Health, Housing & Community Services
Mental Health Commission

To: Mental Health Commissioners
From: Jamie Works-Wright, Commission Secretary
Date: June 17, 2025

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Health, Housing & Community Service Department
Mental Health Commission

Berkeley/ Albany Mental Health Commission

AGENDA

Regular Meeting
Thursday, June 26, 2025

All Agenda Items are for Discussion and Possible Action

Public Comment Policy: *Members of the public may speak on any items on the Agenda and items not on the Agenda during the initial Public Comment period. Members of the public may also comment on any item listed on the agenda as the item is taken up. Members of the public may not speak more than once on any given item. The Chair may limit public comment to 3 minutes or less. The meeting maybe recorded by staff to review the minutes to get accurate motions on record.*

Time: 7:00 p.m. - 9:00 p.m.

Location: North Berkeley Senior Center
1901 Hearst Ave. Berkeley, Poppy Room

1. **Roll Call (1 min)**

2. **Preliminary Matters**
   - **a.** Action Item: Approval of the June 26, 2025 meeting agenda
   - **b.** Public Comment (non-agenda items)
   - **c.** Action Item: Approval of the May 22, 2025 meeting minutes

3. **MHSA Public Hearing - Karen Klatt**

4. **Review and input for Care First, Jails Last policy – Jeff Buell**

5. **Mental Health Manager's Report and Caseload Statistics – provided by Jeff Buell**
   - **a.** MHC Manager Report
   - **b.** Caseload Statistic June 2025

6. **Review Updated Commissioners' and Board Members' Manual – Jamie Works-Wright**

7. **Temporary Ad-Hoc Committee Reports –**
   - **a. Financial Subcommittee**
   - **b. Care Court Subcommittee**
   - **c. Evaluation Subcommittee**

8. **Adjournment**

Health, Housing & Community Service Department
Mental Health Commission

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Contact person: Jamie Works-Wright, Mental Health Commission Secretary (510) 981-7721 or Jworks-wright@berkeleyca.gov

Communication Access Information: This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. ***Please refrain from wearing scented products to this meeting. Attendees at trainings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs.*** *Thank you.*

SB 343 Disclaimer

Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection in the SB 343 Communications Binder located at the Adult Clinic at 2640 MLK Jr. Way, Berkeley, CA 9470

Department of Health,
Housing & Community Services
Mental Health Commission

Berkeley/Albany Mental Health Commission
Draft Minutes

7:00 pm
North Berkeley SC 1901 Hearst

Special Meeting
May 22, 2025

Members of the Public Present: Patricia Fontana-Narell, Ian Hunt, Jonah Markowitz, Ann Hawkins

Staff Present: Jamie Works-Wright, Jeff Buell, Cynthia Hall

1) **Call to Order at 7:10 pm**
   Commissioners Present: Ajay Krishnan, Monica Jones (zoom), Edward Opton, Andrea Prichett (7:48), Glenn Turner, Maria Sol, Lisa Teague (zoom) **Absent:** Ashley Gu, Igor Tregub

2) **Preliminary Matters**
   a) **Approval of the April 30, 2025 agenda**
   M/S/C (Opton, Krishnan) Move that we approve the agenda for May 22, 2025.
   PASSED
   Ayes: Krishnan, Jones, Opton, Sol, Teague, Turner; **Noes:** None; **Abstentions:** None; **Absent:** Gu, Tregub, Prichett

   b) **Public Comment-** 2 public comments

   c) **Approval of the March 27, 2025 Minutes**
   M/S/C (Opton, Krishnan) Motion to approve the minutes
   PASSED
   Ayes: Krishnan, Jones, Opton, Sol, Teague, Turner; **Noes:** None; **Abstentions:** None; **Absent:** Gu, Tregub, Prichett

3) **Proposed Motion: Request City Council recommend local participation in local based innovate behavioral health innovations – Edward Opton –**
   M/S/C (Krishnan, Turner) Motion to postpone to June
   PASSED
   Ayes: Krishnan, Jones, Opton, Sol, Teague, Turner; **Noes:** None; **Abstentions:** None; **Absent:** Gu, Tregub, Prichett

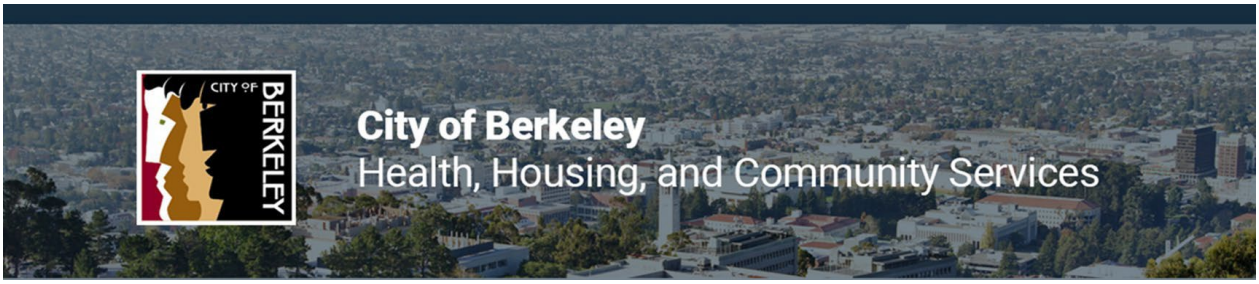
4) **Mental Health Manager's Report and Caseload Statistics – provided by Jeff Buell – No Motion Made**
   a) MHC Manager Report
   b) Caseload Statistic May 2025

5) **Subcommittee Reports – No actions made**
   a) Membership Subcommittee –
   M/S/C (Turner, Sol) Motion to close the membership sub-committee and see if a person wants to volunteer to reach out the get the veterans services.
   PASSED
   Ayes: Krishnan, Jones, Prichett, Sol, Teague, Turner; **Noes:** None; **Abstentions:** Opton; **Absent:** Gu, Tregub

   b) Financial Subcommittee
   c) Care Court Subcommittee
   d) Evaluation Subcommittee

6) **Adjournment – 9:00 PM**

Minutes submitted by: _____
Jamie Works-Wright, Commission Secretary



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

FY25/26

Annual Update

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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.
- Innovation (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 peers 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 was designed to provide 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 member 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/Latinas/Latinx (Latino/a/x); Lesbian, Gay, Bi-Sexual, Transgender, Queer/Questioning,

Inter-Sexed, Agender, Plus others (LGBTQIA+); Older Adults; 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 MHSA monies that are allocated annually and may be spent over a five-year period. Workforce, Education & Training and Capital Facilities and Technological Needs funds had initial expenditure time periods of 10 years each, and were to be utilized by the end of Fiscal Year 2018 or 2019. Per the City Council approved MHSA AB114 Reversion Expenditure Plan (which is posted on the City of Berkeley MHSA webpage), 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 a City Council approved MHSA Fiscal Years 2023/2024 - 2025/2026 Three-Year Program and Expenditure Plan in place as well as Annual Updates for the fiscal year 2024/2025.

City of Berkeley MHSA Services

Since 2006, MHSA funding has been utilized to provide mental health services and supports in Berkeley. Additionally, from Fiscal Year 2011 (FY11) through FY20, the City of Berkeley 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. Beginning in FY21, per agreement with Alameda County Behavioral Health Care Services (BHCS), the Division transitioned to only using MHSA funds for services and supports in Berkeley, and BHCS now provides MHSA funded services in Albany.

As a result of the City‘s approved MHSA Plans and Annual Updates, a number of services and supports have been implemented to address the various needs of the residents of Berkeley. Some of the many programs include the following:

- Intensive services for Children, TAY, Adults, and Older Adults;
- Multi-Cultural Outreach engagement, trainings, projects, and events;
- Increased mental health services and supports for homeless individuals;
- Wellness Recovery services and activities;
- Family Advocacy, Housing services and supports, and Benefits Advocacy;
- Case management and mental health services and supports for TAY;

- Trauma support services for unserved, underserved, and inappropriately served populations;
- Increased mental health prevention, and intervention services for children and youth in area schools and communities;
- A Wellness Recovery Center in collaboration with Alameda County Behavioral Health Care Services (BHCS);
- Funding for increased services for Older adults and the API population; and
- Services for individuals experiencing co-occurring disorders.

Additionally, an outcome of the implementation of the MHSA is that mental health peers, family members and other stakeholders now regularly serve on several of the 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 role on MHSA programs and is comprised of mental health peers, family members, and community stakeholders.

This City of Berkeley MHSA Fiscal Year 2025/2026 (FY26) Annual Update is a stakeholder informed plan that provides an update to the previously approved FY2024-2026 Three-Year Program and Expenditure Plan (Three-Year Plan). This Annual Update summarizes proposed program changes, descriptions of MHSA services that will be continued in FY26, through the approved FY24-26 Three-Year Plan, and a reporting of FY24 program data. This Annual Update outlines the funding and programming for the last year of operation of the MHSA prior to transitioning to the funding and programming requirements of the voter approved Behavioral Health Services Act.

The Behavioral Health Services Act

In 2023 Senate Bill 326 (SB326), the Modernization of the Mental Health Services Act (MHSA) and Assembly Bill 531, a Behavioral Health Infrastructure Bond for treatment facilities and supportive housing were linked and signed by the Governor. On March 5, 2024 the linked bill was on the ballot as one measure, Proposition 1, which was narrowly passed by the voters. This legislation renames the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA) as it includes an allowance to utilize funding for services for individuals who have Substance Use Disorders. Beginning 7/1/26, through the BHSA, the current five MHSA funding allocations will change to the following three components:

- Housing: For children and families, youth, adults and older adults living with severe mental illness or serious emotional disturbance and/or Substance Use Disorders who are experiencing homelessness or are at risk of homelessness, with 50% being prioritized for interventions for the chronically homeless.
- Full Service Partnership (FSP): Includes the use of funds for mental health, supportive services, and substance use disorder treatment services for Severely Mentally Ill Adults, Seriously Emotionally Disturbed Children and Youth, and individuals who experiences Substance Use Disorders.

- Behavioral Health Services and Supports: Includes early intervention, outreach and engagement, workforce education and training, capital facilities, technological needs, and innovative pilots and projects. A majority (51%) of funds must be used for Early Intervention services to assist in the early signs of mental illness or substance misuse, and 51% of the Early Intervention services and supports must be for individuals who are 25 years and younger.

Among other things, the BHSA will also make changes to the planning process and Three-Year Plans and Annual Updates. These changes will require the demonstration of coordinated behavioral health planning around all behavioral health funding received, and an integrated plan that includes all local behavioral health funding, services, and program outcomes. The Department of Health Care Services (DHCS) has recently released the new BHSA regulations. In preparation, the City has started pre-planning around the changes to MHSA and will begin engaging the community in the upcoming months to share information on the BHSA requirements and obtain input on local mental health needs.

MESSAGE FROM THE MENTAL HEALTH MANAGER

The City of Berkeley continues to face serious and evolving challenges that impact the behavioral health and well-being of its residents. Persistent racial and economic inequities, housing instability, and health disparities remain core concerns, while broader structural and policy shifts at the local, state, and federal levels further complicate the landscape. This Annual Update outlines how Berkeley's Behavioral Health Division will respond to these realities with a continued focus on equity, community engagement, and innovation.

In these last few years, significant changes to funding streams and cost structures have increased pressure on behavioral health services. Budget constraints at local, state, and federal levels of government, combined with policy shifts and rising service demands, are impacting how services are planned and delivered. Proposition 1 fundamentally shifts how the Behavioral Health Services Act (BHSA) will serve our local communities, and what the future will hold with respect to the services they support.

BHSA funding continues to serve as a vital source of support for a range of innovative and equity-focused mental health initiatives. Investments include the expansion of community-based outreach teams and new models of care that support crisis response, enhance connections to peer support and recovery services, and strengthen pathways to culturally responsive care.

While economic uncertainty and funding changes remain challenges across the behavioral health field, Berkeley's Behavioral Health Division remains focused on stability, equity, and innovation. We are closely monitoring evolving conditions and adjusting as needed to sustain core services and meet emerging needs.

The City of Berkeley presents this Annual Update with appreciation for the necessary collaboration and partnerships that are vital to support this work—community members, providers, staff, and peers alike. This dedication, hard work, and insight are essential as we move forward together.

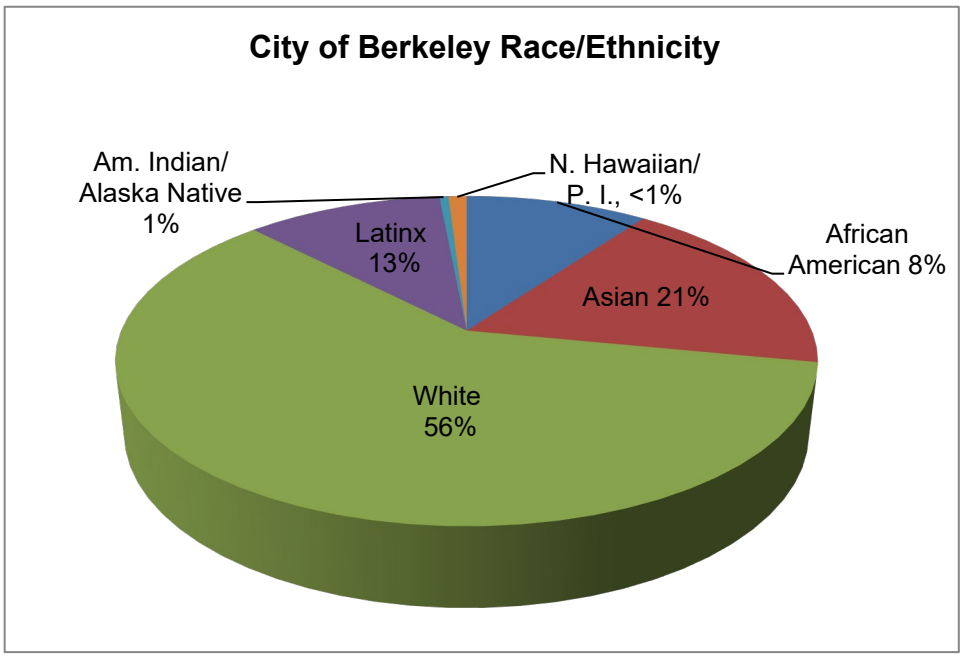
DEMOGRAPHICS

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 approximately 118,962 (updated estimates since the 2020 census), the City of Berkeley is densely populated and larger than 23 of California's small counties.

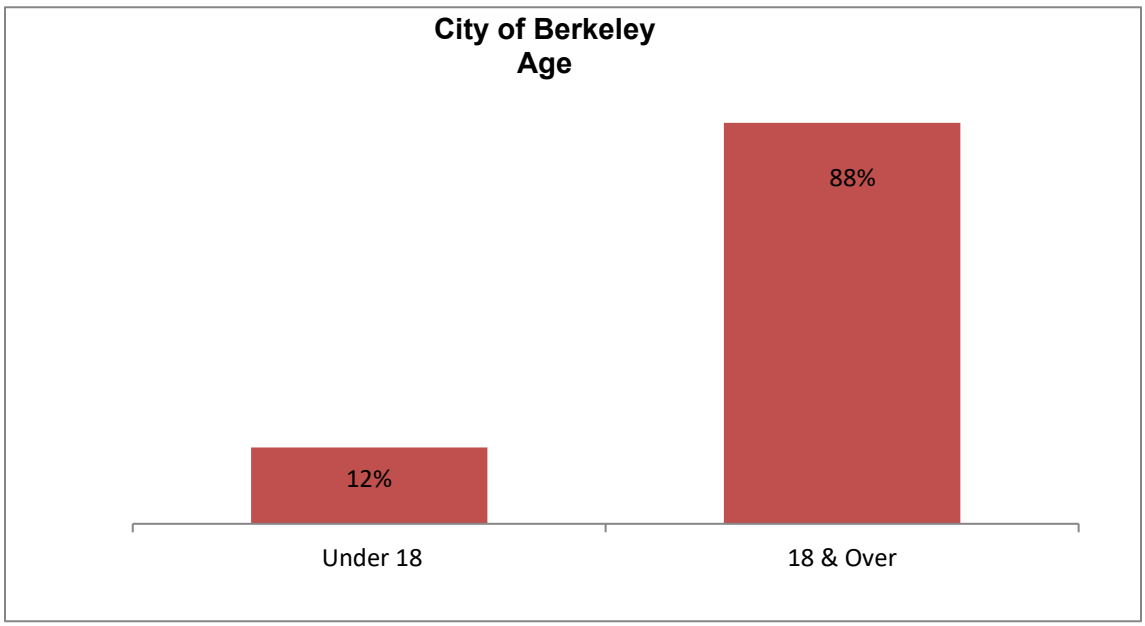
Race/Ethnicity

Berkeley is a diverse community with changing demographics. The African American population has decreased in recent years while the Latinx 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 30% of Berkeley residents speak a language other than English at home. Berkeley is comprised of the following racial and ethnic demographics: African American; Asian; Latino/Latina/Latinx; White; American Indian/Alaska Native; and Native Hawaiian/Pacific Islander (P.I.). Demographics are outlined below:

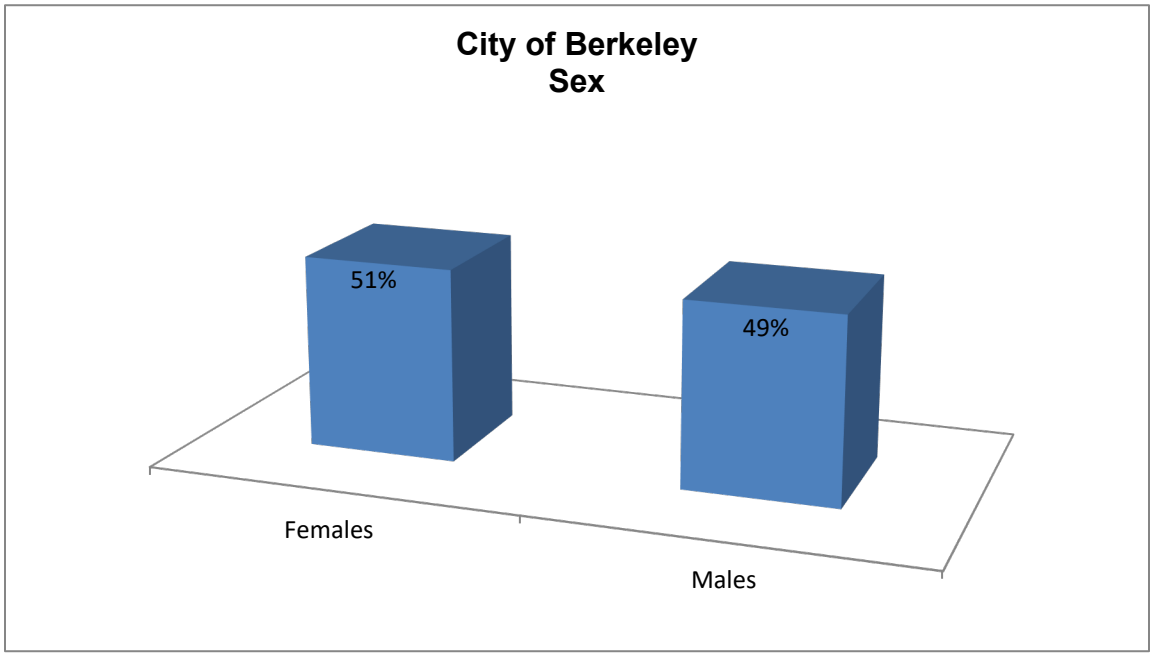


Age/Sex

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



Sex demographics are as follows:



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

Per a brief by the Williams Institute, UCLA, entitled "LGBT Adults in Large US Metropolitan Areas" the LGBT population is 6.7% in the San Francisco Bay Area. According to the Brief, the estimated percentages of adults age 18 and older who identify as LGBT was derived from the Gallup Daily Tracking Survey which is an annual list-assisted random digit dial (70% cell phone, 30% landline) survey, conducted in English and Spanish, of approximately 350,000 U.S. adults ages 18 and up who reside in the 50 states and the District of Columbia. LGBT identity is based on response to the question, "Do you, personally, identify as lesbian, gay, bisexual, or

transgender?" Respondents who answered "yes" were classified as LGBT. Respondents who answered "no" were classified as non-LGBT. Estimates derived from other measures of sexual orientation and gender identity may yield different results. (Conron,K.J, Luhur.W., Goldberg, S.K. Estimated Number of US LGBT Adults in Large Metropolitan Statistical Areas (MSA), (December 2020). The Williams Institute, UCLA. Los Angeles, CA.)

Income/Housing

With some of the highest housing costs in the Bay Area, the Berkeley median household income is $104,716. Nearly 18% of Berkeley residents live below the poverty line and approximately 27% of Berkeley children qualify for free and reduced lunches. While 43% of Berkeley residents own their own homes, there are many individuals experiencing homelessness including women, TAY, and Older Adults.

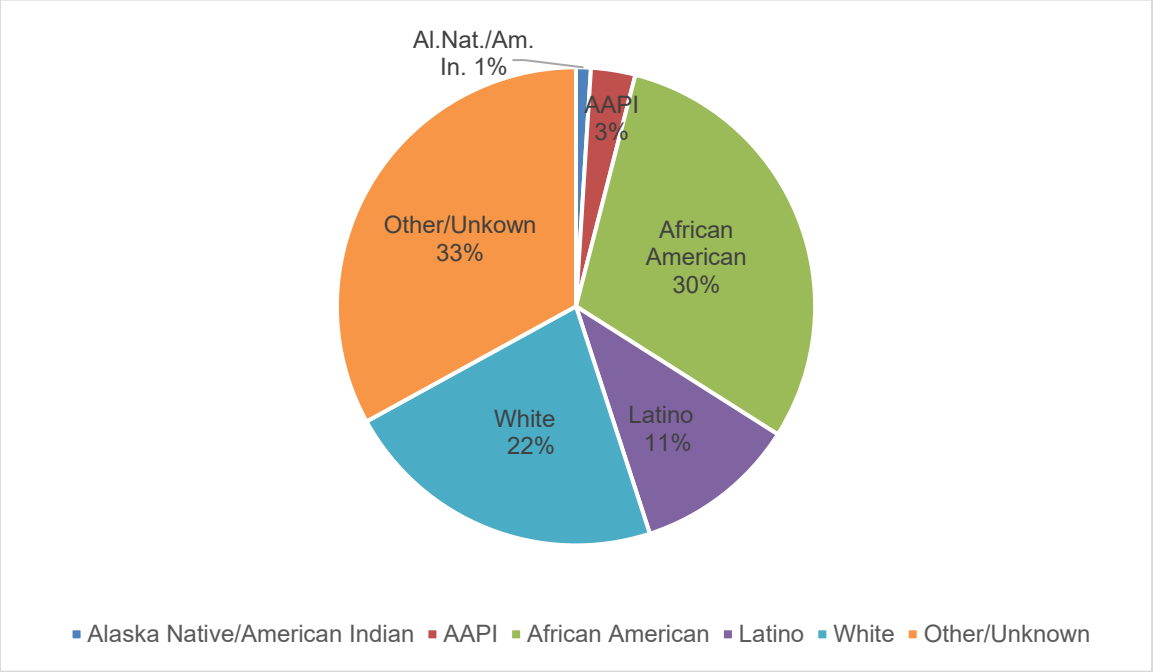
In order to measure the prevalence and characteristics of homelessness, a comprehensive street count of individuals experiencing homelessness is conducted in communities across the country every two years. According to the 2024 Alameda County Everyone Home Point-in-Time Count, which included a detailed assessment of the City of Berkeley, approximately 844 individuals were experiencing homelessness. Of this amount 47% were in some form of shelter, and 53% were unsheltered (as defined by someone whose primary residence is a car, park, abandoned building, or another place that isn't designed to be housing). These numbers represent a 20% decrease in the overall homeless population, and a 45% decrease in individuals who are unsheltered in Berkeley since the 2022 Alameda County Everyone Home Point-in-Time Count. Since 2021, there have been several initiatives to support individuals who are experiencing homelessness, and funding for new housing in the City, which has had a direct impact on individuals who are unhoused.

Education

Berkeley has a highly educated population: 9% of individuals aged 25 or older are high school graduates; and approximately 75% 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 programs providing services: Crisis; Family, Youth & Children; High School Mental Health, Full Service Partnership Services, and Adult Services. Services include: assessment, assertive community treatment, individual and group therapy, case management, and crisis intervention. In addition to offering treatment, outreach, and support, some services are provided through a variety of community-based agencies and at school sites. As part of the Crisis unit, a Mobile Crisis Team operates seven days a week when fully staffed. 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. Per available data for the reporting timeframe, the Medi-Cal population was as follows:



COMMUNITY PROGRAM PLANNING

During the Community Program Planning (CPP) process one MHSA Advisory Committee meeting was held on Tuesday, April 29th, and four Community Input Meetings were held on the following dates/times:

- Tuesday, May 6th: 6:00pm-7:30pm
- Thursday, May 8th: 3:30pm-5:00pm
- Monday, May 12th: 6:00pm-7:30pm
- Wednesday, May 14th: 1:00-2:30pm

Announcements of the meetings were sent to MHSA Advisory Committee members, mental health peers, family members, representatives from community-based organizations, individuals from unserved, underserved and inappropriately served populations, HHCS Staff, City Commissioners, and other MHSA stakeholders.

During the MHSA Advisory and Community Input Meetings a presentation was conducted to provide information on MHSA background, funding, program requirements, the CPP process, and on upcoming changes to the funding requirements as a result of Proposition 1. The presentation also covered detailed information on the proposed MHSA FY26 Annual Update and provided opportunities for input from the community.

An anonymous voluntary survey through Survey Monkey to obtain demographic information on individuals who participated in the CPP process, was administered during each meeting and to individuals who reached out by phone or email. Results of 19 individuals who voluntarily participated in the Survey were as follows:

DEMOGRAPHICS N = 19
Age Category
Transition Age Youth - <11
Adult - <11
Older Adult - <11
Declined to Answer to Answer (or Unknown) - <11
Gender Identity
Male - <11
Female - <11
Declined to Answer (or Unknown) - <11
Race/Ethnicity
Black or African American - <11
White - <11
Latino/a/x - <11
Declined to Answer (or Unknown) - <11
Sexual Orientation
Heterosexual - <11
Declined to Answer (or Unknown) - <11
Veteran Status
Veteran - <11
Non-Veteran - <11
Declined to Answer (or Unknown) - <11
Disability Status
Declined to Answer (or Unknown) - 19
Representative Categories**
Consumer - <11
Family Member of Consumer - <11
Community Member or MHSA Stakeholder - <11
Veteran - <11
Representative of Mental Health Commission - <11
Representative of Mental Health or Social Services Agency - <11
Representative of Substance Use Disorder Agency - <11
Representative of a Health Care Organization - <11
Student, Staff, Representative or Parent of Student of Berkeley Unified School District - <11
Student, Staff, Representative or Parent of UC Berkeley or Berkeley City College - <11
Declined to Answer (or Unknown) - <11

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

**Many participants were in more than one category.

As a method to continue to gather input from the community on this Annual Update, two additional Community Input meetings will be scheduled during the 30-Day Public Review. As with previous MHSA Plans and Annual Updates, a methodology utilized for conducting CPP for this Annual Update was implemented to enable a collaborative process to occur between BMH staff, MHSA Advisory Committee members, Community members and other MHSA stakeholders. Development of this Annual Update began with an internal examination of existing programs, unaddressed needs, and available funding which included a review of input received over the prior year and during previous MHSA planning processes. Following an internal review,

proposed new additions were vetted through the MHSA Advisory Committee prior to engaging community members and other MHSA stakeholders.

Proposed program changes in this Annual Update include the following:

- Move an Assistant Management Analyst position that was previously approved for the Mental Health Manager, to the Adult Full Services Partnership;
- Transfer a portion of unspent CSS Funds to the WET Component, to provide future funding for the Workforce Development Coordinator position, and for stipends to support two student administrative interns, and six clinical interns.
- Transfer a portion of CSS Funds to the CFTN Component to support the future acquisition of a Mental Health facility, and/or mental health facility needs.

Details are outlined in the "Proposed Program Changes" section of this Annual Update.

During the Community Program Planning process, questions received were primarily around MHSA funded and area services, local housing, and the upcoming changes with BHSA. A concern was voiced regarding safety issues around placing individuals who have been homeless, at Senior Citizen housing sites and input received included: Ensuring individuals who have experienced homelessness are placed at a housing site that includes services to support them with acclimating to being housed; and to implement a program that provides individuals with the necessary services and supports to assist them in breaking the cycle of experiencing recurrent 5150 (hospitalization) events. An additional concern was around whether the Division has the appropriate level of staff resources for outreach, specifically to engage marginalized individuals and communities.

A 30-Day Public Review is currently being held from Wednesday, May 28th through Thursday, June 26th to invite input on this Annual Update. A copy of the Annual Update has been posted on the BMH MHSA website, and announcements of the 30-Day Public Review were mailed and/or emailed to community stakeholders and City staff. Individuals interested in providing input on this Annual Update can also attend one of two community meetings that will be held during the 30-Day Public Review:

- Thursday, June 12th: 6:00pm-7:30pm
- Tuesday, June 17th: 5:00pm-6:30pm

The Community Input Meetings have been posted on the MHSA webpage and on the City's event calendar. Announcements of the meetings have been mailed and/or emailed to community stakeholders and City staff. A Public Hearing on the Annual Update will be held at 7:00pm on Thursday, June 26th, during the Mental Health Commission meeting which will be held at the North Berkeley Senior Center on 1901 Hearst Avenue. If you would like to provide input on this MHSA Annual Update, or need information regarding the Community Input Meetings or the Public Hearing, contact Karen Klatt, by phone (510) 981-7644, or email at: KKlatt@berkeleyca.gov

MHSA Fiscal Year 2025/2026 Annual Update

This City of Berkeley MHSA Fiscal Year 2025/2026 (FY26) Annual Update is a stakeholder informed plan that provides an update to the previously approved MHSA FY2023/2024 – 2025/2026 Three-Year Program and Expenditure Plan (Three-Year Plan). This Annual Update summarizes proposed program changes, includes descriptions and updates of currently funded MHSA services that will be continued in FY26 through the previously approved Three-Year Plan, and provides a reporting on FY24 program data. Additionally, per state regulations, this Annual Update includes the Prevention and Early Intervention (PEI) Fiscal Year 2021/2022 – 2023/2024 Three-Year Evaluation Report (Appendix C). Although there were not any INN Programs in operation in FY24, in order to comply with state regulations, an Innovation Fiscal Year 2023/2024 Annual Evaluation Report has also been included in Appendix D of this Annual Update.

As reported in previous MHSA Plans and Annual Updates, the Division has engaged in several initiatives over the past several years to increase data collection and evaluation efforts including the following:

- Impact Berkeley: In 2018, the Health Housing and Community Services (HHCS) Department implemented "Impact Berkeley". Central to this initiative 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 measure and enhance progress towards these results. The results of this initiative are outlined in the PEI Community Education & Supports program section of this Annual Update.

- Results Based Accountability Evaluation for all BMH Programs: Through a previously approved MHSA Annual Update the Division hired Resource Development Associates (RDA) to conduct a Results Based Accountability (RBA) Evaluation for all programs across the Division. RDA worked with the Division from FY21-FY24 to implement the RBA research methodology. An update of the activity's RDA conducted in FY24 on this evaluation is included in this Annual Update.

  RBA outcomes in FY24 are outlined throughout this Annual Update for the following MHSA funded internal programs: Children/Youth FSP; TAY, Adult and Older Adult FSP; Homeless FSP; Wellness Recovery Services; Crisis Services; Transitional Outreach Team; Social Inclusion Project; and the High School Prevention Project. The complete set of RBA outcomes for all BMH programs is located in Appendix B.

- Program Evaluator: Per the approved FY23 Annual Update, the Division hired a Program Evaluator who provided work and oversight through FY24 on the RBA Evaluation. Since the ending of the RDA contract the Project Evaluator has directly taken over RBA Evaluation work, as well as other various data collection, analysis, and evaluation work within the Division.

Per State requirements, Evaluation Reports for PEI and INN programs are also included in the Appendix of this Annual Update as follows:

- PEI Data Outcomes: Per MHSA PEI regulations, all PEI funded programs are required to collect state identified outcome measures (specific to the category of services provided) as well as detailed demographic information. PEI Evaluations are required to be included in each MHSA Annual Update or Three-Year Plan. See Appendix C for the Prevention & Early Intervention (PEI) Fiscal Year 2021/2022–2023/2024 (FY22-24) Three-Year Evaluation Report.

- INN Data Outcomes: Per MHSA INN regulations, all INN funded programs are required to collect state identified outcome measures and detailed demographic information. INN Evaluations are required to be included in each MHSA Annual Update or Three-Year Plan. Although there were not any INN Programs in operation in FY24, in order to comply with state regulations, an Innovation (INN) Fiscal Year 2023/2024 Annual Evaluation Report has been included in Appendix D of this Annual Update.

PROPOSED PROGRAM CHANGES

The Division is proposing the following changes through this Annual Update:

Move Assistant Management Analyst position to Adult Full Services Partnership: Through the previously approved Three-Year Plan, the Division received approval to hire an Assistant Management Analyst to support the Mental Health Manager. In an effort to support the need for administrative support, the Division is proposing to move this position to the Adult Full Services Partnership Program.

Provide previously approved MHSA funds for the African American Holistic Resource Center: The African American/Black Professionals & Community Network (AABPCN) crafted a report titled “A Community Approach for African American/Black Culturally Congruent Services.” This report 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 will include the use of culturally congruent practices, embedded in an integrated service delivery system, which will help to decrease inequities and disparities in the African American community in Berkeley. 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.

One of the various components of the AAHRC will be Project Sankofa. Project Sankofa is focused on promoting mental wellness and is a campaign that aims to eradicate the stigma around mental health through love and compassion. It uses Black affirming methodologies to bring about a paradigm shift in how mental health and wellness are approached and

communicated within communities of color. Deliverables include group/family/community mental health and wellness workshops and healing circles; community engagement activities; online social media campaign.

Through the MHSA FY24-26 Three-Year Plan, the Division received approval to provide an amount of $300,000 of Community Services and Supports (CSS) System Development Funds in FY24 to support the Project Sankofa within the African American Holistic Resource Center. Since FY24, the allocation of funding for the African American Holistic Resource Center and Project Sankofa, has experienced some unexpected delays. However, in FY26, approximately $50,000 of the original amount of funds allocated for this project, will be utilized for operating, consulting and set-up expenses. It is envisioned that $125,000 will be utilized each year in FY27 and FY28 for mental health staffing to support the Project Sankofa.

Transfer Community Services and Supports funds to the Workforce, Education and Training component: For each year of the previously approved Three-Year Plan, the Division is able to transfer a portion of Community Services and Supports (CSS) System Development Funds to the Workforce, Education and Training (WET) component to fund the Workforce Development Coordinator position 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."*

Through this Annual Update the Division is proposing to transfer $344,426 of unspent CSS Funds to the WET Component. Once transferred, approximately $167,116 of funds will be used to support the Workforce Development Coordinator position. The remainder of funds, approximately $177,310 are being proposed to be utilized in the upcoming years on a Stipend Program to incentivize Student Interns to provide Clinical or Administrative work within the Division over a given period of time.

Transfer Community Services and Supports Funds to the Capital Facilities and Technological Needs component: Through this Annual Update the Division is proposing to transfer $1,300,000 of unspent Community Services and Supports (CSS) funds to the Capital Facilities and Technological Needs (CFTN) component 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."

Once funds have been transferred to CFTN, they will be utilized in the upcoming years to support various BMH facility needs, which may include but not be limited to the following: acquiring a new building, remodeling or renovating existing structures, and/or repairs, among other allowable CFTN related expenditures.

PROGRAM DESCRIPTIONS AND FY24 DATA BY FUNDING COMPONENT

Outlined in this section per each funding component are descriptions of current City of Berkeley MHSA services that were continued through the previously approved Three-Year Plan and FY24 program data. In FY24, across all MHSA funded programs, approximately 5,208 individuals participated in some level of services and supports. Some of the FY24 MHSA funded program highlights included: A reduction in psychiatric emergency services usage and/or incarceration days, and increased access to primary care services for severely mentally ill clients; step down to a lower level of care for some clients; services and supports for family members; increased services for individuals who are experiencing homelessness; Wellness Center services; co-occurring services for individuals who are experiencing both mental health needs and substance use disorders; community-based support group services; consumer driven wellness recovery activities; housing and benefits advocacy services; augmented prevention and early intervention services for children and youth in the schools and community; and supportive services for TAY, Adults and Older Adults in unserved, underserved and inappropriately served cultural and ethnic populations.

COMMUNITY SERVICES & SUPPORTS (CSS)

The Community Services & Supports (CSS) funding component primarily provides treatment services and supports for Severely Mentally Ill Adults and Seriously Emotionally Disturbed Children and Youth. Funding is provided in three areas of programming: Full Services Partnerships; Multicultural Outreach & Engagement; and System Development.

Following a year-long community planning and plan development process, the initial City of Berkeley Community Services & Supports (CSS) Plan was approved in September 2006. Since the approval of the original plan, Three-Year Plans or Annual Updates outlining proposed CSS funding and programming have been developed and approved on an annual basis. From the original CSS Plan and/or through subsequent plan updates, some of the many services the City of Berkeley has provided through CSS funding are as follows:

- Wrap-around Services for Children and their families;
- TAY, Adult and Older Adult Intensive Treatment Services;
- Supportive Services for Individuals experiencing homelessness;
- Diversity & Multi-cultural Services;
- TAY Case Management and Support Services;
- Consumer Advocacy;
- Wellness and Recovery Services;
- Family Advocacy;

- Transitional Outreach Team;
- Support Groups for individuals;
- A Wellness Recovery Center; and
- Benefits Advocacy.

Descriptions of each CSS funded program that were continued through the previously approved Three-Year Plan, and FY24 data are outlined on the following pages. Throughout all CSS programs, demographic data representing numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

FULL SERVICE PARTNERSHIPS (FSP)

Children/Youth Intensive Support Services Full Service Partnership

The Children/Youth Intensive Support Services Full Service Partnership (CFSP) is for children ages 0-21 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 suicide attempt within the last six months from the date of referral.

The CFSP 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 CFSP 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 FY24, a total of 14 children/youth and their families were served through this program. Demographics on those served were as follows:

DEMOGRAPHICS N = 14*
Age Category
6-25 years - 14

Gender Identity
Male - <11
Female - <11
Other - <11
Race/Ethnicity
Asian Pacific Islander - <11
Black or African American - <11
Latino/a/x - <11
Other - <11
Sexual Orientation
Heterosexual - <11
Lesbian/Gay/Bisexual/Queer/Questioning or Unknown - <11

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Flex funds are used to provide various supports for FSP program participants and/or the families of program participants. In FY24, flex funds were utilized as follows: 31 individuals/families received funding for food/groceries; 6 individuals/families received funds for clothing/hygiene; 2 individuals/families received funds for pharmacy needs; 14 individuals/families received funds for furniture/household items; 3 individuals/families received funding for Bus Passes or transportation; and 9 individuals/family members received funding for other various needs.

The CFSP team had staff turnover this fiscal year: The current Sr. Behavioral Health Clinician was hired during the fiscal year and has been working to grow in her role as the lead clinician on the team. Fortunately, she was hired from within the program and was aware of many aspects of the team and their work with our clients.

Program Successes:

- Increased referrals accepted due to having a fully staffed team.
- Opened cases and provide care to mono-lingual Spanish speaking families.
- Increased access to psychiatric medication services and the provision of individual/family therapy.
- Continued to reduce psychiatric hospitalizations and the usage of crisis services due to the care provided by the team and system coordination with the clients extended treatment team.
- Services continued to be provided by clinicians who mirrored the racial/ethnic identity of the populations served.
- Successfully, transitioned a TAY youth to an FSP program in Oakland and supported their transition to independent housing in the community.
- Continued to provide flex funding to support the needs of clients; this was extremely important as there was an increase in needs due to parent's loss of employment, the increase cost of goods and services, and parents continued to struggle with unresolved trauma. These funds supported the purchase of birthday/holiday gifts, food, household items, car repairs, hotel stays for unhoused families, pro-social activities for clients/their siblings, legal fees, summer camp attendance for a family, and clothing.

- Successfully supported client families to use the After-Hours service to reduce the need for emergency/crisis services.

Program Challenges:

- The primary challenge was to consistently engage caregivers who had multi-faceted stressors in the family system which made it difficult for them to meet with the clinician. This made it difficult for the family system to improve as most of the focused work was directed toward the youth rather than both supporting the youth's needs along with the changes that could help the entire system.

In FY26 the projected number of individuals to be served per each age category is as follows: Children (0-15) years = 10; Transition Age Youth (16-25 years) = 11; Adults/Older Adults (26-60+) = 0.

The RBA Measures that were established for this FSP were as follows:

Process Measures **How much did we do?**	**Quality Measures** **How well did we do it?**	**Impact Measures** **Is Anyone Better off?**
• # of clients served • # of new clients opened for ongoing services • Average # of days in FSP for client • Average # of services hours per client per month • Average # of services per client per month	• % of clients who have at least completed one CANS/ANSA for each six-month period that they are in the program • % of clients and/or their caregivers who receive an average of four or more face-to-face outpatient visits per month • % of discharges from hospitalization or subacute who had a follow-up visit with CFSP staff within 7 business days • % of clients with no service gap of over 30 days • #/% of clients closed, by reason closed • % of clients or family members who participate in the survey**	• % of clients with a primary care visit in the last 12 months • % of clients who had a reduction in psychiatric care emergency services/inpatient/ crisis stabilization units in the last 12 months compared to the 12 months before enrollment** • % of clients with a decrease in hospitalizations/hospitalization days

*Demographic data was reported at the program level, where available

**Data not available for baseline reporting period, will be included in future rounds of reporting

RBA Outcomes in FY24 for this FSP are outlined on the following pages.

BMH RBA Report FY 2024

Reporting Period July 2023 - June 2024

Child Full Service Partnership (CFSP)

Process Outcomes ("How much did we do?")

14

Clients Served

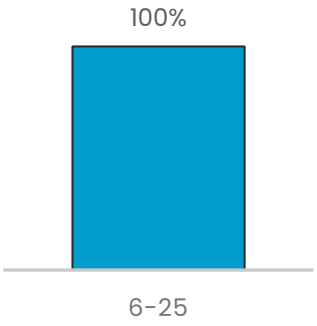
***De-identified (n<11)**

New Clients

Program Description: This team provides wrap around services to children and families with acute needs, who meet the following criteria: child is at risk of/has been removed from their parent/guardian; child is involved with the Juvenile Justice System or at risk of that; has been recently had a psychiatric hospitalization or is at risk of a hospitalization.

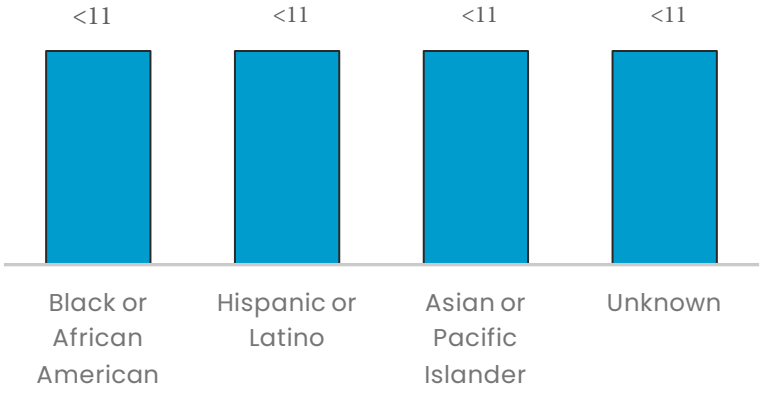
Demographics (Age)

Jul '23 - Jun '24 (n=14)



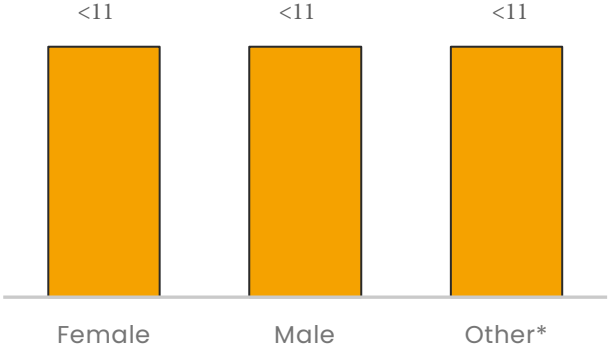
Demographics (Ethnicity)

Jul '23 - Jun '24 (n=14)



Demographics (Gender Identity)

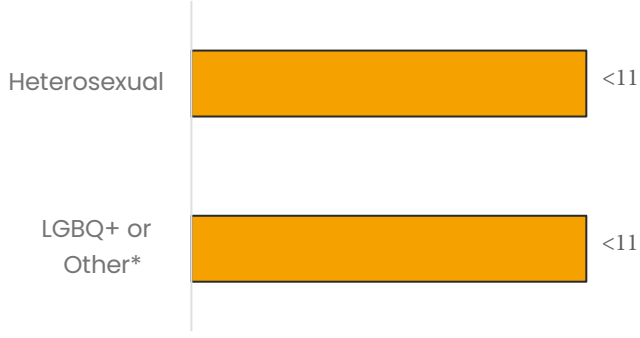
Jul '23 - Jun '24 (n=14)



*Other includes any identity that doesn't fit within the traditional male/female binary.

Demographics (Sexual Orientation)

Jul '23 - Jun '24 (n=14)

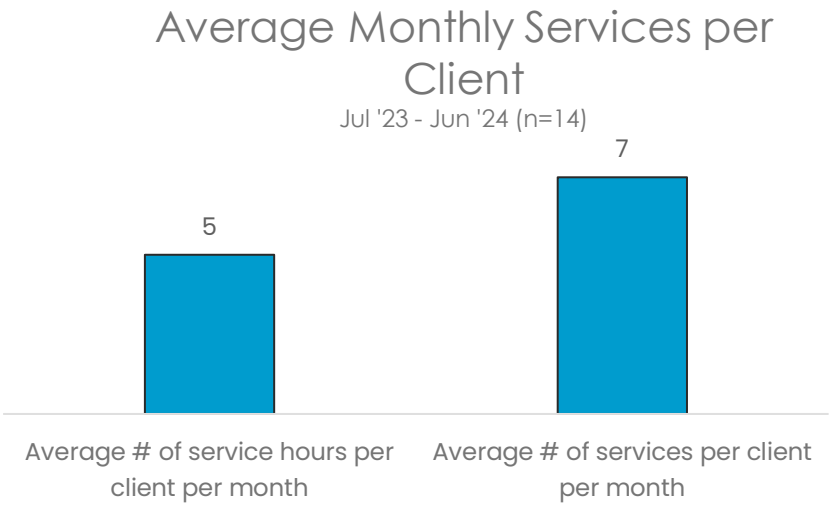


*LGBQ+ includes individuals who identify as lesbian, gay, bisexual,questioning, or other diverse sexual orientations. Other includes prefer not to answer or

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

Quality Outcomes ("How well did we do it?")

Service Consistency



90-100% n<15
Discharges from hospitalization or subacute who had a follow up visit with within 7 days

Retention and Stability

60-70% n<15
Clients receive an average of 4+ face-to-face visits per month

Clients Spend **300 days** in FSP on average

90-100% n<15
Clients with at least one completed CANS assessment every six months while in the program

70-80% n<15
Clients with no service gap of over 30 days

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

Impact Outcomes ("Is anyone better off?")

Client Outcome Improvements

50-60% n<15
Clients with a Primary care visit

90-100% n<15
Client reduction in psychiatric emergency services/inpatient/ crisis stabilization units

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

Measure	Definition	Data Source
# clients served	Total clients served	Yellowfin
# of new clients	Clients who were not served by the program in the previous fiscal year	Yellowfin
Average # of service hours per client per month	Average of hours of service in a month divided by clients served in a month. Includes all services recorded for clients. Does not include medcation services (MAA).	Yellowfin
Average # of services per client per month	Average services in a month divided by clients served in a month. Includes all services recorded for clients. Note: more than one service can be provided during a single contact. Does not include MAA	Yellowfin
% of clients who have at least one completed CANS/ANSA for each six-month period that they are in the program	Of clients with a completed Child or Adult Needs and Strengths Assessment (CANS/ANSA), what percentage of them had an assessment at least every six months?	Objective Arts
% of clients and/or their caregivers who receive an average of four or more face-to-face outpatient visits per month	Clients must be been open to a provider for at least 30 days in order to be included in this metric. Phone contacts are included during the pandemic. Days in subacute or jail not counted, but services are counted.	Yellowfin
% of clients with no service gap of over 30 days	Maximum days each Level 1 client went without service during their episode(s) in the reporting period. Only considered clients open to a provider for at least a total of three months during the reporting fiscal year.	Yellowfin
% of discharges from hospitalization or subacute who had a follow up visit with FSP staff within 7 business days	Follow-up rates for individuals open to Level 1 providers at the time of mental health hospital discharge. *note: clients used to calculate follow up rates include those who didn't receive outreach and those who were lost to follow up (e.g. not contactable, not	Yellowfin
#/% of clients closed, by reason closed	Discharge reason for clients discharged during the reporting period	Yellowfin *Not presented due to delays in the reporting system
% of clients with a primary care visit	Of clients who completed 6 consecutive months during the fiscal year, percentage who had an appointment with a Anthem/Alliance/Community Health Center Network (CHCN) primary care provider during the fiscal year. Metric excludes individuals with six or more months out of the community (in Subacute, MH hospital, and/or jail).	Yellowfin

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

Average # of days in FSP per client	The average number of days a client remains enrolled in the Full-Service Partnership (FSP) program.	Yellowfin
% of clients with a decrease in hospitalization days/admissions	Decrease in hospital days/admissions in the years that a client was active in the program compared to the year prior to program admission. Includes clients who had at least one hospital day in the 12 months prior to admission and remained in the program for at least 1 year. Only available for fiscal years.	Yellowfin Note: Data Suppressed (<11 clients)

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

Adult Full Service Partnership

The Adult Full Service Partnership (AFSP) offers dedicated support services to individuals aged 18 and older (Transitional Age Youth, Adults, and Older Adults) facing severe mental illness. Grounded in the Assertive Community Treatment (ACT) approach, the program is designed to assist individuals encountering challenges in obtaining or sustaining housing, enduring frequent and/or prolonged psychiatric hospitalizations, and experiencing repeated or extended periods of incarceration. Priority populations include those from unserved, underserved, and culturally and ethnically marginalized communities.

The ACT approach maintains a low staff-to-client ratio of 10:1, enabling frequent and intensive support services to clients. Clients receive assistance in securing suitable housing, with the potential for temporary financial aid. The primary objectives of the program are to actively involve clients in their treatment and to reduce the instances of homelessness, hospitalization, and incarceration. In tandem, it seeks to improve employment and educational preparedness, encourage self-sufficiency, and support overall wellness and recovery. Through a targeted commitment to these goals, the Adult Full Services Partnership endeavors to significantly improve the lives of its participants.

In FY24 a total of 66 TAY, Adults, and Older Adults participated in the program for all or part of the fiscal year. Demographics on those served include the following:

DEMOGRAPHICS N = 66*
Age Category
18-24 years or Unknown - <11
25-44 years - 21
45-64 years - 20
65 years and Older - 20
Gender Identity
Male - 40
Female - 26
Race/Ethnicity
Asian or Pacific Islander - <11
Black or African American - 38
Latino/a/x - <11
White - 23
Declined to Answer (or Unknown) - <11
Sexual Orientation
Heterosexual - 54
Lesbian/Gay/Bisexual/Queer/Questioning/other - 12

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Flex funds are used to provide supports for FSP program participants. In FY24, 17 partners received rental and housing assistance; 44 received food and groceries; 6 received In-Home Assistance (cleaning, activities of daily living); and 32 partners were provided with clothing, furniture, hygiene products, and assistance with utility bills tr; and 24 partners received bus passes or other transportation assistance.

In FY24 this program experienced an increase in clients served, improved service engagement, and better continuity of care. However, 7-day hospital follow-up rates declined, and clients continue to experience financial hardship, increasing the need for flex fund assistance. Overall, client outcomes improved, especially in reducing jail days, psychiatric emergency services use, and increasing primary care access. There were demographic shifts in the individuals served including the following: African American clients increased from 54% to 58%; White clients decreased from 40% to 35%; Latinx and Asian Pacific Islander clients remained stable; and a slightly higher proportion of clients declined to report their sexual orientation 15% in FY24 vs. 13% in FY23.

Program Successes:

Increase in the number of clients served:

- The total number of clients served increased slightly from 63 in FY23, to 66 in FY24.
- The number of new clients opened for ongoing services grew from 11 to 17, which reflected increased outreach and program engagement.

Higher Client Retention and Engagement:

- 67% of clients received 4 or more face-to-face outpatient visits per month, up from 60% in FY23, which indicated stronger client participation.
- 56% of clients had no service gap over 30 days, compared to 39% in the previous year, which demonstrated improved care continuity.

Changes in hospitalization follow-up rates:

- 7-day follow-up rates after hospitalization declined from 88% in FY23 to 63% in FY24.
- 30-day follow-up rates remained strong at 88%, though slightly lower than 100% in FY 23.

Reduction in Incarceration and Psychiatric Emergency Services:

- 80% of clients had a reduction in jail days, a major improvement from 53% in FY23.
- 100% of clients saw a reduction in psychiatric emergency services/inpatient/crisis stabilization use, up 77% from the previous year.

Greater Access to Primary Care:

- 83% of clients had a primary care visit, compared to 76% in FY 22-23, showing better overall health engagement.

High 30-Day Hospital Follow-Up Rate:

- 88% of clients had a follow-up visit within 30 days post-hospitalization, ensuring continuity of care.

Flex Funds Helped Address Client Needs:

- 129 instances of flex fund support were provided, mainly for food, housing, transportation, and hygiene needs.

Program Challenges:

Decline in 7-Day Hospitalization Follow-Up Rates:

- The 7-day follow-up rate after hospitalization dropped from 88% in FY23 to 63% in FY24, suggesting a need for improvement in early post-hospitalization engagement.

Maintaining Client Engagement for Some Populations:
- Despite improved overall service engagement, some clients continue to struggle with consistent participation.

Increased Financial Hardship Among Clients:
- High demand for flex funds, particularly for food (44 instances), transportation (36 instances), and housing (17 instances), reflected continued financial instability.

Limited Staff Resources for Growing Service Needs:
- With increasing client engagement and service demand, staff balanced meeting client needs with maintaining quality care.

Based on previous years, in FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 0; Transition Age Youth (16-25 years): 3; Adults (26-59 years): 12; Older Adults (60+ years): 41.

The RBA measures that were established for this FSP were as follows:

Process Measures **How much did we do?**	**Quality Measures** **How well did we do it?**	**Impact Measures** **Is Anyone Better off?**
• # clients served • # of new clients opened for ongoing services • Average # of days in FSP per client • Average # of service hours per client per month • Average # of services per client per month	• % of clients who have at least completed one CANS/ANSA for each six-month period that they are in the program • % of clients and/or their caregivers who receive an average of four or more face-to-face outpatient visits per month • % of clients with no service gap of over 30 days • % of discharges from hospitalization or subacute who had a follow up visit with FSP staff within 7 and within 30 calendar days • #/% of clients closed, by reason closed • #/% of clients transferred to another level of care • % of clients who were satisfied with services**	• % of clients who had a reduction in jail days in the last 12 months compared to the 12 months before enrollment • % of clients who had a reduction in psychiatric emergency services/inpatient/crisis stabilization units in the last 12 months compared to the 12 months before enrollment • % of clients with a decrease in hospitalizations and hospitalization days • % of clients with a primary care visit in the last 12 months • % of clients who moved out of homelessness**

*Demographic data was reported at the program level, where available
**Data not available for baseline reporting period, will be included in future rounds of reporting

RBA Outcomes in FY24 for this FSP are outlined on the following pages.

BMH RBA Report FY 2024

Reporting Period July 2023 - June 2024

Adult Full Service Partnership (AFSP)

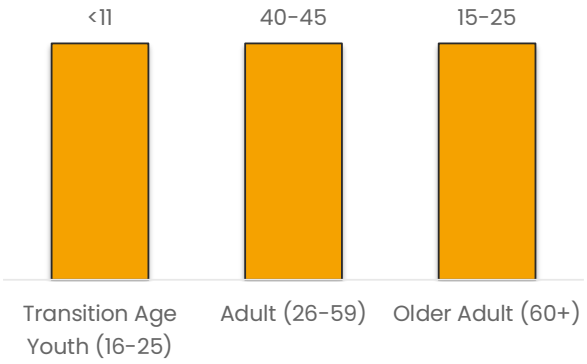
Process Outcomes ("How much did we do?")

66
Clients Served

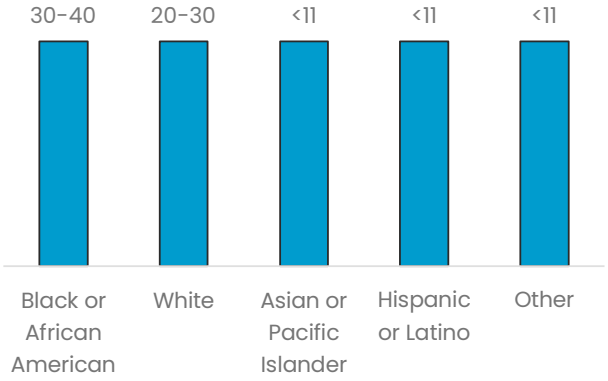
17
New Clients

Program Description: The Full-Service Partnership (FSP) team provides services to clients who are considered the highest need within our adult mental health service system. The FSP team is based on an Assertive Community Treatment (ACT) Model which involves low staff-to-client ratios at approximately 10:1 and a focus on providing care as a team rather than individual case load assignments. Services are primarily provided in the community rather than in an office setting.

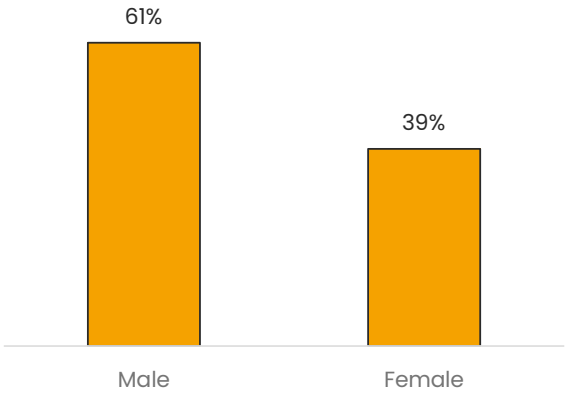
Demographics (Age)
Jul '23- Jun '24 (n=66)



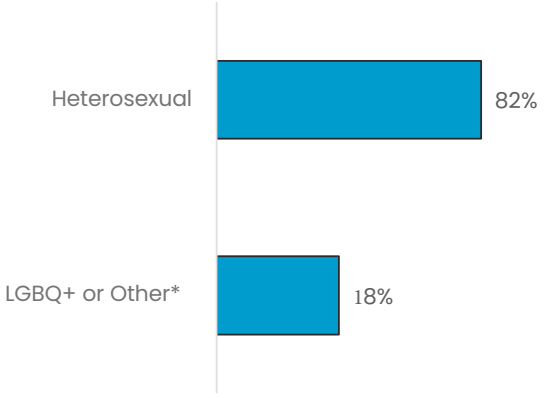
Demographics (Ethnicity)
Jul '23 - Jun '24 (n=66)



Demographics (Gender Identity)
Jul '23 - Jun '24 (n=66)



Demographic (Sexual Orientation)
Jul '23 - Jun '24 (n=66)



*LGBQ+ includes individuals who identify as lesbian, gay, bisexual, questioning, or other diverse sexual orientations. Other includes prefer not to answer, or unknown.

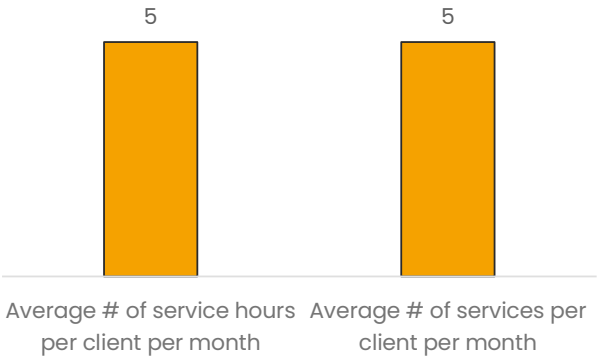
NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Quality Outcomes ("How well did we do it?")

Service Consistency

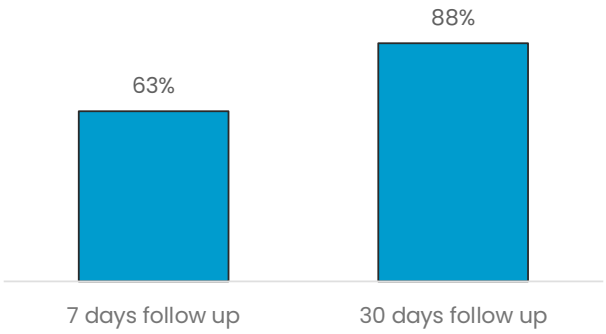
Average Monthly Services per Client

Jul '23 - Jun '24 (n=66)



Discharges from hospitalization or subacute who received FSP follow up within 7 and 30 days

Jul '23 - Jun '24 (n=20)



Retention and Stability

Clients Spend **4 years** in FSP on average

67% n=66
Clients receive an average of 4+ face-to-face outpatient visits per month

56% n=66
Clients with no service gap of over 30 days

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Impact Outcomes ("Is anyone better off?")

Client Outcome Improvements

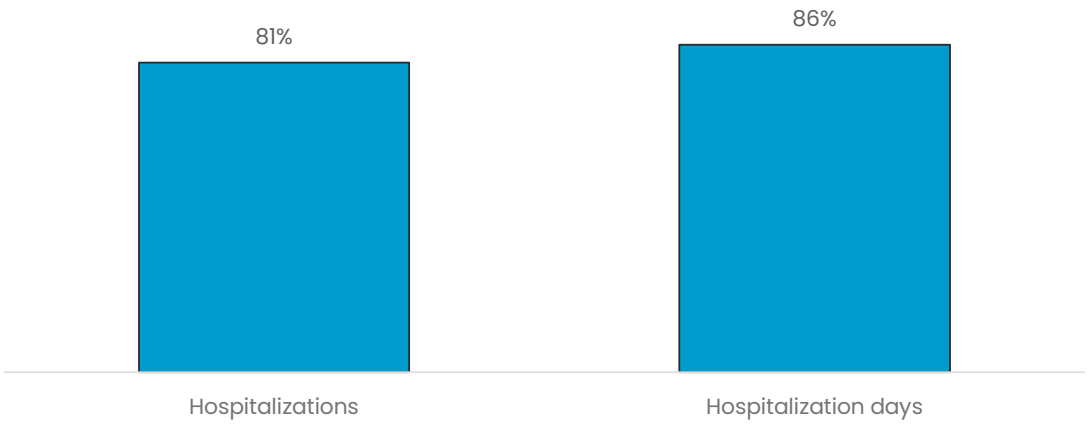
80-90% n<11
Clients who had a reduction in jail

100% n<11
Client reduction in psychiatric emergency services/inpatient/ crisis stabilization units

83% n=48
Clients with a Primary care visit

Clients with a decrease in hospitalizations/hospital days

Jul '23 - Jun '24 (n=20)



NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Measure	Definition	Data Source
# clients served	Total clients served	Yellowfin
# of new clients	Clients who were not served by the program in the previous fiscal year	Yellowfin
Average # of service hours per client per month	Average of hours of service in a month divided by clients served in a month. Includes all services recorded for clients. Does not include medical services (MAA)	Yellowfin
Average # of services per client per month	Average services in a month divided by clients served in a month. Includes all services recorded for clients. Note: more than one service can be provided during a single contact. Does not include MAA	Yellowfin
% of clients and/or their caregivers who receive an average of four or more face-to-face outpatient visits per month	Clients must be been open to a provider for at least 30 days in order to be included in this metric. Phone contacts are included during the pandemic. Days in subacute or jail not counted, but services are counted.	Yellowfin
% of clients with no service gap of over 30 days	Maximum days each Level 1 client went without service during their episode(s) in the reporting period. Only considered clients open to a provider for at least a total of three months during the reporting fiscal year.	Yellowfin
% of discharges from hospitalization or subacute who had a follow up visit with FSP staff within 7 and within 30 calendar days	Follow-up rates for individuals open to Level 1 providers at the time of mental health hospital discharge. *note: clients used to calculate follow up rates include those who didn't receive outreach and those who were lost to follow up (e.g. not contactable, not responsive)	Yellowfin
#/% of clients closed, by reason closed	Discharge reason for clients discharged during the reporting period	Yellowfin Not presented due to delays in the reporting system
# of clients transferred to another level of care	Of clients discharged in the reporting period, # who were transferred to a full service partnership program, service team, or outpatient services in Alameda County within 90 days of discharge.	Yellowfin Data Suppressed (n<11)

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

% of clients who had a reduction in psychiatric emergency services/inpatient/crisis stabilization units	Of clients who completed six consecutive months during the 12-month fiscal year, percentage with a reduction in psychiatric emergency services, inpatient or crisis stabilization unit other than Amber House, when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community (in jail and/or subacute) for six or more months during the current fiscal year or the prior fiscal year.	Yellowfin
% of clients who had a reduction in jail days	Of clients who completed six consecutive months during the 12-month fiscal year, percentage with a reduction in jail days, when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community (in hospital and/or subacute) for six or more months during the current fiscal year or the prior fiscal year.	Yellowfin
% of clients with a primary care visit	Of clients who completed 6 consecutive months during the fiscal year, percentage who had an appointment with a Anthem/Alliance/Community Health Center Network (CHCN) primary care provider during the fiscal year. Metric excludes individuals with six or more months out of the community (in Subacute, MH hospital, and/or jail).	Yellowfin
% of clients with a decrease in hospitalizations/hospitalization days	Decrease in hospital days/admissions in the years that a client was active in the program compared to the year prior to program admission. Includes clients who had at least one hospital day in the 12 months prior to admission and remained in the program for at least 1 year. Only available for fiscal years.	Yellowfin
% of clients who have at least one completed CANS/ANSA for each six-month period that they are in the program	Of clients with a completed Child or Adult Needs and Strengths Assessment (CANS/ANSA), what percentage of them had an assessment at least every six months?	No ANSA data is available for FY24

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Homeless Full Service Partnership

The Homeless Full Services Partnership (HFSP) provides services to individuals primarily in the community, and in any temporary housing placement (e.g. shelter, unhoused encampment) who meet the following criteria:

- Adults (18 years and older);
- Unhoused and those at risk of being unhoused;
- Severe Mental Illness; and
- Significant impairments in functioning (e.g., frequent psychiatric hospital utilization, involvement in the criminal justice system, domestic violence survivors, trauma, severe co-occurring disorders).

The HFSP utilizes a team model for providing intensive treatment, meeting people up to several times per week. In FY24, 47 individuals were served. Demographics on individuals served are as follows:

DEMOGRAPHICS N = 47*
Age Category
25-44 years and Unknown - <11
45-64 years - 30
65 years or Older - 15
Gender Identity
Male - 34
Female - 13
Race/Ethnicity
Black or African American - 26
Asian Pacific Islander - <11
Latino/a/x - <11
White - 18
Other - <11
Sexual Orientation
Heterosexual - 34
Lesbian/Gay/Bisexual/Queer/Questioning/Other/Unknown - 18

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Flex funds are used to provide supports for HFSP program participants. During FY24, 4 partners received rental and housing assistance; 20 received food and groceries; 28 partners received bus passes or transportation; 28 partners were provided with assistance with clothing/hygiene; and 4 partners were provided with other types of assistance.

Program Successes:
The HFSP program has demonstrated consistent growth and progress over the years. The number of clients served has increased from 36 in FY22 to 47 in FY24, reflecting a steady rise in demand and capacity. This growth also reflects the program's robust outreach and ability to meet community needs.

Client demographic trends show that the program effectively serves diverse populations, with notable increases in serving male clients (from 69% to 72%) and consistent engagement with

Black or African American clients (remaining over 50% across all years). Additionally, the program has maintained a strong focus on service continuity, as evidenced by reduced service gaps over 30 days (maintained at 32% in the most recent year).

Noteworthy quality improvements included follow-up visits after discharges from hospitalization, with 50% of clients receiving timely follow-up care within both 7 and 30 days. Furthermore, impact measures indicated positive outcomes, including a 63% reduction in jail days and a 75% decrease in hospitalizations among clients, showcasing the program's effectiveness in stabilizing clients and reducing institutionalization.

The program's ability to achieve consistent levels of client satisfaction, maintain high engagement in face-to-face visits, and facilitate primary care connections in FY24 further highlighted its holistic approach to client wellness.

Program Challenges:
While the program had significant success in FY24, there were also areas in need of improvement to enhance client care and operational efficiency. One challenge was maintaining a consistent number of new clients opened for ongoing services. After a high intake of 35 new clients in FY23, the number declined to 13 in FY24, suggesting potential barriers to new client engagement or referral processes. This could also be due to issues with vacancies in the team bandwidth. The program also experienced a gradual decline in the average number of service hours from 8 to 6 hours per client per month. This trend may reflect the staffing constraints, increased caseloads, or challenges in maintaining intensive service delivery, that were experienced during the reporting timeframe.

Another concern was the reason for client closures. Often times the closures were due to non-engagement. This highlighted an opportunity to implement clearer tracking and reporting processes to understand client withdrawal patterns better and identify trends for early intervention. Finally, while progress in reducing hospitalization days was commendable, sustaining and expanding these improvements require continued investment in preventive care, crisis response, and collaboration with community partners.

Based on previous years, in FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 0; Transition Age Youth (16-25 years): 2; Adults (26-59 years): 43; Older Adults (60+ years): 6.

The RBA Measures that were established for this FSP were as follows:

Process Measures How much did we do?	Quality Measures How well did we do it?	Impact Measures Is Anyone Better off?
• # of clients served • # of new clients opened for ongoing services • Average # of days in FSP for client • Average # of services hours per client per month • Average # of services per client per month	• % of clients who have at least one completed CANS/ANSA for each six-month period that they are in the program • % of clients and/or their caregivers who receive an average of four or more face-to-face outpatient visits per month • % of discharges from hospitalization who had a follow up visit with HFSP staff within 7 and within 30 calendar days • % of clients with no service gap of over 30 days • #/% of clients closed, by reason closed • % of clients who were satisfied with services**	• # of clients housed** • # of clients who gained or maintained housing since enrollment** • % of clients who had a reduction in jail days in the last 12 months compared to the 12 months before enrollment • % of clients with a primary care visit in the last 12 months • % of clients who had a reduction in psychiatric care emergency services/inpatient/ crisis stabilization units in the last 12 months compared to the 12 months before enrollment • % of clients with a decrease in hospitalizations/hospitalization days • % of clients with an increase in the number of days in community living compared to 12 month period before enrollment**

*Demographic data was reported at the program level, where available

**Data not available for baseline reporting period, will be included in future rounds of reporting

RBA Outcomes in FY24 for this FSP are outlined on the following pages.

BMH RBA Report FY 2024

Reporting Period July 2023 - June 2024

Homeless Full Service Partnership (HFSP)

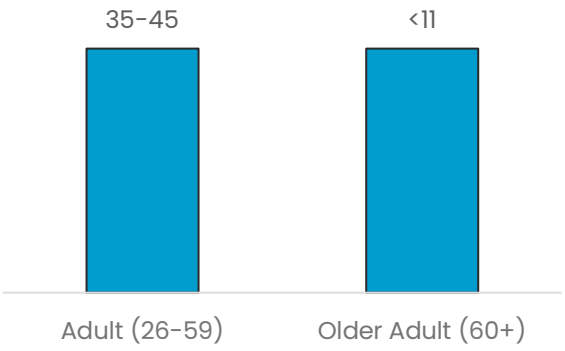
Process Outcomes ("How much did we do?")

47
Clients Served

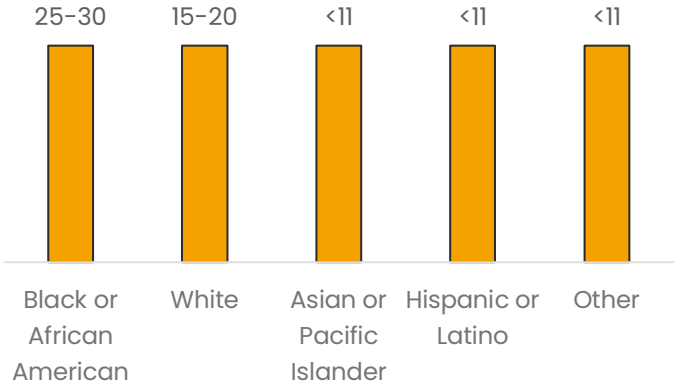
13
New Clients

Program Description: HFSP serves unhoused residents of Berkeley in an Assertive Community Treatment (ACT) model at high staff to client ratios, providing intensive case management and mental health services in a multi-disciplinary team approach. This team serves those with the highest level of need, supporting a population that is primarily unhoused and has multiple severe functional impairments.

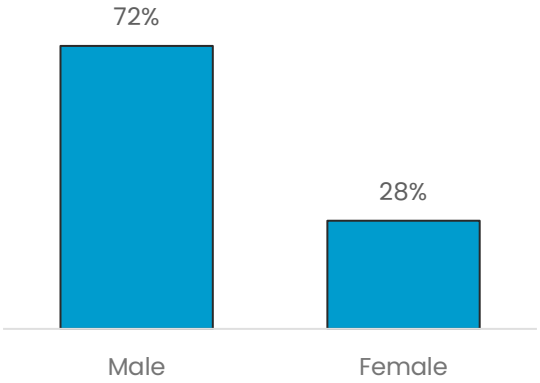
Demographics (Age)
Jul '23 - Jun '24 (n=47)



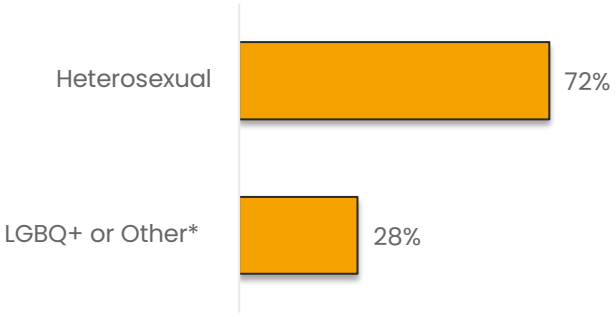
Demographics (Ethnicity)
Jul '23 - Jun '24 (n=47)



Demographics (Gender Identity)
Jul '23 - Jun '24 (n=47)



Demographics (Sexual Orientation)
Jul '23 - Jun '24 (n=47)



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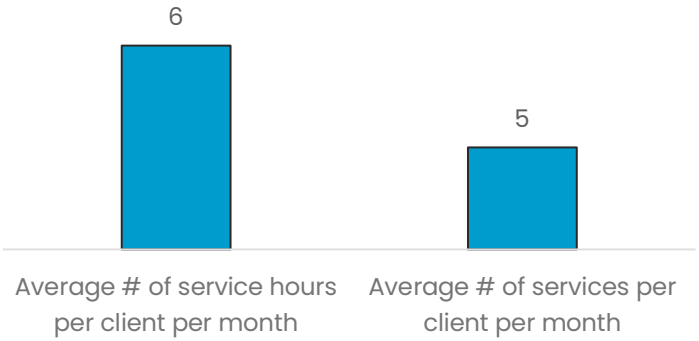
Quality Outcomes ("How well did we do it?")

Service *Consistency*

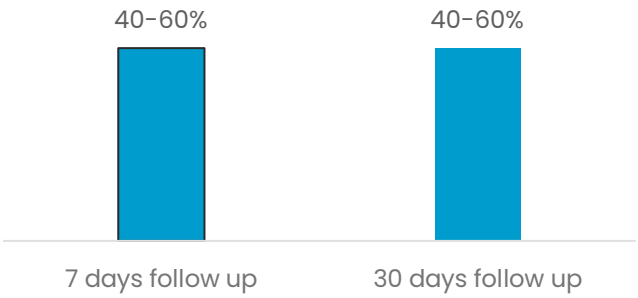
Average Monthly Services per Client

Jul '23 - Jun '24 (n=47)



Discharges from hospitalization or subacute who received FSP follow up within 7 and 30 days

Jul '23 - Jun '24 (n<11)



Retention and Stability

51% n=47
Clients receive an average of 4+ face-to-face outpatient visits per month

Clients spend **1.9 years** in FSP on average

32% n=47
Clients with no service gap of over 30 days

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Impact Outcomes ("Is anyone better off?")

Client Outcome Improvements

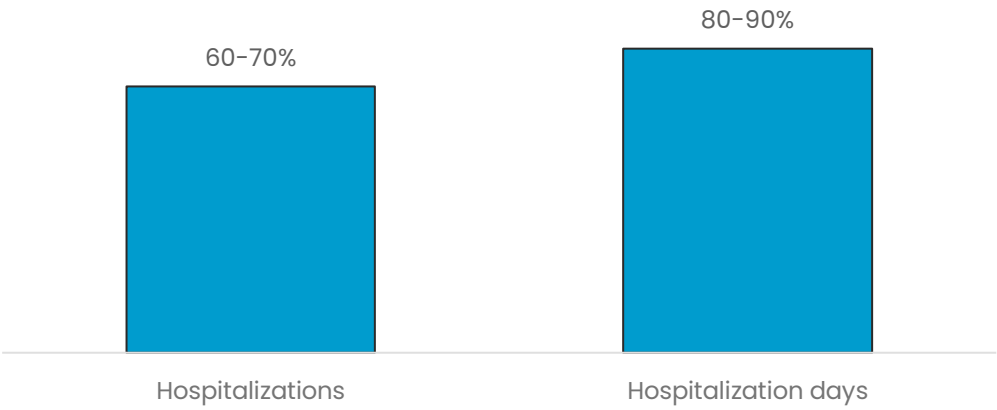
63% n<11
Clients who had a reduction in jail days

68% n=38
Clients with a Primary care visit

71% n<11
Client reduction in psychiatric emergency services/inpatient/ crisis stabilization units

Clients with a decrease in hospitalizations/hospital days

Jul '23 - Jun '24 (n<11)



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Measure	Definition	Data Source
# clients served	Total clients served	Yellowfin
# of new clients opened for ongoing services	Clients who were not served by the program in the previous fiscal year	Yellowfin
Average # of service hours per client per month	Average of hours of service in a month divided by clients served in a month. Includes all services recorded for clients. Does not include medical services (MAA)	Yellowfin
Average # of services per client per month	Average services in a month divided by clients served in a month. Includes all services recorded for clients. Note: more than one service can be provided during a single contact. Does not include MAA	Yellowfin
% of clients and/or their caregivers who receive an average of four or more face-to-face outpatient visits per month	Clients must be been open to a provider for at least 30 days in order to be included in this metric. Phone contacts are included during the pandemic. Days in subacute or jail not counted, but services are counted.	Yellowfin
% of clients with no service gap of over 30 days	Maximum days each Level 1 client went without service during their episode(s) in the reporting period. Only considered clients open to a provider for at least a total of three months during the reporting fiscal year.	Yellowfin
% of discharges from hospitalization or subacute who had a follow up visit with FSP staff within 7 and within 30 calendar days	Follow-up rates for individuals open to Level 1 providers at the time of mental health hospital discharge. *note: clients used to calculate follow up rates include those who didn't receive outreach and those who were lost to follow up (e.g. not contactable, not responsive)	Yellowfin
#/% of clients closed, by reason closed	Discharge reason for clients discharged during the reporting period	Yellowfin *Not presented due to delays in the reporting system
# of clients transferred to another level of care	Of clients discharged in the reporting period, # who were transferred to a full service partnership program, service team, or outpatient services in Alameda County within 90 days of discharge.	Yellowfin Note: Data Suppressed (<11 clients)

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

% of clients who had a reduction in psychiatric emergency services/inpatient/crisis stabilization units	Of clients who completed six consecutive months during the 12-month fiscal year, percentage with a reduction in psychiatric emergency services, inpatient or crisis stabilization unit other than Amber House, when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community (in jail and/or subacute) for six or more months during the current fiscal year or the prior fiscal year.	Yellowfin
% of clients who had a reduction in jail days	Of clients who completed six consecutive months during the 12-month fiscal year, percentage with a reduction in jail days, when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community (in hospital and/or subacute) for six or more months during the current fiscal year or the prior fiscal year.	Yellowfin
% of clients with a primary care visit	Of clients who completed 6 consecutive months during the fiscal year, percentage who had an appointment with a Anthem/Alliance/Community Health Center Network (CHCN) primary care provider during the fiscal year. Metric excludes individuals with six or more months out of the community (in Subacute, MH hospital, and/or jail).	Yellowfin
% of clients with a decrease in hospitalizations/hospitalization days	Decrease in hospital days/admissions in the years that a client was active in the program compared to the year prior to program admission. Includes clients who had at least one hospital day in the 12 months prior to admission and remained in the program for at least 1 year. Only available for fiscal years.	Yellowfin
% of clients who have at least one completed CANS/ANSA for each six-month period that they are in the program	Of clients with a completed Child or Adult Needs and Strengths Assessment (CANS/ANSA), what percentage of them had an assessment at least every six months?	No data available; ANSA discontinued in Alameda County in FY24

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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 humility 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 the 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 Humility Competency Plan as needed.

In FY24, this position was filled for a short period of time. As such, there is no data available during the reporting timeframe.

Transition Age Youth (TAY) Support Services

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 African Americans, Asian and Latino/a/x 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. This program has not been implemented over the past couple of years, it will not be implemented in FY26.

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 and Family Advocacy Services. Together, both ensures that mental health peers 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, mental health peers 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; Employment/Educational Services; Wellness Recovery Center; Counseling Services for Senior Citizens; Youth Case Management Services; Hearing Voices Groups; Transitional Outreach Team; Flex Funds and Sub-Representative Payee Services for clients, etc.

Wellness Recovery Services

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 peers for Division committees; convening committees around Wellness Recovery system initiatives; oversight/administration of peer stipends; convening and conducting meetings for the Berkeley “Peers Organizing Community Change (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 individuals desiring to express their treatment preferences in advance of a crisis, and is a participant on a number of local MHSA initiatives. The combination of individual services and system-level initiatives impact all clients and their family members across the system in a given year. During the reporting timeframe, there were approximately 448 clients in the BMH system.

Three positions were added in FY23, to the Wellness Recovery Program. The vacant Assistant Mental Health Clinician position was filled and two Social Service Specialist positions, or Wellness Community Specialists, were hired to make the clinic more welcoming and provide peer support to individuals waiting to be seen at the clinic. Adding these positions made more individuals aware of the wellness groups, community resources and support that the clinic has to offer.

Being fully staffed since late FY23, the Wellness Recovery Team was able to bring some groups back in-person such as the Wellness Recovery Activities and to engage with people in the waiting room, offering resources, peer support, light refreshments and warm connections.

During the FY24 reporting timeframe, some of the various activities of the Wellness Recovery Team that were conducted under the direction of the Consumer Liaison included:

Wellness Recovery Groups

Designed to promote self-care and independence, the Wellness Recovery Team builds on the talents of consumers, encouraging self-efficacy, psycho-education and motivation through multiple groups and interactions that can spark interest through wellness activities and social interactions as follows:

Wellness Through Passion (formally known as Wellness Recovery Activities)
The Wellness Through Passion group highlights consumer facilitation and creativity skills. The participants have the opportunity to bring in an activity that they are passionate about and would like to share with others in the group. They are able to practice facilitating an activity that includes participation, activities and discussion.

Serenity Steps (formally known as Walking Groups)
The Wellness Recovery Team provides walking groups to help with isolation, promote physical activities and socialization. The walks take place at local Berkeley parks and neighborhoods and they vary in physical intensity. The walks are advertised in the Wellness Recovery monthly calendar. The parks visited in FY24 were Ohlone, Grove Park, Cedar Rose, 4th street, Aquatic Park, Berkeley Marina, San Pablo Park and the University of California at Berkeley campus.

Museum Field Trips
In FY24 the Wellness Recovery Team attended a museum trip to SFMOMA and Berkeley Art Museum and Pacific Film Archive. The Team arranged for participants to attend the museums to explore art and creative spaces in the community.

Hopeful Hearts (formally known as Card Party Groups)

This program is modeled after the Do-Send-A-Card program created by the San Francisco Mental Health Association. The BMH Wellness Recovery staff partnered with the Peer Wellness Collective formally known as “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.

Hopeful Hearts Card making groups are offered monthly in person and online. The name change came due because the Wellness Team wanted to expand the creative process where people could write poems, design cards, and use music for inspiration. Peers were encouraged to write inspirational messages in cards as well as design cards with arts and crafts for individuals in psychiatric hospitals and Board & Cares. Peers could choose the card they wanted to receive. Through this program over 50 cards were created and given to the Reach-Out Program.

Emotional Wellness Circle (formally known as Mood Group)
Emotional Wellness Circle is designed for participants to share their thoughts and feelings in a safe place where support is offered. In FY24 the group met mostly twice a month but a few months the group only met once due to conflicting events. The group focused on reviewing a

Mood Scale to help identify their emotions, address the impacts of their choices, and discuss coping skills to use to process the emotions among non-judgmental peers and staff.

Peers Organizing Community Change

Peers Organizing for Community Change (POCC) is a community activism group designed to educate, advocate and lead and it is open to any community member who identifies as a peer, a person with lived mental health conditions. The committee meets once a month and focuses on the needs and concerns of Berkeley residents as well and provides input on the Mental Health Service Act. The members also volunteer for events the wellness team host in the community. In FY24, the group met 10 times. Each year the committee is tasked with identifying and coordinating a community event to educate on a popular topic. For FY24 the topic was "Empathic response to crisis" and Bonita House who operate the Specialized Care Unit was a guest speaker at the event.

In addition to support group activities Wellness staff also provide one-on-one support and resources to individuals in the waiting room of the Adult Clinic, as needed.

In FY24, a total of 52 individuals participated in Wellness Recovery services. Demographics on individuals served are as follows:

DEMOGRAPHICS N = 52
Age Category
18-24 years - <11
25-44 years - 22
45-64 years - 15
65 years and older - <11
Gender Identity
Male - 24
Female - 48
Race/Ethnicity
Asian or Pacific Islander - <11
Black or African American - 23
Latino/a/x - <11
Native American - <11
White - 16
Multi-racial - <11
Other - <11
Sexual Orientation
Heterosexual - 13
Bisexual or Queer - <11
Queer - <11

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:

- The team developed a structure for the groups and created materials that were cohesive with the theme and the wellness dimension featured for the month. From the newsletter to the topics in the group, everything was aligned.

- The welcoming services in the waiting room of the Adult Clinic were a bid success in building relationships, per testimonies from peers, patrons and staff. The warm welcoming services enabled anxiety to be reduced while people were waiting to be seen as engaging with a peer staff helped to reduce the fears and wait time for people being seen for appointments.
- The team also incorporated quarterly wellness mixers. These events focused on activities that were centered around wellness and recovery. The events were designed for peers to get to know the Wellness Recovery team, learn about services that are provided at Berkeley Mental Health, learn a new skill, and engage with community. The team held a Chat and Paint, Vision board, Ecotherapy and Social skills mixer and each event had between 10-40 individuals who attended.

Program Challenges:
The number of individuals attending groups was lower than anticipated. Having individuals attend groups on an on-going basis, is most ideal. Individuals who attend BMH can often be dealing with crisis situations and as such focusing on wellness activities is not always their main area of focus.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years) = 0; Transition Age Youth (16-25 years) = 3; Adults (25-59 years) = 30; Older Adults (60+ years) = 29.

The RBA measures for this program (which were combined with the Social Inclusion, Telling Your Story Project measures, as both are conducted by the same staff) were as follows:

Process Measures **How much did we do?**	**Quality Measures** **How well did we do it?**	**Impact Measures** **Is Anyone Better off?**
• # of participants served • # of different groups convened per year • # of group events held per year • # of group participants who meet the requirements for "Telling Your Story" (MHSA PEI Requirement)	• #/% of participants who return for group events	• #/% of participants who reported feeling less shame about their experiences and challenges • #/% of participants who reported progress in their recovery

RBA Outcomes in FY24 for this program are outlined on the following pages.

BMH RBA Report FY 2024

Reporting Period July 2023 - June 2024

Wellness & Recovery Services

Process Outcomes ("How much did we do?")

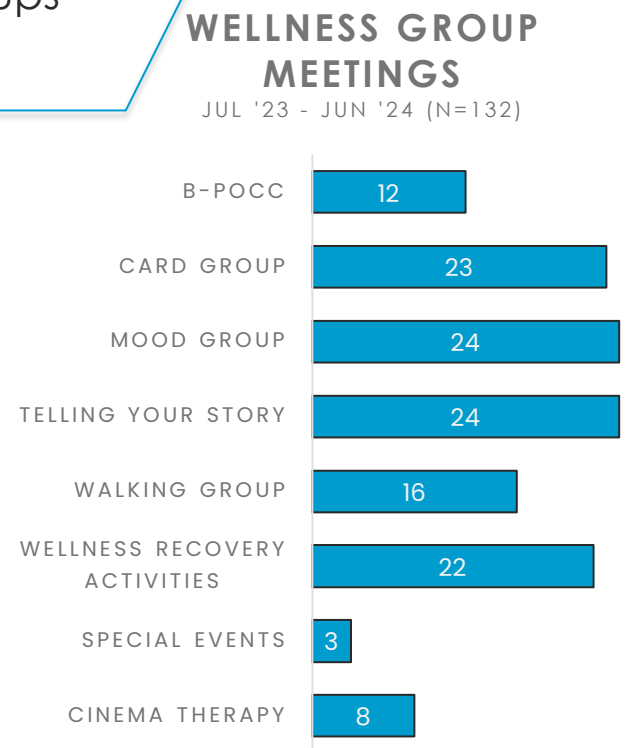
Program Description The Wellness and Recovery Program is designed to provide outreach, support, education, activities, and advocacy to consumer members living with mental illness and living in Berkeley. Wellness group activities include: Berkeley Peers Organizing Community Change (POCC), Card Groups, Mood Groups, Walking Groups, and Wellness Mixers.

52
Participants served

8
Groups

132
Group Events

20
Participants who meet requirements for "Telling Your Story"

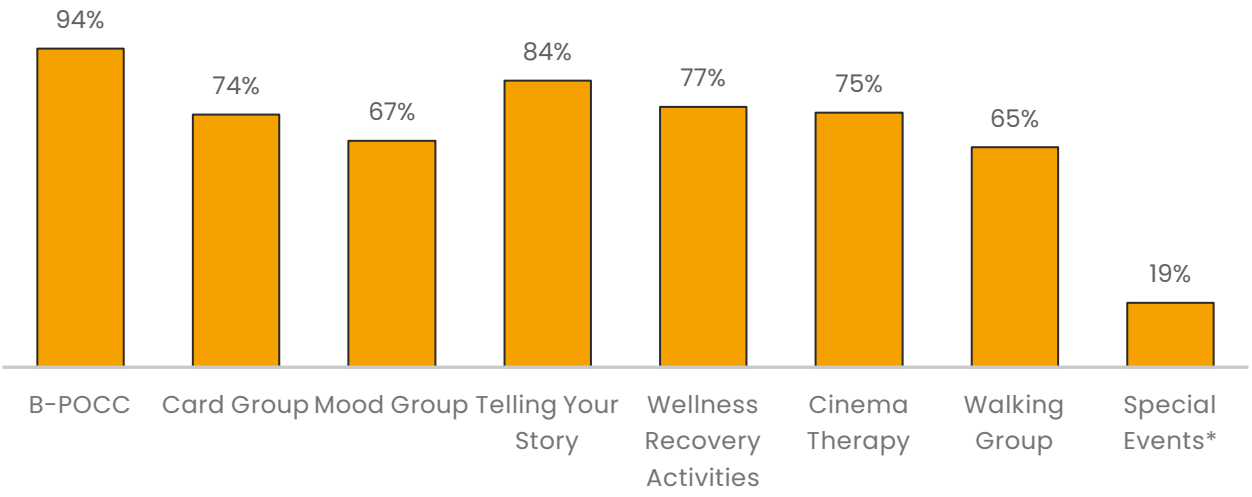


NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Quality Outcomes ("How well did we do it?")

Overall Group Engagement (Repeat Visits)

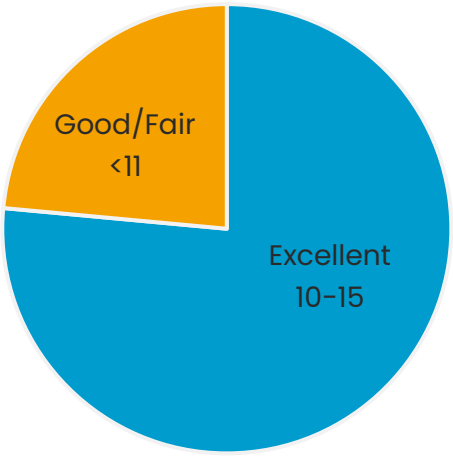
Jul '23 - Jun '24 (n=224)



*Special events, like social wellness mixers with different themes, attract a diverse mix of new attendees, which may result in lower level of returnees.

