goal of this program is to bring about mental health, including the reduction of school failure and the removal of children from their homes.

In FY19, BUSD sub-contracted with the following local agencies to provide services: Bay Area Community Resources (BACR), Child Therapy Institute (CTI), and LifeLong Medical Care. Agency and district staff providers led social skills groups, provided early intervention social and emotional support services, playground social skills, “check in/check out,” individual counseling, and support for parents and guardians from diverse backgrounds. As aligned with priority and focus on equity, providers participated in Coordination of Services Team (COST) meetings, and linked parents and guardians with resources at the school, within the school district, and in the community. A total of 1,065 elementary age students were served through this program.

**Mental and Emotional Education Team (MEET)**

Through the previously approved MHSA FY19 Annual Update BMH provides PEI funds to support the BUSD MEET Program. This program implements a peer-to-peer mental health education curriculum to 9$^{th}$ graders and an internship program for a cohort of high school students to serve as peers to their fellow students. The goals of the program are to increase student awareness of

common mental health difficulties, resources, and healthy coping and intervention skills. Through this program, students are trained by a licensed BUSD clinician to conduct class presentations covering common mental health disorders, on and off campus resources, and basic coping and intervention skills.

**PEI Goals:** The goal of this program is to bring about mental health, including the reduction of school failure and the removal of children from their homes.

In FY19, a Berkeley High School (BHS) Counselor, led and facilitated weekly MEET trainings throughout the school year for thirteen high school students for the purpose of establishing and implementing a peer-led mental health education curriculum. Weekly trainings prepared MEET students to provide classroom presentations. Seven pairs of MEET students provided a total of twenty-eight psycho-educational presentations in 9th grade classes. The presentations aimed to reduce mental health stigma, teach coping skills, create awareness about depression and anxiety, and demonstrate to students how to access mental health resources on campus and in the community. A total of 882 students were served. Four encore follow-up presentations were provided to 108 students in the 10th grade. Additional MEET student accomplishments were as follows:

- Provided stress management tips through interactive presentations in ten classrooms, before the 1st semester exams to assist 271 students in increasing stress reduction strategies;
- Assisted in designing surveys to measure students' knowledge before and after the classroom presentations;
- Conducted lunch-time meetings to assist 11 students through peer-to-peer services and supports;
- Distributed 1000 bookmarks with Crisis Services on them to 9th graders and other high school students;
- Assisted in designing mental health survey questions that were used in the school-wide Berkeley High School Student (BHS) Survey;
- Created videos to promote mental health awareness: "MEET Members Speak Out", "Mental Health and Homeless Youth", and "Welcome to the Health Center";
- Assisted in designing a MEET Website with a resources page;
- Created a MEET Instagram account, promoting mental health awareness;
- Participated in the school-run podcast, "The BHS Jacket";
- Attended the BMH MHSA Advisory Committee meeting to voice the need and advocate for increased funding for mental health resources at Berkeley public schools; and
- Hosted a panel discussion to help incoming seniors manage stress.

MEET conducted two surveys to measure learning outcomes of the 9th grade classroom presentations. A pre and post test was conducted. A majority of the 9th graders surveyed improved their scores from pre to post-test. Areas measured was as follows:

1. Knowledge of mental health resources – where to find them
2. Identifying symptoms of anxiety and depression
3. Mental health stigma – willingness to talk about mental health
4. Learning mental health coping strategies
5. How to respond to a mental health crisis, especially suicidal ideation

Program outcomes showed that numerous 9th grade student participants as well as 100% of 9th grade teachers, verbally reported being satisfied with MEET's classroom presentations. The BHS Health Center also reported a correlative increase in student self-referrals after MEET's presentations. Students often arrived at the Health Center holding a Crisis Resource Bookmark, of which MEET distributed. Demographics on the 13 students who were in the MEET program were as follows: 31% Male; 69% Female; 15% African American; 15% Asian; 46% Caucasian; 8% Latinx; 16% mixed race. A total of 1,285 students participated in prevention services offered by MEET. Demographics on student participants were as follows: 16% African American; 19% Asian; 29% Caucasian; 18% Latinx; and 18% were of mixed race or did not specify race or ethnicity.

**Dynamic Mindfulness Program (DMind)**

Through the previously approved MHSA FY19 Annual Update BMH allocated PEI funds to support the BUSD Dynamic Mindfulness (DMind) Program. DMind is an evidence-based trauma-informed program implemented in BUSD middle and high schools. Validated by independent researchers as a transformative program for teaching children and youth, skills for optimal stress resilience and healing from trauma, the DMind program integrates mindful action, breathing, and centering into an intervention are implemented in the classroom in 5-15 minute sessions, 3 to 5 times a week. This program has proven to be successful with vulnerable students who are exhibiting signs of chronic stress/trauma/PTSD from Adverse Childhood Experiences (ACEs), and/or disengagement from school, chronic absences, and significant behavioral challenges, including emotion regulation, impulse control, anger management, and/or getting frequent referrals/suspensions and at high risk of school failure. DMind also enables teacher and staff well-being, which has been shown to enhance student learning. Program components include in-class and after-school DMind sessions for students, student peer leadership development, training and coaching of school staff, and program evaluation. This program is currently provided by Niroga Institute.

**PEI Goals:** The goal of this program is to bring about mental health, including the reduction of school failure and the removal of children from their homes.

In FY19, planning, design and customization of DMind for each school site was conducted. DMind training for staff was provided, as well as post-training follow-up supports. Niroga Instructors provided in-classroom DMind instruction. DMind curriculum supports, including the DMind video library was also made available.

According to the DMind program report, specific program outcomes were as follows:

- School Administrators and staff, as well as students, enthusiastically embraced the DMind program;
- Special Education students seemed to especially take to DMind. In addition to other classrooms, 13 Special Education classes were provided with the DMind program:
- The DMind program for chronic absentees led to a 1.8% increase in attendance.

A total of 520 students and 117 staff were served through this program in FY19, as follows:

| School | # of Students Served | # of Staff Served |
|---|---|---|
| Berkeley High School | 125 | 75 |
| Berkeley Technology Academy | 28 | 25 |
| Martin Luther King Middle School | 215 | 6 |
| Williard Middle School | 152 | 11 |
| TOTAL | 520 | 117 |

Data provided by BUSD, which combined demographics for the Supportive Schools Project, the MEET Program, and DMind, is outlined below:

| **PARTICIPANT DEMOGRAPHICS N= 3,065** | |
|---|---|
| **Age Group** | |
| 0-15 (Children/Youth) | 81% |
| 16-25 (Transition Age Youth) | 13% |
| 26-59 (Adult) | 6% |
| Ages 60+ (Older Adult) | <1% |
| **Race** | |
| American Indian or Alaska Native | 1% |
| Asian | 11% |
| Black or African American | 19% |
| Native Hawaiian/Pacific Islander | <1% |
| White | 41% |
| Other | 1% |
| More than one race | 4% |
| Declined to Answer (or Unknown) | 9% |
| **Ethnicity: Hispanic or Latino** | |
| Mexican/Mexican-American/Chicano | 14% |
| **Primary Language Used** | |
| English | 86% |
| Spanish | 7% |
| Mandarin | 1% |
| Declined to Answer (or Unknown) | 6% |

| Sexual Orientation | |
|---|---|
| Gay or Lesbian | 7% |
| Heterosexual or Straight | 49% |
| Bisexual | 2% |
| Questioning or unsure of sexual orientation | <1% |
| Queer | <1% |
| Declined to Answer (or Unknown) | 41% |
| **Disability** | |
| Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia) | 9% |
| Physical/mobility domain | <1% |
| **Veteran Status** | |
| Declined to Answer (or Unknown) | 100% |
| **Gender: Assigned sex at birth** | |
| Male | 58% |
| Female | 42% |
| **Current Gender Identity** | |
| Male | 54% |
| Female | 39% |
| Transgender | <1% |
| Questioning or unsure of gender identity | <1% |
| Another gender identity (Non-Binary) | <1% |
| Declined to Answer (or Unknown) | 6% |

### African American Success Project

The African American Success Project (AASP) was first implemented in FY19 in four Berkeley Unified School District Schools (King, Longfellow, Willard and Berkeley High School). Closely aligned with the work of Berkeley's 2020 Vision, the AASP works with African American youth and their families to actively engage students in the classroom and school life while creating a pathway for their long-term success. The project implements a three-pronged approach that includes case management and mentorship (which are individualized and tailored to meet each student's needs), community building, and family engagement. Through this approach a case manager engages and works with each student on school success planning. This work includes establishing student check-ins, family connections, teacher and staff collaborations, advocacy, and community building sessions. The project supports students who have disproportionately faced barriers in Berkeley public schools to promote an individual's learning, mental, and socio-emotional well-being. During the first year the project team worked with 84 students and their

families while assessing the effectiveness of the project and identifying ways to strengthen the service model. One key finding was that the project could only have limited impact when staff were spread across four school sites.

Following FY19, the project was only going to be implemented at Longfellow. A second key learning was that services could be strengthened if they were integrated into the school day through a class that African American students could elect to take that would provide a safe space to focus on ongoing social and emotional development, skill-building, habits and mindsets that enable self-regulation, interpersonal skills, and perseverance and resilience. The class would be facilitated by a Counselor/Instructor who would follow-up with students in one-on-one counseling sessions on issues of concern that are raised in class and would provide referrals to mental health services and supports as needed. To support the implementation of this additional component, through the FY20 Annual Update the Division allocated PEI funds to support this project.

**PEI Goals:** The goal of this program is to bring about mental health, including the reduction of school failure and the removal of children from their homes.

Project updates and outcomes from FY20, will be reported in the next MHSA Annual Update.

**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 (BTA) 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; drop-in crisis, counseling services; 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, and 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 100 B-Tech students receive some level of outreach, counseling, individual or group 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 been involved in implementing and assessing the Cognitive, Behavioral, and 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.

**PEI Goals:** The goal of this program is to bring about mental health, including the reduction of school failure or dropout.

In FY19, approximately 1,059 students at Berkeley High School (BHS) and Berkeley Technology Academy (B-Tech) received services at the school's Student Health Center, with 1,511 visits for Behavioral Health Individual sessions, and 321 visits for Behavioral Health Group sessions. Demographics on youth served are outlined below:

| **PARTICIPANT DEMOGRAPHICS N=1,059** | |
|---|---|
| **Age Groups** | |
| 0-15 (Children/Adult) | 6% |
| 16-25 (Transition Age Youth) | 13% |
| Declined to Answer (or Unknown) | 81% |
| **Race** | |
| Asian | 7% |
| Black or African American | 20% |
| White | 33% |
| More than one Race | 17% |
| Declined to Answer (or Unknown) | 7% |
| **Ethnicity: Hispanic or Latino** | |
| Mexican/Mexican-American/Chicano | 16% |
| **Ethnicity: Non-Hispanic or Non-Latino** | |
| Declined to Answer (or Unknown) | 84% |
| **Primary Language** | |
| Declined to Answer (or Unknown) | 100% |
| **Sexual Orientation** | |
| Declined to Answer (or Unknown) | 100% |
| **Disability** | |
| Declined to Answer (or Unknown) | 100% |
| **Veteran Status** | |
| No | 100% |
| **Gender: Assigned sex at birth** | |
| Male | 66% |
| Female | 34% |

| Current Gender Identity | |
|---|---|
| Male | 66% |
| Female | 34% |

## Adult and Older Adult and Additional TAY PEI Funded Programs

### 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 unserved, underserved and inappropriately served in Berkeley including: African Americans; Asian Pacific Islanders; Latinx; LGBTQIA+; TAY; and Senior Citizens. All services are conducted through area community-based organizations. In FY19 each of the Community Education & Supports program contractors participated in the HHCS Results-Based Accountability (RBA) Evaluation. RBA implementation results were presented in an aggregated format aggregated across all programs as follows:

| How Much Did We Do? | How Well Did We Do It? | Is Anyone Better Off? |
|---|---|---|
| • 651 Support Groups/Workshops<br>• 3,524 Support Groups/Workshop Encounters<br>• 203 Individual Contacts/Individuals<br>• 419 Outreach Activities<br>• 6,938 Outreach Contacts<br>• 1,308 Referrals | • 7 Support groups or workshop sessions attended on average per person<br>• 96% Survey respondents were satisfied with services<br>• Referrals by type:<br>251 Mental Health<br>240 Social Services<br>227 Physical Health<br>156 Housing<br>434 Other Services | • 92% of program participants reported an increase in social supports or trusted people they can turn to for help (3 of 5 projects reported in this measure).<br>• 88% of program participants reported positive changes in terms of coping strategies, feeling anxious or overwhelmed (4 out of 5 programs reported on this measure). |

For additional details, definition of terms, and technical notes on how various data variables were quantified and for full reporting on other data elements, access the full report on the Impact Berkeley PEI program results on the MHSA website: MHSA Plans and Updates - City of Berkeley, CA

### Re-Issue Requests for Proposals

To ensure fair contracting practices in the City the Division proposed in the approved FY20 MHSA Annual Update, to execute a new Request for Proposal (RFP) process for all PEI contracts that have been in place for five or more years. It was anticipated that the RFP process would be executed in the Spring of FY20. Due to Covid-19 the Division decided it would be best to delay this RFP Process until the Fall of FY21. MHSA PEI funded contracts that have been in place for five or more years, and are continuing in FY21, will be renewed through March 31, 2021. During

FY21, new RFP's will be executed for these services and the chosen vendor will begin providing services on 4/1/21.

Per the Proposed Additions section of this Three Year Plan, in an effort to ensure each unserved, underserved and inappropriately served population has an equitable amount of dedicated MHSA funds for programs and services, the Division will be making the following changes to this program in FY21: Increasing the amount up to $100,000 per each of the following populations, African Americans, Latinx and LGBTQIA+; and no longer funding the API population in this program, as the Division is providing $100,000 of dedicated CSS funds for services and supports for this community.

Descriptions for each project within the Community Education & Supports program are outlined below:

**Albany Trauma Project**

Implemented through Albany Unified School District this project provides trauma support services to Latinx, 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: Adult one-on-one outreach and engagement and support groups in the Elementary and High School in Albany. 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 40-55 children/youth and 25-45 adults. Descriptions of services provided and numbers served through this project are outlined below:

**Adult Support Groups:** This project used to implement outreach and engagement activities and support groups 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. Over the years this project has migrated to more of a one-on-one engagement project to support individuals in need, with occasional cultural and strength building group activities.

**PEI Goals:** The goal of this project is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

In FY19, 24 individuals received supports through one-on-one engagement sessions. Eleven referrals were provided, 1 to Physical Health services, 3 for Legal services, 1 for Tax Preparation, and 6 to other unspecified supports.

**Children/Youth Support Groups:** Young children and high school youth experiencing trauma are unlikely to seek services at traditional mental health clinics. Schools are an essential vehicle of treatment for trauma exposed individuals and their families. By aiming psycho-educational interventions for elementary age children and high school youth, it is possible to introduce youth and their families to information about trauma, coping mechanisms, and to combat the isolation that trauma brings.

The purpose of the groups is to reduce at-risk behaviors, reduce a sense of alienation, and increase a sense of belonging among group members. Various psycho-educational techniques are used to achieve these goals, such as improving communication skills, using role modeling and feedback, increasing empathy by encouraging self-disclosure and emotional engagement in the group, and developing trust via positive interactions in the group. The support group program: provides information about the effects of trauma, and helpful coping strategies; serves a preventive function by offering interventions that will keep at-risk individuals and families from developing serious 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.

**PEI Goals:** The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the reduction of school failure or drop out.

**Elementary School Support Groups**: Through this project, Support Groups are provided to Elementary aged students to reduce children's negative responses to trauma, correct maladaptive beliefs and attributions, and build resilience and reduce anxiety. Student participants are referred from parents, teachers or school staff. Students with experiences of community violence, physical assault, significant separations, witness to domestic or sexual violence, and lack of food, clothing, or shelter are invited to attend groups. As these experiences can lead to the child's regulatory capacity being overwhelmed, his or her daily life behaviors, school performance, attention, self-perception and emotional regulation may all be affected. Support Groups provide psycho-education, coping skills, and a safe environment in which to address and process traumatic experiences.

In FY19, 18 support groups were provided to a total of 10 participants. Each group met for 1-2 hours in duration. There were two referrals for additional mental health services. Fifty-one outreach activities were also conducted. From teacher, school staff, and parental report, outcomes for students participating in support groups were as follows: 60% took a more active role in learning; 90% received increased positive attention from peers; and 80% exhibited less anxiety in the classroom.

**Youth Support Groups:** The use of Support Groups or Group Therapy are considered to be a highly effective and preferred intervention for adolescents who tend to be more likely to accept feedback from their peers than from adults. Through this project, separate weekly therapeutic support groups are provided at Albany High School for Asian Pacific Islander, Latinx, and African American youth. Groups meet for 1-2 hours a week throughout the school year and are focused on helping participants process various traumatic events through the development of trust, close connections to each other, and creating a safe space for the expression and understanding of feelings.

In FY19, three separate support groups were held at Albany high School. Each group met weekly for 1 hour and continued until the end of the school year. Students were assigned to three groups based on racial or ethnic identity: Latinx, African-American, and Asian-American. This was done in order to help promote connection, identification and group cohesion. Students that participated in

the trauma groups at Albany High School were initially recommended by counselors, mental health coordinators, or administrators who believed that these selected students may have experienced trauma in their lives. These students were then interviewed individually to assess and determine if they wished to participate in the groups. Forty-five students were interviewed and assessed for all three groups. Of those 45 students, 32 students attended at least 1 group session, and 22 students continued in group for 6 or more sessions. The initial group meeting was set up specifically as a way to allow prospective members to experience group and to determine if they wanted to participate. After the initial group sessions, students were asked to either commit to attend group for 8 sessions or to opt out. As expected, some students who attended the initial group chose not to participate in the groups, while most students signed up for 8 initial sessions and then continued to attend groups through the remainder of the year. In aggregate, there were a total of 58 individual meetings with students and 63 group sessions. The 45 students served by this program received 422 total contacts, and there were 4 referrals for additional mental health services.

A pre-test questionnaire was administered at the 2nd group meeting, and a post-test questionnaire was administered at the last group meeting. The pre-test was completed by 25 students and the post-test was completed by 19 students. Several group members were unable to complete the post-test due to not being able to attend the final group session. Student responses on the pre-test questionnaire are outlined below:

| **QUESTIONNAIRE RESULTS N = 25** | |
|---|---|
| **QUESTIONS** | **PARTICIPANT RESPONSES** |
| Have you lost someone close to you? | Yes – 64%<br>No – 36% |
| Have you witnessed violence in your family? | Yes – 52%<br>No – 48% |
| Have you witnessed violence in your home? | Yes – 7 – 28%<br>No – 18 – 72% |
| Have you been a victim of violence or abuse? | Yes – 72%<br>No – 28% |
| If yes, have you spoken to anyone about this? | Yes – 100%<br>No – 0% |
| Do you feel that you've had the support in your life to cope effectively with the painful things you've experienced? | Rarely – 8%<br>Sometimes – 48%<br>Most of the Time – 44% |
| Do you use healthy ways to cope with stress in your life? | Never – 4%<br>Rarely – 20%<br>Sometimes – 32%<br>Most of the Time – 44% |
| Do you use drugs or alcohol to help cope with your feelings, i.e. relax, calm down, quiet your mind, reduce anger, etc.? | Never – 48%<br>Rarely – 20%<br>Sometimes – 24%<br>Most of the Time – 8% |
| Are there adults at your school who you can talk openly to about personal issues? | Yes – 76%<br>No – 24% |

Pre-test results indicated that many of the group members had experienced significant trauma in their lives. Other traumas experienced by group members that were discussed in group included institutionalized racism, unjust police practices, poverty, immigration, parental incarceration, death of a family member, parental substance abuse, mental illness of a parent, and physical/emotional abuse. Student responses on the post-test questionnaire were as follows:

| **QUESTIONNAIRE RESULTS N = 19** | |
|---|---|
| **QUESTIONS or STATEMENTS** | **PARTICIPANT RESPONSES** |
| I felt welcomed into group. | Strongly Disagree – 0%<br>Disagree – 0%<br>Neutral – 0%<br>Agree – 37%<br>Strongly Agree – 63%<br>N/A – 0% |
| I felt the group was a place I could express my feelings. | Strongly Disagree – 0%<br>Disagree – 0%<br>Neutral – 0%<br>Agree – 53%<br>Strongly Agree – 47%<br>N/A – 0% |
| I felt supported by other group members. | Strongly Disagree – 0%<br>Disagree – 0%<br>Neutral – 0%<br>Agree – 32%<br>Strongly Agree – 68%<br>N/A – 0% |
| As a direct result of participating in the group, I feel like I have more support to help me deal with challenges. | Strongly Disagree – 0%<br>Disagree – 0%<br>Neutral – 11%<br>Agree – 63%<br>Strongly Agree – 26%<br>N/A – 0% |
| As a direct result of participating in the group, I cope with stress in healthier ways. | Strongly Disagree – 0%<br>Disagree – 5%<br>Neutral – 32%<br>Agree – 32%<br>Strongly Agree – 26%<br>N/A – 5% |
| As a direct result of participating in the group, I have reduced the use of drugs and/or alcohol to cope with difficult feelings. | Strongly Disagree – 0%<br>Disagree – 5%<br>Neutral – 11%<br>Agree – 21%<br>Strongly Agree – 5%<br>N/A – 58% |
| As a direct result of participating in the group, I would consider seeking help from a mental health professional in the future for a personal problem that was really bothering me. | Strongly Disagree – 0%<br>Disagree – 5%<br>Neutral – 32%<br>Agree – 11%<br>Strongly Agree – 26%<br>N/A – 26% |

| | |
|---|---|
| Would you recommend this group to a friend? | Yes – 100%<br>No – 0% |

Post-test results suggested that all group members reported a positive experience in the support groups. All students who completed the post-test responded that they felt welcomed into the group, felt that the group was a place where they could express their feelings, and felt supported by the other group members. Additionally, all students who completed the post-test responded "Yes" to the question, "Would you recommend this group to a friend?" Group members also reported significant improvements in various metrics related to their coping skills as outlined below:

- 89% felt more supported in dealing with challenges;
- 72% indicated that they coped with stress in healthier ways;
- 63% reported a reduction in their use of drugs and alcohol to cope with difficult feelings;
- 71% expressed willingness to seek help from a mental health professional in the future.

The sole adverse finding from the post-test results was related to school truancy. Among the 19 students who participated in support group sessions, school truancy increased by 90% between the FY18 academic year (31 unexcused absences) to the FY19 academic year (59 unexcused absences). According to the AUSD program report, several factors may account for this surprising finding. First, the groups were disproportionally comprised of seniors (16 of the 19 students), many of whom spoke repeatedly in group about their "senioritis" and corresponding lack of motivation to attend school. Additionally, a small number of students (4) accounted for 31 of the 59 unexcused absences for the current school year. The truancy of these 4 students – which resulted from a complicated series of factors (e.g., adverse changes in one student's home environment; a bout of clinical depression for another student) – likely skewed the overall data. If the attendance numbers of these 4 students were removed from the analyses, the difference in school truancy between the FY18 academic year (20 unexcused absences) and the FY19 academic year (28 unexcused absences) would be much less pronounced.

Among all services conducted for children, youth and Adults through the Albany Trauma Project, a total of 79 individuals were served. Demographics on individuals served were as follows:

| **PARTICIPANT DEMOGRAPHICS N=79** | |
|---|---|
| **Age Group** | |
| 0-15 | 13% |
| 16-25 | 58% |
| 26-59 | 20% |
| 60+ | 9% |
| **Race** | |
| Asian | 20% |
| Black or African American | 15% |

| | |
|---|---|
| Native Hawaiian or other Pacific Islander | 1% |
| White | 32% |
| Other | 24% |
| More than one race | 8% |
| **Ethnicity: Hispanic or Latino** | |
| Central American | 6% |
| Mexican/Mexican-American/Chicano | 44% |
| South American | 3% |
| **Ethnicity: Non-Hispanic or Non-Latino** | |
| African | 14% |
| Asian Indian/South Asian | 5% |
| Chinese | 4% |
| European | 1% |
| Filipino | 6% |
| Japanese | 1% |
| More than one ethnicity | 8% |
| Other | 3% |
| Declined to Answer (or Unknown) | 5% |
| **Primary Language Used** | |
| English | 72% |
| Spanish | 28% |
| **Sexual Orientation** | |
| Gay or Lesbian | 3% |
| Heterosexual or Straight | 57% |
| Bisexual | 3% |
| Declined to Answer (or Unknown) | 37% |
| **Disability** | |
| Difficulty Seeing | 1% |
| Mental (not mental health) | 1% |
| Physical/Mobility Disability | 1% |
| No Disability | 42% |

| Veterans Status | |
|---|---|
| No | 100% |
| **Gender: Assigned sex at birth** | |
| Male | 61% |
| Female | 39% |
| **Current Gender Identity** | |
| Male | 61% |
| Female | 39% |

Beginning in FY21, Albany services will be funded through Alameda County MHSA Funds.

**Transition Age Youth Trauma Support Project**

Implemented through the Covenant House, Youth Engagement Advocacy Housing (YEAH!) program, this project provides supportive services for Transition Age Youth (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 to 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.

**PEI Goals:** The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

In FY19, 142 TAY participated in one or more program services. A total of 141 TAY participated in support groups over the year. Support Group sessions included: Harm Reduction and Substance Use; Mindfulness; Coping Skills; Creative Expression, among others. Twelve Youth Social Outings included 48 TAY participants, and 123 TAY, participated in 21 Youth Celebratory Events. Demographics on youth served were as follows:

| CLIENT DEMOGRAPHICS N = 142 | |
|---|---|
| **Age Group** | |
| 16-25 (Transition Age Youth) | 100% |
| **Race** | |
| Asian | 1% |

| | |
|---|---|
| Black or African American | 46% |
| Native Hawaiian or Other Pacific Islander | 1% |
| White | 33% |
| Other | 4% |
| More than one Race | 13% |
| Decline to State (or Unknown) | 2% |
| **Latino Ethnicity** | |
| Central American | 16% |
| Mexican/Mexican-American | 74% |
| South American | 10% |
| **Ethnicity: Non-Hispanic or Non-Latino** | |
| African | 34% |
| Asian Indian/South Asian | 1% |
| Eastern European | 6% |
| European | 14% |
| Filipino | 2% |
| More than one Ethnicity | 14% |
| Other | 1% |
| Declined to Answer (or Unknown) | 28% |
| **Primary Language Used** | |
| English | 91% |
| Spanish | 8% |
| Other | 1% |
| **Sexual Orientation** | |
| Gay or Lesbian | 14% |
| Heterosexual or Straight | 48% |
| Bisexual | 8% |
| Questioning or Unsure | 4% |
| Queer | 1% |
| Decline to State | 25% |

| Disability | |
|---|---|
| Difficulty Hearing or Having Speech Understood | 1% |
| Mental (not mental health) | 33% |
| Physical/Mobility Disability | 5% |
| Chronic Health Condition | 5% |
| Other Disability | 44% |
| No Disability | 11% |
| Decline to State | 1% |
| **Veteran Status** | |
| No | 100% |
| **Gender: Assigned sex at birth** | |
| Male | 58% |
| Female | 42% |
| **Current Gender Identity** | |
| Male | 50% |
| Female | 36% |
| Transgender | 9% |
| Genderqueer | 1% |
| Other | 4% |

During the reporting timeframe 246 outreach activities were conducted, with 4,930 duplicated contacts. There were 405 referrals for additional services and supports. The number and type of referrals was as follows: 68 Mental Health; 71 Physical Health; 116 Social Services; 49 Housing; 101 other unspecified services. A total of 23% of program participants received individual counseling through this program; 20% exited the program into stable housing; and 24% obtained employment or entered school during the program. Per participant feedback, 83% reported being satisfied with program services.