Interaction with a Wellness Team member in the Clinic Lobby

Jul '23 - Jun '24 (n=18)



71% n=52
Unduplicated participants who return for group events

Over 80% n=18
Participants rated the Lobby as Welcoming

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Measure	Definition	Data Source
# of Particpants Served	Total # of participants served	Wellness Recovery Group Attendance Tracker
Wellness Group Event Breakdown	Number of different types of groups (i.e. walking group, mood group, Telling Your Story group) convened	Wellness Recovery Group Attendance Tracker
# Group Events	Total number of meetings held	Wellness Recovery Group Attendance Tracker
# of Telling Your Story Participants	Total number of participants in all "Telling Your Story" meetings	Wellness Recovery Group Attendance Tracker
% of participants who return for group events	Of total number of participants, % who returned for more than one event or meeting	Wellness Recovery Group Attendance Tracker
% Overall Group Engagement (Repeat Visits)	Of total number of participants, % who returned for more than one event or meeting	Wellness Recovery Group Attendance Tracker
% Participants Rated the Lobby as Welcoming	Consumer perceptions of feeling welcomed entering the Clinic Lobby	Clinic Lobby Survey

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Family Support Services

A 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. The program provides both individual family services and supports as well as broader 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 delivered in a culturally responsive manner ensuring outreach to individuals of diverse ethnicities and language groups.

The Family Services Specialist serves as a key point of contact for family members who are accessing or attempting to access services, addressing their questions and concerns about the mental health system. The specialist provides support, referrals, and linkages to additional community resources as needed. Outreach is conducted through the existing BMH Family Support Group, NAMI of the East Bay, Mental Health Association of the East Bay, Alameda County Family Education and Resource Center (FERC), and the Mental Health Association of Alameda County. Additionally, outreach has been extended through participation in community events such as Juneteenth, Día de los Muertos, and Women, Infants & Children (WIC) events. Flyers and brochures have been distributed to City divisions and programs, including Aging Services-Senior Centers, Meals on Wheels, Social Services Unit, Public Health (West Berkeley Family Wellness Center)- WIC, Black Infant Health, Father Initiative and Parks and Recreation. Outreach efforts also include in-person interactions, phone calls, emails, mailings to community agencies, and engagement via community listservs and providing flyers/brochures for community events.

The Family Services Specialist also: coordinates forums for family members to share their experiences with the system; recruits family members for BMH committees; supports family members through a “Warm Line”; conducts a Family Support Group; and creates training opportunities to educate mental health staff on working effectively with families. These combined individual services and system-level initiatives have an impact on clients and their family members.

During the reporting timeframe, the following individual or group services and supports were conducted through this program:

Warm Line Phone Support: A Warm Phone Line provides compassionate support to family members seeking information, referrals, supports, and assistance in navigating the complex mental health system. Through the Warm Line, the Family Services Specialist helped families connect with services and resources as needed.

Family Support Group: An English-speaking Family Support Group was offered for parents, children, siblings, spouses, partners, significant others, and caregivers. The group met once a month for two hours. Additionally, monthly group reminder emails provided family members with information, resources, and updates on community groups, BIPOC groups, events, and forums.

Individual Support: The Family Services Specialist met with families as needed to provide personalized support, assist them in prioritizing their needs, connect them with appropriate resources, navigate the mental health system, and develop coping skills to manage stress related to mental illness in the family.

In FY24, 88 individuals received services through this program. Demographics of individuals served are outlined below:

DEMOGRAPHICS N = 88
Age Category
0-18 years - <11
19-24 years - <11
25-44 years - 15
45-64 years - 25
65 years or older - 30
Declined to Answer (or Unknown) - <11
Gender Identity
Male - 15
Female - 45
Declined to Answer (or Unknown) - 28
Race/Ethnicity
Asian or Pacific Islander - <11
Black or African American - 15
Latino/a/x - <11
Native American - <11
White - 23
Multi-racial - <11
Other - <11
Declined to Answer (or Unknown) - 17
Sexual Orientation
Heterosexual or Straight - 38
Lesbian/Declined to Answer (or Unknown) - 50

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes

To expand awareness and accessibility of available services, the Family Services Specialist actively participated in the Alameda County Peer Learning Community, the Statewide Family Peer Workgroup, and engaged with organizations such as NAMI, FERC (Family Education Resource Center), and the Alameda County Mental Health Association. These efforts helped increase outreach and ensure families were informed about the services and support available to them.

Program Challenges

The Family Services Specialist position had remained vacant for four years, which required extensive efforts to reintroduce available services. Outreach was necessary to connect with Mental Health Division staff and teams, other city agencies, community organizations, and the broader community to receive referrals for family members in need of support.

Based on previous years, in FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 0; Transition Age Youth (16-25 years): 2; Adults (26-59 years): 28; Older Adults (60+ years): 42.

Employment Services

Previously, a BMH Employment Specialist provided services to support individuals 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 individuals who are gainfully employed and/or engaging in other meaningful activities such as school or volunteer work. Different strategies were implemented over time 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.

Up until there was a vacancy in the position, the Employment Specialist 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.

It was envisioned that once the Employment Specialist position was filled, work would be focused on utilizing an evidenced based model for supporting individuals with serious mental illness in obtaining and retaining competitive employment. To date, this position has remained vacant, while the City of Berkeley has spent time assessing 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.

Housing Services and Supports

A Housing Specialist previously provided housing resource services for clients including 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). Since this position has been vacant, all staff who work with clients have played a part in providing housing support, as needed. Some of the various places where clients with subsidies are housed are the Insight Housing Russell Street Residence Board and Care, McKinley House, and Lakehurst Hall.

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 FY24, 10 clients were served through this program. Demographics on those served were as follows:

DEMOGRAPHICS N = 10*
Age Category
25-44 years - <11
45-64 years - <11
Gender Identity
Male - <11
Female - <11
Race/Ethnicity
Black or African American - <11
Latino/a/x - <11
White - <11
Other - <11
Declined to Answer (or Unknown) - <11
Sexual Orientation
Declined to Answer (or Unknown) - 10

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:
The majority of the SSI cases closed, resulted in the client getting SSI benefits. The other cases were closed when contact with the client was lost. Five cases that were open in the reporting period are still pending.

Program Challenges:
All of the SSI cases were negatively impacted by staffing issues at Social Security by the following: a call to the Social Security office took an hour or more of being on hold before being able to get through to a person; 20% - 30% of calls were never answered; some calls were spontaneously dropped while on hold; leaving a message did not help as the Social Security staff didn't have time to return calls during the workday so some messages were not returned. A new SSI application could take over 6 months to get to the point where it started to be assessed for disability. The disability assessment process, once initiated, could take another 6 months or more to complete; and then to get benefits started and any retroactive pay received, it can be another 6 months. So even assuming a client won their case at the initial application stage, the earliest point possible in an SSI claim, they could expect to have to wait aa year and a half between applying and seeing any money. The longer waits exacerbated hardships for clients who were already struggling.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 0; Transition Age Youth (16-25 years): 4; Adults (26-59 years): 6; Older Adults (60+ years): 0.

Flexible Funds for Level One Clients

A contract with the community-based organization, Berkeley Food & Housing Project (now known as Insight Housing), 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. This program is set up to aid any clients in need across the system in a given year. In FY24, there were a total of 448 clients in the BMH system.

Mobile Crisis Team (MCT) Expansion

Through a previously approved 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.

The RBA Measures that were established for this program were as follows:

Process Measures How much did we do?	Quality Measures How well did we do it?	Impact Measures Is Anyone Better off?
• # of clients served • # of documented contacts	• % of clients who receive a visit (phone contact with client or hospital provider) in the 24 hours after hospitalization • % of Mobile Crisis Team who had a Crisis, Assessment Team staff attempt to contact • % of clients who were satisfied with services**	• None available at this time

*Demographic data was reported at the program level, where available
**Data not available for baseline reporting period, will be included in future rounds of reporting

RBA Outcomes in FY24 for this program are outlined on the following pages.

BMH RBA Report FY 2024

Reporting Period: June 2023 - July 2024

Mobile Crisis Team (MCT)

Process Outcomes ("How much did we do?")

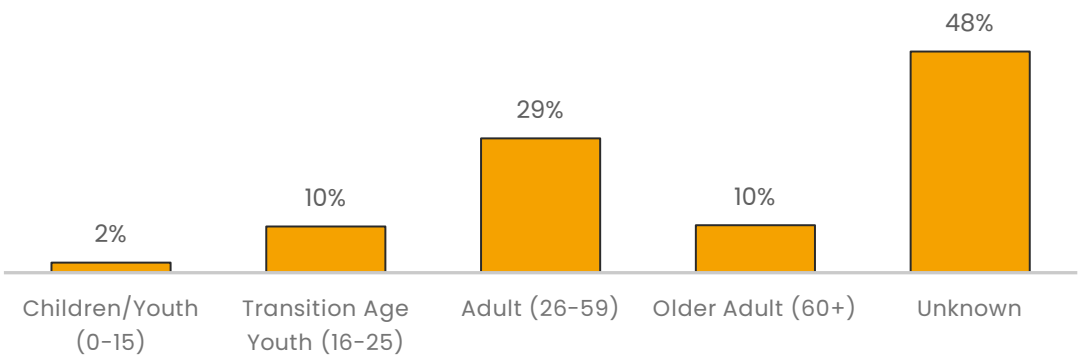
588
Clients Served

863
Responses to Incidents

Program Description:
The Mobile Crisis Team (MCT) serves residents of Berkeley, from 11:30am-10pm each day of the week when fully staffed. It provides crisis interventions, including but not limited to 5150 evaluations, consultations, and referrals/linkages.

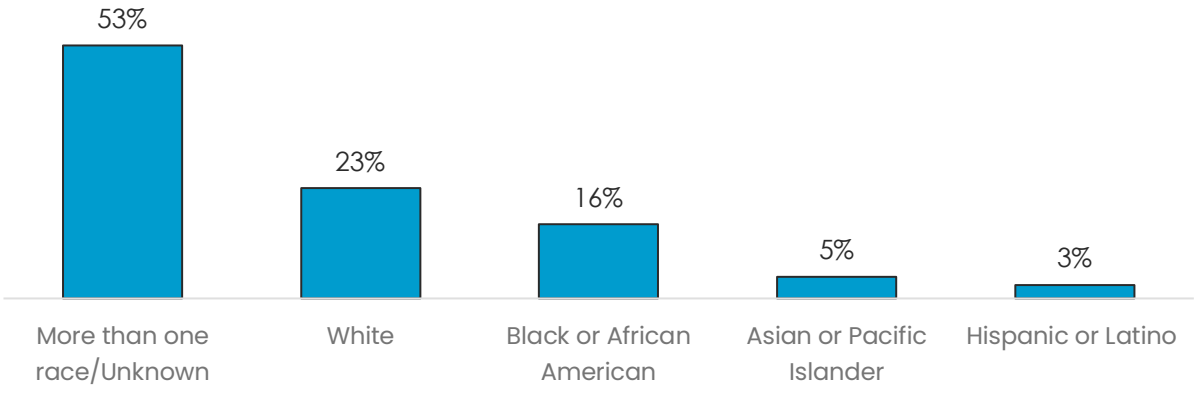
Demographics (Age)

Jul '23 - Jun '24 (n=588)



Demographics (Ethnicity)

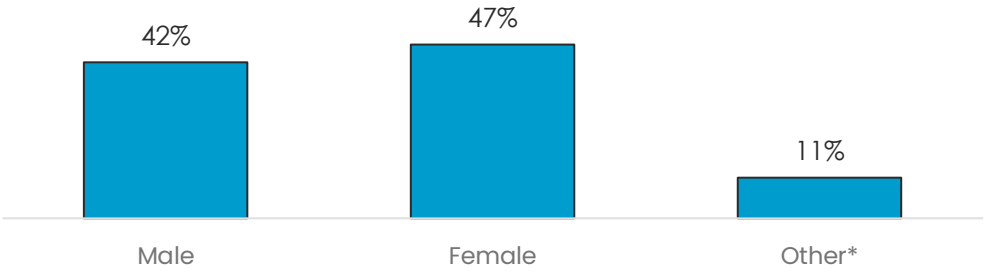
Jul '23 - Jun '24 (n=588)



NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Demographics (Gender Identity)

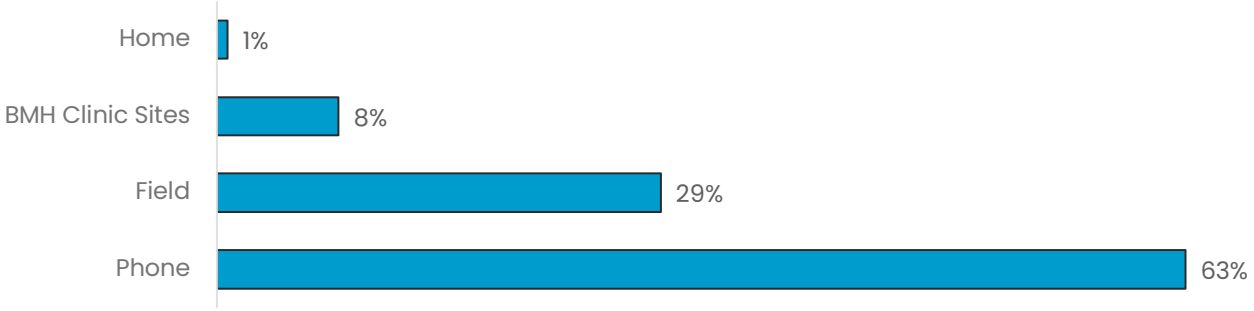
Jul '23 - Jun '24 (n=588)



*Other includes unknown or missing due to clients not disclosing, clinician unable to make the determination, or a crisis situation not allowing for more comprehensive data collection. It also includes any identity that doesn't fit within the traditional male/female binary. Sexual orientation data not available.

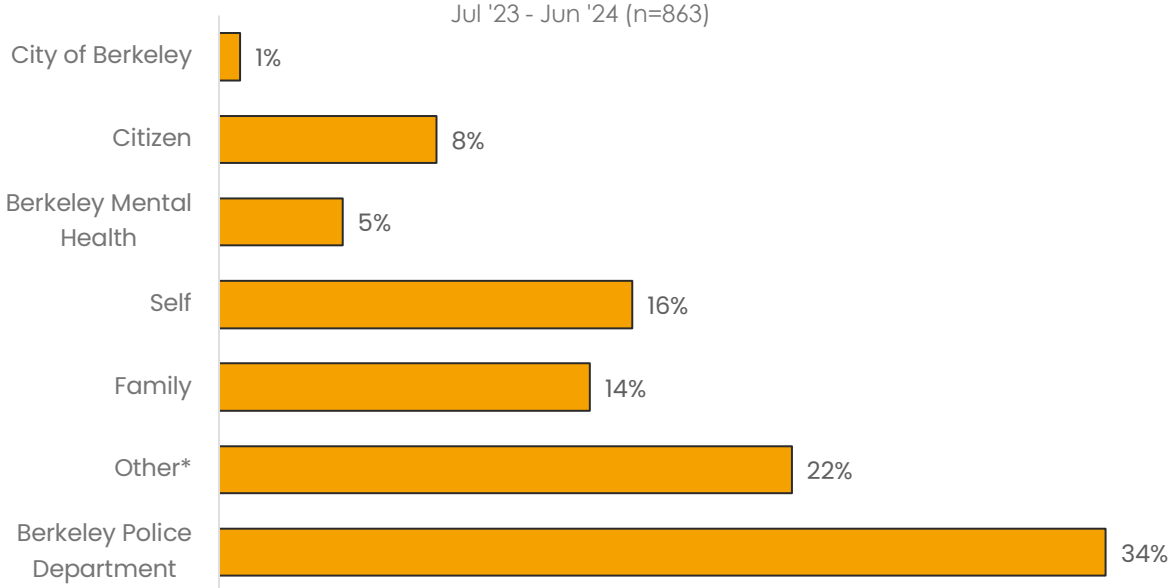
Client Contacts Made by Contact Type

Jul '23 - Jun '24 (n=863)



Referrals by Referring Party

Jul '23 - Jun '24 (n=863)



*Other includes responses involving Albany PD, UC PD, Berkeley Fire, Homeless Outreach, Neighborhood Services, Merchants, and follow-ups.

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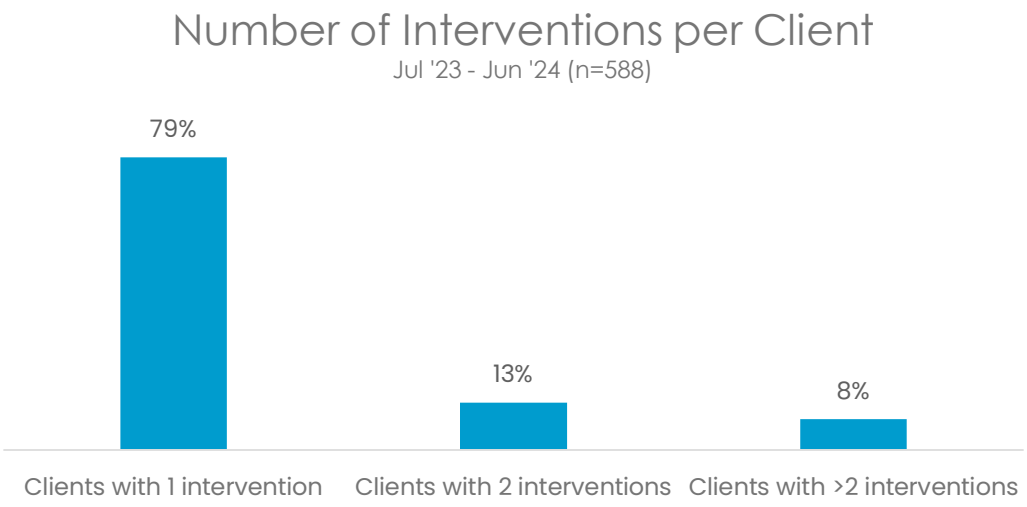
Quality Outcomes ("How well did we do it?")

Service Consistency



Impact Outcomes ("Is anyone better off?")

The MCT program performed

198

5150 Evaluations

72% n=198

5150 Evaluations did Not Lead to Transport to a facility

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Measure	Definition	Data Source
# clients served	Total unique clients served	MCT Incident Log
# of client contacts made	# of client contacts made, by a. Field contacts b. Phone contacts c. Other	MCT Incident Log
# of referrals by referring party	# of crisis services referrals made to the MCT, by referring party (i.e. Berkeley Police Department, Berkeley Fire Department, Berkeley Mental Health, community, etc.)	MCT Incident Log
# of 5150 evaluations conducted	Total number of incidents with 5150 Evaluations of any sort	MCT Incident Log
Results of 5150 Evaluations	% of 5150 evaluations that did or did not result in transportation to a receiving facility for further evaluation	MCT Incident Log
Number of interventions per client	% of clients who had one, two, or more than two interventions on separate dates requiring service	MCT Incident Log

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Transitional Outreach Team (TOT)

The Transitional Outreach Team (TOT) follows up with individuals and families and provides interventions that address issues individuals experience either immediately prior to, or following a mental health crisis. The goal of the team is brief outreach and engagement to assist the individual and/or family in getting connected to the resources they may need.

In FY24, 60 individuals were served through this project. Demographics on those served were as follows**:**

DEMOGRAPHICS N = 60*
Age Category
0-15 years - <11
16-25 years - <11
26-59 years - 25
60 years and older - <11
Declined to Answer (or Unknown) - 19
Gender Identity
Male - 18
Female - 27
Transgender/Declined to Answer (or Unknown) - 15
Race/Ethnicity
Asian or Pacific Islander - <11
Black or African American - <11
Latino/a/x - <11
White - 17
Multi-racial - <11
Other - <11
Declined to Answer (or Unknown) - 13
Sexual Orientation
Declined to Answer (or Unknown) - 60

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

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.

Program Successes:

- Continued successful follow-up with residents who had contact with Mobile Crisis by phone and/or in person.
- Connected individuals and families to needed and wanted mental health, housing, family, and other social services.
- Offered intensive short-term support to individuals and families who experienced a mental health crisis, including referrals, linkage, psychoeducation, and active support in connecting with needed service in Berkeley or elsewhere in the Alameda County system of care.
- Provided in person outreach and engagement to individuals receiving homeless services and staff at homeless service provider agencies, including Dorothy Day, Building Opportunities for Self-Sufficiency (BOSS), Insight Housing, and others.

- Coordinated with other programs within the City's Mental Health Division, including the Crisis/Assessment/Triage (CAT) On Duty staff and field-based services such as Mobile Crisis (MCT).
- Continued to follow-up on hospital referrals and coordinated with individuals and hospital staff after a MCT contact.
- Served 10 more clients in FY24 compared to the previous reporting timeframe.

Program Challenges:

- The Data collection system that was utilized did not capture all of the necessary information that would support accurate outcome reporting. This remains an ongoing difficulty due to the limitations of the current system.
- Although the total number of individuals served in FY24 was more than FY23, it is still lower than previous years (ex: FY22) and there is not sufficient data to ascertain the cause(s) of the reduced numbers.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 6; Transition Age Youth (16-25 years): 12; Adults (26-59 years): 38; Older Adults (60+ years): 9.

In a prior year, TOT was merged with the Crisis Assessment and Triage (CAT) Team due to staffing limitations and to increase flexibility of the staffing capacity. The RBA data represents combined data measures for TOT/CAT. The RBA measures that were established for TOT/CAT were as follows:

Process Measures **How much did we do?**	**Quality Measures** **How well did we do it?**	**Impact Measures** **Is Anyone Better off?**
• # of clients served • # of documented contacts	• % of clients who receive a visit (phone contact with client or hospital provider) in the 24 hours after hospitalization • % of Mobile Crisis Team who had a Crisis, Assessment Team staff attempt to contact • % of clients who were satisfied with services**	• None available at this time

*Demographic data was reported at the program level, where available
**Data not available for baseline reporting period, will be included in future rounds of reporting

RBA Outcomes in FY24 for the combined TOT/CAT program are outlined on the following pages.

BMH RBA Report FY 2024

Reporting Period July 2023- June 2024

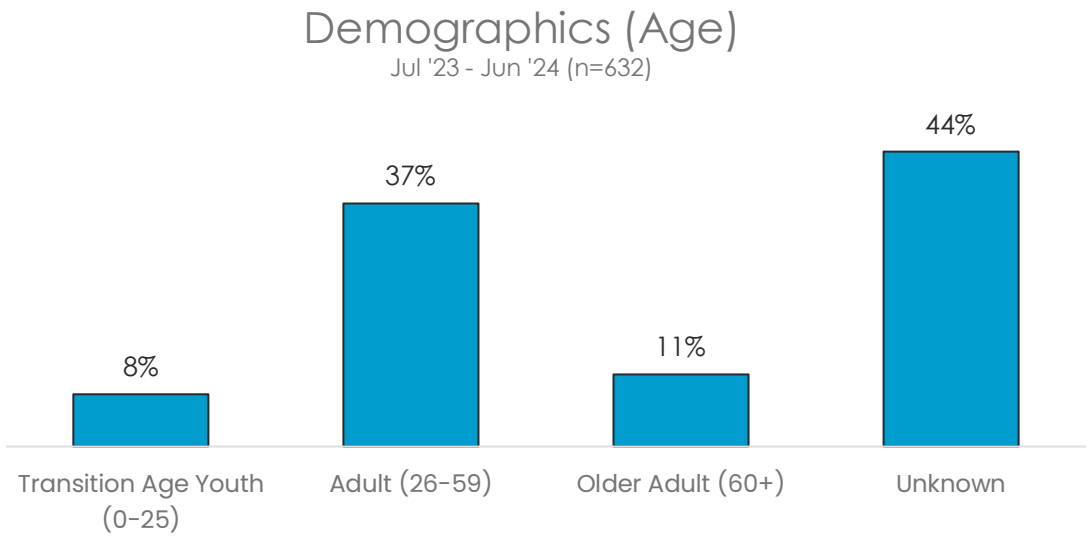
Crisis, Assessment, and Triage/Transitional Outreach Team (CAT/TOT)

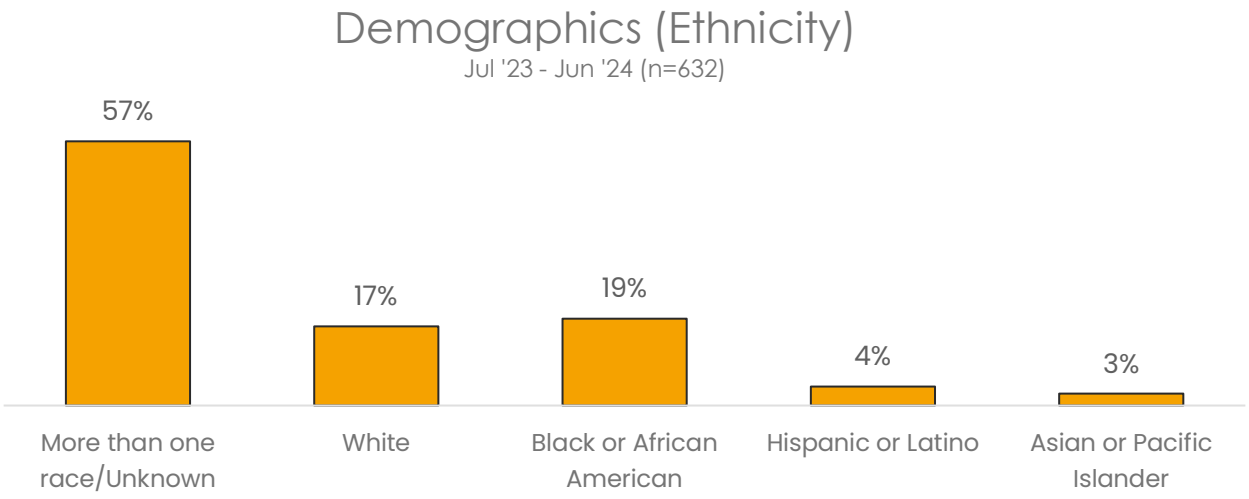
Process Outcomes ("How much did we do?")

632
Clients Served

1282
Contacts

Program Description
CAT/TOT is BMH's intake and follow-up team for Adult Mental Health Services. This team provides screening/assessment for ongoing mental health services, linkage to community-based resources, crisis support, and coordination with other agencies. Services include, but are not limited to: psychiatric services, transportation, food access, medical care, health insurance, benefits, legal assistance, affordable housing listings, utilities and energy assistance resources. Services are provided in person at the clinic, as well as via the team phone line.

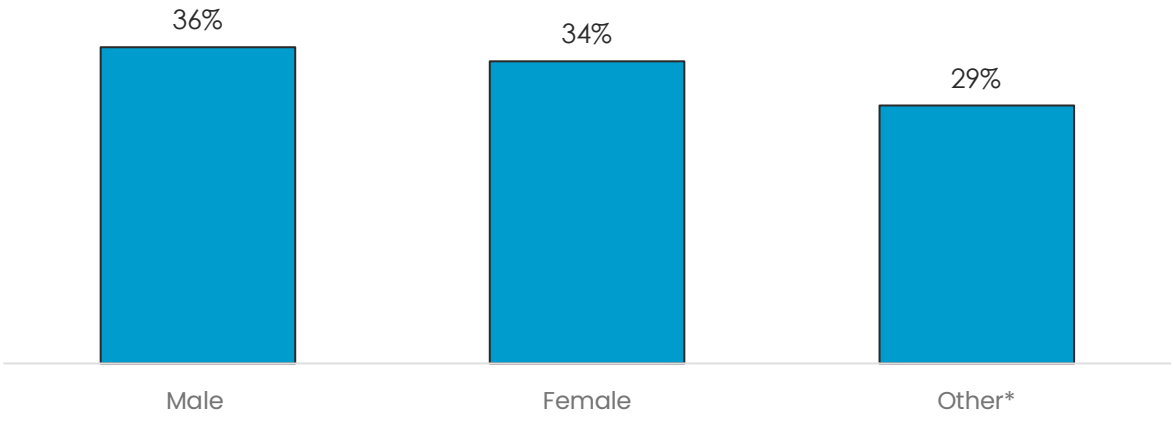




NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Demographics (Gender Identity)

Jul '23 - Jun '24 (n=632)

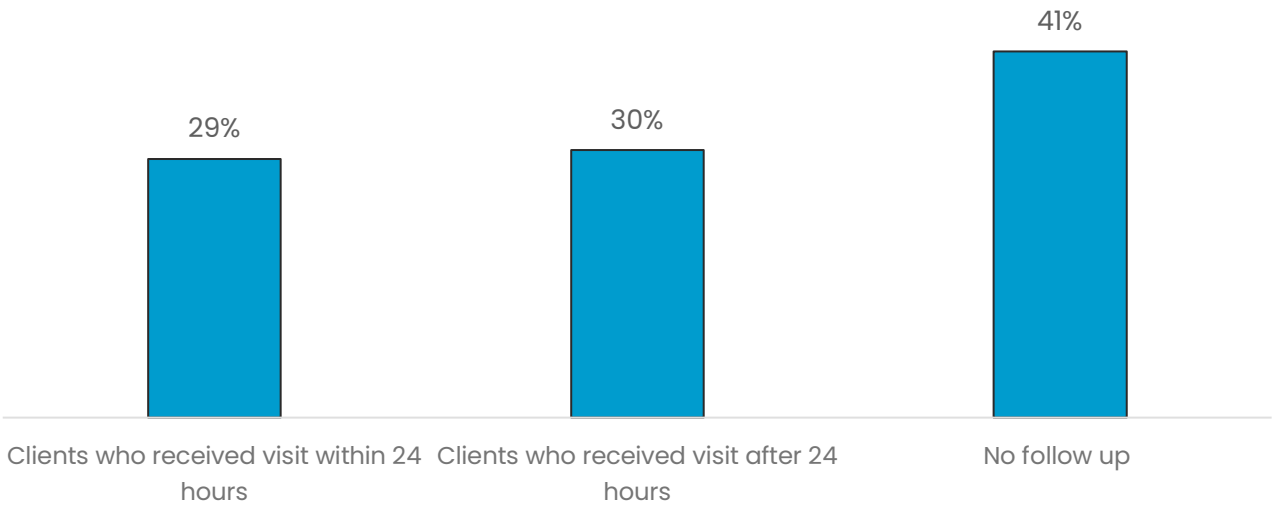


*Other includes unknown or missing due to clients not disclosing, clinician unable to make the determination, or a crisis situation not allowing for more comprehensive data collection. It also includes any identity that doesn't fit within the traditional male/female binary. Sexual orientation data not available.

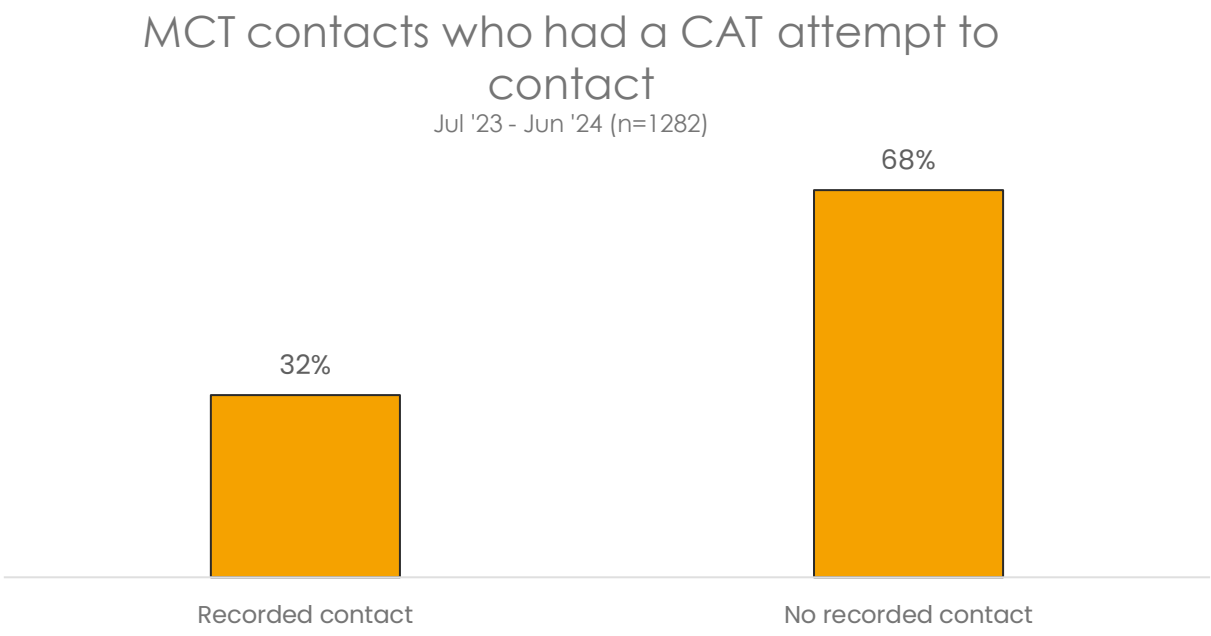
Quality Outcomes ("How well did we do it?")

Follow-up after hospitalization

Jul '23 - Jun '24 (n=56)



NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.



NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Measure	Definition	Data Source
# clients served	Total clients served	MCT & CAT Incident Log
# of documented contacts	Total number of documented incidents	MCT & CAT Incident Log
% of clients who receive a visit (phone contact with client or hospital service provider) in the 24 hours after hospitalization	% of clients who receive a visit (phone contact with client or hospital service provider) in the 24 hours after hospitalization. Reasons for no follow up may include no viable contact information, client was not amenable to follow-up services, or the client is already connected to follow-up services provided by another agency.	MCT & CAT Incident Log
% of MCT contacts who had a CAT attempt to contact	Of Client IDs in MCT contact log, % which also have record in CAT contact log. Reasons for no contact may include no viable contact information or client declined contact.	MCT & CAT Incident Log

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Sub-Representative Payee Program

The Sub-representative Payee Program is implemented through the contractor, Building Opportunities for Self-Sufficiency (BOSS). Through this program services are provided to individuals who are in need of a payee to assist with managing their money. Approximately 79 individuals receive services a year.

In FY24, 66 individuals were served. Demographics on individuals served were as follows:

DEMOGRAPHICS N = 66*
Age Category
18-24 years or Unknown - <11
25-44 years - <11
45-64 years - 24
65 years and older - 29
Gender Identity
Male - 45
Female - 21
Race/Ethnicity
Asian Pacific Islander - <11
Black or African American - 39
White - 19
Multiracial - <11
Sexual Orientation
Heterosexual or Straight - 16
Lesbian/Gay/Unknown or Declined to Answer - 50

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:

- The Representative Payee Manager supported participants within the program.
- There was an increased caseload through BMH referrals as well as a strengthened collaboration between BOSS and BMH.
- Many clients had big improvements in their quality of life, including better mental and physical health, thanks to the careful management of their benefits.
- The program has also helped clients stay housed by ensuring rent and utilities were paid on time, reducing the risk of losing housing vouchers due to power shut-offs.
- Several clients who had been chronically homeless for over 10 years were able to save for housing deposits and transition into Shelter Plus Care Housing, which was a huge milestone for them.

Program Challenges:

- Not all clients had an assigned Case Manager to help with non-financial needs like finding stable housing, attending medical appointments, or accessing clean clothing.
- Many clients also struggled to attend day treatment programs due to a lack of information or transportation, which limits their opportunities for positive, structured activities.
- Some client's mental health or substance use challenges, made it hard for them to stay motivated and engaged with services offered.

These are all areas that BOSS is continuing to work to improve.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 0; Transition Age Youth (16-25 years): 4; Adults (26-59 years): 80; Older Adults (60+ years): 75.

Hearing Voices Support Groups

The Hearing Voices Support Groups are offered through a contract with the Bay Area Hearing Voices Network. It is the only community organization which offers on line peer-led groups for adults who hear voices and have other unusual experiences. Participants who attend groups regularly express that the continuity helps them to stay out of mental hospitals, deal with stigma as well as stress and difficult experiences associated with the voice hearing experiences.

Free weekly drop-in Support Groups are provided for individuals who experience voices, visions, special messages, unusual beliefs or extreme states of consciousness. The support groups are co-facilitated by trained group facilitators whom have lived experience in the mental health system. A separate support group for Family Members of individual participants is also provided.

In FY24, a total of 1,841 individuals were served through weekly online support groups. Demographics on individuals served were as follows:

DEMOGRAPHICS N = 1,841*
Age Category
18-24 years - 93
25-44 years - 276
45-64 years - 1,105
65 years or older - 367
Gender Identity
Male - 717
Female - 957
Transgender - 81
Other/Non-binary - 86
Race/Ethnicity
Asian or Asian Pacific Islander - 74
Black or African American - 239
Latino/a/x - 166
White - 957
Multi-Racial - 239
Other/Declined to Answer (or Unknown) - 166
Sexual Orientation
Heterosexual or Straight - 1,288
Lesbian or Gay- 55
Bisexual - 93
Questioning - 166
Declined to Answer (or Unknown) - 239

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and

confidentiality of individual participants.

In FY24 two weekly online adult hearing voices groups were added on the weekends: an adult hearing voices support group, and a discussion group to explore the voice world in its entirety. Three new members were added to the board of directors, two family members and a voice hearer/group facilitator. A Social Media program to reach Transitional Age Youth on Facebook, Instagram, and Reddit headed by three of hearing voices members was also added.

Program Successes:

- Attendance in the adult hearing voices groups and family groups continued to be strong, with more attendees than in the last reporting period.
- Three social media platforms to reach Transitional Age Youth were created on Reddit, Instagram, and Facebook. Currently the Facebook page has 1,357 members; the Instagram page has 108 followers; and the Reddit group has 1,236 experiencers, and 6 moderators. The Reddit Hearing Voices page recently received over 4,000 unique visits in one week and 1,600 of the users were youth. Youth constitute 25.7% of all Facebook Messenger users, 31.7% on Instagram, and 44% on the Reddit platform. The webpages for each of the groups/platforms are as follows:
  Reddit group: https://www.reddit.com/r/HearingVoicesNetwork/
  Facebook group: https://www.facebook.com/groups/hearingvoicesgroupsupport
  Instagram platform: https://www.instagram.com/ba_hvn/
- Outreach to Transitional Age Youth (ages 18-25) who hear voices or experience other unusual/distressing experiences began, through the Social Media Program staffed by volunteers who have lived experience.

Program Challenges:

- Not having enough funding to implement additional services for TAY and adults.
- Additional community outreach in schools, clinics, and mental health education programs was needed.

Results from a survey questionnaire of group participants on the impact of the groups were as follows:

How have the groups helped you?

- *"I hear voices. I need this group."*
- *"Wonderful people speaking in regard to their shared experience of hearing voices."*
- *"Made good friends."*
- *"Friendship, common values and goal; suggestions from experience."*
- *"It helps me to accept my sister's experience of hearing voices and having unusual beliefs."*
- *"Camaraderie."*
- *"Helped with better understanding of how to approach our son and we are not alone in this journey."*
- *"Support."*
- *"It gives me the support and tools I need to survive, and thrive, each day."*
- *"It's great to hear so many different experiences."*

- *"The Bay Area Hearing Voices Network community has been a colossal help."*
- *"Every time I have participated, it has been a great experience. Everyone is so supportive and what I like the most is that the message always is one of hope and love for our loved one. Also, the practical information has been very useful."*
- *"This group has helped me find ways to deal with my loved one. I have learned better ways to talk to my loved one."*
- *"People are so kind."*
- *"It gives me a safe space to share my voice hearing experiences."*

What do you like about the group?

- *"I can talk about religion, politics, sex and drugs as they relate to my schizophrenia."*
- *"Well moderated, kind shares, and generally a no-judgement zone."*
- *"Listening."*
- *"Kindness and understanding, sympathetic."*
- *"Supportive and caring group of participants."*
- *"There's a lot of humility and some humor."*
- *"How it's facilitated, our understanding this is another way of looking at life."*
- *"I like that the facilitators have lived experience."*
- *"Hearing different life experiences."*
- *"Comraderie and information."*
- *"Everyone can share without fear of censorship or outcast about their experiences."*
- *"The camaraderie and willingness to share what has worked for them in supporting their loved one."*
- *"The honesty and vulnerability of the group members and the facilitators."*
- *"I like that I can be open about my experiences."*
- *"Support."*
- *"Everyone respects each other."*

How have you seen your life improve since you started coming to group?

- *"I am better oriented."*
- *"I've felt as though my pain is being heard by someone real, somewhere."*
- *"I am less anxious."*
- *"More calm."*
- *"I feel better after a Monday meeting when I have had a rough time earlier."*
- *"Oh, yes! My son is now living with me after over 8 years in hospitals and behavioral health centers."*
- *"I am more patient and understanding with my son."*
- *"Mental faculties improving, able to maintain a sleep state more in accordance with the norm, posture and G.I. improvements."*
- *"The help has been all encompassing from the mental experience, behavioral outcomes, and the physical health standpoint."*
- *"Our relationship with our daughter and with each other has improved as we have gained more understanding of the voice hearing experience. We don't want to fix our daughter but facilitate her choices."*

- *“I think my husband and I treat our son with more respect and kindness AND also treat ourselves with more respect and kindness.”*
- *“I have become more optimistic”.*
- *“Less anxiety.”*
- *“I have a better understanding on how the voice world works.”*

Why do you feel safe in the group (or why not)?

- *“I can complain about psych meds without being censored.”*
- *“Well moderated, kind shares, and generally a no-judgement zone.”*
- *“Nice people.”*
- *“No judgement; all sympathy.”*
- *“Everyone is respectful.”*
- *“Good boundaries, compassionate participants, respect all around.”*
- *“Respect. Shared experiences.”*
- *“I like the structure when the facilitator has a theme.”*
- *“I know that nobody will ever tell anything that goes on in the group outside the group. I trust the group members.”*
- *“The people in the group are not threatening.”*
- *“It is a safe space. There is no judgment, no offense. We are all there to help and be helped.”*
- *“Everyone is very supportive.”*
- *“The lack of judgment. This value we hold for our loved ones carries over to the way we treat each other.”*
- *“Everything is confidential and I feel it’s a safe place to be open.”*
- *“Facilitators care about everyone.”*
- *“What is said there, stays there.”*

Describe your overall experience in the group.

- *”It's been a much better experience than the local mental hospital and NAMI (National Alliance on Mental Illness).”*
- *“It feels like a place for identifying shared experience and attempting to heal or find help to heal.”*
- *“Enjoy meeting people and sharing.”*
- *“Invaluable support and compassion.”*
- *“I feel supported in the group. I like to listen to hear other peoples' experience see similar and differences with my situation.”*
- *“I'm grateful for the gift of a new way to see our situation and the hope of new possibilities.”*
- *.“Helpful. Welcoming. Honest.”*
- *“Positive.”*
- *“Existentially validating and empowering.”*
- *“It has been a wonderful opportunity for us to connect with others who provide care and support to their loved ones. It sometimes feels so overwhelming that the message of hope that we receive every time we participate helps go on in this difficult and challenging role we*

have as parents of an adult daughter who feels safer interacting with her voices and beings than with humans, whom she doesn't trust."

- *"Like church, a school of love."*
- *"Overall experience is very positive."*
- *"Freeing."*

How has the group helped you to deal with stigma?

- *"Misery loves company. There is an epidemic of mental illness going on. Perhaps we will get political power to make things better for the mentally ill? We get stigmatized unfairly and we must make our voices heard."*
- *"It helps me realize I'm not alone."*
- *"By normalizing the experience of our loved one, and us the family member feeling isolated and our circle of family/friends who truly understand our situation is limited."*
- *"I'm not alone."*
- *"Not too ashamed and feeling like a loser."*
- *"I feel proud to say my son hears voices and sometimes say he has a diagnosis of schizophrenia (just so people understand)."*
- ***"**Again, validation. Knowing there is a community of the similar and an avenue for healthy discourse on certain topics is an essential need for self-actualization."*
- *"We know that we are not the only ones in this role and that our loved ones are not the only ones with these experiences. We like hearing about things that have worked for other families. Over the years I have seen so many different kinds of people come to these family support groups and that alone has helped me to see that having a family member who hears voices crosses race and poverty and education lines. Instead of feeling less than I have actually come to feeling more than. Honored as someone said last night in my group, to be associated with someone like my son."*
- *"Yes, because after this group I've been able to tell close friends and coworkers about my loved one's experiences."*

How do you feel supported by the facilitators (or not)?

- *"I have voices and they let me talk about it."*
- *"Thoughtful questions from them, generally showed a care for the group's charter and the importance of understanding it."*
- *"They are always attentive."*
- *"Reflective listening."*
- *"Salient point is reflected back by the facilitator. They encourage you and may provide an alternate view when necessary."*
- *"They give everyone a chance to be heard and encourage us to share our experiences which helps ourselves and others."*
- *"They are honest, listening attentively, and provide great feedback."*
- *"They ask if they can provide feedback and then do so."*
- *"They are great listeners, and give great advice which we are free to take or leave."*
- *"They show that they are hearing what each person shares."*
- *"They lead with their heart."*

- *"The facilitators are always supportive and have recommendations and great input. They are also empathetic."*
- *"They speak from their own experience."*
- *"They help me think about what I am saying."*

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 0; Transition Age Youth (16-25 years): 89; Adults (26-59 years): 1,052; Older Adults (60+ years): 642.

Berkeley Wellness Center

The Berkeley Wellness Center is an MHSA funded collaboration between the City of Berkeley, Mental Health Division and the Alameda County BHCS. This program implemented through the community-based organization, Bonita House, provides: mental health and substance use disorder counseling; living skills training; educational activities; pre-vocational training; wellness recovery programming; support groups; referrals to community resources; computer training; Art Therapy and other activities. The main goals of the program are to assist individuals in functioning as highly as possible so they can become integrated into the community.

In FY24, 48 individuals participated in this program. Demographics on individuals served were as follows:

DEMOGRAPHICS N = 48*
Age Category
18-24 years - <11
25-44 years - 12
46-64 years - 20
65 years and older - <11
Declined to Answer (or Unknown) - <11
Gender Identity
Male - 20
Female - 28
Race/Ethnicity
Asian or Asian Pacific Islander - <11
Black or African American - <11
Latino/a/x - <11
White - 22
Other - <11
Unknown - <11
Sexual Orientation
Heterosexual or Straight - 16
Declined to Answer (or Unknown) - 32

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

In FY24 a new Program Manager was hired in September and under new management, programs were expanded. Plans for continued expansion of program offerings were implemented. Navigation provisions and resource information was consolidated and actively

offered in a greeting and entrance program. Outreach plans were created and implemented ranging from on the ground to coordination with fellow service programs.

Program Successes:

- The client response to new programing was enthusiastic.
- Since creating and implementing outreach plans, the numbers of new clientele increased daily, and new clients became repeat visitors to the center.
- Navigation services were easier to access, and clients were therefore inquiring about various needs more often and staff were better equipped to provide answers.

Program Challenges:

- Program staff continued to work on how to make the building more visible.
- Funding limitations.
- Creating public awareness of services, and particularly making meaningful connections with Board and Care facilities.
- Reintegration of previous clients that had stalled their use of services.
- Balancing the social issues arising in the meeting of various levels of cognition, emotional stability, sobriety, and class among the clients.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 0; Transition Age Youth (16-25 years): 0; Adults (26-59 years): 175; Older Adults (60+ years): 50.

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 Division utilizes existing City job classifications for 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 also 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 having “lived experience” and as peer or family member providers. In 2018, a peer provider was hired to support the Wellness Recovery services work. This position became vacant in December 2021 and it wasn’t filled until the third quarter of FY23.

Two additional positions were added through the FY22 Annual Update, to increase the Wellness Recovery work and enable a greater ability to provide a variety of peer led services, and the provision of activities and supports to individuals in the waiting room. These positions were hired in the third quarter of FY23, and have been integral in expanding the services of the Wellness Recovery Team.

Case Management for Youth and Transition Age Youth

In response to a high need for additional services and supports for youth and Transition Age Youth (TAY) who experience 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 individuals a year.

In FY24, 56 youth were served through this project. Demographic data on youth participants is outlined below:

DEMOGRAPHICS N = 56*
Age Category
16-25 years - 56
Gender Identity
Male - 11
Female - 33
Genderqueer/Gender non-conforming/Transgender - <11
Race/Ethnicity
Asian or Asian Pacific Islander - <11
Black or African American - 22
Latino/a/x - 12
White - <11
More than one Race - <11
Sexual Orientation
Heterosexual or Straight - 26
Gay or Lesbian - <11
Bisexua - l<11
Pansexual/Queer/Questioning/Asexual - <11
Declined to Answer (or Unknown) - <11

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

At the beginning of FY24 Case Management Services were provided through UCB MSW interns and were shifted in September 2023, to a Peer Navigator model.

Program Successes:
All program participants were a part of the Youth Leadership Program that included training, planning, and events. Art workshops were also offered to support youth with creative expression in their youth leadership. A pathway through youth leadership that aligned with going deeper in practice with learned leadership skills also supported youth with information and opportunities for Community Organizing, Events and Production, and Galley Exhibition.

Program Challenges:
In FY24, there were no program challenges reported.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 15; Transition Age Youth (16-25 years): 50; Adults (26-59 years): 0; Older Adults (60+ years): 0.

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 and FY22 three 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. At present, the Division is currently in the process of assessing how best to partner with a local community agency to implement these services.

Results Based Accountability Evaluation

Per the previously approved MHSA FY19 Annual Update, the Division allocated CSS System Development funds for a Consultant who would conduct an evaluation on all BMH programs across the system utilizing the "Results Based Accountability" (RBA) framework. The RBA framework measures how much was done, how well it was done, and whether individuals are better off as a result of the services they received. A competitive RFP process was executed, and Resource Development Associates (RDA) was the chosen consultant. RDA worked with the Division from FY21-FY24 to execute this evaluation.

In FY24, RDA worked with the Division and the Program Evaluator to continue to implement the RBA Framework to evaluate program outcomes and to develop the internal capacity for the Program Evaluator to focus on implementing and tracking RBA evaluation measures across BMH programs. RBA development efforts made substantial progress during the reporting timeframe. Key achievements included the establishment of program and division-level RBA measures, the collection and integration of FY23 data, and the development of dashboards for the division and across service programs. This process included addressing new changes between external and internal data reports, and facilitating data review sessions with program teams to analyze impact measures and outcomes.

RDA conducted the following Data Collection, Evaluation, and Reporting activities:
Twenty-seven meetings were conducted for BMH staff including:

- 12 Turn the curve meetings for all programs in the division;
- 9 individual meetings with program managers to review data for the dashboard and provide technical support on data collection;
- 2 meetings with the Executive Leadership Team to review dashboards;
- 2 Feedback sessions with non-management and management staff;
- 1 Visioning and action planning session to support RBA sustainability of implementation;
- 1 Focus group training to implement at the client level.

Key Activities – Dashboard, Analysis and Reporting:

- Completed dashboards for Interval 2 and Fiscal Year 2023;
- Tracked 140 performance measures for data collection and reporting;
- Cleaned and analyzed raw data for internal reporting;
- Reviewed Dashboard data to prevent the identification of individuals for publicly released information.
- Created an external facing division level dashboard to be used to report out on the data for the division and 12 programs.

- Populated the remaining available FY24 data and annotated remaining measures with an asterisk if data was unavailable due to delays in the County reporting system;
- Revisited existing RBA measures to ensure continued relevance.

There were some challenges in FY24 due to the County's transition to a new client reporting and billing system which impacted the RBA data collection. The ongoing configuration process affected procedure codes, reporting tables, and service categories. These challenges were addressed, with a resolution anticipated in FY25. The complete set of RBA outcomes for all BMH programs is located in Appendix B.

Counseling Services for Older Adults

Older Adults who only have Medicare insurance currently have great difficulty accessing mental health services, despite consistent input on the need for support for this population. In an effort to increase mental health services and supports for older adults, the Division allocated funding in the approved FY20 MHSA Annual Update to support this population. MHSA funds are transferred to the Aging Services Division of HHCS, to implement various counseling services for older adults through the Wright Institute.

A total of 159 individuals received services in FY24, demographics on individuals served are outlined below:

DEMOGRAPHICS N = 159*
Age Category
26-59 years - 18
60 years and older - 141
Gender Identity
Male - 34
Female - 119
Another Gender Identity/Unknown - <11
Race/Ethnicity
Asian or Asian Pacific Islander - <11
Black or African American - <11
White - <11
More than one Race - 24
Other - 12
Declined to Answer (or Unknown) - <11
Sexual Orientation
Heterosexual or Straight - 130
Gay or Lesbian - 19
Bisexual - <11
Declined to Answer or Unknown - <11

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:

- The partnership between the Aging Services Division and the Wright Institute continued to work well.

- Program contacts from the Wright Institute provided clear and timely communication via email and let the Aging Services Division staff know in advance of any mental health counseling program offerings and changes.
- Both the individual and group counseling sessions were well attended, as were the informal workshops that Wright Institute presented on various topics. Workshops and sessions were offered at both senior centers, as well as at the Institute itself.

Program Challenges:
In FY24, there were no notable program challenges reported.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 0; Transition Age Youth (16-25 years): 0; Adults (26-59 years): 5; Older Adults (60+ years): 85.

Substance Use Disorder Services

A large portion of individuals who currently receive services at BMH are also experiencing co-occurring disorders, having both mental health issues and substance use disorders (SUD). In an effort to increase the capacity to serve individuals with SUD, funds were previously allocated through the MHSA FY22 Annual Update for the Division to work with a local SUD provider to co-locate SUD services at the Mental Health Adult clinic. In FY23 a contract was executed with Options Recovery Services. This collaboration has increased the provision of SUD services for BMH clients, provides an opportunity for staff to obtain consultations on SUD services, and makes referrals into SUD services outside of BMH an easier process for individuals.

In FY24, 31 individuals received services. Demographics on individuals served are outlined below:

DEMOGRAPHICS N = 31*
Age Category
18-24 years - <11
25-44 years - 10
45-64 years - 13
65 years and older - <11
Declined to State (or Unknown) - <11
Gender Identity
Male - 16
Female - 11
Other/Declined to Answer (or Unknown) - <11
Race/Ethnicity
Asian or Asian Pacific Islander - <11
Black or African American - 13
Latino/a/x - <11
White - <11
Multi-racial - <11
Declined to Answer (or Unknown) - <11

Sexual Orientation
Heterosexual or Straight -15
Gay or Lesbian - <11
Other - <11
Declined to Answer (or Unknown) - <11

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:
In FY24, individual counseling services were expanded, allowing a larger number of clients to be reached on a weekly basis. On average, individual counseling was provided to 10 clients each week, in addition to group counseling. These tailored sessions addressed specific needs related to mental health, and substance use challenges, and were designed to assist with coping strategies, the management of triggers, and to build resilience. By increasing the availability of individual counseling, the program was better able to meet clients where they were in their recovery journey, providing more consistent and accessible support to foster long-term wellness.

The program continued to have close collaborations with community partners, such as CenterPoint, Lifelong, and others, to ensure that individuals received comprehensive care for their treatment needs beyond what was provided. These partnerships enabled better support for individuals who required specialized services that fell outside the scope of this program. As a result of these efforts, four individuals were placed in additional treatment programs tailored to their specific needs, ensuring that they had access to the right level of care and support. These placements were outside the BMH program, which allowed for more targeted interventions based on each individual's circumstances. Two additional individuals were enrolled in the Options Recovery intensive outpatient treatment program, which was a higher level of care for their substance use issues. This program provided intensive, structured treatment while allowing participants to maintain a degree of independence as they worked toward their recovery goals. By continuing to work in partnership with these organizations and expanding the range of treatment options, the program was able to address the diverse and complex needs of the individuals served.

Program Challenges:
Some individuals in the program experienced severe mental health symptoms that created significant obstacles to their engagement in treatment. Some of the various symptoms included anxiety, depression, paranoia, and increased substance use, which impacted their motivation, energy levels, and ability to interact with others in a group setting. As a result, these individuals frequently missed scheduled group sessions. These symptoms also often led individuals to cancel or reschedule individual counseling appointments, which interrupted the continuity of their care and hampered the therapeutic progress that may have otherwise been achieved through participation in regular sessions. This inconsistency posed a challenge, as it disrupted the structured support that the program is designed to offer, making it harder for counselors to maintain a therapeutic rapport and keep individuals on track with their treatment goals. To address these challenges, a goal attainment treatment approach was implemented in FY25 which will be evaluated over the next fiscal year. This treatment approach will focus on setting

personalized, achievable goals that are broken down into manageable steps, making it easier for individuals to see progress and stay motivated even when symptoms interfere with their engagement.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 0; Transition Age Youth (16-25 years): 0; Adults (26-59 years): 24; Older Adults (60+ years): 7.

Specialized Care Unit

Through the approved FY22 Annual Update, the Division allocated a portion of one-time CSS and PEI funds to be leveraged with other City funds to support the Specialized Care Unit (SCU). Implemented through Bonita House, the SCU is Berkeley's new behavioral health crisis response team without the involvement of law enforcement. The SCU consists of trained crisis-response field workers who respond to behavioral health occurrences that do not pose an imminent threat to safety.

In FY23, MHSA funds directly supported start-up costs of the program including recruitment, hiring, and training of Bonita House staff. Training included crisis support training through Bonita House's Crisis Training Academy as well as the design and training of Berkeley-specific procedures for the SCU program. Additionally, this funding supported the salaries of the SCU program management staff as additional team members were hired. During this time, program management staff worked closely with the City of Berkeley to create the policies and procedures for a SCU that aligned with the implementation recommendations from the Berkeley community. In early FY24, the SCU began providing services to the community.

On-site management at Martin Luther King Jr. House

The Martin Luther King Jr. House is a 12-unit single room occupancy (SRO) complex with shared living spaces that serves the disabled community in Berkeley. Per the approved FY23 Annual Update, the Division allocated a portion of CSS System Development funds to provide on-site property management at this SRO for a short period of time. A contract was executed through the Housing and Community Services Division of HHCS with Resources for Community Development to provide management and oversight of this SRO, through December 2024.

Short-term housing for individuals on the Homeless FSP

Through the approved FY23 Annual Update the Division allocated a portion of MHSA FSP Funds to support short-term housing for individuals receiving services on the Homeless FSP. It was envisioned that the funding would be utilized to provide housing in trailers located at 701 Harrison Street, and daily living supports for four individuals. Since the approval of the FY23 Annual Update, the Division learned that it will not be possible to utilize the Harrison Street trailers for this purpose. As such, the funding allocated for this purpose, will be re-purposed for other short-term housing sites for individuals in need.

PREVENTION & EARLY INTERVENTION (PEI)

The Prevention & Early Intervention (PEI) funding component is for strategies to recognize the 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.

The original City of Berkeley PEI was approved in April 2009. Since the approval of the original plan, Three-Year Plans or Annual Updates outlining proposed PEI funding and programming, have been approved on an annual basis. Through the original PEI Plan and/or subsequent plan updates, some of the many services the City of Berkeley has provided through this MHSA funding component have included:

- 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 peers and family members; and
- Intervention services for at-risk children.

PEI Reporting Requirements

Per MHSA PEI regulations, all PEI funded programs are require to collect specified state identified outcome measures and detailed demographic information. MHSA also requires Evaluation Reports for PEI funded programs. PEI Evaluations are required to be included in each MHSA Annual Update or Three-Year Plan. Included in Appendix C of this Annual Update is the Prevention & Early Intervention (PEI) Fiscal Year 2021/2022 – 2023/2024 (FY22-24) Three-Year 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. 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. The results of this initiative are outlined in each of the projects funded through the PEI Community Education & Supports program.

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 to conduct a Results Based Accountability Evaluation (RBA) for all programs across the Division, and Resource Development Associates (RDA) was the chosen vendor. RDA worked with the Division from FY21-FY24 to implement the RBA research methodology. An update of the activities conducted by RDA in FY24 on this evaluation is included in the CSS Section of this Three-Year Plan.

RBA outcomes in FY24 are outlined in this Annual Update for the following MHSA PEI funded internal programs: Social Inclusion Project, and the High School Prevention Project. The complete set of RBA outcomes for all BMH programs is located in Appendix B.

PEI Regulations

Per MHSA PEI State Regulations, Mental Health jurisdictions are to utilize PEI funds to implement 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. Programs and/or strategies within programs can also be combined. Jurisdictions may also opt to utilize some PEI funds to implement a Suicide Prevention program. The definitions of each program that were funded through FY24 are outlined below along with the City of Berkeley corresponding program:

PEI Program Type	Program Definition	City of Berkeley PEI Program(s)
Prevention	A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.	• Mental Health Promotion Campaign • High School Prevention • DMIND • MEET • African American Success
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.	• High School Prevention • Be A Star • DMIND • MEET • African American Success • Supportive Schools • Community Education and Supports
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.	• Mental Health First Aid (non-PEI funded program)

PEI Program Type	Program Definition	City of Berkeley PEI Program(s)
Stigma and Discrimination	Direct 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.	• Social Inclusion
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.	• High School Prevention
OPTIONAL Suicide Prevention	Activities to prevent suicide as a consequence of mental illness.	• CalMHSA PEI Statewide Project

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)).

Current MHSOAC priorities for the use of PEI funding are as follows:

- 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, and transition age youth not in college;
- Culturally competent and linguistically appropriate prevention and intervention, including community defined evidence practices (CDEPs);
- 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 Three-Year Plan or Annual Update 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 Annual Update. Many PEI projects meet multiple established priorities. Per PEI regulations, outlined below are the City of Berkeley PEI programs, priorities, and FY26 projected funding amounts:

CITY OF BERKELEY PEI PROGRAMS	PEI PRIORITIES	FY26 Projected Funding Per Priority
• Mental Health Promotion Campaign	Includes a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.	$100,000
• Supportive Schools	Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.	$110,000
• High School Youth Prevention Project	Youth Engagement and Outreach Strategies that target secondary school and transition age youth	$580,697
• Mental Health Peer Mentor Program	Culturally competent and linguistically appropriate prevention and intervention including community defined evidence practices (CDEPs)	$46,389
• Dynamic Mindfulness Program		$95,000
• African American Success Project		$150,000
• Social Inclusion • Community Education & Supports	Culturally competent and linguistically appropriate prevention and intervention, including community defined evidence practices (CDEPs)	$310,000
• Community Education & Supports	Youth Engagement and Outreach Strategies that target secondary school and transition age youth not in college.	$32,046
• Community Education & Supports	Strategies targeting the mental health needs of older adults.	$32,046

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. All City of Berkeley PEI programs in FY26 will provide some level of services for children and youth and/or Transition Age Youth. Five programs are in the Berkeley Unified School District (BUSD).

Programs and services funded with PEI funds that were approved to be continued in FY26 through the previously approved Three-Year Plan, are outlined below by PEI Program type, along with FY24 data. Throughout all PEI programs, demographic data representing numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

PREVENTION PROGRAMS

Prevention Program – Includes a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.

Mental Health Promotion Campaign

As a result of the impact of the COVID-19 pandemic, and public input around the overwhelming need for mental health supports in the community, the Division proposed through the FY22 Annual Update to allocate PEI funds for a community Mental Health Promotion Campaign to support the wellness and self-care of Berkeley residents. The Division will partner with the community and consider using a social marketing firm to develop and implement the campaign.

PEI Goals: The goal of this campaign is to increase prevention efforts and response to early signs of emotional and behavioral health problems.

PEI Priority: Culturally competent and linguistically appropriate prevention and intervention; including Community Defined Evidence Practices (CDEPs).

It is anticipated that this campaign will be implemented in FY26.

EARLY INTERVENTION PROGRAMS

Early Intervention Program – Provides 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.

The City of Berkeley Early Intervention programs are as follows:

Early Childhood Health and Wellness Program

From the first PEI Plan through FY24 the Early Childhood Health and Wellness program (formerly named the Be A Star Project) has been a collaboration with the City of Berkeley's Public Health Department. It has provided a coordinated system in Berkeley 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 targeted low income families, including those with teen parents, who were experiencing homelessness, substance use disorders, or were in danger of foster care. Services include triage, assessment, treatment and referrals to appropriate community-based or specialist services as needed. Children and families were 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 were to identify, screen and assess families early, and connect them with services and supports as needed.

The program utilized 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 contained simple questions for parents to answer that reflected developmental milestones for each age group. Answers were scored and helped to determine whether the child's development was on schedule or whether the child should be referred for a developmental checkup with a professional. Over 400 children were 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.

PEI Priority: Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.

In FY24, a total of 2,596 children were screened through this program (207 at BUSD, and 2,389 at the Help Me Grow sites) however data was not collected on all individuals screened. Although all 2,389 of the individuals that were either screened or were screened and received services, were aged 0-15, the data elements listed below show the demographics of the 207 children screened at BUSD as follows:

DEMOGRAPHICS N=207
Age Groups
0-15 (Children/Youth) - 207
Race
Asian/American Indian or Alaska Native - 40
Black or African American - 57
White - 37
More than one Race – 20

Ethnicity: Hispanic or Latino/Latina/Latinx
Other (Hispanic or Latino/a/x not specified on ethnicity) - 53
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Declined to Answer (or Unknown) - 154
Primary Language
English - 99
Spanish - 40
Declined to Answer (or Unknown) - 68
Disability
Declined to Answer (or Unknown) - 207
Gender: Assigned Sex at Birth
Male - 88
Female -119

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:

- A new Public Health Nurse (PHN) started in October 2023, coming with many years of experience working with young children and families, school nurse experience, and PHN case management for children ages 0-3 years old in foster care. The PHN quickly connected with the Alameda County Help Me Grow Collaborative and the Medical Home Project's Special Needs Committee and became an active representative for Berkeley in the Help Me Grow Collaborative and the Special Needs Committee. Her experience in early childhood and resource navigation were assets in her prevention and early intervention work with providers and families with young children.
- On-site technical assistance visits to all Berkeley Help Me Grow providers continued into this year and went well.
- Conducted 2,596 developmental screenings through the Ages and Stages Questionnaire (ASQ) and the Modified Checklist for Autism in Toddlers (MCHAT) in Berkeley, including BUSD preschools and Berkeley Help Me Grow pediatric provider sites combined.
- A total of 150 referrals were made for resources to support following areas identified from the screenings:
  - Communication
  - Community resources, basic needs, child care
  - Parent Support/ Parent/Child Relationship
  - General Developmental Guidance
  - Fine and Gross Motor Skills
  - Sensory Skills
  - Autism/ADHD Diagnosis
  - Behavioral Concerns

- Trauma/Childhood Event
- Mental Health

Program Challenges:

- The Help Me Grow Collaborative collected and analyzed the data from all HMG sites in Alameda County, not just Berkeley, so it took time to collect and synthesize the data and to receive the Berkeley specific data.
- Help Me Grow sites did not collect race/ethnicity, language spoken data, or gender; BUSD did not collect specific ethnicity data, gender identity, sexual orientation for this age group, nor all languages spoken.

Beginning in FY25, the MHSA PEI funding for this program was discontinued, as the Public Health Division transitioned these program activities to the Maternal, Child and Adolescent (MCAH) Program.

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.

PEI Priority: Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.

In FY24 Early Intervention Services were provided at each of the BUSD elementary schools. BUSD sub-contracted with local agencies to provide early intervention services based upon the standard of evidence-based practices. Bay Area Community Resources (BACR), Child Therapy Institute (CTI), and Lifelong Medical (Lifelong) were subcontracted to provide services at BUSD elementary schools.

Supports for each school per each service provider, and numbers served in FY24 were as follows:

Elementary School	Agency/Provider	Number of Students Served
• Cragmont • Emerson • John Muir • Malcolm X • Oxford • Ruth Acty • Sylvia Mendez • Thousand Oaks	Bay Area Community Resources (BACR)	331
• Bay Area Arts Magnet (BAM) • Washington	Child Therapy Institute	65
• Rosa Parks	Lifelong Medical Care	40
Total		**436**

Information on services provided, successes, and challenges with each sub-contractor are outlined below:

Bay Area Community Resources (BACR):
Provided services to improve emotional functioning and success in school and life, including individual and group therapy, family consultation, conflict resolution/restorative justice, suicide prevention, check-in/check-out, crisis intervention, and classroom presentations. BACR used many different therapy modalities as well as classroom support to develop skills and health.

Additionally, the BACR Counselor participated in weekly Coordination of Services (COST), Student Success Team (SST), and Individualized Education Program (IEP) meetings for students, providing mental health and trauma informed perspectives. BACR consulted with school staff on many issues and provided trauma informed coaching for teachers needing support. BACR also provided referrals and care coordination to outside providers, parenting classes/support groups, crisis hotlines, and other programs.

Program Successes:
In FY24 BACR provided the following services:
- Trauma-Informed individual and group therapy, family and school support;
- Groups of social skills and coping with issues such as grief and parental separation;
- Crisis support and mental health check-ins;
- Targeted support to students with school refusal and attendance issues;
- Classroom presentations on socio-emotional topics, identity, empathy, accepting differences conflict resolution, skill-building in class and on the yard;
- Parent coaching, consultation and community resources, including pediatricians and outside providers;
- Collaborative coaching with teachers to enhance the positive learning environment;
- Restorative Justice sessions;
- Coordinated services with school staff and external providers;
- Established linkages to vital community resources.

In addition, BACR provided Classroom/School-wide Presentations to 503 attendees, and 642 individuals received small group services around the subject matters of:
- Social skills;
- Coping with parental separation;
- Anxiety;
- Empathy;
- Identification of feelings;

Program Challenges:
The biggest challenge continued to be the increase in cost to fund the program. These increases required the district to make cuts in other programming areas, as well as moving resources around to be able to continue providing ongoing services at the same rate as in the previous year.

Child Therapy Institute (CTI):
Program Successes:
CTI continues to provide quality services and supports for students at Berkeley Arts Magnet (BAM) and Washington Elementary School. CTI staff meets with students individually and in groups providing.

Program Challenges:
There were few direct challenges, however, a significant challenge continued to be the increase in the costs to fund the program. These increases have required the district to make cuts in other programming areas, as well as to move resources around to be able to continue providing ongoing services at the same rate as in the previous year.

Lifelong Medical:
A Licensed Clinical Social Worker (LCSW), two Master of Social Work (MSW) interns, and one Marriage and Family Therapist (MFT) trainee provided individual counseling to students, family counseling, and mental health consultation to caregivers and school staff. Several Social Skills groups were run by the LCSW, interns, and in collaboration with a learning specialist. These groups were tailored to the needs of the individuals in each group and provided community building, social skills practice, regulation strategies, and support to many students across all grade levels. Full-class support was provided in several classrooms. School staff and students were also supported with crisis support/suicide assessment and consultation as needed throughout the year. The LCSW provided consultations with caregivers and referrals to mental health services in the community.

The Family Resource Center (FRC) Supervisor regularly attended COST meetings at Rosa Parks. The FRC Supervisor and interns attended staff meetings, SST and IEP meetings. All counselors regularly collaborated with teachers, families, classroom aides and staff in the afterschool program. One of the FRC interns participated and re-started a Rainbow Families group (for families who identify as LBGTQ and allies). FRC staff are integrated into the school community.

Program Successes:
This was a successful year which included building relationships and fostering a sense of belonging and community. The LCSW, Clinical Director, and other Lifelong staff provided training to the MSW interns and MFT trainee. Trainings including trauma responsive care, child therapy models, regulation strategies including Zones of Regulation, Cognitive-Behavioral Therapy, grief, working with teachers and caregivers, and many other topics. There was a particular focus on training in anti-racist practice. Lifelong hired a consultant who specialized in cross-cultural clinical practice and anti-racist counseling practice that provided multiple trainings and staff consultation. This support was particularly important and helped FRC staff intervene when there were multiple incidents of racism that impacted students and school staff.

The LCSW and counseling interns worked hard to be a visible and integrated part of the community. FRC staff identified a need for kids to have safe, supportive environments to practice social skills and work on connections with each other. Gaps in social-emotional learning were identified as a result of the pandemic. Groups were prioritized this year in order to meet that need. FRC staff worked thoughtfully and collaboratively with teachers to think about how to configure groups where students could feel seen and heard. Staff considered many factors including race, culture, gender expression, and temperament in creating these groups.

The FRC staff continued to provide more intensive support to some students through individual counseling and collaboration with teachers and caregivers. The interns and trainee were able to refine their skills in comprehensive assessment, treatment planning, and implementation of age appropriate and culturally appropriate interventions. Many students made significant progress this year, and FRC staff were an integral part of the support team that helped guide them. During the reporting timeframe, 140 students participated in group sessions and 28 staff members received information or training.

Program Challenges:
There were few direct challenges, however, a significant challenge continued to be the increase in the cost to fund the program. These increases required the district to make cuts in other programming areas, as well as moving resources around to be able to continue providing ongoing services at the same rate as in previous year.

Demographic data provided by BUSD on 436 students that were served through this project in FY24, is outlined below:

DEMOGRAPHICS N = 436
Age Group
0-15 (Children/Youth) - 436
Race
American Indian or Alaska Native - 13
Asian - 22
Black or African American - 93
Native Hawaiian/Pacific Islander - 2
White - 137
More than one Race - 61
Other - 16
Declined to Answer (or Unknown) – 92

Ethnicity: Hispanic or Latino/Latina/Latinx
Mexican/Mexican American – Chicano - <11
Other - 60
Declined to Answer (or Unknown) - <11
Ethnicity: **Non-Hispanic or Non-Latino/Latina/Latinx**
African - 12
Chinese - <11
European - 28
Filipino - <11
Japanese - <11
Korean - <11
Vietnamese - <11
Other - <11
Declined to Answer (or Unknown) - 316
Primary Language Used
Spanish - 16
English or Declined to Answer (or Unknown) - 420
Sexual Orientation
Declined to Answer (or Unknown) - 436
Disability
Mental domain not including a mental illness/Physical mobility domain/Other - 15
Chronic health condition (including but not limited to chronic pain) - 31
Declined to Answer (or Unknown) - 390
Veteran Status
No - 43
Gender: Assigned sex at birth
Male - 38
Female - 52
Declined to Answer (or Unknown) - 346
Current Gender Identity
Male - 173
Female - 150
Transgender or Another Gender Identity - <11

Genderqueer - 12
Declined to Answer (or Unknown) - 92

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 480; Transition Age Youth (16-25 years): 0; Adults (26-59 years): 0; Older Adults (60+ years): 0.

Community Education & Supports

Through five community-based organizations, 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; Latino/a/x; LGBTQIA+; TAY; and Senior Citizens.

In FY24 the Community Education & Supports program participated in the HHCS Results-Based Accountability (RBA) Evaluation. In an aggregated summary across the five projects within this program the following work was conducted: 397 Support Groups/Workshops; 822 Support Group/Workshop encounters; 31 Outreach activities; 2,120 Outreach Contacts; and 296 Referrals.

Descriptions of the five projects within the Community Education & Supports program along with FY24 data and RBA evaluation results, are outlined below:

- **Transition Age Youth Trauma Support Project**

Implemented through Youth Spirit Artworks 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 project is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

PEI Priorities:

- Culturally competent and linguistically appropriate prevention and intervention; including Community Defined Evidence Practices (CDEPs);
- Youth engagement and outreach strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs, and transition age youth not in college.

In FY24, 52 youth participated in one or more program services. Demographics on youth served were as follows:

DEMOGRAPHICS N = 52
Age Group
16-25 (Transition Age Youth) - 52
Race
Asian - <11
Black or African American - 18
White - <11
More than one Race - <11
Other - <11
Ethnicity: Latino/Latina/Latinx
Mexican/Mexican American-Chicano - 12
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
African - 18
Asian Indian/South Asian - <11
Middle Eastern - <11
More than one ethnicity - <11
Declined to Answer (or Unknown) - <11
Primary Language Used
English - 52
Sexual Orientation
Heterosexual or Straight - 22
Gay or Lesbian - <11
Bisexual - <11
Queer - <11
Questioning or Unsure of sexual orientation - <11
Another sexual orientation - <11
Declined to Answer (or Unknown) - <11
Disability Status
Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability or dementia) - <11
Chronic health condition (including but not limited to chronic pain) - <11
Declined to Answer (or Unknown) - 47

Veteran Status
No - 52
Gender: Assigned sex at birth
Male - 37
Female - 15
Current Gender Identity
Male - 12
Female - 30
Transgender - <11
Genderqueer - <11
Another Gender Identity - <11

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:

Some of the successes experienced in the reporting timeframe were aligned with changes to make the program more youth centered and informed. The Out of the Binary Fashion Show was the first event done in several years that was 100% facilitated, planned, and executed by participants in the program. Although time was spent training youth on all of these areas, youth were able to take those skills and develop something that was completely their own. The same followed into the Mural Workshop in which youth created their own ideas for the mural. They drew and designed the mural and painted on their own. This allowed the youth to feel a sense of autonomy and independence to create their own pieces and to work alongside individuals with experience in the community. This resulted in more youth coming into the program. Another success was the change in focus to offering intergenerational events that brings individuals from the Adeline community together to celebrate art, history, and community. A community brunch at the studio was held that included several Adeline community members and youth including renowned artist Edyth Boone. This event was the first to bring community members together to discuss upcoming programs and projects. At the end of the Mural Workshop, there was a Mural Reveal engagement that brought artists, Adeline community members, and youth together to celebrate the Mural created by the youth. The program successfully created safety, dignity and belonging that brought more youth to the space and gave them the freedom to participate in services and creatively express themselves.

Project Challenges:

The main challenges during the reporting timeframe was around a loss of some of the overall funding to the agency. Loosing funding caused the agency to cut stipends and some of the positions. The loss in funding pushed the agency to align in a different more efficient positive direction.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 0; Transition Age Youth (16-25 years): 85; Adults (26-59 years): 0; Older Adults (60+ years): 0.

- **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. 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 project is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

PEI Priorities:

- Culturally competent and linguistically appropriate prevention and intervention; including community defined evidence practices (CDEPs).
- Youth Engagement and Outreach Strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs, and transition age youth not in college.
- Strategies targeting the mental health needs of older adults.

In FY24, a total of 94 individuals were served. Demographics on individuals served include the following:

DEMOGRAPHICS N = 94
Age Groups
16-25 (Transitional Age Youth) - <11
26-59 (Adult) - 71
Ages 60+ (Older Adult) - <11
Declined to Answer (or Unknown) - <11
Race
Asian - <11
Black or African American - <11
White - 62
More than one Race - <11
Other - <11
Declined to Answer (or Unknown) - <11

Ethnicity: Hispanic or Latino/Latina/Latinx
Mexican/Mexican-American Chicano - <11
South American - <11
Other - <11
Declined to Answer (or Unknown) - <11
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
African - <11
Asian Indian/South Asian - <11
Chinese - <11
Eastern European - <11
European - 20
Filipino - <11
Japanese - <11
Other - <11
Declined to Answer (or Unknown) - 24
Primary Language Used
English - 93
Other/Declined to Answer (or Unknown) - <11
Sexual Orientation
Gay or Lesbian - 14
Heterosexual or Straight - <11
Bisexual - <11
Questioning or Unsure - <11
Queer - <11
Another Sexual Orientation - 41
Declined to Answer (or Unknown) - <11
Disability
Difficulty Hearing or Having Speech Understood - <11
Mental Domain not including a mental illness (including but not limited to a learning disability, developmental disability or dementia) - <11
Physical/mobility domain - <11
Chronic health condition (including but not limited to chronic pain) - <11
Other (Specify) - <11
No Disability - <11
Declined to Answer (or Unknown) - 68
Veteran Status
Yes - <11
No - 92
Declined to Answer (or Unknown) - <11
Gender: Assigned Sex at Birth
Declined to Answer (or Unknown) - 94

Current Gender Identity
Male - 19
Female - 16
Transgender - 16
Genderqueer - <11
Questioning or Unsure - <11
Another gender identity - 34

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

RBA Outcomes during the reporting timeframe were as follows: 261 Support Groups were conducted reaching 143 individuals; 26 Outreach activities were conducted reaching approximately1,780 individuals; 13 individuals attended Train the Trainer sessions to become Peer Support Group Facilitators; and 38 Peer Support Group Facilitators attended Skill Building Workshops. There were 71 referrals for additional services and supports. The number and type of referrals included: 28 Mental Health; 16 Physical Health; 3 Social Services; 1 Housing; 23 Other unspecified services. To assess the project services, a self-administered Peer Support Group Survey was distributed to all peer group members. Survey results were as follows:

- 92% indicated they would recommend the organization to a friend or family member;
- 92% felt like staff and facilitators were sensitive to their cultural background;
- 88% reported they deal more effectively with daily problems;
- 79% indicated they have trusted people they can turn to for help;
- 81% felt like they belong in their community.

Program Successes:

The monthly consultation meetings for Peer Group facilitators was moved to Saturdays with the hope of gaining more attendance. With the move to the new location, facilitators were invited to return to the building and we staff worked on the hybridization of the new space. The move also provided the opportunity to renew outreach efforts. New location announcements were created and distributed.

With feedback from facilitators, the scope of the diversity, equity, and inclusion trainings and this year's DEI offerings were Power & Positionality, Supporting Neurodivergence, Mediating Conflict, and Accessibility in Support Spaces. There was strong attendance for these training sessions with an average of 7 facilitators in attendance per session. There were 14 new facilitators onboarded, and facilitation training for 2 facilitators from Asian Health Services was provided.

Program Challenges:

A few groups had to end due to a lack of facilitators. Another big challenge was that more community members wanted in-person groups but facilitators were still working on adjusting back to in-person groups. There was attrition in attendance during the reporting timeframe, and hybrid meetings were implemented in the next fiscal year to address this issue. The program continued to work on ways to utilize the new space as much as possible and in various ways to

offer more avenues for individuals to access resources.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 0; Transition Age Youth (16-25 years): 27; Adults (26-59 years): 141; Older Adults (60+ years): 40.

- **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 80 Older Adults a year.

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.

PEI Priorities:

- Culturally competent and linguistically appropriate prevention and intervention; including Community Defined Evidence Practices (CDEPs).
- Strategies targeting the mental health needs of older adults.

In FY24, a total of 38 individuals participated in the Living Well Workshop Series program. Demographics of Workshop participants are outlined below:

DEMOGRAPHICS N=38
Age Groups
Age 60+ (Older Adult) - 17
Declined to Answer (or Unknown) - 21
Race
Asian - <11
Black or African American - <11
Native Hawaiian or other Pacific Islander - <11
White - <11
Other - <11
Declined to Answer (or Unknown) - 18
Ethnicity: Hispanic or Latino/Latina/Latinx
Declined to Answer (or Unknown - 38

Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Declined to Answer (or Unknown) - 38
Primary Language Used
English/Other - <11
Declined to Answer (or Unknown) - 33
Sexual Orientation
Declined to Answer (or Unknown) - 38
Disability
Difficulty Seeing - <11
Difficulty Hearing or Having Speech Understood - <11
Mental (not mental health) - <11
Physical/mobility disability - <11
Other Disability - <11
Declined to Answer (or Unknown) - 26
Veteran Status
Declined to Answer (or Unknown) - 38
Gender: Assigned Sex at birth
Declined to Answer (or Unknown) - 38
Current Gender Identity
Male/Other - <11
Female - 14
Declined to Answer (or Unknown) - 14

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

RBA Outcomes during the reporting timeframe were as follows: 4 outreach and informational events were conducted reaching 111 individuals. A total of 78 individuals participated in the Living Well Workshop series and 99 received engagement services. There were 11 referrals for additional services and supports. The number and type of referrals included: 1 Mental Health; 2 Physical Health; 1 Social Services; 2 Housing; 5 other unspecified services.

Project Successes**:**
The Center for Independent Living's "Living Well with a Disability" workshop series and the PEERS support group were both well-attended and impactful, reaching 78 older adults in Berkeley during the reporting timeframe. Outside of the workshops, 99 older adults in Berkeley received 1-on-1 supports, services, and referrals with a total of 612 hours spent providing these individual services and referrals in the reporting period.

The Senior and Aging Engagement Coordinator witnessed increased mental, physical, and emotional health issues with attendees of the group, and worked to adapt programming to meet the needs and concerns of attendees. The Coordinator also increased the 1-on-1 services and referrals in order to provide additional support to individuals in need, especially in the realm of

mental health, legal advocacy, referrals for assistive technology and residential access supports, general technology assistance, and more.

Other highlights from the reporting period included diverse outreach in the community by the Senior and Aging Engagement Coordinator, including attending a day-long conference on Elder Abuse held by Legal Assistance for Seniors, where the Coordinator was able to meet other service providers and legal advocates that work with older adults, and collaborate on challenges, resources, and referrals. The Coordinator also tabled at the annual Berkeley Juneteenth Festival, at the GoldenReady Emergency Preparedness event, and more.

Project Challenges:
The greatest challenge related to comprehensive data tracking and gathering demographic and survey information from Living Well and PEERS attendees. For a time, the Senior and Aging Engagement Coordinator was not comprehensively tracking the referrals made as part of the 1-on-1 services, and then departed the organization before the Program Director could work closely with her to try to trace back some of those supports and services offered; thus, the referral numbers looked artificially low, even though the Coordinator was visiting multiple seniors at their homes or at the senior centers to work with them 1-on-1, several times per week. The Senior and Aging Coordinator shared that workshop attendees were often reticent to provide the in-depth demographic information requests. Once hired, the new Senior and Aging Engagement Coordinator will be supported in developing strategies to confidentially and comprehensively gather required data and demographics.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 0; Transition Age Youth (16-25 years): 0; Adults (26-59 years): 30; Older Adults (60+ years): 130.

- **Soul Space Project**

Implemented through ONTRACK Program Resources, the Soul Space project assists African Americans in Berkeley with accessing culturally, ethnically, and linguistically responsive and trauma-informed prevention and early intervention services. Project services include: community education; outreach and engagement; individual quality of life assessments; coaching; empowerment planning; referrals; navigation supports; support groups; and life skills training.

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.

PEI Priorities:
- Culturally competent and linguistically appropriate prevention and intervention; including Community Defined Evidence Practices (CDEPs).
- Youth Engagement and Outreach Strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs, and transition age youth not in college.
- Strategies targeting the mental health needs of older adults.

In FY24, 7 individuals were served. Demographics on individuals served are as follows:

DEMOGRAPHICS N=7
Age Groups
Adults (26-59) - <11
Older Adults (60+) - <11
Race
Black or African American - <11
Declined to Answer (or Unknown) - <11
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Declined to Answer (or Unknown) - 7
Primary Language
English - 7
Sexual Orientation
Heterosexual or Straight - 7
Disability
Mental (not mental health) - <11
Chronic Health Condition - <11
No Disability - <11
Veteran Status
Declined To Answer (or Unknown) - 7
Gender: Assigned Sex at Birth
Male - <11
Female - <11
Current Gender Identity
Male - <11
Female - <11

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

RBA Outcomes during the reporting timeframe were as follows: 2 Community Education Trainings were conducted to 43 attendees, and 229 individuals were reached through outreach and engagement services. A total of 7 individuals received case management and/or participated in Support Groups. There were 7 referrals for additional services and supports.

Project Successes:

- A support group for Black men, “Black Men Alive and Well,” aimed at building participants’ resilience and well-being was conducted.

- Two community education workshops with Deanna Robinson were held: “Creating a Culture of Healing: Black Mental Health Wellness Strategies” and “Processing Pain While Building a Healing Culture: Black Mental Health Wellness Strategies”.
- A two-part provider education training with Roland Williams was held, “Medication-Assisted Treatment for Black Populations” in June.
- After exhaustive searches, ONTRACK hired 2 case managers for Soul Space and placed a project manager onsite in Berkeley.
- Soul Space leased office and program space in South Berkeley, in the historical heart of Berkeley’s African America/Black community and hired two well-qualified empowerment advocates. The increased capacity enabled the program to ramp up the outreach and direct service activities.

Project Challenges:

- Early in the fiscal year, the case manager resigned. The program support team worked diligently to move clients through their empowerment plans and transition them to other community resources or close out their cases. Recruitment began immediately for the vacant position but there was difficulty finding applicants who brought the required combination of skillsets: case management expertise, deep understanding of African American/Black communities particular needs for mental health support, and experience working with African American/Black communities. The search process involved reviewing 40 resumes submitted in response to initial posts, numerous hours revising the recruitment strategy and outreach, and interviewing more than 28 candidates before finding qualified individuals aligned with Soul Space’s values and approach to case management.
- The original North Berkeley office space was unsuitable to the program needs, so the program moved to a new space in South Berkeley that was closer to public transportation and more accessible to African American communities. Unforeseen flooding and mildew rendered the office space permanently unusable, necessitating a time-consuming search for another space. Finding an affordable and culturally appropriate space proved more difficult than anticipated, but the program was able to acquire access, and relocate to another space in South Berkeley that proved to be appropriate for the program needs.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 0; Transition Age Youth (16-25 years): 2; Adults (26-59 years): 21; Older Adults (60+ years): 2.

➢ **Latinx Trauma Support Project**

Implemented through East Bay Sanctuary Covenant the Latinx Trauma Support Project assists low-income, Latinx families in Berkeley in accessing culturally, ethnically, and linguistically responsive and trauma-informed prevention and intervention services. Project services are in direct response to, and in collaboration with, Latinx community members, and are largely facilitated by individuals from within the targeted community and conducted in Spanish or an indigenous language. Services include: One-on-one outreach and support; support groups; staff and partner training and warm referrals.

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.

PEI Priorities:

- Culturally competent and linguistically appropriate prevention and intervention; including Community Defined Evidence Practices (CDEPs).
- Youth engagement and outreach strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs, and transition age youth not in college.
- Strategies targeting the mental health needs of older adults.

In FY24, this project served 653 individuals. Demographics on individuals served were as follows:

DEMOGRAPHICS N=653
Age Groups
Children and Youth (0-15) or Unknown - 28
Transition Age Youth (16-25) - 148
Adults (26-59) - 442
Older Adults (60+) - 35
Race
Asian - <11
Black or African American - 17
White - <11
Other - 601
More than one Race - <11
Declined to Answer (or Unknown) - <11
Ethnicity: Hispanic or Latino/Latina/Latinx
Central American - 345
Mexican/Mexican-American/Chicano - 127
South American - 43
Other - 29
Declined to Answer (or Unknown) - 49
Ethnicity: Non-Hispanic or Latino/Latina/Latinx
African - 12
Asian Indian/South Asian - <11
European - <11
Filipino - <11

Middle Eastern - <11
Vietnamese - <11
Other - <11
More than one ethnicity - <11
Declined to Answer or Unknown - 12
Primary Language
English - 56
Spanish - 533
Sexual Orientation
Gay or Lesbian - 86
Heterosexual or Straight - 308
Bisexual - <11
Questioning or Unsure of sexual orientation - <11
Queer - <11
Another sexual orientation - <11
Declined to Answer (or Unknown) - 243
Disability
Difficulty Seeing - <11
Other - <11
No Disability - 614
Declined to Answer (or Unknown) - 26
Veteran Status
No - 630
Declined to Answer (or Unknown) - 23
Gender: Assigned Sex at Birth
Male - 327
Female - 326
Current Gender Identity
Male - 321
Female - 318
Transgender/Genderqueer/Another Gender Identity - 14

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

RBA Outcomes during the reporting timeframe were as follows: 9 Support Group sessions were conducted reaching 75 individuals, and 247 individuals received One-on-One Supports. A total of 7 Trainings were conducted, reaching 91 individuals. There were 207 warm referrals for

additional services and supports. The number and type of referrals included: 29 Mental Health; 12 Physical Health; 75 Social Services; 91 other unspecified services.

Support Group feedback per participant self-report was as follows:

- 100% reported they liked participating in the Support Group;
- 100% indicated they would recommend the organization to a friend or family member;
- 100% indicated they felt safe, included and respected;
- 100% reported that they were able to deal more effectively with daily problems;
- 100% reported increased feelings of supports after participating in the support group.

Training feedback per participant self-report was as follows:

- 100% of participants indicated that they were satisfied with the training;
- 100% of participants indicated that the information in the training was informative;
- 100% of participants indicated that the training would help them in their work.

Project Successes**:**

- Continued to provide integrated support to low-income Latinx immigrants through case management, warm referrals, trilingual hotline, support groups, mental health support, and trainings, as well as quarterly retreats for LGBTQ asylum seekers and Mam women.
- Successfully initiated contact with Berkeley High School newcomer program to share resources with families, and continued to provide one-on-one support for Latinx and Mam asylum seekers, including wraparound services for unaccompanied minors and warm referrals to mental health and other services.
- Provided 6 trauma-informed trainings for 66 unique participants. These included an annual training for the incoming cohort of law students interns who directly assisted with the clients' asylum cases during the school year. These trainings made it much more likely for the law students to identify their clients' need for mental health services and reach out to the Support Services team to make these connections.
- Expanded one-on-one services to include assistance with obtaining public benefits. Program staff developed sufficient expertise on this topic to train student interns to screen clients for eligibility for benefits such as Medi-Cal and CalFresh, help them apply, and, crucially, help them overcome barriers like inadequate documentation if their applications were rejected.
- The OLAS LGBTQ Sanctuary Project held a support group weekend retreat with 16 LGBTQ participants. Participants felt empowered to share their accomplishments as immigrants in the U.S., including learning English, opening their own businesses, pursuing higher education, and obtaining asylum or residency status. Additionally, the OLAS Sanctuary Project held a one-day retreat in Berkeley for 24 participants, 6 of whom were new to the program. Many participants expressed feelings of trust, safety, and comfort with expressing themselves through the group activities. This provided safe spaces for participants to rest, share their experiences as LGBTQ immigrants, and practice different forms of art expression. Activities were led by trained facilitators, including licensed therapists. Participants walked away from these experiences having felt seen and heard and part of a community. As LGBTQ immigrants, many of the participants have experienced hate incidents in both their home countries and the U.S. They unanimously feel that OLAS provides a safe space for healing and processing these experiences among their peers, and

shared that each retreat built their self-confidence and their connections with other participants.

- Two storytelling workshops were held for Indigenous Mam, Latinx, and LGBTQ asylum seekers that focused on finding and expressing their voice. One workshop was in collaboration with teaching artists at Berkeley Repertory Theatre (BRT). Participants were guided to create poetry and performances based on their stories and share them in classrooms and at community events, which helped to build empathy in the broader community. The experience was cathartic, with strengthened connections, community, and confidence, along with opportunities to share one's journey and give/receive support.
- The Amplifying Sanctuary Voices (ASV) team held a storytelling performance event in partnership with Berkeley Repertory Theater - In Dialogue. The performance featured four Latinx and immigrant community members who shared their stories with over 50 attendees. The event was incredibly moving and a great success; the performers shared that they felt proud of their bravery to stand up and share their story and audience members reflected on the power of hearing personal narratives in a performance setting. ASV is excited to continue supporting community storytelling in a setting that promotes participants' healing and empowerment.

Project Challenges:
While there were no significant program challenges in FY24, the Support Services team was hoping to host three student interns over the summer, however two withdrew for personal reasons at the last minute. Staff was able to cover, but this was still a disappointment and prompted thinking and planning on how to get firmer intern commitments going forward.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 10; Transition Age Youth (16-25 years): 150; Adults (26-59 years): 400; Older Adults (60+ years): 35.

PREVENTION & EARLY INTERVENTION COMBINED PROGRAMS

Prevention Program – Includes a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.

Early Intervention Program – Provides 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.

The City of Berkeley Prevention & Early Intervention combined programs are as follows:

Dynamic Mindfulness Program (DMind)

Dynamic Mindfulness (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 that is 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, and Post Traumatic Stress Disorder (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, or 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, and training and coaching of school staff**.**

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.

PEI Priorities:

- Youth engagement and outreach strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs, and transition age youth not in college.
- Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis.

During the reporting timeframe, data on numbers served and demographics was not provided.

Program Successes:
In FY24, DMIND was provided in three middle schools and two high schools within the Berkeley Unified School District. Over 300 students and a dozen staff to submitted their feedback on the program. The results were inspiring with over 90% of students indicating that as a result of participating in the program they were able to consistently and effectively manage their stress, anger, and anxiety; focus and concentrate; be self-aware; make responsible decisions; have healthy relationships with peers and staff; and be ready and motivated to learn. Additionally, 100% of teachers indicated that they were able to consistently and effectively manage their stress, anger, and anxiety; focus and concentrate; be self-aware; make responsible decisions; have healthy relationships with students and colleagues; have a positive classroom climate; and sustain their well-being as educators. Those same teachers also indicated that their students were able to consistently and effectively manage their stress, anger, and anxiety; focus and concentrate; be self-aware; make responsible decisions; have healthy relationships with peers and staff; and be ready and motivated to learn.

Many of the staff and students surveyed also made sure to include some notes of appreciation and gratitude for providing this program to their school communities. A teacher from Martin Luther King Jr. Middle School noted, “my students have really benefited from this practice.” Another teacher at that school echoed these remarks and added, “the kids [were] able to focus a lot better on the day they participated in the program and they were more productive!” A Counselor from Willard Middle School expressed her thanks as well, sharing, “Students have really enjoyed having a space to practice Mindfulness!” The Vice Principal of School Climate & Student Wellness at Berkeley High School made sure to include a note acknowledging the inclusivity of the practice adding, “this program directly impacts Black students who choose to access the services in lieu of other staff or programs.” The Mindful Yoga program at Berkeley Technology Academy and Berkeley Independent Study also received high praise from teachers

who shared “students are all reflecting positive things and noticing their growth. All are really appreciative of the space the program holds for them to slow down and get in tune with their bodies.”

Students added their notes of appreciation as well expressing how impactful this program has been for them. A Berkeley Independent Study student shared, “I especially enjoyed yoga class this week. I tried a lot of new poses and I could feel my balance improving throughout the week…I can’t wait for next week’s class!” A 7th grade student at Willard Middle School shared that she “loved Mindfulness Group a lot! I hope the instructor loved teaching us because I loved and was grateful to have her.”

Program Challenges:
There were no program challenges submitted during the reporting timeframe.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 517; Transition Age Youth (16-25 years): 31; Adults (26-59 years): 68; Older Adults (60+ years): 0.

Mental and Emotional Education Team (MEET)

The Mental and Emotional Education Team (MEET) also referred to as the Mental Health Peer Education (MHPE) program, implements a peer-to-peer mental health education curriculum to 9th 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. This model of peer-to-peer education can contribute to reducing mental health stigma, increasing students’ understanding and use of coping skills, and increasing students' awareness and use of school-based mental health support services.

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.

PEI Priorities:

- Youth engagement and outreach strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs, and transition age youth not in college.
- Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis.

Peer relationships are a primary component of adolescent development, including placing higher value on social influence, learning to navigate interpersonal communication and conflict, exploring personal and community identities, and learning how to foster healthy relationships. This is especially significant for students from marginalized communities, who have fewer teachers, counselors, clinicians, and role models at school who share their identities. For many students who are impacted by systemic racism, economic stress, and/or are living in immigrant

or mixed status families, it can be difficult to speak about these experiences with adult school staff who may have vastly different life experiences. When young people have the opportunity to speak with peers who have had similar experiences and can relate to their circumstances, they are less isolated, more connected to school, identify as more hopeful and empowered, and act as change agents in their school and communities.

In additional to providing student peer educators with the opportunity to develop relational and emotional skills, a peer-to-peer program also serves as a workforce development program in which students learn concrete skills and can explore possible future careers in the mental health field. Peer-to-peer program grant students the opportunity to learn job skills, while simultaneously developing school-based relationships and connections which has been shown to increase attendance, grades, and self-esteem.

During the fall of FY24, the MEET program supervisor led 20 mental health peer educators in 28 weekly trainings and one full day training for the purpose of developing leadership skills, learning and practicing communication skills, learning about mental health needs and resources, and providing mental health education and support for their peers. Many of the peer educators also participated in the City of Berkeley Youthworks program, where they participated in weekly meetings to learn and develop job readiness skills. In addition to the weekly training sessions, the peer educators also participated in one or more internship projects, including creating mental health presentations for Freshman classes, developing multilingual presentations for ELL English classes, creating videos and posters to spread information about mental health, creating and disseminating information about tobacco and marijuana prevention, and hosting or participating in events to spread awareness about mental health and the BHS Wellness Center. All peer educators had the opportunity to provide one-on-one mentorship to other students, either on a one-time basis or through weekly or biweekly meetings.

In the Spring of FY24 a second cohort of 12 mental health peer educators participated in 8 weekly trainings and one full day training for the purpose of building community, exploring their own values and biases, learning and practicing communication skills, and learning about mental health needs and resources. After completing their training, this cohort of peer educators were prepared to begin in FY25, with mentoring and engaging in internship projects.

In FY24, 32 individuals were served through this program. Demographics on individuals served were as follows:

DEMOGRAPHICS N=32
Age Groups
Children and Youth (0-15) - 32
Race
Asian - <11
Black or African American - 14
White - <11
Other - <11
More than one Race - <11

Declined to Answer (or Unknown) - <11
Ethnicity: Hispanic or Latino/Latina/Latinx
Central American - <11
Mexican/Mexican-American Chicano - <11
South American - <11
Other - <11
Declined to Answer (or Unknown) - <11
Ethnicity: Non-Hispanic or Latino/Latina/Latinx
African - <11
Asian Indian/South Asian - <11
Eastern European - <11
Middle Eastern - <11
Vietnamese - <11
Other - <11
Declined to Answer (or Unknown) - <11
Primary Language
English - 19
Spanish - <11
Declined to Answer (or Unknown) - <11
Sexual Orientation
Gay or Lesbian - <11
Heterosexual or Straight - 17
Bisexual - <11
Questioning or unsure of sexual orientation - <11
Queer - <11
Another sexual orientation - <11
Declined to Answer (or Unknown) - <11
Disability
Difficulty Seeing - <11
Difficulty Hearing or having speech understood - <11
Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability or dementia) - <11
No Disability - 22
Veteran Status
No - 32

Gender: Assigned Sex at Birth
Declined to Answer (or Unknown) - 32
Current Gender Identity
Male - <11
Female - 23
Genderqueer - <11
Questioning or unsure of gender identity - <11
Another Gender Identity - <11
Declined to Answer (or Unknown) - <11

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:

Accomplishments of MEET Students

- Completed semester long training in order to learn the skills to be peer mentors;
- Developed informational and interactive presentation for U-9 Freshman Seminar classes. The students facilitated 28 educational presentations, which reached over 750 students. The presentations aimed to support freshman students to foster greater comfort in discussing mental health, recognize and practice positive coping skills, and learn about how to access mental health resources in and outside of BHS;
- Created and led informational presentations in English and Spanish for all four levels of ELL English, which included information about mental health, addressed the connection between mental health and migration, and shared resources about how to access mental health support at BHS;
- Provided at least 65 one-on-one or small group mentoring sessions to approximately 27 students;
- Served almost 100 shifts in the Wellness Center, during which they were available for drop-in mentorship support, introduced new students to the offerings of the Wellness Center, and helped with the daily maintenance of the Wellness Center;
- Developed, filmed, and edited 9 informational videos about a variety of mental health topics to spread awareness about mental health to other BHS students. Five films were submitted to the Directing Change film competition, three of which were formally recognized (2nd place in Suicide Prevention category, Honorable Mention in Suicide prevention category, and Special Recognition in Athletics & Mental Health);
- Planned and hosted three school-wide events to provide information and support for stress reduction and mental health awareness;
- Provided information and tours of the new BHS Wellness Center for the Wellness Center Grand Opening (December 2023) & BHS Open House (March 2024).

Number of BHS students served by MEET students:

- 32 students participated as peer educators in the MEET program;
- 750+ Freshman students received classroom presentations;
- 50+ students in the Multilingual Program received classroom presentations;
- 35+ students received one-on-one mentorship from a mental health peer educator;
- All 3200 BHS students viewed MEET videos through the Student Bulletin

Program Challenges**:**
A significant challenge continued to be the increase in costs to fund the program. These increases required the school district to make cuts in other programming areas, as well as move resources around to be able to continue providing ongoing services.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 35; Transition Age Youth (16-25 years): 0; Adults (26-59 years): 0; Older Adults (60+ years): 0.

African American Success Project

The African American Success Project (AASP) implements “Umoja” - a daily elective class offered at Longfellow Middle School, that serves approximately 40% of the African American students at that location. Umoja provides African American students a safe affinity space to explore their cultural heritage and identity, while building positive peer relationships establishing relational trust with adults. Umoja provides an ongoing focus on social and emotional development, including building skills, habits and mindsets that enable self-regulation, interpersonal skills, perseverance and resilience.

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.

PEI Priorities:

- Culturally competent and linguistically appropriate prevention and intervention, including Community Defined Evidence Practices (CDEPs).
- Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis.

In FY24 46 students participated in this project. Outlined below are demographics on individuals served through this project:

DEMOGRAPHICS N=46
Age Groups
Children/Youth (0-15) - 46
Race
Asian - <11
Black or African American - 35
More than one race - <11
Ethnicity: Hispanic or Latino/Latina/Latinx
Other - <11
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Declined to Answer (or Unknown) - 46

Primary Language
English - 46
Sexual Orientation
Declined to Answer (or Unknown) - 46
Disability
Other - <11
Veteran Status
No - 46
Gender: Assigned sex at birth
Male - 28
Female -18
Current Gender Identity
Declined to Answer (or Unknown) - 46

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:
There were no program successes submitted during the reporting timeframe.

Program Challenges:
During the fiscal year, the program did not serve 8th-grade students as in past years. This caused a reduction in the number of participants served.

Based on previous years, in FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 55; Transition Age Youth (16-25 years): 0; Adults (26-59 years): 0; Older Adults (60+ years): 0.

ACCESS AND LINKAGE TO TREATMENT

Access and Linkage to Treatment Program – Connects 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.

PREVENTION & EARLY INTERVENTION COMBINED PROGRAM WITH ACCESS AND LINKAGE TO TREATMENT COMPONENT STRATEGY

Access and Linkage to Treatment Program or Strategy – Connects 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.

Prevention Program – Includes a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.

Early Intervention Program – Provides 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.

The City of Berkeley has one Prevention & Early Intervention combined program that also has an Access and Linkage to Treatment component:

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) and has become a successful partnership between BUSD and the Public Health and Mental Health Divisions of Berkeley's HHCS Department. The program provides 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.

The Berkeley High School (BHS) and Berkeley Technology Academy (BTA) Health Centers are both multidisciplinary co-locations of the City of Berkeley's Mental Health and Public Health Divisions. The Health Center team provides a range of Prevention/Early Intervention (PEI) services and also functions as an Access and Linkage to Treatment program. Culturally and linguistically diverse staff provide services in English and Spanish. Translation services in all other languages are available using a language line.

The Health Centers are operational year-round, Monday through Friday, from 8:30 AM-4 PM, with a daily closure from 12-1 PM for lunch and administrative tasks. There are brief periodic closures due to BUSD's academic calendar and in these instances some services are still provided via telehealth when possible. When fully operational, services can be accessed via student drop-in and/or via scheduled appointment. Services can also be requested via Jotform, an online, HIPAA-compliant, referral platform. This referral platform can be accessed is accessible via QR code on informational flyers that are posted across campus and also online in several locations including the Health Center website. Students can self-refer using Jotform, and parents/caregivers, staff, and friends are also able to refer someone else using this method. Additionally, students, parents/caregivers, and staff are able to request services via phone by

calling the Health Center main phone number. Hours of operation at Berkeley Technology Academy Health Center are more limited due to the small student population and staffing constraints. When BTA students are unable to access a needed service at that Health Center, they are referred to BHS Health Center for those needed services.

Health Center staff frequently facilitate linkages on behalf of youth and their families, depending upon a given need. Behavioral Health Clinicians ("BHCs") conduct initial assessments with students in order to screen for a variety of health and mental health needs, considering accessibility, insurance status, acuity, and risk factors to support with decision-making around level of care considerations and related linkages. BHCs provide students with short-term behavioral health services—crisis, individual, group—as needed irrespective of insurance status and all students are eligible to receive these free and confidential services. BHCs also link youth/families with more intensive needs to additional services depending upon their specific needs and insurance status. BHCs provide this linkage support via internal referrals (e.g. EPSDT Medi-Cal services; Full Service Partnership team; psychiatry/medication management), Alameda County Access, as well as linkages to services through private insurance carriers. BHCs also sometimes make internal on-campus referrals to the 504 and Special Education programs when some type of mental or physical health condition may be impeding a youth's ability to adequately access their education. BHCs also support youth and their families who are uninsured with accessing and enrolling in Medi-Cal and other relevant programs that support health and well-being.

As an Access and Linkage to Treatment Program, the Health Center's Mental Health Program Supervisor monitors all referrals in order to ensure timely responsiveness and follow up that supports engagement in treatment. All BHCs have access to and monitor incoming referrals that are submitted via Jotform and respond to referrals on a rotating basis. The MH Program Supervisor monitors and responds to referrals via phone and checks voicemail multiple times per day. In instances where a staff person responds to a referral but is unable to make contact with the referring party, staff will follow up at least three times in an effort to support engagement. The Jotform referral inquires about preferred method of contact and also inquires about whether a youth can be pulled from class in order to conduct an initial assessment. Staff utilize these preferences in order to inform outreach efforts and increase the likelihood of establishing and supporting engagement.

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

PEI Priorities:

- Youth engagement and outreach strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs, and transition age youth not in college.
- Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis.

During the reporting timeframe, the Health Center had the following positions: a full-time Mental Health Program Supervisor, a full-time Mental Health Clinical Supervisor (vacant), four full-time

Behavioral Health Clinicians, and a cohort of three part-time graduate-level trainees. One Behavioral Health Clinician II was on administrative leave from January through June 2024. Two graduate-level trainees concluded their respective traineeships in January 2024 and February 2024. One Behavioral Health Clinician II promoted into the vacant Mental Health Clinical Supervisor position in May 2024.

In FY24, approximately 210 students received services through this project. Demographics on youth served are outlined below:

DEMOGRAPHICS N=210
Age Groups
0-15 Years - 52
16-25 Years - 158
Race
Asian - 21
Black or African American - 44
White - 42
More than one Race (or unknown) - 57
Ethnicity: Hispanic or Latino/Latina/Latinx
Other - 46
Primary Language
English - 178
Spanish - 22
Other/Declined to Answer (or Unknown) - <11
Declined to Answer (or Unknown) - <11
Sexual Orientation
Heterosexual or Straight - 116
Gay/Lesbian/Bisexual/Questioning/Another Sexual Orientation/Declined to Answer (or Unknown) - 94
Disability
Declined to Answer (or Unknown) - 210
Veteran Status
No - 210
Gender: Assigned sex at birth
Declined to Answer (Unknown) - 210
Current Gender Identity
Male - 61
Female - 113

Other - 36

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:

- Continued to provide the full suite of in-person mental health, reproductive & sexual health, and first aid services for the duration of the school year.
- The Mental Health (MH) team was able to resume its graduate-level training program and provided an array of multi-tiered individual, group and crisis services.
- Continued to use the Jotform application for referrals in order to streamline accessibility and minimize barriers to care.
- Maintained a collaborative and productive relationship with BHS's Coordination of Services Team (COST) throughout the school year in order to ensure that appropriate referrals were made to the Health Center and other programs.
- Continued to build strong working relationships with BHS Administration, especially the Principal, Vice Principal of Climate & Wellness, and MH & Well-Being Coordinator.
- BHS Leadership, along with Health Center leadership and City of Berkeley HHCS Departmental leadership, were able to successfully implement and open a differentiated Wellness Center space at BHS along with a continuum of tiered wellness support services in December 2023.
- For Q3 and Q4, the Wellness Center provided a differentiated universal (Tier 1) and targeted (Tier 2) support space for students that did not previously exist.
- Continued to build upon and improve existing relationships and partnerships with other BHS stakeholders. To this end, the MH team collaborated with several different on-campus programs throughout the year such as the Multilingual Program, McKinney Vento Program, Special Education Program, and Intervention Counselors.

Program Challenges:

- The MH Team experienced multiple vacancies in the supervisor, clinician, and trainee classifications. These vacancies impacted the team's overall capacity, including individual and group service provision as well as on call crisis coverage. Furthermore, staffing shortages across the Health Center's Public Health Team, both administrative and clinical, impacted service provision, operational capacity, and integration across Divisions.
- The Health Center's Electronic Health Record (EHR), NextGen, provided limited functionality. This contributed to delays with data collection, analysis, and reporting. These challenges constrained supervisory decision-making that could have improved efficiencies and improvements in service provision.
- The MH team also continued to use multiple EHRs and applications that are not integrated with one another and do not interface with one another. This made clinical documentation more cumbersome and time-consuming for all staff and also made data collection and analysis more laborious.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 139; Transition Age Youth (16-25 years): 209; Adults (26-59 years): 0; Older Adults (60+ years): 0.

The RBA Measures that were established for this program were as follows:

Process Measures How much did we do?	Quality Measures How well did we do it?	Impact Measures Is Anyone Better off?
• # of clients served • # of clients opened for ongoing services • # of services provided by service type	• # of clients screened for depression, trauma, and substance use • # of clients contacted within a week following a referral to the High School Health Center (HSHC) • % of school population served • % of clients satisfied with services, as measured by % of clients who agree with the following: HSHC Staff… -Treat me with respect -Listen carefully to what I have to say • Make me feel like there's an adult at school who cares about me	• % of clients able to receive needed care, as measured by % of clients who agree with the following: The HSHC… -Is easy to get help from when I need it -Helps me to meet many of my health needs

*Demographic data was reported at the program level, where available

RBA Outcomes in FY24 for this program are outlined on the following pages.

BMH RBA Report FY 2024

Reporting Period: July 2023 - June 2024

High School Health Center (HSHC)

Process Outcomes ("How much did we do?")

210

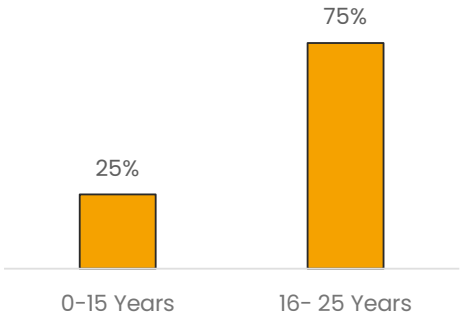
Clients Served

Program Description

The HSHC team provides mental health services on site at Berkeley High School; these services include individual and group therapy, crisis assessments, and drop in support. The program also hosts graduate students for training.

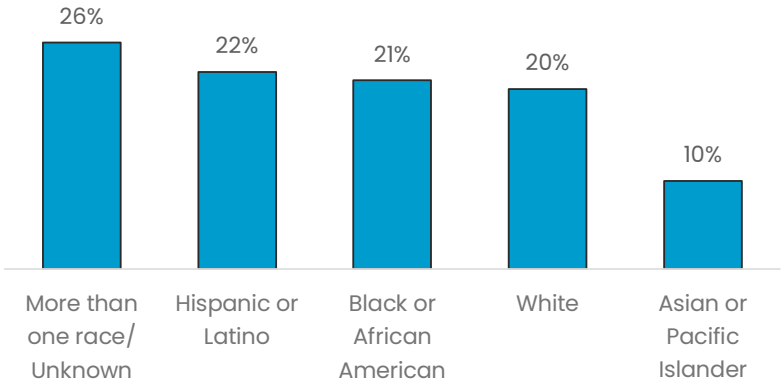
Demographics (Age)

Jul '23 - Jun '24 (n=210)



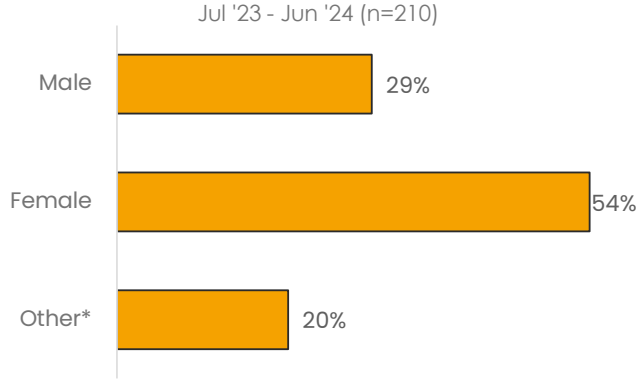
Demographics (Ethnicity)

Jul '23 - Jun '24 (n=210)



Demographics (Gender Identity)

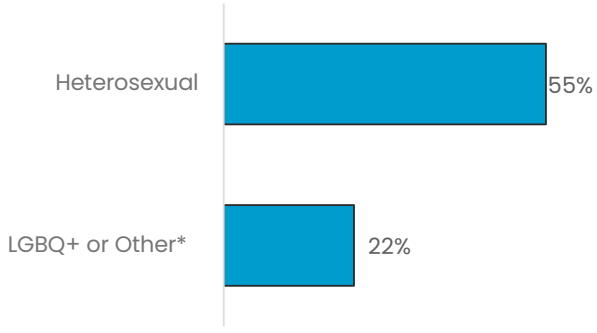
Jul '23 - Jun '24 (n=210)



*Other includes any identity that doesn't fit within the traditional male/female binary.

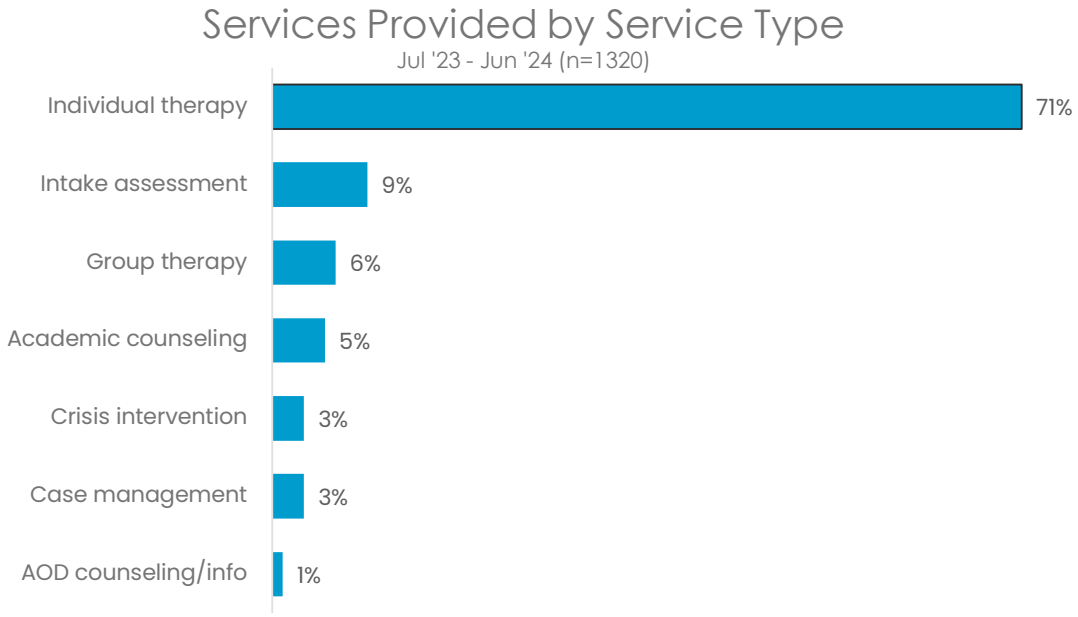
Demographics (Sexual Orientation)

Jul '23 - Jun '24 (n=210)

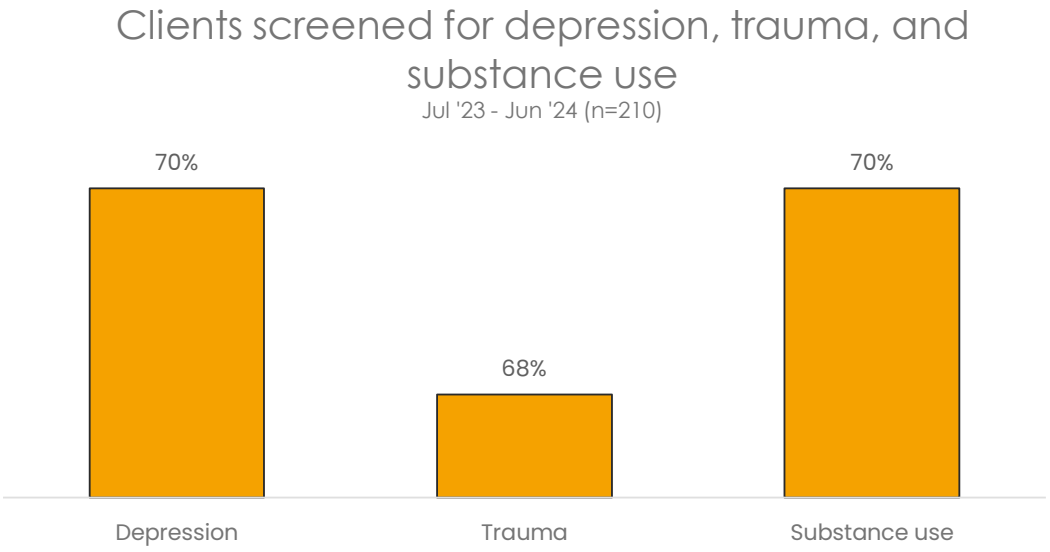


*LGBQ+ includes individuals who identify as lesbian, gay, bisexual, questioning, or other diverse sexual orientations. Other includes prefer not to answer or unknown.

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.



Note: Multiple services could be provided in one visit (e.g. crisis assessment and referral) so total services by type is greater than total encounters.



NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Quality Outcomes ("How well did we do it?")

1 in 17 Students received services
6.43% of the School Population (3,267 students)

Service Consistency

96% n=126
Students felt treated with respect

96% n=105
Students felt like there's an adult who cares about

98% n=118
Students felt heard about what they have to say

96% n=129
Report Easy Access to Needed Care

97% n=113
Able to Get Help When Needed

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Measure	Definition	Data Source
# clients served	Total clients served	NextGen
# of services provided by service type	# of services coded as behavioral_service with codes BHSV1-8. Key code accompanies NextGen data. Each incident could include more than one service provided.	NextGen
% clients screened for depression, trauma, and substance use	Percent of total clients that were recorded as having been screened for depression, trauma, and/or substance abuse at least one time during reporting period.	NextGen
% referrals to HSHC followed up within one week	Percentage of referrals that had 7 days or less between referral date and response date. Calculation reflects % of total referrals, not % of total clients.	Jotform Not presented due to delays in the reporting system
% of school population served	Unique clients served by HSHC divided by total student population of BHS and BTA.	DataQuest
% of clients satisfied with services	% of responses marked as "agree" or "strongly agree" for various survey questions. Note: these responses are from all students who accessed the health center and answered the survey, not just those who received mental health services.	Berkeley SBHC Client Survey
% of clients able to receive needed care	% of responses marked as "agree" or "strongly agree" for various survey questions. Note: these responses are from all students who accessed the health center and answered the survey, not just those who received mental health services.	Berkeley SBHC Client Survey

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

STIGMA AND DISCRIMINATION PROGRAM

Stigma and Discrimination Program - Directs 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.

The City of Berkeley Stigma and Discrimination program is as follows:

Social Inclusion Program

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.

PEI Priority: Culturally competent and linguistically appropriate prevention and intervention, including community defined evidence practices (CDEPs).

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 peers with opportunities to be trained, compensated and empowered to share their stories of healing in a supportive peer environment. When they feel ready, individuals 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.

In FY24, 20 unduplicated individuals participated in the program. Demographics on program participants served were as follows:

DEMOGRAPHICS N= 20
Age Groups
26-59 (Adult) - 15
Ages 60+ (Older Adult) or Declined to Answer or Unknown) - <11
Race
American Indian or Alaska Native - <11
Asian - <11
Black or African American - <11
White - <11
More than one Race - <11
Ethnicity: Hispanic or Latino/Latina/Latinx
Declined to Answer (or Unknown) - 20

Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Declined to Answer (or Unknown) - 20
Primary Language Used
English - 20
Sexual Orientation
Heterosexual or Straight - <11
Bisexual - <11
Queer - <11
Declined to Answer (or Unknown) - 15
Disability
Declined to Answer (or Unknown) - 20
Veteran Status
No - 20
Gender: Assigned sex at birth
Male - 12
Female or Unknown - <11
Current Gender Identity
Male - 12
Female/Declined to Answer or Unknown - <11

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:

The Telling Your Story group has grown to having more consistent attendees in person and calling in to the zoom platform then all other BMH groups. The group continued to be conducted by having the structure of a brainstorming session and a sharing component. Per staff report, many participants benefitted from listening to answers to questions that staff developed based on the topics of discussions, as well as through staff assistance with formulating their story. The topics of the month went beyond the SAMHSA Eight Dimensions of Wellness to include areas of interest. Some participants enjoyed having the group virtually in the comfort of their home, as they felt safe and the hassle of commuting was eliminated. Other participants enjoyed connecting with others in-person and more individuals attended when they dropped in at the clinic. According to staff, participants were more prepared during their shares and they enjoyed the support they received from their peers.

Program Challenges:

In FY24, the Telling Your Story group had a few challenges, which the staff have been working to improve to make the group more enjoyable for all participants. Over the course of the last two years, staff hosted the group online and in-person and at times, this caused some delays to

the start of the group due to individuals arriving at different times and having to update all participants. The structure is for people to attend both, the first is a brainstorming group to be prepared for the second group with sharing.

Managing and making sure everyone engaged was difficult as individuals who joined by Zoom, called in so staff were unable to see participants faces. For individuals who primarily came to the group on Zoom, the questionnaire that required their feedback went unanswered, therefore staff wasn't able to obtain a full report of how the group was helping individuals to feel confident with sharing their story.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 0; Transition Age Youth (16-25 years): 1; Adults (26-59 years): 5; Older Adults (60+ years): 5.

The RBA measures and outcomes for this program are reported with the CSS System Development, Wellness Recovery program.

SUICIDE PREVENTION PROGRAM

Suicide Prevention Program – An optional program that provides activities to prevent suicide as a consequence of mental illness.

Through FY24, the City of Berkeley had one Suicide Prevention Program that was a partnership with the California Mental Health Services Authority as follows:

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. Contributing jurisdictions are members of a CalMHSA board that provides direction into the types of initiatives that are implemented. One of the initiatives that was implemented is the PEI Statewide Projects. 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 mental health jurisdictions. In order to continue to sustain programming, CalMHSA previously asked jurisdictions to allocate 4% of their annual local PEI allocation each year to these statewide initiatives. In the City of Berkeley, this varied from year to year depending on the amount of PEI revenue received.

In FY24, through this initiative resources on Suicide Prevention, Student Mental Health and Stigma and Discrimination reached approximately 1,520 individuals. Additionally, resources were distributed via email to local schools, community agencies and community members.

Through the approved FY25 Annual Update the Division eliminated the annual allocation of local PEI funding for this initiative.

INNOVATION (INN)

The MHSA Innovation (INN) funding component is for short-term pilot projects that increase new learning in the mental health field.

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.

INN Reporting Requirements

Per MHSA INN regulations, all INN funded programs have to collect state identified outcome measures and detailed demographic information. INN Evaluations are required to be included in each MHSA Annual Update or Three-Year Plan. Although there were not any INN Programs in operation in FY24, in order to comply with state regulations, an Innovation Fiscal Year 2023/2024 Annual Evaluation Report has been included in Appendix D of this Annual Update.

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**.** A contract was executed with Hatchuel, Tabernik & Associates (HTA) as the evaluator on the project. HTA created the Trauma Informed Systems Evaluation Report for this project. In December 2018**,** a Trauma Informed Care Plan Update was subsequently approved by the MHSOAC which added funds to this project and switched the initial target population from BUSD students and staff, to children, teachers and parents at YMCA Head Start sites in Berkeley. As with the initial project, HTA conducted the evaluation and provided the Early Childhood Trauma and Resiliency Project – Final 3-Year Evaluation Report, for this project.

In September 2018, the Division received approval from the MHSOAC for a third INN project to allocate funds to join the Technology Suite Project (later re-named Help@Hand Project). This project operated through September 2023 providing access to free mental health applications to individuals who lived, worked or attended school in Berkeley. The Division participated in a State Evaluation with other counties in this project. The evaluation was conducted by the

University of California at Irvine, (UCI) who created the Help@Hand Final Report. Additionally, following a competitive recruitment process, the Division entered into a contract with Hatchuel, Tabernik & Associates who conducted the City of Berkeley Help@Hand Evaluation.

Encampment-based Mobile Wellness Center Project

In April 2022, the Division received approval to implement an Encampment-Based Mobile Wellness Center Project from the Berkeley City Council and the State Mental Health Oversight and Accountability Commission (MHSOAC). This project pilots a Mobile Wellness Center at Homeless encampments in Berkeley. The Mobile Wellness Center project provides an on-site, customizable menu of services that are chosen by individuals who reside at the encampments. The project is led by peers with lived experience of homelessness, and includes partners from encampment communities to encourage participation, help define service needs, and support service provision at the site. The project was implemented in FY25 through Options Recovery Services who was chosen through a competitive Request For Proposal (RFP) process.

The project seeks to learn whether on-site wellness center services have a positive impact on mental health outcomes including an increase in the uptake of mental health services. It will also assess the impact of how having individuals from the community help to provide services, shapes service delivery, and the participant satisfaction with services. The program will include an evaluation.

In FY26 the projected number of individuals to be served per each age category is as follows: Children/Youth (0-15 years): 0; Transition Age Youth (16-25 years): 36; Adults (26-59 years): 480; Older Adults (60+ years): 96.

WORKFORCE, EDUCATION & TRAINING (WET)

The Workforce, Education & Training (WET) funding component is primarily for strategies to identify and remedy mental health occupational shortages, promote cultural competency and the employment of mental health peers and family members in the workplace

The City of Berkeley's WET Plan was approved in July 2010. A subsequent update was approved in May 2013. Specific programs in the approved WET Plan included:

- 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 (which is posted on the City of Berkeley MHSA Webpage) the Graduate Level Training Stipend Program was extended through FY20. Since the end of the WET Plan and the Reversion Expenditure Plan, in order to fund new programs and services out of the WET component, the state requires that funds are transferred to WET from the CSS funding component, through an approved MHSA Plan or Annual Update.

Outlined below is a description of the Loan Repayment Program that the Division is proposing to continue in this Annual Update, and the continued annual transfer of funds from CSS to WET to fund the Workforce Development Coordinator position.

Greater Bay Area Workforce, Education and Training Regional Partnership - Loan Repayment Program

The Department of Health Care Access and Information (HCAI) (formerly the Office of Statewide Health Planning and Development) allocated $40 million in Workforce, Education and Training funds for Regional Partnerships across the state for various mental health workforce strategies. A total of 2.6 million of funds was allocated to the Greater Bay Area (GBA) Workforce, Education & Training Regional Partnership. In order to participate in the GBA Regional Partnership, and receive a portion of funds to implement workforce development strategies, mental health jurisdictions were required to contribute a portion of local funds towards this initiative. The Division allocated funds for this program through previously approved MHSA Plans and Annual Updates.

Through this initiative, which is administered through California Mental Health Services Authority (CalMHSA), the City is participating in a Loan Repayment Program. This program enables eligible staff to apply to have a portion of their Student Loan paid, in exchange for working at BMH for a given period of time.

Since inception, 15 BMH staff have participated in the Loan Repayment Program, which will be in operation until January 2026.

Workforce Development Coordinator

Through the previously approved Three-Year Plan the Division proposed to transfer CSS System Development Funds to the WET Component to fund the Workforce Development Coordinator position 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."

This position that was hired in early FY24, supports staff recruitment and retention for the Division; oversees Intern recruitment; and coordinates training and support for graduate level interns.

Through this Annual Update the Division is proposing to transfer $344,426 of unspent CSS Funds to the WET Component. Once transferred, approximately $167,116 of funds will be used to support the Workforce Development Coordinator position. The remainder of funds, approximately $177,310, are being proposed to be utilized in the upcoming years on a Stipend Program to incentivize Student Interns to provide Clinical or Administrative work within the Division over a given period of time.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

The Capital Facilities and Technological Needs (CFTN) funding component is for capital projects on owned buildings and on mental health technology projects.

The City of Berkeley CFTN Plan was approved in April 2011, with updates to the plan in May 2015, June 2016, and January 2017. Through previously approved MHSA Plans and/or Annual Updates, BMH 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 supports, psychiatric medication support, Full Services Partnership Intensive Case Management Teams, Clinical services, Mobile Crisis, and Transitional Outreach Services. Construction on the Adult Clinic began in FY19, and in June 2021, the renovation was completed, staff moved back into the building, and the clinic was re-opened for services.

Through this Annual Update, the Division is proposing to transfer $1,300,000 of unspent CSS Funds to the CFTN component 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."

Funds will be utilized in the upcoming years to support various BMH facility needs, which may include but not be limited to the following: acquiring a new building, remodeling or renovating existing structures, and/or repairs, among other allowable CFTN related expenditures.

FY26 PROJECTED NUMBERS TO BE SERVED AND ESTIMATED COST PER PERSON*

*(Includes estimated FY26 costs attributed to the MHSA Funding component)

COMMUNITY SERVICES & SUPPORTS (CSS)		
Program/Estimated Program Costs*	Projected Numbers To Be Served Per Each Age Group	Estimated Cost Per Person*
Children & Youth Full Services Partnership $398,593	Children/Youth (0-15 years): 12 Transition Age Youth (16-25 years): 9 Adults (26-59 years): 0 Older Adults (60+ years): 0	$18,981
Adult Full Services Partnership $843,307	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 3 Adults (26-59 years): 12 Older Adults (60+ years): 41	$15,059
Homeless Full Services Partnership $843,781	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 2 Adults (26-59 years): 43 Older Adults (60+ years): 6	$16,545
Wellness Recovery Services $730,206	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 3 Adults (26-59 years): 30 Older Adults (60+ years): 29	$11,778
Family Services $105,914 **Doesn't include $24,879 of costs in the Full Services Partnership programs	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 2 Adults (26-59 years): 28 Older Adults (60+ years): 42	$1,471
Benefits Advocacy Services $20,000	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 4 Adults (26-59 years): 6 Older Adults (60+ years): 0	$2,000
Transitional Outreach Team $515,871	Children/Youth (0-15 years): 6 Transition Age Youth (16-25 years): 12 Adults (26-59 years): 38 Older Adults (60+ years): 9	$7,936
Sub-Representative Payee Services $100,000	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 4 Adults (26-59 years): 80 Older Adults (60+ years): 75	$629
Hearing Voices Support Groups $46,941	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 89 Adults (26-59 years): 1,052 Older Adults (60+ years): 642	$26

COMMUNITY SERVICES & SUPPORTS (CSS)		
Program/Estimated Program Costs*	Projected Numbers To Be Served Per Each Age Group	Estimated Cost Per Person*
Berkeley Wellness Center $437,500	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 0 Adults (26-59 years): 175 Older Adults (60+ years): 50	$1,944
Case Management Services for Transition Age Youth $100,000	Children/Youth (0-15 years): 15 Transition Age Youth (16-25 years): 50 Adults (26-59 years): 0 Older Adults (60+ years): 0	$1,538
Counseling Services for Older Adults $100,000	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 0 Adults (26-59 years): 5 Older Adults (60+ years): 85	$1,111
Substance Use Disorder Services $250,000	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 0 Adults (26-59 years): 24 Older Adults (60+ years): 7	$8,064
PREVENTION & EARLY INTERVENTION PROGRAMS		
Program/Estimated Program Costs*	Projected Numbers To Be Served Per Each Age Group	Estimated Cost Per Person*
Supportive Schools Program $110,000	Children/Youth (0-15 years): 480 Transition Age Youth (16-25 years): 0 Adults (26-59 years): 0 Older Adults (60+ years): 0	$229
Community Education/Support Program Transition Age Youth Trauma Support Project $32,046	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 85 Adults (26-59 years): 0 Older Adults (60+ years): 0	$377
Community Education/Support Program Trauma Support Project for LGBTQIA Population $100,000	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 27 Adults (26-59 years): 141 Older Adults (60+ years): 40	$481
Community Education/Support Program Living Well Project $32,046	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 0 Adults (26-59 years): 30 Older Adults (60+ years): 130	$200
Community Education/Support Program SoulSpace Project $100,000	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 2 Adults (26-59 years): 21 Older Adults (60+ years): 2	$4,000

PREVENTION & EARLY INTERVENTION PROGRAMS		
Program/Estimated Program Costs*	Projected Numbers To Be Served Per Each Age Group	Estimated Cost Per Person*
Community Education/Support Program Latinx Trauma Support Project $100,000	Children/Youth (0-15 years): 10 Transition Age Youth (16-25 years): 150 Adults (26-59 years): 400 Older Adults (60+ years): 35	$168
Dynamic Mindfulness (DMIND) Program $95,000	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 2 Adults (26-59 years): 21 Older Adults (60+ years): 2	$154
Mental and Emotional Education Team $46,389	Children/Youth (0-15 years): 35 Transition Age Youth (16-25 years): 0 Adults (26-59 years): 0 Older Adults (60+ years): 0	$1,325
African American Success Project $150,000	Children/Youth (0-15 years): 55 Transition Age Youth (16-25 years): 0 Adults (26-59 years): 0 Older Adults (60+ years): 0	$2,727
High School Youth Prevention Program $580,697	Children/Youth (0-15 years): 139 Transition Age Youth (16-25 years): 209 Adults (26-59 years): 0 Older Adults (60+ years): 0	$1,669
Social Inclusion Program $10,000	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 1 Adults (26-59 years): 5 Older Adults (60+ years): 5	$909
INNOVATION PROGRAMS		
Program/Estimated Program Costs*	Projected Numbers To Be Served Per Each Age Group	Estimated Cost Per Person*
Encampment-based Mobile Wellness Project $600,000	Children/Youth (0-15 years): 0 Transition Age Youth (16-25 years): 36 Adults (26-59 years): 480 Older Adults (60+ years): 96	$980

BUDGET NARRATIVE

The enclosed budget provides estimated revenue and expenditures for this Annual Update. The Division obtains financial projections from the state on the amount of MHSA revenue to be allocated in a given year. Financial projections for this FY26 Annual Update reflect a decrease in MHSA funds, to what was previously estimated in the approved FY24-26 Three-Year Plan.

In this FY26 Annual Update, due to changes in the projected revenue/budget in the 5-year forecast, the Division proactively paused the hiring for some previously approved staff positions out of caution, so that funds would not be expended as quickly. Departmental Fiscal staff were able to run revenue analyses earlier than in previous years, resulting in the ability to shift some personnel costs to other mental health funding sources. These shifts will enable the Division to use all of its appropriate revenue sources more evenly and prevent any funds from running out too soon.

Beginning in FY27, MHSA will shift to the new BHSA fiscal and program requirements. MHSA unspent funding amounts at the end of FY26, will be utilized in future years to transition to BHSA.

APPENDIX A

PROGRAM BUDGETS

FY 2025/26 Mental Health Services Act Annual Update
Funding Summary

County: City of Berkeley

Date: 5/9/25

	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 FY25/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	14,683,671	3,072,640	2,336,621	253,073	0	
2. Estimated New FY2025/26 Funding	4,371,317	1,092,829	287,587			
3. Transfer in FY 2025/26	(1,644,426)			344,426	1,300,000	
4. Transfer Local Prudent Reserve in FY 2025/26						
5. Estimated Available Funding for FY 2025/26	19,186,128	4,198,254	2,632,835	597,499	1,300,000	
B. Estimated FY25/26 Expenditures	8,025,495	1,903,291	600,000	167,209	0	
G. Estimated FY25/26 Unspent Fund Balance	11,160,633	2,294,963	2,032,835	430,289	1,300,000	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Unspent Local Prudent Reserve on June 30, 2024	1,233,738
2. Contributions to the Local Prudent Reserve in FY2025/26	0
3. Distributions from the Local Prudent Reserve in FY2025/26	0
4. Estimated Local Prudent Reserve balance on June 30, 2025	1,233,738

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 2025/26 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: City of Berkeley Date: 5/9/25

	Fiscal Year 2025/26					
	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	2,015,704	843,307	707,829	464,567		
2. Children's FSP	826,465	398,593	330,521	97,351		
3. Homeless FSP	1,736,908	843,781	411,749	481,379		
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	230,457	139,434		91,024		
2. CSS System Development	3,609,129	2,763,567	390,629	454,933		
3.						
4.						
5.						
6.						
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	1,885,016	1,392,388	229,973	262,656		
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	10,303,679	6,381,070	2,070,700	1,851,909	0	0
FSP Programs as Percent of Total	71.8%					

FY 2025/26 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: City of Berkeley Date: 5/9/25

	Fiscal Year 2025/26					
	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	408,805	290,349	30,371	88,086		
2. African American Success Project	37,500	37,500				
3. Dynamic Mindfullness	71,250	71,250				
4. Mental Health Peer Education Program (MEET)	34,792	34,792				
5. Mental Health Promotion Campaign	100,000	100,000				
6.						
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
11. Community Education & Supports	364,092	364,092				
12. High School Prevention Program	408,805	290,349	30,371	88,086		
13. African American Success Project	112,500	112,500				
14. Dynamic Mindfullness	23,750	23,750				
15. Mental Health Peer Education Program (MEET)	11,597	11,597				
16. Supportive Schools	110,000	110,000				
17.						
18.						
19.						
PEI Programs - Stigma & Discrimination						
20. Social Inclusion	10,000	10,000				
PEI Programs - Outreach for Incr. Recog. Of Mental Illness						
21.						
PEI Administration	619,686	447,113	43,787	128,786		
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	2,312,776	1,903,291	104,528	304,957	0	0

FY 2025/26 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: City of Berkeley Date: 5/9/25

	Fiscal Year 2025/26					
	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. MHSA INN Encampment	600,000	600,000				
2.						
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	600,000	600,000	0	0	0	0

FY 2025/26 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: City of Berkeley Date: 5/9/25

	Fiscal Year 2025/26					
	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. Workforce Development Coordinator	167,116	167,116				
2. Intern Stipends	177,310	177,310				
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					
WET Administration	0					
Total WET Program Estimated Expenditures	344,426	344,426	0	0	0	0

FY 2025/26 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: City of Berkeley Date: 5/9/25

	Fiscal Year 2025/26					
	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. Mental Health facility purchases, remodels, renovations, and/or repairs	1,300,000	1,300,000				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	1,300,000	1,300,000				

APPENDIX B

RESULTS BASED ACCOUNTABILITY (RBA)
FY24 BERKELEY MENTAL HEALTH DIVISION
MEASURES AND OUTCOMES

BMH RBA Report FY 2024

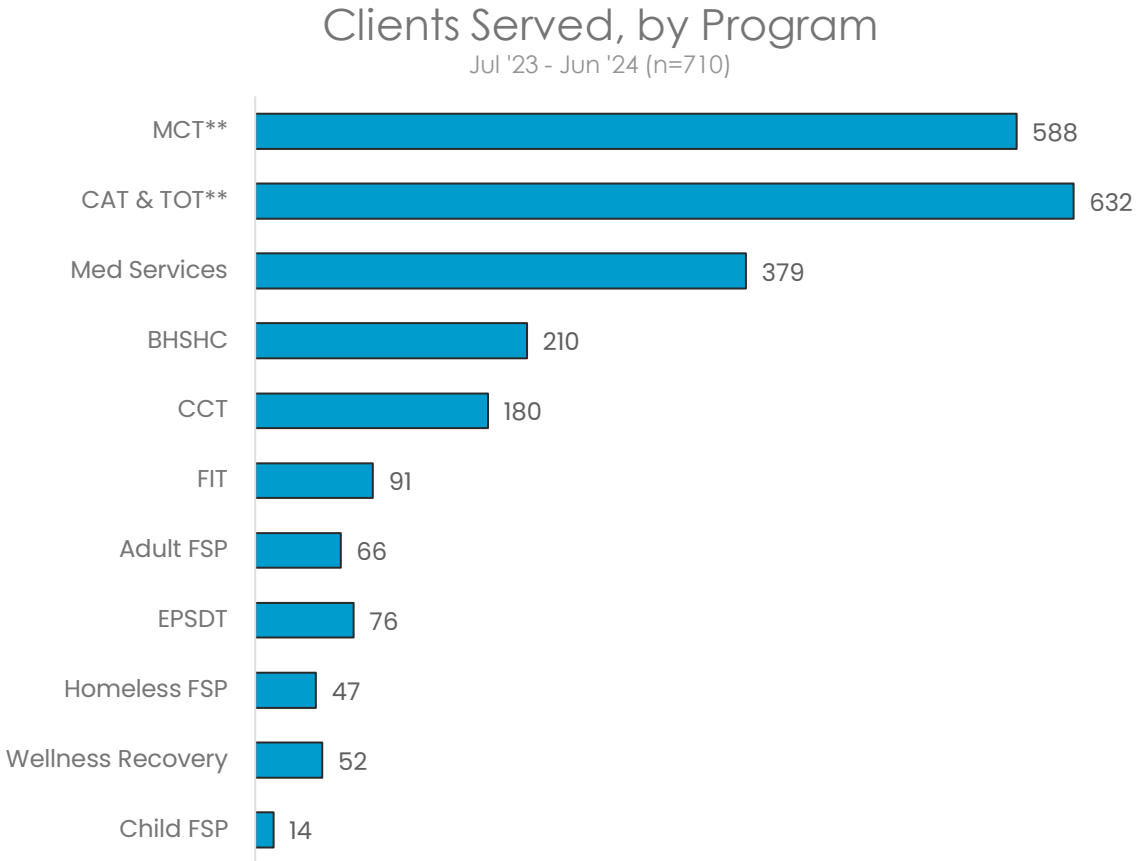
Reporting Period July 2023- June 2024

Berkeley Mental Health - Division-Level

Process Outcomes ("How much did we do?")

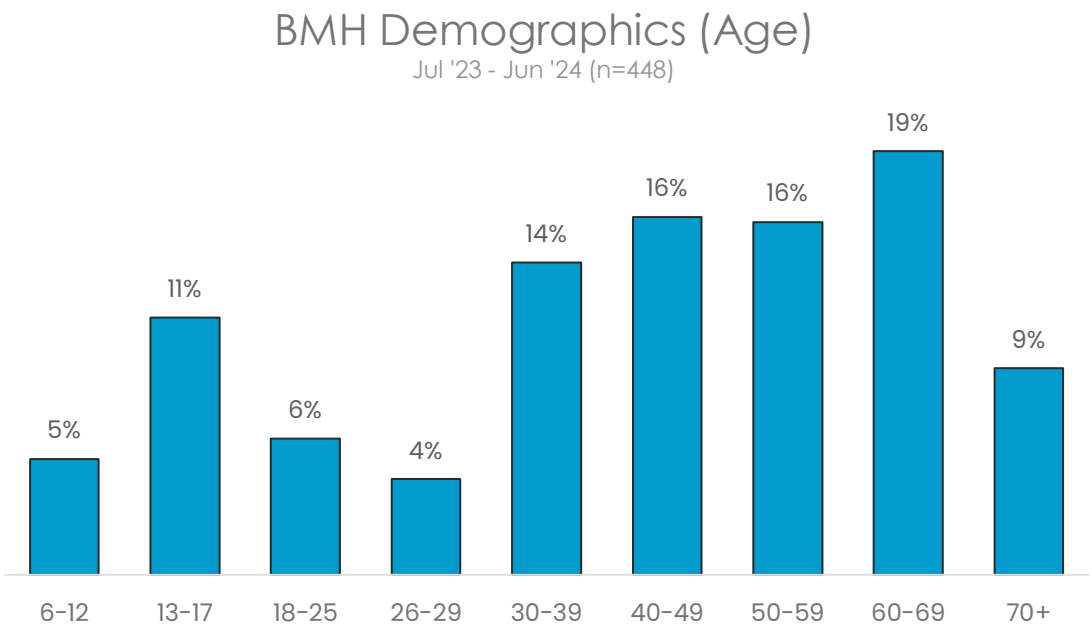
Description: Berkeley Mental Health provides mental health services to eligible adults, children, youth, and their families. Services focus on low-income residents and unhoused people with severe mental illnesses. Staff provide counseling and case management services with the goal of helping people to better manage their mental health symptoms, obtain and maintain housing and other community resources, and move forward in their recovery.

710 Unduplicated Clients Served (includes FSPs, CCT, FIT, ERMHS, EPSDT, HSHC, Medical Services, and Wellness)

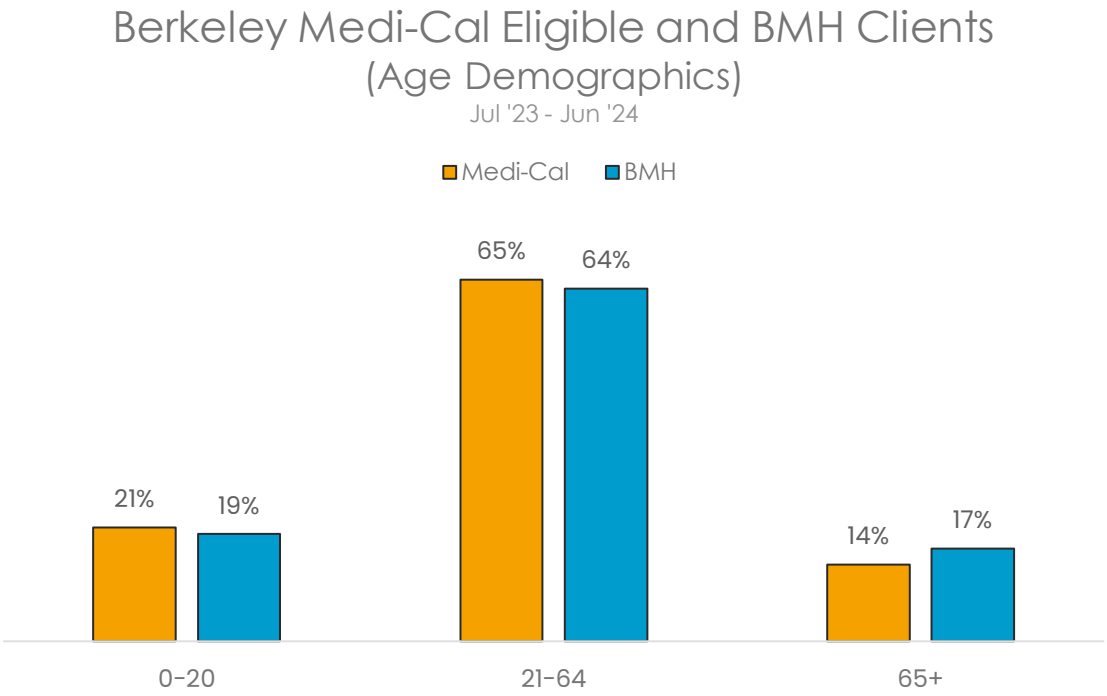


*A single client may be served by multiple programs, but these are unduplicated numbers within each program.
**All but MCT and CAT & TOT include only clients who have gone through a service enrollment process.

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.



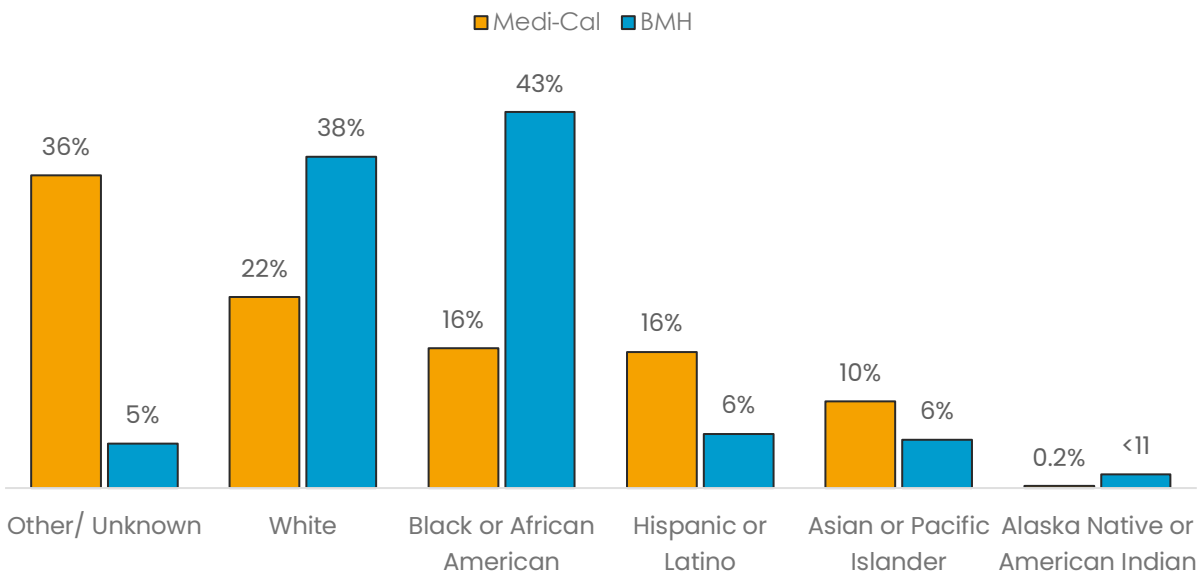
*All but MCT and CAT & TOT , Wellness Recovery, and Berkeley High Health Center



NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

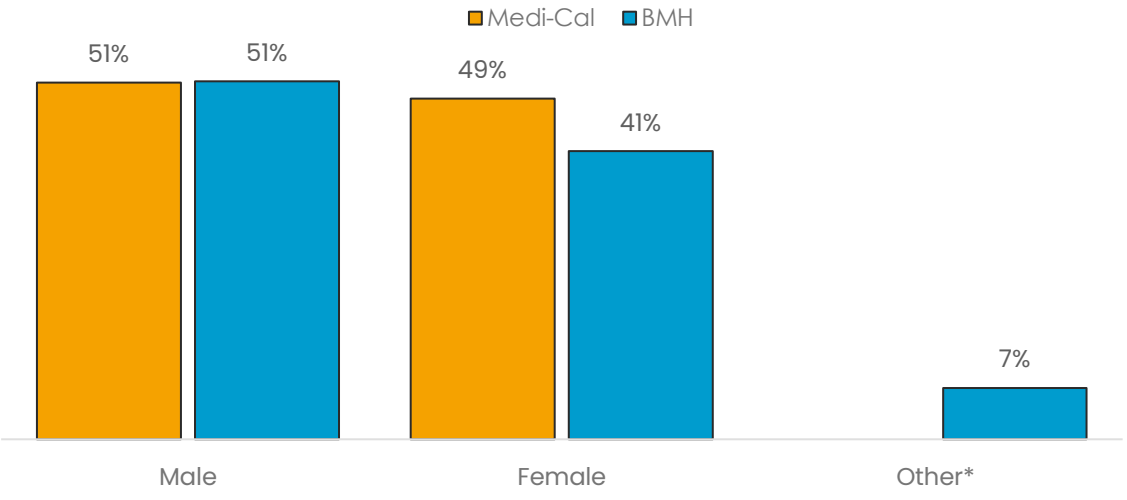
Berkeley Medi-Cal Eligible and BMH Clients (Ethnicity)

Jul '23 - Jun '24



Berkeley Medi-Cal Eligible and BMH Clients (Gender Identity)

Jul '23 - Jun '24

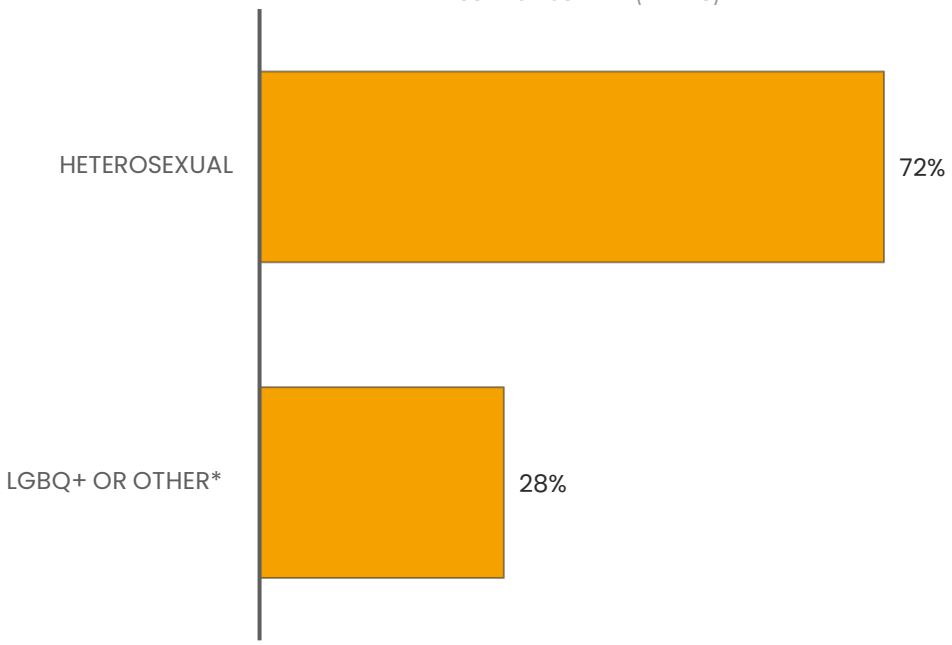


*Other includes any identity that doesn't fit within the traditional male/female binary.
(Other orientation data is not available for Medi-Cal)

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

BMH Demographics (Sexual Orientation)

Jul '23 - Jun '24 (n=448)



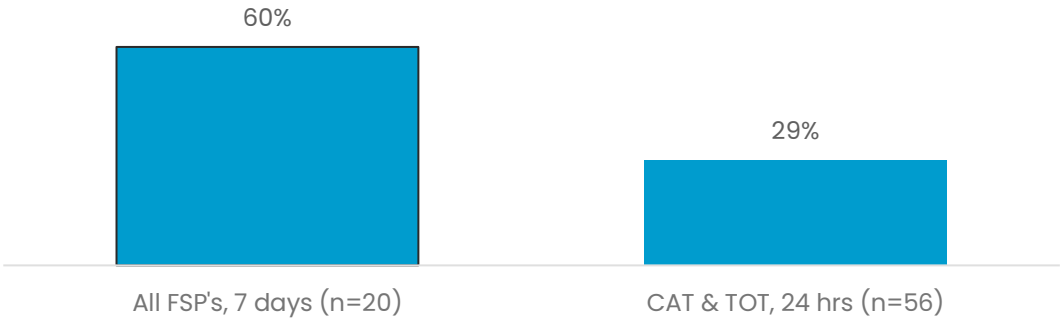
*LGBQ+ includes individuals who identify as lesbian, gay, bisexual, questioning, or other diverse sexual orientations. Other includes prefer not to answer or unknown.
(Sexual orientation data is not available for Medi-Cal)

Quality Outcomes ("How well did we do it?")

Responsiveness of Service

Discharges from hospitalization or subacute who had a follow up visit within 7 calendar days

Jul '23 - Jun '24



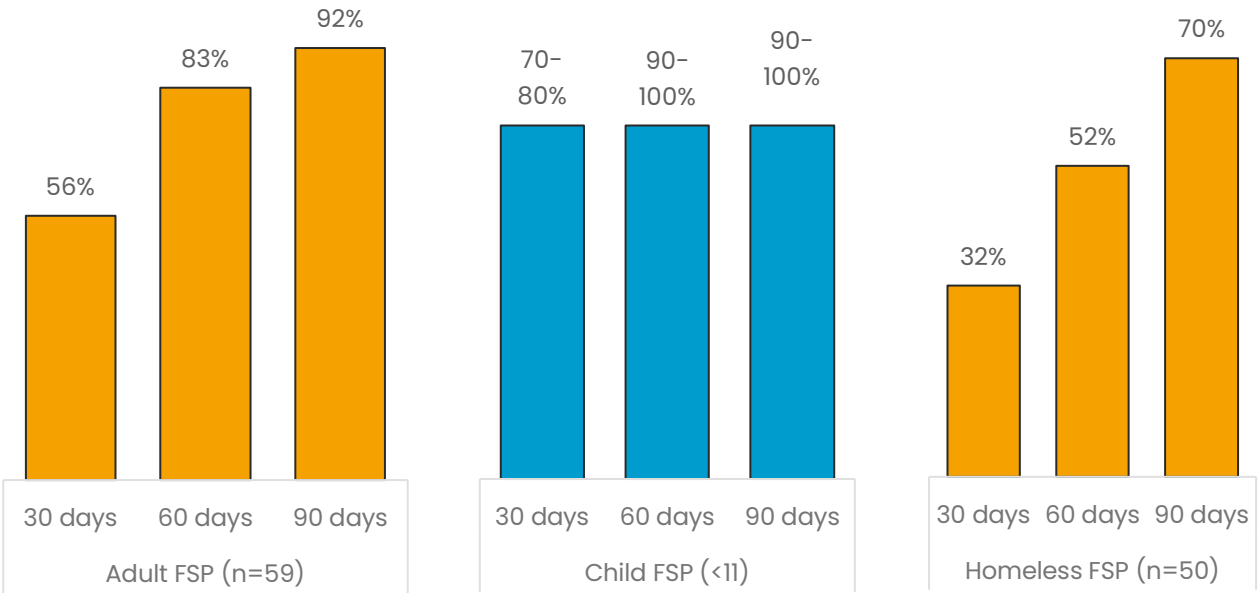
*To ensure data privacy, all Full Service Partnership (FSP) programs were combined into a single "All FSPs, 7 days" category. Data for CCT has been suppressed due to having fewer than 11 clients. The FIT program data was not available.

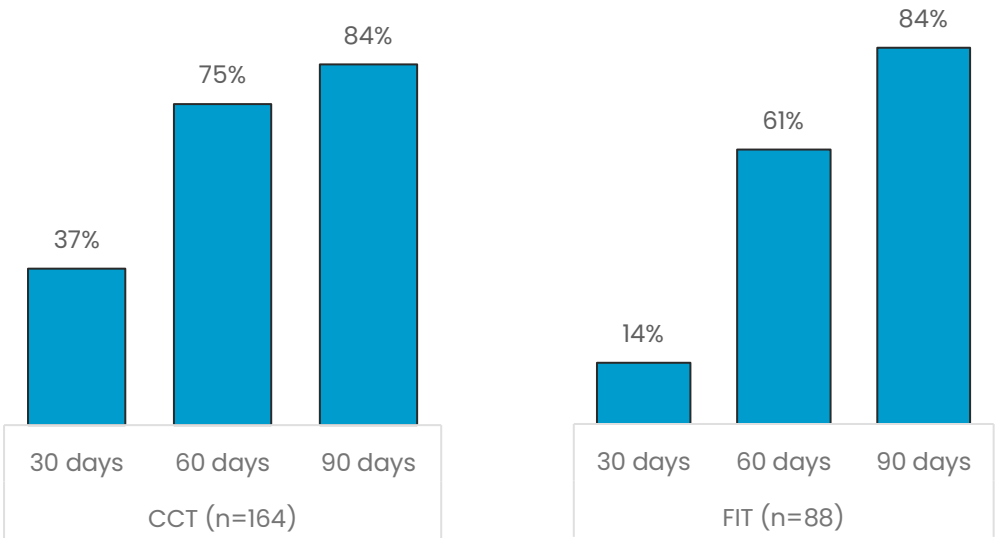
NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

Consistency of Service

Clients with no service gap over 30, 60, or 90 days

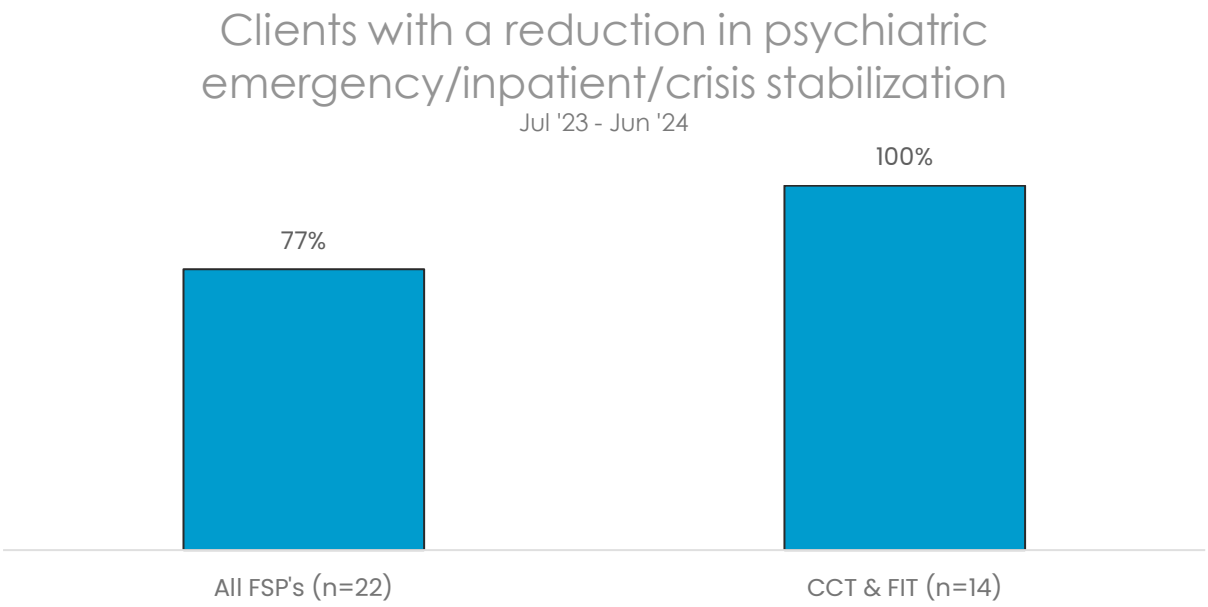
Jul '23 - Jun '24

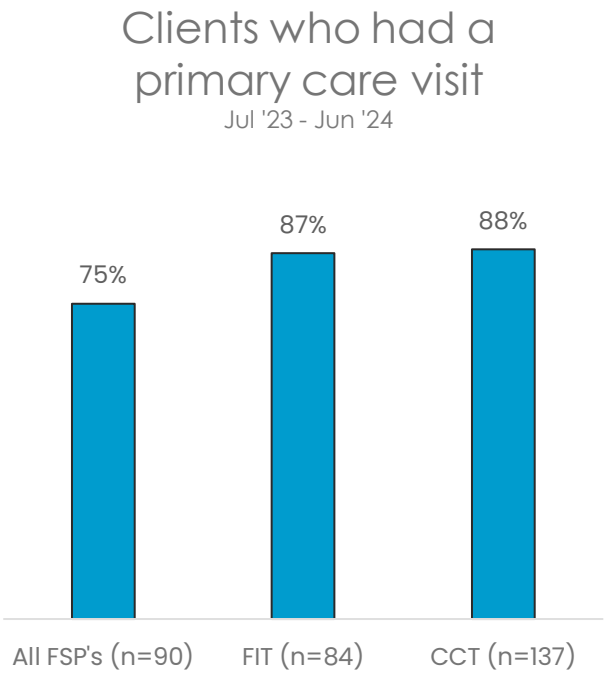




NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

Impact Outcomes ("Is anyone better off?")





*To ensure data privacy, all Full Service Partnership (FSP) programs were combined into a single "All FSPs, category. Some data for CCT and FIT has been suppressed due to having fewer than 11 clients or program data was not available.

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

Measure	Definition	Data Source
# clients served	Total number of clients served during the reporting period. Available for: all clients served for Adult FSP, Children's FSP, Homeless FSP, CCT, FIT, ERMHS, EPSDT, High School Health Center, Medical Services, and Wellness & Recovery Services. Does not include clients from MCT, CAT/TOT (may be duplicated)	Yellowfin, NextGen, Wellness Recovery Group Attendance
Responsiveness of service (% of discharges from hospitalization or subacute who had a follow up visit within specified time period)	Follow-up rates for individuals open to providers at the time of MH hospital discharge. Expected follow-up time period set by programs. Available for: Adult FSP, Children's FSP, Homeless FSP, CCT, FIT, CAT & TOT. *note: clients used to calculate follow up rates include those who didn't receive outreach and those who were lost to follow up (e.g. not contactable, not responsive)	Yellowfin, CAT Contact Log
Consistency of service (% of clients with no service gap over 30/60/90 days)	% of clients with less than 30/60/90 days maximum without service during their episode(s) in the fiscal year. Only includes clients open to a provider for at least a total of 1/2/3 months during the reporting fiscal year. Available for: Adult FSP, Children's FSP, Homeless FSP, CCT, FIT.	Yellowfin
% of clients who had a reduction in days in psychiatric emergency services/inpatient/crisis stabilization units	Of clients who completed six consecutive months during the 12-month fiscal year, percentage with a reduction in psychiatric emergency services, inpatient or crisis stabilization unit other than Amber House, when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community (in jail and/or subacute) for six or more months during the current fiscal year or the prior fiscal year. Available for: Adult FSP, Children's FSP, Homeless FSP, CCT, FIT.	Yellowfin
% of clients with a decrease in incarcerations	Of clients who completed six consecutive months during the 12-month fiscal year, percentage with a reduction in jail days, when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community (in hospital and/or subacute) for six or more months during the current fiscal year or the prior fiscal year. Available for: Adult FSP, Children's FSP, Homeless FSP, CCT, FIT.	Yellowfin

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

% clients who had a primary care visit in the last year	Of clients who completed 6 consecutive months during the fiscal year, percentage who had an appointment with a Anthem/Alliance/Community Health Center Network (CHCN) primary care provider during the fiscal year. Metric excludes individuals with six or more months out of the community (in Subacute, mental health hospital, and/or jail). Available for: Adult FSP, Children's FSP, Homeless FSP, CCT, FIT.	Yellowfin

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

BMH RBA Report FY 2024

Reporting Period: June 2023 - July 2024

Medical Services

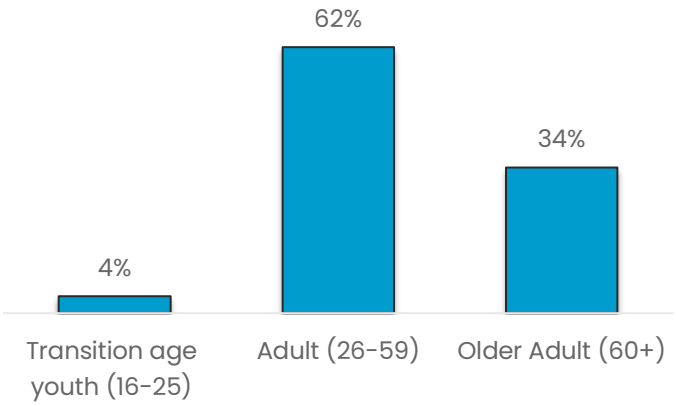
Process Outcomes ("How much did we do?")

379
Clients Served

Program Description: The Medical Services Team provides psychiatric and nursing services to patients on Adult Services (FIT, CCT, & FSP), Crisis Services, and Family, Youth, and Children's Services.

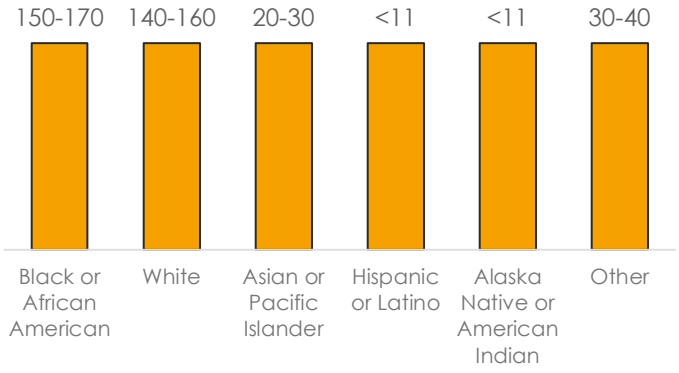
Demographics (Age)

Jul '23 - Jun '24 (n=379)



Demographics (Ethnicity)

Jul '23 - Jun '24 (n=379)



Quality Outcomes ("How well did we do it?")

56% n=379
Appointments kept

Impact Outcomes ("Is anyone better off?")

43% n=379
Clients connected to a primary care provider

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Measure	Definition	Data Source
# clients served	Total clients served. Due to the discrepancy between client counts in Yellowfin and internal documents, Yellowfin is used for overall client count while internal totals are used for specific measures.	Yellowfin
% of appointments kept	Of scheduled appointments, % which were kept during the reporting period	MD Attendance Tracker
% of clients connected to a primary care provider	Of total clients, % who had Primary Care Practitioner (PCP) listed in Primary Care Tracker at least one month during the reporting period.	Primary Care Provider Tracker

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

BMH RBA Report FY 2024

Reporting Period: July 2023 - June 2024

Focus on Independence Team (FIT)

Process Outcomes ("How much did we do?")

91

Clients Served

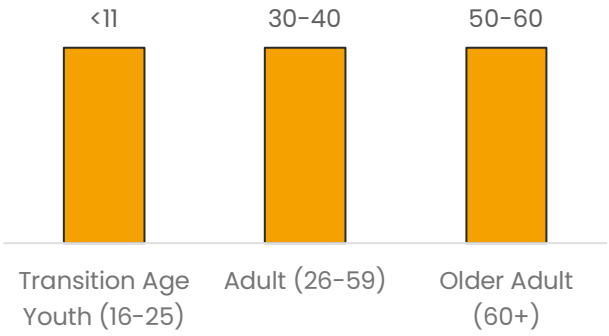
1

New Clients

Program Description: The Focus on Independence Team is responsible for providing services to clients who have graduated from higher levels of care within the clinic. Services are provided both in the field and in the clinic depending on client needs.

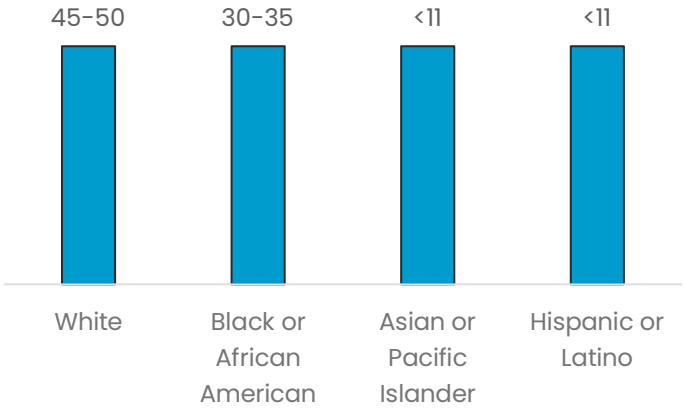
Demographics (Age)

Jul '23 - Jun '24 (n=91)



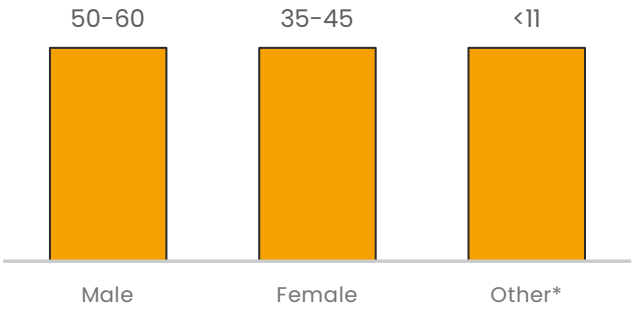
Demographics (Ethnicity)

Jul '23 - Jun '24 (n=91)



Demographics (Gender Identity)

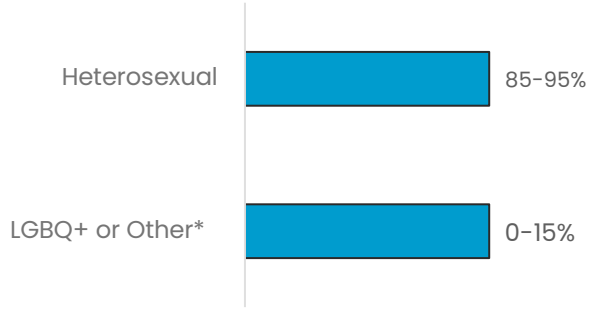
Jul '23 - Jun '24 (n=91)



*Other includes any identity that doesn't fit within the traditional male/female binary.

Demographics (Sexual Orientation)

Jul '23 - Jun '24 (n=91)

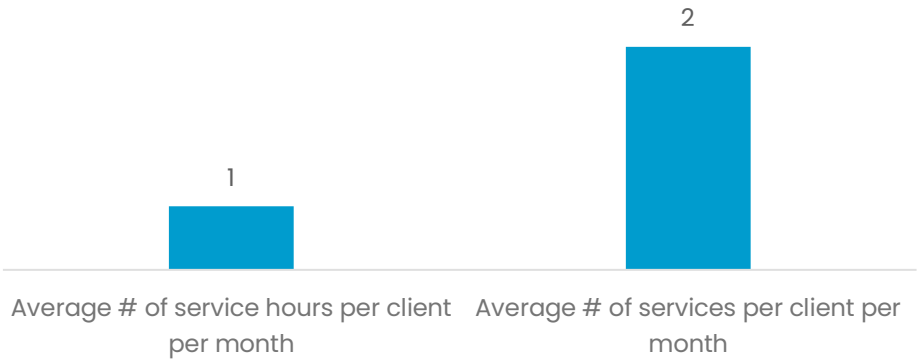


*LGBQ+ includes individuals who identify as lesbian, gay, bisexual, questioning, or other diverse sexual orientations. Other includes prefer not to answer or unknown.

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Quality Outcomes ("How well did we do it?")

Service Consistency



Retention and Stability

Clients spend
8 Years in FIT on average

61% n=88
Clients with no service gap of over 60 days

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Impact Outcomes ("Is anyone better off?")

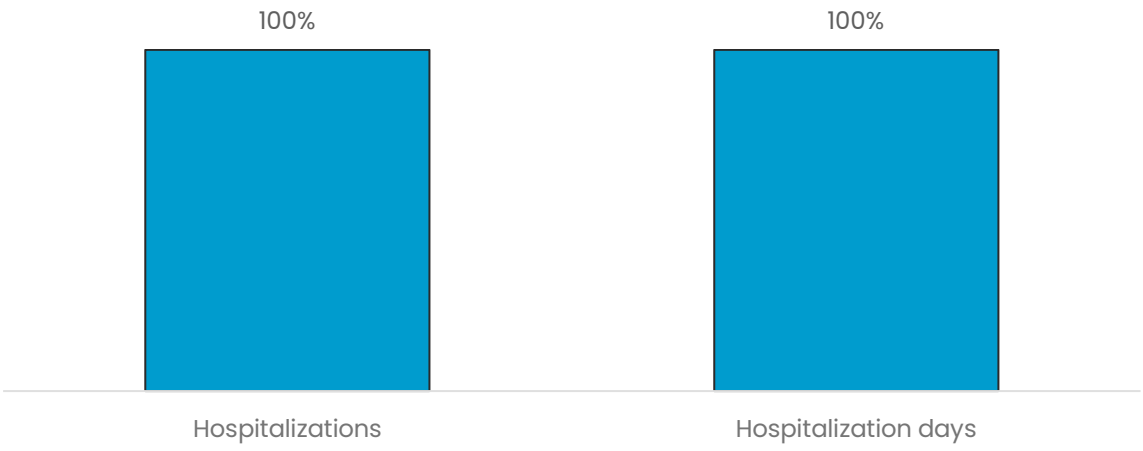
Client Outcome Improvements

87% n=84
Clients with a Primary care visit

100% n<11
Client reduction in psychiatric emergency services/inpatient/ crisis stabilization units

Clients with a decrease in hospitalizations/hospital days

Jul '23 - Jun '24 (n<11)



NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Measure	Definition	Data Source
# clients served	Total clients served	Yellowfin
# of new clients	Clients who were not served by the program in the previous fiscal year	Yellowfin
Average # of service hours per client per month	Average of hours of service in a month divided by clients served in a month. Includes all services recorded for clients. Does not include medical services (MAA)	Yellowfin
Average # of services per client per month	Average services in a month divided by clients served in a month. Includes all services recorded for clients. Note: more than one service can be provided during a single contact. Does not include MAA	Yellowfin
% of clients who receive follow-up care after a mental health hospitalization or crisis	% of clients who receive a follow-up appointment with a partner provider after being discharged from a mental health hospitalization, crisis stabilization unit, psychiatric health facility, or justice system.	Yellowfin
% of clients with no service gap of over 60 days	% of clients with less than 90 days maximum without service during their episode(s) in the fiscal year. Only includes clients open to a provider for at least a total of three months during the reporting fiscal year.	Yellowfin
% of discharges from hospitalization or subacute who had a follow up visit with staff within 7 and within 30 calendar days	Follow-up rates for individuals open to Level 1 providers at the time of mental health hospital discharge. *note: clients used to calculate follow up rates include those who didn't receive outreach and those who were lost to follow up (e.g. not contactable, not responsive)	Yellowfin
#/% of clients closed, by reason closed	Discharge reason for clients discharged during the reporting period	Yellowfin Not presented due to delays in the reporting system
#/% of clients transferred to another level of care	Of clients discharged in the reporting period, # who were transferred to a full service partnership program, service team, or outpatient services in Alameda County within 90 days of discharge	Yellowfin Data Suppressed (n<11)

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

% of clients who had a reduction in psychiatric emergency services/inpatient/crisis stabilization units	Of clients who completed six consecutive months during the 12-month fiscal year, percentage with a reduction in psychiatric emergency services, inpatient or crisis stabilization unit other than Amber House, when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community (in jail and/or subacute) for six or more months during the current fiscal year or the prior fiscal year.	Yellowfin
% of clients with a decrease in hospitalizations/hospitalization days	Decrease in hospital days/admissions in the years that a client was active in the program compared to the year prior to program admission. Includes clients who had at least one hospital day in the 12 months prior to admission and remained in the program for at least 1 year. Only available for fiscal years.	Yellowfin
% of clients with a primary care visit	Of clients who completed 6 consecutive months during the fiscal year, percentage who had an appointment with a Anthem/Alliance/Community Health Center Network (CHCN) primary care provider during the fiscal year. Metric excludes individuals with six or more months out of the community (in Subacute, MH hospital, and/or jail).	Yellowfin

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BMH RBA Report FY 2024

Reporting Period: July 2023 - June 2024

Comprehensive Community Treatment Team (CCT)

Process Outcomes ("How much did we do?")

180

Clients Served

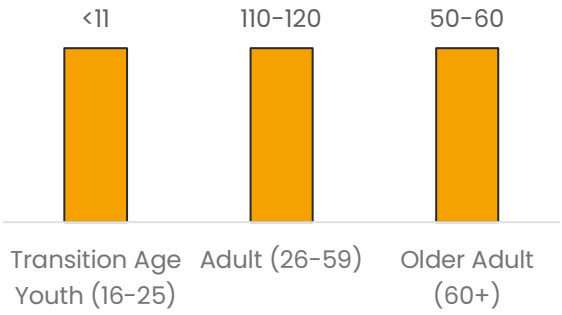
28

New Clients

Program Description: The CCT team is responsible for providing services to adults with severe and persistent mental illness who require specialty mental health services. Staff provide case management, therapeutic services, and group services both in the field and in the clinic.

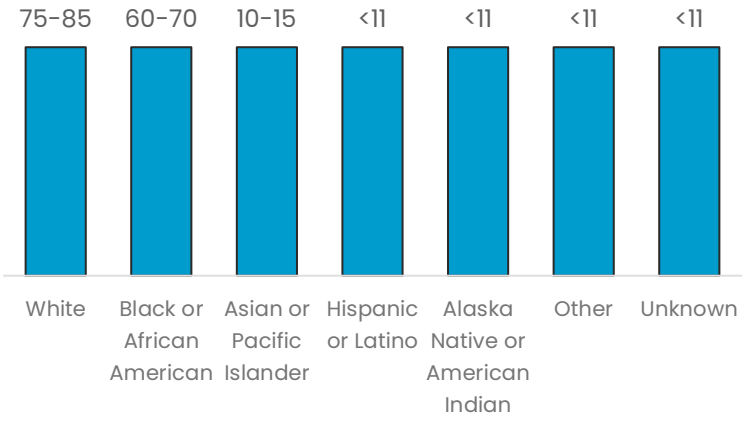
Demographics (Age)

Jul '23 - Jun '24 (n=180)



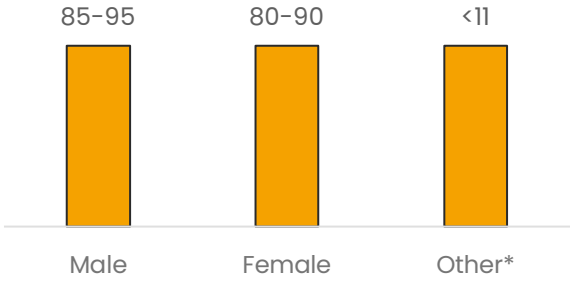
Demographics (Ethnicity)

Jul '23 - Jun '24 (n=180)



Demographics (Gender Identity)

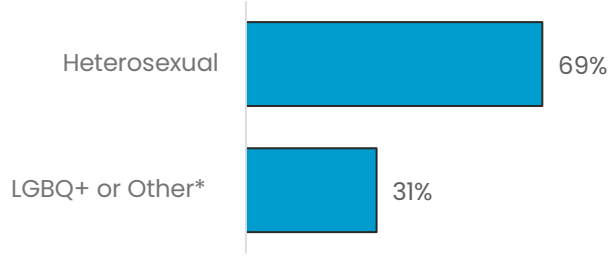
Jul '23 - Jun '24 (n=180)



*Other includes any identity that doesn't fit within the traditional male/female binary.

Demographics (Sexual Orientation)

Jul '23 - Jun '24 (n=180)



*LGBQ+ includes individuals who identify as lesbian, gay, bisexual, questioning, or other diverse sexual orientations. Other includes prefer not to answer or unknown.

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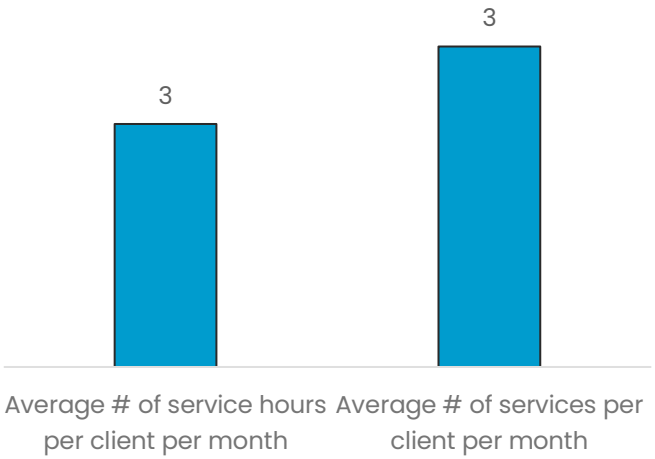
Quality Outcomes ("How well did we do it?")

Service Consistency

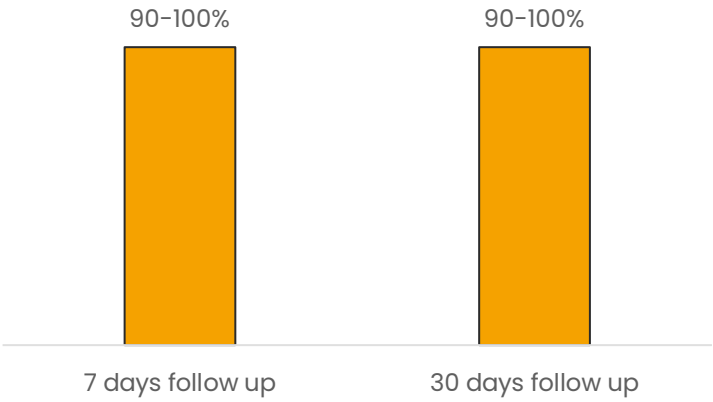
Average Monthly Services per Client

Jul '23 - Jun '24 (n=180)



Discharges from hospitalization or subacute who received follow up within 7 and 30 days

Jul '23 - Jun '24 (n<11)



Retention and Stability

Clients spend
4 Years in CCT on average

75% n=164
Clients with no service gap of over

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Impact Outcomes ("Is anyone better off?")