### 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 a 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.

PEI Goals: The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

In FY19, 52 Living Well workshops were conducted. 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. In all 118 Senior Citizens participated in the Living Well Workshops. Demographics of Workshop participants are outlined below:

| **PARTICIPANT DEMOGRAPHICS N=118** | |
|---|---|
| **Age Groups** | |
| 26-59 (Adult) | 4% |
| Age 60+ (Older Adult) | 94% |
| Decline to state | 2% |
| **Race** | |
| Asian | 6% |
| Black or African American | 46% |
| Native Hawaiian or Other Pacific Islander | 1% |
| White | 35% |
| Other | 3% |
| Declined to Answer (or Unknown) | 9% |
| **Ethnicity: Hispanic or Latino** | |
| Caribbean | 2% |
| Central American | 2% |
| Mexican/Mexican-American/Chicano | 7% |
| Declined to Answer (or Unknown) | 89% |

| Ethnicity: Non-Hispanic or Non-Latino | |
|---|---|
| African | 20% |
| Chinese | 3% |
| European | 8% |
| Filipino | 3% |
| Japanese | 1% |
| Other | 3% |
| Declined to Answer (or Unknown) | 62% |
| **Primary Language Used** | |
| English | 90% |
| Spanish | 2% |
| Other | 1% |
| Declined to Answer (or Unknown) | 7% |
| English | 90% |
| **Sexual Orientation** | |
| Gay or Lesbian | 3% |
| Heterosexual or Straight | 75% |
| Other | 1% |
| Declined to Answer (or Unknown) | 21% |
| Gay or Lesbian | 3% |
| **Disability** | |
| Difficulty seeing | 5% |
| Difficulty hearing or Having Speech Understood | 10% |
| Mental (not mental health) | 5% |
| Physical/mobility disability | 12% |
| Chronic health condition | 15% |
| No Disability | 11% |
| Declined to Answer (or Unknown) | 42% |
| **Veteran Status** | |
| Yes | 3% |
| No | 94% |
| Declined to Answer (or Unknown) | 3% |

| Gender: Assigned sex at birth | |
|---|---|
| Male | 20% |
| Female | 77% |
| Declined to Answer (or Unknown) | 3% |
| **Current Gender Identity** | |
| Male | 20% |
| Female | 76% |
| Transgender | 1% |
| Declined to Answer (or Unknown) | 4% |

During the reporting timeframe 16 outreach and informational events were conducted reaching 317 individuals, with 249 individuals receiving further engagement services. There were 640 referrals for additional services and supports. The number and type of referrals was as follows: 121 Mental Health; 137 Physical Health; 109 Social Services; 101 Housing; 172 other unspecified services. A total of 39% of program participants completed a Living Well Workshop Series. The workshop series received very positive feedback per participant self-report. Program participants reported 100% on all of the measures outlined below: feeling satisfied with the workshops; improvement in feeling satisfied in general; increased feeling of social supports; preparedness to make positive changes; and feeling less overwhelmed and helpless. Some of the participant statements were as follows:

- "I've gained a sense of trust and belonging during the workshops".
- "I want to be with people who do things, I want to go places".
- "I used to not say nothing, stay to myself, but I'm not that person anymore…I am not afraid."

**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 through community presentations and "Mobile Tenting"; one-on-one supportive engagement services; screening and assessment; psycho-education; family education; support groups such as "Kitchen Table Talk groups (non-stigmatizing, culturally responsive, peer centered groups) and "Just Like Sunday Dinners" ( a space for African Americans from all generations to come together to gain supports from one another); 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 and Just Like Sunday Dinner groups. This project serves approximately 50-130 individuals a year.
PEI Goals: The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence including the prevention of suicide.

In FY19, 29 individuals were served through this project. Demographics on individuals served were as follows:

| PARTICIPANT DEMOGRAPHICS N=29 | |
|---|---|
| **Age Groups** | |
| 0-15 (Children/Youth) | 3% |
| 16-25 (Transition Age Youth) | 17% |
| 26-59 (Adult) | 69% |
| Ages 60+ (Older Adult) | 11% |
| **Race** | |
| American Indian or Alaska Native | 3% |
| Black or African American | 38% |
| White | 7% |
| Other | 14% |
| More than one Race | 28% |
| Declined to Answer (or Unknown) | 10% |
| **Ethnicity: Hispanic or Latino** | |
| Carribean | 4% |
| Mexican/Mexican-American/Chicano | 7% |
| Other | 3% |
| Declined to Answer (or Unknown) | 3% |
| **Ethnicity: Non-Hispanic or Non-Latino** | |
| African | 3% |
| Asian Indian/South Asian | 7% |
| More than one Ethnicity | 10% |
| Other | 10% |
| Declined to Answer (or Unknown) | 52% |
| **Primary Language Used** | |
| English | 86% |
| Spanish | 10% |
| Other | 4% |

| Sexual Orientation | |
|---|---|
| Heterosexual or Straight | 62% |
| Queer | 3% |
| Other | 10% |
| Declined to Answer (or Unknown) | 25% |
| **Disability** | |
| Chronic Heart Condition | 7% |
| Other Disability | 3% |
| No Disability | 62% |
| Declined to Answer (or Unknown) | 28% |
| **Veteran Status** | |
| No | 55% |
| Declined to Answer (or Unknown) | 45% |
| **Gender: Assigned sex at birth** | |
| Male | 28% |
| Female | 62% |
| Declined to Answer (or Unknown) | 10% |
| **Current Gender Identity** | |
| Male | 28% |
| Female | 62% |
| Genderqueer | 3% |
| Declined to Answer (or Unknown) | 7% |

During the reporting timeframe 8 outreach presentations were conducted reaching 58 individuals, 29 of whom received supportive engagement services. Five facilitators were also trained. Primary services included psycho-education and promotion of mental health through one-on-one and telephone engagement, networking supports, and referrals. One Just Like Sunday Dinner group was held for 15 participants. There were 25 referrals for additional services and supports. The number and type of referrals were as follows: 6 Mental Health; 1 Physical Health; 2 Social Services; 2 Housing; 14 other unspecified services. Lower numbers this year were due to a variety of staffing, and unforeseen programmatic constraints.

On a Satisfaction Survey that was conducted, program participants reported 100% on all of the following measures: Felt respected; would return if they or their family member needed help; experienced increased awareness of community services and supports; and improved their skills in coping with challenges. MHSA funded services will not be continuing with GOALS in FY21, as

the program will no longer be in operation. An RFP process will be executed in FY21 for these services.

**Trauma Support Project for LGBTQIA+ 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 LGBTQIA+ 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 LGBTQIA+ community. Approximately 12-15 weekly or bi-weekly support groups are held throughout the year targeting various populations and needs within the LBGTQIA+ community. Support groups are led 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. Approximately 250 individuals a year are served through this project.

**PEI Goals:** The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

In FY19, 40 outreach activities reached approximately 1,572 duplicated individuals. Outreach was provided at various locations including Street Fairs, Community Agencies, and area events. Through 15 Peer Support groups, 446 weekly or bi-weekly sessions were conducted which were all led by a trained facilitator. Peer Support Groups were as follows: Female to Male; Women Coming Out of Straight Marriage; Married/Once Married Gay/Bisexual Men's Group; Queer Femmes; Transgender Support Group; Lesbian & Queer Women of Color; Partners of Trans and Gender Non-Conforming Folk; Middle Eastern Femmes; Senior Gay Men's Group; Bi-sexual Women; Primetime Men (40's-50's); LezBold (old lesbians); Wicked Transcendent Folk; R.E.A.L. Queer (TAY), and QPAD – for Queer Men in their 20's and 30's. A total of 168 individuals participated in support groups throughout the year. Demographics on individuals served include the following:

| **PARTICIPANT DEMOGRAPHICS N=168** | |
|---|---|
| **Age Groups** | |
| 16-25 (Transition Age Youth) | 32% |
| 26-59 (Adult) | 54% |
| Ages 60+ (Older Adult) | 13% |
| Declined to Answer (or Unknown) | 1% |

| Race | |
|---|---|
| American Indian or Alaska Native | 2% |
| Asian | 8% |
| Black or African American | 4% |
| Native Hawaiian or Other Pacific Islander | 63% |
| White | 1% |
| More than one race | 16% |
| American Indian or Alaska Native | 2% |
| Asian | 8% |
| Black or African American | 4% |
| Native Hawaiian or Other Pacific Islander | 63% |
| Declined to Answer (or Unknown) | 6% |
| **Ethnicity: Hispanic or Latino** | |
| Caribbean | 8% |
| Central American | 21% |
| Mexican/Mexican-American/Chicano | 38% |
| Puerto Rican | 13% |
| South American | 8% |
| Other | 8% |
| Declined to Answer (or Unknown) | 4% |
| Caribbean | 8% |
| Central American | 21% |
| **Ethnicity: Non-Hispanic or Non-Latino** | |
| African | 4% |
| Asian Indian/South Asian | 3% |
| Chinese | 3% |
| Eastern European | 10% |
| European | 26% |
| Filipino | 3% |
| Japanese | 1% |
| Korean | 1% |
| Middle Eastern | 4% |
| Vietnamese | 1% |
| African | 4% |
| Asian Indian/South Asian | 3% |
| More than one Ethnicity | 12% |
| Other | 4% |

| | |
|---|---|
| Declined to Answer (or Unknown) | 28% |
| **Primary Language Used** | |
| English | 96% |
| Spanish | 1% |
| Mandarin | 1% |
| Other | 1% |
| Declined to Answer (or Unknown) | 1% |
| **Sexual Orientation** | |
| Gay or Lesbian | 24% |
| Heterosexual or Straight | 4% |
| Bisexual | 20% |
| Questioning or Unsure | 5% |
| Queer | 27% |
| Other | 15% |
| Declined to Answer (or Unknown) | 5% |
| **Disability** | |
| Difficulty Hearing or Having Speech Understood | 2% |
| Mental (not Mental Health) | 6% |
| Physical/Mobility Disability | 3% |
| Chronic Health Condition | 6% |
| Other Disability | 2% |
| No Disability | 80% |
| Declined to Answer (or Unknown) | 1% |
| **Veteran Status** | |
| Yes | 5% |
| No | 91% |
| Declined to Answer (or Unknown) | 4% |
| **Gender: Assigned sex at birth** | |
| Male | 24% |
| Female | 36% |
| Declined to Answer (or Unknown) | 40% |
| **Current Gender Identity** | |
| Male | 18% |
| Female | 32% |
| Transgender | 9% |
| Genderqueer | 11% |
| Questioning or Unsure | 8% |
| Other | 18% |

| | |
|---|---|
| Declined to Answer (or Unknown) | 4% |

During the reporting timeframe 16 new Peer Facilitators were trained, 98% of whom went on to facilitate peer group sessions. The offering of Skills Building Workshops was expanded to include trainings on: Nonviolent Communication; Crisis Intervention; and Implicit Bias as it Relates to Race and workshops were provided to 51 Peer Facilitator participants. There were 221 referrals for additional services and supports. The number and type of referrals was as follows: 50 Mental Health; 17 Physical Health; 13 Social Services; 4 Housing; 137 other unspecified services. To assess the project services, a self-administered Peer Support Group Survey was distributed to all peer group members. A total of 123 Peer Support Group members (or 72%) completed the survey. Survey results were as follows:

- 100% indicated they would recommend the organization to a friend or family member;
- 94% felt like staff and facilitators were sensitive to their cultural background;
- 81% reported they deal more effectively with daily problems;
- 84% indicated they have trusted people they can turn to for help;
- 87% felt like they belong in their community.

A vast majority of individuals who completed the survey reported having improved social connections and community-building, and a deep gratitude for a safe environment to freely express and explore their authentic self.

**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 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 10-20 individuals a year.

**PEI Goals:** To reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families. To create changes in attitude, knowledge and/or behaviors related to seeking mental health services or related to mental illness.

In FY19, the “Telling Your Story” group met 24 times with 20 unduplicated persons attending for a total of 144 visits. Groups averaged 6 attendees.

Due to a vacancy in the Consumer Liaison position until February 2019, demographic data for this program during the reporting timeframe.

**Homeless Outreach and Treatment Team (HOTT)**

The Homeless Outreach and Treatment Team (HOTT) program was established out of an effort to address the homeless crisis, and as a result of input received through various MHSA

community program planning processes. Utilizing a portion of PEI and CSS funds, blended with realignment and general funds HOTT is a pilot program to support homeless mentally ill individuals in Berkeley and to connect them into the web of services that currently exist within the system of care. Key program components include the following: Persistent and Consistent Outreach; Supportive Case Management; Linkage to Care; and Treatment.

**PEI Goals:** The goal of this program is to connect individuals who have severe mental illnesses as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to, care provided by county mental health programs.

A local consultant, Resource Development Associates (RDA), was hired to conduct a dedicated independent evaluation to assess the program accomplishments and to ascertain whether HOTT should continue past the initial funding period. The initial report on FY18 showed many positive findings including the following:

- HOTT is serving as an important resource for the local community and homeless service continuum;
- The program had been very effective in persistent and consistent outreach, especially for chronically homeless individuals with a history of refusing services;
- HOTT meets people where they are, in parks, encampments, motels;
- The program had successfully connected homeless individuals to critical resources and service linkages.

In FY19, 147 individuals were served through this program. Demographics on individuals that received services through this pilot project were as follows:

| **PARTICIPANT DEMOGRAPHICS N= 147** | |
|---|---|
| **Age Groups** | |
| 16-25 (Transition Age Youth) | 4% |
| 26-59 (Adult) | 41% |
| Ages 60+ (Older Adult) | 14% |
| Declined to Answer (or Unknown) | 41% |
| **Race** | |
| Asian | 3% |
| Black or African American | 42% |
| White | 40% |
| Other | 15% |
| **Ethnicity: Hispanic or Latino** | |
| Mexican/Mexican-American/Chicano | 7% |
| **Ethnicity: Non-Hispanic or Non-Latino** | |
| Non-Hispanic or Non-Latino | 8% |

| Primary Language Used | |
|---|---|
| Declined to Answer (or Unknown) | 100% |
| **Sexual Orientation** | |
| Declined to Answer (or Unknown) | 100% |
| **Disability** | |
| Declined to Answer (or Unknown) | 100% |
| **Veteran Status** | |
| Declined to Answer (or Unknown) | 100% |
| **Gender: Assigned sex at birth** | |
| Declined to Answer (or Unknown) | 100% |
| **Current Gender Identity** | |
| Male | 57% |
| Female | 42% |
| Declined to Answer (or Unknown) | 1% |

Due to the nature of the many brief interactions attempting to engage with clients, as well as trying to not put up barriers to bringing clients into services, some data wasn't able to be collected in order to best support effective service provision.

The RDA Homeless Outreach and Treatment Team Final Evaluation Report which covered the timeframe from January 2018 – February 2020, showed the following outcomes:

- A total of 4,435 total encounters were conducted with individuals who were either enrolled or non-enrolled in the program, averaging 171 encounters per month;
- The number of contacts provided in-person in the field was 73%, while 26% were provided by phone;
- A total of 81% of HOTT encounters were with clients who were enrolled in the program;
- Enrolled clients had an average of 20 total encounters with HOTT staff, with an average of 4 encounters per month;
- During encounters, HOTT staff provided at least 1,845 material supports and services (including food, transportation or BART or bus passes, Hygiene Kits, Emergency Housing Vouchers, Blankets, etc.); to respond to clients' immediate and longer-term needs;
- During 488 encounters, HOTT provided emergency or temporary housing vouchers (e.g., for a motel) to individuals who required immediate shelter;
- Approximately three-quarters of enrolled clients (75%) and over a third of non-enrolled individuals (38%) were referred or connected to housing support services;
- In addition to connecting individuals to housing services, HOTT also connected individuals to other supportive services to help reduce or address initial barriers to obtaining housing;

- Approximately 27% of HOTT clients and 6% of non-enrolled individuals successfully enrolled in social service benefits. In comparison, only 9% of HOTT clients and 1% of non-enrolled clients ultimately enrolled in mental health services;
- Over 58% of all HOTT clients, and 9% of non-enrolled individuals obtained emergency or temporary housing (e.g., motel or shelter) at some point during their engagement with HOTT. In comparison, 12% of HOTT clients and 1% of non-enrolled individuals obtained permanent housing;
- To assess changes in self-sufficiency, HOTT staff completed a Client Self-Sufficiency Matrix (SSM) on enrolled clients at program intake, on a quarterly basis after program enrollment, and/or at program discharge. Overall, HOTT clients' SSM scores remained relatively unchanged from baseline to follow-up.

During interviews that were conducted with several HOTT existing and previous clients regarding their experience with the program, interviewees reported the following:

- "They help people, not just me. I introduce people on the street to them, and I say you can talk to the HOTT team and they will help you."
- "I really didn't expect anything, but when I called the City, they said someone [from HOTT] would meet me right then. They got me a hotel room that day. I wasn't expecting the City to help."
- "They were so helpful. I felt like if I didn't get the hotel room, they would have let me stay at their personal house."

In addition to these interviews, RDA conducted focus groups with HOTT clients during a previous year of the evaluation, and developed brief client impact stories based on clients' experiences. In one of the impact stories, client self-report was as follows:

"I would still be on the streets and probably dead if it wasn't for HOTT. I could have died and no one would have cared. Doctors told me I had months to live and I gave up on living. I gave up on everything for help. No one cared but the HOTT team did care. I'm the type of person that never asks for help, and here they were offering to help and they never gave up on me. I lived on the same spot for six years and never got medical care. They checked up on me and came back multiple times, even though I was turning them away in the beginning. I figured HOTT team was just like the other programs where they would just disappear after the first meeting. But I know the HOTT team is there. And everything the HOTT team said they would do came true. Now I am in hospice care getting the care that I need. I don't know how much longer I have to live, but it's a hell of a lot longer than a couple months which is what the doctors said. This gives me the opportunity to live my life with dignity. The HOTT team provided me with the positive energy just like hospice care that is so needed for people like me."

In FY21, HOTT will continue to be in operation until the Homeless FSP is fully implemented.

### California Mental Health Services Authority (CalMHSA) PEI Statewide Projects

In 2009, California's counties formed the California Mental Health Services Authority (CalMHSA) as a Joint Powers Authority to implement PEI statewide program initiatives. With an approved combined funding level of $40 million per year for four years during the timeframe of 2011 through 2015, CalMHSA implemented statewide initiatives in the following areas: Suicide

Prevention, Stigma and Discrimination Reduction, and Student Mental Health. Following 2015, funding for PEI Statewide projects was generated through pooled contributions from individual counties. Contributing counties are members of a CalMHSA board that provides direction into the types of initiatives that are implemented. In order to continue to sustain programming, CalMHSA previously asked counties to allocate 4% of their annual local PEI allocation each year from FY2018 – FY2020 to these statewide initiatives. In the City of Berkeley, this has varied from year to year to between $42,000 - $55,000 depending on the amount of PEI revenue received. Through the previously approved Three Year Plan the City of Berkeley allocated PEI funds for one year towards this statewide initiative, and for the remaining two years, elected to assess on an annual basis whether or not to continue to allocate funds to this initiative.

In FY19, through this initiative resources on Suicide Prevention, Student Mental Health and Stigma and Discrimination reached an excess amount of 1,546 individuals. Additionally, an excess of 1,315 pamphlets and resources on Suicide Prevention, Student Mental Health and Stigma and Discrimination were distributed in local schools and the community. BMH also participated in the CalMHSA "Each Mind Matters" campaign and distributed materials and giveaways at the local "May is Mental Health Month" event.

## INNOVATIONS (INN)

The City of Berkeley's initial INN Plan was approved in February 2012. Subsequent updates to the initial plan were approved in May 2013, January 2014, June 2014 and January 2015. Per the initial INN Plan and/or through Plan Updates the following seven pilot projects were implemented from June 2012 – June 2015 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.

Since the initial plan was approved, INN requirements were changed to require approvals from the State Mental Health Services Oversight and Accountability Commission (MHSOAC) in addition to local approval.

In May 2016, the second MHSA INN Plan was approved by the MHSOAC. This plan implemented a Trauma Informed Care project in BUSD for students, educators, and school staff. An update to this plan was subsequently approved by the MHSOAC in December 2018 which added funds to the project and switched the initial target population from BUSD students and staff to children, teachers and parents YMCA Head Start sites in Berkeley. In September

2018, BMH also received approval from the MHSOAC for a third INN project that would allocate funds to join the Technology Suite Multi-County Collaborative.

**INN Reporting Requirements**

Per MHSA INN regulations, all INN funded programs have to collect additional state identified outcome measures and detailed demographic information. Beginning in FY19, INN Evaluations were required to be included in each MHSA Annual Update or Three Year Plan. See Appendix B for the Fiscal Year 2019 Innovations Annual Evaluation Report.

A description of the currently funded INN programs and project updates are outlined below:

**Early Childhood Trauma Resiliency (ECTR) - Trauma Informed Care Project**

In May 2016, the City of Berkeley received approval from the MHSOAC to implement a Trauma Informed Care (TIC) for Educators project into several BUSD schools to assess whether educators who are trained to become aware of their own trauma and trauma triggers (and how to address them), are better equipped to recognize and make appropriate decisions on how to help students who are exhibiting trauma symptoms, and assist them in accessing the mental health services and supports they may need.

The project was implemented through the 20/20 Vision Program which is operated out of the City of Berkeley, City Manager's Office. After a year of the TIC Project being executed, there were two vacancies in the 20/20 Vision Program which impacted the ability to continue the implementation of the TIC Project. The project was only able to be implemented for one year in FY17 and during that timeframe an evaluation was conducted by Hatchuel Tabernik & Associates on the project outcomes. The report is part of the larger "City of Berkeley Mental Health Services Act (MHSA) Fiscal Year 2017 Innovations Evaluation Report" referenced above.

In FY18, due to staffing vacancies the TIC project was not able to be implemented. When staffing vacancies were filled in mid FY18, meetings were held with several BUSD principals who indicated that although their schools received a lot of positive benefits out of the TIC project, additional training requirements within the school system had been added for teachers and administrators that needed to be fulfilled over the next couple of years. As a result, the TIC Project would not be able to be prioritized within the school system at that time. In light of the changes in the school system, staff conducted outreach and found that area YMCA Head Start Centers were interested in executing the same TIC Project for their early childhood educators and staff, to impact the children and families who are served at the centers. As such, proposed changes to the population and funding amount of the original TIC Plan were vetted through community program planning, and an update to the TIC Plan underwent a 30 Day Public Review and Public Hearing process. The TIC Plan Update was approved through City Council in October 2018 and by the MHSOAC in December 2018. The modified project implements TIC Training for Educators and interested parents in four local Head Start sites.

The new TIC modified project, "Early Childhood Trauma and Resiliency" (ECTR) began in January 2019 at four YMCA Head Start sites located in Berkeley: Ocean View. South YMCA, Vera Casey, and West YMCA. The project provides training and supports to enable Head Start staff to recognize trauma and its effects on themselves and the children and families they serve, and to integrate trauma and resiliency informed approaches into their work. The project provides training, coaching and peer support to staff and parents who have children enrolled in Head Start and advances Berkeley's 2020 Vision priority, that all Berkeley children enter kindergarten ready to learn.

The learning objectives of this project are:

- To create a change in the way Head Start educators and staff view and handle challenging student and parent behaviors (which often mask trauma);
- To create an increase in access to mental health services and supports for children/families in need;
- To promote better mental health outcomes by increasing child/family referrals to “appropriate’ mental health services.

In FY19, the project utilized a lead trainer, Julie Kurtz, MS, LMFT, to conduct trauma training, coaching and guidance to the ECTR project. Two trainings, one for all Head Start staff and one for the Head Start Leadership Team, were conducted. A “Resiliency Champion” component of the project was created to establish and maintain a trauma-informed care environment at Head Start Sites. Resiliency Champions are program staff and family advocates that serve as internal leaders and future trainers of the trauma informed curriculum to new staff. Fifteen Resiliency Champions were recruited, selected, and provided training, and twelve were still active by the end of the reporting timeframe. The Resiliency Champion role requires a significant commitment (30+ hours, excluding reading and homework assignments) and involves emotional work, both internally and with others. Anticipating that some turnover would occur, Dr. Anita Smith, Head Start’s ECTR Project Coordinator, recruited a higher number of Champions than were necessary. Dr. Smith reports that the remaining Resiliency Champions are highly committed and engaged in the project. A total of 197 children were impacted by the ECTR project.

Per a report received from the City of Berkeley 2020 Vision Program Manager, who oversees this project, the most notable change that occurred since the start of this project is that in the summer 2019, Pamm Shaw, Vice President of Early Childhood Impact with the YMCA of the East Bay, officially retired. Following approval from the Mental Health Oversight and Accountability Commission (MHSOAC) of this MHSA TIC Modified Project, Ms. Shaw co-developed it with Berkeley’s 2020 Vision. Her expertise and passion are critical to the formation and successful early implementation of this project. Fortunately, in FY20 Ms. Shaw was able to continue on as a consultant on the ECTR project.

Challenges reported included the general sensitivity of trauma-related topics. Many of the Head Start staff are former parents from the program. They and many non-alumni staff members have often experienced their own trauma. In order to equip them to work effectively on the trauma experienced by their students and students’ families, they have to recognize their own trauma and how they might be triggered by others. This is hard, deep work. It is also important to make sure that staff trauma does not over-shadow student trauma.

A final challenge involved defining “appropriate” and “successful” mental health referrals. The Berkeley 2020 Vision Program Manger worked closely with Dr. Smith and Hatchuel, Tabernik & Associates (HTA), an Independent Contractor on this project, to identify a means for assessing whether students and their families are being referred to the most suitable providers based on each family’s specific needs (including provider specialty and expertise, cultural appropriateness, hours, location, etc.). Additional issues were around how to measure whether a mental health referral is successful, examining factors such as family follow through, sessions provided, family feedback, provider assessment, etc.

An evaluation was conducted by HTA), on the FY19 project outcomes. Below are demographics of individuals impacted by this program and outcomes. The full evaluation is attached to this report.

| PARTICIPANT DEMOGRAPHICS N=197 | |
|---|---|
| **Age Groups** | |
| 0-15 (Children) | 100% |
| **Race** | |
| American Indian or Alaska Native | 2% |
| Asian | 5% |
| Black or African American | 42% |
| White | 11% |
| Other | 27% |
| More than one Race | 12% |
| Declined to Answer (or Unknown) | 1% |
| **Ethnicity: Hispanic or Latino** | |
| Caribbean | 1% |
| Central American | 1% |
| Mexican/Mexican-American/Chicano | 30% |
| Puerto Rican | 1% |
| South American | 1% |
| Other | 1% |
| More than one ethnicity | 4% |
| Declined to Answer (or Unknown) | 3% |
| **Ethnicity: Non-Hispanic or Non-Latino** | |
| African | 61% |
| Asian Indian/south Asian | 2% |
| Cambodian | 1% |
| Chinese | 1% |
| European | 1% |
| Filipino | 1% |
| Korean | 4% |
| Middle Eastern | 8% |
| Other | 5% |
| More than one ethnicity | 4% |
| Declined to Answer (or Unknown) | 8% |

| Gender | |
|---|---|
| Female | 49% |
| Male | 51% |
| **Primary Language** | |
| English | 66% |
| Spanish | 21% |
| Urdu | 3% |
| Arabic | 2% |
| French | 2% |
| American Sign Language | 1% |
| Berber | 1% |
| Mongolian | 1% |
| Punjabi | 1% |
| Tigrina | 1% |
| Chinese | 1% |
| Laotian | 1% |
| Russian | 1% |
| **Disability** | |
| Communication: other, speech/language impairment | 20% |
| Mental domain | 2% |
| Physical/mobility domain | 2% |
| Chronic health condition | 6% |
| Other | 6% |

From evaluation forms on the Staff Training some of the feedback was as follows:

- "I feel this is the best training that I have ever had in my life. It has helped me see a lot of things about myself."
- "We love it! I want more training about TRAUMA."