Client Outcome Improvements

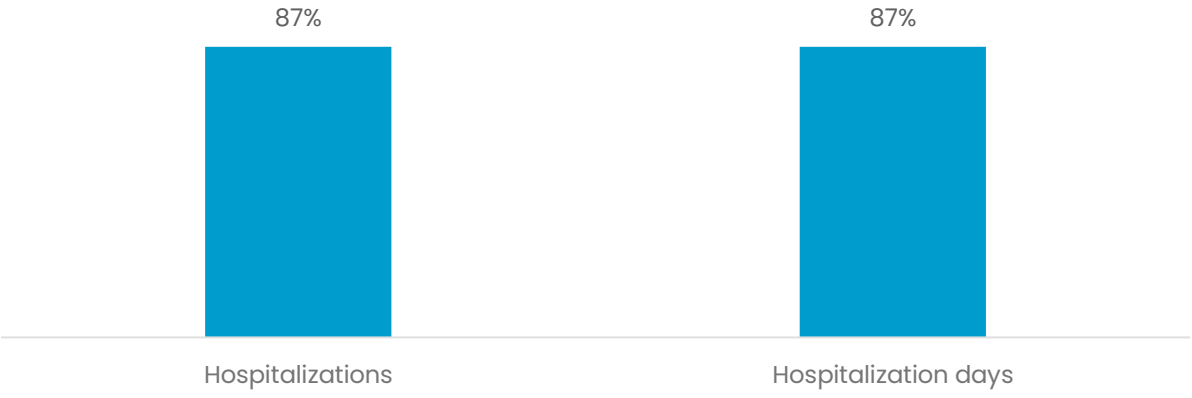
100% n<11
Clients who had a reduction in jail days

100% n<11
Client reduction in psychiatric emergency services/inpatient /crisis stabilization units

88% n=137
Clients with a Primary care visit

Clients with a decrease in hospitalizations/hospital days

Jul '23 - Jun '24 (n=23)



NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Measure	Definition	Data Source
# clients served	Total clients served	Yellowfin
# of new clients	Clients who were not served by the program in the previous fiscal year	Yellowfin
Average # of services per client per month	Average services in a month divided by clients served in a month. Includes all services recorded for clients. Note: more than one service can be provided during a single contact. Does not include MAA	Yellowfin
% of clients with no service gap of over 60 days	% of clients with less than 90 days maximum without service during their episode(s) in the fiscal year. Only includes clients open to a provider for at least a total of three months during the reporting fiscal year.	Yellowfin
% of discharges from hospitalization or subacute who had a follow up visit with staff within 7 and within 30 calendar days	Follow-up rates for individuals open to Level 1 providers at the time of mental health hospital discharge. *note: clients used to calculate follow up rates include those who didn't receive outreach and those who were lost to follow up (e.g. not contactable, not responsive)	Yellowfin
#/% of clients closed, by reason closed	Discharge reason for clients discharged during the reporting period	Yellowfin Not presented due to delays in the reporting system
#/% of clients transferred to another level of care	Of clients discharged in the reporting period, # who were transferred to a full service partnership program, service team, or outpatient services in Alameda County within 90 days of discharge	Yellowfin Data Suppressed (n<11)
% of clients who had a reduction in psychiatric emergency services/inpatient/crisis stabilization units	Of clients who completed six consecutive months during the 12-month fiscal year, percentage with a reduction in psychiatric emergency services, inpatient or crisis stabilization unit other than Amber House, when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community (in jail and/or subacute) for six or more months during the current fiscal year or the prior fiscal year.	Yellowfin

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

% of clients with a decrease in hospitalizations/hospitalization days	Decrease in hospital days/admissions in the years that a client was active in the program compared to the year prior to program admission. Includes clients who had at least one hospital day in the 12 months prior to admission and remained in the program for at least 1 year. Only available for fiscal years.	Yellowfin
% of clients with a decrease in jail days	Of clients who completed six consecutive months during the 12-month fiscal year, percentage with a reduction in jail days, when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community (in hospital and/or subacute) for six or more months during the current fiscal year or the prior fiscal year.	Yellowfin
% of clients with a primary care visit	Of clients who completed 6 consecutive months during the fiscal year, percentage who had an appointment with a Anthem/Alliance/Community Health Center Network (CHCN) primary care provider during the fiscal year. Metric excludes individuals with six or more months out of the community (in Subacute, MH hospital, and/or jail).	Yellowfin

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BMH RBA Report FY 2024

Reporting Period: June 2023 - July 2024

Mobile Crisis Team (MCT)

Process Outcomes ("How much did we do?")

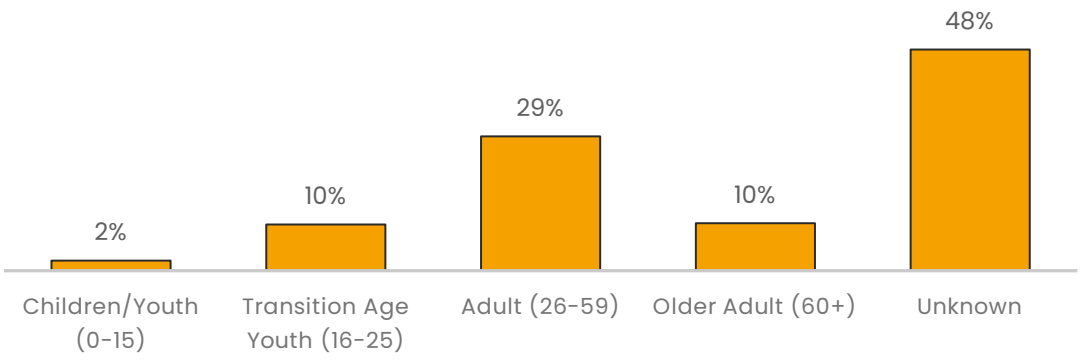
588
Clients Served

863
Responses to Incidents

Program Description:
The Mobile Crisis Team (MCT) serves residents of Berkeley, from 11:30am-10pm each day of the week when fully staffed. It provides crisis interventions, including but not limited to 5150 evaluations, consultations, and referrals/linkages.

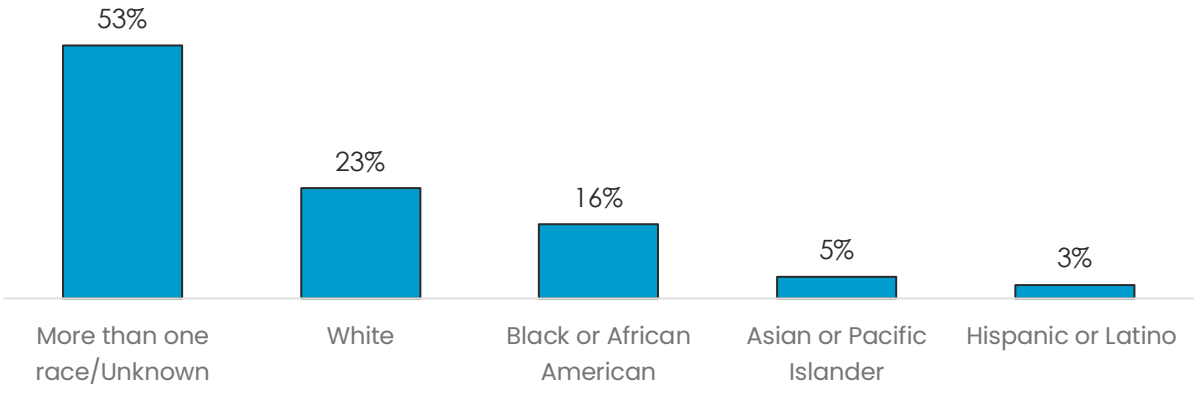
Demographics (Age)

Jul '23 - Jun '24 (n=588)



Demographics (Ethnicity)

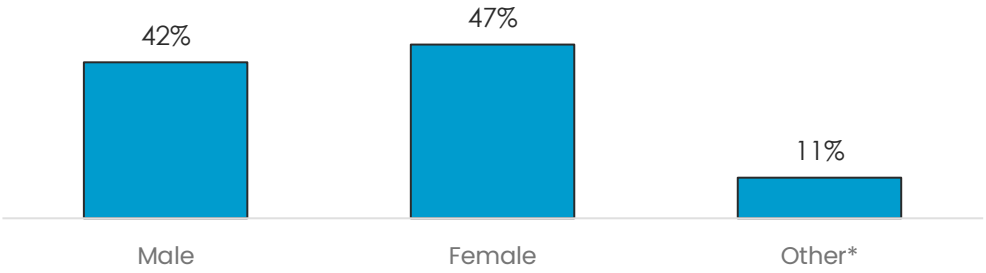
Jul '23 - Jun '24 (n=588)



NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Demographics (Gender Identity)

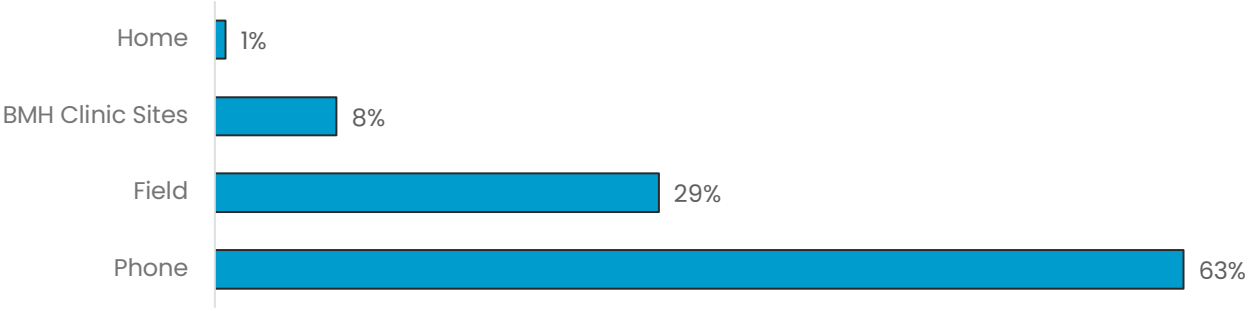
Jul '23 - Jun '24 (n=588)



*Other includes unknown or missing due to clients not disclosing, clinician unable to make the determination, or a crisis situation not allowing for more comprehensive data collection. It also includes any identity that doesn't fit within the traditional male/female binary. Sexual orientation data not available.

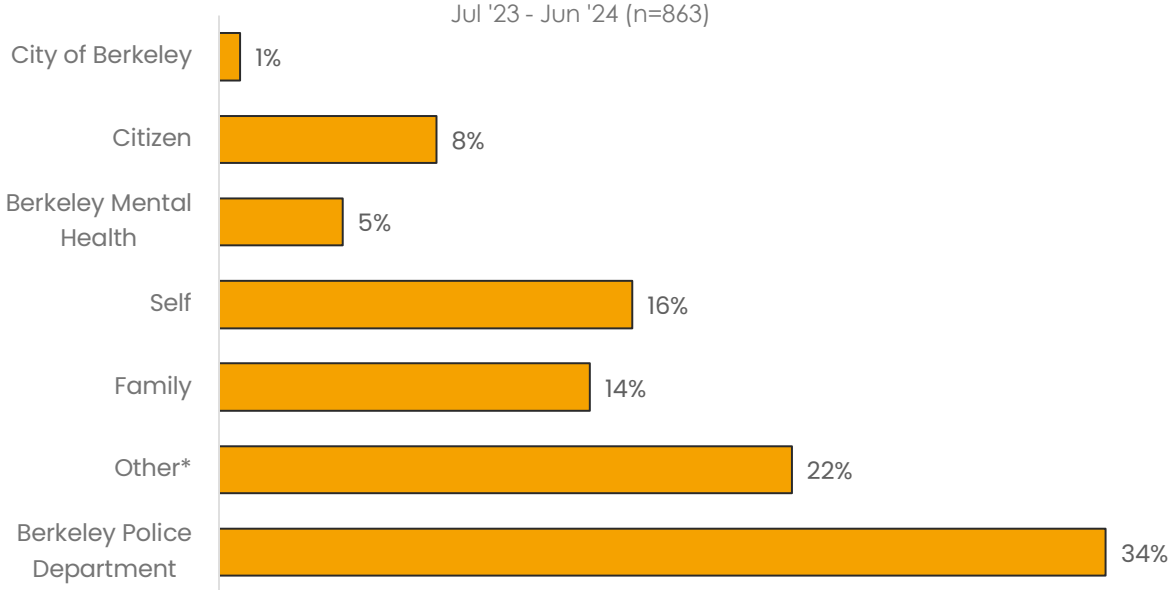
Client Contacts Made by Contact Type

Jul '23 - Jun '24 (n=863)



Referrals by Referring Party

Jul '23 - Jun '24 (n=863)



*Other includes responses involving Albany PD, UC PD, Berkeley Fire, Homeless Outreach, Neighborhood Services, Merchants, and follow-ups.

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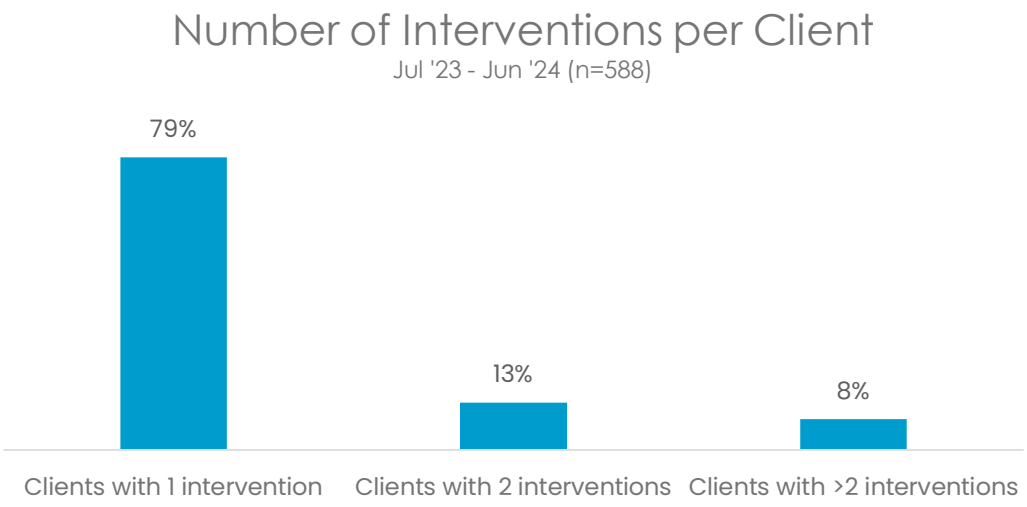
Quality Outcomes ("How well did we do it?")

Service Consistency



Impact Outcomes ("Is anyone better off?")

The MCT program performed

198

5150 Evaluations

72% n=198

5150 Evaluations did Not Lead to Transport to a facility

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Measure	Definition	Data Source
# clients served	Total unique clients served	MCT Incident Log
# of client contacts made	# of client contacts made, by a. Field contacts b. Phone contacts c. Other	MCT Incident Log
# of referrals by referring party	# of crisis services referrals made to the MCT, by referring party (i.e. Berkeley Police Department, Berkeley Fire Department, Berkeley Mental Health, community, etc.)	MCT Incident Log
# of 5150 evaluations conducted	Total number of incidents with 5150 Evaluations of any sort	MCT Incident Log
Results of 5150 Evaluations	% of 5150 evaluations that did or did not result in transportation to a receiving facility for further evaluation	MCT Incident Log
Number of interventions per client	% of clients who had one, two, or more than two interventions on separate dates requiring service	MCT Incident Log

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

BMH RBA Report FY 2024

Reporting Period July 2023- June 2024

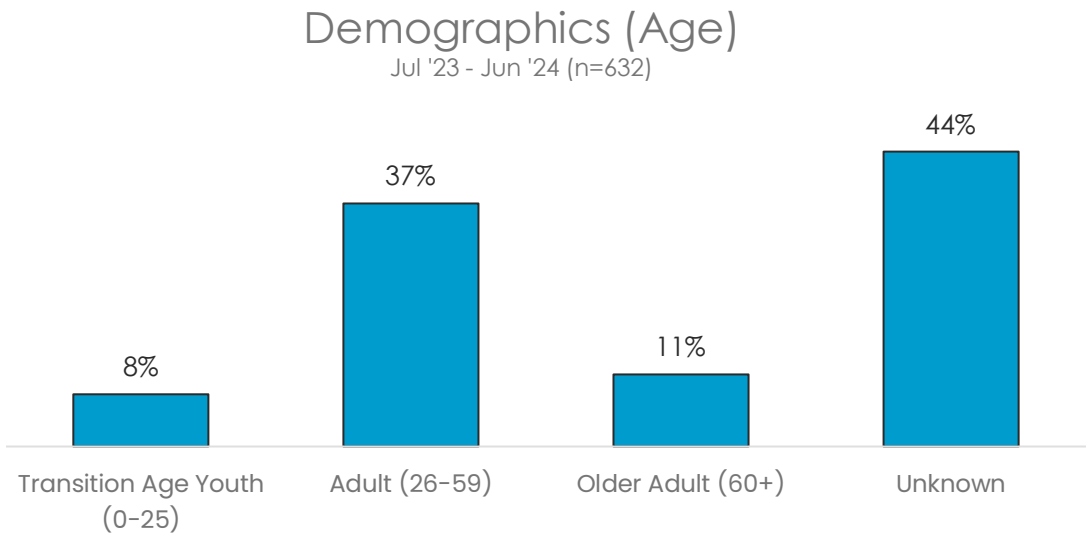
Crisis, Assessment, and Triage/Transitional Outreach Team (CAT/TOT)

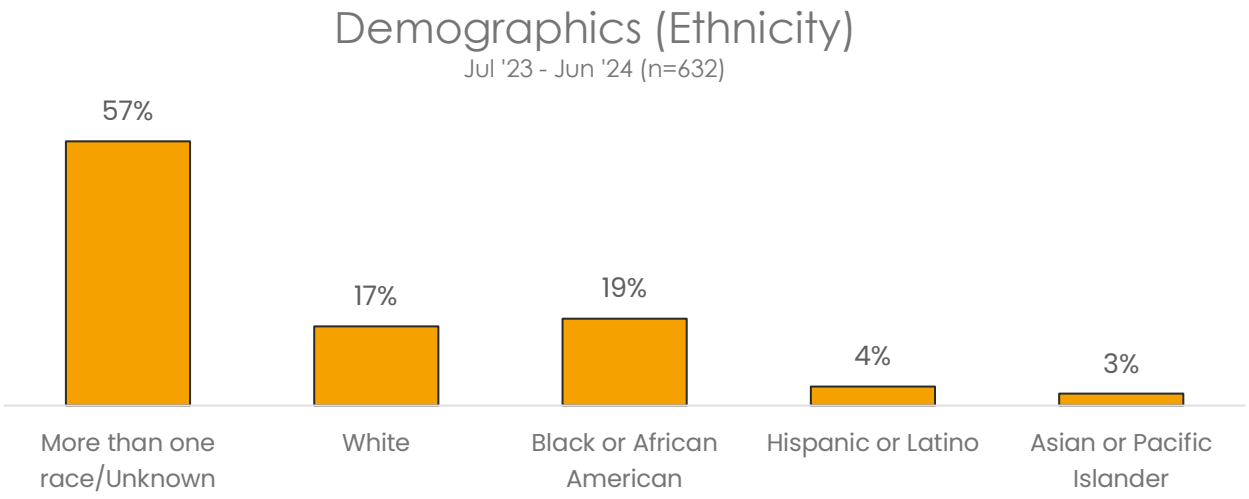
Process Outcomes ("How much did we do?")

632
Clients Served

1282
Contacts

Program Description
CAT/TOT is BMH's intake and follow-up team for Adult Mental Health Services. This team provides screening/assessment for ongoing mental health services, linkage to community-based resources, crisis support, and coordination with other agencies. Services include, but are not limited to: psychiatric services, transportation, food access, medical care, health insurance, benefits, legal assistance, affordable housing listings, utilities and energy assistance resources. Services are provided in person at the clinic, as well as via the team phone line.

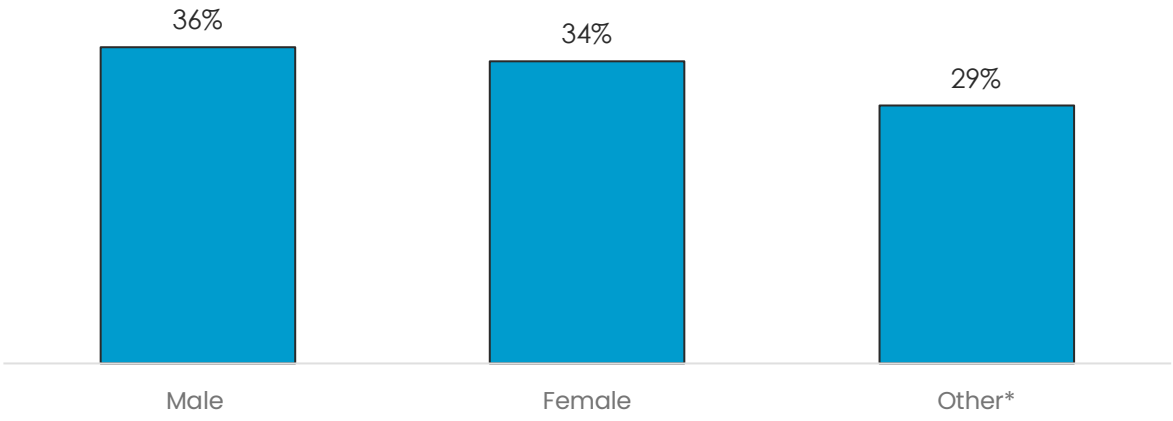




NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Demographics (Gender Identity)

Jul '23 - Jun '24 (n=632)

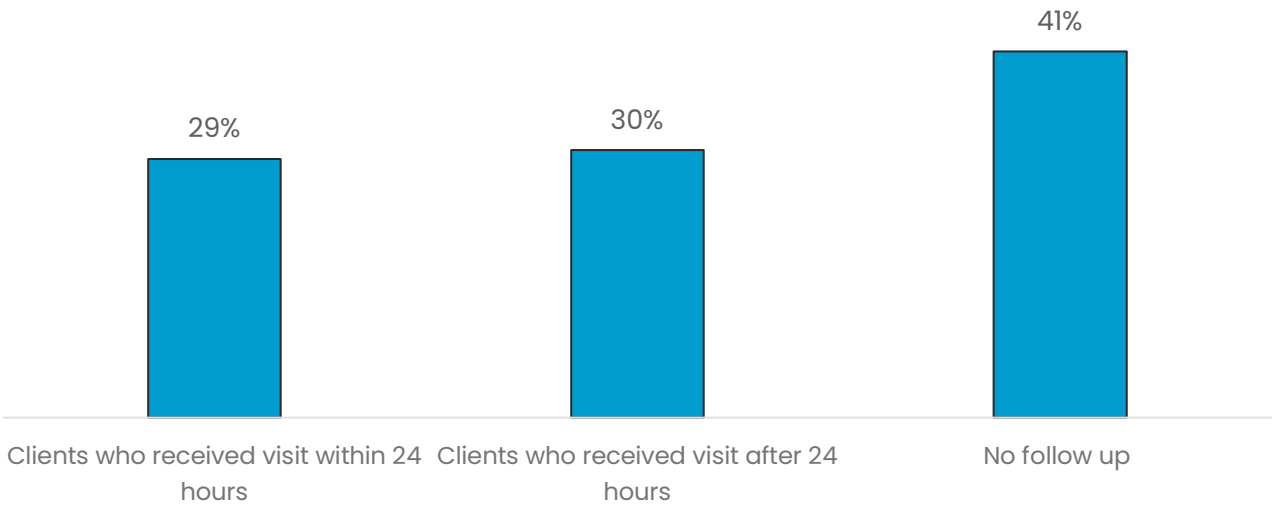


*Other includes unknown or missing due to clients not disclosing, clinician unable to make the determination, or a crisis situation not allowing for more comprehensive data collection. It also includes any identity that doesn't fit within the traditional male/female binary. Sexual orientation data not available.

Quality Outcomes ("How well did we do it?")

Follow-up after hospitalization

Jul '23 - Jun '24 (n=56)



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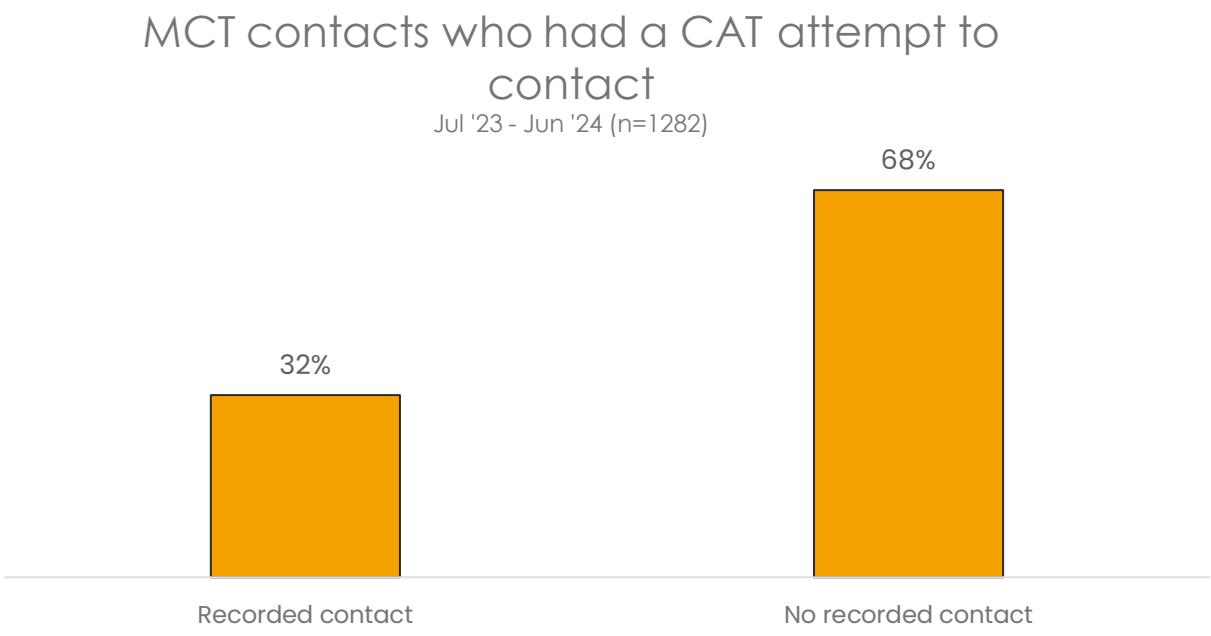

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Measure	Definition	Data Source
# clients served	Total clients served	MCT & CAT Incident Log
# of documented contacts	Total number of documented incidents	MCT & CAT Incident Log
% of clients who receive a visit (phone contact with client or hospital service provider) in the 24 hours after hospitalization	% of clients who receive a visit (phone contact with client or hospital service provider) in the 24 hours after hospitalization. Reasons for no follow up may include no viable contact information, client was not amenable to follow-up services, or the client is already connected to follow-up services provided by another agency.	MCT & CAT Incident Log
% of MCT contacts who had a CAT attempt to contact	Of Client IDs in MCT contact log, % which also have record in CAT contact log. Reasons for no contact may include no viable contact information or client declined contact.	MCT & CAT Incident Log

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BMH RBA Report FY 2024

Reporting Period July 2023 - June 2024

Child Full Service Partnership (CFSP)

Process Outcomes ("How much did we do?")

14

Clients Served

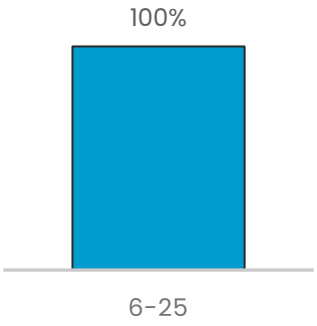
***De-identified (n<11)**

New Clients

Program Description: This team provides wrap around services to children and families with acute needs, who meet the following criteria: child is at risk of/has been removed from their parent/guardian; child is involved with the Juvenile Justice System or at risk of that; has been recently had a psychiatric hospitalization or is at risk of a hospitalization.

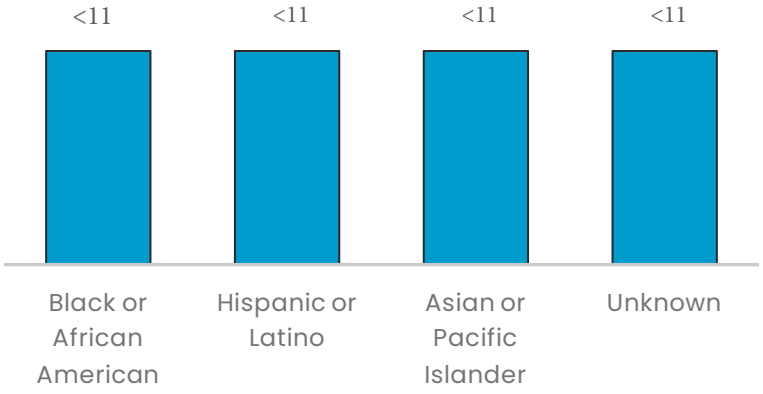
Demographics (Age)

Jul '23 - Jun '24 (n=14)



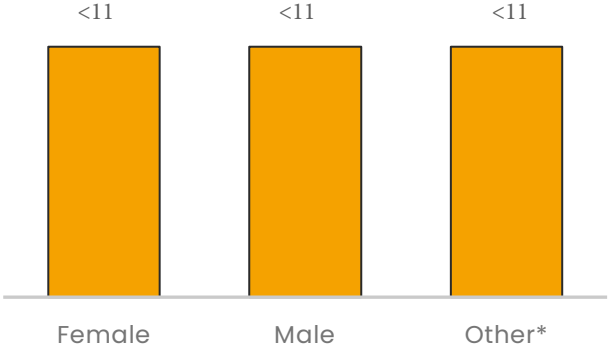
Demographics (Ethnicity)

Jul '23 - Jun '24 (n=14)



Demographics (Gender Identity)

Jul '23 - Jun '24 (n=14)



*Other includes any identity that doesn't fit within the traditional male/female binary.

Demographics (Sexual Orientation)

Jul '23 - Jun '24 (n=14)

*LGBQ+ includes individuals who identify as lesbian, gay, bisexual,questioning, or other diverse sexual orientations. Other includes prefer not to answer or

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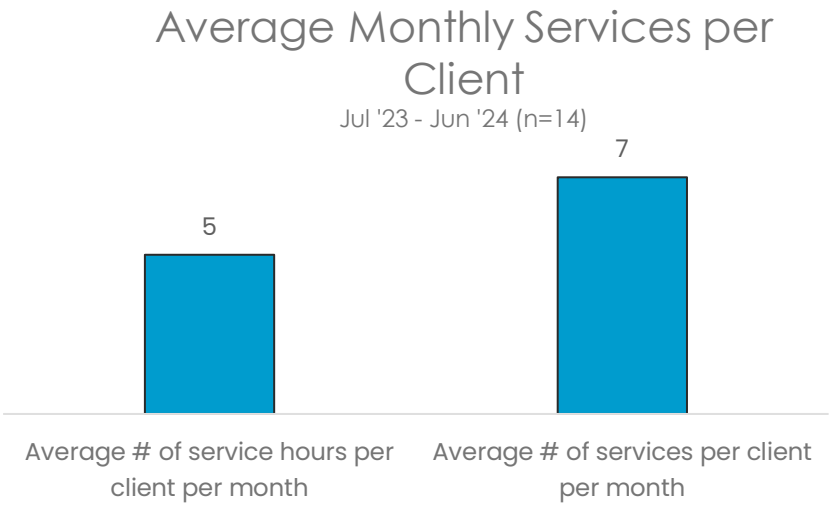
Quality Outcomes ("How well did we do it?")

Service Consistency



90-100% n<15
Discharges from hospitalization or subacute who had a follow up visit with within 7 days

Retention and Stability

60-70% n<15
Clients receive an average of 4+ face-to-face visits per month

Clients Spend **300 days** in FSP on average

90-100% n<15
Clients with at least one completed CANS assessment every six months while in the program

70-80% n<15
Clients with no service gap of over 30 days

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Impact Outcomes ("Is anyone better off?")

Client Outcome Improvements

50-60% n<15
Clients with a Primary care visit

90-100% n<15
Client reduction in psychiatric emergency services/inpatient/ crisis stabilization units

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Measure	Definition	Data Source
# clients served	Total clients served	Yellowfin
# of new clients	Clients who were not served by the program in the previous fiscal year	Yellowfin
Average # of service hours per client per month	Average of hours of service in a month divided by clients served in a month. Includes all services recorded for clients. Does not include medcation services (MAA).	Yellowfin
Average # of services per client per month	Average services in a month divided by clients served in a month. Includes all services recorded for clients. Note: more than one service can be provided during a single contact. Does not include MAA	Yellowfin
% of clients who have at least one completed CANS/ANSA for each six-month period that they are in the program	Of clients with a completed Child or Adult Needs and Strengths Assessment (CANS/ANSA), what percentage of them had an assessment at least every six months?	Objective Arts
% of clients and/or their caregivers who receive an average of four or more face-to-face outpatient visits per month	Clients must be been open to a provider for at least 30 days in order to be included in this metric. Phone contacts are included during the pandemic. Days in subacute or jail not counted, but services are counted.	Yellowfin
% of clients with no service gap of over 30 days	Maximum days each Level 1 client went without service during their episode(s) in the reporting period. Only considered clients open to a provider for at least a total of three months during the reporting fiscal year.	Yellowfin
% of discharges from hospitalization or subacute who had a follow up visit with FSP staff within 7 business days	Follow-up rates for individuals open to Level 1 providers at the time of mental health hospital discharge. *note: clients used to calculate follow up rates include those who didn't receive outreach and those who were lost to follow up (e.g. not contactable, not	Yellowfin
#/% of clients closed, by reason closed	Discharge reason for clients discharged during the reporting period	Yellowfin *Not presented due to delays in the reporting system
% of clients with a primary care visit	Of clients who completed 6 consecutive months during the fiscal year, percentage who had an appointment with a Anthem/Alliance/Community Health Center Network (CHCN) primary care provider during the fiscal year. Metric excludes individuals with six or more months out of the community (in Subacute, MH hospital, and/or jail).	Yellowfin

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

Average # of days in FSP per client	The average number of days a client remains enrolled in the Full-Service Partnership (FSP) program.	Yellowfin
% of clients with a decrease in hospitalization days/admissions	Decrease in hospital days/admissions in the years that a client was active in the program compared to the year prior to program admission. Includes clients who had at least one hospital day in the 12 months prior to admission and remained in the program for at least 1 year. Only available for fiscal years.	Yellowfin Note: Data Suppressed (<11 clients)

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BMH RBA Report FY 2024

Reporting Period July 2023 - June 2024

Adult Full Service Partnership (AFSP)

Process Outcomes ("How much did we do?")

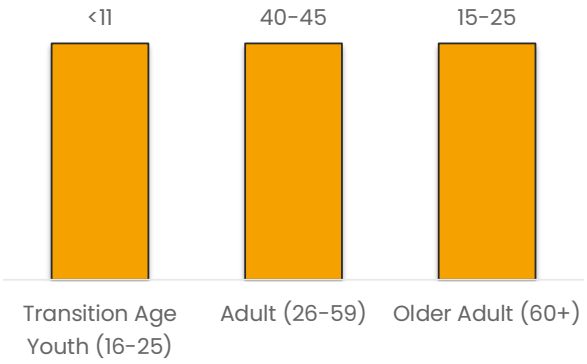
66
Clients Served

17
New Clients

Program Description: The Full-Service Partnership (FSP) team provides services to clients who are considered the highest need within our adult mental health service system. The FSP team is based on an Assertive Community Treatment (ACT) Model which involves low staff-to-client ratios at approximately 10:1 and a focus on providing care as a team rather than individual case load assignments. Services are primarily provided in the community rather than in an office setting.

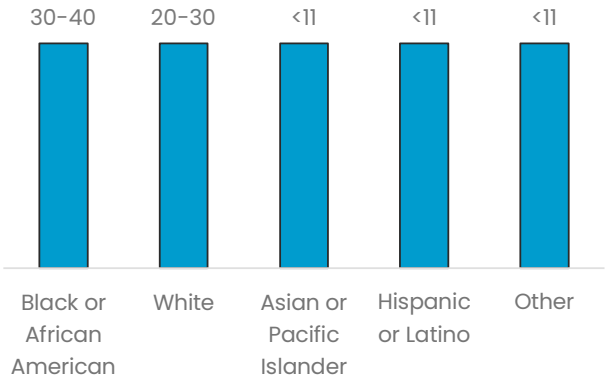
Demographics (Age)

Jul '23- Jun '24 (n=66)



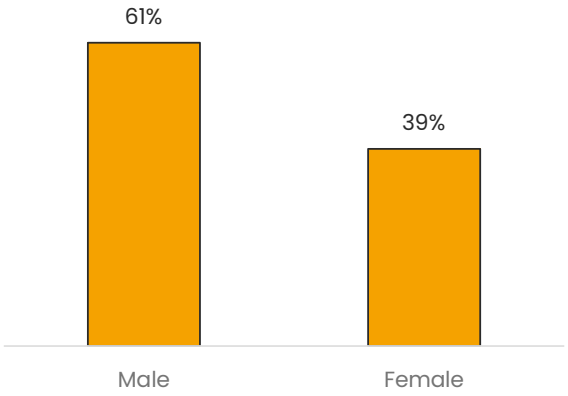
Demographics (Ethnicity)

Jul '23 - Jun '24 (n=66)



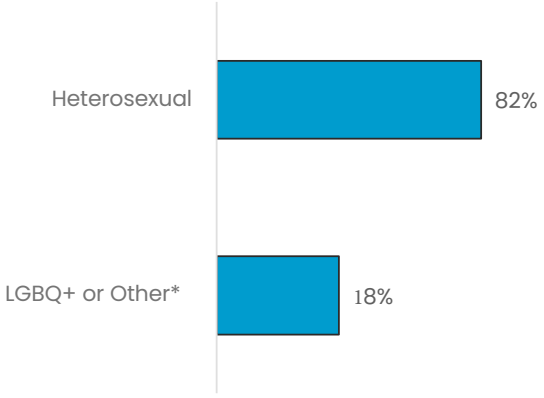
Demographics (Gender Identity)

Jul '23 - Jun '24 (n=66)



Demographic (Sexual Orientation)

Jul '23 - Jun '24 (n=66)



*LGBQ+ includes individuals who identify as lesbian, gay, bisexual, questioning, or other diverse sexual orientations. Other includes prefer not to answer, or unknown.

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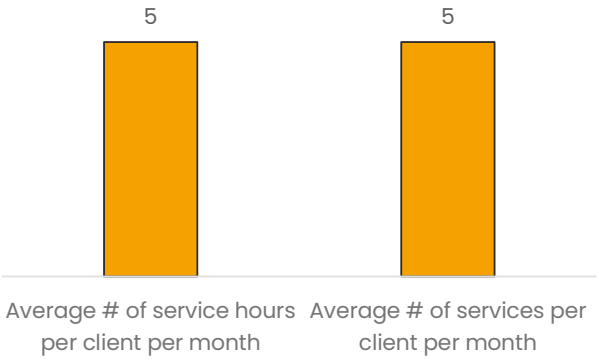
Quality Outcomes ("How well did we do it?")

Service Consistency

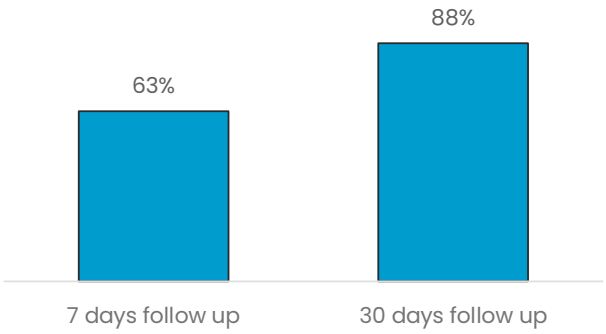
Average Monthly Services per Client

Jul '23 - Jun '24 (n=66)



Discharges from hospitalization or subacute who received FSP follow up within 7 and 30 days

Jul '23 - Jun '24 (n=20)



Retention and Stability

Clients Spend **4 years** in FSP on average

67% n=66
Clients receive an average of 4+ face-to-face outpatient visits per month

56% n=66
Clients with no service gap of over 30 days

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Impact Outcomes ("Is anyone better off?")

Client Outcome Improvements

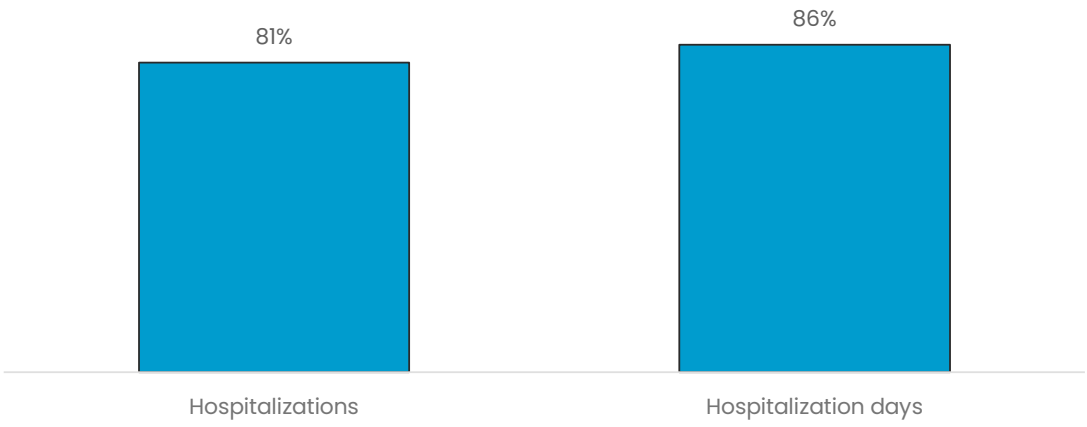
80-90% n<11
Clients who had a reduction in jail

100% n<11
Client reduction in psychiatric emergency services/inpatient/ crisis stabilization units

83% n=48
Clients with a Primary care visit

Clients with a decrease in hospitalizations/hospital days

Jul '23 - Jun '24 (n=20)



NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Measure	Definition	Data Source
# clients served	Total clients served	Yellowfin
# of new clients	Clients who were not served by the program in the previous fiscal year	Yellowfin
Average # of service hours per client per month	Average of hours of service in a month divided by clients served in a month. Includes all services recorded for clients. Does not include medical services (MAA)	Yellowfin
Average # of services per client per month	Average services in a month divided by clients served in a month. Includes all services recorded for clients. Note: more than one service can be provided during a single contact. Does not include MAA	Yellowfin
% of clients and/or their caregivers who receive an average of four or more face-to-face outpatient visits per month	Clients must be been open to a provider for at least 30 days in order to be included in this metric. Phone contacts are included during the pandemic. Days in subacute or jail not counted, but services are counted.	Yellowfin
% of clients with no service gap of over 30 days	Maximum days each Level 1 client went without service during their episode(s) in the reporting period. Only considered clients open to a provider for at least a total of three months during the reporting fiscal year.	Yellowfin
% of discharges from hospitalization or subacute who had a follow up visit with FSP staff within 7 and within 30 calendar days	Follow-up rates for individuals open to Level 1 providers at the time of mental health hospital discharge. *note: clients used to calculate follow up rates include those who didn't receive outreach and those who were lost to follow up (e.g. not contactable, not responsive)	Yellowfin
#/% of clients closed, by reason closed	Discharge reason for clients discharged during the reporting period	Yellowfin Not presented due to delays in the reporting system
# of clients transferred to another level of care	Of clients discharged in the reporting period, # who were transferred to a full service partnership program, service team, or outpatient services in Alameda County within 90 days of discharge.	Yellowfin Data Suppressed (n<11)

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

% of clients who had a reduction in psychiatric emergency services/inpatient/crisis stabilization units	Of clients who completed six consecutive months during the 12-month fiscal year, percentage with a reduction in psychiatric emergency services, inpatient or crisis stabilization unit other than Amber House, when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community (in jail and/or subacute) for six or more months during the current fiscal year or the prior fiscal year.	Yellowfin
% of clients who had a reduction in jail days	Of clients who completed six consecutive months during the 12-month fiscal year, percentage with a reduction in jail days, when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community (in hospital and/or subacute) for six or more months during the current fiscal year or the prior fiscal year.	Yellowfin
% of clients with a primary care visit	Of clients who completed 6 consecutive months during the fiscal year, percentage who had an appointment with a Anthem/Alliance/Community Health Center Network (CHCN) primary care provider during the fiscal year. Metric excludes individuals with six or more months out of the community (in Subacute, MH hospital, and/or jail).	Yellowfin
% of clients with a decrease in hospitalizations/hospitalization days	Decrease in hospital days/admissions in the years that a client was active in the program compared to the year prior to program admission. Includes clients who had at least one hospital day in the 12 months prior to admission and remained in the program for at least 1 year. Only available for fiscal years.	Yellowfin
% of clients who have at least one completed CANS/ANSA for each six-month period that they are in the program	Of clients with a completed Child or Adult Needs and Strengths Assessment (CANS/ANSA), what percentage of them had an assessment at least every six months?	No ANSA data is available for FY24

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BMH RBA Report FY 2024

Reporting Period July 2023 - June 2024

Homeless Full Service Partnership (HFSP)

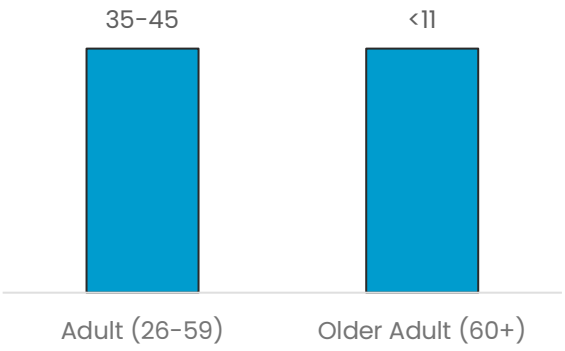
Process Outcomes ("How much did we do?")

47
Clients Served

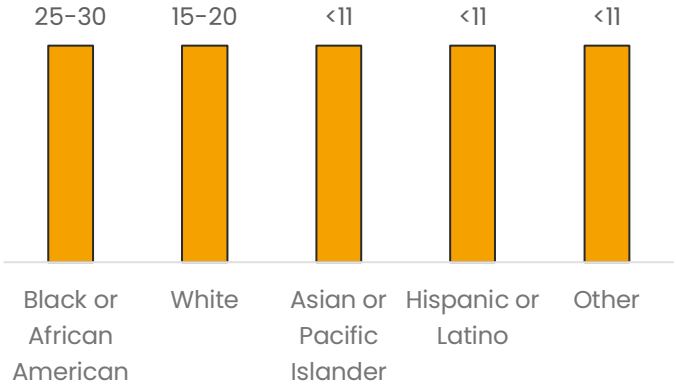
13
New Clients

Program Description: HFSP serves unhoused residents of Berkeley in an Assertive Community Treatment (ACT) model at high staff to client ratios, providing intensive case management and mental health services in a multi-disciplinary team approach. This team serves those with the highest level of need, supporting a population that is primarily unhoused and has multiple severe functional impairments.

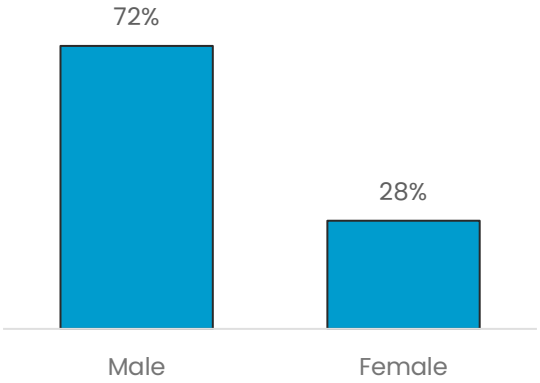
Demographics (Age)
Jul '23 - Jun '24 (n=47)



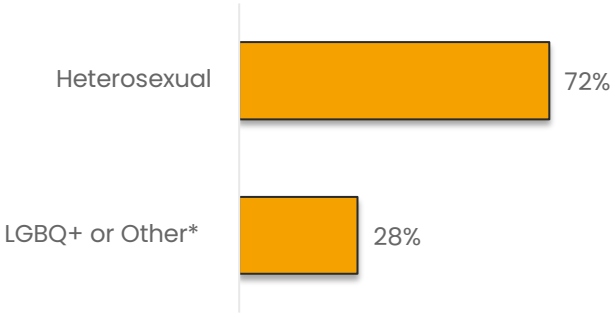
Demographics (Ethnicity)
Jul '23 - Jun '24 (n=47)



Demographics (Gender Identity)
Jul '23 - Jun '24 (n=47)



Demographics (Sexual Orientation)
Jul '23 - Jun '24 (n=47)



*LGBQ+ includes individuals who identify as lesbian, gay, bisexual, questioning, or other diverse sexual orientations. Other includes prefer not to answer or

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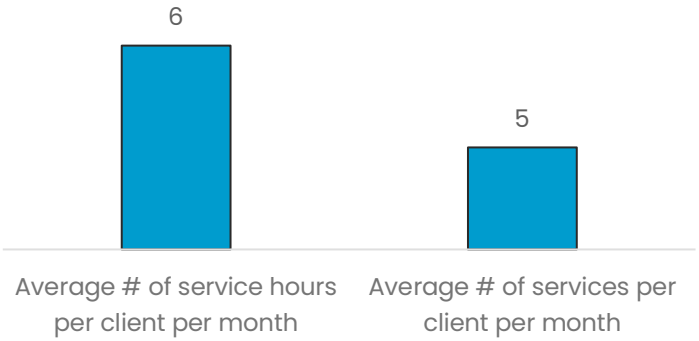
Quality Outcomes ("How well did we do it?")

Service *Consistency*

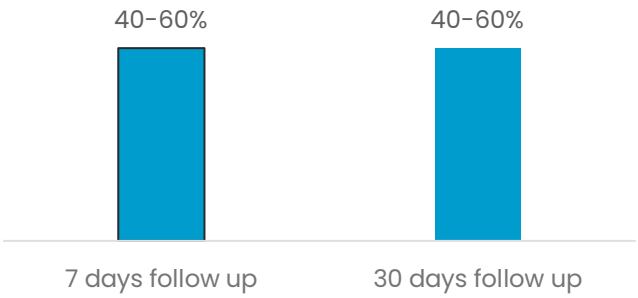
Average Monthly Services per Client

Jul '23 - Jun '24 (n=47)



Discharges from hospitalization or subacute who received FSP follow up within 7 and 30 days

Jul '23 - Jun '24 (n<11)



Retention and Stability

51% n=47
Clients receive an average of 4+ face-to-face outpatient visits per month

Clients spend **1.9 years** in FSP on average

32% n=47
Clients with no service gap of over 30 days

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Impact Outcomes ("Is anyone better off?")

Client Outcome Improvements

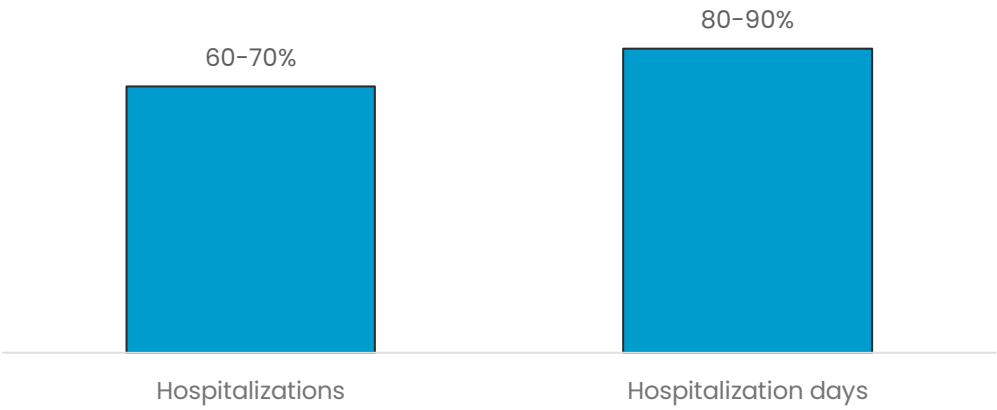
63% n<11
Clients who had a reduction in jail days

68% n=38
Clients with a Primary care visit

71% n<11
Client reduction in psychiatric emergency services/inpatient/ crisis stabilization units

Clients with a decrease in hospitalizations/hospital days

Jul '23 - Jun '24 (n<11)



NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

Measure	Definition	Data Source
# clients served	Total clients served	Yellowfin
# of new clients opened for ongoing services	Clients who were not served by the program in the previous fiscal year	Yellowfin
Average # of service hours per client per month	Average of hours of service in a month divided by clients served in a month. Includes all services recorded for clients. Does not include medical services (MAA)	Yellowfin
Average # of services per client per month	Average services in a month divided by clients served in a month. Includes all services recorded for clients. Note: more than one service can be provided during a single contact. Does not include MAA	Yellowfin
% of clients and/or their caregivers who receive an average of four or more face-to-face outpatient visits per month	Clients must be been open to a provider for at least 30 days in order to be included in this metric. Phone contacts are included during the pandemic. Days in subacute or jail not counted, but services are counted.	Yellowfin
% of clients with no service gap of over 30 days	Maximum days each Level 1 client went without service during their episode(s) in the reporting period. Only considered clients open to a provider for at least a total of three months during the reporting fiscal year.	Yellowfin
% of discharges from hospitalization or subacute who had a follow up visit with FSP staff within 7 and within 30 calendar days	Follow-up rates for individuals open to Level 1 providers at the time of mental health hospital discharge. *note: clients used to calculate follow up rates include those who didn't receive outreach and those who were lost to follow up (e.g. not contactable, not responsive)	Yellowfin
#/% of clients closed, by reason closed	Discharge reason for clients discharged during the reporting period	Yellowfin *Not presented due to delays in the reporting system
# of clients transferred to another level of care	Of clients discharged in the reporting period, # who were transferred to a full service partnership program, service team, or outpatient services in Alameda County within 90 days of discharge.	Yellowfin Note: Data Suppressed (<11 clients)

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

% of clients who had a reduction in psychiatric emergency services/inpatient/crisis stabilization units	Of clients who completed six consecutive months during the 12-month fiscal year, percentage with a reduction in psychiatric emergency services, inpatient or crisis stabilization unit other than Amber House, when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community (in jail and/or subacute) for six or more months during the current fiscal year or the prior fiscal year.	Yellowfin
% of clients who had a reduction in jail days	Of clients who completed six consecutive months during the 12-month fiscal year, percentage with a reduction in jail days, when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year. Excludes clients if out of community (in hospital and/or subacute) for six or more months during the current fiscal year or the prior fiscal year.	Yellowfin
% of clients with a primary care visit	Of clients who completed 6 consecutive months during the fiscal year, percentage who had an appointment with a Anthem/Alliance/Community Health Center Network (CHCN) primary care provider during the fiscal year. Metric excludes individuals with six or more months out of the community (in Subacute, MH hospital, and/or jail).	Yellowfin
% of clients with a decrease in hospitalizations/hospitalization days	Decrease in hospital days/admissions in the years that a client was active in the program compared to the year prior to program admission. Includes clients who had at least one hospital day in the 12 months prior to admission and remained in the program for at least 1 year. Only available for fiscal years.	Yellowfin
% of clients who have at least one completed CANS/ANSA for each six-month period that they are in the program	Of clients with a completed Child or Adult Needs and Strengths Assessment (CANS/ANSA), what percentage of them had an assessment at least every six months?	No data available; ANSA discontinued in Alameda County in FY24

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted, and may not visually reflect actual counts.

BMH RBA Report FY 2024

Reporting Period July 2023 - June 2024

Wellness & Recovery Services

Process Outcomes ("How much did we do?")

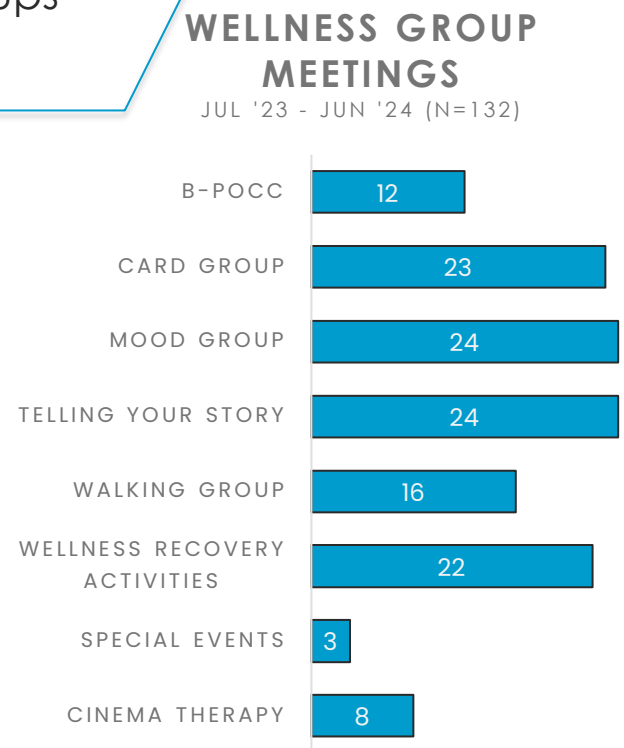
Program Description The Wellness and Recovery Program is designed to provide outreach, support, education, activities, and advocacy to consumer members living with mental illness and living in Berkeley. Wellness group activities include: Berkeley Peers Organizing Community Change (POCC), Card Groups, Mood Groups, Walking Groups, and Wellness Mixers.

52
Participants served

8
Groups

132
Group Events

20
Participants who meet requirements for "Telling Your Story"

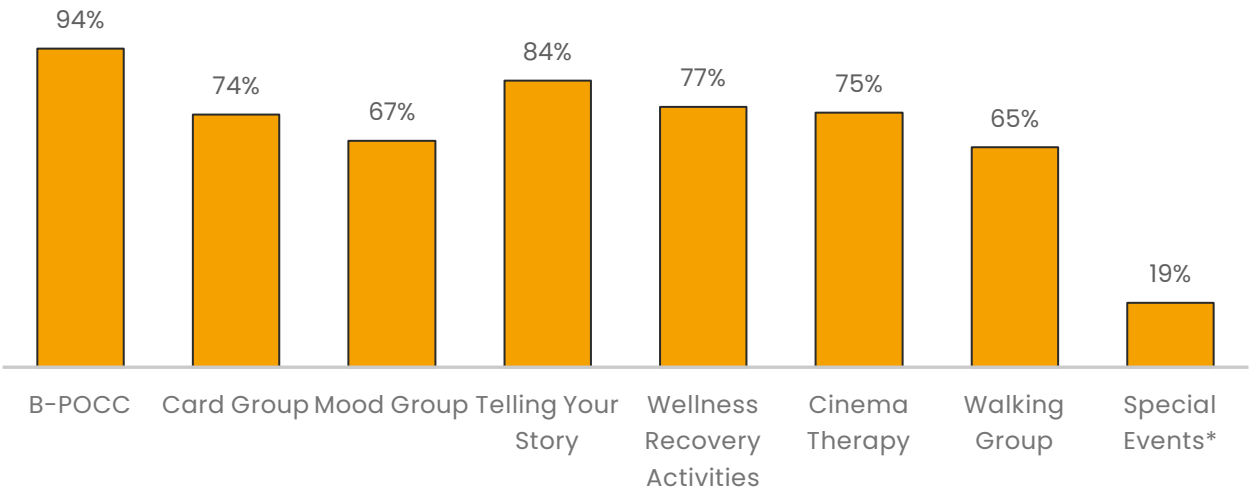


NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Quality Outcomes ("How well did we do it?")

Overall Group Engagement (Repeat Visits)

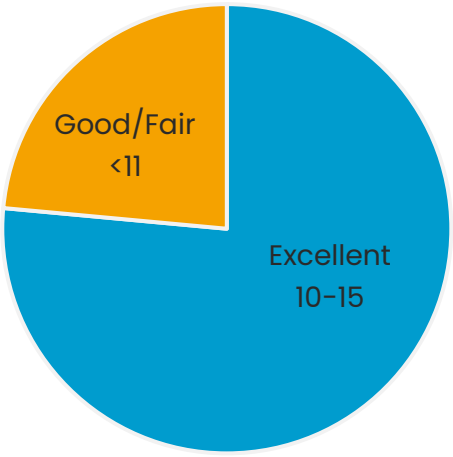
Jul '23 - Jun '24 (n=224)



*Special events, like social wellness mixers with different themes, attract a diverse mix of new attendees, which may result in lower level of returnees.

Interaction with a Wellness Team member in the Clinic Lobby

Jul '23 - Jun '24 (n=18)



71% n=52
Unduplicated participants who return for group events

Over 80% n=18
Participants rated the Lobby as Welcoming

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Measure	Definition	Data Source
# of Particpants Served	Total # of participants served	Wellness Recovery Group Attendance Tracker
Wellness Group Event Breakdown	Number of different types of groups (i.e. walking group, mood group, Telling Your Story group) convened	Wellness Recovery Group Attendance Tracker
# Group Events	Total number of meetings held	Wellness Recovery Group Attendance Tracker
# of Telling Your Story Participants	Total number of participants in all "Telling Your Story" meetings	Wellness Recovery Group Attendance Tracker
% of participants who return for group events	Of total number of participants, % who returned for more than one event or meeting	Wellness Recovery Group Attendance Tracker
% Overall Group Engagement (Repeat Visits)	Of total number of participants, % who returned for more than one event or meeting	Wellness Recovery Group Attendance Tracker
% Participants Rated the Lobby as Welcoming	Consumer perceptions of feeling welcomed entering the Clinic Lobby	Clinic Lobby Survey

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

BMH RBA Report FY 2024

Reporting Period: July 2023 - June 2024

High School Health Center (HSHC)

Process Outcomes ("How much did we do?")

210

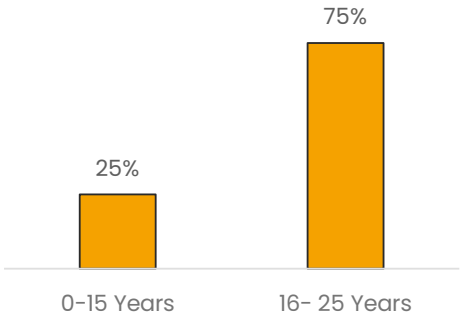
Clients Served

Program Description

The HSHC team provides mental health services on site at Berkeley High School; these services include individual and group therapy, crisis assessments, and drop in support. The program also hosts graduate students for training.

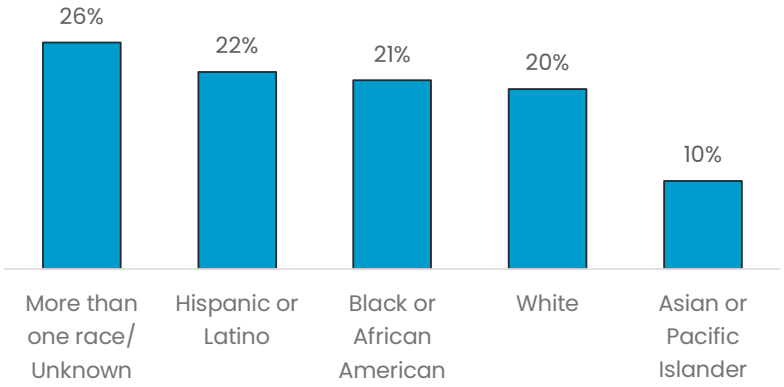
Demographics (Age)

Jul '23 - Jun '24 (n=210)



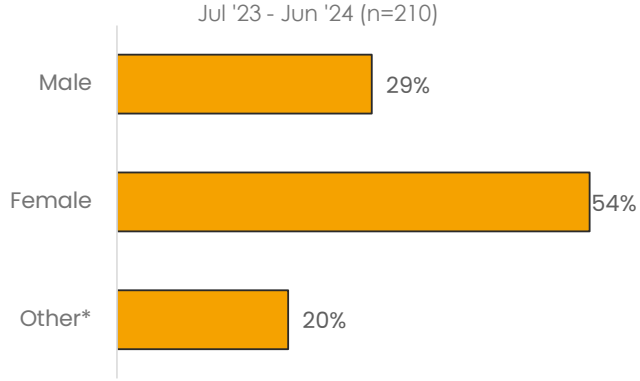
Demographics (Ethnicity)

Jul '23 - Jun '24 (n=210)



Demographics (Gender Identity)

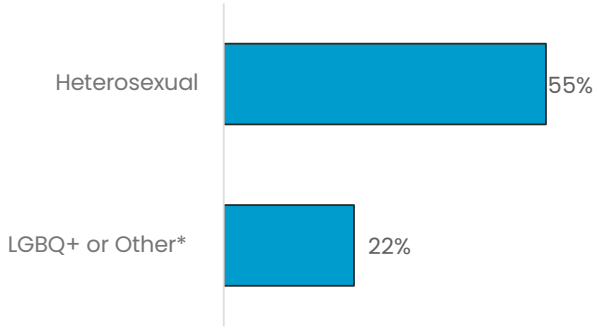
Jul '23 - Jun '24 (n=210)



*Other includes any identity that doesn't fit within the traditional male/female binary.

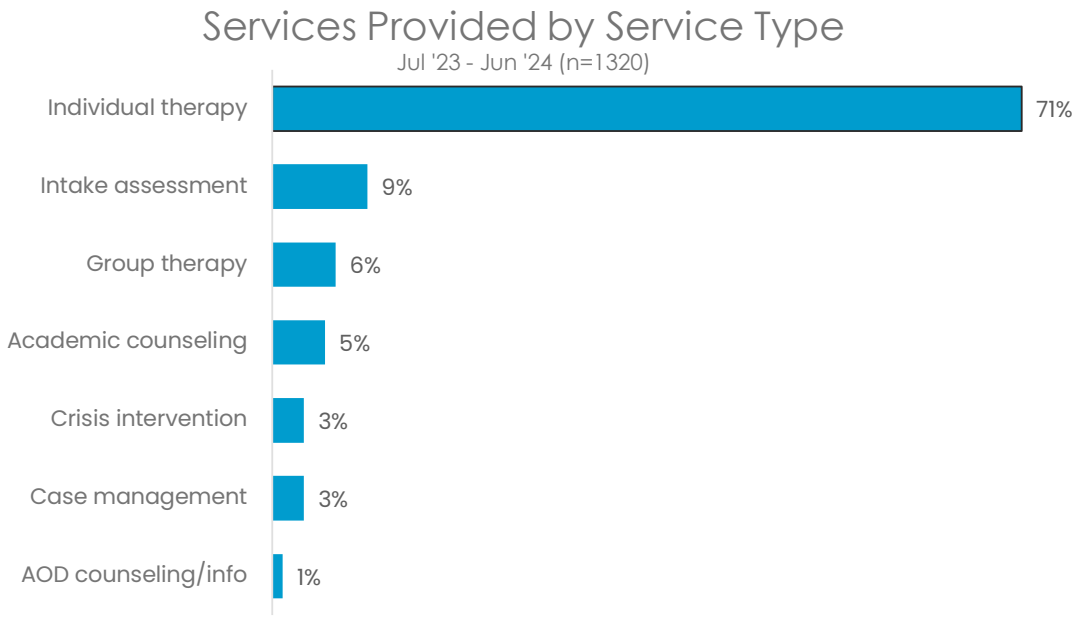
Demographics (Sexual Orientation)

Jul '23 - Jun '24 (n=210)

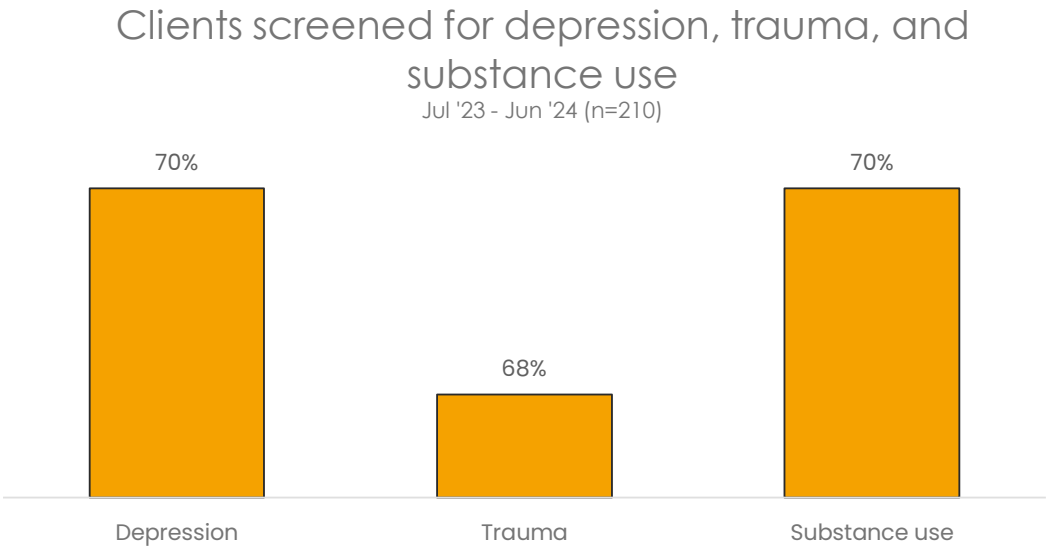


*LGBQ+ includes individuals who identify as lesbian, gay, bisexual, questioning, or other diverse sexual orientations. Other includes prefer not to answer or unknown.

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.



Note: Multiple services could be provided in one visit (e.g. crisis assessment and referral) so total services by type is greater than total encounters.



NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Quality Outcomes ("How well did we do it?")

1 in 17 Students received services
6.43% of the School Population (3,267 students)

Service Consistency

96% n=126
Students felt treated with respect

96% n=105
Students felt like there's an adult who cares about

98% n=118
Students felt heard about what they have to say

96% n=129
Report Easy Access to Needed Care

97% n=113
Able to Get Help When Needed

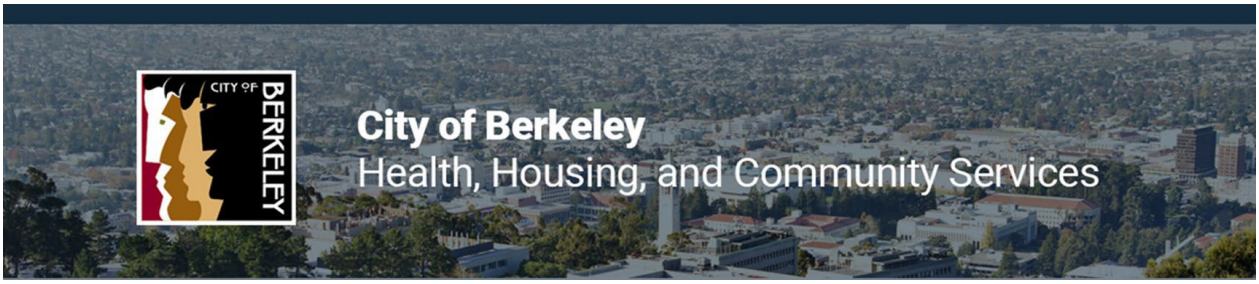
NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Measure	Definition	Data Source
# clients served	Total clients served	NextGen
# of services provided by service type	# of services coded as behavioral_service with codes BHSV1-8. Key code accompanies NextGen data. Each incident could include more than one service provided.	NextGen
% clients screened for depression, trauma, and substance use	Percent of total clients that were recorded as having been screened for depression, trauma, and/or substance abuse at least one time during reporting period.	NextGen
% referrals to HSHC followed up within one week	Percentage of referrals that had 7 days or less between referral date and response date. Calculation reflects % of total referrals, not % of total clients.	Jotform Not presented due to delays in the reporting system
% of school population served	Unique clients served by HSHC divided by total student population of BHS and BTA.	DataQuest
% of clients satisfied with services	% of responses marked as "agree" or "strongly agree" for various survey questions. Note: these responses are from all students who accessed the health center and answered the survey, not just those who received mental health services.	Berkeley SBHC Client Survey
% of clients able to receive needed care	% of responses marked as "agree" or "strongly agree" for various survey questions. Note: these responses are from all students who accessed the health center and answered the survey, not just those who received mental health services.	Berkeley SBHC Client Survey

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

APPENDIX C

PREVENTION AND EARLY INTERVENTION
FY21/22 -FY23/24
THREE YEAR EVALUATION REPORT



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

Prevention and Early Intervention (PEI)

FY21/22 - FY23/24

Three Year Evaluation Report

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:

- 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.

Per MHSA State requirements, mental health jurisdictions are required to submit a PEI Evaluation Report to the Mental Health Services Oversight and Accountability Commission (MHSOAC) on an annual basis. Additionally, a Three-Year PEI Evaluation Report is due to the MHSOAC every three years. Regulations also require mental health jurisdictions to submit PEI Evaluation Reports to the State Department of Healthcare Services (DHCS). The PEI Evaluation Report is to 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 the MHSA FY26 Annual Update, the Prevention and Early Intervention (PEI) Fiscal Years 2021/2022, 2022/2023, and 2023/2024 Three-Year Evaluation Report is due.

This Three-Year PEI Evaluation Report provides descriptions of currently funded MHSA services, and reports on program and demographic data during the reporting timeframe.

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, and will soon be integrated into the remainder. 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. RBA outcomes during the reporting timeframe for the Community

Education & Supports program are outlined in this report.

Results Based Accountability Evaluation for all BMH Programs

Through the FY19 MHSA Annual Update the Division hired Resource Development Associates (RDA) to conduct a Results Based Accountability (RBA) Evaluation for all programs across the Division. RDA worked with the Division from FY21-FY24 to implement the RBA research methodology, and evaluate program results. RBA outcomes during the reporting period are outlined in this report for the following MHSA PEI funded programs: Social Inclusion Project, and the High School Prevention Project.

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 PEI plan was approved. Since the approval of the original plan, Three Year Plans or Annual Updates outlining proposed PEI funding and programming have been developed and approved on an annual basis. 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 Supportive Schools Program Community Based Child & Youth Risk Prevention Program	➢ At-Risk Children, Youth and Young Adult Populations	• Children and Youth in Stressed Families • Children and Youth at Risk for School Failure • Underserved Cultural Populations
High School Youth Prevention Project Mental Health Peer Mentor Program Dynamic Mindfulness Program African American Success Project	➢ At-Risk Children, Youth and Young Adult Populations ➢ Disparities in Access to Mental Health services ➢ Psycho-social Impact of Trauma	• Trauma Exposed • Children and Youth in Stressed Families • Children and Youth at Risk for School Failure • Underserved Cultural Populations
Community Education & Supports	➢ Psycho-social Impact of Trauma ➢ At-Risk Children, Youth and Young Adult Populations	• Trauma Exposed • Underserved Cultural Populations • Children/Youth in Stressed Families • Children and Youth at Risk for School Failure
Homeless Outreach & Treatment Team (HOTT)* Specialized Care Unit	➢ Psycho-social Impact of Trauma ➢ Disparities in Access to Mental Health services At-Risk Children, Youth and Young Adult Populations	• Underserved Cultural Populations • Trauma Exposed
Social Inclusion	➢ Stigma and Discrimination ➢ Psycho-social Impact of Trauma	• Trauma Exposed Underserved Cultural Populations

*This program was not in operation in FY22

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 more recent PEI State Regulations, Mental Health jurisdictions are to utilize PEI funds to implement 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. Programs or strategies within programs can also be combined. Jurisdictions may also opt to utilize some PEI funds to implement a Suicide Prevention program. The definitions of each program are outlined below:

PREVENTION

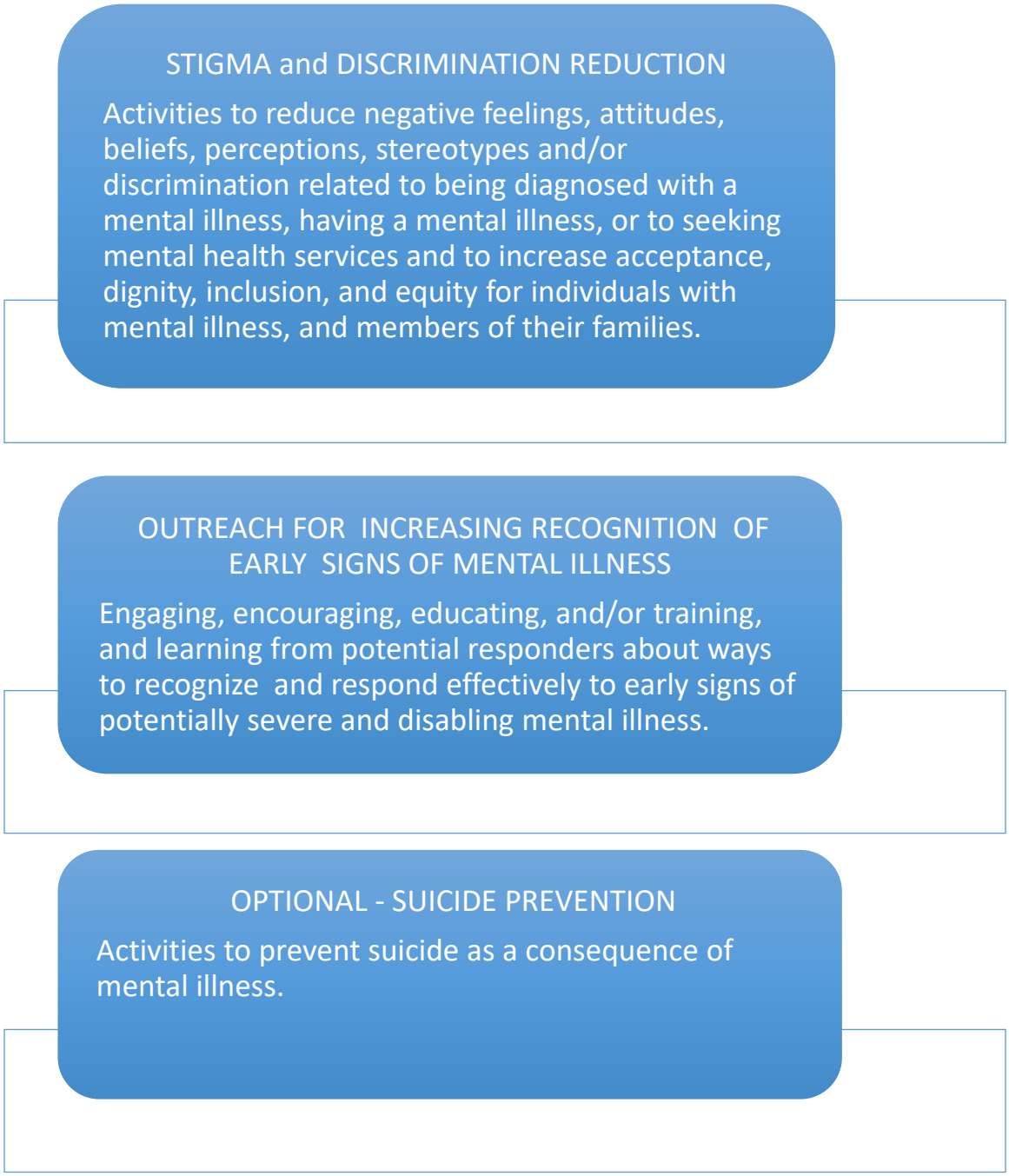
Activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.

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.



Within each PEI program the following strategies should 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.

PEI Regulations, also include 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 ➢ 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) ➢ Demonstrate the use of an evidence-based or promising practice or a community or practice-based evidence standard* ➢ 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	➢ Provide services that do not exceed 18 months ➢ Program may include services to parents, caregivers, and other family members of the person with early onset of a mental illness. ➢ Program may be combined with a Prevention program

PROGRAM TYPE	PROGRAM DEFINITION	PROGRAM AND DATA COLLECTION REQUIREMENTS
	applicable negative outcomes that may result from untreated mental illness.	➢ 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). ➢ Demonstrate the use of an evidence-based or promising practice or a community or practice-based evidence standard* ➢ 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 ➢ Collect # of unduplicated referrals made to a Treatment program (and type of program) ➢ Collect # of individuals who followed through (participated at least once in Treatment) ➢ Measure average time between referral and engagement in services per each individual ➢ Measure duration of untreated mental illness (interval between onset of symptoms and start of treatment) per each individual ➢ 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, 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.	➢ Collect the number of individuals reached by activity (e.g., # who participated in each service or activity) ➢ Measure changes in attitude, knowledge, and/or behavioral related to seeking mental health services or related to mental illness ➢ 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. ➢ 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. ➢ Unduplicated # of individual potential responders ➢ The types of potential responders engaged in each setting (e.g., nurses, principals, parents, etc.) ➢ The # and kind of settings in which the potential responders were engaged

PROGRAM TYPE	PROGRAM DEFINITION	PROGRAM AND DATA COLLECTION REQUIREMENTS
		➢ 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) ➢ Collect all demographic variables for all unduplicated individual potential responders
OPTIONAL Suicide Prevention	Activities to prevent suicide as a consequence of mental illness.	➢ Collect available #of individuals reached ➢ Collect # of individuals reached be activity (ex. # trained, # who accessed website) ➢ Select and use a validated method to measure changes I attitudes, knowledge and/or behavior regarding suicide related mental illness ➢ 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

Since the release of the 2018 PEI Regulations, the City of Berkeley has regularly reviewed PEI programs to ensure they fit within the required program definitions. As a result, PEI funded programs were re-classified from the previous construct. Outlined below is a listing of the PEI program type, definition and the City of Berkeley programs that were funded during the timeframe of this report:

PEI Program Type	Program Definition	City of Berkeley PEI Program(s)
Prevention	A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.	• Mental Health Promotion Campaign • High School Prevention • DMIND • MEET • African American Success
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.	• High School Prevention • Be A Star • Community-based Child & Youth Program • DMIND • MEET • African American Success • Supportive Schools • Community Education and Supports • Specialized Care Unit
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.	• Mental Health First Aid (non-MHSA funded program)

PEI Program Type	Program Definition	City of Berkeley PEI Program(s)
Stigma and Discrimination	Direct 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.	• Social Inclusion
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.	• High School Prevention • Specialized Care Unit
OPTIONAL Suicide Prevention	Activities to prevent suicide as a consequence of mental illness.	• CalMHSA PEI Statewide Project

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)).

Current MHSOAC priorities for the use of PEI funding are as follows:

- 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, and transition age youth not in college;
- Culturally competent and linguistically appropriate prevention and intervention, including community defined evidence practices (CDEPs);
- Strategies targeting the mental health needs of older adults;
- Early identification programming of mental health symptoms and disorders, 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 Three-Year Plan or Annual Update 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.

Many PEI projects meet multiple established priorities. Per PEI regulations, outlined below is a crosswalk of the City of Berkeley PEI Programs with the MHSOAC PEI Priorities for programs during the reporting timeframe:

CITY OF BERKELEY PEI PROGRAMS	PEI PRIORITIES
• Be A Star • Community-based Child & Youth At Risk Program • Supportive Schools	Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
• High School Youth Prevention Project • Mental Health Peer Mentor Program • Dynamic Mindfulness Program • Specialized Care Unit • 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, and transition age youth not in college. Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis. Culturally competent and linguistically appropriate prevention and intervention, including community defined evidence practices (CDEPs).
• Mental Health Promotion Campaign • Social Inclusion • Community Education & Supports	Culturally competent and linguistically appropriate prevention and intervention; including community defined evidence practices (CDEPs). Youth Engagement and Outreach Strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs, and transition age youth not in college. Strategies targeting the mental health needs of older adults.

This PEI Three Year Evaluation Report documents program measures and demographic elements to the extent data was available.

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. All City of Berkeley PEI programs in FY25 will provide services for children and youth and/or Transition Age Youth. Five programs are in the Berkeley Unified School District (BUSD).

Programs and services funded with PEI funds that were approved to be continued in FY25 through the previously approved Three Year Plan, are outlined below by PEI Program type, along with FY23 data.

PREVENTION PROGRAM

Prevention Program - A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.

Through the FY22 Annual Update the City of Berkeley funded the following Prevention initiative:

Mental Health Promotion Campaign

As a result of the impact of the pandemic and public input around the overwhelming need for mental health supports in the community, the Division proposed through the FY22 Annual Update to allocate PEI funds for a community Mental Health Promotion Campaign to support the wellness and self-care of Berkeley residents. The Division will partner with the community and may consider using a social marketing firm to develop and implement the campaign.

PEI Goals: The goal of this campaign is to increase prevention efforts and response to early signs of emotional and behavioral health problems.

PEI Priority: Culturally competent and linguistically appropriate prevention and intervention; including community defined evidence practices (CDEPs).

It is envisioned that this campaign will be implemented in FY26 and the Division will continue to work with the community to determine how to best promote mental health and wellness in Berkeley.

EARLY INTERVENTION PROGRAMS

Early Intervention Program - Provides 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.

During this reporting timeframe the City of Berkeley Early Intervention programs have been as follows:

Early Childhood Health and Wellness Program

The Early Childhood Health and Wellness Program (formerly the Be A Star project) has been a collaboration with the City of Berkeley's Public Health Department since the initial PEI Plan. This program provides a coordinated system in Berkeley 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, state-subsidized Early Childhood Development Centers; and area pre-schools and schools. 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.

PEI Priority: Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.

In FY22, a total of 1,654 children were screened through this program (183 at BUSD, and 1,471 at the Help Me Grow sites) however data was not collected on all individuals screened. Only Race/Ethnicity data was collected on a subset the 183 children screened at BUSD as follows:

DEMOGRAPHICS N=183
Age Groups
0-15 (Children/Youth) - 100%
Race
Asian - 19%
Black or African American - 25%
White - 20%
More than one Race - 8%
Other - 4%
Ethnicity: Hispanic or Latino/Latina/Latinx
Mexican/Mexican-American/Chicano - 24%
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Declined to Answer (or Unknown) - 100%
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%

Program Successes:

- On-site technical assistance visits to all Berkeley Help Me Grow providers resumed and the visits went well.
- The program conducted 1,654 ASQ developmental screenings in Berkeley.
- Berkeley Unified School District (BUSD) referred a total of 53 preschool students and the Help Me Grow providers referred 94 infants/children.
- Approximately 78% of all Help Me Grow referrals reached their goals.

Program Challenges:

- There continued to be an impact of the COVID-19 pandemic on program services which decreased the number of screenings that were conducted.
- Staffing changes/turnovers at the Berkeley Help Me Grow sites impacted the continuity of the partnership with the program.
- The Help Me Grow sites do not collect race/ethnicity, language spoken data, or gender; and BUSD does not collect specific ethnicity data, language spoken, or gender for all students who received an ASQ.
- There was a delay in getting the annual data for the Help Me Grow sites.

In FY23, a total of 2,339 children were screened through this program (255 at BUSD, and 2,084 at the Help Me Grow sites) however data was not collected on all individuals screened. Although all 2,339 of the individuals that were either screened or were screened and received services, were aged 0-15, the other data elements were only collected on the 255 children screened at BUSD as follows:

DEMOGRAPHICS N=255
Age Groups
0-15 (Children/Youth) - 100%
Race
American Indian or Alaska Native - *
Asian - 17%
Black or African American - 30%
White - 19%
More than one Race - *
Ethnicity: Hispanic or Latino/Latina/Latinx
Mexican/Mexican-American/Chican - 25%
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Declined to Answer (or Unknown) - 100%
Primary Language
English - 51%
Spanish - 18%
Declined to Answer (or Unknown) - 31%
Disability
Declined to Answer (or Unknown) - 100%
Gender: Assigned Sex at Birth
Male - 44%
Female - 56%

*Indicates information is withheld to protect the privacy and confidentiality of individual participants.

Program Successes:

- On-site technical assistance visits to all Berkeley Help Me Grow providers continued and went well.
- 2,339 ASQ developmental screenings were conducted in Berkeley, BUSD preschools and Berkeley Help Me Grow pediatric provider sites combined.

- Berkeley Help Me Grow sites conducted a total of 2,084 screenings, across all sites averaging a 20% increase in children screened from the previous year.
- Referrals to resources & follow-up: BUSD referred a total of 64 preschool students and Help Me Grow providers referred 94 infants/children.
- Approximately 72% of all Help Me Grow referrals had their goals met.

Program Challenges:

- The Early Childhood Health and Wellness Public Health Nurse vacancy occurring in May 2023 and staffing vacancies/turnovers at the Berkeley Help Me Grow provider sites impacted the continuity of services, with the need to introduce/train/orient provider sites to ASQ implementation, tracking, and resource referrals to clients.
- Help Me Grow sites did not collect race/ethnicity, language spoken data, or gender; BUSD does not collect specific ethnicity data, gender, sexual orientation for this age group. BUSD does collect language spoken students that are not reflected on this PEI Report, for example, data reflected Arabic, Vietnamese, Russian, Mandarin, Cantonese, Urdu, and other languages not on this report form.
- There were delays in receiving the annual infographic data for Help Me Grow sites. The Help Me Grow Collaborative collects and analyzes the data from all Help Me Grow sites in Alameda County so it takes time to collect and synthesize the data and to receive the Berkeley specific data.

In FY24, a total of 2,596 children were screened through this program (207 at BUSD, and 2,389 at the Help Me Grow sites) however data was not collected on all individuals screened. Although all 2,389 of the individuals that were either screened or were screened and received services, were aged 0-15, the data elements listed below show the demographics of the 207 children screened at BUSD as follows:

DEMOGRAPHICS N=207
Age Groups
0-15 (Children/Youth) - 207
Race
Asian/American Indian or Alaska Native - 40
Black or African American - 57
White - 37
More than one Race - 20
Ethnicity: Hispanic or Latino/Latina/Latinx
Other (Hispanic or Latino/a/x not specified on ethnicity) - 53
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Declined to Answer (or Unknown) - 154
Primary Language
English - 99

Spanish - 40
Declined to Answer (or Unknown) - 68
Disability
Declined to Answer (or Unknown) - 207
Gender: Assigned Sex at Birth
Male - 88
Female - 119

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:

- A new Public Health Nurse (PHN) started in October 2023, coming with many years of experience working with young children and families, school nurse experience, and PHN case management for children ages 0-3 years old in foster care. The PHN quickly connected with the Alameda County Help Me Grow Collaborative and the Medical Home Project's Special Needs Committee and became an active representative for Berkeley in the Help Me Grow Collaborative and the Special Needs Committee. Her experience in early childhood and resource navigation were assets in her prevention and early intervention work with providers and families with young children.
- On-site technical assistance visits to all Berkeley Help Me Grow providers continued into this year and went well.
- Conducted 2,596 developmental screenings through the Ages and Stages Questionnaire (ASQ) and the Modified Checklist for Autism in Toddlers (MCHAT) in Berkeley, including BUSD preschools and Berkeley Help Me Grow pediatric provider sites combined.
- A total of 150 referrals were made for resources to support following areas identified from the screenings:
    - Communication
    - Community resources, basic needs, child care
    - Parent Support/ Parent/Child Relationship
    - General Developmental Guidance
    - Fine and Gross Motor Skills
    - Sensory Skills
    - Autism/ADHD Diagnosis
    - Behavioral Concerns
    - Trauma/Childhood Event
    - Mental Health

Program Challenges:

- The Help Me Grow Collaborative collected and analyzed the data from all HMG sites in Alameda County, not just Berkeley, so it took time to collect and synthesize the data and to receive the Berkeley specific data.

- Help Me Grow sites did not collect race/ethnicity, language spoken data, or gender; BUSD did not collect specific ethnicity data, gender identity, sexual orientation for this age group, nor all languages spoken.

Beginning in FY25, the MHSA PEI funding for this program was discontinued, as the Public Health Division transitioned these program activities to the Maternal, Child and Adolescent (MCAH) Program.

Community-Based Child & Youth At Risk Prevention Program

Through FY22, the Community-Based Child & Youth Risk Prevention program targeted children (aged 0-5) who were impacted by multiple risk factors including trauma, family or community violence, familial distress, and/or family substance abuse, (among other issues). A BMH clinician served 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 included 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 were to reduce risk factors or other stressors, and promote positive cognitive, social, and emotional well-being. This program served approximately 50 Children & Youth a year.

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

PEI Priority: Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.

This program was discontinued in April 2022 when the BMH Mental Health Consultant received a promotion to a different position. Once that position was vacated the YMCA Head Start program decided to create an internal staff position for a Mental Health Specialist.

In FY22, 41 children were served through this program. Demographics on those served is as follows:

DEMOGRAPHICS N=41
Age Groups
0-15 (Children/Youth) - 100%
Race
Asian - 5%
Black or African American - 44%
White - 2%
Other - 12%
More than one Race - 2%
Ethnicity: Hispanic or Latino/Latina/Latinx
Declined to Answer or Unknown - 35%

Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Declined to Answer (or Unknown) - 100%
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%

Program Successes:

- Returned to in-person Mental Health Consultations in the summer of 2021 which enabled the provision of in-person classroom consultation and direct interventions with children and teachers; increased visibility and interactions with parents; and helped to improve the overall collaborations with administrators, teachers, and parents.
- Participated in-person in meetings with parents, teachers and administrators to provide direct consultation around behavior management in the classroom and at home.
- Modeled parent engagement strategies for teachers, advocates and staff. Modeling how to have difficult conversations using a trauma-informed perspective is essential to mental health consultations.
- Provided in vivo conflict management among teachers and with parents as well as provided case management and support as conflicts occurred.
- Return to in-person care also enabled the Mental Health Consultant to be able to observe classrooms and child behaviors over a period of time at different times of the day which allowed for better overall clinical understanding of the children's behaviors and needs, and improved their ability to make recommendations for services and classroom interventions.