Participants also reported their appreciation on learning about the impact of trauma on the brain, gaining tools to bring back to their classrooms and beginning to understand how to look at children and their families through a trauma-informed lens.

**Help@Hand - Technology Suite Project**

In September 2018, following a four-month community planning process and approval from City Council, the City of Berkeley Technology Suite Project was approved by the MHSOAC. This project allocates a total of $462,916 to join a Statewide Collaborative with other California counties

to pilot a Mental Health Technology Project that will make various technology-based mental health services and supports available locally in Berkeley. The proposed INN project will seek to learn whether the Technology Suite Project will increase access to mental health services and supports; and whether it will increase the quality of mental health services, including leading to better outcomes.

Since plan approval the City of Berkeley has been working both internally and with the State collaborative on various aspects of this project to prepare for citywide implementation. In keeping with changes made via the Technology Suite multi-county collaborative, the new name of this project has been changed to "Help@Hand". As a result of competitive recruitment processes that were conducted in FY20, two consultants were hired for the Project Coordination and Evaluation work on this project. Resource Development Associates (RDA) is conducting the Project Coordination work, and Hatchuel, Tabernik and Associates (HTA) will be conducting the Project Evaluation. Pre-work for the implementation of this project is currently underway. It is envisioned that the technology suite apps will be locally available in FY21 in Berkeley.

**New INN Projects**

In FY21, BMH will begin the community planning process for the next round of INN funded Projects. In the approved FY19 Annual Update the funding amount allocated for this next round of MHSA INN Projects was $400,000, an additional $300,000 will be added to that amount for a total amount of $700,000 to be utilized on a new INN project (or projects) over the next several years.

In order to obtain a new INN project(s), a community program planning process will be conducted in FY21, by Resource Development Associates (RDA), who was chosen through a competitive recruitment process. Based on community input received during the community program planning for this Three Year Plan and through previous MHSA planning processes, around the need for more services and supports for homeless individuals who have mental health needs, the project will pilot test a yet to be determined innovative strategy for the homeless population.

## WORKFORCE, EDUCATION & TRAINING (WET)

The City of Berkeley WET Plan was approved in July 2010. 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.

WET programs were funded for an initial period through FY18 and FY19, and per the local MHSA AB114 Reversion Expenditure Plan one WET program was extended through FY20.

**Greater Bay Area Workforce, Education & Training Regional Partnership**

The Office of Statewide Health Planning and Development (OSHPD) is allocating $40 million in Workforce, Education and Training funds for Regional Partnerships across the state for mental health workforce strategies that will be implemented in FY20-FY25. Each Regional Partnership will be able to decide which strategies they want to allocate funds for to benefit the local area. Strategies include:

Pipeline Development: Introduce the public mental health system to kindergarten through 12th grades, community colleges, and universities. Ensure that these programs incorporate developmentally appropriate concepts of mental health needs, self-care, and de-stigmatization and target resources at educational institutions with underrepresented communities. The Regional Partnerships would conduct pipeline activities to identify students as potential scholarship and stipend candidates.

Undergraduate College and University Scholarships: Provide scholarships to undergraduate students in exchange for service learning received in a public mental health system.

Clinical Master and Doctoral Graduate Education Stipends: This program would provide funding for post-graduate clinical master and doctoral education service performed in a local public mental health system.

Loan Repayment Program: Provide educational loan repayment assistance to public mental health system professionals that the local jurisdiction identifies as serving in hard-to-fill and hard-to-retain positions.

Retention: Increase the continued employment of public mental health system personnel identified as high priority by county behavioral health agencies, by increasing and enhancing evidence-based and community-identified practices.

The Division has participated in meetings with representatives from the other counties in the Greater Bay Area Regional Partnership. All participating counties have decided to allocate these funds for the Loan Repayment program. This program will enable funds in the amount of approximately $12,000 to $15,000 to be made available to repay a portion of student loans for a given number of staff who are in hard-to-fill positions, in exchange for a number of years served in the Public Mental Health system.

OSHPD is requesting that each Regional Partnership contribute an additional portion of local funds towards this initiative. For the Bay Area Regional Partnership, the total amount of the contribution is $2.6 million, and the proposed contribution from Berkeley is $40,127. Through this Three Year Plan, the Division is proposing to transfer CSS Funds to the WET funding component to participate in this initiative, through the following process:

*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 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."*

## Previously Funded WET Programs/Services

Descriptions of previously funded WET programs and FY19 data are outlined below:

### Peer Leadership Coordination

The Peer Leadership program trained mental health consumers to be providers of mental health services, and to provide leadership within the mental health consumer community. Per the approved WET plan, the Peer Leader Coordinator provided and coordinated training for consumers, including those from culturally and linguistically diverse communities to increase the necessary skills that would enable participants to secure consumer positions in the mental health system as they became available; and to participate on BMH committees and Boards. In this capacity, the Peer Leader Coordinator, in partnership with the Alameda County Network of Mental Health Clients' BESTNow! program, developed a Facilitation Training to train peers as co-facilitators of support and self-help groups. There is a great need for self-help and support groups in the mental health system and consumers hired as peer specialists often are required to co-facilitate groups as part of their job duties. After completing the 12-week classroom course, participants gave a small presentation about their group to the BMH staff. Participants received stipends through BESTNow! for co-facilitating and providing outreach for their group for six months. This enabled Peer led activities and groups to be offered and increased attendance at the existing Wellness Recovery Activities group.

Through this program the Peer Leader Coordinator researched local organizations in the Bay Area that could offer training and stipends for the Peer Leadership program. As staff on all BMH treatment teams identified the need for support groups for their clients, and group facilitation as an important Peer Specialist skill, a contract was developed with the Alameda County Network of Mental Health Clients BESTNOW! Program to offer Facilitation Training in Berkeley for up to 10 consumers. The training included 12 weeks of classroom instruction in support group facilitation and an internship co-facilitating a support group. Two new peer led groups were implemented during this timeframe: "Dancing Voices", which offered a variety of creative activities such as dance, poetry, and visual arts to explore identity and wellness; and "Getting on Track", which was geared towards elders and offered activities and education related to healthy living. Other attendees were able to facilitate existing BMH wellness recovery groups and activities.

Some of the challenges of this project included establishing the groups and ensuring they were well-attended. Another challenge was that participants had contrasting expectations for the training. Some expected to become employed through this project, while others were looking to enhance their own wellness and skill sets. Some participants felt that the training should have included longer term paid placement opportunities outside the one group of which a stipend was offered. This at times impacted class agendas and trainers worked to address the various

concerns. In order to avoid this type of conflict in any future program, it's important to ensure the goals and limitations of the project are clearly communicated.

Overall, this project was very successful in training participants and offering peer-led groups. The trainers witnessed significant personal development and growth among participants and a number of them gained confidence and sought out paid work. Others became increasingly comfortable in their developing facilitation skills and showed increased engagement in class. The positive changes in the participants highlighted the value of peer-led and peer-focused trainings. This program was funded through FY18.

**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. A BMH Staff Training Coordinator prepares, facilitates, presents, monitors, evaluates and documents training activities for BMH's system of care. The Training Coordinator also collaborates with staff from state, counties, local agencies and community groups in order to enhance staff development of employees in Berkeley and other areas in the region.
The Training Coordinator accomplishes these goals by:

- Providing staff training in the area of behavioral health to all stakeholders in Berkeley and other geographic locations in the region as a collaborative partner;
- Developing long and short term goals and objectives to promote staff development and competencies within our system of care;
- Developing an annual budget;
- Chairing the BMH Staff Training Committee;
- Attending continuous trainings in the areas of behavioral health services and other trainings as needed;
- Collaborating with State, Regional, County, and local groups and organizations; and
- Developing a two-year staff training work plan.

In FY19, the Training Coordinator implemented the following trainings through this component:

**Autism Training** – September 28, 2018 – (43 individuals attended the training). Attendees included staff and community partners.

**Addressing Emotional Dysregulation through Energy Medicine and Energy Psychology with Adults and Older Adults** – December 7, 2018 – (13 individuals attended the training). Attendees included staff and community partners.

**Motivational Interviewing: An Introduction Training** – January 9, 2019 and **Motivational Interviewing: An Advanced Training** – January 10, 2019 – (115 individuals attended the two day training). Attendees included staff and community partners.

**Law and Ethics for Mental Health, Behavioral Health and Health Care Providers** – February 13, 2019 – (48 individuals attended this training.) Attendees included staff and community partners.

**Anxiety in Children and Teens: How will I Recognize It and What Can I do to Help**? – March 13, 2019 – (11 individuals attended the training). Attendees included BMH staff.

**Motivational Interviewing: An Introduction Training** – April 3, 2019 and **Motivational Interviewing: An Advanced Training** – April 4, 2019 – (119 individuals attended the two day training). Attendees included staff and community partners.

**Treating Sex Offenders in the Community** – May 1, 2019 – (20 individuals attended the training). Attendees included BMH staff.

The MHSA WET component funded training services through 6/30/19. Training services continue to be funded through the CSS component.

### High School Career Pathways Program

Through this program BUSD 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 implemented in FY15. During this timeframe, BMH FYC, provided internships to two Berkeley High School students. In FY18 there was a vacancy in the school personnel who had oversight of this program, therefore there were not any student internships in that reporting timeframe and the project was not continued.

### Graduate Level Training Stipend Program

Per the original WET Plan, this program offered stipends to Psychologists, Social Workers, Marriage and Family Therapists and other counseling trainees and interns who have cultural and linguistic capabilities. Guidelines were developed and a system was 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. In FY19 this program provided stipends to all 8 counseling trainees and interns at BMH. In FY20, through the approved City of Berkeley MHSA AB114 Reversion Expenditure Plan, the remaining WET funds were expended on this program. Funding for Graduate Level Training Stipends will continue through other, non-MHSA Mental Health funds.

### Peer Leader Stipend Program

Under the direction of the Peer Leader Coordinator, this program provided 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 positions, consumers and family members were offered stipends. These opportunities helped to prepare consumers and their family members for roles within the public mental health system. BESTNow! also offered stipends to individuals who participated in the internship program in partnership with BMH through the Peer Leadership Coordination program. This program was funded through 6/30/18.

## CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

The original City of Berkeley CFTN Plan was approved by DMH in April 2011, with updates to the plan in May 2015, June 2016, January 2017. Through previously approved MHSA Plans and/or Annual Updates, BMH has allocated a total of $3,773,811 towards the renovation of the Adult Mental Health Clinic.

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. In its previous condition, use of the Adult Clinic space was 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. In FY18, renovation on the Adult Clinic was in the design and pre-construction phase. In FY19 construction on the Adult Clinic began and in FY21, it is anticipated that the reconstruction of the Adult Clinic will be complete.

**FY19 AVERAGE COST PER CLIENT***

*(Includes programs that utilized MHSA funds in FY19)

| COMMUNITY SERVICES & SUPPORTS | | | |
|---|---|---|---|
| **Program Name** | **Approx. # of Clients** | **Cost** | **Average Cost Per Client** |
| Children and Youth Intensive Support Services FSP | 34 | $453,268 | $13,331 |
| TAY, Adult & Older Adult FSP | 63 | $1,448,506 | $22,992 |
| TAY Support Services | 76 | $122,856 | $1,617 |
| System Development (includes: Wellness Recovery Services; Family Support Services; Employment/Educational Services; Housing Services and Supports; Crisis Services; HOTT, TAY Case Management Services, Albany CARES) | 419 | $1,200,091* | $2,864 |
| TAY Case Management Services* | 31 | $100,000 | *Costs included in CSS System Development |
| Albany CARES* | 118 | $50,000 | *Same as Above |
| Benefits Advocacy* | 16 | $20,000 | *Same as Above |
| **PREVENTION & EARLY INTERVENTION** | | | |
| BE A STAR | Unknown | $33,489 | Unknown |
| Supportive Schools Program | 1,065 | $55,000 | $52 |
| Albany Trauma Project | 79 | $53,040 | $671 |
| Living Well Project | 118 | $32,046 | $272 |
| Harnessing Hope Project | 29 | $32,046 | $1,105 |
| LGBTQI Trauma Project | 168 | $32,046 | $191 |
| TAY Trauma Project | 142 | $32,046 | $226 |
| High School Youth Prevention Program | 1,059 | $383,879 | $362 |
| Social Inclusion Program | 20 | $3,000 | $150 |
| Homeless Outreach and Treatment Team | 147 | $201,528 | $1,371 |
| Child And Youth at Risk Project | 54 | $20,730 | $384 |
| Mental Emotional Education Team | 1,285 | $46,839 | $36 |
| Dynamic Mindfulness | 520 | $45,000 | $87 |
| **INNOVATION** | | | |
| Trauma Informed Care Project | 197 | $41,097 | $209 |

## BUDGET NARRATIVE

As with all MHSA Plans and Annual Updates, revenue and expenditures in this Three Year Plan are estimates. Enclosed budgets reflect the total costs of each program if it was fully operable. Per the budgets, if all programs are fully in operation each year, and the revenue is as indicated, then within the Three Year timeframe, the Division will be overspending in some of the MHSA funding components. However, as with every year, there are many variables that will affect the actual budgets, as MHSA revenues may be more than estimated, and programs may not utilize all projected expenditures for various reasons including the following:

- Due to Covid-19 there is a City-wide hiring freeze in place. Any new or currently vacant positions will need to undergo a separate internal City approval process before staff can be hired;
- New internal programs often take awhile to become operable, even factoring out the time needed to hire staff;
- New contracted programs and services often take awhile to become fully operable, while RFP and contracting processes are executed.

Delays in each of these processes will enable program savings.

Given the widespread financial impacts of Covid-19 it is also possible that the City may receive less MHSA revenues than projected. If this is the case, the Division may elect to access the local MHSA Prudent Reserve to sustain crucial programs and services. Given the uncertainties around revenues and available funding, it would be more conservative to avoid any new expenditures in this Three Year Plan. However, the additions in that are being proposed in this Three Year Plan will assist some of the most vulnerable populations in Berkeley, especially during the pandemic. It is also possible, that MHSA revenues will be more than anticipated during the Three Year Timeframe, which if that is the case, would possibly cover any potential shortfall in funds. The Division will closely monitor the City of Berkeley MHSA allotments and expenditures to assess whether program changes are needed in the future. Any proposed program changes will be vetted for community input and reflected in Annual Updates during the Three Year timeframe.

# PROGRAM BUDGETS

# FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Funding Summary

County: City of Berkeley  Date: 8/12/20

| | 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 2020/21 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 7,590,361 | 1,828,732 | 1,694,385 | | 87,405 | 1,237,629 |
| 2. Estimated New FY2020/21 Funding | 4,637,431 | 1,159,358 | 305,094 | | | |
| 3. Transfer in FY2020/21[a/] | (40,157) | | | 40,157 | | |
| 4. Access Local Prudent Reserve in FY2020/21 | | | | | | |
| 5. Estimated Available Funding for FY2020/21 | 12,187,635 | 2,988,090 | 1,999,479 | 40,157 | 87,405 | 1,237,629 |
| **B. Estimated FY2020/21 MHSA Expenditures** | 8,478,587 | 1,740,972 | 851,546 | 40,157 | 87,405 | |
| **C. Estimated FY2021/22 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 3,709,048 | 1,247,118 | 1,147,933 | 0 | 0 | 1,237,629 |
| 2. Estimated New FY2021/22 Funding | 4,412,313 | 1,103,079 | 290,284 | | | |
| 3. Transfer in FY2021/22[a/] | | | | | | |
| 4. Access Local Prudent Reserve in FY2021/22 | | | | | | 0 |
| 5. Estimated Available Funding for FY2021/22 | 8,121,361 | 2,350,197 | 1,438,217 | 0 | 0 | 1,237,629 |
| **D. Estimated FY2021/22 Expenditures** | 8,061,983 | 1,801,830 | 265,526 | 0 | 0 | |
| **E. Estimated FY2022/23 Funding** | | | | | | |
| 1. Estimated Unspent Funds from Prior Fiscal Years | 59,378 | 548,367 | 1,172,691 | 0 | 0 | 1,237,629 |
| 2. Estimated New FY2022/23 Funding | 3,331,746 | 832,937 | 219,194 | | | |
| 3. Transfer in FY2022/23[a/] | 0 | | | | | |
| 4. Access Local Prudent Reserve in FY2022/23 | | | | | | 0 |
| 5. Estimated Available Funding for FY2022/23 | 3,391,124 | 1,381,304 | 1,391,885 | 0 | 0 | 1,237,629 |
| **F. Estimated FY2022/23 Expenditures** | 7,959,983 | 1,791,024 | 215,526 | 0 | 0 | |
| **G. Estimated FY2022/23 Unspent Fund Balance** | (4,568,859) | (409,720) | 1,176,359 | 0 | 0 | 1,237,629 |

| **H. Estimated Local Prudent Reserve Balance** | |
|---|---|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2020 | 1,237,629 |
| 2. Contributions to the Local Prudent Reserve in FY 2020/21 | 0 |
| 3. Distributions from the Local Prudent Reserve in FY 2020/21 | 0 |
| 4. Estimated Local Prudent Reserve Balance on June 30, 2021 | 1,237,629 |
| 5. Contributions to the Local Prudent Reserve in FY 2021/22 | 0 |
| 6. Distributions from the Local Prudent Reserve in FY 2021/22 | 0 |
| 7. Estimated Local Prudent Reserve Balance on June 30, 2022 | 1,237,629 |
| 8. Contributions to the Local Prudent Reserve in FY 2022/23 | 0 |
| 9. Distributions from the Local Prudent Reserve in FY 2022/23 | 0 |
| 10. Estimated Local Prudent Reserve Balance on June 30, 2023 | 1,237,629 |

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 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Community Services and Supports (CSS) Component Worksheet

County: City of Berkeley

Date: 8/12/20

| | Fiscal Year 2020/21 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 2,574,710 | 2,574,710 | | | | |
| 2. Children's FSP | 562,943 | 562,943 | | | | |
| 3. Homeless FSP | 911,132 | 911,132 | | | | |
| 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 | 409,485 | 409,485 | | | | |
| 2. System Development, Wellness & Recovery, HO | 3,024,596 | 3,024,596 | | | | |
| 3. Fitness to Independence | 36,934 | 36,934 | | | | |
| 4. Crisis Services | 292,177 | 292,177 | | | | |
| 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** | 666,610 | 666,610 | | | | |
| **CSS MHSA Housing Program Assigned Funds** | 25,623 | 25,623 | | | | |
| **Total CSS Program Estimated Expenditures** | 8,478,587 | 8,478,587 | 0 | 0 | 0 | 0 |
| **FSP Programs as Percent of Total** | 47.8% | | | | | |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Community Services and Supports (CSS) Component Worksheet

County: City of Berkeley

Date: 8/12/20

| | Fiscal Year 2021/22 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 2,574,710 | 2,574,710 | | | | |
| 2. Children's FSP | 562,943 | 562,943 | | | | |
| 3. Homeless FSP and Outreach Team | 1,184,175 | 1,184,175 | | | | |
| 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 | 409,485 | 409,485 | | | | |
| 2. System Development, Wellness & Recovery | 2,334,949 | 2,334,949 | | | | |
| 3. Fitness to Independence | 36,934 | 36,934 | | | | |
| 4. Crisis Services | 292,177 | 292,177 | | | | |
| 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** | 666,610 | 666,610 | | | | |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Program Estimated Expenditures** | 8,061,983 | 8,061,983.00 | 0 | 0 | 0 | 0 |
| **FSP Programs as Percent of Total** | 53.6% | | | | | |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Community Services and Supports (CSS) Component Worksheet

County: City of Berkeley

Date: 8/12/20

| | Fiscal Year 2022/23 | | | | | |
|---|---|---|---|---|---|---|
| | 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 | 2,574,710 | 2,574,710 | | | | |
| 2. Children's FSP | 562,943 | 562,943 | | | | |
| 3. Homeless FSP and Outreach Team | 1,184,175 | 1,184,175 | | | | |
| 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 | 409,485 | 409,485 | | | | |
| 2. System Development, Wellness & Recovery | 2,234,949 | 2,234,949 | | | | |
| 3. Fitness to Independence | 34,934 | 34,934 | | | | |
| 4. Crisis Services | 292,177 | 292,177 | | | | |
| 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** | 666,610 | 666,610 | | | | |
| **CSS MHSA Housing Program Assigned Funds** | 0 | | | | | |
| **Total CSS Program Estimated Expenditures** | 7,959,983 | 7,959,983 | 0 | 0 | 0 | 0 |
| **FSP Programs as Percent of Total** | 54.3% | | | | | |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Prevention and Early Intervention (PEI) Component Worksheet

County: City of Berkeley Date: 8/12/20

| | Fiscal Year 2020/21 | | | | | |
|---|---|---|---|---|---|---|
| | 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. High School Prevention Program | 300,057 | 300,057 | | | | |
| 2. Social Inclusion | 9,000 | 9,000 | | | | |
| 3. African American Success Project | 37,500 | 37,500 | | | | |
| 4. Cal MHSA | 46,375 | 46,375 | | | | |
| 5. Dynamic Mindfullness | 71,250 | 71,250 | | | | |
| 6. Mental Health Peer Education Program (MEE | 35,129 | 35,129 | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 11. BE A STAR | 52,285 | 52,285 | | | | |
| 12. Community Education & Supports | 244,092 | 244,092 | | | | |
| 13. High School Prevention Program | 300,057 | 300,057 | | | | |
| 14. Community Based Children & Youth Risk | 65,371 | 65,371 | | | | |
| 15. African American Success Project | 112,500 | 112,500 | | | | |
| 16. Homeless Outreach & Treatment Team | 56,891 | 56,891 | | | | |
| 17. Dynamic Mindfullness | 23,750 | 23,750 | | | | |
| 18. Mental Health Peer Education Program (MEE | 11,710 | 11,710 | | | | |
| 19. Supportive Schools | 55,000 | 55,000 | | | | |
| **PEI Administration** | 320,005 | 320,005 | | | | |
| **PEI Assigned Funds** | 0 | | | | | |
| **Total PEI Program Estimated Expenditures** | 1,740,972 | 1,740,972 | 0 | 0 | 0 | 0 |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Prevention and Early Intervention (PEI) Component Worksheet

County: City of Berkeley Date: 8/12/20

| | Fiscal Year 2021/22 | | | | | |
|---|---|---|---|---|---|---|
| | 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. High School Prevention Program | 300,057 | 300,057 | | | | |
| 2. Social Inclusion | 9,000 | 9,000 | | | | |
| 3. African American Success Project | 37,500 | 37,500 | | | | |
| 4. Cal MHSA | 44,124 | 44,124 | | | | |
| 5. Dynamic Mindfullness | 71,250 | 71,250 | | | | |
| 6. Mental Health Peer Education Program (MEE | 35,129 | 35,129 | | | | |
| 7. | | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 11. BE A STAR | 52,285 | 52,285 | | | | |
| 12. Community Education & Supports | 364,092 | 364,092 | | | | |
| 13. High School Prevention Program | 300,057 | 300,057 | | | | |
| 14. Community Based Children & Youth Risk | 65,371 | 65,371 | | | | |
| 15. African American Success Project | 112,500 | 112,500 | | | | |
| 16. Dynamic Mindfullness | 23,750 | 23,750 | | | | |
| 17. Mental Health Peer Education Program (MEE | 11,710 | 11,710 | | | | |
| 18. Supportive Schools | 55,000 | 55,000 | | | | |
| 19. | 0 | | | | | |
| **PEI Administration** | 320,005 | 320,005 | | | | |
| **PEI Assigned Funds** | 0 | | | | | |
| **Total PEI Program Estimated Expenditures** | 1,801,830 | 1,801,830 | 0 | 0 | 0 | 0 |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Prevention and Early Intervention (PEI) Component Worksheet

County: City of Berkeley Date: 8/12/20

| | Fiscal Year 2022/23 | | | | | |
|---|---|---|---|---|---|---|
| | 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. High School Prevention Program | 300,057 | 300,057 | | | | |
| 2. Social Inclusion | 9,000 | 9,000 | | | | |
| 3. African American Success Project | 37,500 | 37,500 | | | | |
| 4. Dynamic Mindfullness | 71,250 | 71,250 | | | | |
| 5. Mental Health Peer Education Program (MEE | 35,129 | 35,129 | | | | |
| 6. Cal MHSA | 33,318 | 33,318 | | | | |
| 7. | | | | | | |
| 8. | 0 | | | | | |
| 9. | 0 | | | | | |
| 10. | 0 | | | | | |
| **PEI Programs - Early Intervention** | | | | | | |
| 11. BE A STAR | 52,285 | 52,285 | | | | |
| 12. Community Education & Supports | 364,092 | 364,092 | | | | |
| 13. High School Prevention Program | 300,057 | 300,057 | | | | |
| 14. Community Based Children & Youth Risk | 65,371 | 65,371 | | | | |
| 15. African American Success Project | 112,500 | 112,500 | | | | |
| 16. Dynamic Mindfullness | 23,750 | 23,750 | | | | |
| 17. Mental Health Peer Education Program (MEE | 11,710 | 11,710 | | | | |
| 18. Supportive Schools | 55,000 | 55,000 | | | | |
| 19. | 0 | | | | | |
| 20. | 0 | | | | | |
| **PEI Administration** | 320,005 | 320,005 | | | | |
| **PEI Assigned Funds** | 0 | | | | | |
| **Total PEI Program Estimated Expenditures** | 1,791,024 | 1,791,024 | 0 | 0 | 0 | 0 |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Innovations (INN) Component Worksheet

County: City of Berkeley

Date: 8/12/20

| | Fiscal Year 2020/21 | | | | | |
|---|---|---|---|---|---|---|
| | 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. Trauma Informed Care Project | 169,682 | 169,682 | | | | |
| 2. Techonology Suite Project | 431,864 | 431,864 | | | | |
| 3. New INN Programs | 250,000 | 250,000 | | | | |
| 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** | | | | | | |
| **Total INN Program Estimated Expenditures** | 851,546 | 851,546 | 0 | 0 | 0 | 0 |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Innovations (INN) Component Worksheet

County: City of Berkeley

Date: 8/12/20

| | Fiscal Year 2021/22 | | | | | |
|---|---|---|---|---|---|---|
| | 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. Techonology Suite Project | 15,526 | 15,526 | | | | |
| 2. New INN Programs | 250,000 | 250,000 | | | | |
| 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 | | | | | |
| 20. | 0 | | | | | |
| **INN Administration** | | | | | | |
| **Total INN Program Estimated Expenditures** | 265,526 | 265,526 | 0 | 0 | 0 | 0 |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Innovations (INN) Component Worksheet

County: City of Berkeley

Date: 8/12/20

| | Fiscal Year 2022/23 | | | | | |
|---|---|---|---|---|---|---|
| | 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. Techonology Suite Project | 15,526 | 15,526 | | | | |
| 2. New INN Programs | 200,000 | 200,000 | | | | |
| 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 | | | | | |
| 20. | 0 | | | | | |
| **INN Administration** | | | | | | |
| **Total INN Program Estimated Expenditures** | 215,526 | 215,526 | 0 | 0 | 0 | 0 |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Workforce, Education and Training (WET) Component Worksheet

County: City of Berkeley Date: 8/12/20

| | Fiscal Year 2020/21 | | | | | |
|---|---|---|---|---|---|---|
| | 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. Greater Bay Area Worforce Partnership | 40,157 | 40,157 | | | | |
| 2. | | | | | | |
| 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 | | | | | |
| **WET Administration** | 0 | | | | | |
| **Total WET Program Estimated Expenditures** | 40,157 | 40,157 | 0 | 0 | 0 | 0 |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Workforce, Education and Training (WET) Component Worksheet

County: City of Berkeley Date: 8/12/20

| | Fiscal Year 2021/22 | | | | | |
|---|---|---|---|---|---|---|
| | 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. | 0 | | | | | |
| 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 | | | | | |
| **WET Administration** | 0 | | | | | |
| **Total WET Program Estimated Expenditures** | 0 | 0 | 0 | 0 | 0 | 0 |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Workforce, Education and Training (WET) Component Worksheet

County: City of Berkeley Date: 8/12/20

| | Fiscal Year 2022/23 | | | | | |
|---|---|---|---|---|---|---|
| | 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. | 0 | | | | | |
| 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 | | | | | |
| **WET Administration** | 0 | | | | | |
| **Total WET Program Estimated Expenditures** | 0 | 0 | 0 | 0 | 0 | 0 |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: City of Berkeley Date: 8/12/20

| | Fiscal Year 2020/21 | | | | | |
|---|---|---|---|---|---|---|
| | 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 Mental Health Clinic | 87,405 | 87,405 | | | | |
| 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** | 87,405 | 87,405 | 0 | 0 | 0 | 0 |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: City of Berkeley Date: 8/12/20

| | Fiscal Year 2021/22 | | | | | |
|---|---|---|---|---|---|---|
| | 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 |

## FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
## Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: City of Berkeley Date: 8/12/20

| | Fiscal Year 2022/23 | | | | | |
|---|---|---|---|---|---|---|
| | 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 |

# APPENDIX A

# Fiscal Year 2019

# Prevention and Early Intervention

# Annual Evaluation Report

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

# Fiscal Year 2019
# Prevention and Early Intervention
# Annual Evaluation Report

WELLNESS • RECOVERY • RESILIENCE

1B

# INTRODUCTION

Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds are used to prevent mental illnesses from becoming severe and disabling. Programs funded under the MHSA PEI component are focused on individuals across the life span and should emphasize improving timely access to services for underserved populations. Programs shall also include the following components:

- Outreach to increase knowledge and recognition of the early signs of mental health challenges or potentially severe and disabling mental illnesses.
- Reduction in stigma associated with either having or being diagnosed with a mental illness or seeking mental health services.
- Reduction in discrimination against people with mental health challenges or mental illness.
- Access and linkages to necessary medical care for those in need of additional services.
- Emphasis on strategies to reduce the following negative outcomes that may result from untreated mental health challenges and mental illness: Suicide; Incarcerations; School failure or dropout; Unemployment; Prolonged suffering; Homelessness; Removal of children from their homes.

Beginning in 2017, per MHSA State requirements, Mental Health jurisdiction must submit a Prevention and Early Intervention (PEI) Evaluation Report to the Mental Health Services Oversight and Accountability Commission (MHSOAC) on an annual basis. Additionally, beginning December 2018, a Three Year PEI Evaluation Report is due to the MHSOAC every three years. Regulations also require mental health jurisdictions to submit either a Three Year Evaluation Report or an Annual Evaluation Report to the State each fiscal year. The PEI Evaluation Report should be included with the MHSA Annual Update or Three Year Program and Expenditure Plan and undergo a 30 Day Public Comment period and approval from the local governing board. In FY21, the Fiscal Year 2019 (FY19) PEI Annual Evaluation Report that covers data from FY19 is due.

This FY19 PEI Annual Evaluation Report provides descriptions of currently funded MHSA services, and reports on FY19 program and demographic data to the extent possible. The main obstacles in collecting data for this PEI Annual Evaluation Report continue be with limited staffing and resources both within the City and at Contractor sites to implement and oversee all the necessary data collection requirements. While, it may be a multi-year process before the City of Berkeley will be able to present a complete data set for each PEI Program on an Annual basis, ongoing efforts will continue towards accomplishing this goal.

## Impact Berkeley Initiative

In FY18, the City of Berkeley introduced a new initiative in the Health Housing and Community Services (HHCS) Department called "Impact Berkeley". Central to this effort is using a highly regarded framework called Results Based Accountability (RBA) to account for the work of the Department. RBA provides a new way of understanding the quality and impact of services provided by collecting data that answer three basic questions:

1. How much did you do?

2. How well did you do it?

3. Is anyone better off?

RBA has been incorporated into selected programs within the Department. Since FY18 this has included community agency programs funded through the MHSA Prevention & Early Intervention Community Education & Supports program. Through this initiative the Department worked with each contractor to envision, clarify and develop measures on the outcomes and results each program is seeking to achieve, and used a rigorous framework to begin measuring and enhancing progress towards these results. Page 27 of this Annual Evaluation Report provides an aggregated summary of some of the results of this initiative. The report on the results can be accessed on the MHSA website: MHSA Plans and Updates - City of Berkeley, CA

## BACKGROUND

In 2007, the California Department of Mental Health (DMH) issued State Requirements (through DMH Information Notice 07-17) outlining how Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds were to be used for local programs. Through these requirements, PEI Programs were to be utilized on the following Key Community Mental Health Needs and Priority Populations:

Key Community Mental Health Needs:

- Disparities in Access to Mental Health Services – Reduce disparities in access to early mental health interventions due to stigma, lack of knowledge about mental health services or lack of suitability (i.e., cultural competency) of traditional mainstream services.
- Psycho-Social Impact of Trauma – Reduce the negative psycho-social impact of trauma on all ages.
- At-Risk Children, Youth and Young Adult Populations – Increase prevention efforts and response to early signs of emotional and behavioral health problems among specific at-risk populations.
- Stigma and Discrimination – Reduce stigma and discrimination affecting individuals with mental illness and mental health problems.
- Suicide Risk – Increase public knowledge of the signs of suicide risk and appropriate actions to prevent suicide.

PEI Priority Populations:

- Underserved Cultural Populations – Projects that address individuals who are unlikely to seek help from any traditional mental health services whether because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc.) and would benefit from PEI programs and interventions.
- Individuals Experiencing Onset of Serious Psychiatric Illness – Individuals identified by providers, including but not limited to primary health care, as presenting signs of mental illness first break, including individuals who are unlikely to seek help from any traditional mental health service.
- Children and Youth in Stressed Families – Children and youth placed out-of-home or individuals in families where there is substance abuse or violence, depression or other mental illnesses or lack of caregiving adults (e.g., as a result of a serious health condition or incarceration), rendering the children and youth at high risk of behavioral and emotional problems.
- Trauma-Exposed – Individuals who are exposed to traumatic events or prolonged traumatic conditions including grief, loss and isolation, including individuals who are unlikely to seek help from any traditional mental health service.

- Children and Youth at Risk for School Failure – Due to unaddressed emotional and behavioral problems.
- Children and Youth at Risk of or Experiencing Juvenile Justice Involvement – Individuals with signs of behavioral/emotional problems who are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately served through MHSA Community services and Supports funded services.

In April 2009, following a nine-month long Community Planning Process, the original City of Berkeley Prevention and Early Intervention plan was approved. Subsequent updates to the original plan were approved in October 2010, April 2011, May 2013, May 2014, June 2016, January 2017, July 2017, October 2018 and July 2019. Based on the DMH Regulations, through the original PEI Plan (or subsequent updates) programs were created to address Key Community Mental Health Needs and PEI Priority Populations as follows:

| PEI Programs | Key Community Mental Health Needs | PEI Priority Populations |
|---|---|---|
| Behavioral-Emotional Assessment, Screening, Treatment and Referral – (BE A STAR) Program<br><br>Supportive Schools Program (originally named "Building Effective Schools Together"-BEST)<br><br>Community Based Child & Youth Risk Prevention Program | ➢ At-Risk Children, Youth and Young Adult Populations | • Children and Youth in Stressed Families<br>• Children and Youth at Risk for School Failure<br>• Underserved Cultural Populations |
| High School Youth Prevention Project<br><br>Mental Health Peer Mentor Program<br><br>Dynamic Mindfulness Program<br><br>African American Success Project | ➢ At-Risk Children, Youth and Young Adult Populations<br>➢ Disparities in Access to Mental Health services<br>➢ Psycho-social Impact of Trauma | • Trauma Exposed<br>• Children and Youth in Stressed Families<br>• Children and Youth at Risk for School Failure<br>• Underserved Cultural Populations |
| Community Education & Supports | ➢ Psycho-social Impact of Trauma<br>➢ At-Risk Children, Youth and Young Adult Populations | • Trauma Exposed<br>• Underserved Cultural Populations<br>• Children/Youth in Stressed Families<br>• Children and Youth at Risk for School Failure |
| Homeless Outreach & Treatment Team (HOTT) | ➢ Psycho-social Impact of Trauma | • Underserved Cultural Populations |

| PEI Programs | Key Community Mental Health Needs | PEI Priority Populations |
|---|---|---|
| | ➢ Disparities in Access to Mental Health services At-Risk Children, Youth and Young Adult Populations | • Trauma Exposed |
| Social Inclusion | ➢ Stigma and Discrimination Psycho-social Impact of Trauma | • Trauma Exposed Underserved Cultural Populations |

On October 6, 2015, updated PEI regulations designed by the Mental Health Services Oversight and Accountability Commission (MHSOAC) became effective. The updated regulations changed the PEI requirements. Per new PEI State Regulations, Mental Health jurisdictions are to utilize PEI funds to implement all of the following programs: Prevention, Early Intervention, Access and Linkage to Treatment, Stigma and Discrimination Reduction, and Outreach for Increasing Recognition of Early Signs of Mental Illness. Jurisdictions may also opt to utilize some PEI funds to implement a Suicide Prevention program. The definitions of each program are outlined below:

## PREVENTION

Activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.

## EARLY INTERVENTION

Treatment and other services and interventions, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes that may result from untreated mental illness.

## ACCESS and LINKAGE to TREATMENT

Connecting children who are seriously emotionally disturbed, and adults and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs.

### STIGMA and DISCRIMINATION REDUCTION

Activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.

### OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

Engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

### OPTIONAL - SUICIDE PREVENTION

Activities to prevent suicide as a consequence of mental illness.

Within each PEI program the following strategies must also be implemented: Access and Linkage, Improve Timely Access, and Reduce and Circumvent Stigma. The definitions of each strategy are outlined below:

| Access and Linkage | Improve Timely Access | Reduce and Circumvent Stigma |
|---|---|---|
| • Activities that engage and connect youth, adults, and seniors with severe mental illness, as early in the onset of the condition as practicable, to medically necessary care and treatment. | • Improve timely access to mental health services for underserved populations through accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services | • Reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, or seeking mental health services. Make services accessible, welcoming, and positive. |

The new PEI Regulations, also included program and demographic data requirements that are to be reported to the MHSOAC through Annual and Triennial PEI Evaluation Reports. The following pages outline the PEI Program and Demographic reporting requirements:

## PEI PROGRAM REQUIREMENTS

| PROGRAM TYPE | PROGRAM DEFINITION | PROGRAM AND DATA COLLECTION REQUIREMENTS |
|---|---|---|
| Prevention | A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. | ➢ Describe the target population- type of risk(s) and the criteria used for establishing/identifying those at risk<br>➢ Measure the impact of one or more of the negative outcomes listed in the MHSA (suicide, incarcerations, school failure or dropout, unemployment, homelessness, and removal of children from their homes)<br>➢ Demonstrate the use of an evidence-based or promising practice or a community or practice-based evidence standard*<br>➢ Collect all PEI demographic variables |
| Early Intervention | Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes that may result from untreated mental illness. | ➢ Provide services that do not exceed 18 months<br>➢ Program may include services to parents, caregivers, and other family members of the person with early onset of a mental illness.<br>➢ Program may be combined with a Prevention program<br>➢ Measure the impact of one or more of the negative outcomes listed in the MHSA (suicide, incarcerations, school failure or dropout, unemployment, homelessness, removal of children from their homes).<br>➢ Demonstrate the use of an evidence-based or promising practice or a community or practice-based evidence standard*<br>➢ Collect all PEI demographic variables |
| Access and Linkage to Treatment | Connecting children who are seriously emotionally disturbed, and adults and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs. | ➢ Collect # of unduplicated individuals served<br>➢ Collect # of unduplicated referrals made to a Treatment program (and type of program)<br>➢ Collect # of individuals who followed through (participated at least once in Treatment)<br>➢ Measure average time between referral and engagement in services per each individual<br>➢ Measure duration of untreated mental illness (interval between onset of symptoms and start of treatment)per each individual<br>➢ Collect all PEI demographic variables |
| Stigma and Discrimination Reduction | Direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, | ➢ Collect the number of individuals reached by activity (e.g., # who participated in each service or activity) |

| PROGRAM TYPE | PROGRAM DEFINITION | PROGRAM AND DATA COLLECTION REQUIREMENTS |
|---|---|---|
| | having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families. | ➢ Measure changes in attitude, knowledge, and/or behavioral related to seeking mental health services or related to mental illness<br>➢ Collect all PEI demographic variables |
| Outreach for Increasing Recognition of Early Signs of Mental Illness | A process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. | ➢ May include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.<br>➢ May be a stand-alone program, a strategy within a Prevention program, a strategy within an Early Intervention program, a strategy within another program funded by PEI funds, or a combination thereof.<br>➢ Unduplicated # of individual potential responders<br>➢ The types of potential responders engaged in each setting (e.g., nurses, principals, parents, etc.)<br>➢ The # and kind of settings in which the potential responders were engaged<br>➢ Measure impact to 1 or more of the negative outcomes listed in the Act (suicide, incarcerations, school failure or dropout, unemployment, homelessness, and removal of children from their homes)<br>➢ Collect all demographic variables for all unduplicated individual potential responders |
| OPTIONAL<br>Suicide Prevention | Activities to prevent suicide as a consequence of mental illness. | ➢ Collect available #of individuals reached<br>➢ Collect # of individuals reached be activity (ex. # trained, # who accessed website)<br>➢ Select and use a validated method to measure changes I attitudes, knowledge and/or behavior regarding suicide related mental illness<br>➢ Collect all PEI demographic variables for all individuals reached |

* Evidence-based practice standard: Activities for which there is scientific evidence consistently showing improved mental health outcomes for the intended population, including, but not limited to, scientific peer-reviewed research using randomized clinical trials.
Promising practice standard: Programs and activities for which there is research showing positive outcomes, but the research does not meet the standards used to establish evidence-based practices and does not have enough research or replication to support generalizable positive public health outcomes.
Community and/or practice-based evidence standard: A set of practices that communities have used and determined to yield positive results by community consensus over time, which may or may not have been measured empirically. Takes a number of factors into consideration, including worldview, historical, and social contexts of a given population or community, which are culturally rooted.

## PEI Demographic Reporting Requirements

For the information reported under the various program categories, each program will need to report disaggregate numbers served, number of potential responders engaged, and number of referrals for treatment and other services by:

**(A) The following Age groups:**

- 0-15 (children/youth)
- 16-25 (transition age youth)
- 26-59 (adult)
- ages 60+ (older adults)
- Number of respondents who declined to answer the question

**(B) Race by the following categories:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other
- More than one race
- Number of respondents who declined to answer the question

**(C) Ethnicity by the following categories:**

**(i) Hispanic or Latino as follows**

- Caribbean
- Central American
- Mexican/Mexican-American/Chicano
- Puerto Rican
- South American
- Other
- Number of respondents who declined to answer the question

**(ii) Non-Hispanic or Non-Latino as follows**

- African
- Asian Indian/South Asian
- Cambodian
- Chinese
- Eastern European
- European
- Filipino
- Japanese
- Korean
- Middle Eastern
- Vietnamese
- Other
- Number of respondents who declined to answer the question
- More than one ethnicity

**(D) Primary language used listed by threshold languages for the individual county**

- English
- Spanish
- Number of respondents who declined to answer the question

**(E) Sexual orientation**

- Gay or Lesbian
- Heterosexual or Straight
- Bisexual
- Questioning or unsure of sexual orientation
- Queer
- Another sexual orientation
- Number of respondents who declined to answer the question

**(F) Disability**, defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness

- If Yes, report the number that apply in each domain of disability(ies)
  - Communication domain separately by each of the following:
    - difficulty seeing,
    - difficulty hearing, or having speech understood)
    - other, please specify
  - Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
  - Physical/mobility domain
  - Chronic health condition (including but not limited to chronic pain)
  - Other (specify)
- No
- Number of respondents who declined to answer the question

**(G) Veteran Status,**

- Yes
- No
- Number of respondents who declined to answer the question

**(H) Gender**

(i) Assigned sex at birth:
(a) Male
(b) Female
(c) Number of respondents who declined to answer the question

(ii) Current gender identity:
(a) Male
(b) Female
(c) Transgender
(d) Genderqueer
(e) Questioning or unsure of gender identity
(f) Another gender identity
(g) Number of respondents who declined to answer the question

Effective July 2018 amended PEI regulations specified the following:

- For projects/programs serving children or youth younger than 18 years of age, the demographic information collected and reported should only be done so to the extent permissible by privacy laws.
- For projects/programs serving minors younger than 12 years of age, demographic information shall be collected and reported, except for sexual orientation, current gender identity, and veteran status.
- Information that cannot be obtained directly from the minor many be obtained from the minor's parent, legal guardian, or other authorized source.

## CITY OF BERKELEY PEI PROGRAMS

Upon the release of the 2018 PEI Regulations, the City of Berkeley programs were reviewed to evaluate whether programs that were already funded would fit into the new required PEI Program definitions. As a result, local PEI funded programs were re-classified from the previous construct, into the following:

| STATE REQUIRED PEI PROGRAMS | CITY OF BERKELEY PEI PROGRAMS |
|---|---|
| Combined Prevention and Early Intervention | • Be A Star<br>• High School Youth Prevention Project<br>• Community Based Child & Youth Risk Prevention Program<br>• Mental Health Peer Education Program*<br>• Dynamic Mindfulness Program*<br>• African American Success Project* |
| Early Intervention | • Supportive Schools Program<br>• Community Education & Supports Projects |
| Access and Linkage to Treatment | • Homeless Outreach & Treatment Team |
| Stigma and Discrimination Reduction | • Social Inclusion Project |
| Outreach for Increasing Recognition of Early Signs of Mental Illness | • High School Youth Prevention Project |

*This project was added through the MHSA FY19 or FY20 Annual Update

The City then assessed the current capacity both internal and at Contractor sites that would be necessary to collect and evaluate the new PEI Data and quickly realized there were very limited resources and staffing available. Beginning in FY18, as a measure to provide resources to assist with the collection of data at Contractor sites, additional funds were added to each PEI funded contract.

Additionally, within FY18, the City of Berkeley Health, Housing and Community Services (HHCS) Department began the roll-out of "Impact Berkeley" in various Public Health and Mental Health programs. "Impact Berkeley" is an evaluation that utilizes the methodology of "Results Based Accountability" (RBA), which seeks to answer how many individuals are being served, how well the program is providing services, and whether participants are better off as a result of participating in the program, or receiving services. Through this initiative the Department envisioned, clarified, and developed a common language about the

outcomes and results that each program seeks to achieve, and then began implementing a rigorous framework to measure and enhance programs towards these results. The first part of this roll-out included the PEI Community Education & Supports Program contracted services. In FY18, staff began working with PEI funded Contractors both on establishing measures for "Impact Berkeley" and for PEI program requirements. Results of the FY19 RBA Evaluation are captured in this report and will continue to be reported in future PEI Evaluation Reports.

This FY19 Annual PEI Evaluation Report documents program measures and demographic elements to the extent data was available. While, it may be a multi-year process before the City of Berkeley will be able to present a complete data set for each PEI Program on an Annual basis, ongoing efforts will continue towards accomplishing this goal.

## PEI Funded Children and Youth and TAY Services

Per MHSA regulations 51% of PEI funds are to be used on services and supports for Children, Youth, and TAY. Small counties, of which the City of Berkeley is considered, may elect to forego this regulation as long as a community vetted, locally approved justification is provided as to why children and youth services are funded at a lower level. Since the initial PEI Plan, the City of Berkeley has allocated more than 51% of PEI funds to services and supports for children, youth and TAY as the majority of PEI funds has been utilized to serving these populations.

Currently, eight out of 10 local PEI programs provide services for children and youth, 5 of which are in the Berkeley Unified School District (BUSD). Programs are as follows: Behavioral-Emotional Assessment, Screening, Treatment and Referral (BE A STAR); Community-Based Child/Youth Risk Prevention Program; Supportive Schools Project; Mental Emotional Education Team (MEET); Dynamic Mindfulness (DMIND); African American Success Project; High School Youth Prevention Project, and the TAY Trauma Support Project. Additionally, from FY11 through FY20, the City of Berkeley utilized a portion of PEI funds to provide services for children, youth and TAY in the Albany Unified School District, through the Albany Trauma Project.

# PREVENTION AND EARLY INTERVENTION

# COMBINED PROGRAMS


## 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.

**PEI Goals:** The goal of this program is to bring about mental health, including the reduction of school failure and the removal of children from their homes.

In FY19, there were vacancies in staff, as such program data for the reporting timeframe is unavailable.

## Community-Based Child & Youth Risk Prevention Program

This program targets children (aged 0-5) who are impacted by multiple risk factors including trauma, family or community violence, familial distress, and/or family substance abuse, (among other issues). A BMH clinician serves as the Mental Health Consultant on this project providing information, services and supports to teachers and parents at the YMCA Head Start program in South Berkeley. Services include individual case consultation for teachers and parents, group consultations, classroom observations and interventions, assessments, brief treatment, and referrals to 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 50 Children & Youth a year.

**PEI Goals:** The goal of this program is to bring about mental health including the reduction of school failure and the removal of children from their homes.

In FY19, the following services were provided:

- Fifteen Early Childhood Mental Health Reflective Case Consultation groups for five classrooms;
- General Classroom Consultations in five classrooms;
- Individual and group consultations to the Center Program Supervisor, 15-18 Childhood Teachers, and two Family Advocates;
- Coordinated with the "Inclusion Program" which includes Inclusion Specialists and a Speech Pathologist to help observation and assessment efforts that facilitate early intervention screenings and referrals to BUSD and Regional Center;

- Planning and assistance with implementation of behavior plans for children with behavioral and social-emotional needs;
- Direct interventions including providing visuals and classroom tools to help teach children self-regulation skills, social skills, and skills to help with transitions and to improve the overall functioning of individual children in the classroom setting;
- Mental Health consultations to 15 parents which included a variety of direct psycho-education around developmental concerns, social-emotional issues/behavioral concerns, parenting issues, providing information regarding mental health services as well as information regarding community services as as: First 5 Alameda, Help Me Grow, Regional Center, BUSD, and Primary Care physicians; and
- Co-facilitated monthly Resiliency Circles to promote self-care and trauma informed care principles with teaching staff.

According to the HeadStart Center Supervisor, the consistency with the current Mental Health Consultant has allowed for relationship building and establishing rapport with teachers and their families, which are essential to providing successful and effective mental health consultation.

In FY19, 54 children were served through this program. Demographics on those served is as follows:

| **PARTICIPANT DEMOGRAPHICS N=54** | |
|---|---|
| **Age Groups** | |
| 0-15 (Children/Youth) | 100% |
| **Race** | |
| Asian | 6% |
| Black or African American | 55% |
| White | 4% |
| Other | 33% |
| More than one Race | 2% |
| **Ethnicity: Hispanic or Latino** | |
| Mexican/Mexican-American/Chicano | 33% |
| **Ethnicity: Non-Hispanic or Non-Latino** | |
| Declined to Answer (or Unknown) | 67% |
| **Primary Language** | |
| Declined to Answer (or Unknown) | 100% |
| **Disability** | |
| Declined to Answer (or Unknown) | 100% |
| **Gender: Assigned sex at birth** | |
| Declined to Answer (or Unknown) | 100% |

| Current Gender Identity | |
|---|---|
| Declined to Answer (or Unknown) | 100% |

## 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 (BTA) 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; drop-in crisis and counseling services; 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 100 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 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.

**PEI Goals:** The goal of this program is to bring about mental health, including the reduction of school failure or dropout.

In FY19, approximately 1,059 students at Berkeley High School (BHS) and Berkeley Technology Academy (B-Tech) received services at the school's Student Health Center, with 1,511 visits for Behavioral Health Individual sessions, and 321 visits for Behavioral Health Group sessions. Demographics on youth served are outlined below:

| PARTICIPANT DEMOGRAPHICS N=1,059 | |
|---|---|
| **Age Groups** | |
| 0-15 (Children/Adult) | 6% |
| 16-25 (Transition Age Youth) | 13% |

| | |
|---|---|
| Declined to Answer (or Unknown) | 81% |
| **Race** | |
| Asian | 7% |
| Black or African American | 20% |
| White | 33% |
| More than one Race | 17% |
| Declined to Answer (or Unknown) | 7% |
| **Ethnicity: Hispanic or Latino** | |
| Mexican/Mexican-American/Chicano | 16% |
| **Ethnicity: Non-Hispanic or Non-Latino** | |
| Declined to Answer (or Unknown) | 84% |
| **Primary Language** | |
| Declined to Answer (or Unknown) | 100% |
| **Sexual Orientation** | |
| Declined to Answer (or Unknown) | 100% |
| **Disability** | |
| Declined to Answer (or Unknown) | 100% |
| **Veteran Status** | |
| No | 100% |
| **Gender: Assigned sex at birth** | |
| Male | 66% |
| Female | 34% |
| **Current Gender Identity** | |
| Male | 66% |
| Female | 34% |

## Mental Health Peer Education Program

The Mental Health Peer Education Program was added through the MHSA FY19 Annual Update. This program implements a mental health curriculum for 9th graders, and an internship program for a cohort of high school students, in Berkeley Unified School District (BUSD), in an effort to increase student awareness of common mental health difficulties, resources, and healthy coping and intervention skills. Through this program students are trained by a licensed BUSD clinician to conduct class presentations covering common mental health disorders, on and off campus resources, as well as basic coping and intervention skills.

PEI Goals: The goal of this program is to bring about mental health, including the reduction of school failure or dropout.