Program Challenges:

- The onsite manager at the YMCA resigned mid-year, which made collaborating with the teachers and classroom staff challenging.
- There were center and classroom closures due to flooding in the infant room.
- COVID-19 pandemic exposures continued to impact the center and caused temporary classroom closures that created disruptions to the continuity of care.

In FY23, this program was discontinued as the YMCA Head Start program created a staff position for an internal Mental Health Specialist.

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; 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.

PEI Priority: Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.

Program results during the reporting timeframe were as follows:

In FY22 Early Intervention Services were provided at each of the BUSD elementary schools. BUSD sub-contracted with local agencies to provide early intervention services based upon the standard of evidence-based practices. Bay Area Community Resources (BACR), Child Therapy Institute (CTI), and Lifelong Medical (Lifelong) were subcontracted to provide services at BUSD elementary schools.

BACR provided services to improve emotional functioning and success in school and life, including individual and group therapy, family consultation, conflict resolution/restorative justice, suicide prevention, check-in/check-out, crisis intervention, and classroom presentations. Additionally, BACR participated in weekly Coordination of Services (COST), Student Success Team (SST), and Individualized Education Program (IEP) meetings for students, providing mental health and trauma informed perspectives. BACR consulted with staff on many issues and provided trauma informed coaching for teachers needing support. BACR also made referrals to outside providers, parenting classes/support groups, crisis hotlines, and other programs. Due to the continuation of the impacts of the COVID-19 pandemic, BACR also provided resource networking and support for families in navigating the public health crisis.

Lifelong Medical Provided a Licensed Clinical Social Worker (LCSW) and interns who provided individual counseling to students, family counseling, and mental health consultation to caregivers and school staff. Full-class support was provided in several classrooms. The full class support was tailored to the needs of the teacher and class and consisted of community building, regulation strategies such as Zones of Regulation, and social emotional learning.

Supports for each school per each service provider, and numbers served in FY22 were as follows:

Elementary School	Agency/Provider	Number of Students Served
• Cragmont • Emerson • John Muir • Malcolm X • Oxford • Ruth Acty • Sylvia Mendez • Thousand Oaks	Bay Area Community Resources (BACR)	420
• Bay Area Arts Magnet (BAM) • Washington	Child Therapy Institute	55
• Rosa Parks	Lifelong Medical Care	116
Total		**591**

Demographic data provided by BUSD on 591 students that were served through this project in FY22, is outlined below:

DEMOGRAPHICS N= 591
Age Group
0-15 (Children/Youth) - 100%
Race
American Indian or Alaska Native - 3%
Asian - 6%
Black or African American - 25%
Native Hawaiian/Pacific Islander - <1%
White - 47%
More than one Race - 20%
Declined to Answer (or Unknown) - 1%
Ethnicity: Hispanic or Latino/Latina/Latinx
Unspecified Hispanic or Latino/Latina/Latinx - 34%
South American - <1%
Declined to Answer (or Unknown) - 1%

Ethnicity: **Non-Hispanic or Non- Latino/Latina/Latinx**
Black or African American - 15%
Asian Indian/South Asian - <1%
Chinese - 1%
Eastern European - 27%
European - 1%
Filipino - 1%
Other - 4%
More than one Ethnicity - 8%
Declined to Answer (or Unknown) - 7%
Primary Language Used
English - 25%
Spanish - 3%
Declined to Answer (or Unknown) - 72%
Sexual Orientation
Declined to Answer (or Unknown) - 100%
Disability
Communication Domain - <1%
Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia) - 5%
Declined to Answer (or Unknown) - 8%
Veteran Status
No - 100%
Gender: Assigned sex at birth
Male - 15%
Female - 14%
Declined to Answer (or Unknown) - 71%
Current Gender Identity
Male - 53%
Female - 44%
Transgender - <1%

Genderqueer - <1%
Other Gender Identity - 2%

In FY23 Early Intervention Services were provided at each of the BUSD elementary schools. BUSD sub-contracted with local agencies to provide early intervention services based upon the standard of evidence-based practices. Bay Area Community Resources (BACR), Child Therapy Institute (CTI), and Lifelong Medical (Lifelong) were subcontracted to provide services at BUSD elementary schools.

Supports for each school per each service provider, and numbers served in FY23 were as follows:

Elementary School	Agency/Provider	Number of Students Served
• Cragmont • Emerson • John Muir • Malcolm X • Oxford • Ruth Acty • Sylvia Mendez • Thousand Oaks	Bay Area Community Resources (BACR)	644
• Bay Area Arts Magnet (BAM) • Washington	Child Therapy Institute	37
• Rosa Parks	Lifelong Medical Care	133
Total		**814**

Information on services provided, successes, and challenges with each sub-contractor are outlined below:

Bay Area Community Resources (BACR): Provided services to improve emotional functioning and success in school and life, including individual and group therapy, family consultation, conflict resolution/restorative justice, suicide prevention, check-in/check-out, crisis intervention, and classroom presentations. BACR used many different therapy modalities as well as classroom support to develop skills and health. Additionally, the BACR Counselor participated in weekly Coordination of Services (COST), Student Success Team (SST), and Individualized Education Program (IEP) meetings for students, providing mental health and trauma informed perspectives. BACR consulted with school staff on many issues and provided trauma informed coaching for teachers needing support. BACR also made referrals to outside providers, parenting classes/support groups, crisis hotlines, and other programs.

Program Successes:

- A total of 644 individuals were served.
- 90% of youth in therapy showed improved emotional functioning and resiliency through the CANS and/or Stages of Change scale.
- 85% of students receiving classroom education reported gaining skills or knowledge.
- 95% of Caregivers reported that they are satisfied with the services their children/family received.
- 100% of school personnel reported that BACR is a great partner and supports their goals.

Program Challenges:
The biggest challenge was the increase in cost to fund the program. These increases required the district to make cuts in other programming areas, as well as moving resources around to be able to continue providing ongoing services at the same rate as in the previous year. An additional challenge was ensuring that each school site had an equivalent 1.0 FTE BACR counselor at all BUSD elementary schools, as there was a shortage of credentialed therapist and counselors and BACR had to compete with other agencies for employees.

Child Therapy Institute (CTI): Continued providing services at Bay Area Arts Magnet and Washington Schools.

Program Successes:
CTI staff met with 37 students individually and in groups.

Program Challenges:
There were few direct challenges, however, a significant challenge is the increase in the costs to fund the program. These increases have required the district to make cuts in other programming areas, as well as to move resources around to be able to continue providing ongoing services at the same rate as in the previous year.

Lifelong Medical: A Licensed Clinical Social Worker (LCSW) and interns provided individual counseling to students, family counseling, and mental health consultation to caregivers and school staff. Full-class support was provided in several classrooms. The full class support was tailored to the needs of the teacher and class and consisted of community building, regulation strategies such as Zones of Regulation, and social emotional learning.

Program Successes:
A total of 52 students received individual counseling and 81 students participated in group services. The Family Resource Center (FRC) was a valuable resource and support to children, families, and school staff during the reporting timeframe. Through individual counseling, groups, and as-needed support, the FRC staff worked hard to help make Rosa Parks a place of healing and joy. The Rosa Parks community experienced the ripple effects of global pandemic and many losses in the community. FRC created spaces for students to experience a sense of belonging and connection. FRC helped children develop regulation and coping strategies to help them manage their emotions so that they could be more present in the classroom for learning. FRC developed deep relationships with students in order to help guide them in the process of making sense of the many scary and sad experiences they have had over the past few years. Additionally, FRC provided consultation and referrals to mental health services in the community.

Program Challenges:
There were few direct challenges, however, a significant challenge was the increase in the cost to fund the program. These increases required the district to make cuts in other programming areas, as well as moving resources around to be able to continue providing ongoing services at the same rate as in previous year.

Demographic data provided by BUSD on 814 students that were served through this project in FY23, is outlined below:

DEMOGRAPHICS N= 814
Age Group
0-15 (Children/Youth) - 100%
Race
American Indian or Alaska Native - *
Asian - *
Black or African American - 26%
Native Hawaiian/Pacific Islander - *
White - 35%
More than one Race - 26%
Declined to Answer (or Unknown) - *
Ethnicity: Hispanic or Latino/Latina/Latinx
Mexican/Mexican American – Chicano - *
Other - 29%
Declined to Answer (or Unknown) - *
Ethnicity: **Non-Hispanic or Non- Latino/Latina/Latinx**
African - *
Asian Indian/South Asian - *
Chinese - *
Eastern European - *
European - *
Middle Eastern - *
Other - 13%
More than one Ethnicity - *
Declined to Answer (or Unknown) - 55%
Primary Language Used
English - *
Spanish - 13%
Other language - *
Declined to Answer (or Unknown) - 81%

Sexual Orientation
Declined to Answer (or Unknown) - 100%
Disability
No Disability - *
Declined to Answer (or Unknown) - 96%
Veteran Status
No - 100%
Gender: Assigned sex at birth
Male - 50%
Female - 40%
Declined to Answer (or Unknown) - *
Current Gender Identity
Male - 44%
Female - 37%
Another Gender Identity - *
Declined to Answer (or Unknown) - 17%

*Indicates information is withheld to protect the privacy and confidentiality of individual participants.

In FY24 Early Intervention Services were provided at each of the BUSD elementary schools. BUSD sub-contracted with local agencies to provide early intervention services based upon the standard of evidence-based practices. Bay Area Community Resources (BACR), Child Therapy Institute (CTI), and Lifelong Medical (Lifelong) were subcontracted to provide services at BUSD elementary schools.

Supports for each school per each service provider, and numbers served in FY24 were as follows:

Elementary School	Agency/Provider	Number of Students Served
• Cragmont • Emerson • John Muir • Malcolm X • Oxford • Ruth Acty • Sylvia Mendez • Thousand Oaks	Bay Area Community Resources (BACR)	331
• Bay Area Arts Magnet (BAM) • Washington	Child Therapy Institute	65

• Rosa Parks	Lifelong Medical Care	40
Total		**436**

Information on services provided, successes, and challenges with each sub-contractor are outlined below:

Bay Area Community Resources (BACR): Provided services to improve emotional functioning and success in school and life, including individual and group therapy, family consultation, conflict resolution/restorative justice, suicide prevention, check-in/check-out, crisis intervention, and classroom presentations. BACR used many different therapy modalities as well as classroom support to develop skills and health.

Additionally, the BACR Counselor participated in weekly Coordination of Services (COST), Student Success Team (SST), and Individualized Education Program (IEP) meetings for students, providing mental health and trauma informed perspectives. BACR consulted with school staff on many issues and provided trauma informed coaching for teachers needing support. BACR also provided referrals and care coordination to outside providers, parenting classes/support groups, crisis hotlines, and other programs.

Program Successes:
In FY24 BACR provided the following services:

- Trauma-Informed individual and group therapy, family and school support;
- Groups of social skills and coping with issues such as grief and parental separation;
- Crisis support and mental health check-ins;
- Targeted support to students with school refusal and attendance issues;
- Classroom presentations on socio-emotional topics, identity, empathy, accepting differences conflict resolution, skill-building in class and on the yard;
- Parent coaching, consultation and community resources, including pediatricians and outside providers;
- Collaborative coaching with teachers to enhance the positive learning environment;
- Restorative Justice sessions;
- Coordinated services with school staff and external providers;
- Established linkages to vital community resources.

In addition, BACR provided Classroom/School-wide Presentations and small groups: 503 total of number of attendees for classroom presentations and 642 for groups in subject matters of:

- Social skills;
- Coping with parental separation;
- Anxiety;
- Empathy;
- Identification of feelings.

Program Challenges:
The biggest challenge continued to be the increase in cost to fund the program. These increases required the district to make cuts in other programming areas, as well as moving resources around to be able to continue providing ongoing services at the same rate as in the previous year.

Child Therapy Institute (CTI):

Program Successes:

CTI continues to provide quality services and supports for students at Berkeley Arts Magnet (BAM) and Washington Elementary School. CTI staff meets with students individually and in groups providing.

Program Challenges:

There were few direct challenges, however, a significant challenge continued to be the increase in the costs to fund the program. These increases have required the district to make cuts in other programming areas, as well as to move resources around to be able to continue providing ongoing services at the same rate as in the previous year.

Lifelong Medical:

A Licensed Clinical Social Worker (LCSW), two Master of Social Work (MSW) interns, and one Marriage and Family Therapist (MFT) trainee provided individual counseling to students, family counseling, and mental health consultation to caregivers and school staff. Several Social Skills groups were run by the LCSW, interns, and in collaboration with a learning specialist. These groups were tailored to the needs of the individuals in each group and provided community building, social skills practice, regulation strategies, and support to many students across all grade levels. Full-class support was provided in several classrooms. School staff and students were also supported with crisis support/suicide assessment and consultation as needed throughout the year. The LCSW provided consultations with caregivers and referrals to mental health services in the community.

The Family Resource Center (FRC) Supervisor regularly attended COST meetings at Rosa Parks. The FRC Supervisor and interns attended staff meetings, SST and IEP meetings. All counselors regularly collaborated with teachers, families, classroom aides and staff in the afterschool program. One of the FRC interns participated and re-started a Rainbow Families group (for families who identify as LBGTQ and allies). FRC staff are integrated into the school community.

Program Successes:

This was a successful year which included building relationships and fostering a sense of belonging and community. The LCSW, Clinical Director, and other Lifelong staff provided training to the MSW interns and MFT trainee. Trainings including trauma responsive care, child therapy models, regulation strategies including Zones of Regulation, Cognitive-Behavioral Therapy, grief, working with teachers and caregivers, and many other topics. There was a particular focus on training in anti-racist practice. Lifelong hired a consultant who specialized in cross-cultural clinical practice and anti-racist counseling practice that provided multiple trainings and staff consultation. This support was particularly important and helped FRC staff intervene when there were multiple incidents of racism that impacted students and school staff.

The LCSW and counseling interns worked hard to be a visible and integrated part of the community. FRC staff identified a need for kids to have safe, supportive environments to practice social skills and work on connections with each other. Gaps in social-emotional learning were identified as a result of the pandemic. Groups were prioritized this year in order to meet that need. FRC staff worked thoughtfully and collaboratively with teachers to think about how to configure

groups where students could feel seen and heard. Staff considered many factors including race, culture, gender expression, and temperament in creating these groups.

The FRC staff continued to provide more intensive support to some students through individual counseling and collaboration with teachers and caregivers. The interns and trainee were able to refine their skills in comprehensive assessment, treatment planning, and implementation of age appropriate and culturally appropriate interventions. Many students made significant progress this year, and FRC staff were an integral part of the support team that helped guide them. During the reporting timeframe, 140 students participated in group sessions and 28 staff members received information or training.

Program Challenges:
There were few direct challenges, however, a significant challenge continued to be the increase in the cost to fund the program. These increases required the district to make cuts in other programming areas, as well as moving resources around to be able to continue providing ongoing services at the same rate as in previous year.

Demographic data provided by BUSD on 436 students that were served through this project in FY24, is outlined below:

DEMOGRAPHICS N = 436
Age Group
0-15 (Children/Youth) - 436
Race
American Indian or Alaska Native - 13
Asian - 22
Black or African American - 93
Native Hawaiian/Pacific Islander - 2
White - 137
More than one Race - 61
Other - 16
Declined to Answer (or Unknown) - 92
Ethnicity: Hispanic or Latino/Latina/Latinx
Mexican/Mexican American – Chicano - <11
Other - 60
Declined to Answer (or Unknown) - <11

Ethnicity: **Non-Hispanic or Non- Latino/Latina/Latinx**
African - 12
Chinese - <11
European - 28
Filipino - <11
Japanese - <11
Korean - <11
Vietnamese - <11
Other - <11
Declined to Answer (or Unknown) - 316
Primary Language Used
Spanish - 16
English or Declined to Answer (or Unknown) - 420
Sexual Orientation
Declined to Answer (or Unknown) - 436
Disability
Mental domain not including a mental illness/Physical mobility domain/Other - 15
Chronic health condition (including but not limited to chronic pain) - 31
Declined to Answer (or Unknown) - 390
Veteran Status
No - 43
Gender: Assigned sex at birth
Male - 38
Female - 52
Declined to Answer (or Unknown) - 346
Current Gender Identity
Male - 173
Female - 150
Transgender or Another Gender Identity - <11
Genderqueer - 12

Declined to Answer (or Unknown) - 92

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

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 including: African Americans; Latino/a/x; LGBTQIA+; TAY; and Senior Citizens. All services are conducted through area community-based organizations.

Through five community-based organizations, 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; Latino/a/x; LGBTQIA+; TAY; and Senior Citizens.

Program results during the reporting timeframe are outlined below:

In FY22 three of the five contractors in the Community Education & Supports project participated in the HHCS Results-Based Accountability (RBA) Evaluation. RBA evaluation results are presented in an aggregated format across all programs as follows:

How Much Did We Do?	How Well Did We Do It?	Is Anyone Better Off?
• 527 Support Groups/Workshops • 2,427 Support Groups/Workshop Encounters • 121 Individual Contacts (2 of 3 programs reporting) • 132 Outreach Activities • 1.815 Outreach Contacts • 443 Referrals	• 94% of program respondents reported satisfaction with the services they received • Referrals by type: 135 Mental Health 55 Social Services 72 Physical Health 20 Housing 161 Other Services	• 90% of program participants reported an increase in social supports or trusted people they can turn to for help • 92% of program participants reported positive changes in terms of coping strategies, feeling anxious or overwhelmed

In FY23 the Community Education & Supports program participated in the HHCS Results-Based Accountability (RBA) Evaluation. In an aggregated summary across the five projects within this program the following work was conducted: 549 Support Groups/Workshops; 2,693 Support Group/Workshop encounters; 476 Outreach activities; 4,001 Outreach Contacts; and 393 Referrals.

In FY24 the Community Education & Supports program participated in the HHCS Results-Based Accountability (RBA) Evaluation. In an aggregated summary across the five projects within this program the following work was conducted: 397 Support Groups/Workshops; 822 Support Group/Workshop encounters; 31 Outreach activities; 2,120 Outreach Contacts; and 296 Referrals.

Descriptions of the five projects within the Community Education & Supports program along with data and RBA evaluation results, are outlined below:

Transition Age Youth Trauma Support Project

Implemented through Youth Spirit Artworks. 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 project is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

PEI Priorities:

- Culturally competent and linguistically appropriate prevention and intervention; including community defined evidence practices (CDEPs).
- Youth engagement and outreach strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs, and transition age youth not in college.

In FY22, 105 TAY participated in one or more program services. Demographics on youth served were as follows:

DEMOGRAPHICS N = 105
Age Group
16-25 (Transition Age Youth) - 99%
26-59 (Adults) - 1%

Race
American Indian or Alaska Native - 1%
Asian - 4%
Black or African American - 12%
White - 2%
More than one Race - 8%
Declined to Answer (or Unknown) - 47%
Ethnicity: Latino/Latina/Latinx
Other - 12%
Declined to Answer (or Unknown) - 13%
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Declined to Answer (or Unknown) - 74%
Primary Language Used
Declined to Answer (or Unknown) - 100%
Sexual Orientation
Gay or Lesbian - 13%
Heterosexual or Straight - 22%
Declined to Answer (or Unknown) - 65%
Disability Status
Declined to Answer (or Unknown) - 100%
Veteran Status
No - 100%
Gender: Assigned sex at birth
Declined to Answer (or Unknown) - 100%
Current Gender Identity
Male - 23%
Female - 11%
Genderqueer - 7%
Declined to Answer (or Unknown) - 59%

Project Successes:

- Improved and integrated Art as Therapy content, and ironed out logistics.

- Successfully engaged increasing numbers of youth into Art as Therapy and Peer Mentoring over the reporting timeframe. Art as Therapy sessions consisted of activities that both teach art and provided a forum for sharing challenges common to TAY.
- Conducted outreach to 59 youth, made numerous contacts to other providers and organizations, and conducted events to publicize project services.
- Although, the program was not able to consistently conduct youth surveys, per staff report, youth indicated that services were helpful. Increased attendance was also an indication that Art as Therapy and Peer Mentoring sessions were valuable to the youth participants.
- Despite challenges with engagement, project outreach efforts resulted in 21 TAY trying out the Behavioral Health support groups. This progress was disrupted by staff turnover, and attendance dropped off towards the end of the year.
- The project engaged 29 new TAY into Peer Mentoring training this year. Meetings were held on a weekly basis at the Tiny House Village (THEV) serving the residents there, as well as other youth in the community. Transportation was provided for youth at the studio so they could easily.
- Many of the youth were pursuing education in the social services field or they wanted to explore this opportunity to see if they wanted to be in the field. The youth received training on healthy communication, coping with crisis and de-escalation, giving constructive feedback, health insurance and other topics. Youth were encouraged and supported to share and teach topics they found interesting to their peers.
- Six events were planned and conducted with 55 total youth in attendance. Youth expressed that they enjoyed and valued these events and would attend more if offered.

Project Challenges:

- Project challenges were compounded by the agency's rapid growth over the past two years, staff turnover, and lagging recruitment for the management function needed to operationalize the expansion, develop infrastructure, and implement better systems to gather client data and track outcomes.
- Engaging youth in services was challenging due to continued concerns and fears about the COVID-19 pandemic, and staff turnover, and the process of nearly doubling the services offered by this contractor during the COVID-19 pandemic.
- The holiday season seemed to impact responsiveness from the school district as school staff prepared for the end of the semester and district closures during the holidays. During this time, Omicron also became a serious threat and schools were again overwhelmed with new and changing restrictions. These factors caused significant barriers to having a consistent presence at the schools, along with delays in communication regarding the project implementation efforts and coordinating outreach and logistics for groups and events.
- The project social worker engaged both staff and students at Berkeley High School (BHS) and Berkeley Technical Academy (BTA), attended weekly staff meetings at BTA, conducted outreach to students on both campuses, and presented about PEI activities in classes at different times throughout the year, although consistency was difficult to achieve during the COVID-19 pandemic and holiday season. Despite these efforts, students were not readily engaged and attendance was inconsistent. Reports were that staff seemed to be ambivalent about new initiatives. Feedback from two students indicated that they (and their friends) didn't want mental health type services and that they didn't want to attend groups during their free period when they have a break from classes.

- By the beginning of March 2022 many of the existing program participants obtained full time jobs and could no longer commit to the project activities.

In FY23, YSA went through many changes. A new program model was crafted and implemented with the intention of redesigning and refining the organization's programs and theory of change. Staff received training on theory of change, program development, ACES Science, trauma informed practices, the politics of trauma, facilitation skills, positive youth development, strength-based model, community resilience model, somatic awareness, individual coaching, housing navigation skills and curriculum and evaluation introduction. This change and shift in culture expanded the program offerings. The components and activities were designed with specific outcomes in mind and with the intention to increase intervention, engagement, and opportunities for the young people being served.

In FY23, 83 youth participated in one or more program services. Demographics on youth served were as follows:

DEMOGRAPHICS N = 83
Age Group
16-25 (Transition Age Youth) - 100%
Race
American Indian or Alaska Native - *
Asian - *
Black or African American - 48%
White - 12%
More than one Race - 28%
Declined to Answer (or Unknown) - *
Ethnicity: Latino/Latina/Latinx
Mexican/Mexican American-Chicano - 18%
Declined to Answer (or Unknown) - 15%
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
African - *
Declined to Answer (or Unknown) - 66%
Primary Language Used
English - 100%
Sexual Orientation
Gay or Lesbian - *
Heterosexual or Straight - 27%

Bisexual - 33%
Questioning or Unsure of sexual orientation - *
Another sexual orientation - *
Declined to Answer (or Unknown) - 26%
Disability Status
Declined to Answer (or Unknown) - 100%
Veteran Status
No - 100%
Gender: Assigned sex at birth
Male - 21%
Female - 28%
Declined to Answer (or Unknown) - 51%
Current Gender Identity
Male - 25%
Female - 28%
Transgender - *
Genderqueer - *
Another Gender Identity - *
Declined to Answer (or Unknown) - 25%

*Indicates information is withheld to protect the privacy and confidentiality of individual participants.

During the reporting timeframe 6 Behavioral Health Education Groups were conducted reaching 99 individuals; 100 Peer Mentoring sessions were conducted reaching 75 individuals; 108 Art Therapy sessions were conducted reaching 107 individuals; and 32 individuals participated in 6 events.

Feedback per participant self-report was as follows:

- 84% reported that groups were helpful;
- 70% of Art as Therapy participants reported that they feel their Behavioral Health is improved or very improved.

Program Successes:

Youth participated and were engaged in the program changes. Youth engaged in being trained in theory of change and understood the feedback loop and how YSA would assess them to help evaluate program effectiveness, satisfaction, facilitator engagement. In addition, youth engaged in leadership development through facilitation, curriculum, and event planning training to assist in their future developments in leading peers and community.

Youth within the village were also connected to youth leadership opportunities, and were engaged in life skills development such as financial wellness, and cooking workshops. Both workshops were created to assist youth in being financially independent and well, while redirecting learned survival skills into resilience building opportunities that create building blocks for growth. Youth led and organized a fashion show "Out Of The Binary" where they created all of the fashion pieces for the runway. Youth also planned, organized, advertised, and facilitated the entire event using skills that they acquired through youth leadership meetings, and youth leadership training spaces. A total of 30 referrals & Linkages were provided to youth in Berkeley.

YSA was able to gain a deep understanding on how to shape the Art as Therapy workshops, the Peer to Peer led Pathways with practical, experiential engagement and opportunity to lead as well as the Behavioral Health support given to participants through relationship workshops offered out of our Youth Empowerment Meetings.

Project Challenges:
A big program challenge was dealing with staff training and buy-in. Many of YSAs staff were former youth participants and many struggled with similar challenges as the youth that were being served. During this time YSA was challenged with staff understanding the importance of data collection and evaluation. Staff were not trained on using data to drive programmatic changes, which at times led to resistance and eventually the loss of some staff.

In FY24, 52 youth participated in one or more program services. Demographics on youth served were as follows:

DEMOGRAPHICS N = 52
Age Group
16-25 (Transition Age Youth) - 52
Race
Asian - <11
Black or African American - 18
White - <11
More than one Race - <11
Other - <11
Ethnicity: Latino/Latina/Latinx
Mexican/Mexican American-Chicano - 12
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
African - 18
Asian Indian/South Asian - <11
Middle Eastern - <11

More than one ethnicity - <11
Declined to Answer (or Unknown) - <11
Primary Language Used
English - 52
Sexual Orientation
Heterosexual or Straight - 22
Gay or Lesbian - <11
Bisexual - <11
Queer - <11
Questioning or Unsure of sexual orientation - <11
Another sexual orientation - <11
Declined to Answer (or Unknown) - <11
Disability Status
Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability or dementia) - <11
Chronic health condition (including but not limited to chronic pain) - <11
Declined to Answer (or Unknown) - 47
Veteran Status
No - 52
Gender: Assigned sex at birth
Male - 37
Female - 15
Current Gender Identity
Male - 12
Female - 30
Transgender - <11
Genderqueer - <11
Another Gender Identity - <11

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:
Some of the successes experienced in the reporting timeframe were aligned with changes to make the program more youth centered and informed. The Out of the Binary Fashion Show was the first event done in several years that was 100% facilitated, planned, and executed by participants in the program. Although time was spent training youth on all of these areas, youth were able to take those skills and develop something that was completely their own. The same followed into the Mural Workshop in which youth created their own ideas for the mural. They drew and designed the mural and painted on their own. This allowed the youth to feel a sense of autonomy and independence to create their own pieces and to work alongside individuals with experience in the community. This resulted in more youth coming into the program. Another success was the change in focus to offering intergenerational events that brings individuals from the Adeline community together to celebrate art, history, and community. A community brunch at the studio was held that included several Adeline community members and youth including renowned artist Edyth Boone. This event was the first to bring community members together to discuss upcoming programs and projects. At the end of the Mural Workshop, there was a Mural Reveal engagement that brought artists, Adeline community members, and youth together to celebrate the Mural created by the youth. The program successfully created safety, dignity and belonging that brought more youth to the space and gave them the freedom to participate in services and creatively express themselves.

Project Challenges:
The main challenges during the reporting timeframe was around a loss of some of the overall funding to the agency. Loosing funding caused the agency to cut stipends and some of the positions. The loss in funding pushed the agency to align in a different more efficient positive direction.

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 project is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

PEI Priorities:

- Culturally competent and linguistically appropriate prevention and intervention; including community defined evidence practices (CDEPs).
- Youth Engagement and Outreach Strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs, and transition age youth not in college.
- Strategies targeting the mental health needs of older adults.

Program results during the reporting timeframe are outlined below:

In FY22, a total of 439 support groups were conducted, serving 45 individuals. *Demographics on individuals served include the following:

DEMOGRAPHICS N=45
Age Groups
16-25 (Transitional Age Youth) - 29%
26-59 (Adult) - 62%
Ages 60+ (Older Adult) - 2%
Declined to Answer (or Unknown) - 7%
Race
Asian - 16%
Black or African American - 11%
White - 42%
More than one Race - 13%
Declined to Answer (or Unknown) - 18%
Ethnicity: Hispanic or Latino/Latina/Latinx
Caribbean - 2%
Central American - 2%
Puerto Rican - 2%
South American - 2%

Declined to Answer (or Unknown) - 2%
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
African - 4%
Asian Indian/South Asian - 7%
Chinese - 2%
Eastern European - 2%
European - 22%
Filipino - 2%
Korean - 4%
Middle Eastern - 2%
More than one Ethnicity - 20%
Declined to Answer (or Unknown) - 24%
Primary Language Used
English - 98%
Declined to Answer (or Unknown) - 2%
Sexual Orientation
Gay or Lesbian - 9%
Heterosexual or Straight - 7%
Bisexual - 18%
Questioning or Unsure - 9%
Queer - 22%
Another Sexual Orientation - 24%
Declined to Answer (or Unknown) - 11%
Disability
Difficulty Seeing - 2%
Mental (not Mental Health) - 9%

Chronic Health Condition - 4%
Other (Specify) – More than one disability - 7%
No Disability - 78%
Veteran Status
No - 98%
Declined to Answer (or Unknown) - 2%
Gender: Assigned Sex at Birth
Declined to Answer (or Unknown) - 100%
Current Gender Identity
Male - 4%
Female - 13%
Transgender - 31%
Genderqueer - 11%
Questioning or Unsure - 4%
Another gender identity - 29%
Declined to Answer (or Unknown) - 7%

*(From Project staff report, the state PEI demographic data requirements requires the inclusion of percentages, therefore they had to code folx – used to explicitly signal the inclusion of groups commonly marginalized - with any multiple identities, into some form of a "multiple identity" category or "other" category. For example, in the ethnicity section when folx selected multiple ethnicities, it was reported as "More than one ethnicity." While this strategy generally works well to reduce confusion by ensuring legible percentages, this manner of reporting is reductive and doesn't allow for the full picture of the data. For instance, someone who identified as both Native and white is only being reported as "multiple races" and therefore, the category for Native participants is blank. This caused it to appear as though there weren't any Native participants in the project, when there were. The demographic reporting structure required simply does not allow for the level of detail and nuance needed to have a fuller picture of the project data).

There were 76 referrals for additional services and supports. The number and type of referrals was as follows: 24 Mental Health; 27 Physical Health; 2 Social Services; 23 other unspecified services. To assess the project services, a self-administered Peer Support Group Survey was distributed to all peer group members. Survey results were as follows:

- 81% indicated they would recommend the organization to a friend or family member;
- 77% felt like staff and facilitators were sensitive to their cultural background;

- 77% reported they deal more effectively with daily problems;
- 70% indicated they have trusted people they can turn to for help;
- 79% felt like they belong in their community.

Program Successes:

- The impact of the COVID-19 pandemic continued to be felt throughout the LGBTQIA+ community. The project continued providing peer groups online, providing spaces for the community members to gather; to receive and provide emotional support, feel a sense of belonging and connection; and to share resources.
- Some folx were not able to move to the online space due to privacy concerns, other safety issues, lack of devices, or unstable Wi-Fi. Despite that, the peer group facilitators reported that many of their group members expressed appreciation for the access to the virtual space during a time of increased isolation, especially those with chronic pain, disability, transportation or other barriers to in-person services.
- Community members also asked about the possibilities of additional new groups in FY23 including: Q-Finity for neurodiverse folx; a group focusing on the needs of the QT polyamorous community; a parent's group; as well as a restarting of the Thursday Night Men's group. New peer group facilitators were scheduled to be onboarded in Aug 2022.
- Opportunities for project outreach increased dramatically through the website, and through the Meetup, Instagram and Facebook accounts.
- A few quotes from feedback forms on the support group were as follows:
  "I love the sense of community and support I feel in the group."
  "Thank You for holding the space."
  "I found the group understanding and supportive and [it] makes me feel I am not alone on an island, as others have [the] same circumstances."

Program Challenges:

- With more online offerings, the facilitators had additional work to do. For example, checking their email frequently, coping with technology issues, navigating facilitation while some group members and even facilitators joined via phones. These challenges were used as an opportunity to evaluate how to support facilitators as the project migrates to an in-person/hybrid, model and how facilitators can be set up to easily navigate the technological needs.
- While COVID-19 pandemic protocols were developed the project space was in transition since it was purchased by a development corporation and that hindered the ability to fully return to all in-person services.
- The contractor that implements this project experienced big leadership changes in the Executive Director, Clinical Director, Finance Director and Community Programs Director positions. These shifts impacted staff capacity and resulted in some schedule changes until the vacancies were able to be filled.
- The project will be examining ways to broaden and deepen community engagement, especially to community members who live at intersections of disabled, trans, and Black, Indigenous, and People Of Color (BIPOC) communities. An outreach committee was assembled to better track and prioritize engagement with more of a systematic approach.
- Although there was a decrease in numbers on the demographic sheets gathered on the peer group members and therefore, a lower number of group members reported, the number of duplicated participants was 2,118 in FY22, which indicated that despite lower unduplicated participants, individuals who joined groups returned regularly to meetings.

Project staff will continue to evaluate issues of attrition and Zoom fatigue while exploring in-person and hybrid models of meeting, as well as ways to improve completion and submission of the demographic forms and surveys by peer group members.

In FY23, a total of 261 individuals were served. Demographics on individuals served include the following:

DEMOGRAPHICS N=261
Age Groups
16-25 (Transitional Age Youth) - 13%
26-59 (Adult) - 67%
Ages 60+ (Older Adult) - 17%
Declined to Answer (or Unknown) - *
Race
American Indian or Alaska Native - *
Asian - *
Black or African American - *
White – 58%
More than one Race - *
Other - *
Declined to Answer (or Unknown) - *
Ethnicity: Hispanic or Latino/Latina/Latinx
Carribbean - *
Mexican/Mexican-American Chicano - *
Puerto Rican - *
South American - *
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
African - *
Asian Indian/South Asian - *
Chinese - *

Eastern European - *
European - 26%
Filipino - *
Korean - *
Middle Eastern - *
Vietnamese - *
More than one Ethnicity - 14%
Other - *
Declined to Answer (or Unknown) - 29%
Primary Language Used
English - 97%
Spanish - *
Declined to Answer (or Unknown) - *
Sexual Orientation
Gay or Lesbian - 19%
Heterosexual or Straight - *
Bisexual - 10%
Questioning or Unsure - *
Queer - 12%
Another Sexual Orientation - 49%
Declined to Answer (or Unknown) - *
Disability
Difficulty Hearing or Having Speech Understood - *
Mental Domain not including a mental illness (including but not limited to a learning disability, developmental disability or dementia) - 8%
Physical/mobility domain - *

Chronic health condition (including but not limited to chronic pain) - 8%
Other (Specify) - 17%
No Disability - 64%
Veteran Status
Yes - *
No - 95%
Declined to Answer (or Unknown) - *
Gender: Assigned Sex at Birth
Declined to Answer (or Unknown) - 100%
Current Gender Identity
Male - 15%
Female - 12%
Transgender - 29%
Genderqueer - *
Questioning or Unsure - *
Another gender identity - 37%
Declined to Answer (or Unknown) - *

*Indicates information is withheld to protect the privacy and confidentiality of individual participants.

There were 88 referrals for additional services and supports. The number and type of referrals were as follows: 47 Mental Health; 20 Physical Health; 12 Social Services; 3 Housing; 6 Other unspecified services. To assess the project services, a self-administered Peer Support Group Survey was distributed to all peer group members. Survey results were as follows:

- 98% indicated they would recommend the organization to a friend or family member;
- 95% felt like staff and facilitators were sensitive to their cultural background;
- 88% reported they deal more effectively with daily problems;
- 84% indicated they have trusted people they can turn to for help;
- 85% felt like they belong in their community.

Program Successes:

- Peer groups continued to run uninterrupted and to be a vital support to the LGBTQIA+ community during the reporting timeframe.

- 92.4% of participants reported that the peer support group(s) they attended helped them to feel safe talking about their gender.
- 88% reported that the peer support group(s) they attended helped them to feel safe in talking about their sexuality.
- The primary goal in FY23 was to increase capacity and reduce burnout for the group facilitators. To that end,16 new facilitators were on-boarded and an additional 3 facilitators were re-trained at their request.
- A full set of Diversity Equity and Inclusion trainings were also offered including one that was co-facilitated by a peer facilitator and our Community Programs Director.

Program Challenges:

- During quarter three facilitators were struggling with the Diversity Equity and Inclusion trainings offered and felt they were ready to move beyond the basics of inclusion and wanted more tools to interact with group members around issues of race, privilege, neurodivergence etc.
- In quarter four, the Diversity Equity and Inclusion training was co-facilitated by the Community Programs Director and a peer group facilitator and focused on lowering barriers to access and creating a more inclusive and welcoming space.

In FY24, a total of 94 individuals were served. Demographics on individuals served include the following:

DEMOGRAPHICS N = 94
Age Groups
16-25 (Transitional Age Youth) - <11
26-59 (Adult) - 71
Ages 60+ (Older Adult) - <11
Declined to Answer (or Unknown) - <11
Race
Asian - <11
Black or African American - <11
White - 62
More than one Race - <11
Other - <11
Declined to Answer (or Unknown) - <11

Ethnicity: Hispanic or Latino/Latina/Latinx
Mexican/Mexican-American Chicano - <11
South American - <11
Other - <11
Declined to Answer (or Unknown) - <11
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
African - <11
Asian Indian/South Asian - <11
Chinese - <11
Eastern European - <11
European - 20
Filipino - <11
Japanese - <11
Other - <11
Declined to Answer (or Unknown) - 24
Primary Language Used
English - 93
Other/Declined to Answer (or Unknown) - <11
Sexual Orientation
Gay or Lesbian - 14
Heterosexual or Straight - <11
Bisexual - <11
Questioning or Unsure - <11
Queer - <11
Another Sexual Orientation - 41

Declined to Answer (or Unknown) - <11
Disability
Difficulty Hearing or Having Speech Understood - <11
Mental Domain not including a mental illness (including but not limited to a learning disability, developmental disability or dementia) - 11
Physical/mobility domain - <11
Chronic health condition (including but not limited to chronic pain) - <11
Other (Specify) - <11
No Disability - <11
Declined to Answer (or Unknown) - 68
Veteran Status
Yes - <11
No - 92
Declined to Answer (or Unknown) - <11
Gender: Assigned Sex at Birth
Declined to Answer (or Unknown) - 94
Current Gender Identity
Male - 19
Female - 16
Transgender - 16
Genderqueer - <11
Questioning or Unsure - <11
Another gender identity – 34

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

RBA Outcomes during the reporting timeframe were as follows: 261 Support Groups were conducted reaching 143 individuals; 26 Outreach activities were conducted reaching approximately1,780 individuals; 13 individuals attended Train the Trainer sessions to become Peer Support Group Facilitators; and 38 Peer Support Group Facilitators attended Skill Building Workshops. There were 71 referrals for additional

services and supports. The number and type of referrals included: 28 Mental Health; 16 Physical Health; 3 Social Services; 1 Housing; 23 Other unspecified services.

To assess the project services, a self-administered Peer Support Group Survey was distributed to all peer group members. Survey results were as follows:

- 92% indicated they would recommend the organization to a friend or family member;
- 92% felt like staff and facilitators were sensitive to their cultural background;
- 88% reported they deal more effectively with daily problems;
- 79% indicated they have trusted people they can turn to for help;
- 81% felt like they belong in their community.

Program Successes:

The monthly consultation meetings for Peer Group facilitators was moved to Saturdays with the hope of gaining more attendance. With the move to the new location, facilitators were invited to return to the building and we staff worked on the hybridization of the new space. The move also provided the opportunity to renew outreach efforts. New location announcements were created and distributed.

With feedback from facilitators, the scope of the diversity, equity, and inclusion trainings and this year's DEI offerings were Power & Positionality, Supporting Neurodivergence, Mediating Conflict, and Accessibility in Support Spaces. There was strong attendance for these training sessions with an average of 7 facilitators in attendance per session. There were 14 new facilitators onboarded, and facilitation training for 2 facilitators from Asian Health Services was provided.

Program Challenges:

A few groups had to end due to a lack of facilitators. Another big challenge was that more community members wanted in-person groups but facilitators were still working on adjusting back to in-person groups. There was attrition in attendance during the reporting timeframe, and hybrid meetings were implemented in the next fiscal year to address this issue. The program continued to work on ways to utilize the new space as much as possible and in various ways to offer more avenues for individuals to access resources.

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 project is to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the prevention of suicide.

PEI Priorities:

- Culturally competent and linguistically appropriate prevention and intervention; including community defined evidence practices (CDEPs).
- Strategies targeting the mental health needs of older adults.

In FY22, 47 Living Well Workshop sessions 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 project. In all, 14 Senior Citizens participated in the Living Well Workshops. Demographics of Workshop participants are outlined below:

DEMOGRAPHICS N=14
Age Groups
26-59 (Adult) - 7%
Age 60+ (Older Adult) - 93%
Race
Asian - 7%
Black or African American - 14%
White - 65%
Other - 7%
More than one race - 7%
Ethnicity: Hispanic or Latino/Latina/Latinx
Other - 7%
Declined to Answer (or Unknown) - 7%
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
European - 14%
Other - 7%

Declined to Answer (or Unknown) - 65%
Primary Language Used
English - 100%
Sexual Orientation
Heterosexual or Straight - 7%
Questioning or Unsure - 7%
Declined to Answer (or Unknown) - 86%
Disability
Difficulty Seeing - 7%
Difficulty Hearing or Having Speech Understood - 7%
Mental (not mental health) - 21%
Physical/mobility disability - 14%
Chronic health condition - 7%
Other Disability - 29%
No Disability - 7%
Declined to Answer (or Unknown) - 8%
Veteran Status
No - 100%
Gender: Assigned Sex at birth
Male - 21%
Female - 79%
Current Gender Identity
Male - 21%
Female - 79%

During the reporting timeframe 14 outreach and informational events were conducted reaching 38 individuals, with 45 unduplicated individuals receiving further engagement services. There were 257 referrals for additional services and supports. The number and type of referrals were as follows: 80 Mental Health; 35 Physical Health; 20 Social Services; 20 Housing; 102 other unspecified services. A total of 100% of project participants completed a Living Well Workshop Series. Feedback per participant self-report was as follows:

- 100% reported they felt satisfied with the workshops;
- 100% indicated an improvement in feeling satisfied in general;
- 100% had increased feelings of social supports;

- 100% felt prepared to make positive changes; and
- 100% reported they felt less overwhelmed and helpless.

Project Successes**:**
The workshops were well attended with lively engagement. The workshops provided a safe space where some of the participants were able to share painful testimonies of isolation, sadness and fear and others of loneliness. Many missed their families, their grandchildren, and friends. To help participants stay connected 96 tele-support group sessions were held. Living Well Program virtual/tele-workshops were offered every Monday and tele-support groups every Tuesday. In December and May laptops and technical training were provided to previous participants and individuals who completed The Living Well Workshop Series.

Project Challenges:
Some participants had to travel out of state to support adult children with life-threatening illnesses and two struggled with potentially life-threatening diagnoses themselves. There was a lot of uncertainty revolving around the COVID-19 pandemic. Many participants had difficulties connecting with others due to the technological gap. The Workshop Series facilitator also had to learn systems that had not been used before.

In FY23, a total of 73 individuals participated in the Living Well Workshop Series program. Demographics of Workshop participants are outlined below:

DEMOGRAPHICS N=73
Age Groups
26-59 (Adult) - *
Age 60+ (Older Adult) - 88%
Declined to Answer (or Unknown) - *
Race
Asian - 23%
Black or African American - 22%
White - 34%
Other - *
More than one race - *
Declined to Answer (or Unknown) - *
Ethnicity: Hispanic or Latino/Latina/Latinx
Mexican/Mexican-American-Chicano - *
Other - *
Declined to Answer (or Unknown) - *
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Asian Indian/South Asian - 12%
Chinese - *

European - 19%
Middle Eastern - *
More than one Ethnicity - *
Other - 25%
Declined to Answer (or Unknown) - 32%
Primary Language Used
English - 79%
Other - *
Declined to Answer (or Unknown) - 20%
Sexual Orientation
Heterosexual or Straight - *
Declined to Answer (or Unknown) - 99%
Disability
Difficulty Seeing - 12%
Difficulty Hearing or Having Speech Understood - 22%
Mental (not mental health) - 14%
Physical/mobility disability - 15%
Chronic health condition - 22%
Other Disability - *
No Disability - *
Declined to Answer (or Unknown) - 14%
Veteran Status
Yes - *
No - 71%
Declined to Answer (or Unknown) - 21%
Gender: Assigned Sex at birth
Male - 15%
Female - 69%
Declined to Answer (or Unknown) - 16%

Current Gender Identity
Male - 14%
Female - 71%
Other - *
Declined to Answer (or Unknown) - 14%

*Indicates information is withheld to protect the privacy and confidentiality of individual participants.

During the reporting timeframe 4 outreach and informational events were conducted reaching 51 individuals. A total of 99 individuals participated in the Living Well Workshop series and 72 received engagement services. There were 149 referrals for additional services and supports. The number and type of referrals were as follows: 46 Mental Health; 27 Physical Health; 38 Social Services; 26 Housing; 12 other unspecified services. Project participants completed a Living Well Workshop Series. Feedback per participant self-report was as follows:

- 93% reported they felt satisfied with the workshops;
- 93% indicated an improvement in feeling satisfied in general;
- 93% had increased feelings of social supports;
- 93% felt prepared to make positive changes; and
- 93% reported they felt less overwhelmed and helpless.

Project Successes**:**

- The Living Well with a Disability programming continued to be well attended, especially the PEERS group, which is a peer-based support and discussion group focused on mental and emotional health for seniors.
- New seniors attended every quarter, and participant survey's demonstrated positive outcomes.
- Due to the success of the program, the Senior and Aging Engagement Specialist received numerous requests to host Living Well workshops at additional locations.

Project Challenges:

- The Living Well program continued to experience the impacts of the ongoing pandemic; older adults are still at higher risk for complications from Covid-19. Some staff also got COVID/experienced long COVID, which impacted the program.
- A majority of participants expressed that they did not feel comfortable answering all of the demographic and life situation questions required by the MHSA reporting. The Management Team is continuing to work with the Senior and Aging Engagement Specialist to devise strategies to support getting the required information, and also to ensure that trust, confidentiality, and person-centered services remain at the core of the work.
- The Center for Independent Living transferred to a new customer relationship management (CRM) software called MiCil, and the shift between the two CRMs, as well as the on-ramp period to get Living Well staff familiar with the new system and ensure it was accessible to them, created challenges in getting numbers and reports in in a timely manner.
- There was also some transition in Senior Management staff, which led to a delay in invoicing and financial reports on a couple of occasions.

- The agency had an Interim Executive Director during the reporting timeframe and has continued search for a new Executive Director.
- The program structure shifted to include more managers, which will hopefully alleviate some of the challenges, particularly around data management.
- A Data and Reporting Specialist was hired, who works closely with the Senior and Aging Engagement Specialist to ensure Living Well data is tracked in an accurate and comprehensive manner.

It is anticipated that these issues will be ameliorated within the current fiscal year, as the Living Well program systems, policies, and procedures are being revised and revitalized.

A majority of participants expressed that they did not feel comfortable answering all of the demographic and life situation questions required by the MHSA reporting. The Management Team is continuing to work with the Senior and Aging Engagement Specialist to devise strategies to support getting the required information, and also to ensure that trust, confidentiality, and person-centered services remain at the core of the work.

In FY24, a total of 38 individuals participated in the Living Well Workshop Series program. Demographics of Workshop participants are outlined below:

DEMOGRAPHICS N=38
Age Groups
Age 60+ (Older Adult) - 17
Declined to Answer (or Unknown) - 21
Race
Asian - <11
Black or African American - <11
Native Hawaiian or other Pacific Islander - <11
White - <11
Other - <11
Declined to Answer (or Unknown) - 18
Ethnicity: Hispanic or Latino/Latina/Latinx
Declined to Answer (or Unknown) - 38
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Declined to Answer (or Unknown) - 38
Primary Language Used
English/Other - <11
Declined to Answer (or Unknown) - 33
Sexual Orientation
Declined to Answer (or Unknown) - 38

Disability
Difficulty Seeing - <11
Difficulty Hearing or Having Speech Understood - <11
Mental (not mental health) - <11
Physical/mobility disability - <11
Other Disability - <11
Declined to Answer (or Unknown) - 26
Veteran Status
Declined to Answer (or Unknown) - 38
Gender: Assigned Sex at birth
Declined to Answer (or Unknown) - 38
Current Gender Identity
Male/Other - <11
Female - 14
Declined to Answer (or Unknown) - 14

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

RBA Outcomes during the reporting timeframe were as follows: 4 outreach and informational events were conducted reaching 111 individuals. A total of 78 individuals participated in the Living Well Workshop series and 99 received engagement services. There were 11 referrals for additional services and supports. The number and type of referrals included: 1 Mental Health; 2 Physical Health; 1 Social Services; 2 Housing; 5 other unspecified services.

Project Successes**:**
The Center for Independent Living's "Living Well with a Disability" workshop series and the PEERS support group were both well-attended and impactful, reaching 78 older adults in Berkeley during the reporting timeframe. Outside of the workshops, 99 older adults in Berkeley received 1-on-1 supports, services, and referrals with a total of 612 hours spent providing these individual services and referrals in the reporting period.

The Senior and Aging Engagement Coordinator witnessed increased mental, physical, and emotional health issues with attendees of the group, and worked to adapt programming to meet the needs and concerns of attendees. The Coordinator also increased the 1-on-1 services and referrals in order to provide additional support to individuals in need, especially in the realm of mental health, legal advocacy, referrals for assistive technology and residential access supports, general technology assistance, and more.

Other highlights from the reporting period included diverse outreach in the community by the Senior and Aging Engagement Coordinator, including attending a day-long conference on Elder Abuse held by Legal

Assistance for Seniors, where the Coordinator was able to meet other service providers and legal advocates that work with older adults, and collaborate on challenges, resources, and referrals. The Coordinator also tabled at the annual Berkeley Juneteenth Festival, at the GoldenReady Emergency Preparedness event, and more.

Project Challenges:
The greatest challenge related to comprehensive data tracking and gathering demographic and survey information from Living Well and PEERS attendees. For a time, the Senior and Aging Engagement Coordinator was not comprehensively tracking the referrals made as part of the 1-on-1 services, and then departed the organization before the Program Director could work closely with her to try to trace back some of those supports and services offered; thus, the referral numbers looked artificially low, even though the Coordinator was visiting multiple seniors at their homes or at the senior centers to work with them 1-on-1, several times per week. The Senior and Aging Coordinator shared that workshop attendees were often reticent to provide the in-depth demographic information requests. Once hired, the new Senior and Aging Engagement Coordinator will be supported in developing strategies to confidentially and comprehensively gather required data and demographics.

SoulSpace Project

The SoulSpace Project for African Americans is implemented through ONTRACK Program Resources. This project assists African Americans in Berkeley to access culturally, ethnically, and linguistically responsive and trauma-informed prevention and early intervention services. Project services include: community education; outreach and engagement; individual quality of life assessments; coaching; empowerment planning; referrals; navigation supports; support groups; and life skills training.

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.

PEI Priorities:

- Culturally competent and linguistically appropriate prevention and intervention; including community defined evidence practices (CDEPs).
- Youth Engagement and Outreach Strategies that target secondary school and transition age, with a priority on partnership with college mental health programs, and transition age youth not in college.
- Strategies targeting the mental health needs of older adults.

Program results during the reporting timeframe are outlined below.

This project began operating in the last month of the 2nd Quarter of FY22. During that timeframe ONTRACK served 16 individuals in intensive case management, including a total of 45 empowerment activities, and support groups. Demographics on individuals served through this project were as follows:

DEMOGRAPHICS N=16
Age Groups
Transition Age Youth (16-25) - 19%
Adults (26-59) - 62%
Older Adults (60+) - 19%
Race
Black or African American - 100%
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Other - 100%
Primary Language
English - 100%
Sexual Orientation
Heterosexual or Straight - 94%
Another sexual orientation - 6%
Disability
Mental (not mental health) - 6%
Physical/Mobility Disability - 6%
No Disability - 88%
Veteran Status
No - 100%
Gender: Assigned Sex at Birth
Male - 56%
Female - 44%
Current Gender Identity
Male - 56%
Female - 44%

Project Successes**:**

Despite a program starting date of December, 1, 2021, ONTRACK launched the SoulSpace project and accomplished the following during the reporting timeframe:

- Hired two staff who have deep familiarity with Berkeley.
- Secured a work space.
- Built out the case management platform, Apricot by Social Solutions, to match the system used by Berkeley—City Data Services.
- Conducted outreach and began implementing services.
- In order to quickly gain a foot in Berkeley's mental health provider network, the contractor established several partnerships with longstanding organizations in the city of Berkeley including:
  -A partnership with Options for Recovery which included their co-hosting an in-person public education event with Roland Williams, an expert in co-existing substance use and mental health concerns among African Americans. The contractor also provided one-to-one empowerment services for some of their dually-diagnosed clients as well as members of their staff working through the compassion fatigue that often accompanies work with this population.
  -Through a partnership with Building Opportunities for Self-Sufficiency (BOSS), the contractor conducted onsite—and off-site-one-to-one and group empowerment services to their otherwise unsheltered population of African Americans.
- Conducted two well-reviewed community education events. Dr. La Tanya Takla conducted a 2-part series on trauma informed care to African Americans, and Roland Williams conducted an in-person workshop at the Veterans Memorial Building.

Project Challenges:

- The contractor experienced a number of challenges during the program period, several of which have been rectified since the ending of the June 30, 2022 MHSA reporting period.
  The truncated MHSA 2021-2022 service period was short due to a contract execution date of December 1, 2021, and a delay in final contracting processes.
- Outreach efforts to community members was restricted due to the COVID-19 pandemic, which meant greater reliance on social media and outreach to other community organizations who were seeking to adapt to their own challenges.
- The initial location of the Soul Space office in West Berkeley was less accessible to community members than the current location in North Berkeley on Adeline Street.

In FY23, 35 individuals were served. Demographics on individuals served are as follows:

DEMOGRAPHICS N=35
Age Groups
Transition Age Youth (16-25) - 14%
Adults (26-59) - 69%
Older Adults (60+) - 17%

Race
Black or African American - 86%
Declined to Answer (or Unknown) - 11%
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Declined to Answer (or Unknown) - *
Primary Language
English - 100%
Sexual Orientation
Heterosexual or Straight - 89%
Bisexual - *
Another sexual orientation - *
Declined to Answer (or Unknown) - *
Disability
Mental (not mental health) - *
Physical/Mobility Disability - 14%
No Disability - 77%
Declined to Answer (or Unknown) - *
Veteran Status
Declined to Answer (or Unknown) - 100%
Gender: Assigned Sex at Birth
Male - 37%
Female - 63%
Current Gender Identity
Male - 37%
Female - 63%

*Indicates information is withheld to protect the privacy and confidentiality of individual participants.

During the reporting timeframe 20 Community Education Trainings were conducted and 417 individuals were reached through outreach and engagement services. A total of 19 individuals received case management and 20 participated in Support Groups. There were 4 referrals for additional services and supports.

Project Successes**:**

- *Community Engagement***:** Soul Space Berkeley successfully integrated itself into the Berkeley community and has become a recognized and trusted resource for individuals seeking wellness and support services. Partnerships with community agencies, Building Opportunities for Self Sufficiency (BOSS) and Options for Recovery, yielded a reciprocal referral stream that has been beneficial.
- *Expanded Services*: One of the major accomplishments was the ability to serve individuals in the community effectively. The case management services proved to be highly beneficial assisting individuals in finding mental health resources; adjusting to life after the pandemic; offering financial education; and offering a safe place where individuals could openly express their needs and employment assistance.
- *Family Support*: Entire families the Soul Space services, reflecting the broad impact of the programs on the community. This demonstrates programs ability to address holistic well-being at both the individual and family levels. Soul Space will continue to offer family services given the need.
- *Successful Women's Group*: The establishment and success of the women's group "Crown Never Off" was a testament to the value of the services provided. This group provided a supportive and empowering space for women within the community.
- *Community Recognition*: Soul Space established meaningful connections with community organizations, enhancing the presence and reputation within the Berkeley community. The commitment to building community relationships yielded positive results.

Project Challenges:

- *Staffing*: Soul Space experienced staff turnover amid growth and an increased demand for services. Recruitment for new staff to ensure the right team is in place to meet the needs of the expanding program is an ongoing challenge given the program budget. In FY24, two new staff were hired. Soul Space is seeking additional funding to support the current staffing arrangement.
- *Location Accessibility*: In FY23, OnTrack, the provider of the SoulSpace project, was relocated to a space within Inter-City Services. However, due to various building issues, this space was temporary and OnTrack had to relocate again to it's current space in South Berkeley.

In FY24, 7 individuals were served. Demographics on individuals served are as follows:

DEMOGRAPHICS N=7
Age Groups
Adults (26-59) - <11
Older Adults (60+) - <11
Race
Black or African American - <11
Declined to Answer (or Unknown) - <11
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Declined to Answer (or Unknown) – 7

Primary Language
English - 7
Sexual Orientation
Heterosexual or Straight - 7
Disability
Mental (not mental health) - <11
Chronic Health Condition - <11
No Disability - <11
Veteran Status
Declined To Answer (or Unknown) - 7
Gender: Assigned Sex at Birth
Male - <11
Female - <11
Current Gender Identity
Male - <11
Female - <11

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

RBA Outcomes during the reporting timeframe were as follows: 2 Community Education Trainings were conducted to 43 attendees, and 229 individuals were reached through outreach and engagement services. A total of 7 individuals received case management and/or participated in Support Groups. There were 7 referrals for additional services and supports.

Project Successes**:**

- A support group for Black men, "Black Men Alive and Well," aimed at building participants' resilience and well-being was conducted.
- Two community education workshops with Deanna Robinson were held: "Creating a Culture of Healing: Black Mental Health Wellness Strategies" and "Processing Pain While Building a Healing Culture: Black Mental Health Wellness Strategies".
- A two-part provider education training with Roland Williams was held, "Medication-Assisted Treatment for Black Populations" in June.
- After exhaustive searches, ONTRACK hired 2 case managers for Soul Space and placed a project manager onsite in Berkeley.
- Soul Space leased office and program space in South Berkeley, in the historical heart of Berkeley's African America/Black community and hired two well-qualified empowerment advocates. The increased capacity enabled the program to ramp up the outreach and direct service activities.

Project Challenges:

- Early in the fiscal year, the case manager resigned. The program support team worked diligently to move clients through their empowerment plans and transition them to other community resources or close out their cases. Recruitment began immediately for the vacant position but there was difficulty finding applicants who brought the required combination of skillsets: case management expertise, deep understanding of African American/Black communities particular needs for mental health support, and experience working with African American/Black communities. The search process involved reviewing 40 resumes submitted in response to initial posts, numerous hours revising the recruitment strategy and outreach, and interviewing more than 28 candidates before finding qualified individuals aligned with Soul Space's values and approach to case management.
- The original North Berkeley office space was unsuitable to the program needs, so the program moved to a new space in South Berkeley that was closer to public transportation and more accessible to African American communities. Unforeseen flooding and mildew rendered the office space permanently unusable, necessitating a time-consuming search for another space. Finding an affordable and culturally appropriate space proved more difficult than anticipated, but the program was able to acquire access, and relocate to another space in South Berkeley that proved to be appropriate for the program needs.

Latinx Trauma Support Project

Implemented through East Bay Sanctuary Covenant began the Latinx Trauma Support Project assists low-income, Latinx families in Berkeley to access culturally, ethnically, and linguistically responsive and trauma-informed prevention and intervention services. Project services are in direct response to, and in collaboration with, Latinx community members, and are largely facilitated by individuals from within the targeted community and are conducted in Spanish or an indigenous language. Services include: One-on-one outreach and support; support groups; staff and partner training and warm referrals.

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.

PEI Priorities:

- Culturally competent and linguistically appropriate prevention and intervention; including community defined evidence practices (CDEPs).

- Youth Engagement and Outreach Strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs, and transition age youth not in college.
- Strategies targeting the mental health needs of older adults.

Program results during the reporting timeframe were as follows:

In FY22, this project began implementing services. Over the course of the year a total of 224 individuals were served. Demographics on individuals served through this project were as follows:

DEMOGRAPHICS N=224
Age Groups
Children and Youth (0-15) - 2%
Transition Age Youth (16-25) - 13%
Adults (26-59) - 82%
Older Adults (60+) - 1%
Declined to Answer (or Unknown) - 2%
Race
American Indian or Alaska Native - 10%
Asian - 1%
Black or African American - <1%
White - 2%
Other - 85%
Declined to Answer (or Unknown) - 2%
Ethnicity: Hispanic or Latino/Latina/Latinx
Central American - 45%
Mexican/Mexican-American/Chicano - 29%
South American - 8%
Other - 8%
Declined to Answer (or Unknown) - 7%
Ethnicity: Non-Hispanic or Latino/Latina/Latinx
African - <1%
Asian Indian/South Asian - 1%
Chinese - <1%

Eastern European - <1%
Middle Eastern - <1%
Other - <1%
Primary Language
English - 3%
Spanish - 83%
Declined to Answer (or Unknown) - 14%
Sexual Orientation
Gay or Lesbian - 28%
Heterosexual or Straight - 43%
Questioning or unsure of sexual orientation - 1%
Queer - 1%
Another sexual orientation - 2%
Declined to Answer (or Unknown) - 25%
Disability
Difficulty Seeing - <1%
Other - 1%
No Disability - 95%
Declined to Answer (or Unknown) - 4%
Veteran Status
No - 91%
Declined to Answer (or Unknown) - 9%
Gender: Assigned Sex at Birth
Male - 49%
Female - 50%
Declined to Answer (or Unknown) - 2%
Current Gender Identity
Male - 46%
Female - 50%
Transgender - 1%

Genderqueer - 1%
Declined to Answer (or Unknown) - 2%

During the reporting timeframe 41 Support Group sessions were conducted reaching 26 individuals, and 76 individuals received One-on-One Supports. A total of 49 Trainings were conducted, reaching 78 individuals. There were 110 warm referrals for additional services and supports. The number and type of referrals were as follows: 31 Mental Health; 10 Physical Health; 33 Social Services; 36 other unspecified services.

Support Group feedback per participant self-report was as follows:

- 100% reported they liked participating in the Support Group;
- 100% indicated they would recommend the organization to a friend or family member;
- 100% indicated they felt safe, included and respected;
- 100% reported that they were able to deal more effectively with daily problems;
- 100% reported increased feelings of supports after participating in the support group.

Training feedback per participant self-report was as follows:

- 98% pf participants indicated that they were satisfied with the training;
- 100% of participants indicated that the information in the training was informative;
- 100% of participants indicated that the training would help them in their work.

Project Successes**:**

- In the first fiscal year of this contract, an effective and efficient support services project was built to better serve members of the Latinx community through a holistic trauma-informed approach.
- Having a dedicated staff allowed the project to connect more deeply with Latinx community members, offering early intervention and prevention education, one-on-one supports, warm referrals to a wide range of social and mental health services, and two support groups (one for LGBTQ Latinx asylum seekers and one for Indigenous Maya Mam women).
- The project trained a total of seventy-eight staff and employees of partner agencies in the trauma-informed approach. These trainings were designed after the Program Manager interviewed key stakeholders within the organization about their understanding of trauma and what training needs they saw for improving our services. Externally, customized trainings for partners working in healthcare, education, and social services were also provided.
- The Support Services Manager strengthened partnerships with community agencies around a range of services that clients desperately needed, including health care, public benefits, services for survivors of domestic violence, housing, and many other needs.
- A sophisticated comprehensive system for identifying the resources available to community members and tracking referrals after initial contact using the Airtable platform, was created and utilized.

Project Challenges:

An early challenge was that the project was not able to hire a Support Services Program Manager until two months after the grant began, however despite this delay, project goals were still met.

In FY23, this project served 339 individuals. Demographics on individuals served were as follows:

DEMOGRAPHICS N=339
Age Groups
Children and Youth (0-15) - *
Transition Age Youth (16-25) - *
Adults (26-59) - 84%
Older Adults (60+) - *
Declined to Answer (or Unknown) - *
Race
American Indian or Alaska Native - *
Asian - *
Black or African American - *
White - *
Other - 85%
Declined to Answer (or Unknown) - *
Ethnicity: Hispanic or Latino/Latina/Latinx
Central American - 47%
Mexican/Mexican-American/Chicano - 35%
South American - *
Other - *
Declined to Answer (or Unknown) - *
Ethnicity: Non-Hispanic or Latino/Latina/Latinx
African - *
Asian Indian/South Asian - *
Cambodian - *
Eastern European - *
European - *
Japanese - *
Korean - *
Other - *

Primary Language
English - *
Spanish - 87%
Declined to Answer (or Unknown) - *
Sexual Orientation
Gay or Lesbian - 36%
Heterosexual or Straight - 43%
Queer - *
Another sexual orientation - *
Declined to Answer (or Unknown) - 18%
Disability
Other - *
No Disability - 93%
Declined to Answer (or Unknown) - *
Veteran Status
No - 100%
Gender: Assigned Sex at Birth
Male - 44%
Female - 55%
Declined to Answer (or Unknown) - *
Current Gender Identity
Male - 41%
Female - 55%
Transgender - *
Genderqueer - *
Another Gender Identity - *

*Indicates information is withheld to protect the privacy and confidentiality of individual participants.

During the reporting timeframe 7 Support Group sessions were conducted reaching 132 individuals, and 94 individuals received One-on-One Supports. A total of 8 Trainings were conducted, reaching 30 individuals. There were 152 warm referrals for additional services and supports. The number and type of referrals were as follows: 32 Mental Health; 8 Physical Health; 44 Social Services; 68 other unspecified services.

Support Group feedback per participant self-report was as follows:

- 100% reported they liked participating in the Support Group;
- 98% indicated they would recommend the organization to a friend or family member;
- 100% indicated they felt safe, included and respected;
- 95% reported that they were able to deal more effectively with daily problems;
- 98% reported increased feelings of supports after participating in the support group.

Training feedback per participant self-report was as follows:

- 100% of participants indicated that they were satisfied with the training;
- 100% of participants indicated that the information in the training was informative;
- 100% of participants indicated that the training would help them in their work.

Project Successes**:**

- Continued to provide integrated support to low-income Latinx immigrants through case management, warm referrals, trilingual hotline, support groups, mental health support, and trainings, as well as quarterly retreats for LGBTQ asylum seekers and Mam women.
- Due to growth in the Support Services program an additional caseworker was hired, which helped clients connect to more public benefits, including Medi-Cal and CalFresh.
- In addition to 1x1 support, a support group was offered reaching 24 LGBTQ asylum seekers and a storytelling workshop reaching 17 people.
- Utilized undergraduate interns for 16-24 hours a week to provide direct service to individuals, and to assist with administrative tasks.
- Hosted four Trauma-Informed trainings for staff and partner organizations providing legal and mental health services to asylum seekers. Staff trainings on Wellness and Domestic Violence Prevention were also conducted. The Support Services team attended a training on Motivational Interviewing and participated in a convening of Bay Area nonprofits serving unaccompanied immigrant youth.
- Provided a training on Mental Health First Aid and suicide prevention, one for law student volunteers, and one in Spanish for outreach workers.
- Partnered with “No Separate Survival”, a participatory documentary project, to offer asylees a chance to get behind the camera and share their perspectives as storytellers, and hosted a film screening for asylum seekers and their families in a single-day support group event.
- The OLAS LGBT Sanctuary Project held a retreat on the theme, “The Pride of Being,” to empower participants to be proud of their unique identities, and to build community with each other.
- Connected clients to services such as rental assistance, state-funded medical services, mental health services, and more.
- Planned an integrated wellness workshop for clients, which took place in the Fall of 2023. The workshop covered topics such as sleep and stress, and offered a range of culturally appropriate approaches including Talk Therapy and traditional Mayan herbal remedies.
- The Community Education Manager and Amplifying Sanctuary Voices Team led two “Tell Your Story” workshop training sessions to help community members learn how to share their immigration stories with legislators and the public. These workshops helped community members find power and confidence in sharing their lived experiences to advocate for a greater cause.
- The OLAS LGBTQ Asylum Program Coordinator, led a support group retreat for new and returning members focused on the immigrant identity. Activities allowed participants to safely share their migration stories and discuss the dynamics of acculturation and chosen family.

Project Challenges:
It continued to be a challenge to connect clients with mental health services in a timely fashion, as the shortage of mental health workers seemingly only deepened. We stayed in close touch with groups like "Partnerships for Trauma Recovery" to make sure we had up-to-date information on which providers are accepting new patients and what wait times our clients could expect. A Team Member who specializes in working with teenagers and transition-aged youth, offered a support group for her clients, however it proved to be difficult to recruit for the group, as the need to earn money often overwhelmed all other needs of the potential participants.

In FY24, this project served 653 individuals. Demographics on individuals served were as follows:

DEMOGRAPHICS N=653
Age Groups
Children and Youth (0-15) or Unknown - 28
Transition Age Youth (16-25) - 148
Adults (26-59) - 442
Older Adults (60+) - 35
Race
Asian - <11
Black or African American - 17
White - <11
Other - 601
More than one Race - <11
Declined to Answer (or Unknown) - 11
Ethnicity: Hispanic or Latino/Latina/Latinx
Central American - 345
Mexican/Mexican-American/Chicano - 127
South American - 43
Other - 29
Declined to Answer (or Unknown) - 49
Ethnicity: Non-Hispanic or Latino/Latina/Latinx
African - 12
Asian Indian/South Asian - <11

European - <11
Filipino - <11
Middle Eastern - <11
Vietnamese - <11
Other - <11
More than one ethnicity - <11
Declined to Answer (or Unknown) - 12
Primary Language
English - 56
Spanish - 533
Sexual Orientation
Gay or Lesbian - 86
Heterosexual or Straight - 308
Bisexual - <11
Questioning or Unsure of sexual orientation - <11
Queer - <11
Another sexual orientation - <11
Declined to Answer (or Unknown) - 243
Disability
Difficulty Seeing - <11
Other - <11
No Disability - 614
Declined to Answer (or Unknown) - 26
Veteran Status
No - 630
Declined to Answer (or Unknown) - 23
Gender: Assigned Sex at Birth
Male - 327
Female - 326

Current Gender Identity
Male - 321
Female - 318
Transgender/Genderqueer/Another Gender Identity - 14

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

RBA Outcomes during the reporting timeframe were as follows: 9 Support Group sessions were conducted reaching 75 individuals, and 247 individuals received One-on-One Supports. A total of 7 Trainings were conducted, reaching 91 individuals. There were 207 warm referrals for additional services and supports. The number and type of referrals included: 29 Mental Health; 12 Physical Health; 75 Social Services; 91 other unspecified services.

Support Group feedback per participant self-report was as follows:

- 100% reported they liked participating in the Support Group;
- 100% indicated they would recommend the organization to a friend or family member;
- 100% indicated they felt safe, included and respected;
- 100% reported that they were able to deal more effectively with daily problems;
- 100% reported increased feelings of supports after participating in the support group.

Training feedback per participant self-report was as follows:

- 100% of participants indicated that they were satisfied with the training;
- 100% of participants indicated that the information in the training was informative;
- 100% of participants indicated that the training would help them in their work.

Project Successes**:**

- Continued to provide integrated support to low-income Latinx immigrants through case management, warm referrals, trilingual hotline, support groups, mental health support, and trainings, as well as quarterly retreats for LGBTQ asylum seekers and Mam women.
- Successfully initiated contact with Berkeley High School newcomer program to share resources with families, and continued to provide one-on-one support for Latinx and Mam asylum seekers, including wraparound services for unaccompanied minors and warm referrals to mental health and other services.
- Provided 6 trauma-informed trainings for 66 unique participants. These included an annual training for the incoming cohort of law students interns who directly assisted with the clients' asylum cases during the school year. These trainings made it much more likely for the law students to identify their clients' need for mental health services and reach out to the Support Services team to make these connections.
- Expanded one-on-one services to include assistance with obtaining public benefits. Program staff developed sufficient expertise on this topic to train student interns to screen clients for eligibility for benefits such as Medi-Cal and CalFresh, help them apply, and, crucially, help them overcome barriers like inadequate documentation if their applications were rejected.
- The OLAS LGBTQ Sanctuary Project held a support group weekend retreat with 16 LGBTQ participants. Participants felt empowered to share their accomplishments as immigrants in the U.S., including learning English, opening their own businesses, pursuing higher education, and obtaining asylum or residency status. Additionally, the OLAS Sanctuary Project held a one-day retreat in Berkeley

for 24 participants, 6 of whom were new to the program. Many participants expressed feelings of trust, safety, and comfort with expressing themselves through the group activities. This provided safe spaces for participants to rest, share their experiences as LGBTQ immigrants, and practice different forms of art expression. Activities were led by trained facilitators, including licensed therapists. Participants walked away from these experiences having felt seen and heard and part of a community. As LGBTQ immigrants, many of the participants have experienced hate incidents in both their home countries and the U.S. They unanimously feel that OLAS provides a safe space for healing and processing these experiences among their peers, and shared that each retreat built their self-confidence and their connections with other participants.

- Two storytelling workshops were held for Indigenous Mam, Latinx, and LGBTQ asylum seekers that focused on finding and expressing their voice. One workshop was in collaboration with teaching artists at Berkeley Repertory Theatre (BRT). Participants were guided to create poetry and performances based on their stories and share them in classrooms and at community events, which helped to build empathy in the broader community. The experience was cathartic, with strengthened connections, community, and confidence, along with opportunities to share one's journey and give/receive support.
- The Amplifying Sanctuary Voices (ASV) team held a storytelling performance event in partnership with Berkeley Repertory Theater - In Dialogue. The performance featured four Latinx and immigrant community members who shared their stories with over 50 attendees. The event was incredibly moving and a great success; the performers shared that they felt proud of their bravery to stand up and share their story and audience members reflected on the power of hearing personal narratives in a performance setting. ASV is excited to continue supporting community storytelling in a setting that promotes participants' healing and empowerment.

Project Challenges:
While there were no significant program challenges in FY24, the Support Services team was hoping to host three student interns over the summer, however two withdrew for personal reasons at the last minute. Staff was able to cover, but this was still a disappointment and prompted thinking and planning on how to get firmer intern commitments going forward.

PREVENTION & EARLY INTERVENTION COMBINED PROGRAMS

Prevention Program – Includes a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.

Early Intervention Program – Provides 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.

The City of Berkeley Prevention & Early Intervention combined programs are as follows:

Mental Health Peer Education Program

The Mental and Emotional Education Team (MEET) also known as the Mental Health Peer Educators program implements a peer-to-peer mental health education curriculum to 9th 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.

PEI Priorities:

- Youth Engagement and Outreach Strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs, and transition age youth not in college.
- Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis.

In FY22, although the funding was allocated for this program, it was not implemented by BUSD.

In FY23, the MEET program was relaunched after having been discontinued for a couple of years. During this reporting timeframe,15 MEET Peer Educators participated in weekly trainings and in a 1 full day training for the purposes of developing leadership skills, learning about mental health needs and resources, and providing mental health education for their peers. The trained Peer Educators then presented in eight U-9 Freshman Seminar Classes.

Five of the MEET students participated in the City of Berkeley Health Justice (HJI) Internships with MEET as their internship site. The HJI interns participated in an additional weekly meeting and acted as leaders within MEET by developing the PowerPoint presentation and leading practice sessions with other MEET peer educators to prepare for their classroom presentations.

In FY23, 15 individuals were served through this program. Demographics on individuals served were as follows:

DEMOGRAPHICS N=15
Age Groups
Children and Youth (0-15) - 100%
Race
Asian - *
Black or African American - 33%

White - 33%
More than one Race - 27%
Declined to Answer (or Unknown) - *
Ethnicity: Hispanic or Latino/Latina/Latinx
Other - 3%
Declined to Answer (or Unknown) - 12%
Ethnicity: Non-Hispanic or Latino/Latina/Latinx
African - *
Asian Indian/South Asian - *
Other - 13%
Declined to Answer (or Unknown) - 46%
Primary Language
Declined to Answer (or Unknown) - 100%
Sexual Orientation
Gay or Lesbian - *
Heterosexual or Straight - 20%
Bisexual - 27%
Questioning or unsure of sexual orientation - 20%
Queer - 13%
Other - *
Declined to Answer (or Unknown) - 13%
Disability
Difficulty Seeing - 13%
Mental domain not including a mental illness(including but not limited to a learning disability, developmental disability or dementia) - *
Other - *
No Disability - 60%
Declined to Answer (or Unknown) - 13%
Veteran Status
No - 100%

Gender: Assigned Sex at Birth
Declined to Answer (or Unknown) - 100%
Current Gender Identity
Male - 13%
Female - 67%
Genderqueer - *
Questioning or unsure of gender identity - 13%
Declined to Answer (or Unknown) - *

*Indicates information is withheld to protect the privacy and confidentiality of individual participants.

Program Successes:

- Developed informational PowerPoint and presentation for U-9 Freshman Seminar classes.
- Completed 8 educational presentations to U-9 Freshman Seminar classes.
- Presentations reached over 200 students and aimed to foster greater comfort in discussing mental health, provide information about common mental health issues, reduce mental health stigma, teach coping skills, and show students how to access mental health resources in and outside of Berkeley High School.
- Five MEET students participated in the City of Berkeley Health Justice (HJI) Internships with MEET as their internship site. The HJI interns acted as leaders within MEET by developing the PowerPoint presentation and leading practice sessions to prepare for their classroom presentations.
- Created informational posters about depression, anxiety, coping skills, and selfcare to be posted across campus.
- Helped design mental health survey questions that were used in the district-wide Mental Health Needs Assessment.
- Conducted over 40 interviews of Berkeley High Students for the district-wide Mental Health Needs Assessment.
- Assisted in designing a BHS Wellness Website.
- Nine weekly trainings and one full day training was facilitated for MEET students to foster community, learn about common mental health concerns and prepare to facilitate presentations to U-9 freshmen.
- HJI MEET interns met with the training facilitator an additional 5 times to support their development of the PowerPoint presentation, foster their leadership within MEET, and provide feedback and assistance in creating mental health informational posters.
- Each MEET participant co-facilitated at least 2 classroom presentations.
- MEET students taught over 200 students (all U-9 freshmen) in their classrooms by facilitating the PowerPoint presentation and interactive activities focusing on mental health and coping skills.
- Feedback from MEET peer educators, U-9 students, and teachers was overall positive. 93% of MEET Peer Educators reported that they learned more about mental health and 100% reported that they felt comfortable or very comfortable expressing themselves within the group.

Program Challenges**:**
A significant challenge was the increase in costs to fund the program. These increases required the school district to make cuts in other programming areas, as well as move resources around to be able to continue providing ongoing services.

During the fall of FY24, the MEET program supervisor led 20 mental health peer educators in 28 weekly trainings and one full day training for the purpose of developing leadership skills, learning and practicing communication skills, learning about mental health needs and resources, and providing mental health education and support for their peers. Many of the peer educators also participated in the City of Berkeley Youthworks program, where they participated in weekly meetings to learn and develop job readiness skills. In addition to the weekly training sessions, the peer educators also participated in one or more internship projects, including creating mental health presentations for Freshman classes, developing multilingual presentations for ELL English classes, creating videos and posters to spread information about mental health, creating and disseminating information about tobacco and marijuana prevention, and hosting or participating in events to spread awareness about mental health and the BHS Wellness Center. All peer educators had the opportunity to provide one-on-one mentorship to other students, either on a one-time basis or through weekly or biweekly meetings.

In the Spring of FY24 a second cohort of 12 mental health peer educators participated in 8 weekly trainings and one full day training for the purpose of building community, exploring their own values and biases, learning and practicing communication skills, and learning about mental health needs and resources. After completing their training, this cohort of peer educators were prepared to begin in FY25, with mentoring and engaging in internship projects.

In FY24, 32 individuals were served through this program. Demographics on individuals served were as follows:

DEMOGRAPHICS N=32
Age Groups
Children and Youth (0-15) - 32
Race
Asian - <11
Black or African American - 14
White - <11
Other - <11
More than one Race - <11
Declined to Answer (or Unknown) - <11
Ethnicity: Hispanic or Latino/Latina/Latinx
Central American - <11
Mexican/Mexican-American Chicano - <11

South American - <11
Other - <11
Declined to Answer (or Unknown) - <11
Ethnicity: Non-Hispanic or Latino/Latina/Latinx
African - <11
Asian Indian/South Asian - <11
Eastern European - <11
Middle Eastern - <11
Vietnamese - <11
Other - <11
Declined to Answer (or Unknown) - <11
Primary Language
English - 19
Spanish - <11
Declined to Answer (or Unknown) - <11
Sexual Orientation
Gay or Lesbian - <11
Heterosexual or Straight - 17
Bisexual - <11
Questioning or unsure of sexual orientation - <11
Queer - <11
Another sexual orientation - <11
Declined to Answer (or Unknown) - <11
Disability
Difficulty Seeing - <11
Difficulty Hearing or having speech understood - <11
Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability or dementia) - <11
No Disability - 22

Veteran Status
No - 32
Gender: Assigned Sex at Birth
Declined to Answer (or Unknown) - 32
Current Gender Identity
Male - <11
Female - 23
Genderqueer - <11
Questioning or unsure of gender identity - <11
Another Gender Identity - <11
Declined to Answer (or Unknown) - <11

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:

Accomplishments of MEET Students

- Completed semester long training in order to learn the skills to be peer mentors;
- Developed informational and interactive presentation for U-9 Freshman Seminar classes. The students facilitated 28 educational presentations, which reached over 750 students. The presentations aimed to support freshman students to foster greater comfort in discussing mental health, recognize and practice positive coping skills, and learn about how to access mental health resources in and outside of BHS;
- Created and led informational presentations in English and Spanish for all four levels of ELL English, which included information about mental health, addressed the connection between mental health and migration, and shared resources about how to access mental health support at BHS;
- Provided at least 65 one-on-one or small group mentoring sessions to approximately 27 students;
- Served almost 100 shifts in the Wellness Center, during which they were available for drop-in mentorship support, introduced new students to the offerings of the Wellness Center, and helped with the daily maintenance of the Wellness Center;
- Developed, filmed, and edited 9 informational videos about a variety of mental health topics to spread awareness about mental health to other BHS students. Five films were submitted to the Directing Change film competition, three of which were formally recognized (2nd place in Suicide Prevention category, Honorable Mention in Suicide prevention category, and Special Recognition in Athletics & Mental Health);
- Planned and hosted three school-wide events to provide information and support for stress reduction and mental health awareness;
- Provided information and tours of the new BHS Wellness Center for the Wellness Center Grand Opening (December 2023) & BHS Open House (March 2024).

Number of BHS students served by MEET students:

- 32 students participated as peer educators in the MEET program;
- 750+ Freshman students received classroom presentations;
- 50+ students in the Multilingual Program received classroom presentations;
- 35+ students received one-on-one mentorship from a mental health peer educator;
- All 3200 BHS students viewed MEET videos through the Student Bulletin.

Program Challenges**:**

A significant challenge continued to be the increase in costs to fund the program. These increases required the school district to make cuts in other programming areas, as well as move resources around to be able to continue providing ongoing services.

Dynamic Mindfulness Program (DMind)

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 that is 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, and training and coaching of school staff.

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.

PEI Priorities:

- Youth Engagement and Outreach Strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs, and transition age youth not in college.
- Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis.

Program results during the reporting timeframe are outlined below:

In FY22, DMIND was provided both live on-line, and in-person. Training and coaching services were also provided through this program. The training and coaching services build capacity among teachers and staff, so they have the skills for their own self-care, stress resilience and personal sustainability, and for the professional application with students to teach emotional regulation as well as social-emotional learning. Training and coaching was also used to build capacity among student peer leaders, with structured opportunities for application in conflict resolution, peer mediation, restorative justice circles, and leading DMIND practice in their classrooms. Additionally, this program provided videos to the schools and Yoga at Independent Study. A total of 1,546 students and 139 teachers/school staff received services through this program during the reporting timeframe as follows:

School	Number of Students Served	Number of School Staff Served
• Berkeley High School	455	76
• Berkeley Technical Institute	28	12
• King Middle School	248	15
• Longfellow Middle School	127	19
• Willard Middle School	688	17
Total	**1,546**	**139**

Demographic data on individuals served in FY22 was not provided by BUSD.

In FY23, services were directly provided to 550 students and 66 staff. An additional 2,000 unduplicated students were reached through knowledge and skills shared by individuals who received direct services. Additionally, there were many more students who practiced along with the online curricular supports by accessing the DMind video library (containing over 300 brief DMind practices), and the "Mood Shifter" for emotion regulation in the programs InPower Mobile App. The big post-COVID change was going from online to in-person services/programs, including in-class sessions by Niroga instructors, as well as staff (teachers, counselors, administrators) training and coaching sessions.

The only demographic data provided by BUSD on individuals who were served in FY23, was as follows: 0-15 years = 84%; 16-25 years = 5%; 26-59 years = 11%.

Program Successes:

- Successfully pivoted from online to in-person programming after the COVID lockdown ended.
- Staff (teachers and counselors) reported that there was a substantial increase in student mental health issues, leading to challenging student behaviors, e.g. disruptive, distracted, disengaged (fight/flight/freeze), saying they were seeing a certain 'feral quality' to many students (as they re-learned socializing after the long period of social isolation because of COVID), Even so, staff and students responded very positively to the in-person movement-based mindfulness program.

In addition to engaging students, this program also works with school staff to (a) enhance their own personal sustainability (self-care, stress resilience and healing from vicarious trauma) as well as (b) professional

application with their students (emotion regulation, de-escalation, focus/attention/engagement). This not only built staff capacity and ensured adequate DMind 'dosage' for enabling neuroplasticity and neurogenesis to rewire their brains and change behavior, but also provided a multiplier factor of ~30-40 (typical class size in middle and high schools, and nominal caseload for counselors), significantly increasing the reach and scope of programming, serving a much larger group of unduplicated students than would have been otherwise possible given budgetary limitations.

Program Challenges:
Program staff witnessed significant levels of overwhelmed school staff which limited their ability to participate in the capacity-building training and coaching offerings.

During the FY24 reporting timeframe, data on numbers served and demographics was not provided.

Program Successes:
In FY24, DMIND was provided in three middle schools and two high schools within the Berkeley Unified School District. Over 300 students and a dozen staff to submitted their feedback on the program. The results were inspiring with over 90% of students indicating that as a result of participating in the program they were able to consistently and effectively manage their stress, anger, and anxiety; focus and concentrate; be self-aware; make responsible decisions; have healthy relationships with peers and staff; and be ready and motivated to learn. Additionally, 100% of teachers indicated that they were able to consistently and effectively manage their stress, anger, and anxiety; focus and concentrate; be self-aware; make responsible decisions; have healthy relationships with students and colleagues; have a positive classroom climate; and sustain their well-being as educators. Those same teachers also indicated that their students were able to consistently and effectively manage their stress, anger, and anxiety; focus and concentrate; be self-aware; make responsible decisions; have healthy relationships with peers and staff; and be ready and motivated to learn.

Many of the staff and students surveyed also made sure to include some notes of appreciation and gratitude for providing this program to their school communities. A teacher from Martin Luther King Jr. Middle School noted, "my students have really benefited from this practice." Another teacher at that school echoed these remarks and added, "the kids [were] able to focus a lot better on the day they participated in the program and they were more productive!" A Counselor from Willard Middle School expressed her thanks as well, sharing, "Students have really enjoyed having a space to practice Mindfulness!" The Vice Principal of School Climate & Student Wellness at Berkeley High School made sure to include a note acknowledging the inclusivity of the practice adding, "this program directly impacts Black students who choose to access the services in lieu of other staff or programs." The Mindful Yoga program at Berkeley Technology Academy and Berkeley Independent Study also received high praise from teachers who shared "students are all reflecting positive things and noticing their growth. All are really appreciative of the space the program holds for them to slow down and get in tune with their bodies."

Students added their notes of appreciation as well expressing how impactful this program has been for them. A Berkeley Independent Study student shared, "I especially enjoyed yoga class this week. I tried a lot of new poses and I could feel my balance improving throughout the week…I can't wait for next week's class!" A 7th grade student at Willard Middle School shared that she "loved Mindfulness Group a lot! I hope the instructor loved teaching us because I loved and was grateful to have her."

Program Challenges:
There were no program challenges submitted during the reporting timeframe.

African American Success Project

The African American Success Project (AASP) implements "Umoja" - a daily elective class offered at Longfellow Middle School. Umoja provides African American students a safe affinity space to explore their cultural heritage and identity, while building positive peer relationships and establishing relational trust with adults. Umoja provides an ongoing focus on social and emotional development, including building skills, habits and mindsets that enable self-regulation, interpersonal skills, perseverance and resilience. This project aligns with stated needs found in key BUSD initiatives, and strategic actions, including but not limited to the: Black Lives Matter Resolution, Local Control & Accountability Plan (LCAP), the African American Success Framework (AASF), and the Comprehensive Coordinated Early Intervention Services (CCEIS) Plan.

This project provides a unique chance to expose learners to content traditionally overlooked by educational institutions. Umoja course lessons are rooted in African and African American cultural precepts, and are composed to guide African American learners through:

- An exploration of their identities;
- An interrogation (questioning or query) of their ancestral history;
- Development of a positive sense of purpose and cultural pride;
- Envisioning their futures and outlining a path for fulfillment;
- Developing an awareness of their communal role.

Direct services for parents and guardians**:**
The project seeks to increase entry points for caregivers to be informed and involved in their child's learning. Highlights in this area include:

- Providing digital newsletters, and updates using email marketing;
- Coordinating and hosting parent teacher conferences;
- Individual parent meetings/contacts, including advising, problem-solving, and updates regarding student progress;
- Hosting events including the Annual Kwanzaa celebration, and an end of the year meeting to gather qualitative program feedback.

Direct services for students (academic, social, behavioral):

- School-day cultural enrichment designed to uplift and empower African American learners

using African centered pedagogical approaches;
- Equity centered support sessions (weekly);
- Structured class check-in sessions.

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.

PEI Priorities:
- Culturally competent and linguistically appropriate prevention and intervention; including community defined evidence practices (CDEPs).
- Youth engagement and outreach strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs, and transition age youth not in college.
- Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis.

Program results during the reporting timeframe were as follows:

In FY22, 73 students participated in this project. Outlined below are demographics on individuals served through this project:

DEMOGRAPHICS N=73
Age Groups
Children/Youth (0-15) - 100%
Race
Black or African American - 79%
More than one Race - 10%
Declined to Answer (or Unknown) - 1%
Ethnicity: Hispanic or Latino/Latina/Latinx
Hispanic/Latino/Latina/Latinx - 10%
Primary Language
English - 96%
Other - 4%
Sexual Orientation
Declined to Answer (or Unknown) - 100%
Disability
Other - 25%

Veteran Status
No - 100%
Gender: Assigned sex at birth
Male - 53%
Female - 47%
Current Gender Identity
Male - 53%
Female - 47%

Worth noting is this project's continued emphasis on school success and reinforcing literary skills. In addition to incorporating literacy structures into the class setting, the project made a strategic investment to establish a classroom library, which affords students access to over 100 unique titles. Efforts were made to select books written by Black/African American authors whose books feature Black/African American history, culture, and stories. Building the library was in direct response to a student survey conducted in a prior school year in which project participants indicated they would read more, if books were available that reflected their lived experience and related to their cultural background.

In FY23, 53 students participated in this project. Outlined below are demographics on individuals served through this project:

DEMOGRAPHICS N=53
Age Groups
Children/Youth (0-15) - 100%
Race
Black or African American - 66%
Declined to Answer (or Unknown) - 34%
Ethnicity: Hispanic or Latino/Latina/Latinx
Other - *
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Other - *
Primary Language
English - 100%
Sexual Orientation
Declined to Answer (or Unknown) - 100%

Disability
No - 72%
Declined to Answer (or Unknown) - 28%
Veteran Status
No - 100%
Gender: Assigned sex at birth
Male - 45%
Female - 55%
Current Gender Identity
Declined to Answer (or Unknown) - 100%

*Indicates information is withheld to protect the privacy and confidentiality of individual participants.