In FY19, a Berkeley High School (BHS) Counselor, led and facilitated weekly MEET trainings throughout the school year for thirteen high school students for the purpose of establishing and implementing a peer-led mental health education curriculum. Weekly trainings prepared MEET students to provide classroom presentations. Seven pairs of MEET students provided a total of twenty-eight psycho-educational presentations in 9th grade classes. The presentations aimed to reduce mental health stigma, teach coping skills, create awareness about depression and anxiety, and demonstrate to students how to access mental health resources on campus and in the community. A total of 882 students were served. Four encore follow-up presentations were provided to 108 students in the 10th grade. Additional MEET student accomplishments were as follows:

- Provided stress management tips through interactive presentations in ten classrooms, before the 1st semester exams to assist 271 students in increasing stress reduction strategies;
- Assisted in designing surveys to measure students' knowledge before and after the classroom presentations;
- Conducted lunch-time meetings to assist 11 students through peer-to-peer services and supports;
- Distributed 1000 bookmarks with Crisis Services on them to 9th graders and other high school students;
- Assisted in designing mental health survey questions that were used in the school-wide Berkeley High School Student (BHS) Survey;
- Created videos to promote mental health awareness: "MEET Members Speak Out", "Mental Health and Homeless Youth", and "Welcome to the Health Center";
- Assisted in designing a MEET Website with a resources page;
- Created a MEET Instagram account, promoting mental health awareness;
- Participated in the school-run podcast, "The BHS Jacket";
- Attended the BMH MHSA Advisory Committee meeting to voice the need and advocate for increased funding for mental health resources at Berkeley public schools; and
- Hosted a panel discussion to help incoming seniors manage stress.

MEET conducted two surveys to measure learning outcomes of the 9th grade classroom presentations. A pre and post test was conducted. A majority of the 9th graders surveyed improved their scores from pre to post-test. Areas measured was as follows:

1. Knowledge of mental health resources – where to find them
2. Identifying symptoms of anxiety and depression
3. Mental health stigma – willingness to talk about mental health
4. Learning mental health coping strategies
5. How to respond to a mental health crisis, especially suicidal ideation

Program outcomes showed that numerous 9th grade student participants as well as 100% of 9th grade teachers, verbally reported being satisfied with MEET's classroom presentations. The BHS Health Center also reported a correlative increase in student self-referrals after MEET's presentations. Students often arrived at the Health Center holding a Crisis Resource Bookmark, of which MEET distributed. Demographics on the 13 students who were in the MEET program were as follows: 31% Male; 69%

Female; 15% African American; 15% Asian; 46% Caucasian; 8% Latinx; 16% mixed race. A total of 1,285 students participated in prevention services offered by MEET. Demographics on student participants were as follows: 16% African American; 19% Asian; 29% Caucasian; 18% Latinx; and 18% were of mixed race or did not specify race or ethnicity. Additional demographics on PEI funded programs at BUSD were provided in aggregate format for the following programs: MEET, Dynamic Mindfulness (DMind), African America Success Project and Supportive Schools. Demographics are provided following the DMind program.

## Dynamic Mindfulness Program (DMind)

The Dynamic Mindfulness (DMind) program was added through the MHSA FY19 Annual Update. DMind is an evidence-based trauma-informed program in each of the BUSD middle and high schools. Validated by independent researchers as a transformative program for teaching children and youth, skills for optimal stress resilience and healing from trauma, the DMind program integrates mindful action, breathing, and centering into an intervention that can be implemented in the classroom in 5-15 minute sessions, 3 to 5 times a week. This program has proven to be successful with vulnerable students who are exhibiting signs of trauma/PTSD from Adverse Childhood Experiences (ACEs), and/or disengagement from school, chronic absences, and significant behavioral challenges, including emotion regulation, impulse control, and anger management. DMind also enables teacher well-being, which has been shown to enhance student learning. The program components will include in-class and after-school DMind sessions for students, student peer leadership development, training and coaching of school staff, and program evaluation.

PEI Goals: The goal of this program is to bring about mental health, including the reduction of school failure or dropout and the removal of children from their homes.

In FY19, planning, design and customization of DMind for each school site was conducted. DMind training for staff was provided, as well as post-training follow-up supports. Niroga Instructors provided in-classroom DMind instruction. DMind curriculum supports, including the DMind video library was also made available.

According to the DMind program report, specific program outcomes were as follows:

- School Administrators and staff, as well as students, enthusiastically embraced the DMind program;
- Special Education students seemed to especially take to DMind. In addition to other classrooms, 13 Special Education classes were provided with the DMind program:
- The DMind program for chronic absentees led to a 1.8% increase in attendance.

A total of 520 students and 117 staff were served through this program in FY19, as follows:

| School | # of Students Served | # of Staff Served |
|---|---|---|
| Berkeley High School | 125 | 75 |
| Berkeley Technology Academy | 28 | 25 |
| Martin Luther King Middle School | 215 | 6 |
| Williard Middle School | 152 | 11 |
| TOTAL | 520 | 117 |

Data provided by BUSD, which combined demographics for the Supportive Schools Project, the MEET Program, and DMind, is outlined below:

| PARTICIPANT DEMOGRAPHICS N= 3,065 | |
|---|---|
| **Age Group** | |
| 0-15 (Children/Youth) | 81% |
| 16-25 (Transition Age Youth) | 13% |
| 26-59 (Adult) | 6% |
| Ages 60+ (Older Adult) | <1% |
| **Race** | |
| American Indian or Alaska Native | 1% |
| Asian | 11% |
| Black or African American | 19% |
| Native Hawaiian/Pacific Islander | <1% |
| White | 41% |
| Other | 1% |
| More than one race | 4% |
| Declined to Answer (or Unknown) | 9% |
| **Ethnicity: Hispanic or Latino** | |
| Mexican/Mexican-American/Chicano | 14% |
| **Primary Language Used** | |
| English | 86% |
| Spanish | 7% |
| Mandarin | 1% |
| Declined to Answer (or Unknown) | 6% |
| **Sexual Orientation** | |
| Gay or Lesbian | 7% |
| Heterosexual or Straight | 49% |
| Bisexual | 2% |
| Questioning or unsure of sexual orientation | <1% |
| Queer | <1% |

| | |
|---|---|
| Declined to Answer (or Unknown) | 41% |
| **Disability** | |
| Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia) | 9% |
| Physical/mobility domain | <1% |
| **Veteran Status** | |
| Declined to Answer (or Unknown) | 100% |
| **Gender: Assigned sex at birth** | |
| Male | 58% |
| Female | 42% |
| **Current Gender Identity** | |
| Male | 54% |
| Female | 39% |
| Transgender | <1% |
| Questioning or unsure of gender identity | <1% |
| Another gender identity (Non-Binary) | <1% |
| Declined to Answer (or Unknown) | 6% |

## African American Success Project

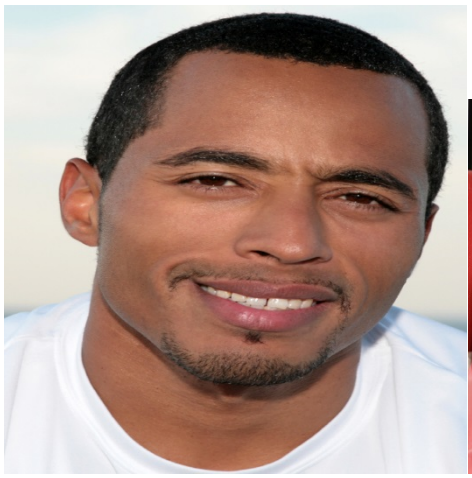
The African American Success Project (AASP) was first implemented in FY19 in four Berkeley Unified School District Schools (King, Longfellow, Willard and Berkeley High School). Closely aligned with the work of Berkeley's 2020 Vision, the AASP works with African American youth and their families to actively engage students in the classroom and school life while creating a pathway for their long-term success. The project implements a three-pronged approach that includes case management and mentorship (which are individualized and tailored to meet each student's needs), community building, and family engagement. Through this approach a case manager engages and works with each student on school success planning. This work includes establishing student check-ins, family connections, teacher and staff collaborations, advocacy, and community building sessions. The project supports students who have disproportionately faced barriers in Berkeley public schools to promote an individual's learning, mental, and socio-emotional well-being. During the first year the project team worked with 84 students and their families while assessing the effectiveness of the project and identifying ways to strengthen the service model. One key finding was that the project could only have limited impact when staff were spread across four school sites.

Following FY19, the project was only going to be implemented at Longfellow. A second key learning was that services could be strengthened if they were integrated into the school day through a class that African American students could elect to take that would provide a safe space to focus on ongoing social and emotional development, skill-building, habits and mindsets that enable self-regulation, interpersonal skills, and perseverance and resilience. The class would be facilitated by a Counselor/Instructor who would follow-up with students in one-on-one counseling sessions on issues of concern that are raised in class and would provide referrals to mental health services and supports as needed. To support the implementation of this additional component, through the FY20 Annual Update the Division allocated PEI funds to support this project.

**PEI Goals:** The goal of this program is to bring about mental health, including the reduction of school failure and the removal of children from their homes.

Project updates and outcomes from FY20, will be reported in the next MHSA Annual Update.

# EARLY INTERVENTION (ONLY) PROGRAMS



## Supportive Schools Program

Through this program leveraged MHSA PEI funds provide 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.

**PEI Goals:** The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the reduction of school failure and the removal of children from their homes.

In FY19, BUSD sub-contracted with the following local agencies to provide services: Bay Area Community Resources (BACR), Child Therapy Institute (CTI), and LifeLong Medical Care. Agency and district staff providers led social skills groups, provided early intervention social and emotional support services, playground social skills, "check in/check out," individual counseling, and support for parents and guardians from diverse backgrounds. As aligned with priority and focus on equity, providers participated in Coordination of Services Team (COST) meetings, and linked parents and guardians with resources at the school, within the school district, and in the community. A total of 1,065 elementary age students were served through this program.

Data provided by BUSD, which combined demographics for the Supportive Schools Project, the MEET Program, and DMind, is outlined below:

| **PARTICIPANT DEMOGRAPHICS N= 3,065** | |
|---|---|
| **Age Group** | |
| 0-15 (Children/Youth) | 81% |
| 16-25 (Transition Age Youth) | 13% |
| 26-59 (Adult) | 6% |
| Ages 60+ (Older Adult) | <1% |
| **Race** | |
| American Indian or Alaska Native | 1% |
| Asian | 11% |
| Black or African American | 19% |
| Native Hawaiian/Pacific Islander | <1% |
| White | 41% |
| Other | 1% |
| More than one race | 4% |
| Declined to Answer (or Unknown) | 9% |
| **Ethnicity: Hispanic or Latino** | |
| Mexican/Mexican-American/Chicano | 14% |

| | |
|---|---|
| **Primary Language Used** | |
| English | 86% |
| Spanish | 7% |
| Mandarin | 1% |
| Declined to Answer (or Unknown) | 6% |
| **Sexual Orientation** | |
| Gay or Lesbian | 7% |
| Heterosexual or Straight | 49% |
| Bisexual | 2% |
| Questioning or unsure of sexual orientation | <1% |
| Queer | <1% |
| Declined to Answer (or Unknown) | 41% |
| **Disability** | |
| Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia) | 9% |
| Physical/mobility domain | <1% |
| **Veteran Status** | |
| Declined to Answer (or Unknown) | 100% |
| **Gender: Assigned sex at birth** | |
| Male | 58% |
| Female | 42% |
| **Current Gender Identity** | |
| Male | 54% |
| Female | 39% |
| Transgender | <1% |
| Questioning or unsure of gender identity | <1% |
| Another gender identity (Non-Binary) | <1% |
| Declined to Answer (or Unknown) | 6% |

## Community Education & Supports Program

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 unserved, underserved and inappropriately served in Berkeley and Albany including: African Americans; Asian Pacific Islanders; Latinos; LGBTQIA+; TAY; and Senior Citizens. All services are conducted through area community-based organizations.

In FY19 each of the Community Education & Supports contractors participated in the HHCS Results-Based Accountability (RBA) Evaluation. Some of the results are presented in an aggregated format aggregated across all programs as follows:

| How Much Did We Do? | How Well Did We Do It? | Is Anyone Better Off? |
|---|---|---|
| • 651 Support Groups/Workshops<br>• 3,524 Support Groups/Workshop Encounters<br>• 203 Individual Supports/Encounters<br>• 419 Outreach Activities<br>• 6,938 Outreach Contacts<br>• 1,308 Referrals | • 7 Support groups or workshop sessions attended on average per person<br>• 96% Survey respondents were satisfied with services<br>• Referrals by type:<br>251 Mental Health<br>240 Social Services<br>227 Physical Health<br>156 Housing<br>434 Other Services | • 92% of program participants reported an increase in social supports or trusted people they can turn to for help (3 of 5 projects reported in this measure).<br>• 88% of program participants reported positive changes in terms of coping strategies, feeling anxious or overwhelmed (4 out of 5 programs reported on this measure). |

For additional detail on how various data variables were quantified and for full reporting on other data elements, access the full MHSA Plans and Updates - City of Berkeley, CA

Descriptions of services provided and numbers served through this project are outlined below:

**Albany Trauma Project**

Implemented through Albany Unified School District this project provides trauma support services to Latinx, 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: Adult one-on-one outreach and engagement and support groups in the Elementary and High School in Albany. 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 40-55 children/youth and 25-45 adults.

Descriptions of services provided and numbers served through this project are outlined below:

**Adult Support Groups:** This project used to implement outreach and engagement activities and support groups to Latinx 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. Over the years this

project has migrated to more of a one-on-one engagement project to support individuals in need, with occasional cultural and strength building group activities.

**PEI Goals:** The goal of this project is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

In FY19, 24 individuals received supports through one-on-one engagement sessions. Eleven referrals were provided, 1 to Physical Health services, 3 for Legal services, 1 for Tax Preparation, and 6 to other unspecified supports.

**Children/Youth Support Groups:** Young children and high school youth experiencing trauma are unlikely to seek services at traditional mental health clinics. Schools are an essential vehicle of treatment for trauma exposed individuals and their families. By aiming psycho-educational interventions for elementary age children and high school youth, it is possible to introduce youth and their families to information about trauma, coping mechanisms, and to combat the isolation that trauma brings.

The purpose of the groups is to reduce at-risk behaviors, reduce a sense of alienation, and increase a sense of belonging among group members. Various psycho-educational techniques are used to achieve these goals, such as improving communication skills, using role modeling and feedback, increasing empathy by encouraging self-disclosure and emotional engagement in the group, and developing trust via positive interactions in the group. The support group program provides information about the effects of trauma, and helpful coping strategies; serves a preventive function by offering interventions that will keep at-risk individuals and families from developing serious 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.

**PEI Goals:** The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the reduction of school failure or drop out.

**Elementary School Support Groups**: Through this project, Support Groups are provided to Elementary aged students to reduce children's negative responses to trauma, correct maladaptive beliefs and attributions, and build resilience and reduce anxiety. Student participants are referred from parents, teachers or school staff. Students with experiences of community violence, physical assault, significant separations, witness to domestic or sexual violence, and lack of food, clothing, or shelter are invited to attend groups. As these experiences can lead to the child's regulatory capacity being overwhelmed, his or her daily life behaviors, school performance, attention, self-perception and emotional regulation may all be affected. Support Groups provide psycho-education, coping skills, and a safe environment in which to address and process traumatic experiences.

In FY19, 18 support groups were provided to a total of 10 participants. Each group met for 1-2 hours in duration. There were two referrals for additional mental health services. Fifty-one outreach activities were also conducted. From teacher, school staff, and parental report, outcomes for students participating in support groups were as follows: 60% took a more active role in learning; 90% received increased positive attention from peers; and 80% exhibited less anxiety in the classroom.

**Youth Support Groups:** The use of Support Groups or Group Therapy are considered to be a highly effective and preferred intervention for adolescents who tend to be more likely to accept feedback from their peers than from adults. Through this project, separate weekly therapeutic support groups are provided at

Albany High School for Asian Pacific Islander, Latinx, and African American youth. Groups meet for 1-2 hours a week throughout the school year and are focused on helping participants process various traumatic events through the development of trust, close connections to each other, and creating a safe space for the expression and understanding of feelings.

In FY19, three separate support groups were held at Albany high School. Each group met weekly for 1 hour and continued until the end of the school year. Students were assigned to three groups based on racial or ethnic identity: Latinx, African-American, and Asian-American. This was done in order to help promote connection, identification and group cohesion. Students that participated in the trauma groups at Albany High School were initially recommended by counselors, mental health coordinators, or administrators who believed that these selected students may have experienced trauma in their lives. These students were then interviewed individually to assess and determine if they wished to participate in the groups. Forty-five students were interviewed and assessed for all three groups. Of those 45 students, 32 students attended at least 1 group session, and 22 students continued in group for 6 or more sessions. The initial group meeting was set up specifically as a way to allow prospective members to experience group and to determine if they wanted to participate. After the initial group sessions, students were asked to either commit to attend group for 8 sessions or to opt out. As expected, some students who attended the initial group chose not to participate in the groups, while most students signed up for 8 initial sessions and then continued to attend groups through the remainder of the year. In aggregate, there were a total of 58 individual meetings with students and 63 group sessions. The 45 students served by this program received 422 total contacts, and there were 4 referrals for additional mental health services.

A pre-test questionnaire was administered at the 2nd group meeting, and a post-test questionnaire was administered at the last group meeting. The pre-test was completed by 25 students and the post-test was completed by 19 students. Several group members were unable to complete the post-test due to not being able to attend the final group session. Student responses on the pre-test questionnaire are outlined below:

| **QUESTIONNAIRE RESULTS N = 25** | |
|---|---|
| **QUESTIONS** | **PARTICIPANT RESPONSES** |
| Have you lost someone close to you? | Yes – 64%<br>No – 36% |
| Have you witnessed violence in your family? | Yes – 52%<br>No – 48% |
| Have you witnessed violence in your home? | Yes – 7 – 28%<br>No – 18 – 72% |
| Have you been a victim of violence or abuse? | Yes – 72%<br>No – 28% |
| If yes, have you spoken to anyone about this? | Yes – 100%<br>No – 0% |
| Do you feel that you've had the support in your life to cope effectively with the painful things you've experienced? | Rarely – 8%<br>Sometimes – 48%<br>Most of the Time – 44% |
| Do you use healthy ways to cope with stress in your life? | Never – 4%<br>Rarely – 20%<br>Sometimes – 32%<br>Most of the Time – 44% |

| | |
|---|---|
| Do you use drugs or alcohol to help cope with your feelings, i.e. relax, calm down, quiet your mind, reduce anger, etc.? | Never – 48%<br>Rarely – 20%<br>Sometimes – 24%<br>Most of the Time – 8% |
| Are there adults at your school who you can talk openly to about personal issues? | Yes – 76%<br>No – 24% |

Pre-test results indicated that many of the group members had experienced significant trauma in their lives. Other traumas experienced by group members that were discussed in group included institutionalized racism, unjust police practices, poverty, immigration, parental incarceration, death of a family member, parental substance abuse, mental illness of a parent, and physical/emotional abuse. Student responses on the post-test questionnaire were as follows:

| **QUESTIONNAIRE RESULTS N = 19** | |
|---|---|
| **QUESTIONS or STATEMENTS** | **PARTICIPANT RESPONSES** |
| I felt welcomed into group. | Strongly Disagree – 0%<br>Disagree – 0%<br>Neutral – 0%<br>Agree – 37%<br>Strongly Agree – 63%<br>N/A – 0% |
| I felt the group was a place I could express my feelings. | Strongly Disagree – 0%<br>Disagree – 0%<br>Neutral – 0%<br>Agree – 53%<br>Strongly Agree – 47%<br>N/A – 0% |
| I felt supported by other group members. | Strongly Disagree – 0%<br>Disagree – 0%<br>Neutral – 0%<br>Agree – 32%<br>Strongly Agree – 68%<br>N/A – 0% |
| As a direct result of participating in the group, I feel like I have more support to help me deal with challenges. | Strongly Disagree – 0%<br>Disagree – 0%<br>Neutral – 11%<br>Agree – 63%<br>Strongly Agree – 26%<br>N/A – 0% |
| As a direct result of participating in the group, I cope with stress in healthier ways. | Strongly Disagree – 0%<br>Disagree – 5%<br>Neutral – 32%<br>Agree – 32%<br>Strongly Agree – 26%<br>N/A – 5% |
| As a direct result of participating in the group, I have reduced the use of drugs and/or alcohol to cope with difficult feelings. | Strongly Disagree – 0%<br>Disagree – 5%<br>Neutral – 11%<br>Agree – 21%<br>Strongly Agree – 5%<br>N/A – 58% |

| | |
|---|---|
| As a direct result of participating in the group, I would consider seeking help from a mental health professional in the future for a personal problem that was really bothering me. | Strongly Disagree – 0%<br>Disagree – 5%<br>Neutral – 32%<br>Agree – 11%<br>Strongly Agree – 26%<br>N/A – 26% |
| Would you recommend this group to a friend? | Yes – 100%<br>No – 0% |

Post-test results suggested that all group members reported a positive experience in the support groups. All students who completed the post-test responded that they felt welcomed into the group, felt that the group was a place where they could express their feelings, and felt supported by the other group members. Additionally, all students who completed the post-test responded "Yes" to the question, "Would you recommend this group to a friend?" Group members also reported significant improvements in various metrics related to their coping skills as outlined below:

- 89% felt more supported in dealing with challenges;
- 72% indicated that they coped with stress in healthier ways;
- 63% reported a reduction in their use of drugs and alcohol to cope with difficult feelings;
- 71% expressed willingness to seek help from a mental health professional in the future.

The sole adverse finding from the post-test results was related to school truancy. Among the 19 students who participated in support group sessions, school truancy increased by 90% between the FY18 academic year (31 unexcused absences) to the FY19 academic year (59 unexcused absences). According to the AUSD program report, several factors may account for this surprising finding. First, the groups were disproportionally comprised of seniors (16 of the 19 students), many of whom spoke repeatedly in group about their "senioritis" and corresponding lack of motivation to attend school. Additionally, a small number of students (4) accounted for 31 of the 59 unexcused absences for the current school year. The truancy of these 4 students – which resulted from a complicated series of factors (e.g., adverse changes in one student's home environment; a bout of clinical depression for another student) – likely skewed the overall data. If the attendance numbers of these 4 students were removed from the analyses, the difference in school truancy between the FY18 academic year (20 unexcused absences) and the FY19 academic year (28 unexcused absences) would be much less pronounced.

Among all services conducted for children, youth and Adults through the Albany Trauma Project, a total of 79 individuals were served. Demographics on individuals served were as follows:

| **PARTICIPANT DEMOGRAPHICS N=79** | |
|---|---|
| **Age Group** | |
| 0-15 | 13% |
| 16-25 | 58% |
| 26-59 | 20% |
| 60+ | 9% |

| Race | |
|---|---|
| Asian | 20% |
| Black or African American | 15% |
| Native Hawaiian or other Pacific Islander | 1% |
| White | 32% |
| Other | 24% |
| More than one race | 8% |
| **Ethnicity: Hispanic or Latino** | |
| Central American | 6% |
| Mexican/Mexican-American/Chicano | 44% |
| South American | 3% |
| **Ethnicity: Non-Hispanic or Non-Latino** | |
| African | 14% |
| Asian Indian/South Asian | 5% |
| Chinese | 4% |
| European | 1% |
| Filipino | 6% |
| Japanese | 1% |
| More than one ethnicity | 8% |
| Other | 3% |
| Declined to Answer (or Unknown) | 5% |
| **Primary Language Used** | |
| English | 72% |
| Spanish | 28% |
| **Sexual Orientation** | |
| Gay or Lesbian | 3% |
| Heterosexual or Straight | 57% |
| Bisexual | 3% |
| Declined to Answer (or Unknown) | 37% |
| **Disability** | |
| Difficulty Seeing | 1% |

| | |
|---|---|
| Mental (not mental health) | 1% |
| Physical/Mobility Disability | 1% |
| No Disability | 42% |
| **Veterans Status** | |
| No | 100% |
| **Gender: Assigned sex at birth** | |
| Male | 61% |
| Female | 39% |
| **Current Gender Identity** | |
| Male | 61% |
| Female | 39% |

## Transition Age Youth Trauma Support Project

Implemented through the Covenant House, Youth Engagement Advocacy Housing (YEAH!) program, this project provides supportive services for Transition Age Youth (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 to 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.

**PEI Goals:** The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

In FY19, 142 TAY participated in one or more program services over the year. Support Group sessions included: Harm Reduction and Substance Use; Mindfulness; Coping Skills; Creative Expression, among others. Twelve Youth Social Outings included 48 TAY participants, and 123 TAY, participated in 21 Youth Celebratory Events. Demographics on youth served were as follows:

| **CLIENT DEMOGRAPHICS N = 142** | |
|---|---|
| **Age Group** | |
| 16-25 (Transition Age Youth) | 100% |
| **Race** | |
| Asian | 1% |

| | |
|---|---|
| Black or African American | 46% |
| Native Hawaiian or Other Pacific Islander | 1% |
| White | 33% |
| Other | 4% |
| More than one Race | 13% |
| Decline to State (or Unknown) | 2% |
| **Latino Ethnicity** | |
| Central American | 16% |
| Mexican/Mexican-American | 74% |
| South American | 10% |
| **Ethnicity: Non-Hispanic or Non-Latino** | |
| African | 34% |
| Asian Indian/South Asian | 1% |
| Eastern European | 6% |
| European | 14% |
| Filipino | 2% |
| More than one Ethnicity | 14% |
| Other | 1% |
| Declined to Answer (or Unknown) | 28% |
| **Primary Language Used** | |
| English | 91% |
| Spanish | 8% |
| Other | 1% |
| **Sexual Orientation** | |
| Gay or Lesbian | 14% |
| Heterosexual or Straight | 48% |
| Bisexual | 8% |
| Questioning or Unsure | 4% |
| Queer | 1% |
| Decline to State | 25% |

| Disability | |
|---|---|
| Difficulty Hearing or Having Speech Understood | 1% |
| Mental (not mental health) | 33% |
| Physical/Mobility Disability | 5% |
| Chronic Health Condition | 5% |
| Other Disability | 44% |
| No Disability | 11% |
| Decline to State | 1% |
| Difficulty Hearing or Having Speech Understood | 1% |
| **Veteran Status** | |
| No | 100% |
| **Gender: Assigned sex at Birth** | |
| Male | 58% |
| Female | 42% |
| **Gender Identity** | |
| Male | 50% |
| Female | 36% |
| Transgender | 9% |
| Genderqueer | 1% |
| Other | 4% |

During the reporting timeframe 246 outreach activities were conducted, with 4,930 duplicated contacts. There were 405 referrals for additional services and supports. The number and type of referrals was as follows: 68 Mental Health; 71 Physical Health; 116 Social Services; 49 Housing; 101 other unspecified services. A total of 23% of program participants received individual counseling through this program; 20% exited the program into stable housing; and 24% obtained employment or entered school during the program. Per participant feedback, 83% reported being satisfied with program services.

**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 a 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.

**PEI Goals:** The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

In FY19, 52 Living Well workshops were conducted. 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. In all 118 Senior Citizens participated in the Living Well Workshops. Demographics of Workshop participants are outlined below:

| **PARTICIPANT DEMOGRAPHICS N=118** | |
|---|---|
| **Age Groups** | |
| 26-59 (Adult) | 4% |
| Age 60+ (Older Adult) | 94% |
| Decline to State (or Unknown) | 2% |
| **Race** | |
| Asian | 6% |
| Black or African American | 46% |
| Native Hawaiian or Other Pacific Islander | 1% |
| White | 35% |
| Other | 3% |
| Declined to Answer (or Unknown) | 9% |
| **Ethnicity: Hispanic or Latino** | |
| Caribbean | 2% |
| Central American | 2% |
| Mexican/Mexican-American/Chicano | 7% |
| Declined to Answer (or Unknown) | 89% |

| Ethnicity: Non-Hispanic or Non-Latino | |
|---|---|
| African | 20% |
| Chinese | 3% |
| European | 8% |
| Filipino | 3% |
| Japanese | 1% |
| Other | 3% |
| Declined to Answer (or Unknown) | 62% |
| **Primary Language Used** | |
| English | 90% |
| Spanish | 2% |
| Other | 1% |
| Declined to Answer (or Unknown) | 7% |
| English | 90% |
| **Sexual Orientation** | |
| Gay or Lesbian | 3% |
| Heterosexual or Straight | 75% |
| Other | 1% |
| Declined to Answer (or Unknown) | 21% |
| Gay or Lesbian | 3% |
| **Disability** | |
| Difficulty seeing | 5% |
| Difficulty hearing or Having Speech Understood | 10% |
| Mental (not mental health) | 5% |
| Physical/mobility disability | 12% |
| Chronic health condition | 15% |
| No Disability | 11% |
| Declined to Answer (or Unknown) | 42% |

| Veteran Status | |
|---|---|
| Yes | 3% |
| No | 94% |
| Declined to Answer (or Unknown) | 3% |
| **Gender: Assigned sex at birth** | |
| Male | 20% |
| Female | 77% |
| Declined to Answer (or Unknown) | 3% |
| **Current Gender Identity** | |
| Male | 20% |
| Female | 76% |
| Transgender | 1% |
| Declined to Answer (or Unknown) | 4% |

During the reporting timeframe 16 outreach and informational events were conducted reaching 317 individuals, with 249 individuals receiving further engagement services. There were 640 referrals for additional services and supports. The number and type of referrals was as follows: 121 Mental Health; 137 Physical Health; 109 Social Services; 101 Housing; 172 other unspecified services. A total of 39% of program participants completed a Living Well Workshop Series. The workshop series received very positive feedback per participant self-report. Program participants reported 100% on all of the measures outlined below: feeling satisfied with the workshops; improvement in feeling satisfied in general; increased feeling of social supports; preparedness to make positive changes; and feeling less overwhelmed and helpless.

**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 through community presentations and "Mobile Tenting"; one-on-one supportive engagement services; screening and assessment; psycho-education; family education; support groups such as "Kitchen Table Talk groups (non-stigmatizing, culturally responsive, peer centered groups) and "Just Like Sunday Dinners" ( a space for African Americans from all generations to come together to gain supports from one another); 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 and Just Like Sunday Dinner groups. This project serves approximately 50-130 individuals a year.

PEI Goals: The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence including the prevention of suicide.

In FY19, 29 individuals were served through this project. Demographics on individuals served were as follows:

| PARTICIPANT DEMOGRAPHICS N=29 | |
|---|---|
| **Age Groups** | |
| 0-15 (Children/Youth) | 3% |
| 16-25 (Transition Age Youth) | 17% |
| 26-59 (Adult) | 69% |
| Ages 60+ (Older Adult) | 11% |
| **Race** | |
| American Indian or Alaska Native | 3% |
| Black or African American | 38% |
| White | 7% |
| Other | 14% |
| More than one Race | 28% |
| Declined to Answer (or Unknown) | 10% |
| **Ethnicity: Hispanic or Latino** | |
| Carribean | 4% |
| Mexican/Mexican-American/Chicano | 7% |
| Other | 3% |
| Declined to Answer (or Unknown) | 3% |
| **Ethnicity: Non-Hispanic or Non-Latino** | |
| African | 3% |
| Asian Indian/South Asian | 7% |
| More than one Ethnicity | 10% |
| Other | 10% |
| Declined to Answer (or Unknown) | 52% |
| **Primary Language Used** | |
| English | 86% |
| Spanish | 10% |
| Other | 4% |

| Sexual Orientation | |
|---|---|
| Heterosexual or Straight | 62% |
| Queer | 3% |
| Other | 10% |
| Declined to Answer (or Unknown) | 25% |
| **Disability** | |
| Chronic Heart Condition | 7% |
| Other Disability | 3% |
| No Disability | 62% |
| Declined to Answer (or Unknown) | 28% |
| **Veteran Status** | |
| No | 55% |
| Declined to Answer (or Unknown) | 45% |
| **Gender: Assigned sex at birth** | |
| Male | 28% |
| Female | 62% |
| Declined to Answer (or Unknown) | 10% |
| **Current Gender Identity** | |
| Male | 28% |
| Female | 62% |
| Genderqueer | 3% |
| Declined to Answer (or Unknown) | 7% |

During the reporting timeframe 8 outreach presentations were conducted reaching 58 individuals, 29 of whom received supportive engagement services. Five facilitators were also trained. Primary services included psycho-education and promotion of mental health through one-on-one and telephone engagement, networking supports, and referrals. One Just Like Sunday Dinner group was held for 15 participants. There were 25 referrals for additional services and supports. The number and type of referrals were as follows: 6 Mental Health; 1 Physical Health; 2 Social Services; 2 Housing; 14 other unspecified services. Lower numbers this year were due to a variety of staffing, and unforeseen programmatic constraints.

On a Satisfaction Survey that was conducted, program participants reported 100% on all of the following measures: Felt respected; would return if they or their family member needed help; experienced increased awareness of community services and supports; and improved their skills in coping with challenges.

**Trauma Support Project for LGBTQIA+ 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 LGBTQIA+ 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 LGBTQIA+ community. Approximately 12-15 weekly or bi-weekly support groups are held throughout the year targeting various populations and needs within the LBGTQIA+ community. Support groups are led 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. Approximately 250 individuals a year are served through this project.

**PEI Goals:** The goal of this program is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.


In FY19, 40 outreach activities reached approximately 1,572 duplicated individuals. Outreach was provided at various locations including Street Fairs, Community Agencies, and area events. Through 15 Peer Support groups, 446 weekly or bi-weekly sessions were conducted which were all led by a trained facilitator. Peer Support Groups were as follows: Female to Male; Women Coming Out of Straight Marriage; Married/Once Married Gay/Bisexual Men's Group; Queer Femmes; Transgender Support Group; Lesbian & Queer Women of Color; Partners of Trans and Gender Non-Conforming Folk; Middle Eastern Femmes; Senior Gay Men's Group; Bi-sexual Women; Primetime Men (40's-50's); LezBold (old lesbians); Wicked Transcendent Folk; R.E.A.L. Queer (TAY), and QPAD – for Queer Men in their 20's and 30's. A total of 168 individuals participated in support groups throughout the year. Demographics on individuals served include the following:

| PARTICIPANT DEMOGRAPHICS N=168 | |
|---|---|
| **Age Groups** | |
| 16-25 (Transition Age Youth) | 32% |
| 26-59 (Adult) | 54% |
| Ages 60+ (Older Adult) | 13% |
| Declined to Answer (or Unknown) | 1% |
| **Race** | |
| American Indian or Alaska Native | 2% |
| Asian | 8% |
| Black or African American | 4% |
| Native Hawaiian or Other Pacific Islander | 63% |
| White | 1% |
| More than one race | 16% |
| American Indian or Alaska Native | 2% |
| Asian | 8% |
| Black or African American | 4% |
| Native Hawaiian or Other Pacific Islander | 63% |
| Declined to Answer (or Unknown) | 6% |
| **Ethnicity: Hispanic or Latino** | |
| Caribbean | 8% |
| Central American | 21% |
| Mexican/Mexican-American/Chicano | 38% |
| Puerto Rican | 13% |
| South American | 8% |
| Other | 8% |
| Declined to Answer (or Unknown) | 4% |
| Caribbean | 8% |
| Central American | 21% |
| **Ethnicity: Non-Hispanic or Non-Latino** | |
| African | 4% |
| Asian Indian/South Asian | 3% |
| Chinese | 3% |
| Eastern European | 10% |
| European | 26% |
| Filipino | 3% |
| Japanese | 1% |

| | |
|---|---|
| Korean | 1% |
| Middle Eastern | 4% |
| Vietnamese | 1% |
| African | 4% |
| Asian Indian/South Asian | 3% |
| More than one Ethnicity | 12% |
| Other | 4% |
| Declined to Answer (or Unknown) | 28% |
| **Primary Language Used** | |
| English | 96% |
| Spanish | 1% |
| Mandarin | 1% |
| Other | 1% |
| Declined to Answer (or Unknown) | 1% |
| **Sexual Orientation** | |
| Gay or Lesbian | 24% |
| Heterosexual or Straight | 4% |
| Bisexual | 20% |
| Questioning or Unsure | 5% |
| Queer | 27% |
| Other | 15% |
| Declined to Answer (or Unknown) | 5% |
| **Disability** | |
| Difficulty Hearing or Having Speech Understood | 2% |
| Mental (not Mental Health) | 6% |
| Physical/Mobility Disability | 3% |
| Chronic Health Condition | 6% |
| Other Disability | 2% |
| No Disability | 80% |
| Declined to Answer (or Unknown) | 1% |
| **Veteran Status** | |
| Yes | 5% |
| No | 91% |
| Declined to Answer (or Unknown) | 4% |
| **Gender: Assigned sex at birth** | |
| Male | 24% |
| Female | 36% |

| | |
|---|---|
| Declined to Answer (or Unknown) | 40% |
| **Current Gender Identity** | |
| Male | 18% |
| Female | 32% |
| Transgender | 9% |
| Genderqueer | 11% |
| Questioning or Unsure | 8% |
| Other | 18% |
| Declined to Answer (or Unknown) | 4% |

During the reporting timeframe 16 new Peer Facilitators were trained, 98% of whom went on to facilitate peer group sessions. The offering of Skills Building Workshops was expanded to include trainings on: Nonviolent Communication; Crisis Intervention; and Implicit Bias as it Relates to Race and workshops were provided to 51 Peer Facilitator participants. There were 221 referrals for additional services and supports. The number and type of referrals was as follows: 50 Mental Health; 17 Physical Health; 13 Social Services; 4 Housing; 137 other unspecified services. To assess the project services, a self-administered Peer Support Group Survey was distributed to all peer group members. A total of 123 Peer Support Group members (or 72%) completed the survey. Survey results were as follows:

- 100% indicated they would recommend the organization to a friend or family member;
- 94% felt like staff and facilitators were sensitive to their cultural background;
- 81% reported they deal more effectively with daily problems;
- 84% indicated they have trusted people they can turn to for help;
- 87% felt like they belong in their community.

A vast majority of individuals who completed the survey reported having improved social connections and community-building, and a deep gratitude for a safe environment to freely express and explore their authentic self.

# *ACCESS AND LINKAGE TO TREATMENT PROGRAM*

## Homeless Outreach and Treatment Team (HOTT)

The Homeless Outreach and Treatment Team (HOTT) program was established out of an effort to address the homeless crisis, and as a result of input received through various MHSA community program planning processes. Utilizing a portion of PEI and CSS funds, blended with realignment and general funds HOTT is a pilot program to support homeless mentally ill individuals in Berkeley and to connect them into the web of services that currently exist within the system of care. Key program components include the following: Persistent and Consistent Outreach; Supportive Case Management; Linkage to Care; and Treatment.

**PEI Goals:** The goal of this program is to connect individuals who have severe mental illnesses as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to, care provided by county mental health programs.

A local consultant, Resource Development Associates (RDA), was hired to conduct a dedicated independent evaluation to assess the program accomplishments and to ascertain whether HOTT should continue past the initial funding period. The initial report on FY18 showed many positive findings including the following:

- HOTT is serving as an important resource for the local community and homeless service continuum;
- The program had been very effective in persistent and consistent outreach, especially for chronically homeless individuals with a history of refusing services;
- HOTT meets people where they are, in parks, encampments, motels;
- The program had successfully connected homeless individuals to critical resources and service linkages.

In FY19, 147 individuals were served through this program. Demographics on individuals that received services through this pilot project were as follows:

| **PARTICIPANT DEMOGRAPHICS N= 147** | |
|---|---|
| **Age Groups** | |
| 16-25 (Transition Age Youth) | 4% |
| 26-59 (Adult) | 41% |
| Ages 60+ (Older Adult) | 14% |
| Declined to Answer (or Unknown) | 41% |
| **Race** | |
| Asian | 3% |
| Black or African American | 42% |
| White | 40% |
| Other | 15% |
| **Ethnicity: Hispanic or Latino** | |
| Mexican/Mexican-American/Chicano | 7% |
| **Ethnicity: Non-Hispanic or Non-Latino** | |
| Non-Hispanic or Non-Latino | 8% |

| Primary Language Used | |
|---|---|
| Declined to Answer (or Unknown) | 100% |
| **Sexual Orientation** | |
| Declined to Answer (or Unknown) | 100% |
| **Disability** | |
| Declined to Answer (or Unknown) | 100% |
| **Veteran Status** | |
| Declined to Answer (or Unknown) | 100% |
| **Gender: Assigned sex at birth** | |
| Declined to Answer (or Unknown) | 100% |
| **Current Gender Identity** | |
| Male | 57% |
| Female | 42% |
| Declined to Answer (or Unknown) | 1% |

Due to the nature of the many brief interactions attempting to engage with clients, as well as trying to not put up barriers to bringing clients into services, some data wasn't able to be collected in order to best support effective service provision.

The RDA Homeless Outreach and Treatment Team Final Evaluation Report which covered the timeframe from January 2018 – February 2020, showed the following outcomes:

- A total of 4,435 total encounters were conducted with individuals who were either enrolled or non-enrolled in the program, averaging 171 encounters per month;
- The number of contacts provided in-person in the field was 73%, while 26% were provided by phone;
- A total of 81% of HOTT encounters were with clients who were enrolled in the program;
- Enrolled clients had an average of 20 total encounters with HOTT staff, with an average of 4 encounters per month;
- During encounters, HOTT staff provided at least 1,845 material supports and services (including food, transportation or BART or bus passes, Hygiene Kits, Emergency Housing Vouchers, Blankets, etc.); to respond to clients' immediate and longer-term needs;
- During 488 encounters, HOTT provided emergency or temporary housing vouchers (e.g., for a motel) to individuals who required immediate shelter;
- Approximately three-quarters of enrolled clients (75%) and over a third of non-enrolled individuals (38%) were referred or connected to housing support services;
- In addition to connecting individuals to housing services, HOTT also connected individuals to other supportive services to help reduce or address initial barriers to obtaining housing;

- Approximately 27% of HOTT clients and 6% of non-enrolled individuals successfully enrolled in social service benefits. In comparison, only 9% of HOTT clients and 1% of non-enrolled clients ultimately enrolled in mental health services;
- Over 58% of all HOTT clients, and 9% of non-enrolled individuals obtained emergency or temporary housing (e.g., motel or shelter) at some point during their engagement with HOTT. In comparison, 12% of HOTT clients and 1% of non-enrolled individuals obtained permanent housing;
- To assess changes in self-sufficiency, HOTT staff completed a Client Self-Sufficiency Matrix (SSM) on enrolled clients at program intake, on a quarterly basis after program enrollment, and/or at program discharge. Overall, HOTT clients' SSM scores remained relatively unchanged from baseline to follow-up.

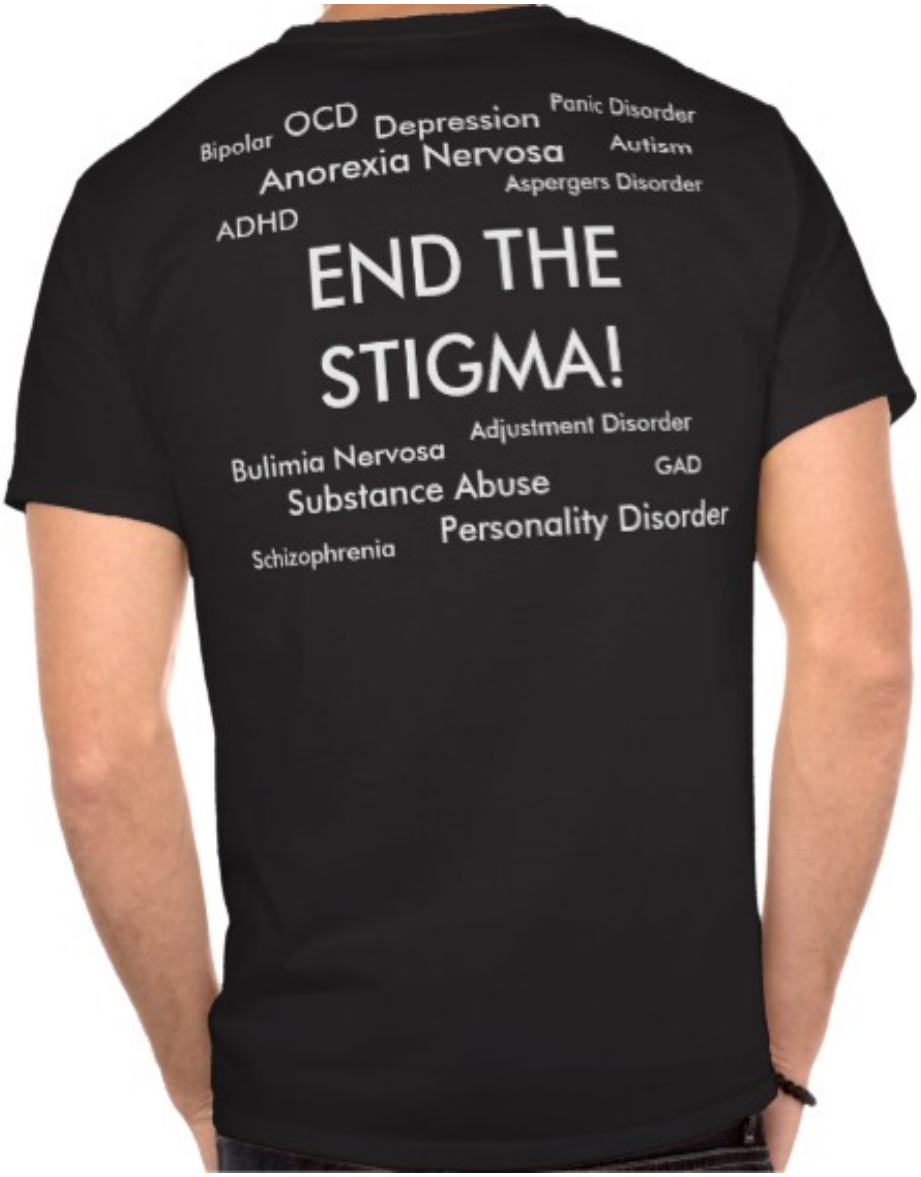
During interviews that were conducted with several HOTT existing and previous clients regarding their experience with the program, interviewees reported the following:

- "They help people, not just me. I introduce people on the street to them, and I say you can talk to the HOTT team and they will help you."
- "I really didn't expect anything, but when I called the City, they said someone [from HOTT] would meet me right then. They got me a hotel room that day. I wasn't expecting the City to help."
- "They were so helpful. I felt like if I didn't get the hotel room, they would have let me stay at their personal house."

In addition to these interviews, RDA conducted focus groups with HOTT clients during a previous year of the evaluation, and developed brief client impact stories based on clients' experiences. In one of the impact stories, client self-report was as follows:

"I would still be on the streets and probably dead if it wasn't for HOTT. I could have died and no one would have cared. Doctors told me I had months to live and I gave up on living. I gave up on everything for help. No one cared but the HOTT team did care. I'm the type of person that never asks for help, and here they were offering to help and they never gave up on me. I lived on the same spot for six years and never got medical care. They checked up on me and came back multiple times, even though I was turning them away in the beginning. I figured HOTT team was just like the other programs where they would just disappear after the first meeting. But I know the HOTT team is there. And everything the HOTT team said they would do came true. Now I am in hospice care getting the care that I need. I don't know how much longer I have to live, but it's a hell of a lot longer than a couple months which is what the doctors said. This gives me the opportunity to live my life with dignity. The HOTT team provided me with the positive energy just like hospice care that is so needed for people like me."

# *STIGMA AND DISCRIMINATION REDUCTION PROGRAM*



## 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 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 10-20 individuals a year.

**PEI Goals:** To reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families. To create changes in attitude, knowledge and/or behaviors related to seeking mental health services or related to mental illness.

In FY19, the "Telling Your Story" group met 24 times with 20 unduplicated persons attending for a total of 144 visits. Groups averaged 6 attendees.

Due to a vacancy in the Consumer Liaison position until February 2019, demographic data for this program during the reporting timeframe is not available..

# *OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS*

Per PEI State Regulations in addition to having the required "Outreach for Increasing Recognition of Early Signs of Mental Illness Program", mental health jurisdictions may also offer required Outreach for Increasing Recognition of Early Signs of Mental Illness as: a strategy within a Prevention program, a strategy within an Early Intervention program, a strategy within another program funded by PEI funds, or a combination thereof. Additionally, an Outreach for Increasing Recognition of Early Signs of Mental Illness program, may be provided through other MHSA components as long as it meets all of the program requirements.

## High School Youth Prevention Project

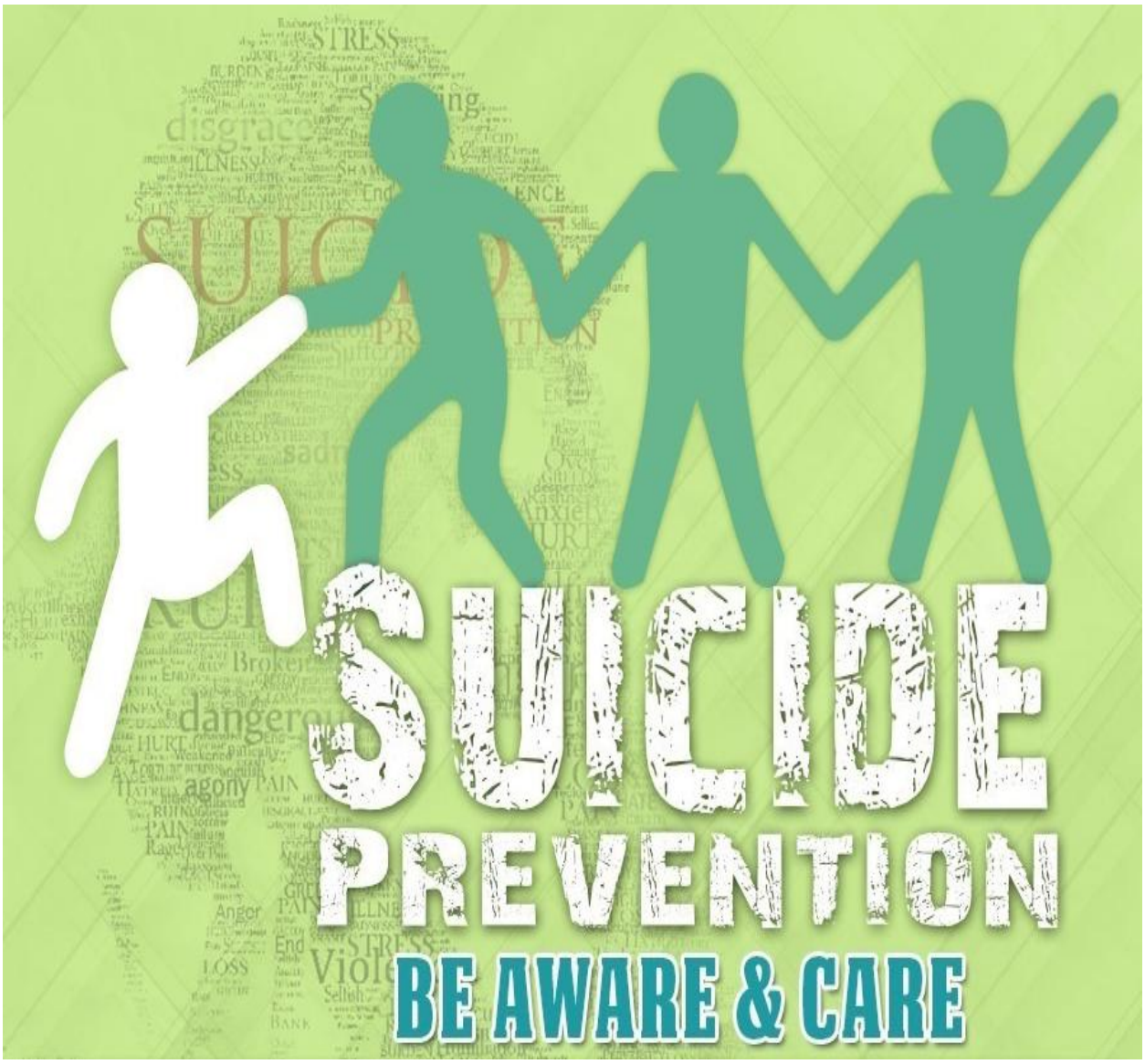
The High School Youth Prevention Project which is also classified as a Prevention and Early Intervention program. The data elements for the "Outreach for Increasing Recognition of Early Signs of Mental Illness" component of this program were not collected in the reporting timeframe.

## Mental Health First Aid

City of Berkeley Mental Health staff provide Mental Health First Aid training throughout the year. Mental Health First Aid is a groundbreaking public education program that helps the public identify, understand, and respond to signs of mental health issues and substance use disorders. Mental Health First Aid presents an overview of mental health issues and substance use disorders and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and provides an overview of common treatments. Through this training a five step action plan is taught that encompasses the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care. The required data elements for the "Outreach for Increasing Recognition of Early Signs of Mental Illness" component of this program were not collected in the reporting timeframe,

# *SUICIDE PREVENTION*

# *(OPTIONAL PEI PROGRAM)*



Per PEI State Regulations Mental Health Jurisdictions have an option on whether to utilize MHSA PEI funds on Suicide Prevention programs. While the City of Berkeley has not previously chosen to utilize PEI funds to implement a local Suicide Prevention program, in FY18 Berkeley Mental Health began contributing funding to the California Mental Health Services Authority (CalMHSA) PEI Statewide Projects in order to obtain State resources locally on Suicide Prevention, Student Mental Health, and Stigma and Discrimination. Additionally, in FY18 the City of Berkeley began work on a local Suicide Prevention Plan.

In FY19, through the CalMHSA Statewide Projects initiative resources on Suicide Prevention, Student Mental Health and Stigma and Discrimination reached an excess amount of 1,546 individuals. Additionally, an excess of 1,315 pamphlets and resources on Suicide Prevention, Student Mental Health and Stigma and Discrimination were distributed in local schools and the community. BMH also participated in the CalMHSA "Each Mind Matters" campaign and distributed materials and giveaways at the local "May is Mental Health Month" event.

# APPENDIX B

# Fiscal Year 2019 Innovation Annual Evaluation Report

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

# Fiscal Year 2019 Innovation Annual Evaluation Report

WELLNESS • RECOVERY • RESILIENCE

# INTRODUCTION

Mental Health Services Act (MHSA) Innovation (INN) funds are to be are utilized for short-term projects that contribute to new learning in the mental health field. This MHSA component provides the opportunity to pilot test and evaluate new strategies that can inform future practices in communities/or mental health settings. INN projects can target any population and any aspect of the mental health system as long as the strategies or approaches that are being implemented address at least one of the following areas:

- Increase access to mental health services;
- Increase access to mental health services for underserved groups;
- Increase the quality of mental health services, including better outcomes;
- Promote interagency collaboration.

INN projects should also have one of the following primary practices: introduce new mental health practices or approaches that have never been done before; or make changes to existing mental health practices/approaches, including adapting them to a new setting or community; or introduce a new promising community-driven practice/approach that has been successful in non-mental health contexts or settings.