Program Successes:

- *Learning Outcomes*: 6th-grade participants demonstrated significant growth in Literacy on the BUSD STAR Assessment.
- *Learning Experiences*: Participants were exposed to a variety of learning experiences, including field trips, STEM enrichment, and guest speakers
- 6th-grade participants visited the Ramses the Great exhibit at the DeYoung Museum.
- *School Yard Raps*: All participants had the opportunity to attend the Ourstory: The Black History musical. The musical aligned with the program curriculum, and many students reported increased interest and engagement with the performance since they prior knowledge of the content. Additionally, this learning experience uplifted the significance of Black History Month and allowed students to be affirmed.
- *College Trips*: Umoja 7th graders visited Cal Berkeley and California State University, East Bay.
- *Berkeley Historical Society*: Participants were visited by members of the Berkeley Historical Society, who provided a guest lecture about local Black History that students learned in class.
- *STEM Enrichment Club*: 6th-grade boys gained access to a STEM Enrichment Club provided by Bay Area Sigmas. Four monthly Saturday sessions were held during the second semester. STEM Enrichment Club participants built STEM competencies using science-related activities.
- *BUSD Black History Oratorical Festival*: Umoja participants had a strong showing at the 2023 BUSD Black History Oratorical Festival and, for the third year in a row, placed as finalists for the secondary division. The winner of the 2022 and 2023 secondary division was an Umoja participant. An Umoja participant also placed third in the secondary division for 2023.
- *Community Engagement*: For the fourth consecutive year, Umoja held an annual Kwanzaa recognition. The 2022 Kwanzaa event was a great success and brought together many families and staff for an evening of celebration and shared learning.
- *Professional Development:* The Umoja team provided professional learning opportunities for Longfellow staff, including an annual presentation to support them in preparing for Black History Month.

- The Umoja team joined professional learning efforts provided under the BUSD African American Success Framework, which provided a year-long cultural competence training series for Longfellow staff.
- *Collaboration*: The Umoja instructor actively collaborated with the Longfellow team to create a safe, welcoming, and inclusive school environment by helping to organize and host community engagements like the annual Rites of Passage Ceremony. They also attended Grade Level Team meetings, Content/Department Team meetings, IEP meetings, etc., to support Umoja participants. Their voices and perspectives about best supporting African-American students should be highlighted as a valuable resource to the school community.
- *Partnerships*: The Umoja team strategically partnered with organizations to meet program needs, including The City of Berkeley, The Mind of Milan LLC, AM1 Media, Freedom Soul Media Education Initiatives, Jason Seals and Associates, Bay Area Sigmas, Marcus Books, RT Fisher Educational Enterprises, and the Berkeley Public School Fund. These organizations provided financial support, subject matter expertise, services, and resources to keep the program running.

Program Challenges:
During the fiscal year, the program did not serve 8th-grade students as in past years. This caused a slight reduction in the number of participants served. Confusion regarding the course selection process and available options likely contributed to this circumstance.

In FY24 46 students participated in this project. Outlined below are demographics on individuals served through this project:

DEMOGRAPHICS N=46
Age Groups
Children/Youth (0-15) - 46
Race
Asian - <11
Black or African American - 35
More than one race - <11
Ethnicity: Hispanic or Latino/Latina/Latinx
Other - <11
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Declined to Answer (or Unknown) - 46
Primary Language
English - 46
Sexual Orientation
Declined to Answer (or Unknown) - 46

Disability
Other - <11
Veteran Status
No - 46
Gender: Assigned sex at birth
Male - 28
Female - 18
Current Gender Identity
Declined to Answer (or Unknown) - 46

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:
There were no program successes submitted during the reporting timeframe.

Program Challenges:
During the fiscal year, the program did not serve 8th-grade students as in past years. This caused a reduction in the number of participants served.

ACCESS AND LINKAGE TO TREATMENT AND PREVENTION & EARLY INTERVENTION COMBINED PROGRAM

Access and Linkage to Treatment Programs – Connects 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.

Prevention Programs – Includes a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.

Early Intervention Programs – Provides 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.

The City of Berkeley has one combined Prevention, Early Intervention program that also has an Access to Linkage and Treatment program component:

High School Youth Prevention Program

This program operates in conjunction with other health school related services offered at Berkeley High School (BHS) and Berkeley Technology Academy (BTA) and has become a successful partnership between BUSD and the Public Health and Mental Health Divisions of Berkeley's HHCS Department. The program provides 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 at the High School Health Center or in the community for follow-up care and intervention and/or treatment.

The Berkeley High School (BHS) and Berkeley Technology Academy (BTA) Health Centers are both multidisciplinary co-locations of the City of Berkeley's Mental Health and Public Health Divisions. The Health Center team provides a range of Prevention/Early Intervention (PEI) services and also functions as an Access and Linkage to Treatment program. Culturally and linguistically diverse staff provide services in English and Spanish. Translation services in all other languages are available using a language line.

The Health Centers are operational year-round, Monday through Friday, from 8:30 AM-4 PM, with a daily closure from 12-1 PM for lunch and administrative tasks. There are brief periodic closures due to BUSD's academic calendar and in these instances some services are still provided via telehealth when possible. When fully operational, services can be accessed via student drop-in and/or via scheduled appointment. Services can also be requested via Jotform, an online, HIPAA-compliant, referral platform. This referral platform can be accessed is accessible via QR code on informational flyers that are posted across campus and also online in several locations including the Health Center website. Students can self-refer using Jotform, and parents/caregivers, staff, and friends are also able to refer someone else using this method. Additionally, students, parents/caregivers, and staff are able to request services via phone by calling the Health Center main phone number. Hours of operation at Berkeley Technology Academy Health Center are more limited due to the small student population and staffing constraints. When BTA students are unable to access a needed service at that Health Center, they are referred to BHS Health Center for those needed services.

Health Center staff frequently facilitate linkages on behalf of youth and their families, depending upon a given need. Behavioral Health Clinicians ("BHCs") conduct initial assessments with students in order to screen for a variety of health and mental health needs, considering accessibility, insurance status, acuity, and risk factors to support with decision-making around level of care considerations and related linkages. BHCs provide students with short-term behavioral health services—crisis, individual, group—as needed irrespective of insurance status and all students are eligible to receive these free and confidential services. BHCs also link youth/families with more intensive needs to additional services depending upon their specific needs and insurance status. BHCs provide this linkage support via internal referrals (e.g. EPSDT Medi-Cal services; Full Service Partnership team; psychiatry/medication management), Alameda County Access, as well as linkages to services through private insurance carriers. BHCs also sometimes make internal on-campus referrals to the 504 and Special Education programs when some type of mental or

physical health condition may be impeding a youth's ability to adequately access their education. BHCs also support youth and their families who are uninsured with accessing and enrolling in Medi-Cal and other relevant programs that support health and well-being.

As an Access and Linkage to Treatment Program, the Health Center's Mental Health Program Supervisor monitors all referrals in order to ensure timely responsiveness and follow up that supports engagement in treatment. All BHCs have access to and monitor incoming referrals that are submitted via Jotform and respond to referrals on a rotating basis. The MH Program Supervisor monitors and responds to referrals via phone and checks voicemail multiple times per day. In instances where a staff person responds to a referral but is unable to make contact with the referring party, staff will follow up at least three times in an effort to support engagement. The Jotform referral inquires about preferred method of contact and also inquires about whether a youth can be pulled from class in order to conduct an initial assessment. Staff utilize these preferences in order to inform outreach efforts and increase the likelihood of establishing and supporting engagement.

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

PEI Priorities:

- Youth engagement and outreach strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs, and transition age youth not in college.
- Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis.

During the reporting timeframe, The Health Center resumed hosting a cohort of three graduate-level trainees (0.6 FTE each) due to stabilization of full-time staff capacity, which contributed to increased service capacity for the duration of the 22-23 school year. One full-time (1.0 FTE) Behavioral Health Clinician II obtained a promotional opportunity outside of the City of Berkeley and transitioned out of his role in early August 2022. This position was temporarily vacant and eventually backfilled by a new Behavioral Health Clinician II in late November 2022. One additional full-time (1.0 FTE) Behavioral Health Clinician I position was added to the High School Mental Health team in late October 2022, and this staff was based across multiple sites (0.4 FTE at Berkeley High School; 0.4 FTE at Berkeley Technology Academy; and 0.2 FTE at K-8 School-Based).

In April 2023, as a result of a Division-wide structural reorganization, High School Mental Health became a standalone program separate from Family, Youth & Children's Services. As part of this reorganization, a new full-time (1.0 FTE) Mental Health Program Supervisor position was created. The team's existing full-time (1.0 FTE) Mental Health Clinical Supervisor was promoted into this new position in April 2023, and the Mental Health Clinical Supervisor position has since remained vacant.

In FY22, approximately 233 students received services through this project. Demographics on youth served are outlined below:

DEMOGRAPHICS N=233
Age Groups
0-15 Years - 33%
16-25 Years - 67%
Race
American Indian or Alaska Native - 2%
Asian - 7%
Black or African American - 17%
Native Hawaiian or other Pacific Islander - <1%
White - 33%
More than one Race - 14%
Other - 11%
Declined to Answer (or Unknown) - 16%
Ethnicity: Hispanic or Latino/Latina/Latinx
Other - 22%
Declined to Answer (or Unknown) - 16%
Primary Language
English - 93%
Spanish - 6%
Declined to Answer (or Unknown) - 1%
Sexual Orientation
Gay or Lesbian or Bisexual or Questioning or Queer, or Unsure or Another Sexual Orientation - 21%
Heterosexual or Straight - 35%
Declined to Answer (or Unknown) - 44%

Disability
Declined to Answer (or Unknown) - 100%
Veteran Status
No - 100%
Gender: Assigned sex at birth
Male - 21%
Female - 45%
Declined to Answer (or Unknown) - 34%
Current Gender Identity
Male - 21%
Female - 44%
Transgender - 3%
Genderqueer - 7%
Another gender identity - <1%
Declined to Answer (or Unknown) - 25%

Program Successes:

- Resumed providing the full range of services when students returned to full-time in-person learning.
- Following multiple staff transitions during the summer of 2021, this project was able to add two diverse, experienced, highly skilled, licensed clinicians, one of whom is a native bilingual Spanish speaker. Both clinicians quickly became part of a cohesive and collaborative mental health team and have integrated well into the larger Health Center team.
- The mental health team was able to substantially increase service utilization year-over-year compared to the FY21 school year. As half of the student body were new to campus in FY22, the project focused more of its efforts on outreach in order to familiarize students with the array of services.
- The mental health team maintained the use of the JotForm application for referrals. The team also integrated QR code technology into the referral form so that it can be more easily accessed and completed by students and school staff.
- The mental health team maintained a collaborative and productive relationship with the Berkeley High School Coordination of Services Team (OST) throughout the school year in order to ensure that appropriate referrals were made to the program.
- The mental health team was able to support students by providing an array of crisis support services following the tragic death of a Berkeley High School student in April 2022.
- The mental health team was also able to build upon and improve existing relationships and partnerships with Berkeley High School stakeholders. To this end the team collaborated with several different on-campus programs throughout the year such as the Multi-cultural Program, McKinney Vento Program, Special Education Program, and Intervention Counselors. The team also conducted stakeholder meetings

at the end of the school year in order to elicit feedback around the services that are provided with a focus on how to improve collaboration, advance equity, and improve service accessibility.

Program Challenges:

- Two newly hired full-time Mental Health Clinicians were onboarded in FY22 in September and November. From August through December 2021 one full-time bilingual Mental Health Clinician was on parental leave. These staffing limitations contributed to the teams reduced service capacity during the Fall 2021 timeframe.
- Due to staff transitions during the preceding summer, the project was not able to host a cohort of graduate-level trainees, which also contributed to reduced service capacity during the FY22 school year.
- As a result of reduced staffing and service capacity, the mental health team did not facilitate support groups during the FY22 school year.
- Berkeley High School administration and staff also experienced difficulties with the transition back to full-time in-person learning and it took time to rebuild coordinated systems for supporting a range of student's needs. Project leadership and Berkeley High School Administration continued to develop relevant protocols during the courses of the school year to better support student accessibility to needed services.

Results Based Accountability (RBA) measures for this project are as follows:

Process Measures **How much did we do?**	**Quality Measures** **How well did we do it?**	**Impact Measures** **Is Anyone Better off?**
• # of clients served • # of clients opened for ongoing services • # of services provided by service type	• # of clients screened for depression, trauma, and substance use • # of clients contacted within a week following a referral to the High School Health Center (HSHC) • % of school population served • % of clients satisfied with services, as measured by % of clients who agree with the following: HSHC Staff… -Treat me with respect -Listen carefully to what I have to say • Make me feel like there's an adult at school who cares about me	• % of clients able to receive needed care, as measured by % of clients who agree with the following: The HSHC… -Is easy to get help from when I need it -Helps me to meet many of my health needs

*Demographic data was reported at the program level, where available

Measure	**Definition**	**Data Source**
# clients served	Total clients served	ETO/RedCap
# services provided by service type	# of services coded as behavioral_service with codes BHSV1-8. Key code accompanies Redcap data. Each incident could include more than one service provided.	ETO/RedCap

Measure	Definition	Data Source
% clients screened for depression, trauma, and substance use	Percent of total clients that were recorded as having been screened for depression, trauma, and/or substance abuse at least one-time during reporting period.	ETO/RedCap
% referrals to HSHC followed up within one week	Percentage of referrals that had 7 days or less between referral date and response date. Calculation reflects % of total referrals, not % of total clients.	Referral Log
% of school population served	Unique clients served by HSHC divided by total student population	ETO/RedCap; BHS data
% of clients satisfied with services, as measured by % of clients who agree with various statements	% of responses marked as "agree" or "strongly agree" for various survey questions. Note: these responses are from all students who accessed the health center and answered the survey, not just those who received mental health services.	Berkeley SBHC Client Survey

Data Development Agenda: measures the team is interested in reporting on but for which reliable data was not available:

- Responsiveness of service (e.g. x days following qualifying event)
- % of clients who have at least one completed CANS/ANSA for each six-month period that they are in the program.

The RBA outcomes for FY22 are outlined on the following pages.

High School Health Center (HSHC)
RBA Outcomes
Reporting Period: July 2021-June 2022 (Baseline)

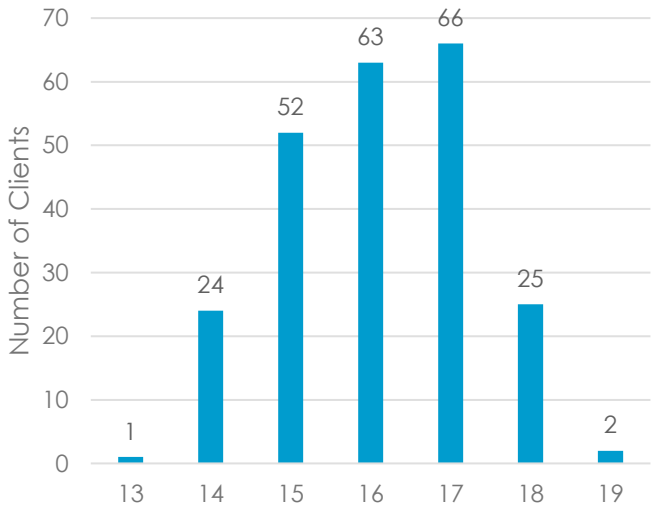
Process Outcomes ("How much did we do?")

233
Clients Served

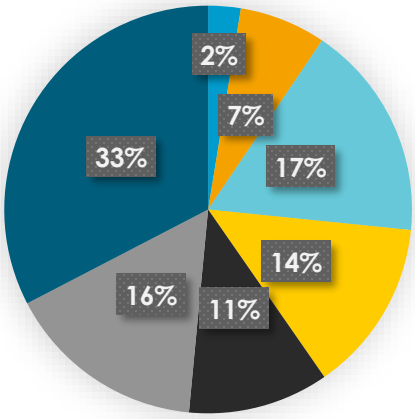
represents 20 clients

Program Description
The HSHC team provides mental health services on site at Berkeley High School; these services include individual and group therapy, crisis assessments, and drop in support. The program also hosts graduate students for training.

Demographics (Age)

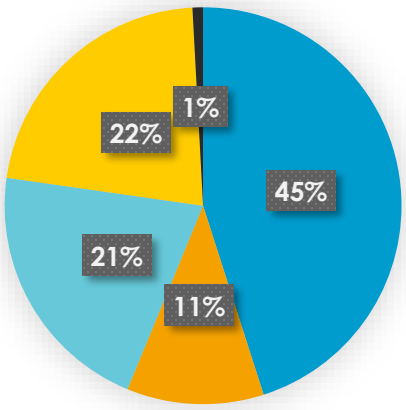


Demographics (Race)



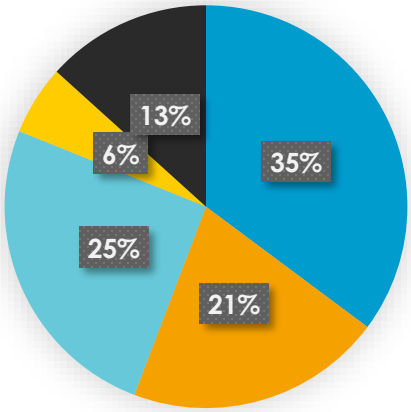
- Alaska Native or American Indian (2%)
- Asian or Pacific Islander (7%)
- Black or African American (17%)
- More than one race (14%)
- Other (11%)
- Prefer not to answer (16%)
- White (33%)

Demographics (Gender Identity)



- Female (45%)
- Gender nonconforming, transgender, genderqueer (11%)
- Male (21%)
- Missing (22%)
- Prefer not to answer (1%)

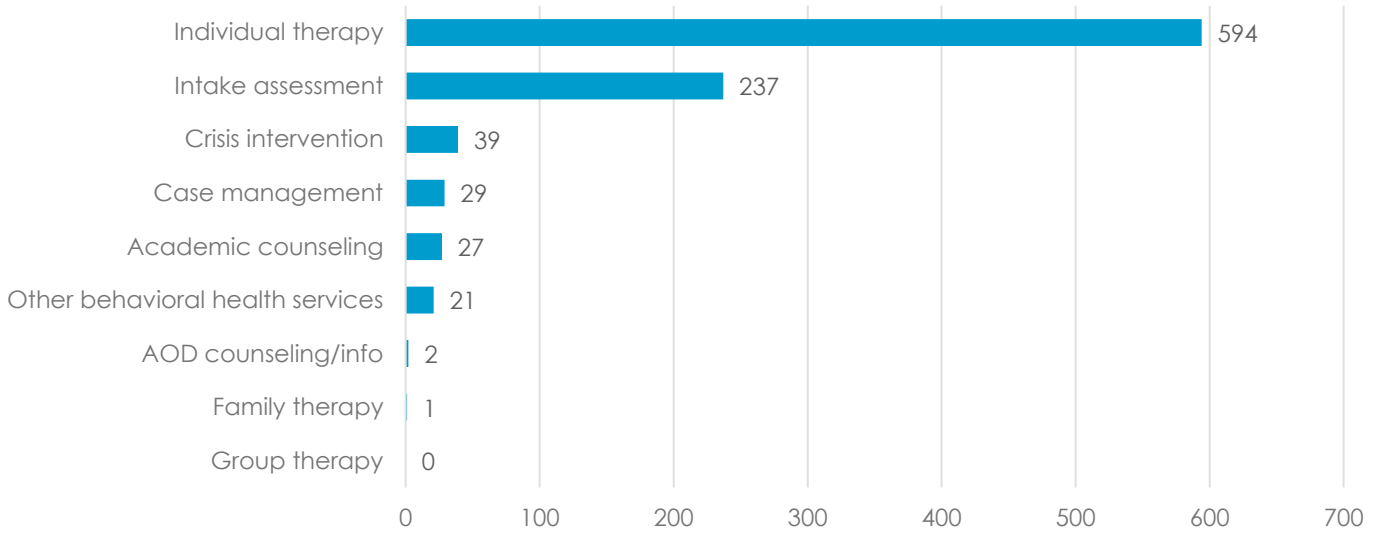
Demographics (Sexual Orientation)



- Heterosexual (35%)
- LGBTQ* (21%)
- Missing (25%)
- Prefer not to answer (6%)
- Unknown/unsure (13%)

*includes students who self-identified as aromantic, asexual, bisexual, gay, homosexual, lesbian, pansexual, queer, and questioning

Services Provided by Service Type

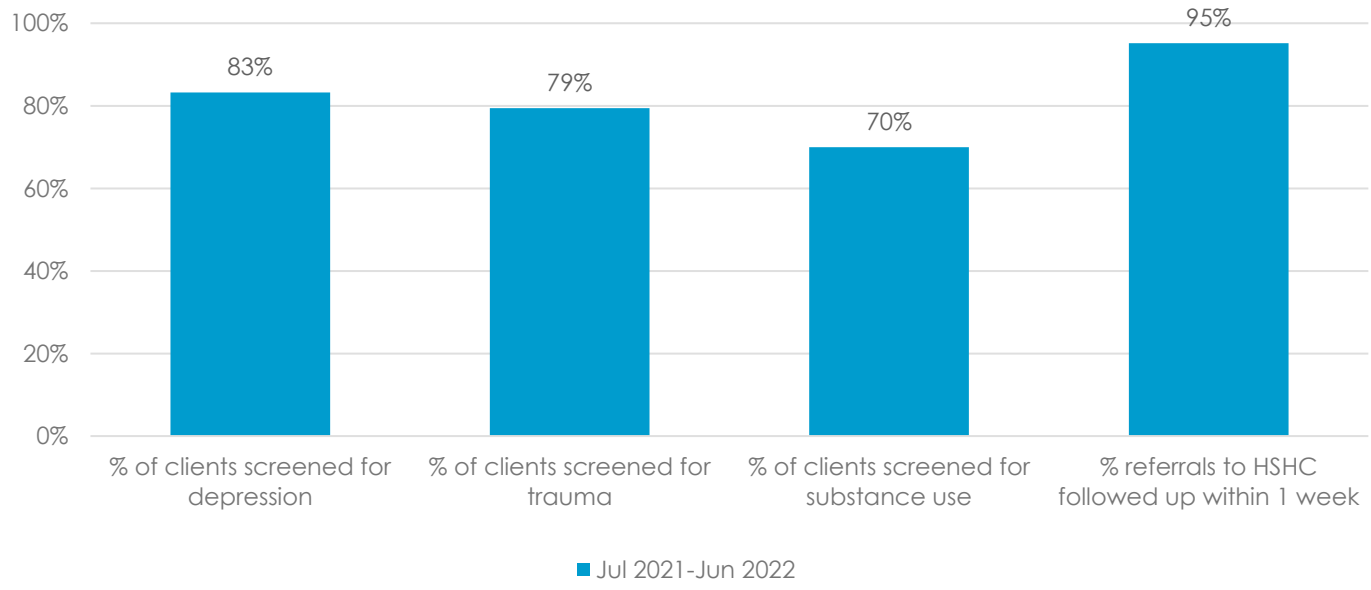


Note that multiple services could be provided in one visit (e.g. crisis assessment and referral) so total services by type (n=950) is greater than total encounters (n=846)

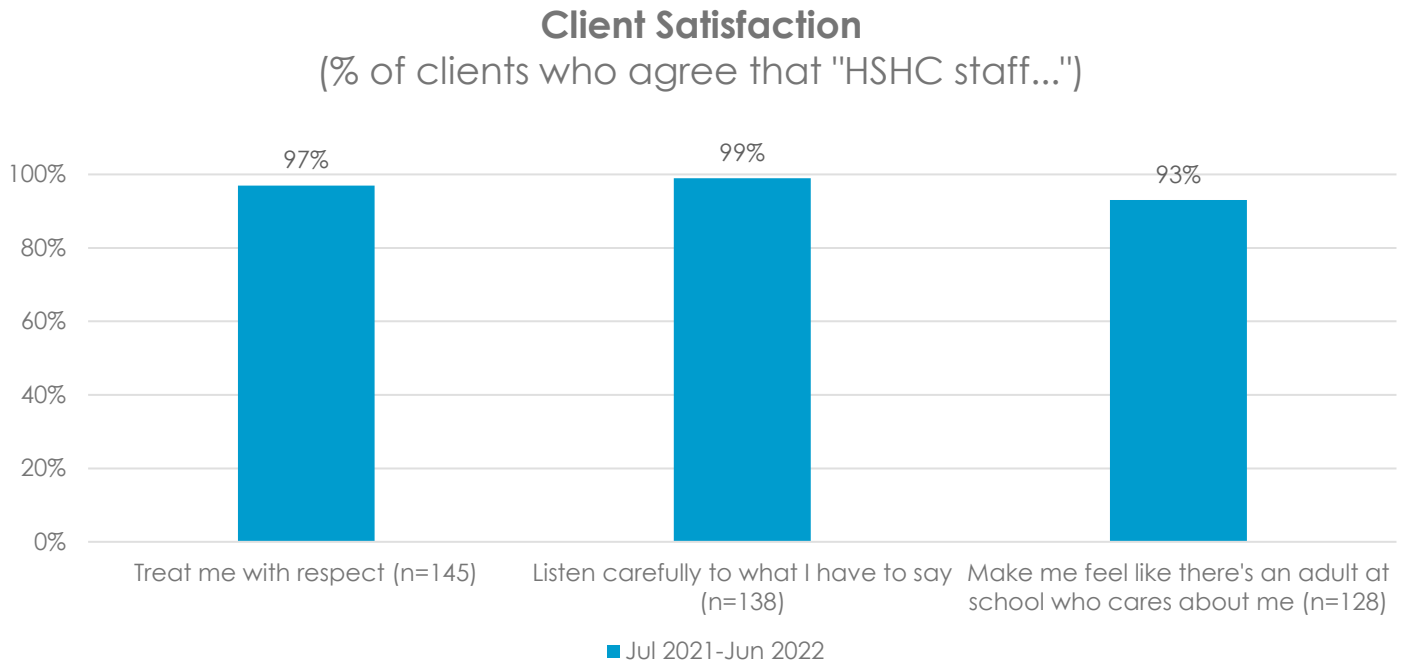
Quality Outcomes ("How well did we do it?")

In 2021-2022, the HSHC program served **7%** of the school population.

Service Consistency



Impact Outcomes ("Is anyone better off?")



In FY23, approximately 244 students received services through this project. Demographics on youth served are outlined below:

DEMOGRAPHICS N=244
Age Groups
0-15 Years - 24%
16-25 Years - 76%
Race
American Indian or Alaska Native - *
Asian - 11%
Black or African American - 20%
White - 22%
More than one Race - 18%
Other - 22%
Declined to Answer (or Unknown) - *
Ethnicity: Hispanic or Latino/Latina/Latinx
Other - 32%
Declined to Answer (or Unknown) - *
Primary Language
English - 83%
Spanish - 14%
Other - *
Declined to Answer (or Unknown) - *
Sexual Orientation
Gay or Lesbian - *
Heterosexual or Straight - 49%
Bisexual - 13%
Questioning or Unsure of Sexual Orientation - *
Queer - *
Another Sexual Orientation - *
Declined to Answer (or Unknown) - 21%

Disability
Declined to Answer (or Unknown) - 100%
Veteran Status
No - 100%
Gender: Assigned sex at birth
Male - 34%
Female - 66%
Current Gender Identity
Male - 31%
Female - 55%
Transgender - *
Genderqueer - 11%
Another gender identity - *

*Indicates information is withheld to protect the privacy and confidentiality of individual participants.

Program Successes:

- Continued to provide the full suite of in-person mental health, reproductive & sexual health, and first aid services for the duration of the school year.
- The Mental Health (MH) team was able to resume its graduate-level training program and provide a wider array of multi-tiered services with the resumption of support groups.
- Substantially increase service utilization year-over-year compared to 21-22 school year.
- Continued to use the Jotform application for referrals in order to streamline accessibility and minimize barriers to care.
- Maintained a collaborative and productive relationship with BHS's Coordination of Services Team (COST) throughout the school year in order to ensure that appropriate referrals were made to the Health Center and other programs.
- Due to a vacancy and new position, the Health Center was able to recruit two diverse, experienced, highly skilled clinicians, one of whom is a native bilingual Spanish speaker. Both new clinicians quickly became part of a cohesive and collaborative mental health team and integrated well into the larger Health Center team.
- Provided an array of crisis support services following the tragic deaths of two BHS students in October 2022.
- Health Center leadership continued to develop strong working relationships with BHS admin, especially the BHS Principal, new Vice Principal of Climate & Wellness, and 504/COST Program Supervisor. Health Center leadership, City of Berkeley HHCS Departmental leadership, and the BHS VP of Climate & Wellness also developed a plan to open a differentiated Wellness Center space at BHS along with a continuum of tiered wellness support services, to be implemented in the 23-24 school year by BHS staff with additional funding support and partnership from City of Berkeley.

- Continued to build upon and improve existing relationships and partnerships with other BHS stakeholders. To this end, the MH team collaborated with several different on-campus programs throughout the year such as the Multilingual Program, McKinney Vento Program, Special Education Program, and Intervention Counselors.

Program Challenges:

- From August through November 2022, one full-time bilingual Behavioral Health Clinician II position was vacant. This vacancy negatively impacted individual and group service provision as well as On Call crisis coverage. Nevertheless, the resumption of a graduate-level training program helped to offset some of these negative impacts.
- Staffing shortages across the Health Center's Public Health team, both administrative and clinical, contributed to less consistently available First Aid and Reproductive & Sexual Health services. This, in turn, negatively impacted students' ability to access integrated services. As a result of reduced administrative capacity, the MH Clinical Supervisor and MH team were also responsible for additional, sometimes time-consuming administrative tasks.
- Quality Assurance (QA)/Quality Improvement (QI) and related encounter data extraction/analysis were constrained for the duration of the 22-23 school year due the to an abrupt resignation of the City IT staff person who managed the Health Center's EHR, NextGen. As a result of this, other City IT staff were not sufficiently cross-trained to provide technical support. Furthermore, NextGen vendor staff were often unresponsive to the needs and requests of the Health Center program. This contributed to significant delays with data analysis and reporting, which contributed to additional challenges with data collection across demographic categories and also constrained supervisory decision-making that could have improved efficiencies and improvements in service provision.
- The MH team also continued to use multiple EHRs and applications that are not integrated with one another. This made clinical documentation more cumbersome and time-consuming for all staff and also

The RBA outcomes for FY23, are outlined on the following pages.

BMH RBA Report FY 2023

Reporting Period: July 2022 - June 2023

High School Health Center (HSHC)

Process Outcomes ("How much did we do?")

244

Clients Served

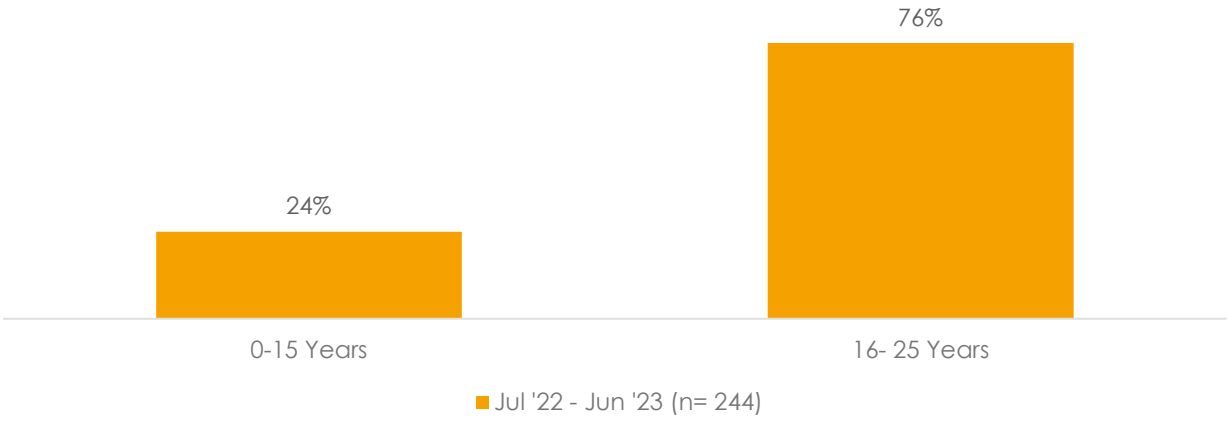
Program Description

The HSHC team provides mental health services on site at Berkeley High School; these services include individual and group therapy, crisis assessments, and drop in support. The program also hosts graduate students for training.

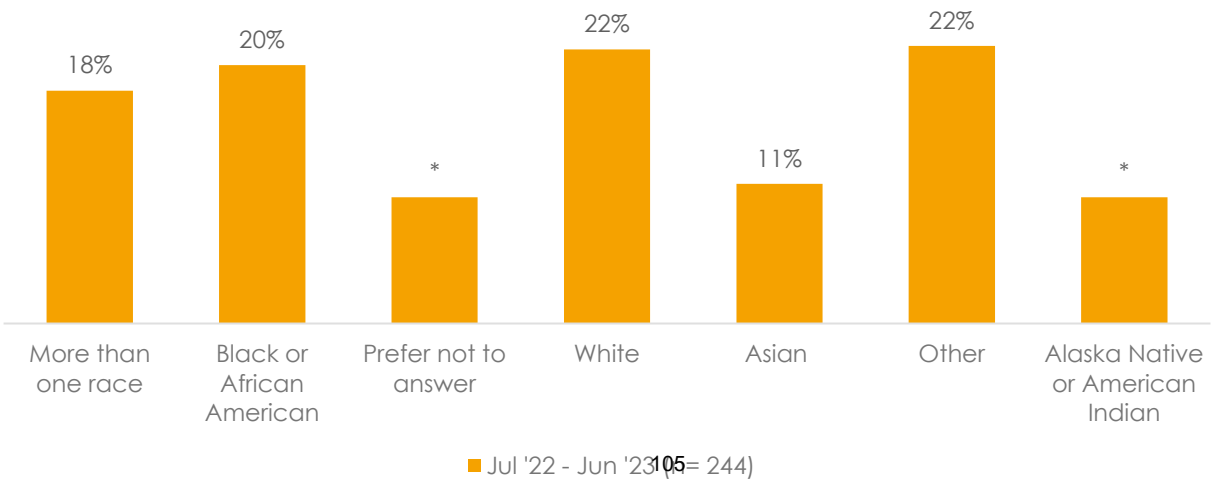
Program Updates

HSHC hired two new full time staff and onboarded 3 master's-level interns in the 2022-2023 school year. This allowed the team to serve more clients and restart groups. HSHC had significant challenges with their EHR, resulting in barriers to quality control.

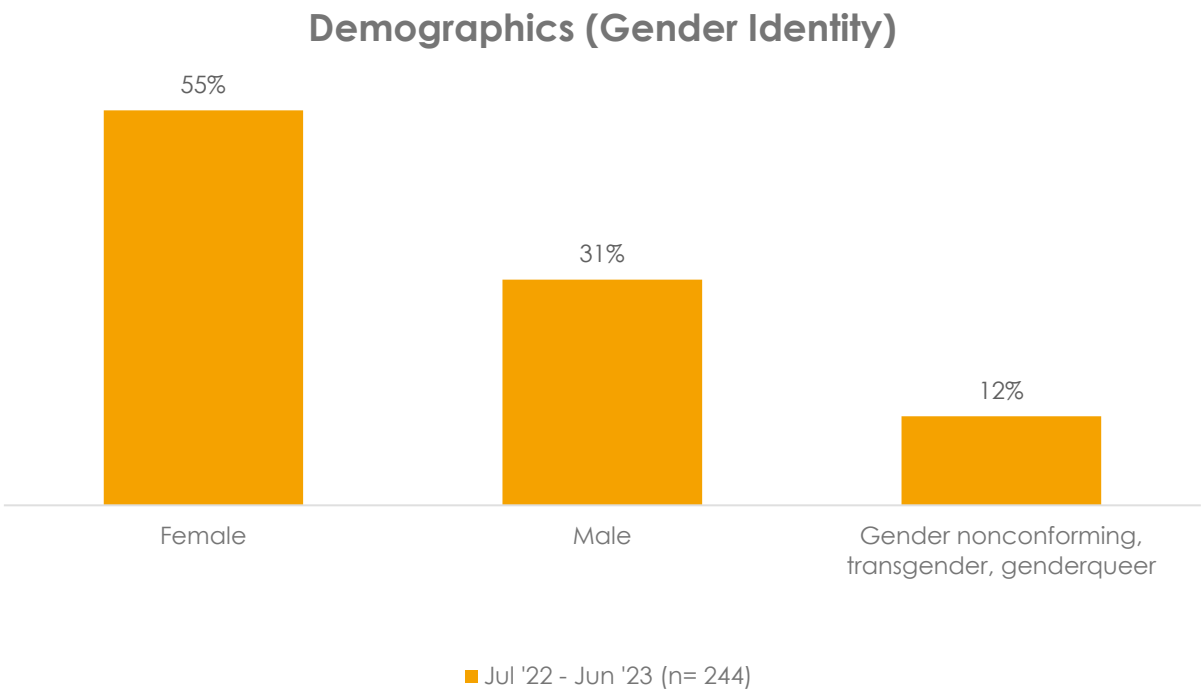
Demographics (Age)

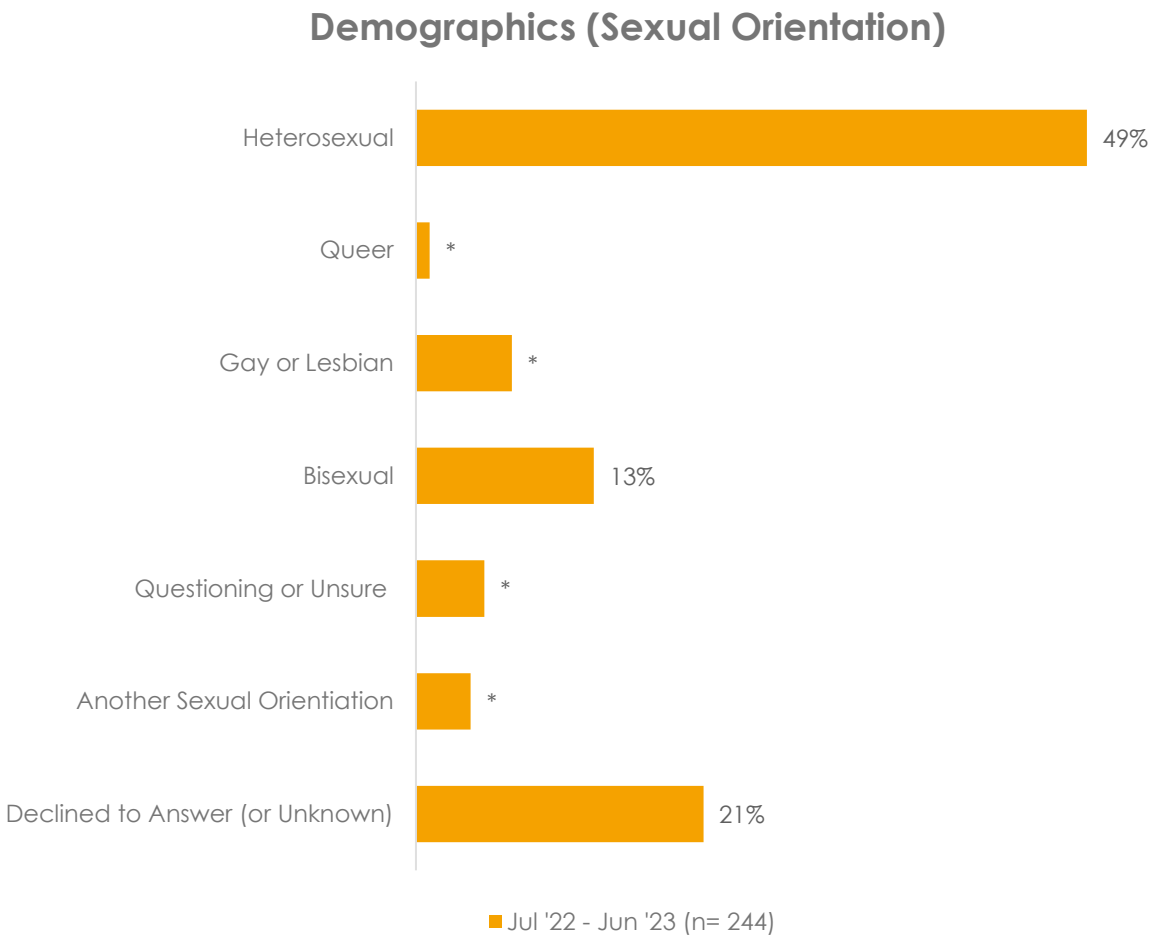


Demographics (Ethnicity)



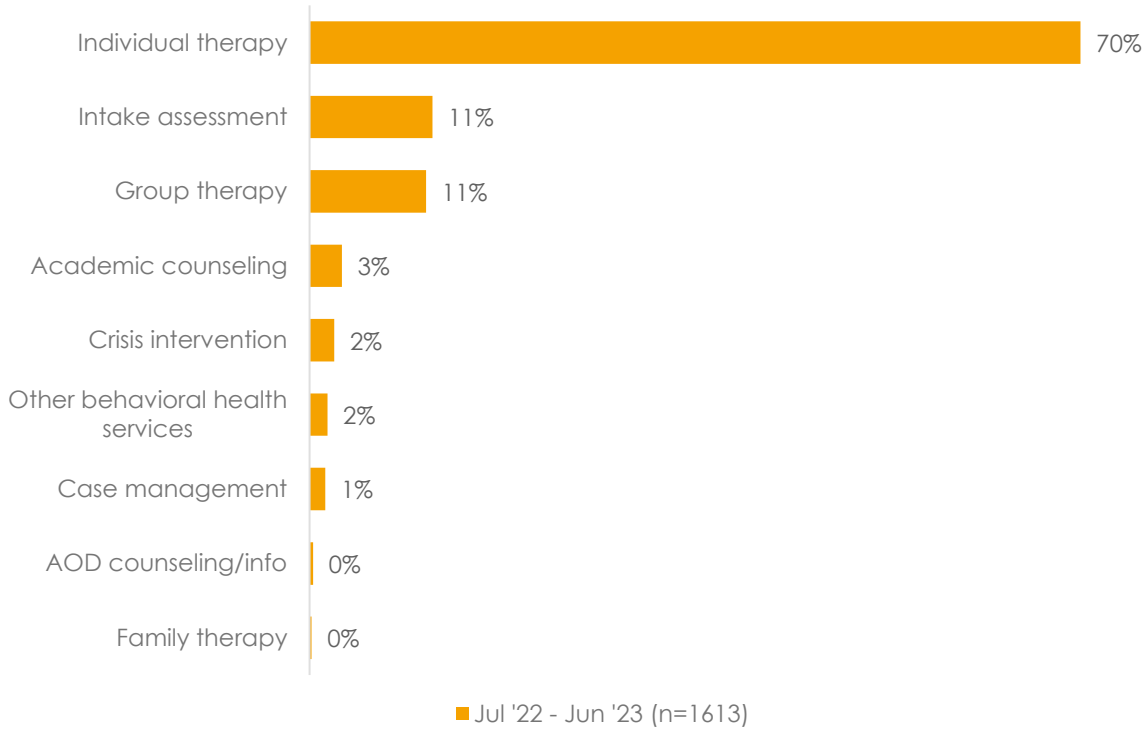
NOTE: *Some data not displayed to protect individual privacy when N< 11. Smaller data was combined.





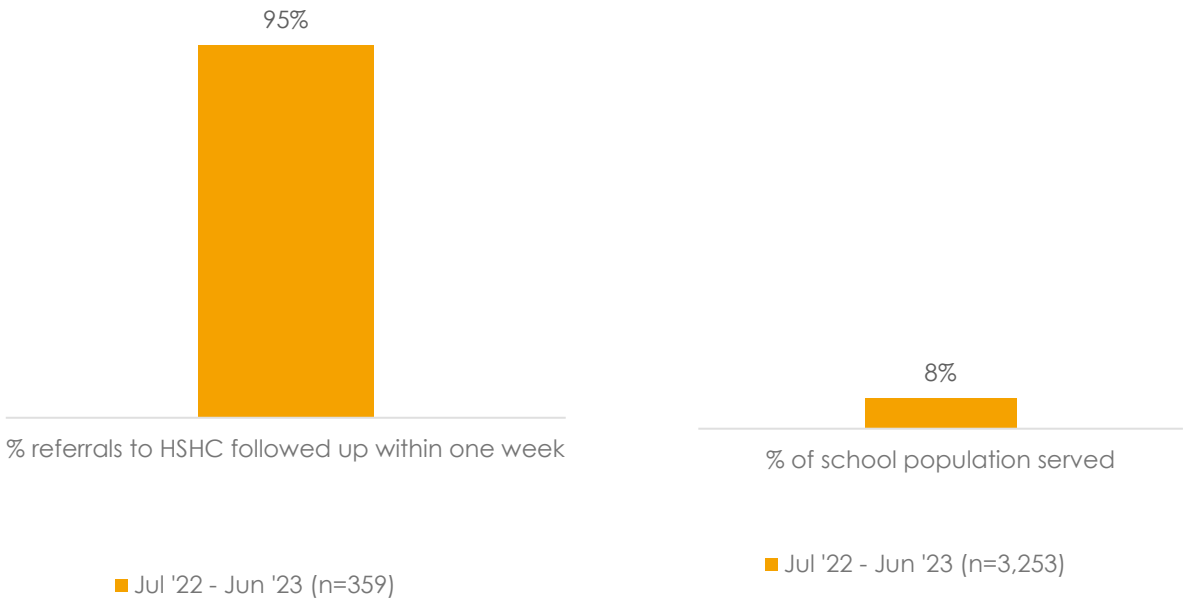
NOTE: *Some data not displayed to protect individual privacy when N< 11. Smaller data was combined.

Services Provided by Service Type

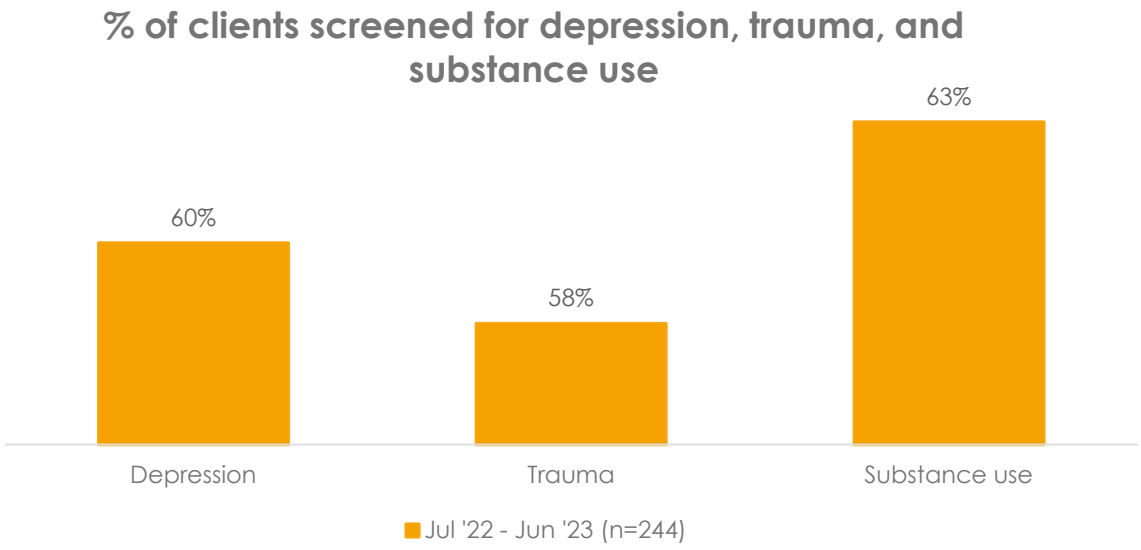


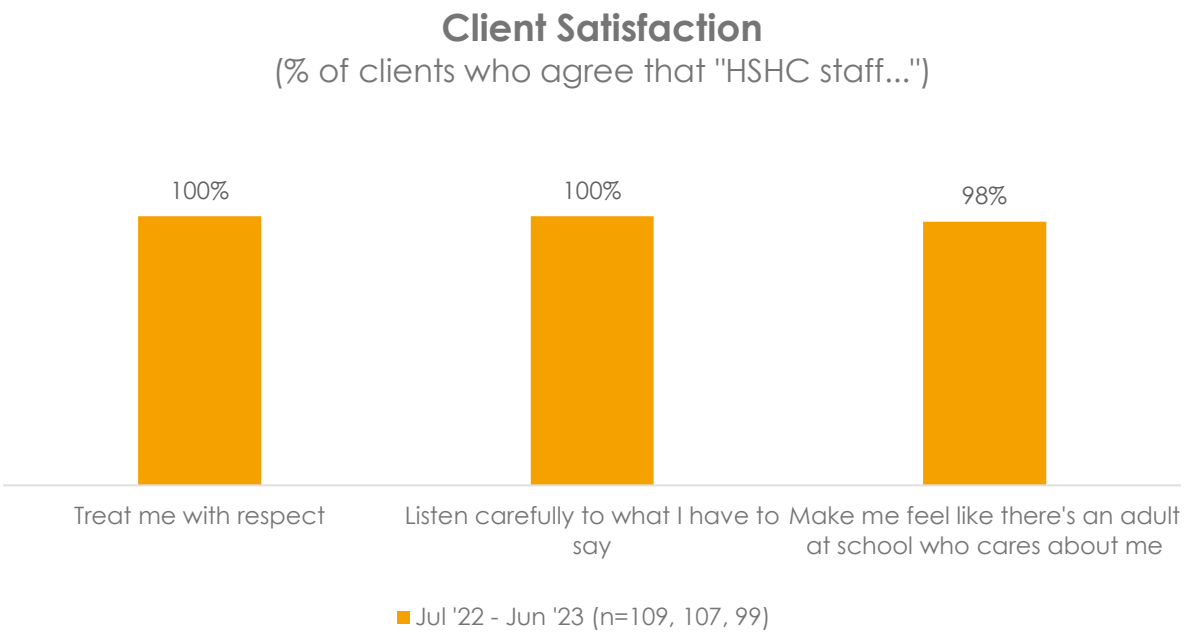
Note that multiple services could be provided in one visit (e.g. crisis assessment and referral) so total services by type is greater than total encounters.

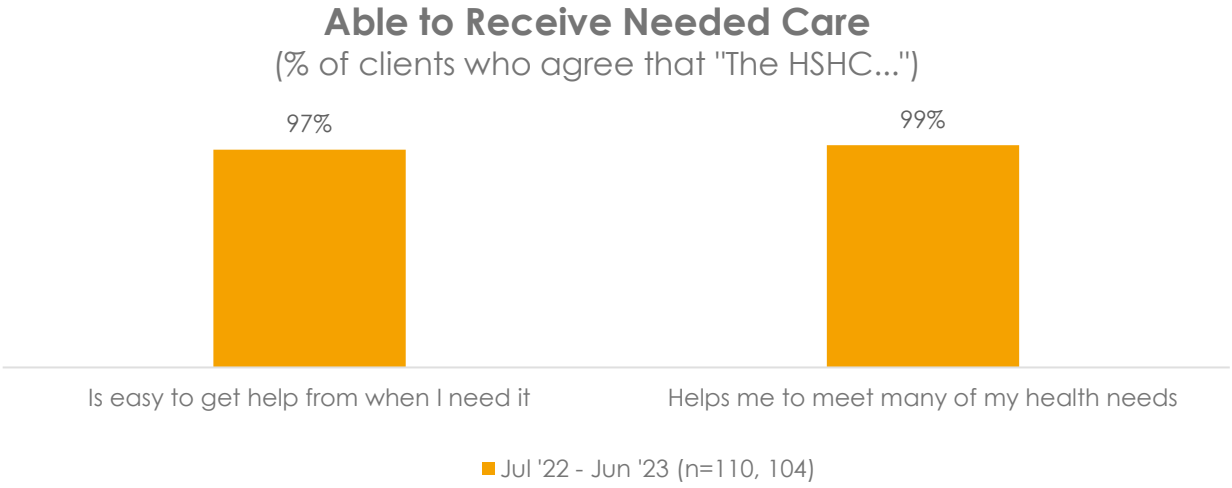
Quality Outcomes ("How well did we do it?")



NOTE: *Some data not displayed to protect individual privacy when N< 11. Smaller data was combined.







NOTE: *Some data not displayed to protect individual privacy when N< 11. Smaller data was combined.

Measure	Definition	Data Source
# clients served	Total clients served	NextGen
# of services provided by service type	# of services coded as behavioral_service with codes BHSV1-8. Key code accompanies NextGen data. Each incident could include more than one service provided.	NextGen
% clients screened for depression, trauma, and substance use	Percent of total clients that were recorded as having been screened for depression, trauma, and/or substance abuse at least one time during reporting period.	NextGen
% referrals to HSHC followed up within one week	Percentage of referrals that had 7 days or less between referral date and response date. Calculation reflects % of total referrals, not % of total clients.	Jotform
% of school population served	Unique clients served by HSHC divided by total student population of BHS and BTA.	NextGen; DataQuest
% of clients satisfied with services	% of responses marked as "agree" or "strongly agree" for various survey questions. Note: these responses are from all students who accessed the health center and answered the survey, not just those who received mental health services.	Berkeley SBHC Client Survey
% of clients able to receive needed care	% of responses marked as "agree" or "strongly agree" for various survey questions. Note: these responses are from all students who accessed the health center and answered the survey, not just those who received mental health services.	Berkeley SBHC Client Survey

NOTE: *Some data not displayed to protect individual privacy when N< 11. Smaller data was combined.

In FY24, the Health Center had the following positions: a full-time Mental Health Program Supervisor, a full-time Mental Health Clinical Supervisor (vacant), four full-time Behavioral Health Clinicians, and a cohort of three part-time graduate-level trainees. One Behavioral Health Clinician II was on administrative leave from January through June 2024. Two graduate-level trainees concluded their respective traineeships in January 2024 and February 2024. One Behavioral Health Clinician II promoted into the vacant Mental Health Clinical Supervisor position in May 2024.

In FY24, approximately 210 students received services through this project. Demographics on youth served are outlined below:

DEMOGRAPHICS N=210
Age Groups
0-15 Years - 52
16-25 Years - 158
Race
Asian - 21
Black or African American - 44
White - 42
More than one Race (or unknown) - 57
Ethnicity: Hispanic or Latino/Latina/Latinx
Other - 46
Primary Language
English - 178
Spanish - 22
Other/Declined to Answer (or Unknown) - <11
Declined to Answer (or Unknown) - <11
Sexual Orientation
Heterosexual or Straight - 116
Gay/Lesbian/Bisexual/Questioning/Another Sexual Orientation/Declined to Answer (or Unknown) - 94
Disability
Declined to Answer (or Unknown) - 210
Veteran Status
No - 210

Gender: Assigned sex at birth
Declined to Answer (Unknown) - 210
Current Gender Identity
Male - 61
Female - 113
Other - 36

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:

- Continued to provide the full suite of in-person mental health, reproductive & sexual health, and first aid services for the duration of the school year.
- The Mental Health (MH) team was able to resume its graduate-level training program and provided an array of multi-tiered individual, group and crisis services.
- Continued to use the Jotform application for referrals in order to streamline accessibility and minimize barriers to care.
- Maintained a collaborative and productive relationship with BHS's Coordination of Services Team (COST) throughout the school year in order to ensure that appropriate referrals were made to the Health Center and other programs.
- Continued to build strong working relationships with BHS Administration, especially the Principal, Vice Principal of Climate & Wellness, and MH & Well-Being Coordinator.
- BHS Leadership, along with Health Center leadership and City of Berkeley HHCS Departmental leadership, were able to successfully implement and open a differentiated Wellness Center space at BHS along with a continuum of tiered wellness support services in December 2023.
- For Q3 and Q4, the Wellness Center provided a differentiated universal (Tier 1) and targeted (Tier 2) support space for students that did not previously exist.
- Continued to build upon and improve existing relationships and partnerships with other BHS stakeholders. To this end, the MH team collaborated with several different on-campus programs throughout the year such as the Multilingual Program, McKinney Vento Program, Special Education Program, and Intervention Counselors.

Program Challenges:

- The MH Team experienced multiple vacancies in the supervisor, clinician, and trainee classifications. These vacancies impacted the team's overall capacity, including individual and group service provision as well as on call crisis coverage. Furthermore, staffing shortages across the Health Center's Public Health Team, both administrative and clinical, impacted service provision, operational capacity, and integration across Divisions.
- The Health Center's Electronic Health Record (EHR), NextGen, provided limited functionality. This contributed to delays with data collection, analysis, and reporting. These challenges constrained supervisory decision-making that could have improved efficiencies and improvements in service provision.

- The MH team also continued to use multiple EHRs and applications that are not integrated with one another and do not interface with one another. This made clinical documentation more cumbersome and time-consuming for all staff and also made data collection and analysis more laborious.

The RBA outcomes for FY24 are outlined on the following pages.

BMH RBA Report FY 2024

Reporting Period: July 2023 - June 2024

High School Health Center (HSHC)

Process Outcomes ("How much did we do?")

210

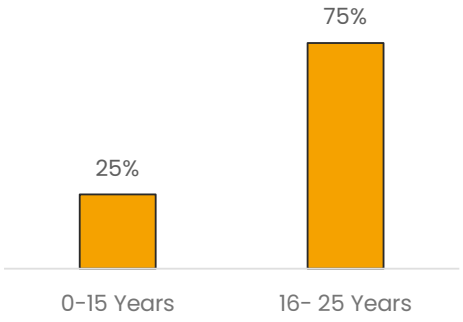
Clients Served

Program Description

The HSHC team provides mental health services on site at Berkeley High School; these services include individual and group therapy, crisis assessments, and drop in support. The program also hosts graduate students for training.

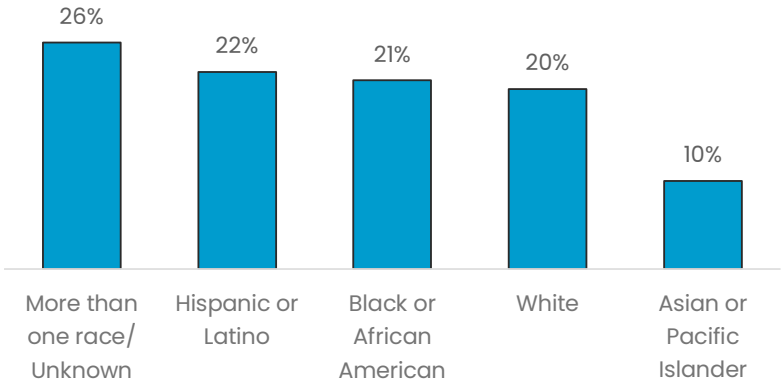
Demographics (Age)

Jul '23 - Jun '24 (n=210)



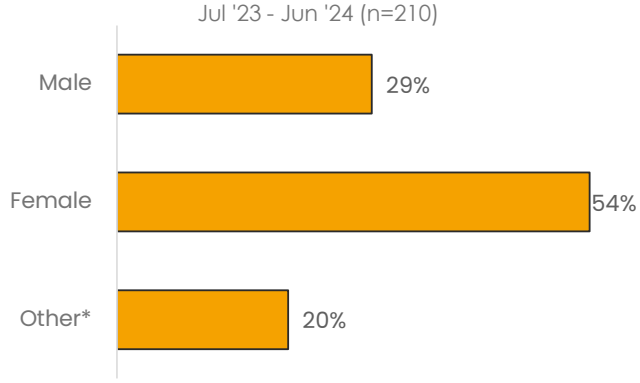
Demographics (Ethnicity)

Jul '23 - Jun '24 (n=210)



Demographics (Gender Identity)

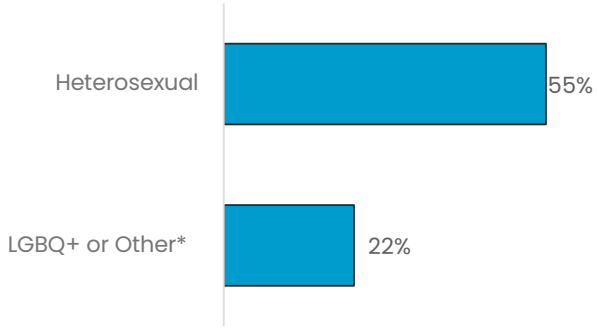
Jul '23 - Jun '24 (n=210)



*Other includes any identity that doesn't fit within the traditional male/female binary.

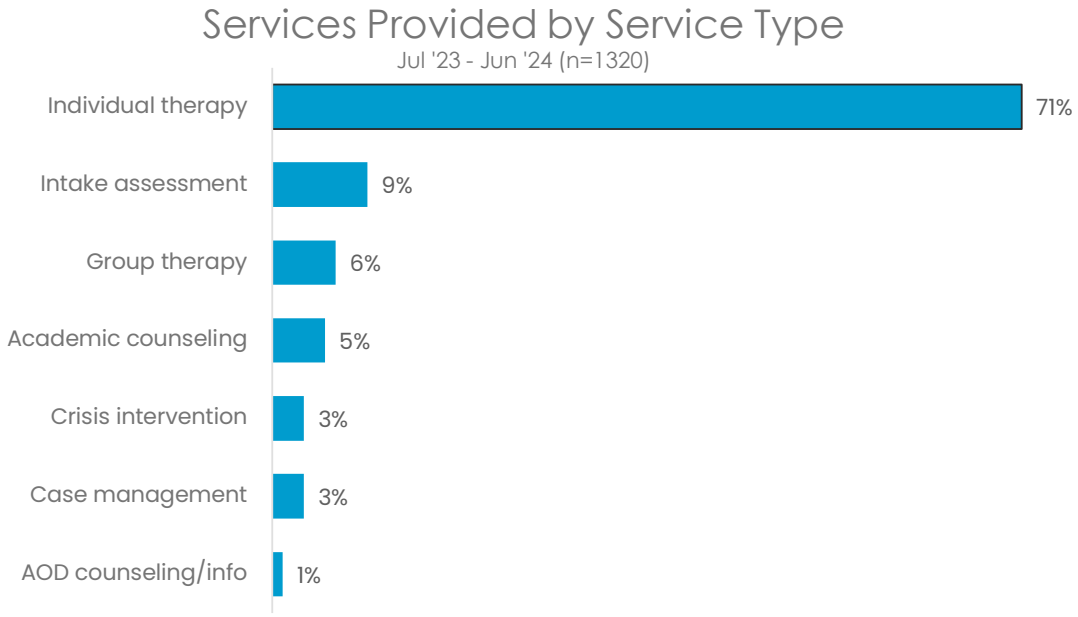
Demographics (Sexual Orientation)

Jul '23 - Jun '24 (n=210)

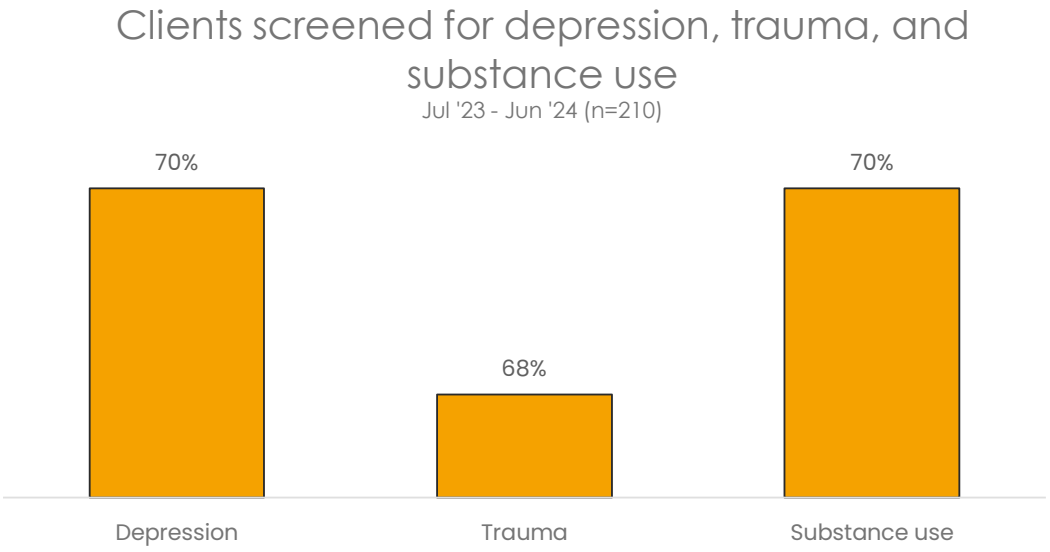


*LGBQ+ includes individuals who identify as lesbian, gay, bisexual, questioning, or other diverse sexual orientations. Other includes prefer not to answer or unknown.

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.



Note: Multiple services could be provided in one visit (e.g. crisis assessment and referral) so total services by type is greater than total encounters.



NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Quality Outcomes ("How well did we do it?")

1 in 17 Students received services
6.43% of the School Population (3,267 students)

Service Consistency

96% n=126
Students felt treated with respect

96% n=105
Students felt like there's an adult who cares about

98% n=118
Students felt heard about what they have to say

96% n=129
Report Easy Access to Needed Care

97% n=113
Able to Get Help When Needed

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Measure	Definition	Data Source
# clients served	Total clients served	NextGen
# of services provided by service type	# of services coded as behavioral_service with codes BHSV1-8. Key code accompanies NextGen data. Each incident could include more than one service provided.	NextGen
% clients screened for depression, trauma, and substance use	Percent of total clients that were recorded as having been screened for depression, trauma, and/or substance abuse at least one time during reporting period.	NextGen
% referrals to HSHC followed up within one week	Percentage of referrals that had 7 days or less between referral date and response date. Calculation reflects % of total referrals, not % of total clients.	Jotform Not presented due to delays in the reporting system
% of school population served	Unique clients served by HSHC divided by total student population of BHS and BTA.	DataQuest
% of clients satisfied with services	% of responses marked as "agree" or "strongly agree" for various survey questions. Note: these responses are from all students who accessed the health center and answered the survey, not just those who received mental health services.	Berkeley SBHC Client Survey
% of clients able to receive needed care	% of responses marked as "agree" or "strongly agree" for various survey questions. Note: these responses are from all students who accessed the health center and answered the survey, not just those who received mental health services.	Berkeley SBHC Client Survey

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

ACCESS & LINKAGE TO TREATMENT AND EARLY INTERVENTION COMBINED PROGRAM

Access and Linkage to Treatment Programs – Connect 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.

Early Intervention Programs – Provide 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.

During the reporting timeframe, the City of Berkeley provided funding for one Early Intervention program that also had an Access to Treatment program component. The program was as follows:

Specialized Care Unit

Through the approved FY22 Annual Update, the Division allocated a portion of one-time CSS and PEI funds to be leveraged with other City funds to support the Specialized Care Unit (SCU). Implemented through Bonita House, the SCU is Berkeley's new behavioral health crisis response team without the involvement of law enforcement. The SCU consists of trained crisis-response field workers who respond to behavioral health occurrences that do not pose an imminent threat to safety.

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.

PEI Priority: Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis.

In FY23, MHSA funds directly supported start-up costs of the program including recruitment, hiring, and training of Bonita House staff. Training included crisis support training through Bonita House's Crisis Training Academy as well as the design and training of Berkeley-specific procedures for the SCU program. Additionally, this funding supported the salaries of the SCU program management staff as additional team members were hired. During this time, program management staff worked closely with the City of Berkeley to create the policies and procedures for a SCU that aligned with the implementation recommendations from the Berkeley community. The SCU began providing services in early FY24.

STIGMA AND DISCRIMINATION PROGRAM

Stigma and Discrimination programs - Direct 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. The City of Berkeley has one Stigma and Discrimination 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.

PEI Priority: Culturally competent and linguistically appropriate prevention and intervention; including community defined evidence practices (CDEPs).

In FY22, 13 unduplicated individuals participated in the program. Demographics on program participants served were as follows:

DEMOGRAPHICS N= 13
Age Groups
26-59 (Adult) - 38.5%
Ages 60+ (Older Adult) - 38.5%
Declined to Answer (or Unknown) - 23%
Race
Asian - 8%
Black or African American - 23.5%
White - 38.5%
Other - 15%

Declined to Answer (or Unknown) - 15%
Ethnicity: Hispanic or Latino/Latina/Latinx
Mexican/Mexican-American Chicano - 8%
Puerto Rican - 8%
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
African - 15%
European - 15%
Japanese - 8%
Other - 31%
Declined to Answer (or Unknown) - 31%
Primary Language Used
English - 84%
Declined to Answer (or Unknown) - 16%
Sexual Orientation
Gay or Lesbian - 8%
Heterosexual or Straight - 54%
Bisexual - 15%
Questioning or Unsure - 8%
Declined to Answer (or Unknown) - 15%
Disability
Difficulty Hearing - 15%
Mental Domain not including a mental illness - 15%
Physical Mobility domain - 31%
Chronic Health Condition - 23%
Other - 8%
Declined to Answer (or Unknown) - 31%
Veteran Status
Yes - 77%
No - 33%

Gender: Assigned sex at birth
Male - 15.4%
Female - 69.2%
Declined to Answer (or Unknown) - 15.4%
Current Gender Identity
Male - 15%
Female - 54%
Questioning or unsure - 8%
Another gender identity - 8%
Declined to Answer (or Unknown) - 15%

Program Successes:
The Telling Your Story group had more consistent attendees who were prepared to share based on the topics provided. The structure of having a brainstorming session proved to be really beneficial for the attendees. Some participants enjoyed having the group virtually in the comfort of their home, they felt safer and the hassle of commuting was eliminated. Participants felt more prepared during their shares and enjoyed the support they received from their peers.

Program Challenges:
The Telling Your Story group challenges were a lack of in-person connection and some participants who didn't have access to Zoom were unable to see others on the screen. This group provided gift cards for each session that a person participated within the program guidelines. There was a challenge for some individuals to come into the office to sign for the gift cards which created some distain from the participants, or they waited months before they decided to have their gift card mailed. A similar gift card challenge was that some participants waited for months until they picked them up, so it would be worth the commute they had to make to come to the office.

In FY22, as the Social Inclusion – Telling Your Story Project, is conducted by the same staff who operate Wellness Recovery Services, the Results Based Accountability (RBA) Measures for this project were combined with the Wellness Recovery program measures. The RBA measures are as follows:

Process Measures How much did we do?	Quality Measures How well did we do it?	Impact Measures Is Anyone Better off?
• # of participants served • # of different groups convened per year • # of group events held per year • # of group participants who meet the requirements for "Telling Your Story" (MHSA PEI Requirement)	• #/% of participants who return for group events	• #/% of participants who reported feeling less shame about their experiences and challenges • #/% of participants who reported progress in their recovery

Measure	Definition	Data Source
# participants served	Total # of participants served	Wellness Recovery Group Attendance Tracker
# of different group convened	Number of different types of groups (i.e. walking group, mood group, Telling Your Story group) convened	Wellness Recovery Group Attendance Tracker
Group events	Total number of meetings held	Wellness Recovery Group Attendance Tracker
# of participants who meet the requirements for "Telling Your Story"	Total number of participants in all "Telling Your Story" meetings	Wellness Recovery Group Attendance Tracker
# of participants who return for group events	Of total number of participants, % who returned for more than one event or meeting	Wellness Recovery Group Attendance Tracker
% of participants who reported feeling less shame about their experiences and challenges	Of participants who took the survey, percent who responded "agree" or "strongly agree" to the question.	Telling Your Story Survey
% of participants who reported recognizing progress in their recovery	Of participants who took the survey, percent who responded "agree" or "strongly agree" to the question.	Telling Your Story Survey

Data Development Agenda: measures the team is interested in reporting on but for which reliable data was not available:

- Advance Directives Data:
  -#/% of participants with an Advance Directive completed
  -#/% of participants able to advocate for themselves with service providers
- Equity of services (e.g. client demographics compared to MediCal population)
- % of clients who were satisfied with services

The RBA outcomes for FY22 are outlined on the following pages.

Wellness & Recovery Services RBA Outcomes

Reporting Period: July 2021-June 2022 (Baseline)

Process Outcomes ("How much did we do?")

Program Description The Wellness and Recovery Program is designed to provide outreach, support, education, activities, and advocacy to consumer members living with mental illness and living in Berkeley. Wellness group activities include: Berkeley Pool of Consumer Champions (POCC), Card Groups, Mood Groups, Walking Groups, and field trips.

35

Participants served

8

Different groups convened

139

Group events

20

Participants who meet the requirements for "Telling Your Story"

represents 10 clients/events/groups

Quality Outcomes ("How well did we do it?")	Impact Outcomes ("Is anyone better off?")
71% of participants returned for group events	**4 out of 5** participants reported feeling less shame about their experiences and challenges (n=5). **3 out of 5** participants reported recognizing progress in their recovery (n=5).

In FY23, 10 unduplicated individuals participated in the program. Demographics on program participants served were as follows:

DEMOGRAPHICS N= 10
Age Groups
26-59 (Adult) - *
Ages 60+ (Older Adult) - *
Race
Black or African American - *
White - *
Other - *
Ethnicity: Hispanic or Latino/Latina/Latinx
Mexican/Mexican-American Chicano - *
Puerto Rican - *
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
African - *
Eastern European - *
Other - *
Declined to Answer (or Unknown) - *
Primary Language Used
English - 100%
Sexual Orientation
Heterosexual or Straight - *
Bisexual - *
Declined to Answer (or Unknown) - *
Disability
Difficulty Seeing - *
Difficulty Hearing - *
Mental Domain not including a mental illness - *
Physical Mobility domain - *
Chronic Health Condition - *
Other - *

Veteran Status
No - 100%
Gender: Assigned sex at birth
Male - *
Female - *
Current Gender Identity
Male - *
Female - *

*Indicates information is withheld to protect the privacy and confidentiality of individual participants.

Program Successes:
In FY23, the Telling Your Story group has grown to having more consistent attendees in person and on the zoom platform. Some participants enjoyed having the group virtually in the comfort of their home, they felt safer, and the hassle of commuting was eliminated. Other individuals enjoyed connecting in-person with participants who, joined the group in the same way. The group continued to be conducted through the structure of a brainstorming session and a sharing component. The topics of discussion were focused on the Eight Dimensions of Wellness. Per staff report, many participants benefitted from listening to answers to questions that staff developed based on the topics of discussions, as well as through staff assistance with formulating their story. Per staff report, participants felt more prepared during their shares and enjoyed the support they received from their peers.

Program Challenges:
In FY23, the Telling Your Story group had a few challenges, which provided the staff have been working to improve to make the group more enjoyable for all participants. Over the course of the last two years, staff hosted the group online and in-person and at times, this caused some delays to the start of the group due to individuals arriving at different times and having to update all participants. Managing and making sure everyone engaged was difficult as individuals who joined by Zoom, called in so staff were unable to see participants faces. For individuals who primarily come to the group on Zoom, the questionnaire that required their feedback went unanswered, therefore staff wasn't able to obtain a full report of how the group was helping individuals to feel confident with sharing their story. Managing both platforms can be complicated and it lacks the in-person connection. This group was held twice a month and even though there was a brainstorming session of topics to discuss, some members didn't seem to come prepared to share based on the topic at the next group and this may be due to memory or not fully being engaged in the group when people are calling in on Zoom. The last challenge was the number of participants, a very consistent group of individuals participated, however staff would like to do more outreach to engage potential group participants, in an effort make a positive impact for more individuals in the community.

The RBA outcomes for FY23 are outlined on the following pages.

BMH RBA Report FY 2023

Reporting Period July 2022 - June 2023

Wellness & Recovery Services

Process Outcomes ("How much did we do?")

Program Description The Wellness and Recovery Program is designed to provide outreach, support, education, activities, and advocacy to consumer members living with mental illness and living in Berkeley. Wellness group activities include: Berkeley Peers Organizing Community Change (POCC), Card Groups, Mood Groups, Walking Groups, and field trips.

Program Updates The Wellness Recovery Team added two Social Services Specialist positions to the program. Adding these positions made more people aware of the wellness groups, events and support that the clinic has to offer.

49

Participants served

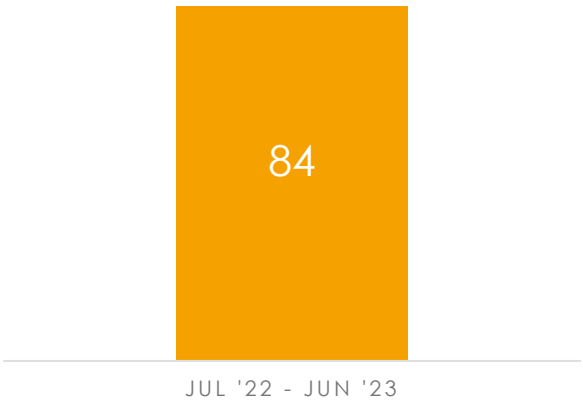
10

Participants who meet requirements for "Telling Your Story"

7

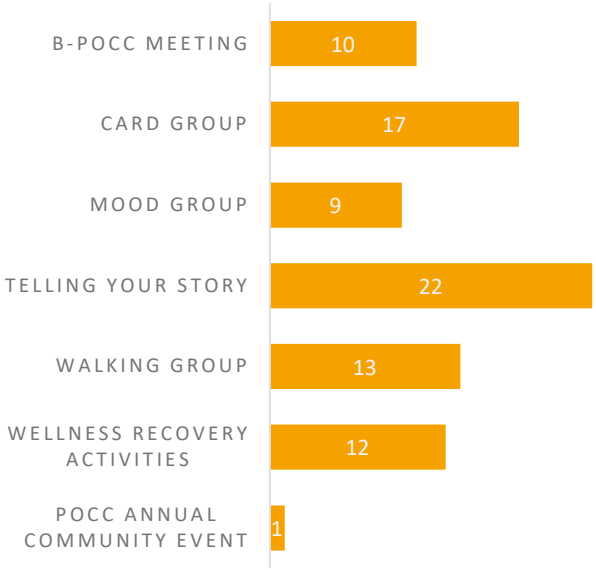
Different groups convened

WELLNESS GROUP MEETINGS ACROSS 7 DISTINCT GROUPS

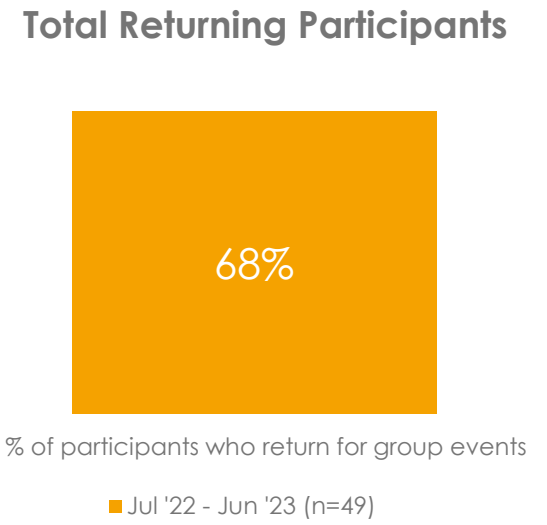


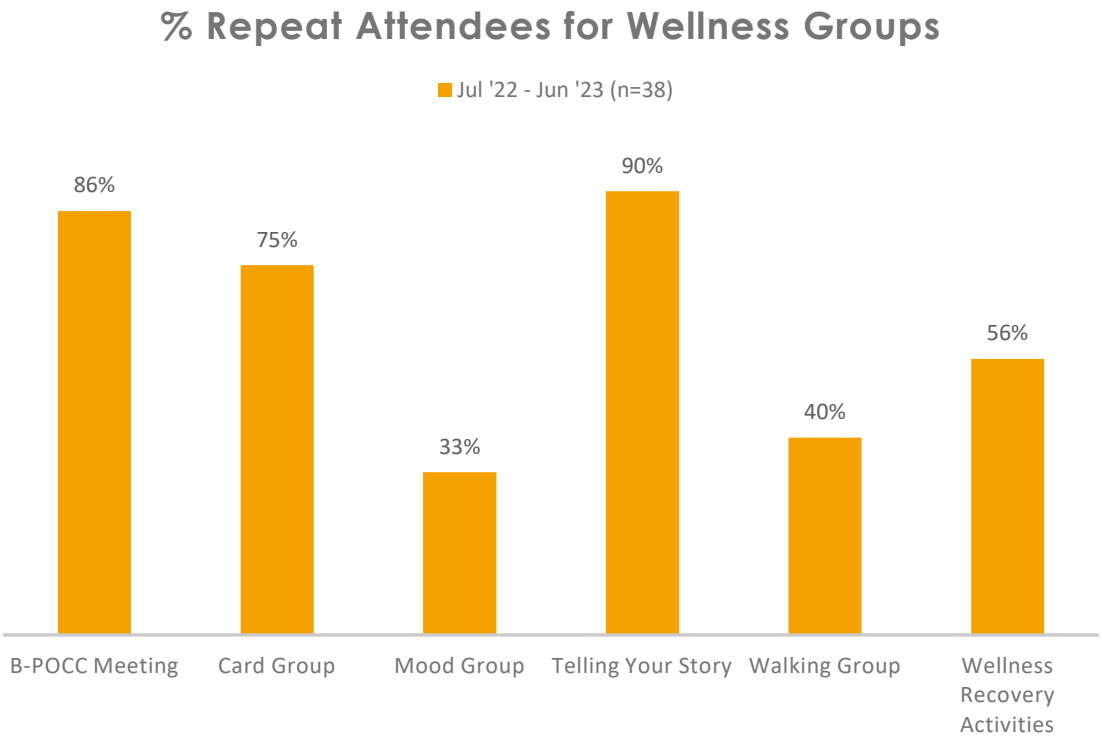
WELLNESS GROUP MEETINGS

JUL '22 - JUN '23 (N=84)



Quality Outcomes ("How well did we do it?")





Measure	Definition	Data Source
# participants served	Total # of participants served	Wellness Recovery Group Attendance Tracker
# of different groups convened	Number of different types of groups (i.e. walking group, mood group, Telling Your Story group) convened	Wellness Recovery Group Attendance Tracker
Average # of group events held per 6 months	Total number of meetings held	Wellness Recovery Group Attendance Tracker
# of participants who meet the requirements for "Telling Your Story"	Total number of participants in all "Telling Your Story" meetings	Wellness Recovery Group Attendance Tracker
% of participants who return for group events	Of total number of participants, % who returned for more than one event or meeting	Wellness Recovery Group Attendance Tracker
% of participants reporting feeling less shame about their experiences and challenges	Percentage of survey respondents who agree or strongly agree that they feel less shame about their experiences and challenges	Telling Your Story Survey
% of participants reporting recognizing progress in their recovery	Percentage of survey respondents who agree or strongly agree that they recognize progress in their recovery	Telling Your Story Survey

In FY24, 20 unduplicated individuals participated in the program. Demographics on program participants served were as follows:

DEMOGRAPHICS N= 20
Age Groups
26-59 (Adult) - 15
Ages 60+ (Older Adult) or Declined to Answer (or Unknown) - <11
Race
American Indian or Alaska Native - <11
Asian - <11
Black or African American - <11
White - <11
More than one Race - <11
Ethnicity: Hispanic or Latino/Latina/Latinx
Declined to Answer (or Unknown) - 20
Ethnicity: Non-Hispanic or Non-Latino/Latina/Latinx
Declined to Answer (or Unknown) - 20
Primary Language Used
English - 20
Sexual Orientation
Heterosexual or Straight - <11
Bisexual - <11
Queer - <11
Declined to Answer (or Unknown) - 15
Disability
Declined to Answer (or Unknown) - 20
Veteran Status
No - 20
Gender: Assigned sex at birth
Male - 12
Female or Declined to Answer (or Unknown) - <11

Current Gender Identity
Male - 12
Female or Declined to Answer (or Unknown) - <11

*Numbers that are 11 or less are displayed as <11 and/or have been combined or masked to protect the privacy and confidentiality of individual participants.

Program Successes:
The Telling Your Story group has grown to having more consistent attendees in person and calling in to the zoom platform then all other BMH groups. The group continued to be conducted by having the structure of a brainstorming session and a sharing component. Per staff report, many participants benefitted from listening to answers to questions that staff developed based on the topics of discussions, as well as through staff assistance with formulating their story. The topics of the month went beyond the SAMHSA Eight Dimensions of Wellness to include areas of interest. Some participants enjoyed having the group virtually in the comfort of their home, as they felt safe and the hassle of commuting was eliminated. Other participants enjoyed connecting with others in-person and more individuals attended when they dropped in at the clinic. According to staff, participants were more prepared during their shares and they enjoyed the support they received from their peers.

Program Challenges:
In FY24, the Telling Your Story group had a few challenges, which the staff have been working to improve to make the group more enjoyable for all participants. Over the course of the last two years, staff hosted the group online and in-person and at times, this caused some delays to the start of the group due to individuals arriving at different times and having to update all participants. The structure is for people to attend both, the first is a brainstorming group to be prepared for the second group with sharing.

Managing and making sure everyone engaged was difficult as individuals who joined by Zoom, called in so staff were unable to see participants faces. For individuals who primarily came to the group on Zoom, the questionnaire that required their feedback went unanswered, therefore staff wasn't able to obtain a full report of how the group was helping individuals to feel confident with sharing their story.

The RBA outcomes for FY24 are outlined on the following pages.

BMH RBA Report FY 2024

Reporting Period July 2023 - June 2024

Wellness & Recovery Services

Process Outcomes ("How much did we do?")

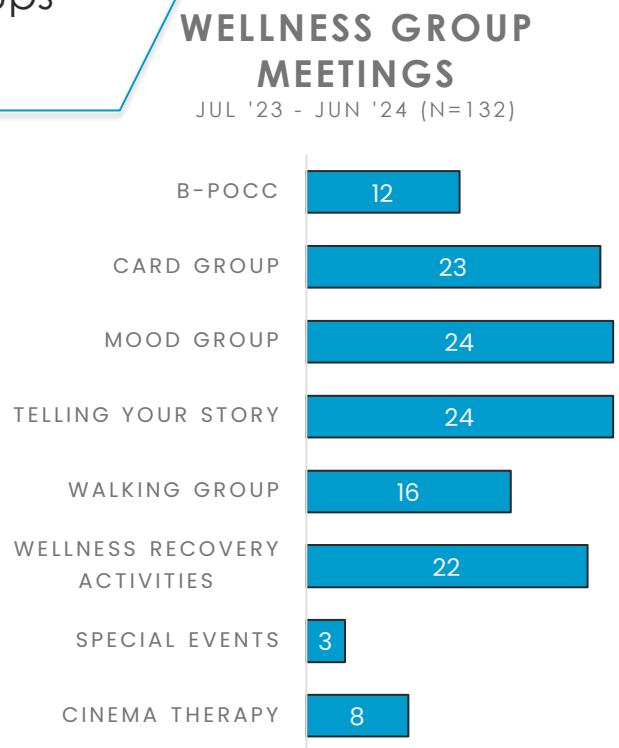
Program Description The Wellness and Recovery Program is designed to provide outreach, support, education, activities, and advocacy to consumer members living with mental illness and living in Berkeley. Wellness group activities include: Berkeley Peers Organizing Community Change (POCC), Card Groups, Mood Groups, Walking Groups, and Wellness Mixers.

52
Participants served

8
Groups

132
Group Events

20
Participants who meet requirements for "Telling Your Story"

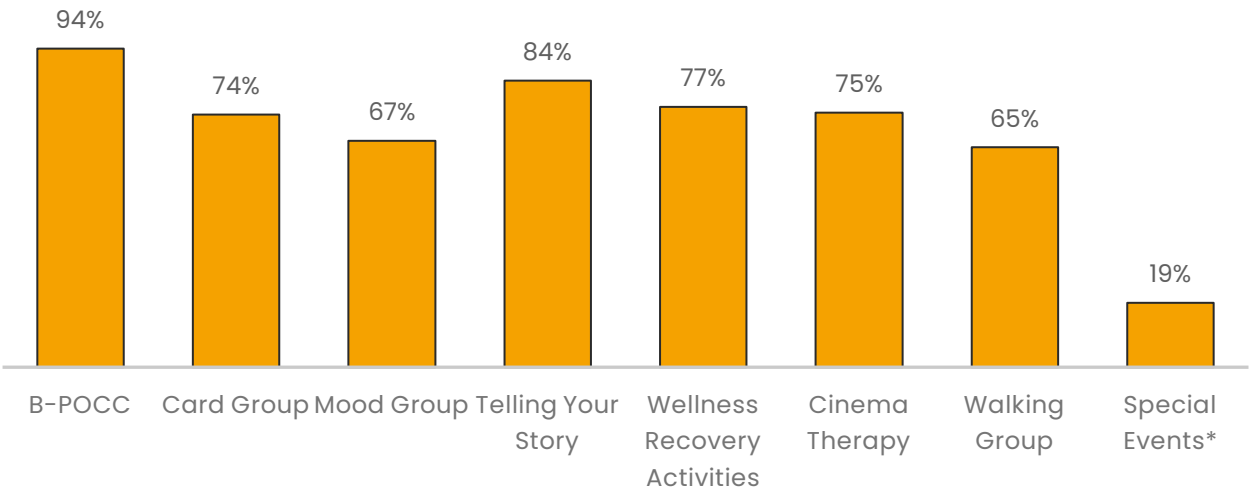


NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Quality Outcomes ("How well did we do it?")

Overall Group Engagement (Repeat Visits)

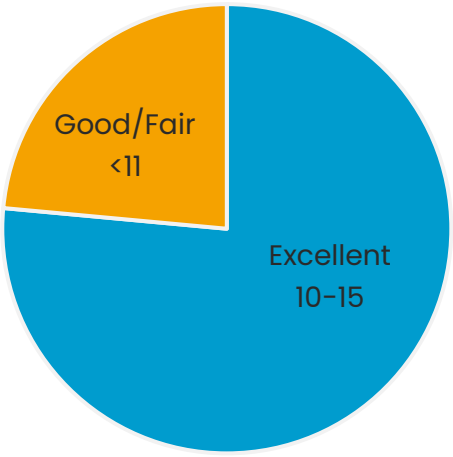
Jul '23 - Jun '24 (n=224)



*Special events, like social wellness mixers with different themes, attract a diverse mix of new attendees, which may result in lower level of returnees.

Interaction with a Wellness Team member in the Clinic Lobby

Jul '23 - Jun '24 (n=18)



71% n=52
Unduplicated participants who return for group events

Over 80% n=18
Participants rated the Lobby as Welcoming

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

Measure	Definition	Data Source
# of Particpants Served	Total # of participants served	Wellness Recovery Group Attendance Tracker
Wellness Group Event Breakdown	Number of different types of groups (i.e. walking group, mood group, Telling Your Story group) convened	Wellness Recovery Group Attendance Tracker
# Group Events	Total number of meetings held	Wellness Recovery Group Attendance Tracker
# of Telling Your Story Participants	Total number of participants in all "Telling Your Story" meetings	Wellness Recovery Group Attendance Tracker
% of participants who return for group events	Of total number of participants, % who returned for more than one event or meeting	Wellness Recovery Group Attendance Tracker
% Overall Group Engagement (Repeat Visits)	Of total number of participants, % who returned for more than one event or meeting	Wellness Recovery Group Attendance Tracker
% Participants Rated the Lobby as Welcoming	Consumer perceptions of feeling welcomed entering the Clinic Lobby	Clinic Lobby Survey

NOTE: Due to privacy protections, data representing fewer than 11 individuals have been combined, masked, suppressed, or reported in ranges. The graphs have been adjusted and may not visually reflect actual counts.

OUTREACH FOR RECOGNIZING THE EARLY SIGNS OF MENTAL ILLNESS

Outreach for Recognizing the Early Signs of Mental Illness Program - 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.

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 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.

Mental Health First Aid

City of Berkeley Mental Health staff has previously implemented a Mental Health First Aid Training to the community through non-MHSA funds. 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.

PEI Goals: The goal of this campaign is to increase prevention efforts and response to early signs of emotional and behavioral health problems.

PEI Priorities:

- Culturally competent and linguistically appropriate prevention and intervention; including community defined evidence practices (CDEPs).
- Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis.

Due to vacancies in staff, Mental Health First Aid trainings was not provided during the reporting timeframe

SUICIDE PREVENTION

Suicide Prevention Programs (Optional) - Activities to prevent suicide as a consequence of mental illness.

The City of Berkeley has one PEI funded Suicide Prevention program:

California Mental Health Services Authority (CalMHSA) PEI Statewide Projects

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 the Division began contributing 4% of PEI funding to the California Mental Health Services Authority (CalMHSA) to participate in the PEI Statewide Projects Initiative to locally obtain State resources on Suicide Prevention, Student Mental Health, and Stigma and Discrimination.

PEI Goals: The goal of this campaign is to increase prevention efforts and response to early signs of emotional and behavioral health problems.

PEI Priorities:

- Culturally competent and linguistically appropriate prevention and intervention; including community defined evidence practices (CDEPs).
- Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis.

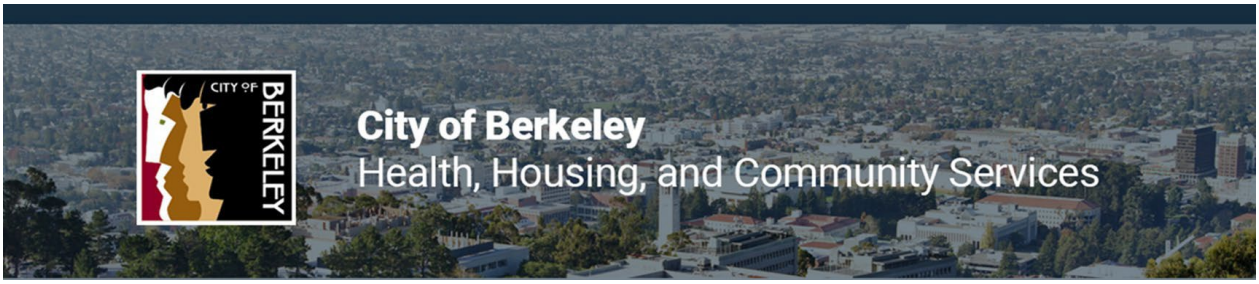
In FY22, through this initiative resources on Suicide Prevention, Student Mental Health and Stigma and Discrimination reached approximately 1,624 individuals. Additionally, resources were distributed via email to local schools, community agencies and community members.