Per Mental Health Services Act (MHSA) State requirements, Mental Health jurisdictions are to submit an Innovation (INN) Evaluation Report to the Mental Health Services Oversight and Accountability Commission (MHSOAC) on an annual basis. INN Regulations released in 2018 also require mental health jurisdictions to submit an Annual Evaluation Report to the State each fiscal year. The Evaluation Report should be included with the MHSA Annual Update or Three Year Program and Expenditure Plan and undergo a 30 Day Public Comment period and approval from the local governing board. Per state regulations in in 2021, the Fiscal Year 2019 (FY19) INN Annual Evaluation Report that covers data from FY19 is due.

This FY19 INN Annual Evaluation Report provides descriptions of currently funded MHSA INN services, and reports on FY19 program and demographic data to the extent possible. While, it may be a multi-year process before the City of Berkeley will be able to present a complete data set for each INN Program on an Annual basis, ongoing efforts will continue towards accomplishing this goal.

## BACKGROUND

On October 6, 2015, updated INN regulations designed by the Mental Health Services Oversight and Accountability Commission (MHSOAC) became effective. The new INN Regulations, included program and demographic data requirements that are to be reported to the MHSOAC through INN Annual Evaluation Reports. Per the new requirements, Mental Health Jurisdictions should report on the following INN Program and Demographic elements.

- Name of the Innovative Project.
- Whether and what changes were made to the Innovative Project during the reporting period and the reasons for the changes.
- Available evaluation data, including outcomes of the Innovative Project and information about which elements of the Project are contributing to outcomes.
- Program information collected during the reporting period, including for applicable Innovative Projects that serve individuals, number of participants served.
- All Demographic Data as applicable per project. (as outlined below)

### INN Demographic Reporting Requirements

For the information reported under the various program categories, each program will need to report disaggregate numbers served, number of potential responders engaged, and number of referrals for treatment and other services by:

**(A) The following Age groups:**

- 0-15 (children/youth)
- 16-25 (transition age youth)
- 26-59 (adult)
- ages 60+ (older adults)
- Number of respondents who declined to answer the question

**(B) Race by the following categories:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other
- More than one race
- Number of respondents who declined to answer the question

**(C) Ethnicity by the following categories:**
**(i) Hispanic or Latino as follows**

- Caribbean
- Central American
- Mexican/Mexican-American/Chicano
- Puerto Rican
- South American
- Other
- Number of respondents who declined to answer the question

**(ii) Non-Hispanic or Non-Latino as follows**

- African
- Asian Indian/South Asian
- Cambodian
- Chinese
- Eastern European
- European
- Filipino
- Japanese
- Korean
- Middle Eastern
- Vietnamese
- Other
- Number of respondents who declined to answer the question
- More than one ethnicity
- Number of respondents who declined to answer the question

**(D) Primary language used listed by threshold languages for the individual county**

- English
- Spanish
- Number of respondents who declined to answer the question

**(D) Primary language used listed by threshold languages for the individual county**

- English
- Spanish
- Number of respondents who declined to answer the question

**(E) Sexual orientation**

- Gay or Lesbian
- Heterosexual or Straight
- Bisexual
- Questioning or unsure of sexual orientation
- Queer
- Another sexual orientation
- Number of respondents who declined to answer the question

**(F) Disability**, defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness

- If Yes, report the number that apply in each domain of disability(ies)
  - Communication domain separately by each of the following:
    - difficulty seeing,
    - difficulty hearing, or having speech understood)
    - other, please specify
  - Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
  - Physical/mobility domain
  - Chronic health condition (including but not limited to chronic pain)
  - Other (specify)
- No
- Number of respondents who declined to answer the question

**(G) Veteran Status,**

- Yes
- No
- Number of respondents who declined to answer the question

**(H) Gender**

(i) Assigned sex at birth:
(a) Male
(b) Female
(c) Number of respondents who declined to answer the question
(ii) Current gender identity:
(a) Male
(b) Female
(c) Transgender
(d) Genderqueer
(e) Questioning or unsure of gender identity
(f) Another gender identity
(g) Number of respondents who declined to answer the question.

Effective July 2018 amended INN regulations specified the following:

- For projects/programs serving children or youth younger than 18 years of age, the demographic information collected and reported should only be done so to the extent permissible by privacy laws;
- For projects/programs serving minors younger than 12 years of age, demographic information shall be collected and reported, except for sexual orientation, current gender identity, and veteran status;
- Information that cannot be obtained directly from the minor many be obtained from the minor's parent, legal guardian, or other authorized source.

## CITY OF BERKELEY INN PROGRAMS

### Help@Hand - Technology Suite Project

In September 2018, following a four-month community planning process and approval from City Council, the City of Berkeley Technology Suite Project was approved by the MHSOAC. This project allocates a total of $462,916 to join a Statewide Collaborative with other California counties to pilot a Mental Health Technology Project that will make various technology-based mental health services and supports available locally in Berkeley. The proposed INN project will seek to learn whether the Technology Suite Project will increase access to mental health services and supports; and whether it will increase the quality of mental health services, including leading to better outcomes.

Since plan approval the City of Berkeley has been working both internally and with the State collaborative on various aspects of this project to prepare for citywide implementation. In keeping with changes made via the Technology Suite multi-county collaborative, the new name of this project has been changed to "Help@Hand". As a result of competitive recruitment processes that were conducted in FY20, two consultants were hired for the Project Coordination and Evaluation work on this project. Resource Development Associates (RDA) is conducting the Project Coordination work, and Hatchuel, Tabernik and Associates (HTA) will be conducting the Project Evaluation. Pre-work for the implementation of this project is currently underway. It is envisioned that the technology suite apps will be locally available in FY21 in Berkeley.

### Early Childhood Trauma Resiliency (ECTR) - Trauma Informed Care Project

In May 2016, the City of Berkeley received approval from the MHSOAC to implement a Trauma Informed Care (TIC) for Educators project into several BUSD schools to assess whether educators who are trained to become aware of their own trauma and trauma triggers (and how to address them), are better equipped to recognize and make appropriate decisions on how to help students who are exhibiting trauma symptoms, and assist them in accessing the mental health services and supports they may need.

The project was implemented through the 20/20 Vision Program which is operated out of the City of Berkeley, City Manager's Office. After a year of the TIC Project being executed, there were two vacancies in the 20/20 Vision Program which impacted the ability to continue the implementation of the TIC Project. The project was only able to be implemented for one year in FY17 and during that timeframe an evaluation was conducted by Hatchuel Tabernik & Associates on the project outcomes.

In FY18, due to staffing vacancies the TIC project was not able to be implemented. When staffing vacancies were filled in mid FY18, meetings were held with several BUSD principals who indicated that although their schools received a lot of positive benefits out of the TIC project, additional training requirements within the school system had been added for teachers and administrators that needed to be fulfilled over the next couple of years. As a result, the TIC Project would not be able to be prioritized within the school system at that time. In light of the changes in the school system, staff conducted outreach and found that area YMCA Head Start Centers were interested in executing the same TIC Project for their early childhood educators and staff, to impact the children and families who are served at the centers. As such, proposed changes to the population and funding amount of the original TIC Plan were vetted through community program planning, and an update to the TIC Plan underwent a 30 Day Public Review and Public Hearing process. The TIC Plan Update was approved through City Council in October 2018 and by the MHSOAC in December 2018. The modified project implements TIC Training for Educators and interested parents in local Head Start sites.

The new TIC modified project, "Early Childhood Trauma and Resiliency" (ECTR) began in January 2019 at four YMCA Head Start sites located in Berkeley: Ocean View. South YMCA, Vera Casey, and West YMCA. The project provides training and supports to enable Head Start staff to recognize trauma and its effects on themselves and the children and families they serve, and to integrate trauma and resiliency informed approaches into their work. The project provides training, coaching and peer support to staff and parents who have children enrolled in Head Start and advances Berkeley's 2020 Vision priority, that all Berkeley children enter kindergarten ready to learn.

The learning objectives of this project are:

- To create a change in the way Head Start educators and staff view and handle challenging student and parent behaviors (which often mask trauma);
- To create an increase in access to mental health services and supports for children/families in need;
- To promote better mental health outcomes by increasing child/family referrals to "appropriate' mental health services.

In FY19, the project utilized a lead trainer, Julie Kurtz, MS, LMFT, to conduct trauma training, coaching and guidance to the ECTR project. Two trainings, one for all Head Start staff and one

for the Head Start Leadership Team, were conducted. A "Resiliency Champion" component of the project was created to establish and maintain a trauma-informed care environment at Head Start Sites. Resiliency Champions are program staff and family advocates that serve as internal leaders and future trainers of the trauma informed curriculum to new staff. Fifteen Resiliency Champions were recruited, selected, and provided training, and twelve were still active by the end of the reporting timeframe. The Resiliency Champion role requires a significant commitment (30+ hours, excluding reading and homework assignments) and involves emotional work, both internally and with others. Anticipating that some turnover would occur, Dr. Anita Smith, Head Start's ECTR Project Coordinator, recruited a higher number of Champions than were necessary. Dr. Smith reports that the remaining Resiliency Champions are highly committed and engaged in the project. A total of 197 children were impacted by the ECTR project.

Per a report received from the City of Berkeley 2020 Vision Program Manager, who oversees this project, the most notable change that occurred during the reporting timeframe is that in the summer 2019, Pamm Shaw, Vice President of Early Childhood Impact with the YMCA of the East Bay, officially retired. Following approval of the MHSA INN TIC Modified Project from the Mental Health Oversight and Accountability Commission (MHSOAC), Ms. Shaw co-developed it with Berkeley's 2020 Vision. Her expertise and passion are critical to the formation and successful early implementation of this project. Fortunately, in FY20 Ms. Shaw was able to continue on as a consultant on the ECTR project.

Challenges reported included the general sensitivity of trauma-related topics. Many of the Head Start staff are former parents from the program. They and many non-alumni staff members have often experienced their own trauma. In order to equip them to work effectively on the trauma experienced by their students and students' families, they have to recognize their own trauma and how they might be triggered by others. This is hard, deep work. It is also important to make sure that staff trauma does not over-shadow student trauma.

A final challenge involved defining "appropriate" and "successful" mental health referrals. The Berkeley 2020 Vision Program Manger worked closely with Dr. Smith and Hatchuel, Tabernik & Associates (HTA), an Independent Contractor on this project, to identify a means for assessing whether students and their families are being referred to the most suitable providers based on each family's specific needs (including provider specialty and expertise, cultural appropriateness, hours, location, etc.). Additional issues were around how to measure whether a mental health referral is successful, examining factors such as family follow through, sessions provided, family feedback, provider assessment, etc.

An evaluation was conducted by HTA on the FY19 project outcomes. Below are demographics of individuals impacted by this program and outcomes. The full evaluation is attached to this report.

| PARTICIPANT DEMOGRAPHICS N=197 | |
|---|---|
| **Age Groups** | |
| 0-15 (Children) | 100% |
| **Race** | |
| American Indian or Alaska Native | 2% |
| Asian | 5% |
| Black or African American | 42% |
| White | 11% |
| Other | 27% |
| More than one Race | 12% |
| Declined to Answer (or Unknown) | 1% |
| **Ethnicity: Hispanic or Latino** | |
| Caribbean | 1% |
| Central American | 1% |
| Mexican/Mexican-American/Chicano | 30% |
| Puerto Rican | 1% |
| South American | 1% |
| Other | 1% |
| More than one ethnicity | 4% |
| Declined to Answer (or Unknown) | 3% |
| **Ethnicity: Non-Hispanic or Non-Latino** | |
| African | 61% |
| Asian Indian/south Asian | 2% |
| Cambodian | 1% |
| Chinese | 1% |
| European | 1% |
| Filipino | 1% |
| Korean | 4% |
| Middle Eastern | 8% |
| Other | 5% |
| More than one ethnicity | 4% |
| Declined to Answer (or Unknown) | 8% |

| Gender | |
|---|---|
| Female | 49% |
| Male | 51% |
| **Primary Language** | |
| English | 66% |
| Spanish | 21% |
| Urdu | 3% |
| Arabic | 2% |
| French | 2% |
| American Sign Language | 1% |
| Berber | 1% |
| Mongolian | 1% |
| Punjabi | 1% |
| Tigrina | 1% |
| Chinese | 1% |
| Laotian | 1% |
| Russian | 1% |
| **Disability** | |
| Communication: other, speech/language impairment | 20% |
| Mental domain | 2% |
| Physical/mobility domain | 2% |
| Chronic health condition | 6% |
| Other | 6% |

From evaluation forms on the Staff Training some of the feedback was as follows:

- "I feel this is the best training that I have ever had in my life. It has helped me see a lot of things about myself."
- "We love it! I want more training about TRAUMA."

Participants also reported their appreciation on learning about the impact of trauma on the brain, gaining tools to bring back to their classrooms and beginning to understand how to look at children and their families through a trauma-informed lens.

A 60-item online survey was administered to teachers and staff at each site. The survey will be administered annually to assess change in how staff understand how their own past trauma impacts their work, how staff view children and families who have experienced trauma that impacts their behavior, and how staff approach children. The first survey employed a retrospective pre-post survey design where respondents were asked to respond to a set of questions that describes their work during a period before the ECTR program began and then, in the survey, were asked to respond to the same set of questions after the program started. Survey responses indicated there was growth in all but two program areas (which remained the same), between the pre and post surveys. The greatest changes included staff who "saw ways that 'class disruptions' or 'behavior problems' could be related to trauma" (increase from 67% to 74%); and staff who "saw improvements in children's behavior after I used trauma-informed strategies" (increase from 46% to 59%).

The number of referrals to mental health referrals slightly decreased from the previous baseline of 9 children referred in FY18, to 4 children referred in FY19. The number of referrals, is expected to increase as more staff understand their role in identifying and supporting access to children's mental health services.

# Early Childhood Trauma and Resiliency Project (ECTR)

## City of Berkeley, Berkeley's 2020 Vision

### Year One Evaluation Report (January 1 – June 30, 2019)

**September 2019**

**Prepared by**
Ruthie Chang, EdM
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Hatchuel Tabernik and Associates

# Project Description

## Overview

Berkeley's 2020 Vision is a citywide partnership that strives to eliminate racial disparities in Berkeley's public education system, with a primary focus on African American and Latinx children and their families. Berkeley's 2020 Vision advances the following City of Berkeley's strategic plan goal: to champion and demonstrate social and racial equity.

In December 2019, Berkeley's 2020 Vision was awarded $336,825 in Mental Health Services Act (MHSA) funding through June 30th, 2021, to implement the Early Childhood Trauma and Resiliency (ECTR) Project in partnership with the YMCA of the East Bay. The ECTR project advances Berkeley's 2020 Vision priority that all Berkeley children enter kindergarten ready to learn.

The ECTR Project provides training, coaching, and peer support to staff and parents with children enrolled in YMCA's four Head Start sites located in Berkeley: Ocean View, South YMCA, Vera Casey, and West YMCA. This project's core strategy is to build the capacity of YMCA Head Start staff to recognize trauma and its effects on themselves, children, and families, and integrate a trauma- and resiliency-informed approach into their work with children and families. The ultimate goal of this project is to improve mental health care access and outcomes for children, ages 0 through 5 years old, enrolled at each of the YMCA's four sites.

## Theory of Change

The underlying theory of change creates a chain of reasoning from resources to outcomes that is used to test assumptions and inform the evaluation. ECTR's theory of change is as follows:

- Trauma has a significant impact on the mental health of Head Start students, parents/guardians, educators and staff.
- Introducing a trauma-informed approach and strategies to Head Start educators and staff will enable them to better recognize their own trauma and triggers.
- This knowledge will help educators and staff approach students and parents/guardians from a trauma-informed perspective (including shifting from "What's wrong with you?" to "What happened to you?").
- Supported by agency-wide trainings, peer support learning circles and in-class coaching, teachers and staff will develop more positive, empathic relationships with students and their parents/guardians helping them to better identify trauma in the children/families they serve.
- Equipped with trauma-informed tools and stronger relationships with students and parents, educators will make more successful and "appropriate" mental health referrals.
- This project will build Head Start's in-house capacity to lead trainings, facilitate peer support circles, and onboard new staff to ensure sustainability beyond the current funding term.

# Implementation

## Key Partners

Nina Goldman of Berkeley's 2020 Vision is managing this project on behalf of the City of Berkeley. Anita Smith, Ph.D., who oversees the work of Head Start's mental health services, is the Project Coordinator of the ECTR Project on behalf of the YMCA of the East Bay. Dr. Smith works closely

with Pamm Shaw, who is responsible for early childhood development programs at YMCA of the East Bay. Head Start has contracted with Julie Kurtz, MS, LMFT, to conduct trauma training, coaching and guidance to the ECTR Project. Ms. Kurtz is a private consultant and author with extensive expertise in trauma, early childhood development, training, and curriculum development. She co-authored the book, **Trauma-Informed Practices for Early Childhood Educators**, published in 2019. Before opening her consulting practice, Ms. Kurtz served as Co-Director of Trauma-Informed Practices in Early Childhood Education at WestEd's Center for Child & Family Studies. Berkeley's 2020 Vision has contracted with Hatchuel Tabernik and Associates (HTA) to lead the evaluation of the ECTR project.

## Implementation Activities to Date

This report covers program activities and outcomes from January 1st through June 30th, 2019. Head Start kicked off the ECTR project in February 15th, 2019 with its first all-staff (e.g., teachers, counselors, administrators) training, **"Understanding Trauma Informed Practices for Early Childhood Programs: Creating Strength-Based Environments to Support Children's Health and Healing"** (also referred to as "Trauma Informed Care 101"). Ms. Kurtz led and designed this full-day training, with guidance from Head Start. The training covered topics, including: defining trauma, the impact of trauma, strategies to support children through relationships as well as environments, sensory/body awareness, strengthening emotional literacy, and managing strong emotions. Sixty-two staff from the four YMCA sites attended (see Table 1 below).

The goal of this initial training was to lay the foundation for a successful ECTR project, by imparting information about trauma and resiliency, and engaging Head Start staff across varying levels, backgrounds, and cultures. This training was enthusiastically received by participants. As one participant wrote on her evaluation form: "I feel [this] is the best training that I have ever had in my life. It has helped me see a lot of things about myself." Participants particularly appreciated learning about the impact of trauma on the brain, gaining tools to bring back to their classrooms and beginning to understand how to look at children and families through a trauma-informed lens. Another participant wrote on her evaluation: "We love it! I want more training about TRAUMA."

The subsequent training was designed for Head Start's leadership team in order to begin preparing management staff to effectively guide their teams/supervisees through culture change -- the shift to a trauma-informed approach in the day-to-day work of Head Start. This three-hour training, **"Kick-off and Leadership Reflective Practices"**, on June 10th, 2019 specifically focused on how to create a safe and strong supervisor-supervisee relationship through a reflective practice. Topics covered included: power differentials, the three R's of Reflective Inquiry (repeat, restate, reconnect), self-awareness, and strength-based approaches. Seventeen Head Start staff participated in this training, including center directors and managers.

The **Resiliency Champion** component of this project is designed to help establish and maintain a trauma-informed care environment at the Head Start Centers by developing staff leadership and putting in place a mechanism to onboard new staff to trauma-informed practices quickly and effectively. Dr. Smith recruited and selected a group of 15 "Resiliency Champions" to serve as internal leaders and future trainers of the trauma-informed curriculum to new staff. Resiliency Champions include program managers, area managers, workforce development staff, health specialists, family advocates, a center director, and a lead teacher.

The Resiliency Champion trainings launched on June 10th, 2019. By the end of June, Champions had attended two out of 10 three-hour training sessions planned through October 21st, 2019. Training sessions are facilitated by Julie Kurtz and Dr. Smith. According to trainer documents, the purpose of the Resiliency Champions meetings is "to reflect and go deeper in discussion about how to practically apply social-emotional and trauma sensitive strategies to the work we do with each other, families and children every day. To seek to understand human behavior so that we can grow in our awareness and help make our own lives, others and the planet a more humane place to live in. To take an inquiry stance where we are eager to learn and seek to understand. Growth comes from self-reflection and self-awareness."

The first few sessions cover the following topics: Understanding the Neurobiology of Trauma, Foundations of Trauma-Informed Practices for Early Childhood Education, and Trauma Sensitive Early Childhood Programs. The text for these sessions is a book co-authored by Julie Kurtz, Trauma Informed Practices for Early Childhood Educators: Relationship-Based Approaches that Support Healing and Build Resilience in Young Children. The Resiliency Champions are also learning and practicing delivery of three new staff trainings developed by Ms. Kurtz for this project, each with its own PowerPoint slide deck. Following this preparation, the Resiliency Champions are expected to begin co-leading staff "Resiliency Circles" and/or new staff trainings on trauma-informed care.

As of the writing of this report, another all-staff training was held on August 22nd, 2019. This four-hour training, **Self-Care: Getting a PhD in You**, focused on provider self-care while doing trauma-informed work.

**Table 1. Training Sessions and Attendance**

| Training Name | Date | Length | # Attendees |
|---|---|---|---|
| ***Trainings to Date*** | | | |
| **Understanding Trauma Informed Practices for Early Childhood Programs (All Staff)** | Feb 15th | 8 hours | 62 |
| **Kick-off and Leadership Reflective Practices** | June 10th | 3 hours | 17 |
| **Resiliency Champion Meeting 1** | June 10th | 3 hours | 15 |
| **Resiliency Champion Meeting 2** | June 24th | 3 hours | 15 |
| ***Upcoming Trainings*** | | | |
| **Resiliency Champion Meeting 3** | July 1st | 3 hours | - |
| **Resiliency Champion Meeting 4** | July 15th | 3 hours | - |
| **Resiliency Champion Meeting 5** | Aug 8th | 3 hours | - |
| **Resiliency Champion Meeting 6** | Aug 19th | 3 hours | - |
| **Self-Care (All Staff)** | Aug 22nd | 4 hours | - |
| **Resiliency Champion Meeting 7** | Sept 9th | 3 hours | - |
| **Resiliency Champion Meeting 8** | Sept 21st | 3 hours | - |
| **Resiliency Champion Meeting 9** | Oct 7th | 3 hours | - |
| **Resiliency Champion Meeting 10** | Oct 21st | 3 hours | - |

Source: ECTR program documents

# Evaluation

## Overview

The overall purpose of this evaluation is to determine the impact of the ECTR model implementation on the way that Head Start educators and staff view trauma, how they handle challenging behavior, and their capacity to provide "appropriate" mental health referrals. Through a mixed-methods, collaborative, and client-centered approach, HTA uses a **utilization-focused approach** for the ECTR evaluation, combining surveys, focus groups, and archival data to address the impact of the program on participants and mental health referrals. Utilization-based evaluation is an approach whereby the evaluation activities from beginning to end are focused on the intended use by the intended users.[1] HTA also takes into account the developmental nature of the program as it is designed and continues to evolve while the evaluation is underway.

The following research questions (RQs) were developed to help guide the evaluation goals and data collection activities.

### *Project Goal 1: To create a change in the way Head Start educators and staff view and handle challenging student and parent behaviors (which often mask trauma)*

**RQ1**: What is the impact of the ECTR model on participants (Head Start staff and educators, resiliency champions, peer support learning circle participants)?

Specifically, do they view themselves, the parents, and children they work with differently? Do they view student behavior issues differently? When parents attend trainings, what is the impact on them?

### *Project Goal 2: To create an increase in access to mental health services and supports for children/families in need*

**RQ2:** What is the impact on Head Start families' and children's access to mental health services?

Specifically, are Head Start educators and staff more comfortable talking about mental health with families, both before and after referrals are made? Do they see themselves as allies in helping families access mental health services? Do Head Start educators and staff feel better equipped to utilize the mental health referral process? Is there a change in the number of mental health referrals?

### *Project Goal 3: To promote better mental health outcomes by increasing child/family referrals to "appropriate" mental health services*

**RQ3:** Is there an increase in the number of "appropriate" mental health referrals from Head Start educators and staff?

[1] Patton, M.Q. (2012). *Essentials of Utilization-Focused Evaluation*. Thousand Oaks, CA: SAGE Publications, Inc.

In order to answer the evaluation questions, HTA is collecting the following data from ECTR program staff and developing instruments (e.g., staff survey, focus group protocols) as needed.

**Table 2. ECTR Data Sources**

| Data Source | Description of Data Source |
|---|---|
| **Training attendance sheets** | Collected by YMCA at each training, these attendance sheets indicate all YMCA staff who attended the training. Attendance sheets include training date, training location, names, job titles, and sites. |
| **Pre and post participant survey** | Online survey completed by YMCA staff annually. The survey was developed by HTA in collaboration with ECTR program leaders adapting some questions from existing surveys from the City of Berkeley's 2016-17 Trauma-Informed Systems pilot program and a trauma-informed practices self-assessment from defendingchildhoodoregon.org. Topics covered include how staff better understand how their own past trauma impacts their work, how staff view students and families who have experienced trauma that impacts their behavior, and how staff approach behavioral issues. The same survey will be completed each year to see change over time. |
| **YMCA Child Plus** | YMCA database with demographics of children for MHSA reporting requirements. |
| **YMCA supplemental demographics survey** | YMCA survey administered at the door to families to collect missing MHSA demographic data in year 1. |
| **Program Information Reports (PIR)** | YMCA Mental Health Consultants complete this worksheet on a monthly basis for submission to the Program Manager. This worksheet reports mental health referrals to agencies outside of the YMCA Head Start program. |
| **Mental health referral follow-up form** | HTA will help the YMCA develop this form. Mental Health Consultants will complete this form (or section of an existing form) to document "appropriateness" of referral, in other words, whether they contacted referral agencies before the referral, whether families utilized the referral, and whether it met their needs. |
| **Focus groups** | Focus groups will be conducted with staff from each site annually beginning in the second year. Focus groups will gather information about how educators and staff view themselves, children, and parents, how they handle challenging behaviors, and changes to their capacity to make referrals. |
| **Post-training surveys** | Post-training surveys developed by trainers and administered post-training via paper surveys to measure understanding and satisfaction. |

## Demographic Data

While the ECTR program activities are aimed at teachers and staff, the ultimate long-term goal of the program is to improve the lives of the children they serve. We therefore consider children the primary participants of the program and provide their demographics below. Demographic data was collected from Head Start's ChildPlus system as well as a supplemental parent/guardian survey for demographics not collected in ChildPlus (e.g., MHSA ethnicity categories). The program's Theory of Change posits that more immediate changes will first occur in teachers and staff, as described in the graphic in Figure 1 later in the report.

### Child (Participant) Demographics

As of Spring 2019, The ECTR program serves 197 children at the four program sites (Table 3). Black/African American children are the largest ethnic/racial group served (42%). Two thirds of the children's primary language is English, and 21% primarily speak Spanish. There are approximately the same percentage of male (51%) and female (49%) children. All children are in the 0-15 age group. The most common disability among the children is a speech/language impairment (20%).