In FY23, through this initiative resources on Suicide Prevention, Student Mental Health and Stigma and Discrimination reached approximately 1,624 individuals. Additionally, resources were distributed via email to local schools, community agencies and community members.

In FY24, through this initiative resources on Suicide Prevention, Student Mental Health and Stigma and Discrimination reached approximately 1,520 individuals. Additionally, resources were distributed via email to local schools, community agencies and community members. Through the approved FY25 Annual Update the Division eliminated the annual allocation of local PEI funding for this initiative.

APPENDIX D

INNOVATION
FY24 ANNUAL EVALUATION REPORT



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

Innovations (INN)

FY23/24
Annual Evaluation Report

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 and 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 State Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) on an annual basis. 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, the MHSA INN Fiscal Year 2023/2024 (FY24) Annual Evaluation Report is due.

This state required FY24 INN Annual Evaluation Report includes a description of the INN Encampment-based Mobile Wellness Center Project, which was the only approved project during the reporting timeframe. This project was implemented in FY25 through Options Recovery Services.

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 changes were made to the Innovative Project during the reporting period, a description of the changes 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, and the 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 may be obtained from the minor's parent, legal guardian, or other authorized source.

CITY OF BERKELEY INN PROGRAMS

A description of the INN program that was approved, but not implemented in FY24, is outlined below:

Encampment-based Mobile Wellness Center Project

In April 2022, the Division received approval to implement an Encampment-Based Mobile Wellness Center Project from the Berkeley City Council and the State Mental Health Oversight and Accountability Commission (MHSOAC). This project pilots a Mobile Wellness Center at Homeless encampments in Berkeley. The Mobile Wellness Center project provides an on-site, customizable menu of services that are chosen by individuals who reside at the encampments. The project is led by peers with lived experience of homelessness, and includes partners from encampment communities to encourage participation, help define service needs, and support service provision at the site. The project was implemented in FY25 through Options Recovery Services who was chosen through a competitive Request For Proposal (RFP) process.

The project seeks to learn whether on-site wellness center services have a positive impact on mental health outcomes including an increase in the uptake of mental health services. It will also assess the impact of how having individuals from the community help to provide services, shapes service delivery, and the participant satisfaction with services.

Attachment XXX

DRAFT CITY OF BERKELEY POLICY: "CARE FIRST, JAILS LAST"

DATE XXXX

I. Policy Title: Prioritizing Care Over Incarceration for Individuals with Behavioral Health Needs

II. Policy Statement:
The City of Berkeley, recognizing the importance of a humane, effective, and cost-efficient approach to individuals experiencing mental illness, substance use disorders, or co-occurring conditions who come into contact with the legal system, hereby adopts a "Care First, Jails Last" policy. This policy prioritizes the provision of community-based care, treatment, and support services as alternatives to arrest and incarceration whenever safe and appropriate. The City is committed to building a comprehensive continuum of care that addresses the underlying needs of these individuals, promotes public safety, and reduces reliance on the criminal justice system.

III. Guiding Principles:
- **Care as the Primary Response:** Individuals experiencing behavioral health crises should primarily receive a health-focused response, prioritizing de-escalation, stabilization, and connection to appropriate services.
- **Diversion as a Key Strategy:** Diversion from the criminal justice system to community-based care should be implemented at all possible points of contact.
- **Trauma-Informed Approach:** All interactions and services should be delivered using a trauma-informed lens, recognizing the prevalence of trauma among individuals with behavioral health needs.
- **Equity and Inclusion:** Policies and practices should be equitable and culturally responsive, addressing the disproportionate impact of the criminal justice system on marginalized communities.
- **Collaboration and Coordination:** Effective implementation requires strong partnerships and coordinated efforts among City departments (including law enforcement, health and human services, etc.), county agencies including the Prosecuting Attorney and Public Defender, Courts, community-based organizations, and individuals with lived experience.
- **Data-Driven Decision Making:** The City will collect and analyze data to monitor the implementation and effectiveness of this policy, identify areas for improvement, and ensure accountability.
- **Sustainability and Resource Allocation:** The City is committed to allocating resources strategically to support the development and maintenance of a robust continuum of care.

IV. Key Areas of Action (Aligned with the Sequential Intercept Model):
- **Intercept 0: Community Services & Prevention:**

    - Invest in and expand access to early intervention, mental health promotion, and substance use prevention programs.
    - Support community-based organizations providing mental health and substance use services.
    - Promote public awareness and reduce stigma associated with behavioral health conditions.
- **Intercept 1: Law Enforcement & Emergency Services:**
    - Implement and expand Crisis Intervention Team (CIT) or equivalent training for all law enforcement officers and emergency responders.
    - Develop protocols for responding to behavioral health crises that prioritize de-escalation and connection to community-based services.
    - Explore and support mobile crisis outreach teams that include mental health professionals.
    - Establish protocols to minimize arrests for minor offenses related to survival behaviors or symptoms of behavioral health conditions.
- **Intercept 2: Initial Detention & Court Hearings:**
    - Implement robust screening and assessment processes at the point of arrest and during initial court appearances to identify individuals with behavioral health needs.
    - Expand and support pre-arraignment diversion programs that offer treatment and support as alternatives to detention.
    - Ensure access to legal representation and behavioral health expertise for individuals at this stage.
- **Intercept 3: Jails & Courts:**
    - Ensure access to mental health and substance use treatment, medication, and support services for individuals incarcerated in local correctional facilities.
    - Coordinate with the jail to develop and implement comprehensive discharge planning that connects individuals to community-based care upon release.
    - Explore and support specialized courts (e.g., mental health courts, drug courts) that focus on treatment and rehabilitation.
- **Intercept 4: Reentry:**
    - Provide or coordinate robust reentry services, including housing assistance, employment support, and access to ongoing behavioral health care.
    - Facilitate seamless transitions from correctional settings to community-based care.
    - Support peer support programs and individuals with lived experience in the reentry process.

V. Implementation and Accountability:

- The [Relevant City Department/Agency, e.g., Health and Human Services Department] will be the lead agency responsible for the implementation and coordination of this policy.

- A multi-stakeholder task force or advisory committee will be established to guide implementation, monitor progress, and ensure community input.
- Regular reports on the implementation and outcomes of this policy will be provided to the City Council.
- Performance metrics will be developed to measure the effectiveness of diversion efforts, the reduction in arrests and incarcerations for individuals with behavioral health needs, and the improvement in their well-being and public safety.

VI. Review and Updates:
This policy will be reviewed and updated periodically to reflect best practices, emerging evidence, and the evolving needs of the community.

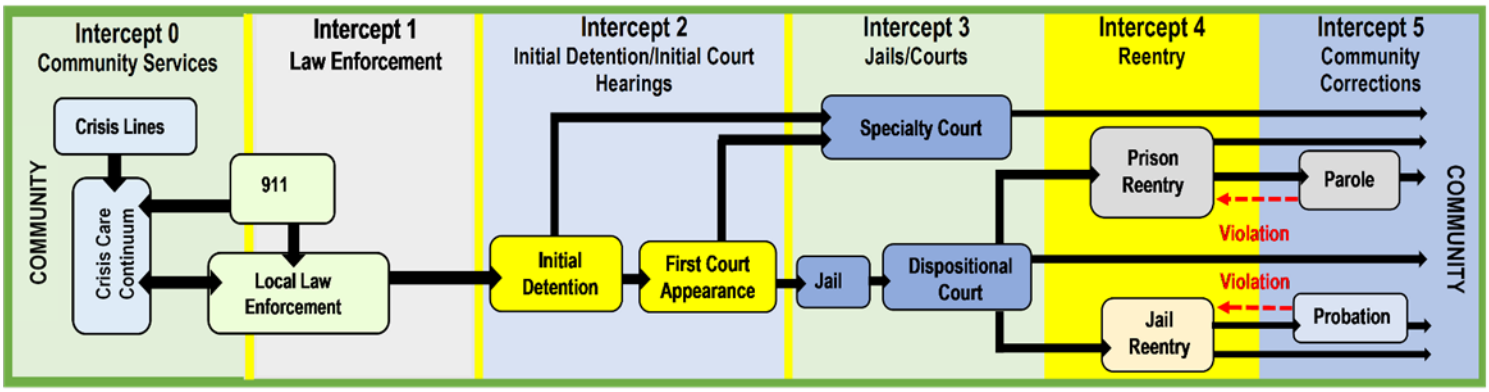
VII. Effective Date:
This policy shall be effective on XXXXX

CCJBH
Council on Criminal Justice and Behavioral Health
Building bridges between criminal justice & behavioral health to prevent incarceration

SEQUENTIAL INTERCEPT MODEL

The Sequential Intercept Model (SIM) pictured below, is a model which identifies five key points of interception for individuals with behavioral health issues, linking them to services and preventing further involvement with the criminal justice system.[1] Several counties have move to using the SIM as a strategic planning tool.

INTERCEPT 0: The goal of this intercept is to connect individuals to treatment before there is a behavioral health crisis, or at the earliest stage of interaction with the criminal justice system. Below are some suggestions from the County Behavioral Health Directors Association of



California (CBHDA) regarding what can be done to support building a community-based behavioral health system adequate enough to prevent criminal justice involvement.[2]

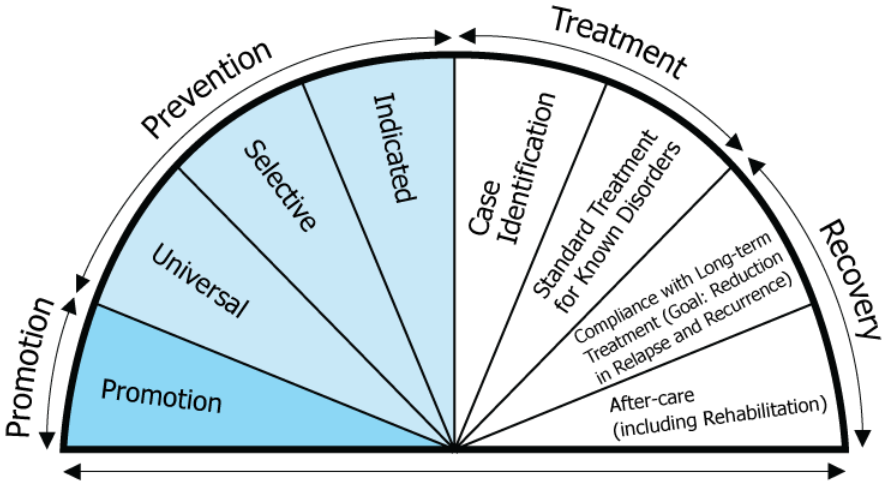
- Expand community-based prevention coalitions that promote environmental approaches to preventing alcohol and drug related problems in the community, as well as individual and primary prevention programs.
- Expand treatment options that prioritize the least restrictive level of care and invest in prevention, alternatives to psychiatric hospitalization, acute crisis needs, inpatient care and post-discharge community based options.
- Expand the crisis continuum to include funding for substance use disorders, detox and recovery services.
- Broaden the use of peers with lived experience and their role in delivering interventions to individuals in a behavioral health crisis.
- Reduce local siting challenges and tackle stigma.

[1] Bowles, Carrie. (2017, August 17). 2017 Highlights. Retrieved from https://www.samhsa.gov/prevention-week/about/2017-highlights

[2] County Behavioral Health Directors Association of California. (2018, September). CBHDA 2018 Legislative Platform. Retrieved from https://static1.squarespace.com/static/5b1065c375f9ee699734d898/t/5b9198394d7a9ccbe86f9067/1536268348282/CBHDA_2018-Legislative-Platform.pdf

Intercept O calls for investments across the behavioral health continuum – promotion, prevention, treatment and recovery.[3]

INTERCEPT 1: This intercept includes contact with law enforcement, as well as emergency and crisis response.



For example: Crisis Intervention Teams (CIT) are a collaboration between community and local law enforcement, county health services, mental health advocates and mental health consumers. The purpose is to address the needs of mental health consumers who enter the criminal justice system while in crisis.

INTERCEPT 2: In this intercept post-arrest diversion programs are the next opportunity for diversion from an individual going further into the criminal justice system.

For example: Pretrial diversion, which is an informal disposition that involves the referral of individuals, often before arraignment, to rehabilitative programs in lieu of criminal prosecution such as mental health treatment or substance use disorder treatment.

INTERCEPT 3: In this intercept individuals have already entered the criminal justice system and are incarcerated in jail, or on bail waiting to go to court.

For example: Collaborative Courts, are courts that represent a collaboration between judicial supervision and rehabilitation services, where participants are monitored and often receive incentives for their progress.

[3] Wilson-Buck, Janeen, McCoy, Evelyn F., Noriega-Vasquez, Carla and Reginal, Travis. (2018, October). Retrieved December 1, 2018, from http://www.safetyandjusticechallenge.org/wp-content/uploads/2018/10/2018.10.11_Using-the-SIM_finalized.pdf

INTERCEPT 4: In this intercept individuals have gone through the criminal justice system, or the behavioral health system and have been absent from their community and are now reentering.

- **Principle I:** Upon incarceration, every inmate should be provided an individualized reentry plan tailored to his or her risk of recidivism and programmatic needs.
- **Principle II:** While incarcerated, each inmate should be provided education, employment training, life skills, substance abuse, mental health and other programs that target their criminogenic needs and maximize their likelihood of success upon release.
- **Principle III:** While incarcerated, each inmate should be provided the resources and opportunity to build and maintain family relationships, strengthening the support system available to them upon release.
- **Principle IV:** During transition back to the community, halfway houses and supervised release programs should ensure individualized continuity of care for returning citizens.
- **Principle V:** Before leaving custody, every person should be provided comprehensive reentry-related information and access to resources necessary to succeed in the community.

For example: Community-based organizations that provide connections to services and resources upon reentry such as transitional housing or even a Full Service Partnerships for those with serious mental illness and who are at-risk of homelessness.

INTERCEPT 5: This intercept represents community supervision of individuals whom are either on probation or parole.

For example: Specialized supervision models combine best practices to address criminogenic risk factors as well as best practices to address behavioral health conditions. With smaller caseloads, integrated service teams from probation/parole and behavioral health work as a team to achieve public safety and health outcomes. These services can be delivered out of the probation or behavioral health system.

Health Housing and
Community Services Department
Mental Health Division

MEMORANDUM

To: Behavioral Health Commission
From: Jeffrey Buell, Behavioral Health Division Manager
Date: 6/17/2025
Subject: Behavioral Health Manager Report

Behavioral Health Services Report

Please find the attached report on Behavioral Health Services for May 2025. Also note that fiscal fields continue to not be updated in this template. Commissioners may seek to meet again with the Division Manager and Health, Housing, and Community Services (HHCS) Fiscal Services Manager to discuss helpful data and structure for future service reports (Initial meeting on 11/18/25).

Information Requested by Behavioral Health Commission

No new questions were submitted by Commissioners in this time frame.

Mental Health Division Updates

Policy and Funding

- Prop 47 funding and proposed services: the City has been looking into ways that money from California's Prop 47 can be drawn down to support mental health and SUD services for residents in the carceral system. The fourth round of funding applications are due soon, and the City is looking to support a program that provides short term stabilization and services connection, similar to Alameda County's CARES diversion program.
- BHC by-laws update: The City Clerk's office has noted that the new by-laws appear to have some conflicts with Berkeley's policies codified in the Berkeley Municipal Code. They will gather more information and discuss next steps to address the discrepancies.
- On 6/13/25, we learned through this press statement (https://www.gov.ca.gov/2025/06/13/governor-newsom-trump-handed-over-californians-personal-information-to-homeland-security-a-dangerous-violation-of-privacy/) that the federal administration has shared Medicaid enrollment

information for immigrants with federal immigration authorities, which may now be used for immigration-related enforcement activities.

- California lawmakers on 6/13/25 approved a budget proposal to freeze enrollment in a state-funded health care program for immigrants without legal status to help close a $12 billion deficit. Their plan is a scaled-back version of a proposal Democratic Gov. Gavin Newsom introduced in May. California, with the largest state budget in the country, is facing a deficit for the third year in a row. This year's budget shortfall has forced Democratic leaders to start cutting back on several liberal policy priorities, including to the landmark health care expansion for low-income adult immigrants without legal status.

Programming

- As of 6/13/25, the Division has vacated administrative building 2636 Martin Luther King Jr for long term repair and health reasons. The space will not be used for staffing until it can be properly remediated or rehabilitated. While the space had not been able to be used for client services, the treatment teams and administrative staff have been temporarily relocated to existing facilities at 2640 Martin Luther King and 1521 University pending a more permanent solution.

Care First, Jails Last

- Care First, Jails Last update: this Council item was pushed back multiple times and is currently slated for the 7/29/25 Council review. As this item was created and supported by this Commission, input is being sought on the policy draft by no later than 7/3/25 to HHCS Department Director Scott Gilman in order to include for the Council's review. If input from the Commission needs more time, then the Council review will be pushed back to a later date. The following is a brief summary/background, and attached is the draft policy and Sequential Intercept Model information. Input from the Commission regarding the attached draft policy is being requested.

SUMMARY

This report updates the City Council on the progress of the Health, Housing, and Community Services Department (HHCS) in implementing the city-wide "Care First, Jails Last" (CFJL) policy, as mandated by the July 25, 2023, resolution. A draft policy is attached to this report (Attachment 1). Before drafting the City policy, staff focused on creating an inventory of best practices to inform its development. This was followed by presentations to a wide variety of stakeholders including the Mental Health Commission and the Commission on the Status of Women. In addition, as referenced in the Council Referral, the Sequential Intercept Model has been used as the framework for developing the policy.

BACKGROUND

On July 25, 2023, the City Council adopted Resolution No. 71 007-NS following a recommendation from the Mental Health Commission. The Commission's recommendation was rooted in the understanding that a "Care First, Jails Last" approach can lead to more humane, cost-effective, and successful outcomes for individuals with behavioral health challenges who encounter the legal system. The resolution called for City departments to revise their policies and procedures and for the City Council to use this policy to inform budgetary priorities. The Mental Health Commission also stressed use of the "Sequential Intercept Model" (SIM) to map current services with various intercepts individuals have with law enforcement and where care should be offered before or instead of jail. A detailed overview of the SIM is provided later in this report and a graphic of the model provided by the California Council on Criminal Justice and Behavioral Health (Attachment 2).

The Mental Health Commission's report also highlighted several key reasons for adopting this policy, including:

- Ensuring a consistent "Care First, Jails Last" approach across the City, regardless of funding sources.
- Supporting the success of initiatives to improve coordination of mental health and substance use service designed to reduce involvement with law enforcement.
- Ensuring the Berkeley residents have access to the full continue of Care First Jails Last programs offered by Alameda County.
- Recognizing the potential for more effective and less costly outcomes compared to incarceration, particularly given the documented challenges and high suicide rates at Santa Rita Jail.

THE SEQUENTIAL INTERCEPT MODEL (SIM)

The Sequential Intercept Model (SIM) provides a framework for understanding the points of contact between individuals with mental and substance use disorders and the criminal justice system. It outlines five key intercepts:

Each intercept represents a stage where interventions can be implemented to divert individuals towards behavioral health services and away from the criminal justice system.

1. **Intercept 0: Community Services:** This intercept focuses on prevention and early intervention within the community to address behavioral health needs before they escalate into crises or legal involvement.
2. **Intercept 1: Law Enforcement and Emergency Services:** This intercept involves training law enforcement and emergency responders to recognize and respond to mental health and substance use crises appropriately, emphasizing de-escalation and connection to community-based services rather than arrest.
3. **Intercept 2: Initial Detention and Court Hearings:** This intercept focuses on screening and assessment at the point of arrest and during initial court appearances to identify individuals with behavioral health needs who can be diverted to treatment and support services.
4. **Intercept 3: Jails and Courts:** This intercept addresses the needs of individuals with behavioral health disorders who are incarcerated, focusing on providing

appropriate treatment, medication, and discharge planning to facilitate a successful return to the community.

5. **Intercept 4: Reentry:** This intercept focuses on providing support and resources to individuals with behavioral health needs as they are released from correctional settings to ensure a smooth transition back into the community and prevent recidivism.

Adult Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Previous 12 Months	Fiscal Year 2025 (July '24-June '25) Demographics as of June 2025
Adult, Older Adult and TAY Full Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	2 Clinicians, 4 Non-Licensed Clinician, 1 Clinical Supervisor	57	$4,119	Clients: 62 Asian: 3 Black or African-American: 31 Hispanic or Latino: 1 Unknown: 3 White: 24 Male Gender ID: 38 Female: 20 He/Him:2 Prefer not to answer: 0 They/Them: 1 Unknown/No Available: 1 Heterosexual/Straight: 47 Unknown/Not Available: 12 Bisexual: 1 Gay: 1 Lesbian: 0 Prefer Not To Answer: 1 Prefer not to answer/declined: 0
Adult FSP Psychiatry (June Stats)	1-100	0 FTE	47		
AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)				$2,037,600	
Homeless Full-Service Partnership (HFSP) (Highest level outpatient clinical case management and treatment)	1-8 for clinical staff	3 Non-Licensed Clinician, 1 Clinical Supervisor	33	$2,908	Clients: 41 Asian: 1 Black or African-American: 24 Hispanic or Latino: 1 Other: 1 White: 14 Male Gender ID: 23 Female: 14 Unknown/Not Available: 2 She/Her:1 Unknown: 1 Heterosexual/Straight: 30 Unknown/Not Available: 7 Bisexual: 3 Prefer Not To Answer/Declined to

					State: 1
HFPS Psychiatry (June Stats)	1-100	0.5 FTE	18		
HFSP FY22 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			TBD		
Comprehensive Community Treatment (CCT) **(High level outpatient clinical case management and treatment)**	1-20	7 Clinicians 1 Team Lead 1 Clinical Supervisor	168	$1,684	Clients: 191 Alaska Native or American Indian: 2 Asian: 13 Black or African-American: 75 Hispanic or Latino: 9 Other: 6 Pacific Islander: 3 Unknown: 8 White: 75 Female Gender ID: 84 Male: 81 He/Him: 9 She/Her: 7 Other Additional Gender Category: 6 Gender Queer: 2 Prefer Not To Answer: 1 They/Them: 1
CCT Psychiatry (June Stats)	1-200	0.75 FTE	117		
CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			$2,617,010		
Focus on Independence Team (FIT) **(Lower level of care, only for individuals previously on FSP or CCT)**	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non-Degreed Clinical	1 Non-Licensed Clinician 1 CHW Sp./ Non-Degreed Clinical, 1 Clinical Supervisor	77	$763	Clients: 88 Asian: 7 Black or African American: 31 Hispanic or Latino: 5 White: 45 Male Gender Identity: 50 Female: 34 She/Her: 2 He/Him: 1 Intersex: 1 Heterosexual/Straight: 80 Unknown/Not Available: 5 Prefer Not To Answer/Declined: 2 Gay: 1
FIT Psychiatry (June Stats)	1-200	.25	62		
FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff (FY22 not yet available)			$900,451		

Family, Youth and Children's Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Last 12 months	Fiscal Year 2025 (July '24-June '25) Demographics as of June 2025
Children's Full-Service Partnership (CFSP)	1-8	1 Senior Behavioral Health Clinician 1 Non-Licensed Clinician	12	$2,895	Clients: 14 Alaska Native/American Indian: 1 Asian: 1 Black or African-American: 7 Hispanic or Latino: 1 Other: 2 Unknown: 2 Male Gender ID: 5 Female: 6 Unknown: 1 Unknown/Not Available: 2 Unknown/Not Available Sexual Orientation: 7 Heterosexual/Straight: 4 Bisexual: 2 Unknown: 1
CFSP Psychiatry (June Stats)	1-100	0	1		
CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$489,235		
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	2 Non-Licensed Clinicians, 1 Clinical Supervisor	63	$1,726	Clients: 74 Alaska Native or American Indian: 2 Asian: 2 Black or African-American: 25 Hispanic or Latino: 16 Other: 5 Unknown: 13 White: 11 Female Gender ID: 37 Male: 27 Missing Gender ID: 4 Prefer Not To Answer/ Declined to state 2 Unknown/Not Available: 2 Gender non-conforming: 1 Transgender (Tans Man): 1 Heterosexual/Straight: 42 Unknown/Not Available: 13 Bisexual: 7 Missing: 4 Other Additional Sexual Orientation: 3

					Gay: 1 Lesbian: 1 Prefer Not to Answer/Declined to State: 1 Queer: 1 Unsure/Questioning/Don't Know: 1
ERMHS/EPSDT Psychiatry (June Stats)	1-100	0	7		
EPSDT/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$1,062,409		
High School Health Center and Berkeley Technological Academy (HSHC)	1-6 Clinician (majority of time spent on crisis counseling)	1 Clinician, 1 Clinical Supervisor	Drop-in:15 Externally referred: 10 Ongoing tx:52 Groups: 9 Offered/ 9 Conducted		N/A
HSHC FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$396,106		

Crisis and ACCESS Services	Staff Ratio	Clinical Staff Positions Filled	Total # of Clients/Incidents	MCT Incidents Detail	Calendar Year 2024 (Jan '25- Dec '25) Demographics – From Mobile Crisis Incident Log (through June 2025)
Mobile Crisis (MCT)	N/A	2 Clinicians filled at this time	• 56 - Incidents • 16 - 5150 Evals • 6 - 5150 Evals leading to involuntary transport	• 30 - Incidents: Location - Phone • 23 - Incidents: Location - Field • 1 - Incidents: Location - Home	Clients: 185 API: 5 Black or African-American: 38 White: 45 Hispanic or Latino: 6 Other/Unknown: 91 Female: 79 Male: 87 Transgender: 3 Unknown: 16
MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$771,623		
Transitional Outreach Team (TOT)	N/A	.5 Licensed Clinician, (TOT and CAT have been recently merged)	• 3 – Incident(s)	N/A	Clients: 5 API: 0 Black or African-American: 0 White: 2 Hispanic or Latino: 0 Other/Unknown: 3 Female: 0 Male: 4 Transgender: 1 Unknown: 0
TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$272,323		
Crisis, Assessment, and Triage (CAT)	N/A	1 Non-Licensed Clinicians, .5 Licensed Clinician, 0 Clinical Supervisor	• 54 - Incidents	N/A	Clients: 144 API: 2 Black or African-American: 23 White: 30 Hispanic or Latino: 5 Other/Unknown: 84 Female: 56 Male: 59 Transgender: 0 Unknown: 29
CAT FY21 Mental Health Division Estimated Budgeted Personnel Costs (FY22 not yet available)			$735,075		

Not reflected in above chart is Early Childhood Consultation, Wellness and Recovery Programming, or Family Support.

In demographics, other/unknown is used both when a client indicates that they are multi-racial and when demographic info is not known.

*Average System Costs come from Yellowfin, and per ACBH include all costs to mental health programs, sub-acute residential programs, hospitals, and jail mental health costs.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, June 17, 2025 2:43 PM
To: Works-Wright, Jamie
Subject: FW: You're Invited: Town Halls on Homelessness Solutions and Measure W!

Please see information below.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

From: Health, Housing & Community Services
Sent: Tuesday, June 17, 2025 2:30 PM
To: All HHCS <dlHHCS@berkeleyca.gov>
Subject: FW: You're Invited: Town Halls on Homelessness Solutions and Measure W!

Internal

F.Y.I

Roxana Andrade-Lizarzaburu
Administrative Secretary, HHCS
Randrade@berkeleyca.gov
510.981.5402
CONFIDENTIALITY NOTICE: *This e-mail message including attachments, if any, is intended only for the person(s) or entity(ies) to which it is addressed and may contain confidential and/or privileged material. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.* ***Please note: I have a modified schedule and am off every Monday.***

From: Alameda County District 5 <acgov@service.govdelivery.com>
Sent: Tuesday, June 17, 2025 1:52 PM
To: Health, Housing & Community Services <HHCS@berkeleyca.gov>
Subject: You're Invited: Town Halls on Homelessness Solutions and Measure W!

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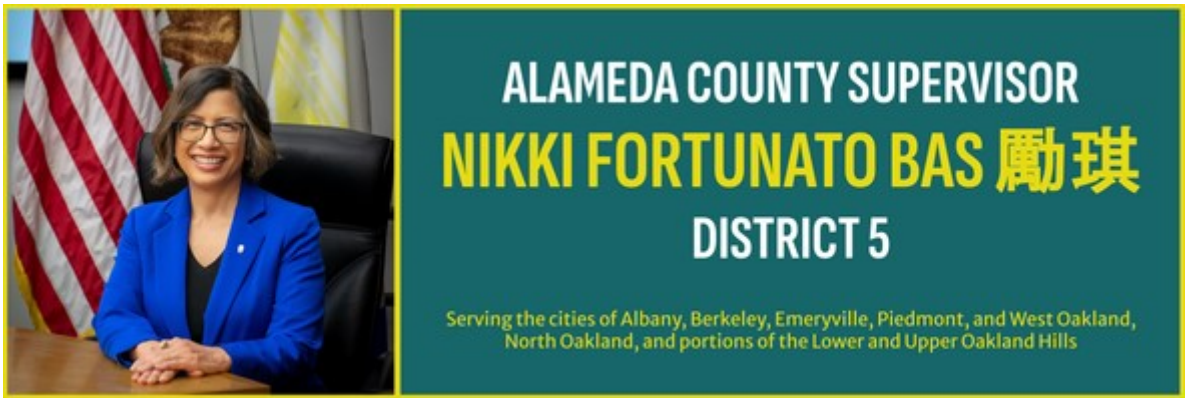

Dear Friend,

Homelessness is one of the most urgent challenges facing our communities — and it will take all of us, working together, to build the solutions we need. Fortunately, Alameda County now has a powerful opportunity to invest in real change through **Measure W**, a countywide general sales tax that can fund homelessness solutions and critical safety net services. Over $650 million has already been collected, and $190 million is expected annually over the next 6 years.

Our office is hosting t**wo Community Town Halls on Homelessness Solutions and Measure W** to share more about this historic opportunity and how we can work together toward bold, community-centered investments.

You'll have the opportunity to learn about the County's homelessness plan, our office's priorities, and Measure W, as well as ask questions, share your feedback, get involved, and help shape our homelessness plan.

Register HERE and spread the word!

Oakland
Monday, June 30, 5:30 - 7:00 pm
Beth Eden Church, 1183 10th St., Oakland
Co-hosted with Mayor Barbara Lee and Councilmember Carroll Fife

Berkeley
Tuesday, July 1, 5:30 - 7:00 pm

📍 Ed Roberts Campus, 3075 Adeline St., Berkeley
Co-hosted with Mayor Adena Ishii and Councilmember Ben Bartlett

Together, we can ensure that the voices of our communities are at the center of the solutions.

We hope to see you there.

In solidarity,

Nikki Fortunato Bas 勵琪 (she/her)
Supervisor
Alameda County, District 5

P.S. — Did you miss our Budget Forum last week? You can find the recording and presentation slides here:

👉 Recording
👉 Slides

P.P.S. — Amid the brutal ICE raids tearing apart our immigrant families and the outrageous disregard for our rights under the U.S. Constitution, I have been inspired by our families and communities standing up and speaking out here and across the country. I proudly joined an interfaith community vigil to keep our families together and the No Kings protest in Oakland. Please remember to **know your rights** and **verify ICE enforcement activity** with our **Rapid Response Hotline**. Stay safe.

Photo on left by Bob Shonkoff. Photo on right by Brooke Anderson.

County Resources

Find Alameda County resources here: ACGOV - Services | Alameda County.

Find information on Board of Supervisors meetings here: bos.acgov.org/broadcast/.

Supervisor Nikki Fortunato Bas
district5.acgov.org
1221 Oak St., Suite 536
Oakland, CA 94612
(510)272-6695
dist5@acgov.org

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Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, June 16, 2025 9:49 AM
To: Works-Wright, Jamie
Subject: FW: Online Community Survey - General Plan Environmental Justice Element & Equitable Climate Resilience Metrics
Attachments: Environmental Justice Element Safety Element Update Equitable Climate Resilience Metrics Prepared Safe Healthy Berkeley for All flyer for survey simple.pdf

Hello All,

Please see the information below and attached.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

From: Shen, Alisa
Sent: Friday, June 13, 2025 1:14 PM
Subject: FW: Online Community Survey - General Plan Environmental Justice Element & Equitable Climate Resilience Metrics

Internal

Dear Commission Secretaries,

As part of the effort to update the City's General Plan Disaster Preparedness and Safety Element, create a new General Plan Environmental Justice Element and Equitable Climate Resilience Metrics, the City is seeking input from the community about priorities and challenges via an online survey that will be open through June 30th.* Please see the attached flyer and email below for details about the survey.

Please share the attached survey flyer and link with your networks to help the team capture more community input.

Additional general information about the project overall is available at: Prepared, Safe, and Healthy Berkeley for All | City of Berkeley

Best,
Alisa

*The survey is also available in Spanish and Chinese.

- **La encuesta ya está disponible en español:** Encuesta en Español
- **调查现已提供西班牙语和中文版本:** 中国调查

Alisa Shen, Principal Planner (she/her/hers)
Planning and Development, Land Use Division
1947 Center St., 2nd Floor, Berkeley, CA 94704
Phone: (510) 981.7409
Website: www.berkeleyca.gov **Email:** ashen@berkeleyca.gov

Environmental Justice Element, Safety Element Update,
Equitable Climate Resilience Metrics

360

Prepared, Safe, & Healthy Berkeley for All

Share your experience and ideas with the City of Berkeley as we look for ways to improve the health and well-being of all people of Berkeley in long-term City plans.

Use the QR code below to access the survey. It will ask you to rate the importance of issues related to:

- disaster preparedness
- pollution reduction
- access to physical activity
- affordable housing
- civic engagement
- access to public facilities
- access to healthy food

Community Advisory Committee

bitly

ecology center

This is part of a year long process to update the City's key long-term planning document, the General Plan

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, June 16, 2025 9:48 AM
To: Works-Wright, Jamie
Subject: FW: Mental Health Advisory Board Meeting (June16, 2025)
Attachments: MHAB Main Board Agenda (June 2025).pdf; MHAB Main Board Meeting UNAPPROVED Minutes (May 2025) .pdf; Child and Young Adult System of Care Overview (June 2025).pdf; Santa Rita Jail Critical Operations Project - Board Letter (June 3, 2025).pdf; SB 43 Board Letter (W&I 5270) 6325.pdf; SB 43 Board Letter (W&I 5121) 6325.pdf; MHAB CFJL Presentation (May 22, 2025).pdf; MHAB CFJL Report to BOS (May 22, 2025).pdf

Please see the information below and attached. The meeting is today.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

From: MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>
Sent: Friday, June 13, 2025 2:58 PM
Cc: MHB Communications, ACBH <ACBH.MHBCommunications@acgov.org>
Subject: Mental Health Advisory Board Meeting (June16, 2025)

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Good afternoon,

Please find attached materials for the Mental Health Advisory Board meeting scheduled for Monday, June 16, 2025, from 3:00 PM to 5:00 PM.

This will be an in-person meeting to be held at 2000 Embarcadero Cove, Suite 400 (*Gail Steele Conference Room*) in Oakland. Members of the public are invited to observe and participate in person or remotely via Zoom.

To participate virtually, please click on the meeting link below:

https://us06web.zoom.us/s/84285334458?pwd=bURyU1JqS2YvVGhRU2g4SW5yL0xRQT09
Webinar ID: 842 8533 4458
Passcode: 269505

Or Telephone:
(404) 443-6397
(877) 336-1831
Conference code: 988499

Alameda County
Mental Health Advisory Board

Mental Health Advisory Board Agenda

June 16, 2025 | 3:00 PM – 5:00 PM

2000 Embarcadero Cove, Suite 400 (Gail Steele Room) Oakland

This meeting will also be conducted through videoconference and teleconference

https://us06web.zoom.us/j/84285334458?pwd=bURyU1JqS2YvVGhRU2g4SW5yL0xRQT09

Teleconference: (877) 336-1831 | Teleconference Code: 988499

Webinar ID: 842 8533 4458 | Webinar code: 269505

MHAB Members:	**Brian Bloom** *(Chair, District 4)* **Terry Land** *(Vice Chair, District 1)* **Jennifer DeGroat-Penney** *(District 1)* **Carolynn Gray** *(District 2)* **Gina Lewis** *(District 2)*	**Thu Quach** *(District 2)* **Ashlee Jemmott** *(District 3)* **Shannon Johnson** *(District 3)* **Yuliana Wiser-Leon** *(District 3)*	**Mary Hekl** *(District 4)* **Larry Brandon** *(District 5)* **Juliet Leftwich** *(District 5)* **Erin Armstrong** *(BOS Rep.)*

Committees

Adult Committee
Terry Land, Co-Chair
Thu Quach, Co-Chair

Children's Advisory Committee
Ashlee Jemmott, Co-Chair
Vacant, Co-Chair

Criminal Justice Committee
Brian Bloom, Co-Chair
Juliet Leftwich, Co-Chair

MHAB Mission Statement

The Alameda County Mental Health Advisory Board has a commitment to ensure that the County's Behavioral Health Care Services provide quality care in treating members of the diverse community with dignity, courtesy, and respect. This shall be accomplished through advocacy, education, review, and evaluation of Alameda County's mental health needs.

3:00 PM	I.	Call to Order and Roll Call
3:05 PM	II.	Approval of Minutes
3:05 PM	III.	Public Comment
3:10 PM	IV.	MHAB Chair's Report
3:20 PM	V.	Board Announcements
3:25 PM	VI.	ACBHD Director's Report
3:40 PM	VII.	Children and Young Adult System of Care Presentation
4:20 PM	VIII.	Committee and Liaison Reports A. Adult Committee B. Criminal Justice Committee C. Children & Young Adult Committee D. Care First, Jails Last Ad Hoc Committee E. MHSA Stakeholder Committee F. Budget Stakeholders Advisory Committee G. Berkeley Mental Health Committee H. Measure A Oversight Committee
4:45 PM	IX.	Public Comment
5:00 PM	X.	Adjournment

Behavioral Health Department
Alameda County Health

Mental Health Advisory Board UNAPPROVED Minutes
Monday, May 19, 2025 | 3:00 PM - 5:00 PM

Meeting Conducted In-Person and through Video/Telephone Conference

Alameda County
Mental Health Advisory Board

MHAB Members:	☒**Brian Bloom** *(Chair, District 4)* ☒**Terry Land** *(Vice Chair, District 1)* ☒**Jennifer DeGroat-Penny** *(District 1)* ☒**Carolynn Gray** *(District 2)* ☒**Gina Lewis** *(District 2)*	☒**Thu Quach** *(District 2)* ☐**Ashlee Jemmott** *(District 3)* ☒**Shannon Johnson** *(District 3)* ☒**Yuliana Wiser-Leon** *(District 3)* ☐**Warren Cushman** *(District 4)*	☐**Mary Hekl** *(District 4)* ☐**Lawrence Brandon** *(District 5)* ☐**Juliet Leftwich** *(District 5)* ☐**Erin Armstrong** *(BOS Representative)*
ACBH Staff:	☒ **Dr. Karyn Tribble** *(ACBHD Director)* ☐ **James Wagner** *(ACBHD Deputy Director, Clinical Operations)* ☒ **Vanessa Baker** *(ACBHD Deputy Director, Plan Administration)*	☒ **Dainty Castro** *(MHAB Liaison)* ☒ **Asia Jenkins** *(ACBHD Admin Support)*	
Excused Absences:			

Meeting called to order at 3:03 PM by Chair Brian Bloom.

ITEM	DISCUSSION	DECISION/ACTION
Call to Order/Roll Call	Roll call was completed.	
Approval of Minutes	The meeting minutes from April 21, 2025, were adopted and unanimously approved.	
MHAB Chair's Report	MHAB Chair Bloom provided the following report: • Next month's MHAB Executive Committee meeting will be dedicated to an in-depth review of the report related to the Disability Rights California settlement. • The site Visit to the Magnolia facility has been postponed. A new date and time, or alternate location, will be determined.	

ITEM	DISCUSSION	DECISION/ACTION
	• Measure W is currently being challenged in the Supreme Court. If the court dismisses the case, the funds may be released from the general fund. MHAB may be positioned to serve in an advisory role once the matter is resolved.	
MHAB Announcements	No announcements were made.	
ACBHD Director's Report	Dr. Karyn Tribble, Alameda County Behavioral Health Department (ACBHD) Director provided the following updates: • Several state-funded programs are under consideration for elimination. Those impacted are reforms related to foster care, benefits for undocumented adults aged 19 and older, and over-the-counter medications such as COVID-19 tests and vitamins. • California Governor Newsom has launched several efforts aimed at resolving homeless encampments. The state has allocated $200 million over two years through the Encampment Resolution Fund, supporting flexible housing and rental solutions. • With the City of Berkley's one-time $5 million grant for its Specialized Care Unit to expire, Alameda County Behavioral Health Department (ACBHD) has stepped in to provide support, as has been done in other jurisdictions previously. • Alameda County has been awarded $130 million in capital funding. The breakdown is as follows: ➢ $14.8 million to support a new unit at San Leandro Hospital, in partnership with Alameda Health Systems. The unit will provide medical and psychiatric care for individuals on 5150 holds, including detox services, as part of SB43 preparations. ➢ $62.4 million for geriatric psychiatric services at St. Rose Hospital, addressing a service gap with both locked and voluntary unit options for older adults.	

DRAFT

ITEM	DISCUSSION	DECISION/ACTION
	➢ $32 million for BACS to expand Mental Health Rehabilitation Center (MHRC) beds, including the addition of 83 beds at St. Regis, with further capacity being considered at Villa Fairmont. ➢ $21.2 million was awarded to Horizons Services to establish 103 beds in North Oakland.	
Review of MHAB CFJL Ad Hoc Committee Presentation to the Board of Supervisors	Chair Bloom provided an overview of the MHAB CFJL Ad Hoc Committee presentation for the full board in preparation for the upcoming BOS meeting scheduled for May 22, 2025. The presentation will address the following key areas: • Progress to date • Identified barriers to continued success • Specific requests for Board consideration • High-level summary of findings and recommendations It was noted that presentations to the BOS are expected to take place approximately every six months.	
Discussion of SB 43 Planning Update	A summary of updates on SB43 was provided, as presented by the ACBHD team during the prior meeting. Key highlights included: • Welfare and Institutions Code (WIC) 5150, which authorizes 72-hour involuntary holds • WIC 5270, which allows for an additional 30-day hold period following extended certification. Chair Bloom also proposed placing MHAB's role to the BOS regarding SB43 on the agenda for discussion at the June Executive Committee meeting.	
Public Hearing: MHSA Draft Annual Update FY 25-26	Tracy Hazelton ACBHD Mental Health Services Act (MHSA) Division Director, provided a high-level overview of the MHSA Public Hearing for FY 2025-2026: • The planned MHSA budget for FY 2025-2026 is $220 million. • The public comment period was held from April 1 to May 16, 2025. The next	

DRAFT

ITEM	DISCUSSION	DECISION/ACTION
	opportunity for public comment is scheduled for June 9, 2025, at the BOS Health Committee. • A total of 28 community listening sessions were conducted, engaging 265 participants and yielding 777 survey responses. • The primary community-identified needs were presented, with Access, Coordination and Navigation to Services identified as the top priority. The county is requesting input on prioritization and solution development. • A high-level summary of Prop 1 was provided. • MHSA revenue trends were reviewed, noting that funding is derived from a 1% tax on personal income over $1 million, with Capital Gains taxes comprising the majority of this revenue source. • An estimated timeline was shared for the transition from MHSA to BHSA, project to occur between FY 2025-2026 and FY 2026-2027.	
MHAB Discussion: MHSA Draft Annual Update FY 25-26	A review of the highlights and discussion points from the Draft Annual Update for FY 2025-2026 was conducted. Questions were raised and discussed, and addressed during the meeting.	
MHSA Public Comment	Public comments were given.	
Committee and Liaison Reports	Adult Committee: Scheduled to meeting on May 27, 2025, from 4:00 PM to 5:30 PM Criminal Justice Committee: Committee did not meet. Children's Advisory Committee: Requested support in identifying Chil & Young Adult System of Care leaders to participate in future meetings. The committee expressed interest in engaging stakeholders to ensure a strong foundational start. The first forum is planned for the June MHAB meeting. Care First, Jails Last Ad Hoc Committee: Previously discussed during the meeting. M/BHSA Stakeholder Committee: African American Wellness Hub Stakeholders Group Listening Session is scheduled for May 23, 2025, from 4:00 PM to 5:00 PM. Additionally, Felton's Early Psychosis Program Open House is scheduled for May 27, 2025, from 12:00 PM to 4:00 PM. The committee will be on hiatus for the summer.	

DRAFT

ITEM	DISCUSSION	DECISION/ACTION
	Budget Stakeholder Committee: Committee did not meet. Berkeley Mental Health Committee: Committee did not meet. Measure A Oversight Committee: Committee did not meet.	
Public Comment	Public comments were given.	
Adjournment	Meeting adjourned at 5:01PM	

DRAFT

Alameda County Behavioral Health Department

Child & Young Adult System of Care Overview

Mental Health Advisory Board

June 16, 2025

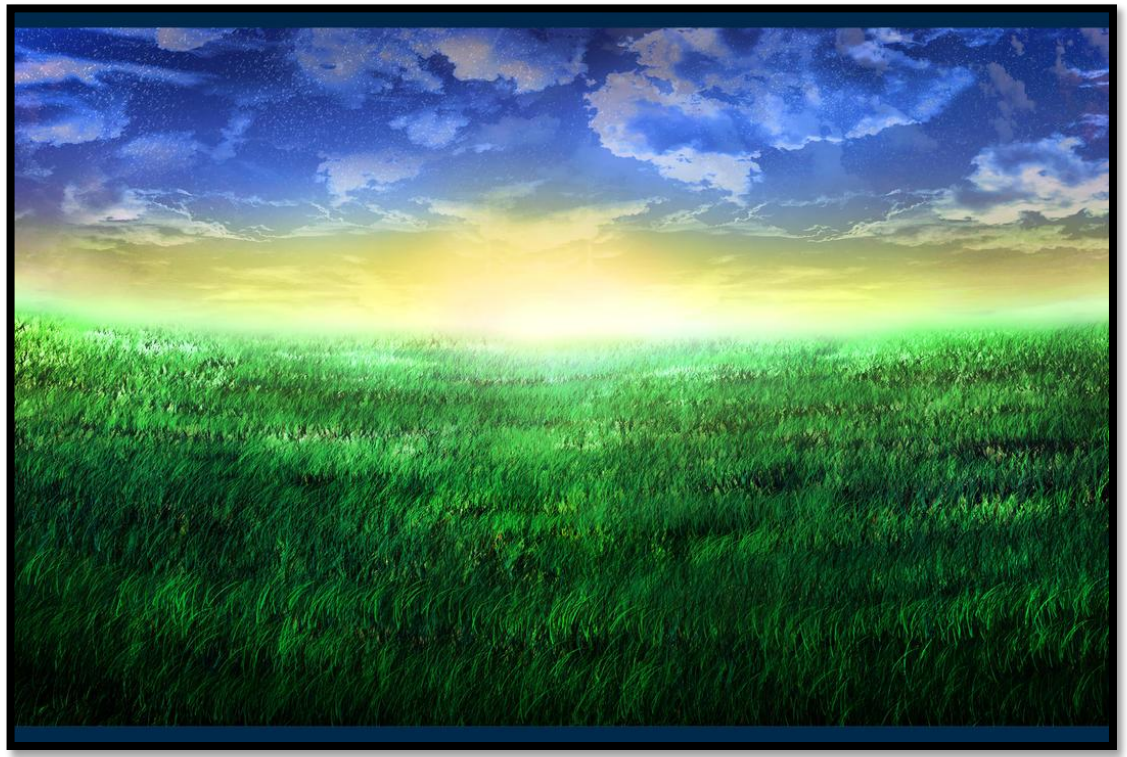
Behavioral Health Department
Alameda County Health

Presented by:

Laphonsa Gibbs, Division Director
ACBHD Child & Young Adult SOC

Departmental Overview

ACBHD Mission, Vision, & Values



A-C-B-H-C-S: Our values represent who we are and who we strive to be!

Our Mission: *To support and empower individuals experiencing mental health and substance use conditions along their path towards wellness, recovery, and resiliency.*

Our Vision: *We envision a community where all individuals and their families can successfully realize their potential and pursue their dreams where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past.*

Our Values: ***A****ccess,* ***C****onsumer & Family Empowerment,* ***B****est Practices,* ***H****ealth & Wellness,* ***C****ulturally Responsive, and* ***S****ocially Inclusive.*

Behavioral Health Department
Alameda County Health

Alameda County Behavioral Health Department (ACBHD)

Behavioral Health Department
Alameda County Health

ACBHD delivers Mental Health and Substance Use Disorder (SUD) services to Alameda County residents – from birth through 65+ - under the Federal Medicaid Managed Health Care Plan (MHP), including Specialty Mental Health (EPSDT) and SUD services.

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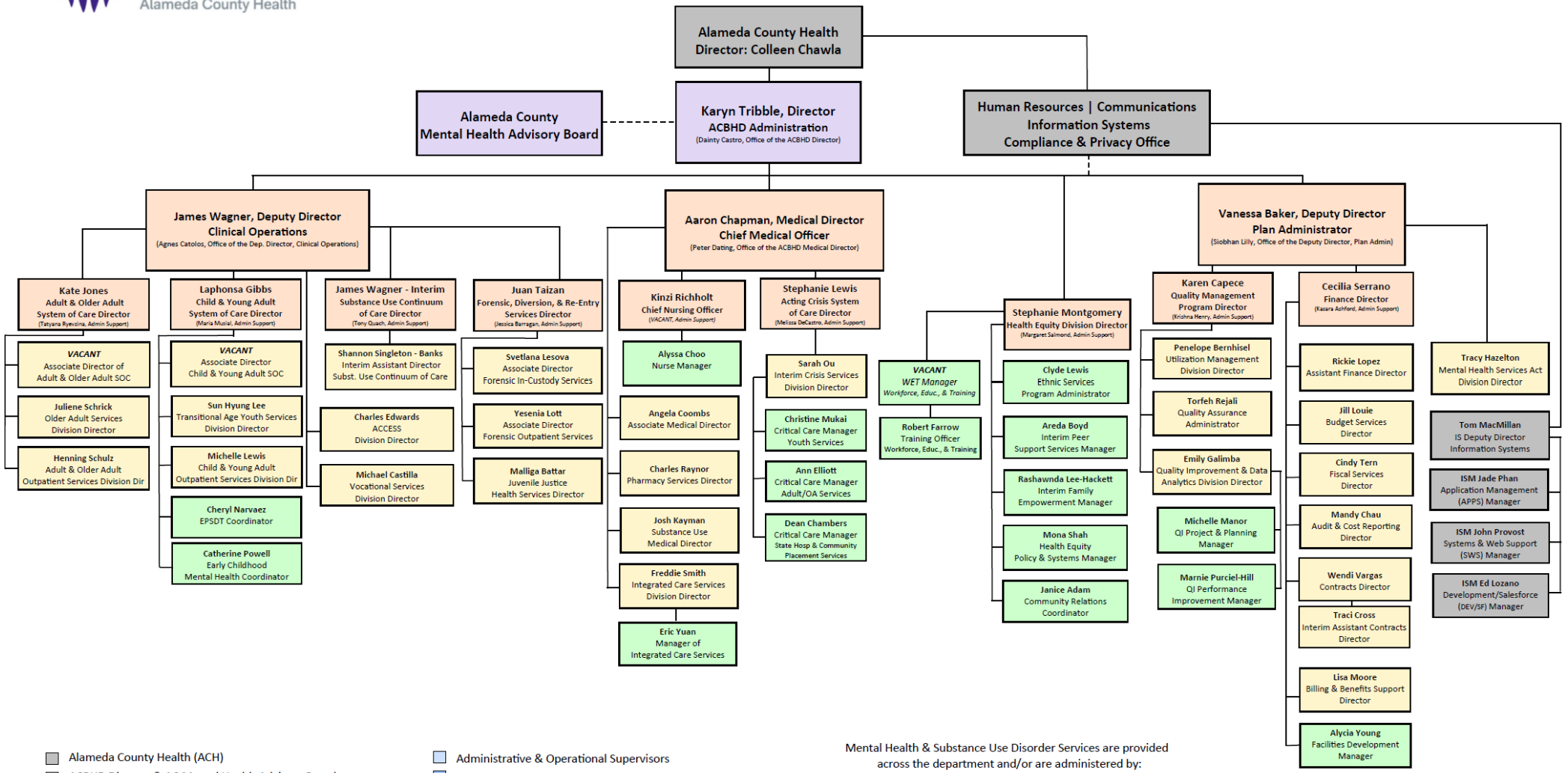
Organizational Structure

Leadership & Organizational Structure, including Non-Clinical Services

372

Behavioral Health Department
Alameda County Health

Alameda County
Behavioral Health Department (ACBHD)
Leadership and Management Organizational Structure



- Alameda County Health (ACH)
- ACBHD Director & AC Mental Health Advisory Board
- Senior Executive & Executive Team Leaders
- Operational Leads, Administrators, & Division Directors
- Senior Administrative & Program Managers/Directors
- Administrative & Operational Supervisors
- Project Managers & Team Leads
- Clinical or Direct Service Staff
- Administrative & Clerical Team Members

Mental Health & Substance Use Disorder Services are provided across the department and/or are administered by:

Alameda County Behavioral Health Department
2000 Embarcadero Cove, Suite 400, Oakland, CA 94606
(510) 567-8100 | BHCSDirector@acgov.org | TTY: (510) 533-5018

Updated January 31, 2025

ACBHD Executive Leadership Team

Karyn Tribble, PsyD, LCSW
ACBH Director

- Office of Health Equity
- Workforce, Education, & Training
- Compliance & Privacy Office
- Public Information Office

James Wagner, LMFT, LPC
Deputy Director, Clinical Operations

- Clinical Support Services & Programs
- Mental Health Services
- Substance Use Services
- Forensic Services

Vanessa Baker, LMFT
Deputy Director, Plan Administration

- Quality Management
- Financial Services
- Mental Health Services Act
- Information Systems & Data Analytics

Aaron Chapman, MD
Chief Medical Officer

- Acute & Crisis Services
- Psychiatry, Pharmacy, & Nursing Services
- Emergency Management & Response
- Integrated Primary Care Services

Cecilia Serrano
Finance Director

Kate Jones, RN, MS, MSN
Director, Adult & Older Adult System of Care

Laphonsa Gibbs, LCSW
Director, Child & Young Adult System of Care

Stephanie Lewis, LMFT
Acting Director,
Crisis System of Care

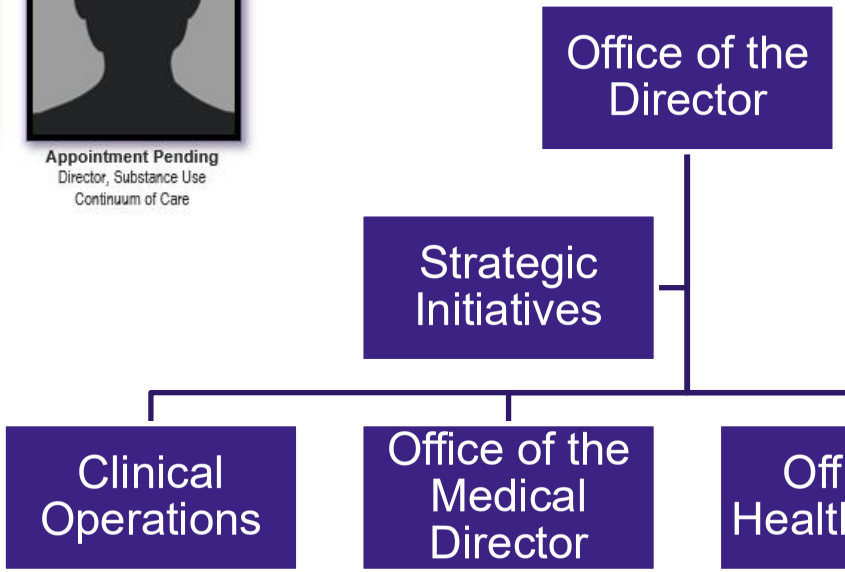
Juan Taizan, MPA
Director, Forensic, Diversion, & Re-Entry Services

Stephanie Montgomery, MSW
Director, Office of Health Equity
Health Equity Division Director

Karen Capece, LCSW
Quality Management (QM)
Program Director

Kinzi Richholt, MSN, APRN
Chief Nursing Officer

Appointment Pending
Director, Substance Use Continuum of Care



Behavioral Health Department
Alameda County Health

ACBHD Care Delivery System

Adult & Older Adult System of Care

Serving Adults 18 Years & Older

- County & Community Outpatient Services
- Wellness Centers
- Medication Clinics
- Early Intervention Services
- Conservatorship Programs
- In Home Outreach Teams
- Long-Term Residential Care
- Case Management & Care Coordination Programs

Child & Young Adult System of Care

Serving Children & Youth from Birth – 24 years

- County & Community Outpatient Services
- School Based Behavioral Health Services
- Early Childhood Services (0-8 Years)
- Services to Transition Age Youth (TAY)
- Residential Treatment
- Foster Youth Services
- Coordination with School Health Centers

Substance Use Continuum of Care

Continuum of Care with Gender and Age-Specific Programs

- Outpatient & Intensive Outpatient Treatment
- Drug & Alcohol Prevention
- Residential Treatment
- Opioid Treatment Programs
- Sober Living & Recovery Support
- Sobering Centers & Withdrawal Management
- Perinatal & Parenting
- Drug Courts
- Medication Assistant Treatment

Forensic, Diversion, & Re-Entry System of Care

Supporting Youth & Adults in Custody and within the Community

- Probation Based Services
- Forensic Behavioral Health
- Conditional Release Programs
- Juvenile Justice Center & Santa Rita Jail Behavioral Health Services
- Justice Involved Conservatorships
- Mental Health Courts & Court Mandated Treatment
- Re-Entry & Diversion Services

Crisis Services System of Care

Mobile Crisis Teams (MCT) | Community Assessment and Transport Teams (CATT) | Crisis Intervention Training (CIT) | Crisis Stabilization Units (CSUs) | Crisis Residential Treatment (CRT) | Mobile Evaluation Teams (MET) | 24-Hour Crisis Lines | Crisis Connect & Post-Crisis Follow-Up Teams | Familiar Faces | Coordination with Law Enforcement, Emergency Departments, Acute Psychiatric Inpatient Units, & Psychiatric Hospital Facilities (PHF)

↓ Services, Coordination, & Supports offered across the System and Continuum of Care ↓

Client Access | Employment Services | Housing & Homelessness Services via AC Health | Psychiatry & Nursing Services | Integrated Primary Care Services | Pharmacy Services

Behavioral Health Department
Alameda County Health

What is the Child and Young Adult System of Care?

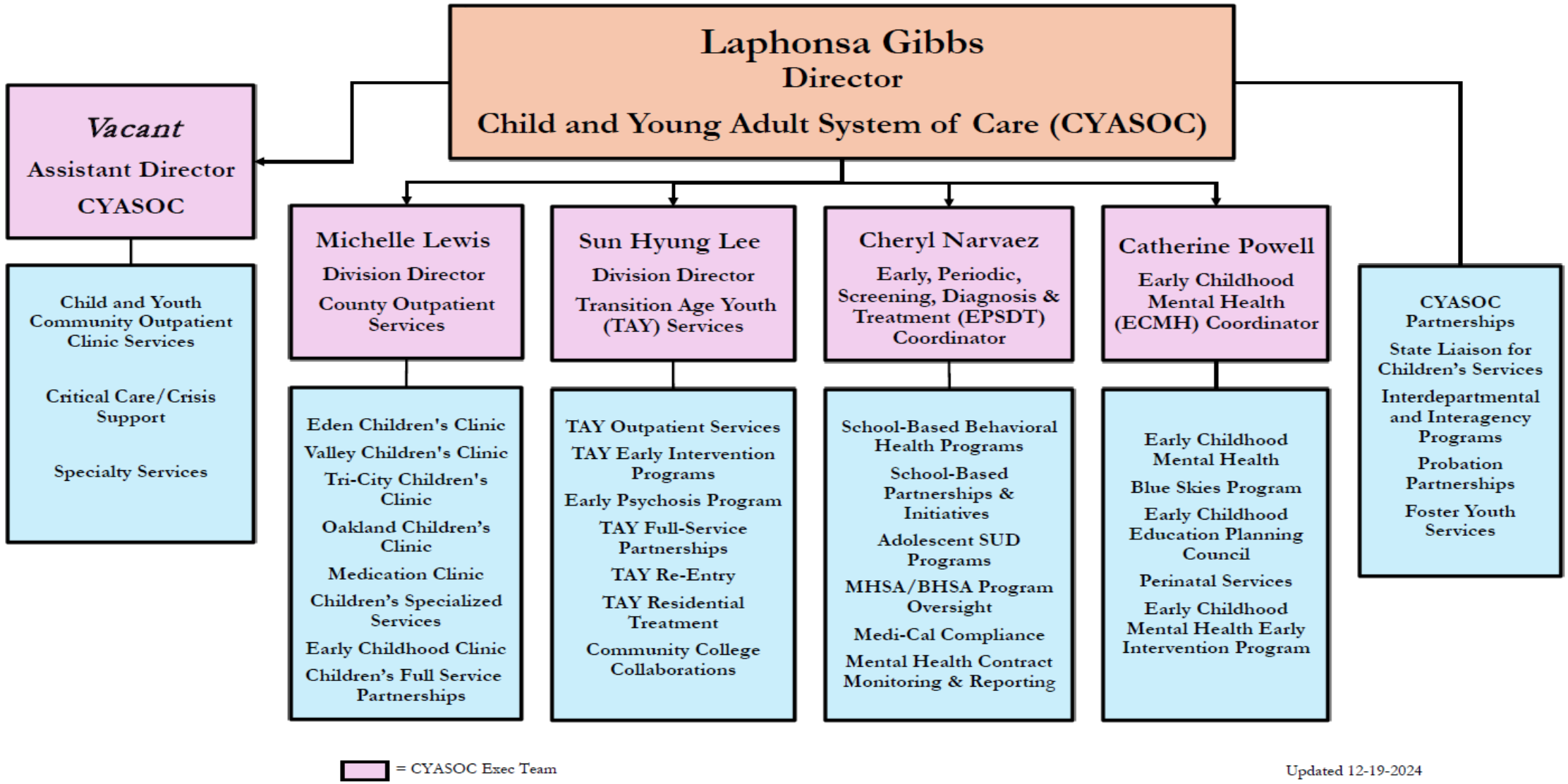
The CYASOC has expanded the original Children's System of Care to include Transition Age Youth up to the age of 24. The CYASOC provides mental health and substance use disorder services to children, youth and young adults who live in Alameda County and have full scope Medi-Cal and meet service criteria.

Early Childhood
Ages 0-8

Children and Youth
Ages 9-17

Transition Aged Youth
Ages 18-24

Behavioral Health Department
Alameda County Health



Behavioral Health Department
Alameda County Health

Child & Young Adult SOC

Behavioral Health Department
Alameda County Health

Children & Youth Programs Designed for Population Specific Needs in Place-Based Settings

- **Adolescent Substance Use Treatment**
  19 clinic &/or school-based sites, 1 program at Juvenile Justice Center Hall
- **Child Welfare**
  19 outpatient programs
- **Culturally & Linguistically Specific Mental Health and Prevention Programs**
  7 Prevention & Early Intervention
  26 EPSDT treatment programs
- **Community Outpatient Services**
  42 CBOs, & 7 County Clinics
- **Early Childhood (Birth – 8)**
  18 outpatient programs and Early Childhood Mental Health Consultation throughout multiple service modalities
- **School-Based**
  149 School-Based Behavioral Health Programs
- **Full-Service Partnerships**
  One for ages 0-8
  Second for ages 9-17

Behavioral Health Department
Alameda County Health

County-Operated Outpatient Clinic Services

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County-Operated Outpatient Clinic Services

ACBHD offers outpatient services through its seven clinics located across the county. Services are provided to children, youth, and their families and may include individual, group, and family therapy, as well as medication evaluation and management. Coordination occurs with other agencies through case management activities and includes referrals to additional resources.

County Operated Clinics
• Oakland Children's Clinic (Oakland) • Eden's Children's Clinic (San Leandro) • Children's Specialized Services (Oakland) • Medication Support Clinic (San Leandro) • Early Childhood Clinic (Oakland) • Valley Children's Clinic (Pleasanton) • Tri-Cities Children's Clinic (Fremont)

County-Operated Clinics

Service Cycle and Referral Process

Eligibility/ Target Population/ Assessments

- Children and Youth who have full scope Medi-Cal and meet the medical necessity criteria for specialty mental health are eligible for services
- Assessment are completed within the required 30 days by clinical staff
- Treatment Plans are completed withing the required 60-day window and families are engaged in the treatment planning process.
- Clinical services are provided in the family's preferred language via bilingual staff or approved interpretation providers.

Referrals

- Most youth are referred by Acute Crisis Care & Evaluation for Systemwide Services (ACCESS).
- Youth may be referred through school district partnerships.
- Referrals may also come from Child and Family Services (CFS), psychiatric hospitals, and family members.
- Referral to a Level 3 provider is done through the ACCESS program.
- Collateral support is provided to family members and other support team members to meet treatment goals and objectives.

Key Services

- Mental Health Services include:
  - Assessment
  - Collateral
  - Therapy
  - Plan Development
  - Rehabilitation
  - Medication Support Services
  - Crisis Intervention
  - Targeted Case Management
  - Discharge planning begins with the initial treatment plan, indicating what symptoms will be addressed outlining goals and benchmarks for clinical progress

Level of Service/Discharge

- Levels of Service may include Level 1 services accompanied with Medication Support
- Full-Service Partnerships which provide additional intensive supports as compliment to the already open case.
- Level 3 supports are rendered by induvial private practitioners or community-based providers who employ clinical staff. Level 3 mental health services do not include medication support.

County-Operated Clinics

Youth and family Centered Partnership Approach

Our County-Operated Clinics incorporate a youth and family centered approach to clinical care. Our professional clinicians are guided with input from the youth and their natural support systems as well as other involved or mandated stakeholders.

CYASOC Level 3 Medication Only Clinics

- The purpose of the CYASOC Level 3 Medication Only Clinics is to provide services to Medi-Cal beneficiaries who may benefit from psychiatric services to augment their treatment but receive their primary mental health services in the community.

- Located at Eden Children's Center in San Leandro, with telehealth capacity, beneficiaries from all areas of Alameda County are served.

- Expanded services through contracts with Alternative Family Services (AFS) and Pathways to Wellness.

CYASOC Level 3 Medication Only Clinics

Target Populations:

- Clients receiving mental health treatment within the Alameda County Provider Network of individual practitioners and community clinics

- Beneficiaries that reside in Short Term Residential Treatment Programs (STRTP's) that do not have psychiatric services available

- Beneficiaries discharged from the Psychiatric Health Facility or psychiatric hospital who need follow up for their medications and have not yet engaged with a therapist.

Partnerships:

- Through Public Health and Social Services, a Public Health Nurse (PHN) follows dependent beneficiaries who are in STRTPs, foster care and kinship care. The PHN is able to facilitate the acquisition of mandated court documents, communicate with Child Welfare Workers and caregivers to assure that these beneficiaries are receiving quality care related to their psychopharmological care.

Early Childhood Mental Health

Birth to 8 years old

What is Early Childhood Mental Health?

Alameda County Early Childhood Mental Health (ECMH) is an early intervention and treatment-based program designed to provide mental health services to children ages 0-8 and their families in the home and the clinic.

ECMH Service Modalities

- **Child-Parent Psychotherapy-** addresses trauma in the context of the caregiver/child relationship. Family partners are utilized to support families to engage in treatment, advocate for additional supports, and to help navigate the service delivery systems.
- **Developmental Guidance**
- **Case Management Services** include assisting families with housing, school, medical, developmental, childcare, legal, and CPS related concerns.

Common areas of focus- trauma, loss and separation, bonding and attachment difficulties, self-regulation and behavioral concerns, parenting struggles, temperament and goodness of fit issues, domestic violence, community violence, immigration concerns, and family tensions

ECMH Common Areas of Focus

- Exposure to trauma
- Loss and separation
- Bonding and attachment difficulties
- Self-regulation and behavioral concerns
- Parenting struggles
- Domestic violence and community violence
- Immigration concerns
- Family tensions
- Challenges at school or daycare
- CPS involvement

ECMH Partnerships

- **Community Partners:** Building Hope partners with many community agencies to support **the whole child**. Some of the agencies we partner with are Regional Center of the East Bay, Department of Social Services, school districts, and Head Start programs.
- **Successful Strategies:** Working in the home, **the family's natural environment**, is the most effective strategy to support families with young children. Addressing **caregivers' childhood histories** and the impact this has on their parenting proves highly successful in reducing children's behavioral issues.

School Based Behavioral Health (SBBH) Service Descriptions

- ACBHD provides SBBH to students and families across 17 school districts on nearly 200 school sites through EPSDT, MHSA, and school district funding.
  - Eligibility
    - Students refereed through the Coordination of Services Team (COST) or Alameda County ACCESS Full scope Medi-Cal
    - Meet medical necessity for Medi-Cal specialty mental health services
- Mental health consultation is provided to educate and support families, school district faculty and staff.

SBBH Service Modalities

- Individual/ group therapy
- Individual/ group rehabilitation
- Family therapy
- Case management
- Assessment
- Working students support network (collateral)
- Plan development

Adolescent SUD Services are provided in outpatient and residential settings. Using individual and group counseling, crisis intervention, medication assisted treatment (MAT), collateral services, and case management, clients receive comprehensive support from our dedicated providers.

Outpatient & Intensive Outpatient Community Clinics

- Age 12-21
- Group and Individual Counseling
- Family Therapy & Case Management
- Aftercare Recovery Support
- Oakland, Hayward, San Leandro, San Lorenzo, Livermore & Fremont Locations, serving all of Alameda County

Adolescent Residential

***procured through Single Case Agreement**

- Ages 13-18
- 30-60 days Inpatient Substance Use Treatment

School-Based Outpatient

- Age 12-21
- 22 High Schools Including the Juvenile Justice Center
- Individual & Group Counseling
- Case Management

Behavioral Health Department
Alameda County Health

SUD Referrals, Priority Populations, and Community Partners

Referral Process

- SUD Adolescent Providers receive and generate referrals through community presentations and collaborative partnerships with other community-based organizations and resources, including schools.
- Providers accept self-referrals and referrals directly from family members and/or other partners as identified above.

Priority Populations and Service Criteria

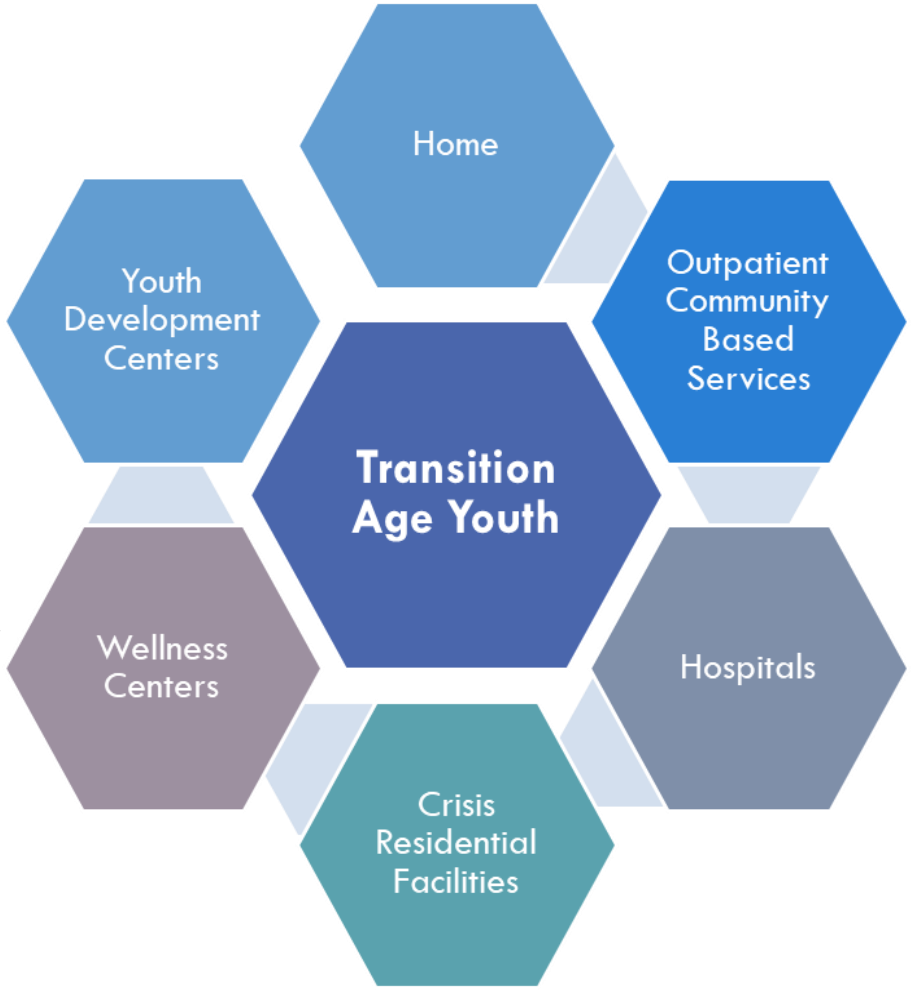
- Alameda County residents; between the ages of 12 to 17
- Youth 18-years-old or older that are enrolled in high school or non-traditional high school.
- Youth 12-18 at risk of or struggling with Substance Use Challenges
- Full Scope Medi-Cal and Non-Full Scope Medi-Cal

Community Partners

- School Based Behavioral Health Mental Health Providers within and outside of the ACBH Managed Health Care Plan
- School Districts
- Students and Families Full Scope or Non-Full Scope Medi-Cal

Transition Age Youth (TAY) Partnerships Across Systems

- Full-Service Partnerships
- Psychiatric Emergency Services Intensive Case Management
- First Episode Psychosis Programs
- TAY Adult Residential Treatment (ART)Facility
- Juvenile Justice Transition Center & Santa Rita Jail Re-Entry Programs
- Vocational & Employment Support
- Tay Specific In-Home Outreach Team (IHOT)



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Behavioral Health Department
Alameda County Health

TAY Mental Health Continuum of Services

Beneficiaries can access Services via ACBHD ACCESS and/or Direct Referral

- Full-Service Partnerships (150 slots, Ages 18-24)
  - Fred Finch Youth & Family Services
  - Bay Area Community Services (BACS)
- Level I Service Team (90 slots, ages 17-24)
  - STARS
- Early Psychosis Program (70 slots, ages 15-24)
  - Felton Institute
- Outpatient Programs (145 slots, ages 16-24)
  - Fred Finch Youth & Family Services
  - Side by Side
  - West Coast Children's Clinic
- Triage, Short-Term Case Management (50 slots, ages 16-24)
  - Telecare
- IHOT (15-20 slots, ages 18-24)
  - STARS
- Crisis Residential Treatment (CRT) Programs (Age 18+)
  - BACS Amber House
  - BACS Woodroe (3 beds prioritized for TAY up to age 21)
  - Telecare Jay Mahler Recovery Center
- TAY Residential TREATMENT Program (13 beds, Serves ages 18-24)
  - REFUGE Kimbilio
- Prevention Services Serves ages 14-24
  - Multiple Providers

Specialty Mental Health Services

The CYASOC Specialty Services Division began in January 2022 and is the newest division in the CYASOC. This division has 9 service areas with many services related to *Continuum of Care Reform* as well as interagency programs with Child Welfare, Probation, and Juvenile Court.

- Therapeutic Behavioral Services (TBS)
- Intensive Care Coordination (ICC)
- Intensive Home-Based Services (IHBS)
- Full-Service Partnerships (FSP)
- Eating Disorder Services
- Foster and Probation Youth Services
- AB 1299/1051 Out of County Placements
- Therapeutic Foster Care (TFC)
- Short Term Residential Treatment Programs (STRTP)

Eating Disorder Service Continuum

Lower Level of Care → Higher Level of Care

General Outpatient

Provider:
- County Clinician
- CBO Clinician
- Mental Health Plan Fee-for-Service (MHP FFS) Provider

With support from Eating Disorder Consultant

Entry Point: ACCESS or Community referral

Outpatient Clinician with Eating Disorder Experience

Provider:
- County Clinician (for children and TAY)
- MHP FFS Provider

With support from Eating Disorder Consultant

Entry Point: ACCESS screening & referral

Outpatient Eating Disorder Specialist

Provider:
- Eating Disorder Specialist designated MHP FFS Provider

Entry Point: Eating Disorder assessment & ACCESS referral

Higher Level Treatment Services:
- Intensive Outpatient Program (IOP)
- Partial Hospitalization Program (PHP)
- Residential Treatment (RTC)
- Inpatient

Contracted Providers:
- Herrick Hospital (Inpatient/IOP/PHP)
- Center for Discovery (IOP/PHP/RTC)
- Health Teen Project (IOP/PHP)
- Castlewood (IOP/PHP/RTC)
- Cielo House (IOP/PHP/RTC)

Entry Point: Eating Disorder assessment & Utilization Management authorization

Medical Stabilization

Provider:
- UCSF Eating Disorder Program in San Francisco for clients 25 years or younger

Entry Point: Primary Care Provider

Services are Medi-Cal Reimbursable
Eating Disorder Consultant is funded through Mental Health Services Act

Funded by County General Fund

Medi-Cal Reimbursable

* Note: Though administration of Eating Disorder Services is housed in the CYASOC, these services are for clients of all ages.

Behavioral Health Department
Alameda County Health

KIMBERLY GASAWAY, Director

1401 LAKESIDE DRIVE, OAKLAND, CALIFORNIA 94612 510 208 9700 FAX 510 208 9711 WWW.ACGOV.ORG/GSA/

April 14, 2025

Honorable Board of Supervisors
County of Alameda
1221 Oak Street, Suite 536
Oakland, California 94612-4305

SUBJECT: APPROVE A PROJECT BUDGET FOR THE SANTA RITA JAIL CRITICAL OPERATIONS PROJECT; BUDGET AMOUNT: $269,506,998; AWARD A PROGRESSIVE DESIGN-BUILD CONTRACT TO JE DUNN + BROWARD BUILDERS + ARRINGTON WATKINS FOR THE SANTA RITA JAIL CRITICAL OPERATIONS PROJECT; PROCUREMENT CONTRACT NO. 28482; AMOUNT: $230,000,000; AUTHORIZE A STIPEND PAYMENT TO HENSEL-PHELPS-HOK; PROCUREMENT CONTRACT NO. 28483; AMOUNT: $75,000; ADOPT A RESOLUTION CERTIFYING THE CALIFORNIA ENVIRONMENTAL QUALITY ACT CATEGORICAL EXEMPTION FOR THE SANTA RITA JAIL CRITICAL OPERATIONS PROJECT AT 5325 BRODER BOULEVARD, DUBLIN; PROJECT NO. CPP25C241740000

Dear Board Members:

RECOMMENDATIONS:

A. Approve a project budget for the Santa Rita Jail Critical Operations Project, listed under Category II – Santa Rita Jail Projects in the Fiscal Year 25-29 Capital Improvement Plan, Project No. CPP25C241740000, in the amount of $269,506,998;

B. Accept the proposal and award a Progressive Design-Build contract (Procurement Contract No. 28482) to JE Dunn + Broward Builders + Arrington Watkins (Principal: Eddie Parenti; Location: Santa Clara) for design and construction services for the Santa Rita Jail Critical Operations Project at 5325 Broder Boulevard, Dublin, Project No. CPP25C241740000, for the approximate contract term of 6/6/2025 to 6/5/2030, and in an not-to-exceed amount of $230,000,000;

C. Approve a Supplemental Work Allowance of $5,000,000 for a total construction amount not-to-exceed $235,000,000 and authorize the Director of the General Services Agency to issue change orders, as necessary, up to $210,000 each, in accordance with the Public Contract Code Section 20142, against the Supplemental Work Allowance;

D. Delegate authority to the Director of the General Services Agency to prepare and execute the proper contract documents, including the initial Notice to Proceed for each scope of work, subject to review and approval as to form by County Counsel, and submit an executed copy to the Clerk of the Board for filing;

E. Authorize the payment of a stipend (Procurement Contract No. 28483) of $75,000 to Hensel-Phelps-HOK (Principal: Shannon Gustine; Location: Pleasanton) as set forth in the Santa Rita Jail Critical Operations Request for Proposals Project Manual, Project No. CPP25C241740000, in accordance with best practices for Progressive Design-Build;

F. Authorize the Director of the General Services Agency to approve purchase orders and contracts up to $100,000 for this project on condition that the total of such purchase orders is within the overall project budget approved by your Board and in accordance with County Purchasing statutes and procurement policies;

G. Adopt a Resolution certifying the California Environmental Quality Act Categorical Exemption under Class 1 for the Santa Rita Jail Critical Operations Project at 5325 Broder Boulevard, Dublin; Project No. CPP25C241740000;

H. Authorize the Director of the General Services Agency, or her designee, to execute the Notice of Exemption and record it with the County of Alameda Clerk-Recorder's Office;

I. Approve the use of the Special Capital Construction Fund for the Santa Rita Jail Critical Operations Project, Project No. CPP25C241740000, in the amount of $269,506,998; and

J. Authorize and direct the Auditor-Controller to make the related budget adjustments.

DISCUSSION/SUMMARY:

On June 27, 2024, your Board adopted the Alameda County Capital Improvement Plan (CIP) for Fiscal Year (FY) 2024-2025 through FY 2028-2029 (FY 25-29), which lists the Santa Rita Jail (SRJ) Critical Operations Project (the Project) under Category II – SRJ Projects.

The General Services Agency (GSA), with the support of Kitchell Capital Expenditure Managers, Incorporated (KCEM) which provides program management/construction management services, and in coordination with the Alameda County Sheriff's Office, has confirmed several critical infrastructure projects that will address safety and functional issues identified in the Facility Condition Assessments (FCA) for SRJ. The Project is the result of the FCA.

The Project will replace and upgrade key facility infrastructure to improve functionality, reliability, and safety at the estimated 980,000 gross square foot SRJ facility, which opened in 1989. The scope of work to be performed includes the following:

- Two 1500kVA 12KV generators will be replaced, and associated electrical system infrastructure upgrades will be made.
- A new one-million-gallon steel above-ground water tank will be installed, along with a second 12-inch water main for redundancy.
- The building management systems will be fully replaced, including Honeywell XC Classic controllers and FS-90 fire panels.
- Fire-life safety systems will be upgraded, including fire alarms, sprinklers, cybersecurity, telecom/low voltage, audio, and security radio systems. The security electronics system will

be replaced with a new non-proprietary system to improve remote door control, intercom, building perimeter, duress system alarm monitoring, and CCTV surveillance.
- 123 commercial-grade doors will be replaced with detention-grade doors and hardware across several housing units (HU). Additionally, nine detention-grade sliding doors will be replaced in numerous areas within the facility.
- The HVAC (heating, ventilation, and air conditioning) system will undergo insulation removal and reapplication in fan enclosures of each HU and the core buildings, along with basic maintenance. Any unserviceable HVAC equipment or inaccessible ductwork will be replaced or cleaned as necessary.
- The interior Ring Road around the perimeter of the HUs, within the secure perimeter of the facility, will be replaced.
- The roofs of multiple HUs will be replaced with new insulation, roofing membranes, and flashings, and photovoltaic panels on one unit will be removed and reinstalled.

The Project qualifies for an exemption from further California Environmental Quality Act (CEQA) review pursuant to Class 1 Exemption. The Class 1—Existing Facilities Categorical Exemption (per CEQA Guidelines §15301) applies to the proposed Project because it involves interior and exterior alterations to existing building systems that are already in place within SRJ consistent with a Class 1a CEQA exemption. The Project also involves the alteration of an existing street or similar facility, and this alteration will not create any additional automobile lanes or travel ways consistent with Class 1b CEQA exemption. Lastly, the Project involves restoration and/or rehabilitation of deteriorated or damaged facilities and mechanical equipment as needed to meet current standards of public health and safety consistent with Class 1d CEQA exemption. As such, GSA requests the adoption of the attached Resolution exempting the Project from further environmental review. A Notice of Exemption, prepared pursuant to CEQA Guidelines §15062, shall be posted in the County Clerk's office within five business days after adoption of the Resolution.

GSA recommends the award of a Progressive Design/Build (P/D/B) contract for this project to JE Dunn + Broward Builders + Arrington Watkins. The project consists of eight scopes of work, all of which require design and construction. The design will begin upon issuance of the initial Notice to Proceed. Construction of each scope of work shall not commence until the relevant design is accepted and an additional Notice to Proceed is issued. Construction of the first scope of work is anticipated to begin in the Summer of 2025 with the anticipated completion of all construction in 2030. Due to time constraints, it is in the County's best interest that the Director of GSA execute the contract documents, including each Notice to Proceed for JE Dunn + Broward Builders + Arrington Watkins.

JE Dunn + Broward Builders + Arrington Watkins met the qualification requirements and submitted a bona fide proposal. The Request for Qualifications/Proposals (RFQ/P) states that the qualified DB Entities (DBE) who submit complete, responsive proposals and are not awarded the contract shall receive a stipend in the amount of $75,000, following the execution of the contract and delivery of all required bonds and insurance by the DBE to which the County of Alameda Board of Supervisors awards the contract. In recognition of these requirements, the County will pay the stipend to the qualified bidder, Hensel-Phelps-HOK, who submitted a proposal but was not awarded the DBE contract. GSA recommends payment of the stipend to Hensel-Phelps-HOK in the amount of $75,000.

SELECTION CRITERIA AND PROCESS:

Request for Statements of Interest Process:
In accordance with the requirements of Public Contract Code Sections 22185-22185.11, on October 15, 2024, a Request for Statements of Interest was issued to elicit bidders. The Request for Statements of Interest was emailed to known architectural and general contractors, including those in the Local Vendor Database, advertised in local publications, local trade organizations, and the GSA Current Contracting Opportunities and Calendar of Events websites.

On October 30, 2024, GSA received Statements of Interest from two DBEs: Hensel-Phelps-HOK and JE Dunn + Broward Builders + Arrington Watkins. On November 1, 2024, both DBEs were notified that the County of Alameda had accepted their Statement of Interest Letters.

One mandatory Pre-RFQ/P Presentation was held on November 5, 2024, to apprise interested entities of this opportunity, including Small Local Emerging Business (SLEB) Program requirements and the County of Alameda's Contractor Technical Assistance Program (CTAP).

RFQ/P Process:
GSA released RFQ/P documents to the two DBEs whose Statements of Interest had been accepted and who had attended the mandatory Pre-RFQ/P Presentation and submitted a Non-Disclosure Agreement and Site Clearance Forms on November 15, 2024.

Proposals were received from the two DBEs on March 6, 2025. The County of Alameda's Technical Evaluation and Interview Presentations Panel evaluated and scored the submissions.

GSA evaluated submitted RFQ/Ps based on evaluation factors and conducted interviews with the two highest-scoring DBEs. The evaluation criteria consisted of the following factors: County minimum requirements, qualification questionnaire, technical design and construction expertise, cost evaluation, and interview/presentation.

The DBE whose proposal received the highest Best Value score is recommended to the County Board of Supervisors for award of the Contract.

Of a possible maximum of 100 points, the summary scores are as follows:

Design-Builder	***Total Score***
JE Dunn + Broward Builders + Arrington Watkins	*86.4*
Hensel-Phelps-HOK	*85.9*

SLEB Program:
For the design services portion of this contract, to be awarded the contract for this Project, a Bidder's design lead must either be a SLEB or subcontract with one or more County-certified SLEBs for at least 20% of the Bidder's proposal price for design services. The RFQ/P requires that, for a DBE to be considered for Contract award, the DBEs must meet the minimum SLEB requirements related to the architectural/engineering portion of the Project.

Subcontractor Outreach Program:
The RFQ/P required the DBEs to accept that they would meet GSA's local goals for SLEBs and subcontractor opportunities. JE Dunn + Broward Builders + Arrington Watkins' proposal includes a comprehensive subcontractor procurement plan that endeavors to meet the SLEB and subcontractor goals and requirements.

Project Stabilization Community Benefits Agreement (PS/CBA):
The Project is subject to the PS/CBA, a project labor agreement that targets disadvantaged worker populations and expands access to construction jobs and works in conjunction with CTAP and SLEB programs that focus on increasing business enterprise opportunities.

JE Dunn + Broward Builders + Arrington Watkins' proposal achieved the highest score and offers the best value to the public and is recommended for award.

FINANCING:

Appropriations for the Project in the amount of $198,288,409 are included in the Fiscal Year 2024-25 budget. Additional appropriations in the amount of $71,218,589 are requested per the attached Financial Recommendation. There will be no increase in net County cost.

VISION 2036 GOAL:

The Project meets the 10X goal pathway of **Accessible & Integrated Infrastructure** in support of our shared vision of **Safe and Livable Communities**.

Respectfully submitted,

Signed by:
Kimberly Gasaway
8D4CA131AA0B4C2...
Kimberly Gasaway
Director, General Services Agency

Attachment

cc: County Administrator
Auditor-Controller
County Counsel

FINANCIAL RECOMMENDATION FORM

AGENDA DATE: 6/3/2025

BOARD LETTER SUBJECT: Approve a project budget for the SRJ Critical Operations Project listed under Category II – SRJ Projects in the FY 25-29 CIP, Project No. CPP25C241740000, budget - $269,506,998. Accept proposal and award a Progressive Design-Build contract to JE Dunn + Broward Builders + Arrington Watkins for $230M SWA - $5M term of 6/6/2025 to 6/5/2030; other items.

BUDGET YEAR: 2025 **FUND:** 27044

The use of Designations, as follows:

NAME OF DESIGNATION	ORG	AMOUNT

The increase (decrease) in anticipated revenue, as follows:

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
200700	485110	00000		$ 71,218,589
			ORG TOTAL	$71,218,589

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
			ORG TOTAL	$0

GRAND TOTAL ANTICIPATED REVENUE $71,218,589

The increase (decrease) in appropriations, as follows:

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
200700	650011	00000		$71,218,589
			ORG TOTAL	$71,218,589

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
			ORG TOTAL	$0

GRAND TOTAL APPROPRIATION $71,218,589

FINANCIAL RECOMMENDATION FORM

AGENDA DATE: 6/3/2025

BOARD LETTER SUBJECT: Approve a project budget for the SRJ Critical Operations Project listed under Category II – SRJ Projects in the FY 25-29 CIP, Project No. CPP25C241740000, budget - $269,506,998. Accept proposal and award a Progressive Design-Build contract to JE Dunn + Broward Builders + Arrington Watkins for $230M SWA - $5M term of 6/6/2025 to 6/5/2030; other items.

BUDGET YEAR: 2025 **FUND:** 27100

The use of Designations, as follows:

NAME OF DESIGNATION	ORG	AMOUNT

The increase (decrease) in anticipated revenue, as follows:

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
			ORG TOTAL	$0

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
			ORG TOTAL	$0

GRAND TOTAL ANTICIPATED REVENUE $0

The increase (decrease) in appropriations, as follows:

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
200700	650011	00000		($269,506,998)
	670011	00000		$269,506,998
			ORG TOTAL	$0

Informational

ORG	ACCT	PROG	PROJ/GR	AMOUNT
			ORG TOTAL	$0

GRAND TOTAL APPROPRIATION $0

RESOLUTION NO. 2025-_____

A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF ALAMEDA, MAKING FINDINGS UNDER THE CALIFORNIA ENVIRONMENTAL QUALITY ACT THAT THE SANTA RITA JAIL CRITICAL OPERATIONS PROJECT IS EXEMPT FROM FURTHER REVIEW

WHEREAS, the County of Alameda ("County") intends to make physical improvements to the Santa Rita Jail located at 5325 Broder, Boulevard, Dublin, CA 94568; and

WHEREAS, the proposed project is a "project" within the meaning of that term as defined in the California Environmental Quality Act (Public Resources Code §21000 et seq., hereinafter "CEQA"), and §15378 of the accompanying CEQA Guidelines (Title 14, California Code of Regulations, Chapter 3, hereinafter "CEQA Guidelines") and is therefore subject to the provisions of CEQA; and

WHEREAS, pursuant to CEQA Guidelines §15367, the County is the Lead Agency for purposes of implementation of CEQA; and

WHEREAS, the proposed Santa Rita Jail (SRJ) Critical Operations Project includes the replacement of two diesel generators located in the Central Plant and one generator located on the exterior of the kitchen that is used for kitchen emergency power, upgrades to the Building Management System, improved Fire/Life Safety systems, including a new code-compliant fire alarm system, the installation of a new security electronics systems, repairs, cleaning and repainting or replacing damaged doors, adding ADA-compliant door, hardware, and repairing or replacing damaged door locks, the replacement of existing roofing systems on five housing units, repairs to the electrical system, the replacement of damaged ductwork, repair or remove and replace duct insulation, and the replacement of mechanical coil units; and

WHEREAS, CEQA Guidelines at §15031 exempts from further CEQA review "projects involving existing facilities that include the operation, repair or minor alteration of existing

structures that involve negligible or no expansion of use beyond that existing at the time of the lead agency's determination"; and

NOW, THEREFORE, the Board of Supervisors of the County of Alameda does hereby resolve, determine, and order as follows:

Section 1. Recitals. The Board hereby finds and determines that all of the recitals set forth above are true and correct.