**Table 3. ECTR Child Demographics**[2]

| | n | % |
|---|---|---|
| **Site** | | |
| *Oceanview* | 49 | 25% |
| *South YMCA* | 69 | 35% |
| *Vera Casey* | 16 | 8% |
| *West YMCA* | 63 | 32% |
| **Gender (assigned at birth)** | | |
| *Female* | 97 | 49% |
| *Male* | 100 | 51% |
| **Age** | | |
| *0-15* | 197 | 100% |
| **Primary Language** | | |
| *English* | 130 | 66% |
| *Spanish* | 41 | 21% |
| *Urdu* | 5 | 3% |
| *Arabic* | 4 | 2% |
| *French* | 4 | 2% |
| *American Sign Language* | 2 | 1% |
| *Berber* | 2 | 1% |
| *Mongolian* | 2 | 1% |
| *Punjabi* | 2 | 1% |
| *Tigrina* | 2 | 1% |
| *Chinese* | 1 | 1% |
| *Laotian* | 1 | 1% |
| *Russian* | 1 | 1% |
| **Disability** | | |
| *Communication: difficulty seeing* | 0 | 0% |
| *Communication: difficulty hearing* | 0 | 0% |
| *Communication: other, speech/language impairment* | 39 | 20% |
| *Mental domain* | 4 | 2% |
| *Physical/mobility domain* | 3 | 2% |

[2] The MHSA categories of sexual orientation, veteran status, and current gender identity are excluded as instructed.

| | n | % |
|---|---|---|
| *Chronic health condition* | 11 | 6% |
| *Other* | 11 | 6% |
| **Race** | 154 | 100% |
| *American Indian or Alaska Native* | 3 | 2% |
| *Asian* | 8 | 5% |
| *Black or African American* | 64 | 42% |
| *Native Hawaiian or other Pacific Islander* | 0 | 0% |
| *White* | 17 | 11% |
| *Other* | 42 | 27% |
| *More than one race* | 18 | 12% |
| *Declined to answer* | 2 | 1% |
| **Ethnicity: Hispanic or Latino** | 62 | 40% |
| *Caribbean* | 1 | 1% |
| *Central American* | 2 | 1% |
| *Mexican/Mexican-American/Chicano* | 46 | 30% |
| *Puerto Rican* | 1 | 1% |
| *South American* | 1 | 1% |
| *Other* | 1 | 1% |
| *More than one ethnicity* | 6 | 4% |
| *Declined to answer* | 4 | 3% |
| ***Ethnicity: Non-Hispanic or Non-Latino*** | 96 | 62% |
| *African* | 61 | 40% |
| *Asian Indian/ South Asian* | 2 | 1% |
| *Cambodian* | 1 | 1% |
| *Chinese* | 1 | 1% |
| *Eastern European* | 0 | 0% |
| *European* | 1 | 1% |
| *Filipino* | 1 | 1% |
| *Japanese* | 0 | 0% |
| *Korean* | 4 | 3% |
| *Middle Eastern* | 8 | 5% |
| *Vietnamese* | 0 | 0% |
| *Other* | 5 | 3% |
| *More than one ethnicity* | 4 | 3% |
| *Declined to answer* | 8 | 5% |

Source: ChildPlus Data N=197; ECTR Supplemental MHSA Race/Ethnicity Survey n=154

## Staff Demographics

A total of 60 staff who work at the four Berkeley YMCA Head Start sites responded to an online survey in the summer of 2019 for the evaluation. As the survey was sent to 75 YMCA Head Start staff, a high response rate (80%) was achieved.

Survey respondents in the ECTR program work at West YMCA (43%), South YMCA (30%), Oceanview (17%), and Vera Casey (8%). (See Table 4 below). Approximately one-third of participants have worked at YMCA for fewer than two years (34%), one third from three to eight years (33%), and the last third greater than nine years (35%). Participants include teachers (22%) and teacher assistants (30%), mental health consultants (5%), family advocates (5%) and administrative staff including center directors (5%) and managers. The great majority are female (77%), and nearly half identified as either Hispanic/Latinx (30%) or Black/African-American (18%).

**Table 4. Demographics of ECTR Staff Surveyed**

| | n | % |
|---|---|---|
| **Site** | | |
| *Oceanview* | 10 | 17% |
| *South YMCA* | 18 | 30% |
| *Vera Casey* | 5 | 8% |
| *West YMCA* | 25 | 43% |
| *Other ("all sites")* | 1 | 2% |
| **Length of time at YMCA** | | |
| *Less than one year* | 7 | 12% |
| *1-2 years* | 13 | 22% |
| *3-5 years* | 12 | 20% |
| *6-8 years* | 7 | 12% |
| *More than 9 years* | 21 | 35% |
| **Job Title/Role** | | |
| *Teacher Assistant* | 18 | 30% |
| *Teacher/Head Teacher* | 22 | 37% |
| *Area Manager* | 3 | 5% |
| *Center Director* | 3 | 5% |
| *Coach* | 1 | 2% |
| *Family Advocate* | 3 | 5% |
| *Mental Health Consultant* | 3 | 5% |
| *Program Assistant* | 2 | 3% |
| *Other Manager* | 4 | 7% |
| *Other* | 1 | 2% |
| **Sex** | | |
| *Female* | 46 | 77% |
| *Male* | 3 | 5% |
| *Missing/Declined to answer* | 11 | 18% |
| **Race** | | |
| *American Indian or Alaska Native* | 1 | 2% |
| *Asian* | 4 | 7% |
| *Black or African American* | 11 | 18% |
| *Native Hawaiian or other Pacific Islander* | 0 | 0% |
| *White* | 3 | 5% |
| *Hispanic or Latinx* | 18 | 30% |
| *Other* | 3 | 5% |
| *More than one race* | 2 | 3% |
| *Missing/Declined to answer* | 18 | 30% |

Source: ECTR Evaluation Staff Survey N=60, June/July 2019

## Staff Views and Perceptions

HTA developed a 60-item online survey in collaboration with ECTR program leaders and administered it to teachers and staff at the four sites in the summer of 2019. The survey was developed by HTA in collaboration with ECTR program leaders adapting some questions from existing surveys from the City of Berkeley's 2016-17 Trauma-Informed Systems pilot program and a 2016 trauma-informed practices self-assessment from defendingchildhoodoregon.org. The survey will be administered annually to assess change in how staff understand how their own past trauma

impacts their work, how staff view children and families who have experienced trauma that impacts their behavior, and how staff approach children. This first survey employed a retrospective pre post survey design where respondents were asked to respond to a set of questions that describes their work during a period before the ECTR program began (the first half of the 2018-19 school year) and then, in the same survey, were then asked to respond to the same set of questions after the program started (in the past 30 days).

The majority (65%) of participants in the staff survey expressed that prior to these trainings, they were somewhat familiar with trauma-informed approaches while 18% of participants expressed that they were "very" familiar. (See Table 5 below). Over a third of participants (37%) stated that they had attended another trauma-related training outside of YMCA.

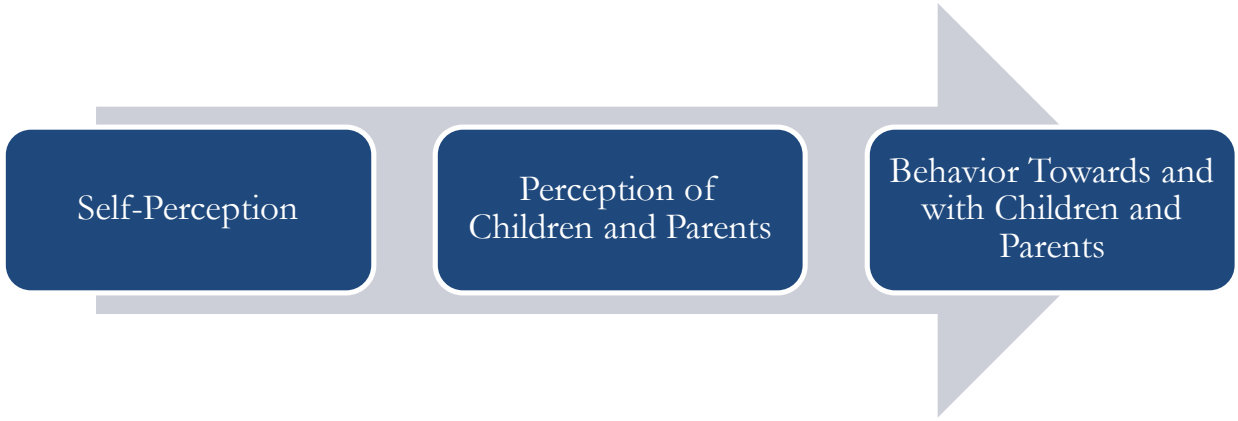
**Table 5. Staff Familiarity with Trauma Trainings**

| Before December 2018, how familiar were you with trauma-informed approaches to support children/families | n | % |
|---|---|---|
| **Very familiar** | 11 | 18% |
| **Somewhat familiar** | 39 | 65% |
| **Not at all familiar** | 7 | 12% |
| **Not Sure** | 1 | 2% |
| **No response** | 2 | 3% |

Source: ECTR Evaluation Staff Survey N=60, June/July 2019

As staff attend trainings and learn about recognizing trauma, their own triggers, and strategies to working with children and families struggling with trauma, the theory of change posits the first change to occur will be that staff change their own perceptions and feelings about trauma through reflections of their own lives and how that affects the way they work with children. Subsequently, they would begin to approach students and parents/guardians from a trauma-informed perspective (including shifting their framing from "What's wrong with you?" to "What happened to you?") and develop more positive, empathic relationships with students and their parents/guardians helping them to better identify trauma in the children/families they serve. Ultimately, staff then change their actions and behaviors as it relates to children and families, and make more successful and "appropriate" mental health referrals. (See Figure 1 below).

**Figure 1. ECTR Theory of Change for Staff**




Source: Adapted from the ECTR Theory of Change

In the survey responses, the majority of staff expressed that they feel that they are able to maintain a positive classroom and have confidence that their actions have a positive effect on children. One in four respondents reported that "challenging behavior issues prevented me from maintaining a positive classroom environment" (21% to 26%) and most "felt confident that my actions had the ability to help a child who has been exposed to trauma" (76% to 81%), though this change was not found to be statistically significant. See Table 6 below.

**Table 6. Staff Self-Perception**

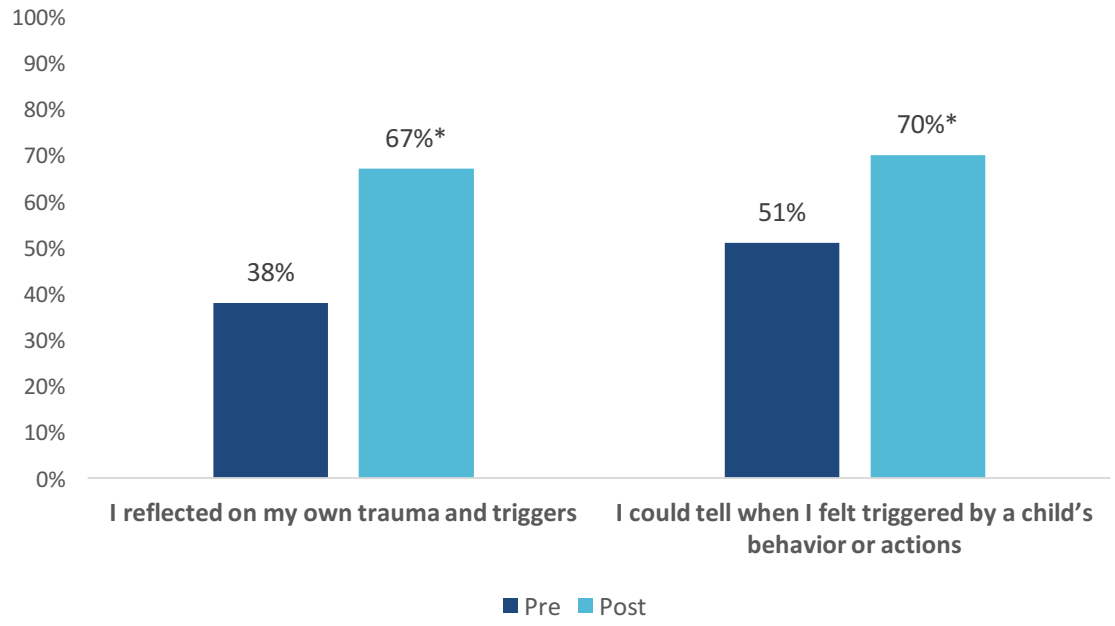
| | n | Pre % "Often" or "Always" | Post % "Often" or "Always" |
|---|---|---|---|
| **I felt I could handle every serious emotional or behavioral issue in my classroom by myself** | 40 | 38% | 43% |
| **I reflected on my own trauma and triggers** | 45 | 38% | 67%* |
| **I could tell when I felt triggered by a child's behavior or actions** | 43 | 51% | 70%* |
| **I knew how to use strategies rooted in trauma informed practices** | 43 | 67% | 79% |
| **I felt confident in using trauma informed strategies I have learned at work** | 42 | 69% | 74% |
| **Challenging behavior issues prevented me from maintaining a positive classroom environment** | 38 | 21% | 26% |
| **I felt confident that my actions had the ability to help a child who has been exposed to trauma** | 42 | 76% | 81% |

Source: ECTR Evaluation Staff Survey N=60, June/July 2019
Note: * denotes statistically significant change $p<.05$

Using McNemar's Test to assess for change among those who responded to the item in both the pre- and post- survey periods, the change from before the program to after was statistically significant in two instances: staff who reflected on their own trauma and triggers (38% to 67%) as well as those who could identify when they felt triggered by a child's behavior or actions (51% to 70%). (See Figure 2 below). This is in line with the program's theory of change that posits that

changes will first occur within staff themselves, before they change their perceptions of other or their behaviors. Though not statistically significant, there also was growth in all responses from before the program began to after. HTA will conduct four focus groups in the fall, one per site, to further understand the stories behind these findings.

**Figure 2. Statistically Significant Growth in Staff Self-Perceptions**




For the survey items regarding staff perceptions of students and parents, staff sentiment about children and their future remained generally very positive. (See Table 7 below). Few staff "felt that a child's actions/behavior made me irritated" (11% to 14%) and most felt generally hopeful about the lives of the children" (81% to 84%).

There is growth in all areas from prior to the program start to after except two where the percentage remained the same. While not statistically significant,[3] the greatest changes included staff who "saw ways that 'class disruptions' or 'behavior problems' could be related to trauma" (increase from 67% to 74%) and staff who "saw improvements in children's behavior after I used trauma-informed strategies" (increase from 46% to 59%). As the program continues into its second year, we anticipate seeing greater changes in perceptions as staff increase their knowledge and familiarity with trauma-informed strategies with children and families.

[3] Using McNemar's test to assess for change among those who responded to the item in both the pre and post survey periods

**Table 7. Changes in Perceptions of Students and Parents**

| | n | Pre % "Often" or "Always" | Post % "Often" or "Always" |
|---|---|---|---|
| **A child's actions/behavior made me irritated** | 44 | 11% | 14% |
| **I saw ways children at my site have been impacted by trauma** | 42 | 67% | 69% |
| **I saw ways parents have been impacted by trauma** | 44 | 66% | 66% |
| **I saw ways that "class disruptions" or "behavior problems" could be related to trauma the student has experienced** | 43 | 67% | 74% |
| **I saw improvements in children's behavior after I used trauma-informed strategies** | 39 | 46% | 59% |
| **I felt generally hopeful about the lives of the children** | 43 | 81% | 84% |
| **I understand why families may not seek out or accept mental health services/programs they need** | 44 | 70% | 70% |

Source: ECTR Evaluation Staff Survey N=60, June/July 2019
Note: * denotes statistically significant change p<.05, no changes were statistically significant

## Staff Behaviors

Nearly all staff (87% to 93%) report that they kept themselves "calm and regulated in moments working with a student who is challenging." One in four respondents (21% to 28%) "felt hesitant to refer students to mental health resources." (See Table 8 below.) Staff appear to feel that they have tools to cope with their responses to challenging behaviors.

There was growth in all areas of staff behavior as well, although none were statistically significant.[4] The greatest changes were the percentage of staff who "felt comfortable talking to parents about their child's emotional, developmental, or behavioral issues" (67% to 79%), who "worked with a child's family about a child's emotional or behavior issues related to trauma" (63% to 75%), who "shared information about trauma and its effects on behavior with parents/caregivers" (50% to 67%), and who "shared ways that I manage challenging trauma-related behavior with parents/caregivers" (51% to 63%). While preliminary and not statistically significant, this suggests staff feel they know how to work with colleagues around children's emotional, developmental, or behavioral issues, but as a result of the ECTR trainings, now have more or more effective tools to work with children's parents. The evaluation of the second year of the program will continue to explore these issues.

[4] Using McNemar's test to assess for change among those who responded to the item in both the pre and post survey periods

**Table 1. Changes in Staff Behaviors**

| | n | Pre % "Often" or "Always" | Post % "Often" or "Always" |
|---|---|---|---|
| I was able to build rapport with the majority of parents | 43 | 79% | 81% |
| I felt comfortable talking to parents about their child's emotional, developmental, or behavioral issues | 43 | 67% | 79% |
| I worked with a co-worker(s) about a child with emotional or behavior issues related to trauma | 44 | 80% | 84% |
| I worked with a child's family about a child's emotional or behavior issues related to trauma | 40 | 63% | 75% |
| I shared information about trauma and its effects on behavior with parents/caregivers | 42 | 50% | 67% |
| I shared ways that I manage challenging trauma-related behavior with parents/caregivers | 41 | 51% | 63% |
| I felt hesitant to refer students to mental health resources (e.g., mental health specialist, outside mental health services) | 39 | 21% | 28% |
| I knew where or to whom to go when I had questions about mental health referrals | 43 | 79% | 81% |
| I kept myself calm and regulated in moments working with a student who is challenging | 45 | 87% | 93% |

Source: ECTR Evaluation Staff Survey N=60, June/July 2019
Note: * denotes statistically significant change p<.05, no changes were statistically significant

## Staff Morale

The evaluation also asked two questions to assess staff morale at the YMCA Head Start sites. While not a comprehensive review of the organizational culture of YMCA, the two questions reveal that nearly all staff enjoy working at the school, that this remained consistent over the course of the year (98% to 94%), and staff relationships are consistently positive and supportive (85%). (See Table 9 below).

As the program continues into its second and third years and staff are expected to work together to address children's mental health issues, we anticipate that staff morale and the quality of staff relationships will remain high or even increase. This is also important to monitor as staff morale could help reveal whether there are other issues impeding the program's successful implementation.

**Table 2. Staff Morale**

| | n | Pre % "Often" or "Always" | Post % "Often" or "Always" |
|---|---|---|---|
| The relationships among the staff at this school were generally positive and supportive | 47 | 85% | 85% |
| I enjoyed working at this school | 48 | 98% | 94% |

Source: ECTR Evaluation Staff Survey N=60, June/July 2019
Note: * denotes statistically significant change p<.05, no changes were statistically significant

## Mental Health Referrals

### Number of Mental Health Referrals

As a critical component of the MHSA grant, mental health referrals will be tracked every year of the evaluation in order to measure change over time. Based on Program Information Reports (PIR) completed by the Mental Health Consultants and submitted to the Program Manager over the past two years, the number of mental health referrals have slightly decreased this school year compared to baseline (2017-18) (Table 10). The number of referrals, a longer-term outcome, is expected to increase as more staff understand their role in identifying and supporting access to children's mental health services. The staff focus groups in the fall will help triangulate and explain any changes in the number of referrals.

**Table 10. Number of Mental Health Referrals**

| School Year | # Children Referred |
|---|---|
| **2017-18 (baseline)** | 9 |
| **2018-19** | 4 |

Source: YMCA Program Information Reports (PIR) forms

### Referrals to "Appropriate" Mental Health Services

ECTR program leaders are in the process of developing the Mental Health Referral Follow-up Form with the support of the evaluator in order for YMCA Mental Health Consultants to document whether they contacted referral agencies before the referral, whether families utilized the referral, and whether it met families' needs. This form will be implemented in the fall of 2019.

# Conclusion

Even at this early stage of the ECTR program, staff are starting in a strong position in terms of feeling confident in their ability to work with the children at the four YMCA sites. With the introduction of the ECTR program, there are already statistically significant increases in self-perceptions among staff who reflected on their own trauma and triggers (38% to 67%) as well as those who could identify when they felt triggered by a child's behavior or actions (51% to 70%). This is consistent with the theory of change which posits that first, staff perceptions around trauma, including their own trauma will shift, followed by changes in how staff perceive children and parents as it relates to trauma, and then changes in how staff interact with children and families, including referring children to mental health services. There is an upward growth trend among staff in the second two stages, but those changes are not yet statistically significant.

Further exploration in the second program year, as well as staff focus groups in the fall, will help explain and triangulate these findings as the program heads into its second year. In addition to the training for all staff on **Self Care**, upcoming programmatic activities include:

- Staff trainings on **Practical Applications of Trauma-Informed Strategies** and **Family Engagement**
- Half-day **Leadership Team Peer Support Learning Circles** will be launched in order for leaders to come together and learn, receive coaching from Julie Kurtz, and troubleshoot issues associated with implementing ECTR.
- Once Resiliency Champions complete trainings in October 2019, they will then lead monthly **Staff Resiliency Learning Circles**. Champions will co-lead circles with staff (e.g.,

teachers, family advocates etc.) focusing on their own trauma triggers and how to approach student, family, and colleague's issues from a trauma and resiliency informed perspective.

# APPENDIX C
PUBLIC COMMENTS

# Women's Daytime Drop-in Center

*A home when there isn't one*

**2218 Acton Street, Berkeley, CA 94702**
**(510) 548-2884**
**www.womensdropin.org**

September 21, 2020

Dear Ms. Klatt,

Thank you for the incredible report on MHSA funding proposal and goals. There is so much important information included. We especially appreciate that there may be funding for support at Black Infant Health with whom we share some clients, and that there is a focus on equity and the impact of stress on the more than 80% of our female clients who are Black, Indigenous and People of Color.

Women's Daytime Drop-In Center is most concerned about the MHSA funding component: Community Services and Supports (CSS) and how MHSA funds in general and also Berkeley Mental Health Department supports the mental health needs of our unhoused women in Berkeley.

Many years ago we were gifted with a grant that provided on-site mental health from Berkeley Mental Health with Dr. Marilyn Senf. In the past few years we have greatly benefited from a close relationship with Homeless Outreach Team (HOTT) and also bi-monthly onsite visits from Marcella who was able to engage in relationship building with our onsite clients to destigmatize mental health services and encourage some our onsite clients to seek assistance at Berkeley Mental Health.

As a Drop-In Center for women and families we work with some of the most vulnerable women in the community. Many women are not connected to other services, visit WDDC for free meals, access to restrooms, mail, phones and safe comfort of being inside, during non-Covid times. During Covid we have been meeting with clients in the front yard and providing a lot of support on the phone for people who have them In the best case we develop relationships that lead to people engaging in services that lead to stability and housing.

We welcome all clients who need assistance and so are the only facility where some can gather. With a client base of about 1,300 annually, we regularly see about 20 women who have serious mental health needs that require professional assistance. In many cases these people are just below the threshold that the Mobile Crisis Team would be able to hospitalize them. Also we prefer not to bring in the Berkeley Police in order to keep clients calm, and staff shortages have decreased the availability of Mobile Crisis.

We applaud the expansion of the Full Service Program--it is so needed. However the expansion of this program means the loss of the very capable Homeless Outreach Team (HOTT) who were able to assist at WDDC during many emergency situations. We are very concerned for these clients who will not be able to be served by HOTT and hope you can let us know how this service will be replaced. Otherwise the result will be more crisis in our neighborhood, more serious and traumatizing experiences for clients and ultimately more costly and upsetting interventions.

Upcoming diversion of police funding may be directed to providing these services but it is not in the near future. Also we are inspired by Oakland's CATT, an innovative pilot program created in collaboration with Alameda County Behavioral Health, Alameda County Care Connect, Alameda County Emergency Medical Services, Bonita House Inc. and Falck. CATT pairs a clinician with an EMT to respond to individuals who are experiencing a crisis due to mental health and or substance use.

Thank you for your continued collaboration. We look forward to working with you to find a solution to this issue.

Sincerely,

Leslie Berkler
Executive Director
510-479-4573
leslie@womensdropin.org

**Charitable Tax I.D. 94-3123986**

Friends of Adeline
*An organization of residents and neighbors in South Berkeley*
(510) 338-7843 ⌘ friendsofadeline@gmail.com

To: Karen Klatt, MEd
MHSA Coordinator
City of Berkeley Mental Health

Friends of Adeline and the MHSA

**From the Friends of Adeline Vision Statement – Beloved Community**

***WE HOLD THAT*:** *We Shall Determine Our Own Future* - The issues of the people in our community who most need change are our issues. We will work to develop what is good for our community, build grassroots power and leadership, and challenge those who wish to disenfranchise people in South Berkeley or profit at our expense. We will use our power to hold the City and its partners accountable to the people and ensure that development in our community is inclusive, empowering, and respectful of the diversity of the people of South Berkeley.

***WE BELIEVE THAT:*** Public, private, and nonprofit organizations and businesses in our community must be inclusive, empowering and respectful of the diversity of people of South Berkeley.

On page 2, of the *DRAFT Mental Health Services Act (MHSA) FY20/21 – 22/23 Three Year Program and Expenditure Plan* it states that: *African Americans have been an additional population of focus as data indicates they are overrepresented in the mental health system and hence "inappropriately served", which could be due to being provided services that are not culturally responsive and/or appropriate.*

We agree with this assessment. We also agree that the COVID pandemic and the continuing racist activities by the police, have highlighted issues always recognized by the African American and other communities of color "*Both crises have further exposed the pervasive racial, social and health inequities that exist and detrimentally impact African Americans and other communities of color.*" (pg 3 MHSA rpt.)

We think that it is particularly important that Berkeley recognize the devastating effects that racism has had on the population. We are not only talking about the individual racism that exists within our communities but the long time, foundational 'systemic' racism at the root of the fabric of this Nation. Policies such as Red-lining, restrictive bank loans, encouraging development by developers only interested in profits have weakened and decimated the African American and other populations of people of color. It must also be recognized that Berkeley has some of the worst outcomes in educational disparities in the country for African Americans. Additionally, large health disparities have been documented by Dr. Vicki Alexander since 1999 in numerous Health Status Reports of the City of Berkeley.

Friends of Adeline calls on the City of Berkeley to recognize the obligation that it has to correct these situations. It must recognize that "citizen participation" with a devastated African American population can lead to conclusions that will only continue the same biased policies.

Friends of Adeline is asking that the African American Holistic Resource Center be included in the MHSA 3 year plan. It should be added under the following areas:

1. Community Services and Supports (CSS)
2. Prevention and Early Intervention (PEI)
3. Capital Expenditure Funding to assist with the remodeling of the building.

We support the AAHRC as it will provide culturally responsive resources for whole-person care across the life span as well as providing various services including, but not limited to:

1. Culturally responsive and congruent mental wellness services for community groups, adults, families, children, and youth who do not meet the criteria for Berkeley Mental Health level of care, including Healing Circles, group sessions, and psycho-education
2. Educational and support resources
3. Legal support
4. A community meeting space: research indicates that a culturally safe place and meaningful relationships with providers of the same racial background are very important to healing and health and educational outcomes.
5. Health and nutrition classes, including healthy cooking and lifestyle hands-on activities.
6. Social and cultural programming and activities, including a studio space for the youth and activities senior populations.
7. Referrals and support services
8. Will house the South Berkeley Legacy Project and reference library.

The importance of the funding and continuing support of the African American Holistic Resource Center should be understood as a recognition of the continuing importance of the African American community to Berkeley. The city cannot merely jump on the 'Bandwagon' of rhetoric about issues of equity while saying "Black Lives Matter". Berkeley must take actions that correct the destructive legacy of our country against African American people and their communities and prove to everyone that Black Lives Really do Matter!