Section 2. CEQA Findings. The Board hereby makes the following findings regarding the proposed project based on substantial evidence, including the following information:

(1) The proposed project involves interior and exterior alterations to existing building systems that are already in place within SRJ, consistent with Class 1a CEQA exemption; and

(2) The proposed project involves alteration of an existing street or similar facility, and this alteration will not create any additional automobile lanes or travel ways, consistent with Class 1b CEQA exemption; and

(3) The proposed project involves restoration and/or rehabilitation of deteriorated or damaged facilities and mechanical equipment as needed to meet current standards of public health and safety, consistent with a Class 1d CEQA exemption; and

(4) With the exception of replaced electrical generators and replaced Ring Road surface, all other elements of the proposed project will occur indoors, and all improvements will occur within the existing and already developed secure walls of SRJ. The proposed project involves no addition to the existing building space of SRJ, nor does it involve an expansion of use of SRJ beyond that currently existing; and

(5) The proposed project would not result in an intensification of the existing use, and would not change any operations of SRJ in ways that could potentially result in an adverse environmental effect; and

(6) The proposed project involves existing facilities and that include operation, repair or minor alteration of existing structures that involve negligible or no expansion of use beyond that existing at the time of the lead agency's determination and is therefore exempt from further review under CEQA pursuant to the "Existing Facilities" exemption (CEQA Guidelines §15301); and

(7) The Board further finds there is no possibility that the activity in question may have a significant effect on the environment. Therefore, the proposed project is exempt from further CEQA review pursuant to the "Existing Facilities" exemption (CEQA Guidelines §15301).

Section 3. Notice of Exemption. Within five (5) working days after the passage and adoption of this Resolution, the Board hereby authorizes and directs staff to prepare, execute, and file with the County Clerk a Notice of Exemption for the proposed project.

Section 4. Custodian of Records. The administrative records for this project are maintained at the office of the General Services Agency (GSA) of Alameda County, located at 1401 Lakeside Drive, Oakland, California 94612. The custodian of records is GSA Director Kimberly Gasaway.

Section 5. Government Code Findings. This Resolution is adopted following a meeting at which a public hearing was held at a regularly scheduled meeting of the Board of Supervisors for which a minimum of 72 hours' public notice was duly given.

BY ORDER OF THE BOARD OF SUPERVISORS OF THE COUNTY OF ALAMEDA, STATE OF CALIFORNIA, ____ DAY OF _____, 2025.

The **FOREGOING** was **PASSED** and **ADOPTED** by the following vote of the Alameda County Board of Supervisors this ____ day of _____, 2025, to wit:

AYES:

NOES:

EXCUSED:

ABSTAINED:

_____

PRESIDENT, BOARD OF SUPERVISORS

ATTEST:

CLERK OF THE BOARD OF SUPERVISORS

By: _____

_____
Deputy

APPROVED AS TO FORM:
DONNA R. ZIEGLER
COUNTY COUNSEL

By: Signed by: Kathleen Hall DA80827ZC6E24CB... _____
Kathleen Hall
Deputy County Counsel

Print Form

Notice of Exemption

Appendix E

To: Office of Planning and Research
P.O. Box 3044, Room 113
Sacramento, CA 95812-3044

County Clerk
County of: Alameda
1106 Madison Street
Oakland, CA 94607

From: (Public Agency): County of Alameda
General Services Agency
1401 Lakeside Dr, St 800, Oakland, Ca 94612
(Address)

Project Title: Santa Rita Jail Critical Operations

Project Applicant: Alameda County General Services Agency

Project Location - Specific:
5325 Broder Blvd

Project Location - City: Dublin, CA 94568 Project Location - County: Alameda

Description of Nature, Purpose and Beneficiaries of Project:

The Project will replace and upgrade key facility elements to improve functionality, reliability, and safety at the estimated 980,000 gross square foot jail, which opened in 1989. The projected scope of work includes tepairs to the on-site ring road; repairs to the micro-grid; replacement of door locks and detention doors on cells, and updates to the cell door controls; cleaning of mechanical coils/mesh/ducts; replacement of visitation doors; replacement of various roofs; and updates or replacement of the Building Management System (BMS) and security electronics systems, the existing generators, and the Fire-Life-Safety Systems (FLS). These elements of the Critical Operations Project will contribute to providing a safer and more reliable environment for Santa Rita Jail operations, benefiting both staff and inmates.

Name of Public Agency Approving Project: County of Alameda Board of Supervisors

Name of Person or Agency Carrying Out Project: General Services Agency

Exempt Status: **(check one):**

- ☐ Ministerial (Sec. 21080(b)(1); 15268);
- ☐ Declared Emergency (Sec. 21080(b)(3); 15269(a));
- ☐ Emergency Project (Sec. 21080(b)(4); 15269(b)(c));
- ☒ Categorical Exemption. State type and section number: Class 1 - Section 15301; Class 2 (Section 15302)
- ☐ Statutory Exemptions. State code number:

Reasons why project is exempt:

The Project involves interior and exterior alterations to existing building systems that are already in place within the Jail; the replacement of the existing the Ring Road surface will not create any additional automobile lanes or travel ways; there is no addition to the existing building space of the Jail and no expansion of use of the Jail beyond existing, no intensification of the existing use, The Ring Road will be located on the same site as the facility being replaced and will have substantially the same purpose and capacity as the facility being replaced.

Lead Agency Contact Person: Deputy Director Area Code/Telephone/Extension: (510)208-9515

If filed by applicant:

1. Attach certified document of exemption finding.
2. Has a Notice of Exemption been filed by the public agency approving the project? Yes No

Signature: Date: 4/4/25 Title: Deputy Director

▪ Signed by Lead Agency Signed by Applicant

Authority cited: Sections 21083 and 21110, Public Resources Code.
Reference: Sections 21108, 21152, and 21152.1, Public Resources Code.

Date Received for filing at OPR:

Revised 2011

☐

Alameda County Health

Aneeka Chaudhry
Interim Director

AGENDA _____June 3, 2025

May 6, 2025

The Honorable Board of Supervisors
County of Alameda
1221 Oak Street
Oakland, CA 94612

SUBJECT: APPROVE THE IMPLEMENTATION OF SECTION § 5270 OF THE LANTERMAN-PETRIS-SHORT ACT UNDER WELFARE AND INSTITUTIONS CODE, WHICH ALLOWS FOR A 30-DAY EXTENSION OF A 14-DAY MENTAL HEALTH HOLD FOR INDIVIDUALS WHO MEET THE CRITERIA FOR GRAVE DISABILITY

Dear Board Members:

RECOMMENDATION:

Approve the implementation of Section § 5270 of the Lanterman-Petris-Short Act which allows for a 30-day extension of a 14-day mental health hold for individuals who are gravely disabled.

DISCUSSION/SUMMARY:

The Lanterman-Petris-Short (LPS) Act states that a mentally disabled person deemed to be in serious need of mental health treatment may be involuntarily admitted for a 72-hour hold under the California Welfare and Institutions (W&I) Codes § 5150 and § 5585, and if needed for an additional 14 days (W&I Code § 5250). In some cases where the combined 17 days is not a sufficient period to stabilize someone with a serious mental health problem, Alameda County currently requires a petition for a Temporary Conservatorship (T-Con) to be filed by the Public Guardian to provide up to 30 days of additional intensive treatment. Filing a petition of conservatorship is a significant event for the affected individuals and requires extensive time and involvement from several agencies and departments, including the Alameda County Health, Behavioral Health Department (ACBHD), Public Guardian, Social Services Agency, and the Superior Court. W&I Code § 5270 et seq. is an alternative to the significant legal steps of filing a T-Con petition.

A § 5270 et seq. hold provides for 30 days of involuntary, inpatient hospitalization for clients (adults or minors) who remain gravely disabled at the end of their 14-day hold and is intended to provide for a less invasive option to a temporary conservatorship for clients expected to stabilize in 30 days or less of additional inpatient treatment. In such circumstances, the client has been evaluated, and an authorized provider(s) finds that the client meets the criteria for grave disability and based on current condition and past history, the client is likely to stabilize in 30 days or less of continued inpatient treatment, avoiding the need for a temporary conservatorship. In addition, the client has been offered but has refused continued voluntary hospitalization.

A client subject to a § 5270 et seq. hold retains certain rights, including the right to a certification review hearing within four days of certification. During this hearing, clients are able to present evidence indicating they are no longer gravely disabled.

Alameda County Health

All Bay Area counties, except for Alameda County, have implemented this statute. At least one county adopting § 5270 et seq. has reported an over 50% reduction in conservatorship referrals and costs. If your Board approves, ACBHD will continue to engage stakeholders to identify service needs and assess quality outcomes.

Your Board's approval of the W&I Code § 5270 will ensure clients receive necessary behavioral health treatment while maintaining their due process rights and minimizing reliance on conservatorship.

FINANCING:

There is no budgetary or financial impact associated with this recommendation. Approval of this recommendation will have no impact on net County cost.

VISION 2036 GOAL:

Implementation of W&I Code § 5270 meets the 10X goal pathway of **Health for All** in support of the shared vision of a **Thriving & Resilient Population**.

Sincerely,

DocuSigned by:
Aneeka Chaudhry
E20638BBECB64AD...

Aneeka Chaudhry, Interim Director
Alameda County Health

Alameda County Health

Aneeka Chaudhry
Interim Director

AGENDA _____June 3, 2025

May 6, 2025

The Honorable Board of Supervisors
County of Alameda
1221 Oak Street
Oakland, CA 94612

SUBJECT: APPROVE DELEGATION OF AUTHORITY FOR THE ALAMEDA COUNTY BEHAVIORAL HEALTH DEPARTMENT DIRECTOR TO DESIGNATE PROFESSIONAL PERSONS TO TAKE, OR CAUSE TO BE TAKEN, AN ADULT OR MINOR INTO CUSTODY FOR EVALUATION UNDER WELFARE AND INSTITUTIONS CODE SECTION § 5150 AND § 5585 ET SEQ.

Dear Board Members:

RECOMMENDATION:

Delegate authority to the Alameda County Health, Behavioral Health Department Director to designate professional persons to take, or cause to be taken, an adult or a minor into custody for evaluation pursuant to Welfare and Institutions Code sections § 5150 and § 5585 et seq.

DISCUSSION/SUMMARY:

On April 21, 2020 (Item No. 2), your Board approved the Alameda County Health, Behavioral Health Department (ACBHD) Director to designate professional persons to take adults into custody for evaluation. On June 2, 2020 (Item No. 10), your Board approved an equivalent designation regarding the care of minors. These prior actions were in response to the Public Health Emergency and specific to Welfare and Institutions (W&I) Code sections § 5150 and § 5585 et seq. Your Board's actions successfully allowed for the expansion of the number of providers to assist with appropriate assessment, screening, and coordination countywide and the provision of timely psychiatric care. Your prior approvals were consistent with California State legislation, though tied to the local declaration of the Public Health Emergency that ended on February 28, 2023.

Statewide, counties are facing a historic statutory change in the delivery of Lanterman-Petris Short Act (LPS) regulated evaluation and treatment services. The intersections of this change with the passage of Proposition 1, the Behavioral Health Services Act, and the enactment of Senate Bill (SB) 43, which expands the definitions of grave disability, are creating a new landscape for the service delivery system for individuals with severe mental illness (SMI) and/or substance use.

As of December 2024, Alameda County is required to implement the recent legislation entitled Community Assistance, Recovery, and Empowerment (CARE) Court, which will further focus on individuals with SMI who meet specific criteria established by the California Health and Human Services Agency. This new program will coordinate care across county departments and the community, requiring additional evaluation and treatment for individuals who meet the criteria for and may be treated under LPS statutes. Effective planning for this population will need to be met by a judicious expansion of designated providers who are able to take an individual into custody for behavioral health evaluation. Successful

Alameda County Health

implementation of both SB 43 and CARE Courts will require a nimbleness similar to the approach that was approved by your Board during the Public Health Emergency and in alignment with the State of California (W&I Code § 5121, § 5150, and § 5585).

W&I Code, Section § 5121, strongly suggests a role for the ACBHD Director to "develop procedures for the county's designation and training of professionals who will be designated to perform functions under Section 5150." Historically, while not included in the W&I Code, the Alameda County Board of Supervisors has approved LPS designation to professional persons to take, or cause to be taken, an adult or a minor into custody for up to 72 hours for evaluation.

ACBHD is requesting formal approval of delegation of authority for the ACBHD Director to designate certain professional persons for the above purpose. Upon designation by the ACBHD Director, professional persons would have the authority under W&I Code sections § 5150 and § 5585 et seq. to provide evaluation or placement of an adult or a minor for assessment and treatment at an LPS-designated 24-hour facility. Further, a designated professional person evaluating an adult or a minor must identify the least restrictive placement alternative in which the individual can receive necessary treatment.

The W&I Code makes it clear that the County Board of Supervisors is responsible for approving LPS designation to facilities that provide evaluation and treatment for patients on § 5150 and § 5585 psychiatric holds. This request for your consideration and approval would not impact or change this responsibility of the Board of Supervisors. However, it would permanently align local processes with the State of California legislation and with most counties statewide.

Your Board's temporary delegation of authority to the ACBHD Director during the Public Health Emergency allowed our department to 1) Reduce the involvement of law enforcement in the management of patients experiencing behavioral health crises; 2) Increase the frequency with which individuals experiencing behavioral health crises have been appropriately managed solely and appropriately by healthcare clinicians; 3) Enhance the ability of our community hospital partners to evaluate and transfer patients requiring involuntary psychiatric treatment in a more expeditious manner and again, without the involvement of law enforcement; 4) Significantly reduce the burden on community hospital Emergency Departments during a declared public health emergency when it was essential that emergency department beds be kept available for patients with COVID-19; and 5) Rapidly increase clinical capacity to provide acute crisis assessments at the Santa Rita Jail, transferring individuals to the appropriate levels of care.

More specifically, your Board's temporary delegation of authority allowed for the following:

- All Community Hospital Emergency Departments were designated for the placement and lifting of involuntary holds along with the medical staff of these departments. This designation allowed for the rapid movement of patients to appropriate levels of care without the involvement of law enforcement;

Alameda County Health

- ACBHD Clinicians at Santa Rita Jail were designated to place and lift involuntary holds for crisis patients. This designation allowed for the more rapid movement of patients to appropriate levels of care outside of the jail facility.
- Five community-based agencies chosen to participate in an initial LPS designation pilot based on their interest, location, and specific communities they served reported promising changes in their workflow and crisis intervention. For example, during one year, one agency reported that 11 psychiatric holds were written without the involvement of law enforcement while 19 individuals considered for involuntary holds were diverted to crisis stabilization or other voluntary services.
- The Community Assessment and Transport Team (CATT) Pilot (which pairs an Emergency Services Technician, EMT, and behavioral health clinician) was launched during the Public Health Emergency with the designation to place involuntary holds. On average, 60 individuals were diverted from 5150/5585 each month. CATT was able to successfully divert individuals to more appropriate services or treatment, yielding a quantifiable decrease of $32,000 a year when compared to mental health calls involving police and emergency services only.
- Evaluated data suggest that involuntary holds placed by designated clinicians were more likely to be upheld at the LPS-designated hospital for admission compared to holds placed by law enforcement or for patients who present voluntarily (75% placed by designated clinicians versus 25% placed by law enforcement).

Multiple stakeholders have embraced these changes, including patients, programs, community hospitals, and law enforcement. All professional persons designated by the ACBHD Director will be monitored by ACBHD and the ACBHD-contracted Patients' Rights Program.

Your Board's approval will support behavioral health and the community in supporting individuals in crises more promptly and appropriately in alignment with regulatory requirements.

FINANCING:

There is no budgetary or financial impact associated with this recommendation. Approval of this recommendation will have no impact on net County cost.

VISION 2036 GOAL:

Behavioral health service provisions meet the 10X goal pathway of **Health for All** in support of the shared vision of a **Thriving & Resilient Population**.

Sincerely,

DocuSigned by:
Aneeka Chaudhry
E20638BBECB64AD...

Aneeka Chaudhry, Interim Director
Alameda County Health

Alameda County Mental Health Advisory Board

Care First, Jails Last Implementation Report

BOARD OF SUPERVISORS JOINT HEALTH & PUBLIC PROTECTION COMMITTEES

MAY 22, 2025

Background

Board Resolution

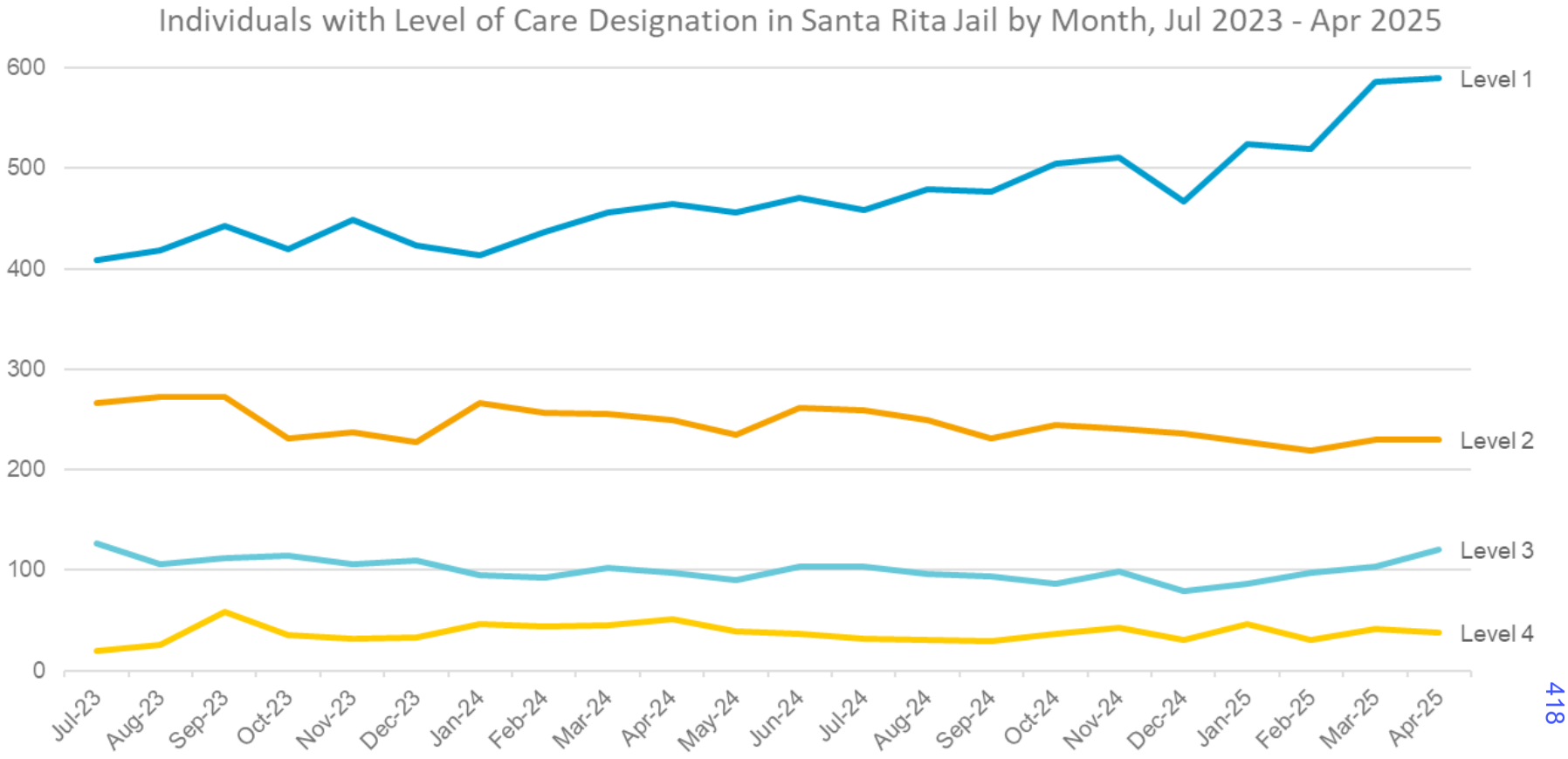
- Passed unanimously in April 2021
- Focused on both upstream & downstream interventions

Measuring Need & Impact

- One measurement:
  - Jail population with Serious Mental Illness (SMI)

- Question remains:
  - How to measure unmet need

417


Individuals with Level of Care Designation in Santa Rita Jail by Month, Jul 2023 - Apr 2025
600
500
400
300
200
100
0
Level 1
Level 2
Level 3
Level 4
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
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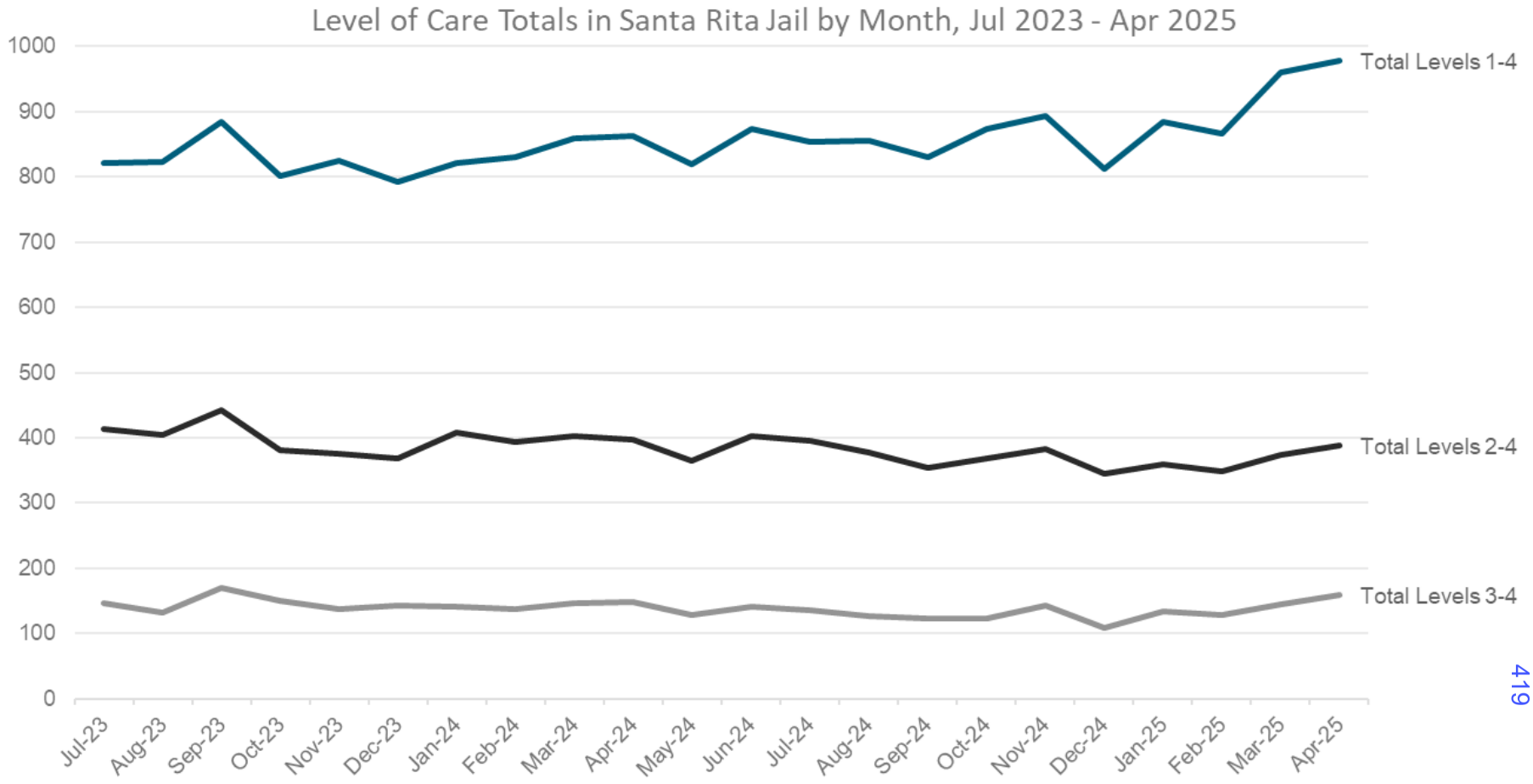
Mar-25
Apr-25
418

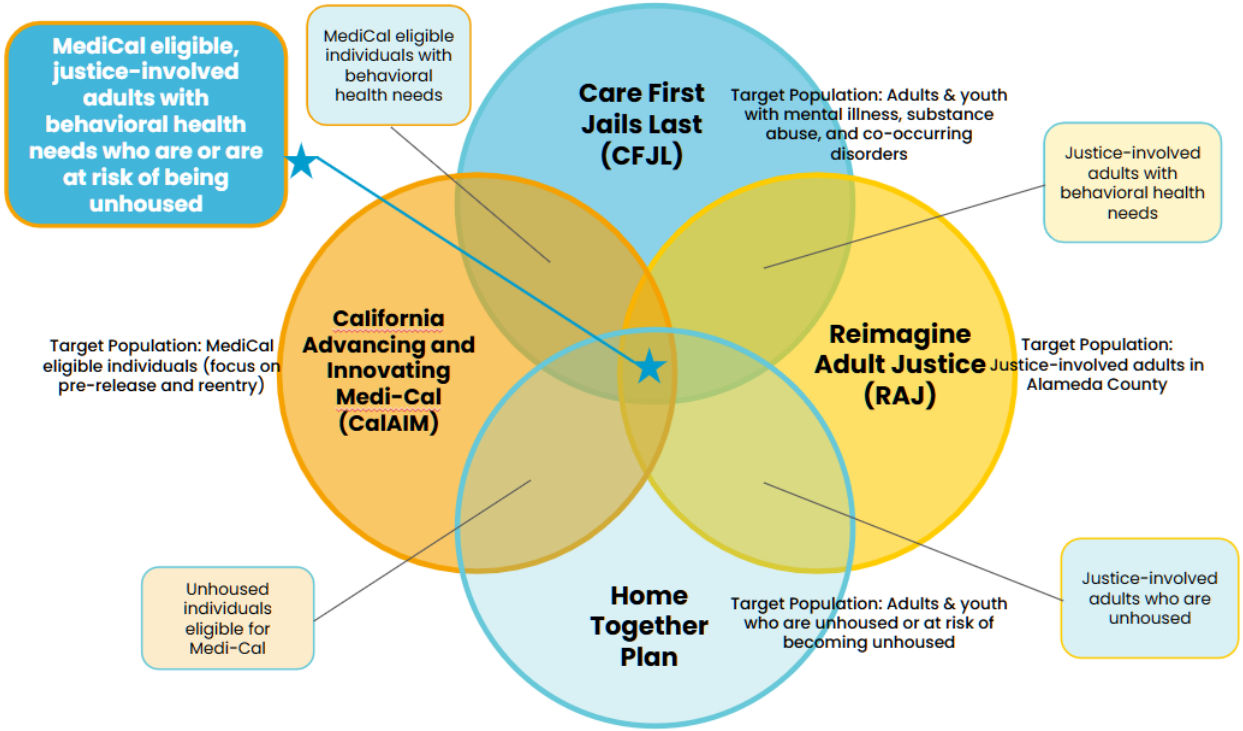

Level of Care Totals in Santa Rita Jail by Month, Jul 2023 - Apr 2025
1000
900
800
700
600
500
400
300
200
100
0
Total Levels 1-4
Total Levels 2-4
Total Levels 3-4
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25

419

Care First, Jails Last Task Force

- January 2022 to June 2024
- Recommendations - 58
  - Systems change focus
  - Integration with other initiatives:
    - Reimagine Adult Justice (RAJ) Initiative
    - Justice Involved Mental Health (JIMH) Task Force
- Final Report:
  - Presented June 2024
  - Accepted by Full Board August 2024

Related Initiatives



Monitoring by MHAB

- Monthly meetings

- 9 subcommittees
- Liaisons from county agencies

422

Implementation Report

PROGRESS TO DATE

Selected Recommendations

- Safe Landing Project (2C)
- Increase subacute beds (4D + 4E)
- Expand Point-of-Arrest Diversion, CARES Navigation Center (5A)
- Court-Based Diversion (5C)
- African American Resource Center (1A)
- First Episode Psychosis (3L)
- Board and Care Facilities, Land Trust, & Innovative Housing Models (7I, 7J, 7O)
- Deep Housing Subsidies (7E & 7F)
- Budget transparency (6A)

424

Safe Landing Project (2C)

Progress:

- Currently operating 7 days per week
- Has served 10,906 individuals
- Expansion of shuttle service
- Evaluation reports are available for entire pilot project period (2020-2024)

Obstacles:

- Lack of permanent location for modular building
- Evaluations for subsequent years are not available to the public
- County has postponed implementation date for CalAIM, which allows Medi-Cal reimbursement of pre-release in reach

Request for action:

- Require responsible parties to provide a permanent place for the modular structure
- Insist that the county leverage available federal money through CalAIM Justice Involved Re-entry Initiative to help fund Roots' effort to provide pre-release planning

425

Increase and assess the need for subacute beds (4D + 4E)

Progress:

- The county continues to create more sub-acute treatment beds with money from the state's Behavioral Health Care Infrastructure program (BHCIP), the Prop. 1 Bond, and the Dept. of State Hospitals (DSH).

Obstacles:

- We need an assessment of the unmet need for all types of treatment beds in the system, including subacute beds.

Request for action:

- Direct BHD to make available its current assessment of the unmet need for subacute beds or to conduct such assessments if necessary.

426

Assess & Expand Point-of-Arrest Diversion: CARES Navigation Center (5A)

Progress:

- Oct 2024: State awarded $6M grant to expand to East and South County
- Independent evaluation scheduled for 2026

Obstacles:

- Low use and limited law enforcement referrals
- Narrow eligibility limits under Prop 47 (current funding stream) and DAO policy

Requests for Board Action:

Give Direction to DAO:

- Address the lack of law enforcement participation
- Explore pre-arrest diversion options for those ineligible under current rules

427

Expand Court-based Diversion (5C)

Progress:

- Strong support from court officials, agency liaisons, and DAO—even during leadership transition
- Mental Health Diversion Court has become County's most effective diversion path for individuals with SMI, SUD, or both (200+ docket)
- Felony Drug Court operates near full capacity, serving many with co-occurring disorders
- Judge Della-Piana advancing in-custody assessments for BHC within 2 weeks
- Planned Pretrial Services expansion aims to speed referrals and lower barriers

Obstacles:

- Cross-agency collaboration needed to improve data sharing and tracking
- No dedicated staff/resources for MH Diversion Court; relies heavily on Public Defender's Office
- Shortage of treatment beds, especially for co-occurring SMI/SUD and crisis residential care
- Lack of centralized information creates confusion and navigation issues for clients and providers

Request for Board Action:

- Direct ACBHD to assess unmet needs for beds and treatment capacity, aligned with BHCIP-funded facility planning
- Direct collaborative court partners and ACSO to coordinate efforts to identify key performance and outcome metrics and create plan for cross-agency collaboration
- Instruct Public Safety Partners & CAO to deliver the Pretrial Services funding plan without delay

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African American Resource Center (1A)

Progress:

- BOS & ACBH have secured location and funding for construction of new building
- Correspondence and meeting with BHS leadership and ad hoc committee member has transpired.
- Commitment to ongoing meetings to achieve clarity on Center's wellness services

Next Steps:

- Share plan to incorporate psychiatry & medication management into Center's service plan
- Develop an advisory committee with 50% people with lived experience including family caregivers of people with SMI and/or SUD
- Share interim community service plan while building is under construction and field test/evaluate service model

Request for Board Action:

- Help in locating sustainable funding for vital Center navigational and supportive services
- Once open, help promote awareness of Center's services in BOS Districts

Establish a First Episode Psychosis Program (3L)

Progress:

- ACBH is one of 36 counties that has publicly committed to implement the Early Psychosis Intervention-CAL (EPI-CAL) model for first episode psychosis (FEP) care

Obstacles:

- Unable to find evaluation of the current program, operated by Felton Institute
- The Felton program lacks frequent psychiatric contact and family involvement, both of which are vital for successful outcomes.
- Current plans to expand FEP through Full Service Partnerships (FSPs) are problematic, as FSPs target a different population and do not prioritize early intervention or family involvement.

Request for Board Action:

- Create a new EPI-CAL–modeled FEP program in Alameda County and expand eligibility to include individuals up to age 30.

Expand Licensed Board and Care Facilities through Land Trusts and Innovative Housing Models (7I, 7J, 7O)

Progress:

- County supports 17 existing board-and-cares through Housing Support Program and BHSA/MHSA funding

Obstacles:

- Little data on unmet need for Board and Cares
- No funding for expansion of Board and Cares

Request for Board Action:

- Call for analysis in Home Together plan to support needs of those with SMI, SUD, and co-occurring disorders, as well as the justice-involved population.
- Use Measure W funding to fund the $350 million proposal HHS presented to the Board of Supervisors on December 9, 2024
- Direct Measure W funding to expansion of Board and Cares

Increase Deep Housing Subsidy for Individuals with JI and SMI (7E,7F)

Progress:

- Proposed Flex Pool to add 2900 permanent housing options
- HHS has proposed use of Measure W funds
- HHS is working to instate a Forensic Access Point

Obstacles:

- Need for more permanent supportive housing
- Need for long-term operating funds

Requests for Board Action:

- Direct Measure W funding towards the Home Together Plan
- Home Together plan should specifically call out the need for an analysis to support people with SMI/SUD/Co-Occuring/Justice-Involved population
- Ensure that our County's Coordinated Entry System prioritizes housing services to people with serious behavioral health needs, and those who are justice-involved

Transparent public reporting on funds allocated to Care First population (6A)

Progress:

- Subcommittee has reached out to County Administrator's Office six times
- Care First liaison in CAO has been identified

Obstacles:

- As of April 2025, the CAO has not followed up to assist the Ad Hoc Committee monitor progress toward these objectives.

Request for Board Action:

- Give direction to the CAO to fully implement the Care First recommendations assigned to the Office, and meet with representatives of the Ad Hoc Committee to discuss progress to that end.

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Care First Data

Policy Intent (2021 Care First Resolution):

County agencies must share data with ACBH to:

1. Coordinate justice, behavioral health & social services
2. Identify and measure unmet needs & service outcomes
3. Reduce incarceration of individuals with mental health or substance use disorders

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Data Progress and Gaps

Progress:

- Level of Care data from Santa Rita shared - key indicator
- Some reports and limited justice data shared via direct and PRA requests
- Dashboards with limited data posted by ACBH, ACSO, DAO

Key Gaps:

- Incomplete public data on unmet needs and outcomes
- No comprehensive tracking of collaborative court results
- Delayed, incomplete response from DAO for charging data
- Financial data required for budget transparency recommendations not published

Data Action Needed

Request for Board Action:

- Direct relevant agencies to coordinate efforts to identify key performance and outcome metrics, share current data-gathering practices and create a plan for cross-agency collaboration.
- Direct County Administrator to publish financial data on Care First allocations, spending & reserves

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Requests for Board Action

Requests for Board Action

Safe Landing Project (2C):

- Require responsible parties to provide permanent place for modular structure
- Insist that County leverage available money through CalAIM Justice Involved Re-entry Initiative to help fund Roots' effort to provide pre-release planning

Increase & Assess need for Subacute Beds (4D + 4E):

- Direct BHD to make available current assessment of unmet need for subacute beds or to conduct such assessments if necessary.

Assess & Expand Point-of-Arrest Diversion: CARES Navigation Center (5A):

- Address the lack of law enforcement participation
- Explore pre-arrest diversion options for those ineligible under current rules

Expand Court-based Diversion (5C):

- Direct ACBHD to assess unmet needs for beds and treatment capacity, aligned with BHCIP-funded facility planning
- Direct collaborative court partners and ACSO to identify key metrics and create plan for cross-agency collaboration
- Instruct Public Safety Partners & CAO to deliver the Pretrial Services funding plan without delay

Requests for Board Action

Create & Support an African American Resource Center (1A + 1B):

- Help in locating sustainable funding for vital Center navigational and supportive services
- Once open, help promote awareness of Center's services in BOS Districts

Establish a First Episode Psychosis Program (3L):

- Create a new EPI-CAL–modeled FEP program in Alameda County and expand eligibility to include individuals up to age 30.

Expand Licensed Board and Care facilities via Land Trusts & Innovative Housing Models (7I, 7J, 7O):

- Call for analysis in Home Together plan to support needs of those with SMI, SUD, co-occurring disorders, and justice-involved population.
- Use Measure W funding to fund the $350 million proposal HHS presented to the Board of Supervisors on December 9, 2024
- Direct Measure W funding to expansion of Board and Cares

Requests for Board Action

Increase Deep Housing Subsidy for Individuals with JI and SMI (7E + 7F)

- Direct Measure W funding towards the Home Together Plan
- Home Together plan should specifically call out the need for an analysis to support people with SMI/SUD/Justice-Involved population
- Ensure County's Coordinated Entry System prioritizes housing services to people with serious BH needs, and those who are justice-involved

Transparent public reporting on funds allocated to Care First population (6A)

- Direct CAO to fully implement the Care First recommendations assigned to the Office, and meet with representatives of the Ad Hoc Committee to discuss progress to that end.

Q&A

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Care First Jails Last Implementation Report

Mental Health Advisory Board Report to Alameda County Board of Supervisors Joint Health and Public Protection Committees

May 22, 2025

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Purpose of Care First, Jails Last Work

Community-Based Care for People with Mental Illness

Alameda County has conducted hearings, task forces, reports, resolutions, funding applications, and meetings to advance a Care First, Jails Last policy. Nevertheless, devastating gaps in unmet needs remain, impacting residents who experience mental illness and/or substance use disorders. Every day, hundreds of people are and remain incarcerated in Santa Rita Jail, or live in the community without treatment or housing. Despite a significantly reduced population in Santa Rita Jail over the last several years, the number of people in jail needing the highest levels of mental health treatment has stayed the same. In addition, last year, an estimated 34.8% of homeless people in the county reported a serious mental illness; another 28.5% reported a substance use disorder.

> In May 2021, the the Board of Supervisors adopted a policy resolution to "*Reduce the number of people with mental illness, substance use and co-occurring disorders in our jail,"* by developing *"a continuum of care that includes a full spectrum of treatment and housing, including preventive and outpatient services, inpatient acute and subacute facilities, licensed board and care homes, and other wraparound support services so that people with mental illness, substance use, and co-occurring disorders have a full opportunity to receive and live stable lives."*

Along with this policy resolution, the Board established a Care First, Jails Last Task Force, with representation from nine county agencies, behavioral health service providers, and community members with lived experience and expertise, to deliberate and produce recommendations for actions needed to realize the goals of the Care First policy. The Task Force was chaired by the Behavioral Health Director and worked from 2022 to 2024. In June 2024 the Task Force submitted a report to the Board, with 58 recommendations, which the Board unanimously approved in August 2024.

At that time, the Board delegated continued planning and implementation to the Mental Health Advisory Board (MHAB), with updates to the Board of Supervisors three times a year (twice to joint Public Protection and Health Committee meetings and once to the full Board).

The Board also directed:

- The Mental Health Advisory Board to develop an integrated implementation plan in conjunction with Alameda County Behavioral Health;
- All relevant Alameda County agencies and departments to participate in the planning process as requested; and Alameda County Behavioral Health to conduct a cost analysis and coordinate Alameda County agencies and departments to identify funding sources for the recommendations of the report and implementation plan.

To fulfill this monitoring responsibility, the MHAB created the Care First Jails Last Ad Hoc Committee composed of MHAB members, members of the Care First Jails Last Task Force, and community members with lived experience and expertise. This report is offered along with the verbal presentation to the Joint Health and Public Protection Committee meeting on May 22, 2025.

Scope of Recommendations

The Care First recommendations focus on systems change, and provide a roadmap to transform the system of services aimed at preventing individuals with mental illness, substance use disorder, or co-occurring disorders from entering the jail system in Alameda County. They encompass all the points of intervention, from Prevention, Early Intervention and Community Services, to Hospitals, Crisis Care, and Initial Detention, to Courts, Reentry and Community Corrections (these points of intervention are known as the Sequential Intercept Model, SIM).

As set forth in the Care First Report submitted to the Board in June 2024, The Care First recommendations are grouped into nine strategy areas::

1. African American Resource Center
2. Collaboration & Case Management
3. Community-Based Support, Outreach, & Education
4. Crisis Services & Treatment Beds
5. Diversion
6. Funding & Financial Transparency
7. Housing & Residential Facilities
8. Staff Training & Professional Development
9. Family Support

Other Initiatives in Alameda County

Prior to the Care First Jails Last resolution, the County convened the Justice Involved Mental Health Task Force (JIMH). Guided by a racial equity lens, the JIMH consulted widely with impacted communities and articulated overarching goals, 24 priority recommendations, indicators of success, and a roadmap.

Reimagine Adult Justice is an initiative in Alameda County to assess and inventory existing in and out of custody justice-related programming, identify gaps and opportunities that will reduce our reliance on incarceration, and build on our current reforms to further strengthen re-entry systems, reduce recidivism and prevent victimization.

The Home Together plan, adopted by the Board of Supervisors in 2022, is a 5-year strategic initiative that centers racial equity and identifies the strategies, activities, and resources needed to dramatically reduce homelessness in Alameda County. The Plan identifies what is needed to operate a homeless response system that has the capacity to address the needs of people experiencing homelessness and to reduce racial disparities.

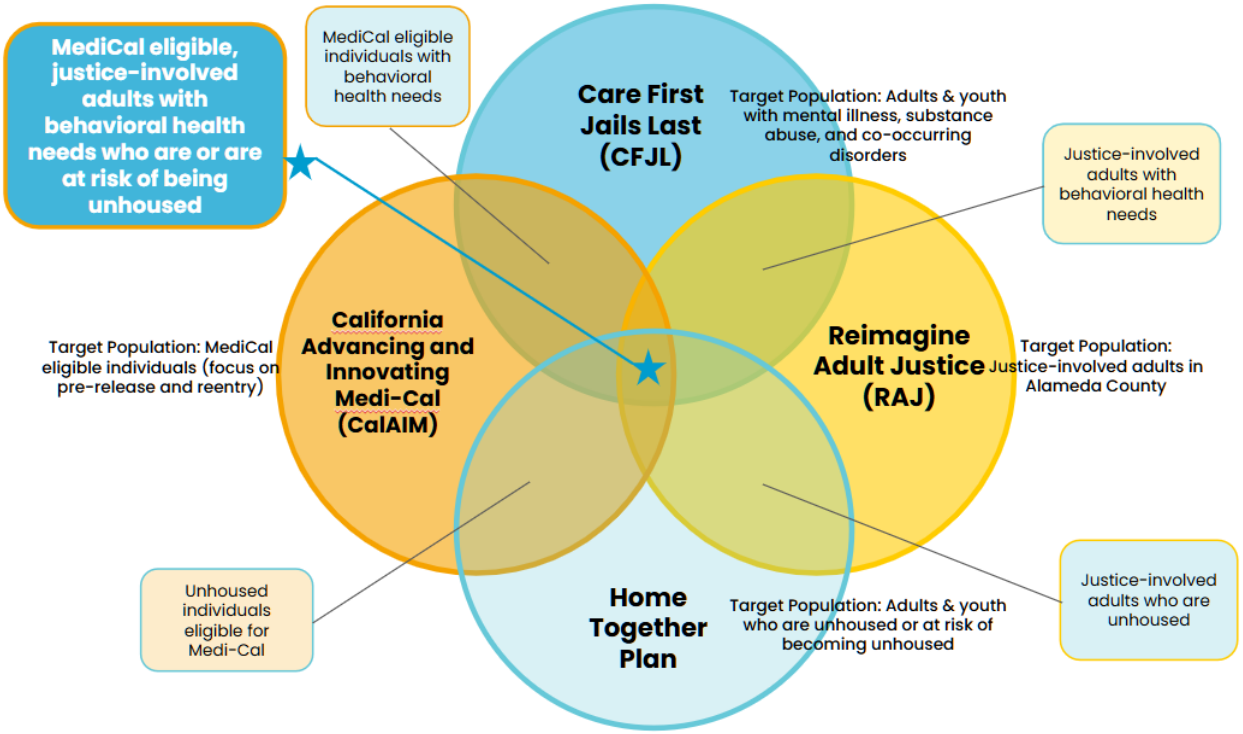


Figure 1: Related Initiatives

As indicated by the above graphic, Care First objectives intersect with the objectives of Reimagining Adult Justice, CalAIM, and the Home Together Plan, but also have differences, including a specific focus on adults with mental illness or substance use disorders. Some Care First recommendations, such as for strengthening processes for appropriate pre-trial release, align closely with RAJ recommendations, and thus the Board also requested that the MHAB review how Care First and RAJ recommendations interact with each other.

Funding

There are opportunities for funding a Care First, Jails Last system in Alameda County, from local, state, and even federal sources. The Ad hoc Committee chose to highlight two sources that are most timely and salient, but these should not be viewed as the only potential sources of funding.

Measure W

The Mental Health Advisory Board (MHAB) observes that there are large areas of alignment between investments in permanent supportive housing, deep housing subsidies, and Board & Cares recommended in the Care First report and housing investments recommended by County staff for the use of Measure W funds. The availability of Measure W funds presents an unprecedented opportunity to help meet the housing needs of people with serious mental illness, substance use disorders, or justice involvement who might otherwise be incarcerated in the County.

CalAIM

California's implementation of the California Advancing and Innovating MediCal (CalAIM) also provides much-needed funding opportunities. CalAIM is a game-changing opportunity to improve behavioral health outcomes for justice-involved individuals. CalAIM specifically includes in its "mandatory

populations of focus" individuals transitioning from incarceration who have significant behavioral health needs. Under CalAIM, for the first time, counties can access federal Medicaid matching funds for care coordination services provided in jail within 90 days prior to release. This so-called "90 day jail in-reach" service provides reimbursement for re-entry case management, including: Initial Care Needs Assessments; transition plans for post-release community-based care; and screening and referrals to community-based services and appointments after release. As noted by then-U.S. Secretary of Health and Human Services, Xavier Becerra, "this is the first time in history Medicaid will be providing coverage to justice-involved individuals before they are released."

Monitoring to Date: The MHAB CFJL Ad Hoc Committee

The MHAB Care First, Jails Last Ad Hoc Committee began convening in Fall 2024 and meets monthly. These meetings are hosted by the Alameda County Behavioral Health Department and facilitated by RDA Consulting.

For the purpose of monitoring all 58 recommendations from the Care First, Jails Last report, the Ad hoc Committee established agency-specific subcommittees. These subcommittees are made up of members of the Ad hoc Committee and other interested community members. The MHAB reached out to all county agencies on behalf of the Ad Hoc Committee to establish contact and request that a liaison be assigned to meet with and update the subcommittee members on implementation progress.

In addition, the MHAB CFJL Ad Hoc Committee established a Data Subcommittee to identify and monitor data points that reflect progress in achieving the CFJL mission. The subcommittee is focusing on data points that are currently collected by County departments and agencies.

Despite the challenges of working across agencies to address complex issues, there are some key areas of progress:

- The ad hoc committee is able to monitor progress based on regular data reporting on the number of individuals with serious mental illness (SMI) in Santa Rita Jail.
- The African American Resource Center is becoming a more tangible reality.
- Measure W offers the opportunity to do very significant good as a funding source.
- ACH Housing & Homelessness Services and Housing & Community Development are proposing creative ways to subsidize housing for the most vulnerable and connect those exiting jail with housing.
- Alameda County hosts a variety of diversion courts and demonstrates a will to make them work.

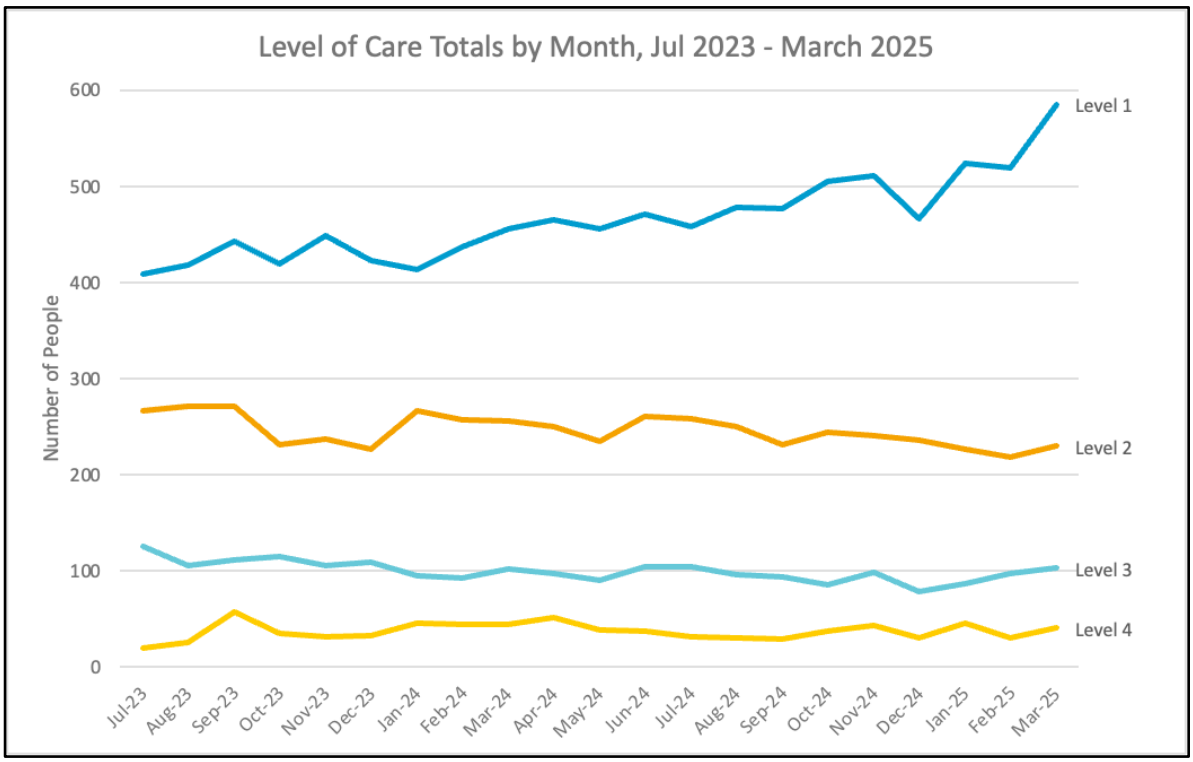
And challenges remain. For this inaugural report, the ad hoc committee selected several recommendations that seem timely because they relate to one-time funding opportunities, might rescue promising programs that are in trouble at the moment, are potentially transformative, and/or exemplify basic, long-standing difficulties in reforming the system. The status of these recommendations and requests for Board action to facilitate implementation make up the body of this report.

Implementation & Monitoring Report

Overview: How Are We Doing?

One way to monitor whether the county is successfully implementing Care First recommendations and realizing the Care First goals is to measure the size of the mentally ill population at Santa Rita Jail and track it over time to see if it is decreasing. We have, in fact, been able to measure the size of the mentally ill population at Santa Rita and it has not decreased.

Starting in 2023, Adult Forensic Behavioral Health (AFBH), the behavioral health unit in the jail, began assessing all inmates and designating a "Level of Care" (LOC) number from 1 to 4 to reflect a person's acuity level and ability to function within a correctional setting. With these LOC designations (4 being the most acute), it is now possible to assess and monitor the size of the mentally ill population at the jail. As shown in the graph below, from July 2023 through April 2025, the numbers of incarcerated individuals at the jail within each LOC has remained almost the same (except for a recent spike in the LOC 1 category). In other words, even though the average daily population at the jail has decreased almost 8% during this time period, the size of the mentally ill population in the jail has remained the same. In fact, the number of incarcerated individuals with an LOC of 2, 3, or 4 (the most gravely ill inmates who are all housed in Therapeutic Housing Units at the jail for appropriate mental health treatment) has averaged 384 for the last two years. That number is greater than the sum total of all people in Alameda County who on any given day are receiving mental health treatment at John George Hospital, Villa Fairmont and Gladman Rehabilitation Centers, and all of the Crisis Residential Treatment Centers combined.



While the MHAB is committed to measuring implementation of other objectives, this data on people with serious mental illness in Santa Rita Jail demonstrates how much more needs to be done to achieve the Care First Jails Last goals.

Implementation Status of Selected Recommendations

This report, which accompanies the presentation to the Board's Joint Health and Public Protection Committees meeting scheduled for May 2025, provides updates on implementation progress of a select set of recommendations. The Ad Hoc Committee has selected these recommendations because they will have a tangible impact in achieving the goals of the Care First Jails Last Resolution. For some recommendations, there are critical steps that County departments must take to advance them. Others address entire missing or insufficient components of mental health care or diversion. As set forth below, for each recommendation we note progress that has been made, obstacles faced during implementation or as part of the monitoring process, and specific requests to the Board of Supervisors to advance implementation.

The Ad Hoc Committee selected the following nine recommendations to highlight in this report. For ease of navigation to source materials, the recommendations are listed in the following table as they appear in the final Care First, Jails Last Task Force Report (June 2024):

Recommendation Headline	**Number**	**Page of Final Report**
Safe Landing Project	2C	Page 25
Assess need and increase Psychiatric Treatment Beds	4D + 4E	Page 32
Expand Point-of Arrest Diversion	5A	Page 32
Court-Based Diversion Programs and Incompetent to Stand Trial Program	5C + 5D	Pages 33-35
African American Resource Center	1A + 1B	Pages 23-24
First Episode Psychosis Program	3L	Page 28
Build and support licensed Board and Care Facilities, Support Land Trusts, and Innovative Models	7I, 7J, 7O	Pages 39-40
Deep housing subsidies for individuals with justice involvement and serious behavioral health needs	7E + 7F	Page 38
Provide transparent reporting on funds allocated for Care First population	6A	Page 35

Recommendation 2C: Expand Safe Landing Project Services

Progress

When the Safe Landing Project (SLP) was launched in June 2020, its hours of operation were weekdays from 2:00 pm to 10:00 pm. Over time, the hours of operation have more than doubled. Currently, the SLP operates seven days a week from 8:00 am to midnight.

For the first year of its operation (FY '20 - '21) the SLP was not able to provide direct transportation for SLP participants. Instead, the SLP provided transportation support via Uber or other rideshare services or use of SLP cell phones to aid participants in arranging their own rides. Starting in November 2021, with a grant from the Alameda County Probation Dept., the SLP launched a shuttle service which departs every 30 minutes from the jail, beginning at 9 am, with its last departure from the jail at 11:30 pm. Most shuttle rides take passengers from the jail to the Dublin BART station, with two longer rides scheduled to take passengers to the Eastmont Transit Center in Oakland at 3 pm and 9:30 pm daily.

Number of individuals served:

> 10,906 (June 2020 - December 2023) - during this same time period, 39,000 people were released from jail during the days and times that the program was operating. It is estimated that 70 - 80% of the people leaving jail are in need of SLP services upon release.

The Bridging Group has been contracted since 2020 to evaluate the SLP and provide public-facing reports documenting their assessments. The evaluation for the full pilot period, 2020-2024, is available.

Obstacles

Since June 2020, when the SLP opened its doors, it has operated out of a mobile trailer that is parked in the parking lot right in front of Santa Rita Jail. The mobile trailer was always meant to be a temporary structure to house SLP operations. The MHAB has learned that the trailer is problematic in numerous ways: it's hot in the summer and cold in the winter; the Wifi is not reliable; it's cramped; and most significantly, people with impaired mobility (folks who use canes, walkers, wheelchairs, etc) cannot manage the rickety stairs on the outside of the trailer. No progress has been made in creating a more permanent home for the SLP. Initially, stakeholders envisioned the SLP as having a permanent home in the jail (perhaps in the lobby). For a variety of reasons, a permanent home inside the jail is neither feasible nor desirable. What Roots (the CBO that runs the SLP) wants is a permanent modular structure that is placed where the mobile trailer is currently situated. The MHAB has learned that Roots was able to procure a donated modular structure at no cost. Unfortunately, negotiations with ACSO for a permanent location for the modular structure have not gone anywhere.

One of the most significant obstacles to greater success is the lack of a permanent location near the base of the ramp for a modular structure to house the SLP operations. According to the most recent evaluation of the SLP, "While there have been multiple efforts to reexamine and determine a different physical space for SLP, as of the end of the pilot [June 2024], SLP was still operating in a recreational trailer without electricity beyond portable generators, plumbing, confidential program space, or reliable Wi-Fi.... If a more semi-permanent structure can be arranged for the program, it will greatly enhance SLP's ability to provide a wider array of services... and assure better safety and program access for participants and staff."

Roots would like to do more in-reach in the jail with the incarcerated population to begin pre-release planning before an individual is released (and then continue the process once the individual is working with SLP staff upon their release). As of April 2024, this kind of pre-release planning has been reimbursable through CalAIM's Justice Involved Initiative. However, for reasons that are not clear to the MHAB, Alameda County has postponed the implementation date for this aspect of CalAIM and has yet to begin leveraging MediCal dollars for this purpose.

Requests for Action from the Board of Supervisors

1. Require that the responsible parties accomplish the simple goal of putting a modular structure in a permanent place for the SLP to do its work.
2. Insist that the county leverage available federal money through the CalAIM Justice Involved Re-entry Initiative to help fund Roots's effort to provide pre-release re-entry planning for incarcerated people.

Recommendations 4D and 4E: Create More Psychiatric Beds and Assess Unmet Need for Treatment Beds

Context:

These recommendations call for more psychiatric treatment beds, especially at the subacute level, and a determination of how many psychiatric beds, at all levels of acuity, are needed to meet the needs of individuals with serious mental illness. In a presentation from the Alameda Health System (AHS) to their Board of Trustees in July 2023, it was noted that "on a given day at John George Hospital, 25-35% of the patients have reached psychiatric stability and are waiting for a sub-acute bed to become available." Additionally, it was pointed out that "the movement to decriminalize mental illness which is noble and should happen requires specialized forensic involuntary treatment centers and multiple levels of community-based services to achieve this goal that are not currently available to meet the need."

Progress

The Behavioral Health Department is creating more psychiatric beds: it has applied for, and plans to apply for, millions of dollars in Behavioral Health Continuum Infrastructure Program (BHCIP) funding for dozens of locked and unlocked beds, including subacute hospital beds, as detailed in March 2025 presentations to the MHAB. Nevertheless, we have no assessment of how far these subacute and other beds will go towards diverting the numbers of seriously mentally ill people we hope to divert from Santa Rita. Understanding the physical adequacy of our treatment system, through data, is crucial to the Care First process. Although Recommendation 4E says "this 'Bed Assessment' should happen at the same time as the County is already doing the Full-Service Partnership Assessment and the Mobile Crisis Assessment pursuant to the settlement of the Disability Rights lawsuit," the bed assessment for subacute beds seems to be behind the other two assessments. The unmet need for subacute beds, along with the unmet need for board-and-care and crisis residential beds, may be a limiting factor for the whole non-jail system for mental illness.

Obstacles

Assessments of need for subacute and other beds in Alameda County should be produced and publicly disclosed. BHD said in its response to the Care First report that it "has already completed a system

assessment regarding the beds required (including sub-acute) for the system." A "systemwide assessment of bed need countywide" is said to be ongoing, to be completed 12-24 months from the report date. Knowing the present state of the assessment, its approach and the kinds of data it would draw on, would help us understand the fundamentals of the system.

Requests for Action from the Board of Supervisors

Ask BHD to share with the MHAB the completed assessment of the need for subacute and other psychiatric beds, plus the status of the ongoing assessment. BHD and its contractor Indigo have shown they can make rough yet transparent statements about quantitative needs, as they have done for AOT and the CARE Court program. They should share the state of their thinking on the adequacy of beds, without waiting for further guidance from the State on the implementation of SB 43 and Prop. 1. See also the Request for Action under Recommendations 5C and 5D below.

Recommendation 5A: Expand Point-of-Arrest Diversion

Context: C.A.R.E.S. Navigation Center

Recommendation 5A calls for the Board of Supervisors to commission an independent assessment of the pre-arrest diversion program, run by the District Attorney's Office, known as the CARES Navigation Center. Part of the recommendation states that "Any decision to maintain or expand the CARES Navigation Center must address obstacles to law enforcement participation and non-police means for people to receive services at the Center."

Progress

Started in 2022 using Proposition 47 funds, the Center has had three different CBO contractors, and is currently operated during daytime hours in Oakland by The Uncuffed Project. Nevertheless, for several reasons, no one was using the Center's services when the subcommittee interviewed its staff in March. A 2023 evaluation of the program also reported low rates of referrals from law enforcement. Last October, the state awarded the DAO a $6 million dollar grant to continue the CARES Navigation Center until 2028 and expand its services to East and South County. The status of the final award for this grant is unclear.

CARES Navigation has two paths for participation: Law enforcement or MACRO (Mobile Assistance Community Responders of Oakland) bring a person to the Center, or the DAO identifies someone who has been cited and released and sends them a letter inviting them to come to the Center.

Obstacles

A wide range of persons with mental illness or substance use disorders would benefit from pre-arrest diversion efforts. These include some unhoused persons, especially those impacted by law enforcement encampment sweeps or criminalized by new ordinances prohibiting outdoor sleeping. Yet Prop. 47 funding, as well as additional restrictions by the DAO, impose extensive limits on who may be served: only those with misdemeanor offenses (imposed by DAO); no sex offenders, domestic violence, or DUI offenders; not in a psychiatric emergency, though they must have symptoms of mental illness or substance use; must participate voluntarily; must include law enforcement involvement; and they must be ambulatory or able to use a wheelchair.

Moreover, according to Uncuffed staff, some of those referred by the DAO either never receive their referral letters or decide not to respond to a letter from the DA. One suggestion was that the referral letter come instead, or additionally, from Uncuffed.

Requests for Action From the Board of Supervisors

The Center is already due for a second independent evaluation in 2026. Before that time, however, especially in light of plans to expand the Center's service to East and South County, it is urgent to address the lack of law enforcement participation. It is also critical to explore support for pre-arrest diversion that would serve the large number of people excluded from CARES Navigation by Prop. 47 or DAO restrictions.

Recommendation 5C: Expand Court-Based Diversion Programs

Context

Alameda County is a pioneer of court-based diversion programs. The number and diversity of programs offered today provide both opportunities and challenges. Recommendation 5C addresses collaborative and other court-based diversion programs serving people with mental illness and/or substance use disorders; it calls for:

- Independent evaluation of performance and outcome metrics;
- Increased capacity to divert individuals with co-occurring MI-SUD;
- Lowest possible barriers to treatment engagement and court attendance;
- More timely in-custody assessments and referrals to diversion courts; and
- Creation of a family liaison role.

Progress

Court officials and agency liaisons have shown a strong commitment to implementing Recommendation 5C. The engagement of DAO throughout the leadership transition is notable.

1. In just a few years, statutory Mental Health Diversion Court has grown to become the County's most effective diversionary off-ramp for incarcerated people with mental illness. The court's 200+ docket includes people with SMI, SUD, and co-occurring MI/SUD.
2. The Superior Court's Collaborative Court Program includes Felony Drug Court, which serves a high proportion of individuals with co-occurring MI/SUD and is currently operating at or near its 70-person capacity.
3. It is becoming routine for these courts to monitor progress by remote interviews, making court appearances less onerous for participants.
4. Judge Della-Piana, supervising judge for Behavioral Health Court (BHC), has begun working with Alameda Forensic Behavioral Health to ensure that in-custody assessments of potential candidates to BHC are available within two weeks of booking.
5. Alameda Co. Superior Court's proposed expansion of its Pretrial Services Program promises to increase and expedite referrals to treatment courts through early identification and removal of barriers to referrals and participation

Obstacles

1. MH Diversion Court has grown despite its lack of dedicated resources, depending primarily on those of the Public Defender's Office. This Court needs dedicated mental health and administrative personnel for performing assessments, matching clients to programs, and monitoring progress. Additionally, the Public Defender's Office needs funding to place at least one dedicated PD attorney within this court. Work is underway to define the need, budget, and potential funding sources.
2. All the diversion courts are hampered by the limited number of suitable treatment programs and beds, in particular, Crisis Residential Treatment beds, and residential treatments for co-occurring SMI/SUD.
3. Data elements critical for evaluating the court-based diversion programs are maintained by different departments and agencies, necessitating a role for cross-agency collaboration.
4. There is significant confusion about the organizational structure of the different court-based diversion programs. The lack of a centralized source of complete information makes it very difficult for practitioners, clients/defendants, and family members to navigate the system.

Requests for Action from the Board of Supervisors

1. Give direction to the ACBHD to assess the unmet needs across the court-based diversion programs for residential and treatment beds for SMI, SUD, and Co-occurring disorders. This assessment should consider how many of the anticipated BHCIP-funded facilities/beds (see March 2025 reports by Behavioral Health) will be capable of serving justice-involved, high-need individuals, including those judged incompetent to stand trial (see Recommendation 5D).
2. Direct collaborative-court partners and ACSO to coordinate efforts to identify key performance and outcome metrics, share current data-gathering practices, and create a plan for cross-agency collaboration. Court-based diversion is a prime example of the lack of coordination among agencies, a problem that CFJL called attention to in Recommendation 2B, on Interagency Communication and Coordination.
3. Direct Public Safety Partners and CAO to produce the Board's requested funding plan for the Pretrial Services expansion without further delay.

Recommendation 1A: Create and Support an African American Resource Center

Context

Care First, Jails Last Task Force Recommendation 1A reads as follows:

> *Create and support ongoing funding of an African American Resource Center (The Center) that provides information and culturally responsive services in the areas of education, physical health(e.g., nutrition, meal services, and medical services) and psychiatric support, medication management, and individual and group therapy.*
>
> *In order to support the Center in community responsiveness, the County should develop an African American advisory committee with minimum 50% representation of people with lived experience,*

including family members, with the goal of identifying necessary services, culturally responsive resources, and to support the expansion and dissemination of funds relative to the Center.

Progress

Status: On the Way to Reality!

The African American Resource Center had a forerunner in the comprehensive African American Mental Health Center in West Oakland. A first-class, comprehensive Wellness Hub, for the most vulnerable BHD clients living with mental Illness or substance abuse, is on its way. A long-held vision in the African American community, the Center will take clients from diagnosis to care, with personal affirmation and groups designed to rebuild a sense of competence, and socially strengthening, cohesion-building, purpose-finding experiences.

The African American Wellness Hub has a centrally located site and design plans that will combine a core of healing services with comprehensive supportive services to embrace this mission: to avoid the frequent passage of our affected community members through the jail and repetitive hospitalizations, and to usher reentry clients away from jail distress toward restorative programs.

Productive Discussion between Implementation Committee and ACBHS

The subcommittee's discussions with the Behavioral Health Department centered on a pivotal recommendation: Integration of the voices of those with lived experience directly into the Center's management.

The Center should embody the struggles and triumphs of those who have managed serious illness and or substance abuse AND those whose love has carried them through the pain of caregiving. It must bring to fuller utilization in the department family members who know the impact of serious mental illness or substance abuse on the family. They should be a vital resource to the Center's management in the ongoing direction of the project. Family members and those with direct lived experience should play a direct role in advising the Center on ideas for meeting the needs of both clients and their family members who need support in learning how to support recovery in loved ones.

The subcommittee was pleased to confirm that BHS leadership intends that the Center will include psychiatric services, and an interdisciplinary approach to the care of clients, in which psychiatrists, psychologists and other trained providers would be part of a collaborative team in working to restore client growth. The challenge is to actually learn how the organization contracted to direct the Wellness Center plans to weave the two distinct psychiatric and psychological services into a seamless collaborative whole plan. To date, one is seeking confirmation from the proposed service provider that it has expertise with system involved individuals with serious mental illness and that it understands that a primary cause of serious mental illness has a biological basis. While harsh social conditions play a part, most scientists tell us that serious mental illness has a genetic component. For this reason, the Ad Hoc Sub Committee on Implementation has recommended that, in the interim while a new building in under construction, the service plan be field tested and refined prior to the opening of a new Center.

BHD leadership and Committee members are open to ongoing discussions about how to include the insights of those who are so closely affected by the everyday challenges of living with or caring for those with brain and behavioral illnesses.

Obstacles

At present, funding challenges for non-chargeable 'lived experience' participation are a barrier to institutionalizing this role among the Center's services.

Ways Forward

In the interim, while the current building is razed and the site developed, investigate the potential to field test a version of the program model already underway in the community with Front-Line Healers; incorporate a feedback role for family caregivers.

Requests for Action from the Board of Supervisors

To its great credit, the Board has already taken key steps to support the building of a Wellness Hub.

What will be important, in this era of funding challenges, is:

1. To support BHD in locating private and public monies to sustain vital navigational and case management services to the Center's clients.
2. To use its platform to build community awareness of this innovative service center.

Recommendation 3L: Establish a First Episode Psychosis Program

Context

People with schizophrenia suffer a loss of contact with reality. They endure terrifying hallucinations and can't understand that the voices they hear are coming from their own minds. Schizophrenia is treatable. If we start soon enough—in the first three months—and provide the proper care, people can return to their former lives.

In Alameda County we don't provide enough of such care, and people with schizophrenia often end up on the streets, behind bars, or dead (for example, see Rosenlicht 2024). Felton runs Re(Mind), an early psychosis program for people up to age 25 who have Medi-Cal, but the program has been struggling.

The proper treatment is First Episode Psychosis (FEP) care, based on the EPI-CAL model. This model is a five-part outpatient program including family participation, psychotherapy, medication, vocational rehab and social services, with an emphasis on collaboration between all the providers.

The five elements of the EPI-CAL model are:

1. Family support and collaboration
2. Psychotherapy to help the young person cope with the illness and return to their previous life
3. Psychiatric care with medication management, including frequent meetings to build trust and assess the effects of treatment (e.g. medication side effects, quieting of hallucinations)
4. Vocational rehab to help the young person return to school or work.
5. Case management as needed to provide food and housing, and help with insurance and medical appointments.

Every part of the FEP model is essential. Families need support and have valuable insights for us clinicians. Their participation is vital. Psychotherapy is invaluable. Our young patients need a chance to explain their experiences to a sympathetic listener, one who can respond when appropriate with timely feedback. Medication is essential, with prompt follow-up to build trust and to hear about side effects or hoped-for improvements, such as quieting of the voices. Vocational rehabilitation counselors help with return to school or work, to bridge the gap between disability and renewed participation in the community. Case management is needed to provide food and housing, and help with insurance and medical appointments. Close collaboration between the team members is a crucial aspect of this model and we would want everyone to work from the same home base for purposes of enhanced communication

About 900 people a year in Alameda County have their first episode of psychosis and thus join the population with early schizophrenia (based on a 2019 estimate by Radigan and others that 272 Medicaid recipients per 100,000 have a first episode). We need to provide them with proper care. There's no time to waste.

Progress

The subcommittee has studied the state-endorsed model on the Early Psychosis Intervention-CAL (EPI-CAL) model for first episode psychosis (FEP) care and learned that ACBH is one of 36 counties that have publicly committed to implement this model.

The Care First Plan recommendation 3L (see p. 101 of the CFJL report) has three parts:

A. Make available an evaluation of the Felton Alameda program
B. Felton to develop a public information campaign to increase its census to 100.
C. Study age restrictions and program location as barriers to participation.

The subcommittee met with Dr. Tribble of Behavioral Health on April 10 to obtain the agency response (see the ACBH subcommittee notes for that date on Google Drive). We have been invited to submit further questions and to have a second meeting.

Obstacles

So far, the subcommittee responsible for monitoring this recommendation has been unable to find an evaluation of the Felton program. We have been provided with information from 2022-2023, documenting that their census was down to 47 that year, and that they lost several staff members during the pandemic, leaving them with only two staff members. ACBH/MHSA has given Felton a corrective action plan. At this time, it does not appear that any U.C. Davis state-funded evaluations of FEPs have been completed for Alameda County's Felton program.

As of April 2025, it appears that Felton's First Episode program is not fully functioning, since its enrollment falls under the 100-person census, and the target population has been estimated at 800-1000 or more (using a formula published in 2019 by the UC Davis team of Radigan and others.) Felton's program doesn't appear to have an active component that involves families, and the meetings with a psychiatrist appear to occur only quarterly.

As the subcommittee understands from our interview with ACBH, BH does not aim to expand Early Intervention through a dedicated first episode program by Felton or others. Instead, BH plans to offer

Early Intervention through the use of Full Service Partnerships (FSPs). We are seeking clarity on how this might work, since FSPs in Alameda County are reserved for people who have long tenure in the illness. The target population for FSPs (as described by the MHSOAC's report to the Legislature on FSPs) is different than that envisioned in the EPI-CAL model, and focuses on those who already have a history:

> *California's Full Service Partnership (FSP) programs are recovery-oriented, comprehensive services* ***targeted to individuals who are unhoused, or at risk of becoming unhoused, and who have a severe mental illness often with a history of criminal justice involvement and repeat hospitalizations*** [emphasis added].

The subcommittee identified a need for a second FEP, to serve those not served by Felton, and we expect further discussion to come to a mutual understanding as to how we can implement a new FEP program.

Requests for Action from the Board of Supervisors

The subcommittee will continue to work with BH to explore funding possibilities. First Episode Psychosis programs can be funded under the Behavioral Health Services Act (BHSA, or Prop. 1).

1. We recommend a new First Episode Psychosis program, modeled after the EPI-CAL design, be established in Alameda County. Alameda County should follow other Bay Area counties and admit patients up to 30 years old into First Episode Psychosis programs modeled after EPI-CAL.

A note on Public Awareness:

Recommendation 3L includes making the public aware of the County's first episode psychosis program. Family member organizations can do this, by reaching out to organizations like NAMI, hospitals and emergency rooms, mental health providers, schools and Parent-Teacher Associations, and the criminal justice system. But before we begin this project, we need to have a program in place to refer to.

Recommendations 7I, 7J, 7O: Expand Licensed Board and Care Facilities Through Land Trusts and Innovative Housing Models

Context

The CFJL Report's housing recommendations were assigned to the Alameda County Housing and Community Development Agency (HCD), Housing and Homelessness Services (HHS), or (often) both.

The housing recommendations for both agencies overlap significantly with the recommendations in HHS's Home Together Plan (Phase 2), which includes $350M to purchase, lease, and complete renovations for interim and permanent housing, and clinical services for people experiencing homelessness. If these long-term and permanent housing recommendations are funded and prioritized, the County will go far towards breaking the cycle of homelessness for residents at the intersection of criminalization and mental health crisis: one of the most vulnerable and underserved populations.

Licensed Board and Care facilities, sometimes included in the "permanent supportive housing" category but often left out, are covered in Recommendations 7I, 7J, and 7O. Board-and-cares are licensed, supportive, permanent housing specifically for the seriously mentally ill; they are often vital for people on LPS (Mental Health) conservatorships, people who need medication, and people needing help with daily

living or with crises, Nevertheless board-and-cares are disappearing, in part because of low state reimbursement rates for seriously mentally ill clients (much lower than state rates for the intellectually disabled) and in part because of rising real estate costs.

For decades, we have experienced a drastic reduction in the number of Board and Care facilities in Alameda County. Public Consulting Group (2023) and the Supportive SHCLA (2024) report that from 2019 to 2024, 116 Residential Care Facilities (RCFE) and 59 Adult Residential Facilities (ARF) closed, for a total loss of 3367 beds in these two categories (state licensing data lists Board and Cares in both categories). HCD reported the bed loss figures in May 2025 to a joint Health and Social Services Committee meeting. Just last month, in April 2025, two additional Board & Care facilities - in Castro Valley and Oakland - closed their doors.

Progress

Care First Ad Hoc Committee members met with department heads of HHS and HCD agencies to review the recommendations assigned to each agency and their progress.

HHS funds "patches" (operating subsidies), using state BHSA/MHSA money, for 17 higher-quality Board and Cares through the Housing Support Program (HSP). Recently it awarded one-time State Community Care Expansion and Preservation funds for capital and operating costs of existing Board and Cares. This funding, however, does not increase the number of Board and Cares; new operators enter the HSP program but others leave it due to operating costs or other reasons. For the purpose of creating new Board and Cares, MHSA funding has sustained the operation of the Supportive Community Housing Land Alliance (SCHLA), and SCHLA has secured funding from the City of Oakland for one Board and Care site, but it's not clear where more money to buy more new sites will come from.

Obstacles

HHS needs to develop data, more specific than that in the Year 2 Home Together report, breaking down the unmet needs and related costs for the Care First population (specifically, those who are justice-involved or have re-entry housing needs) including the need for Board and Cares. The Home Together reports do provide some data on unmet needs for those with SMI and SUD.

To increase the number of Board and Cares, HHS needs to increase its capacity to recruit potential operators, who need technical assistance for state licensing and operations support.

For both permanent supportive housing and Board and Cares, we need to identify a funding source for capital costs to acquire buildings, as well as operational costs to maintain properties.

Requests for Action From the Board of Supervisors

1. The Home Together plan should specifically call for an analysis to support the needs of those with SMI, SUD, and co-occurring disorders, as well as the needs of the justice-involved population.
2. Use Measure W funding to fund the $350 million proposal HHS presented to the Board of Supervisors on December 9, 2024, including:
    - A Capital Acquisition Fund to support the purchase, leasing, and capital improvements for:
        - 750-1,000 beds of interim housing;
        - At least 850 units of permanent housing; and

        - Clinic space to serve people experiencing homelessness.
    - We urge that this fund provide capital funding for SHCLA to support buying or leasing and making capital improvements to licensed board-and-cares, to begin replacing the beds that Alameda County has lost since 2019.
3. Request state funding through legislation or the budget to keep existing Board and Cares alive through increased rate subsidies (through a Personnel-Administration-Legislation Committee letter, for example).

Recommendations 7E, 7F: Increase Access to Deep Housing Subsidies for Individuals with Justice Involvement and Serious Behavioral Health Concerns

Context

Housing recommendations 7E and 7F address the need for long-term, targeted rental support to individuals with very low incomes who are justice-involved and/or have serious behavioral health concerns. A "deep subsidy" is a type of rental assistance that allows residents to pay a fixed percentage of their income (typically 30% or under) while the program provides the remaining housing costs; deep subsidies allow households with very low incomes or those with ongoing needs due to disabilities to maintain their stability despite rising housing costs. Because federal Section 8 housing subsidy programs exclude people who have been incarcerated, and the County's Coordinated Entry System does not currently prioritize the housing needs of SMI/SUD or justice-involved individuals, these high-need populations have very limited access to the types of long-term rental subsidies that are proven to prevent homelessness and increase housing stability.

To address these gaps, the County should set aside funds for deep rental subsidies specifically for individuals with these compounding vulnerabilities (justice-involvement, behavioral health needs) who are extremely low-income or have fixed incomes.

Progress

HHS has proposed creating a Flex Pool to add 2,900 permanent housing options, and creating a centralized system of rental subsidy administration, in conjunction with Prop 1 and CalAIM.

HHS has proposed that Measure W be used to fund these deep subsidies for justice-involved people and people with serious behavioral health concerns. Additionally, the BHSA-funded portion of the flex pool is intended to be used to connect individuals with serious behavioral health needs to a service team.

HHS is working to instate a Forensic Access Point in order to embed Coordinated Entry System services into Santa Rita Jail and facilitate access to transitional and permanent housing for individuals preparing to exit incarceration.

Obstacles

In 2024, 1,148 more Alameda County residents entered homelessness than gained housing through the homeless response system, indicating the need to scale up the homeless prevention work of HHS and HCD.

HHS receives $14M/year from AB109 for transitional housing provided for 3-6 months after incarceration; however, AB109 funding is only focused on transitional – not permanent – housing resources. To prevent and interrupt the cycle of homelessness, particularly for people at the intersection of behavioral health needs and justice involvement, the County must provide additional ongoing long-term rental subsidies to these low-income populations.

The County also lacks long-term operating funds to resource this work. According to County staff, only 25% of people who are eligible and qualify get access through a lottery-based system that is not based on highest need. Current federal actions could further reduce HUD funding, which is the source of most HCD operating funds.

Requests for Action from the Board of Supervisors

1. Measure W funding should be directed toward implementing the Home Together Plan, including the proposed flex pool and long-term rental subsidies dedicated to households with justice-involvement and serious behavioral health concerns, as outlined above. The Board should move forward on the proposal by HHS to use a portion of the $350M accrued revenue from Measure W to acquire 850+ PSH units; a portion of these units should be dedicated to justice-involved people.
2. The Home Together plan should specifically include an analysis of housing needs for people with SMI, SUD, Co-Occurring Disorders, and Justice-Involvement.
3. The BOS should enact a policy to ensure that our County's Coordinated Entry System prioritizes housing services to people with serious behavioral health needs, and those who are justice-involved – regardless of whether they are diagnosed with a co-occurring disorder.

Recommendation 6A: Provide Transparent Public Reporting on Funds Allocated to Care First Population

Context

Transparent information about the availability and use of funds, and the constraints on those funds, is critical for the Board of Supervisors to make sound decisions regarding CFJL goals. This recommendation states that:

The County Administrator's Office (CAO) must transparently report the funds that are available, earmarked, budgeted, and allocated to support the Care First population and make this information publicly viewable on a website. This information includes:

- For all reporting: the funding source, amount of allocation, intention for funds, and agency receiving the funding.
- Realignment/Reentry funding that comes from and/or goes into general funds, reserves, or other pots of funding.
- Tracking of CalAIM funds including PATH and other reimbursements.
- Funding available for reinvestment and cost savings, funding which must remain within the Care First population.
- Unspent funds and funding balances in reported accounts.
- Unspent funds in Santa Rita Jail for County and contractor staff, including agency allocations, overtime, and unfilled staff positions.
- Funding allocated to address the Babu settlement.

Furthermore, this information should be updated every six months after an initial report.

Progress

Beginning in January 2025, Care First Ad Hoc Committee members and the Behavioral Health Department reached out to the County Administrator's Office (CAO) six times to request a time to discuss progress in implementing these recommendations. This included one conversation in person at a county budget meeting, at which the Administrator confirmed who the Care First liaison would be.

Obstacles

As of April 2025, the CAO has not followed up to help the Ad Hoc Committee monitor its progress toward these objectives.

Requests for Action from the Board of Supervisors

The Care First Ad Hoc Committee recommends that the Board of Supervisors give direction to the CAO to fully implement the Care First recommendations assigned to the Office, and meet with representatives of the Ad Hoc Committee to discuss progress to that end.

Data Needs for the Care First Jails Last Process

Besides monitoring agency performance in other ways, the MHAB Ad Hoc committee has a subcommittee that monitors the county's progress in making data transparent and useful. The original Care First Jails Last resolution in 2021 centers the importance of data in implementing the Care First policy. It states that:

> "All Alameda County agencies that can contribute to advancing a Care First, Jails Last policy will gather and share data with the Alameda County Behavioral Health Care department, where permitted by health privacy and confidentiality and not prohibited by other applicable laws, for the purposes of:
>
> > 1) coordinating the systems of criminal justice, behavioral health care, and wraparound services including public benefits, social services, and housing;
> >
> > 2) identifying and measuring unmet needs for behavioral health and other wraparound services, and, to the extent possible, measuring the impact of behavioral health and other wraparound services, and
> >
> > 3) reducing the number of people with mental illness, substance use disorder, or co-occurring disorders in our jail."

Progress and Obstacles

Since 2023, several county agencies have created data dashboards, responded to data requests, and provided some data analyses that are responsive to these objectives. However, there remain numerous large gaps in data–both that which is gathered by the County and that which is shared with the public–to gauge unmet needs in diverse areas, measure services and outcomes, and assess the extent to which Care First recommendations are implemented.

The Behavioral Health Department has produced reports on mobile crisis services and the Safe Landing Project, including data on services provided and estimates of unmet needs. The Ad Hoc Committee awaits an assessment produced by BHD on Full Service Partnerships (mandated by the Disability Rights settlement), and on the unmet need for psychiatric beds (as called for in Recommendation 4E).

Some data on program outcomes that respond to Care First recommendations, such as in collaborative courts, is tracked by county agencies for the purpose of reporting on grants, but is not disclosed and is not tracked in accordance with Care First goals.

Several Care First recommendations seek financial data. These include a detailed recommendation to the County Administrator's Office to bi-annually publish data on funds allocated and expended to support the Care First population, by funding source and county agency, unspent balances and funds for contractor and County staff, reserve accounts, and funds allocated and spent to implement the Babu settlement (Recommendations 6A / 6D). To date, this data has neither been published nor provided to the Care First Ad Hoc Committee.

The Care First Jails Last Task Force in 2023 requested that the Sheriff's Office and District Attorney's Office provide the Behavioral Health Department with individual-level information on justice-involved persons, including stays in Santa Rita and charging information since 2015. It also asked BHD to cross-reference and analyze this data with its own databases of behavioral health clients, in order to produce an analysis that joins data on justice involvement, behavioral health, and county services. This could indicate what types of criminal charges and jail stays behavioral health clients face and how these compare with persons without behavioral health diagnoses.

The Sheriff's Office provided the information and BHD produced aggregated data to show how many people are incarcerated before and after receiving BHD services. The DAO, however, only provided data more than a year after it was requested, only included information through 2021, and excluded information on charging categories.

Requests for Action from the Board of Supervisors

1. Give direction to the District Attorney's Office, Superior Court, Public Defender's Office and Behavioral Health Department to coordinate in compiling data on outcomes of each collaborative court and the Mental Health Court, regarding how many persons petition for participation, how many are accepted, how many are released from jail, after how long in jail, how many are in housing or are re-arrested after a year or other relevant period of time. The agencies should be directed to share this data with each other and (in de-identified form) with the Care First Ad Hoc Committee of the MHAB.
2. Give direction to the County Administrator's Office to implement Recommendations 6A and 6D regarding the publication of financial data.
3. Give direction to BHD to share with the MHAB its assessments of need for Full Service Partnerships and psychiatric beds.

Summary of Requests for Action from the Board of Supervisors

Safe Landing Project (2C):

1. Require that the responsible parties accomplish the simple goal of putting a modular structure in a permanent place for the SLP to do its work.
2. Insist that the county leverage available federal money through the CalAIM Justice Involved Re-entry Initiative to help fund Roots's effort to provide pre-release re-entry planning for incarcerated people.

Psychiatric Treatment Beds (4D & 4E):

3. Direct BHD to share with the MHAB the completed assessment of the need for subacute and other psychiatric beds, plus the status of the ongoing assessment. See also the Request for Action under Recommendations 5C and 5D below.

Point of Arrest Diversion & CARES Navigation Center (5A):

4. Address the lack of law enforcement participation.
5. Explore support for pre-arrest diversion that would serve the large number of people excluded from CARES Navigation by Prop. 47 or DAO restrictions.

Court-Based Diversion Programs (5C):

6. Give direction to the ACBHD to assess the unmet needs across the court-based diversion programs for residential and treatment beds for SMI, SUD, and Co-occurring disorders. This assessment should consider how many of the anticipated BHCIP-funded facilities/beds (see March 2025 reports by Behavioral Health) will be capable of serving justice-involved, high-need individuals, including those judged incompetent to stand trial (see Recommendation 5D).
7. Direct collaborative-court partners and ACSO to coordinate efforts to identify key performance and outcome metrics, share current data-gathering practices, and create a plan for cross-agency collaboration. Court-based diversion is a prime example of the lack of coordination among agencies, a problem that CFJL called attention to in Recommendation 2B, on Interagency Communication and Coordination.
8. Direct Public Safety Partners and CAO to produce the Board's requested funding plan for the Pretrial Services expansion without further delay.

African American Resource Center (1A & 1B):

9. Support BHD in locating private and public monies to sustain vital navigational and case management services to the Center's clients.
10. Use platforms to build community awareness of this innovative service center.

First Episode Psychosis Program (3L):

11. We recommend a new First Episode Psychosis program, modeled after the EPI-CAL design, be established in Alameda County. Alameda County should follow other Bay Area counties and admit patients up to 30 years old into First Episode Psychosis programs modeled after EPI-CAL.

Licensed Board and Care Facilities, Land Trusts and Innovative Housing Models (7I, 7J, 7O):

12. The Home Together plan should specifically call for an analysis to support the needs of those with SMI, SUD, and co-occurring disorders, as well as the needs of the justice-involved population.
13. Use Measure W funding to fund the $350 million proposal HHS presented to the Board of Supervisors on December 9, 2024, including:
    - Capital Acquisition Fund to support the purchase, leasing, and capital improvements for:
        - 750-1,000 beds of interim housing;
        - At least 850 units of permanent housing; and
        - Clinic space to serve people experiencing homelessness.
    - We urge that this fund provide capital funding for SHCLA to support buying or leasing and making capital improvements to licensed Board and Cares, to begin replacing the beds that Alameda County has lost since 2019.
14. Request state funding through legislation or the budget to keep existing Board and Cares alive through increased rate subsidies (through a Personnel-Administration-Legislation Committee letter, for example).

Deep Housing Subsidies for Individuals with Justice Involvement and Serious Behavioral Health Concerns (7E & 7F):

15. Measure W funding should be directed toward implementing the Home Together Plan, including the proposed flex pool and long-term rental subsidies dedicated to households with justice-involvement and serious behavioral health concerns. The Board should move forward on the proposal by HHS to use a portion of the $350M accrued revenue from Measure W to acquire 850+ PSH units; a portion of these units should be dedicated to justice-involved people.
16. The Home Together plan should specifically include an analysis of housing needs for people with SMI, SUD, Co-Occurring Disorders, and Justice-Involvement.
17. The BOS should enact a policy to ensure that our County's Coordinated Entry System prioritizes housing services to people with serious behavioral health needs, and those who are justice-involved – regardless of whether they are diagnosed with a co-occurring disorder.

Transparent Public Reporting on Funds Allocated to Care First Population (6A):

18. Direct the CAO to fully implement the Care First recommendations assigned to the Office, and meet with representatives of the Ad Hoc Committee to discuss progress to that end.

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Appendix 1. Acronyms

AOT	Advanced Outpatient Treatment
ACSO	Alameda County Sheriff's Office
AFBH	Adult Forensic Behavioral Health
BHCIP	Behavioral Health Continuum Infrastructure Program
BHD	Behavioral Health Department
BHSA	Behavioral Health Services Act
CalAIM	California Advancing and Innovating Medicaid
CFJL	Care First Jails Last
CAO	County Administrator's Office
CBO	Community Based Organization
DAO	District Attorney's Office
FEP	First Episode Psychosis
FSP	Full Service Partnership
HCD	Housing and Community Development
HHS	Housing and Homelessness Services
HUD	Housing and Urban Development
JIMH	Justice Involved Mental Health
LOC	Level of Care
MACRO	Mobile Assistance Community Responders of Oakland
MHAB	Mental Health Advisory Board
NAMI	National Alliance on Mental Illness
PSH	Permanently Supportive Housing
RAJ	Reimagine Adult Justice
SCHLA	Supportive Community Housing Land Alliance

SLP	Safe Landing Project
SMI	Serious Mental Illness
SUD	Substance Use Disorder

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, June 16, 2025 9:44 AM
To: Works-Wright, Jamie
Subject: FW: Article from San Francisco Public Press to forward

Hello Commissioners,

Please see the information below for Commissioner Teague.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

From: Lisa Teague <teague.lisa@gmail.com>
Sent: Friday, June 13, 2025 10:26 AM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: Article from San Francisco Public Press to forward

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

God morning Jamie,

Happy Friday! I hope you are well.

Could you please forward this article to the other Commissioners?

https://www.sfpublicpress.org/sf-has-a-chance-to-reinvent-its-mental-health-care-system/

Thank you so much, I hope you have a lovely weekend,

Lisa Teague

San Francisco Public Press | (https://www.sfpublicpress.org/sf-has-a-chance-to-reinvent-its-mental-health-care-system/)

SF Has a Chance to Reinvent Its Mental Health Care System

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California is requiring counties to seek community input as they revamp their behavioral health programs to align with new mandates approved by voters.

Illustration by Noah Arroyo using Canva AI/San Francisco Public Press

A person's journey through San Francisco's behavioral health system can start at many points, including after their deteriorating condition lands them on the streets.

06.11.2025 | by NOAH ARROYO

When Chuan Teng looks at San Francisco's approach to behavioral health care (https://www.sfpublicpress.org/5150-holds-and-often-vicious-cycle-through-sf-mental-health-care-system/), she sees a fundamental flaw.

"Jail, the streets, psychiatric emergency services — these end up being the points of entry into the city's mental health care treatment," said Teng, a private consultant who until recently was the chief executive officer of PRC, formerly called Positive Resource Center, a local provider of mental health care and other social services.

She called it "mind shattering" that often, because that system of care can be difficult to access, people with addiction and mental health disorders might get help only after they've deteriorated. By then, their conditions could have cost them jobs or housing, or caused them to land in the criminal justice system.

"Why is it that people can't just go out and find care, if they need it?" Teng said.

She and a cadre of San Francisco-based service providers see an opportunity to help that happen.

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Over the next year, counties throughout the state must draft three-year plans to redesign their systems of care in accordance with California's Behavioral Health Services Act, an element of Proposition 1, which voters passed in March 2024. Changes at the local level must aim to reduce involuntary detainment and treatment, ameliorate homelessness, and increase government transparency and accountability. The ballot measure also authorized billions of dollars to fund treatment and housing for people living on the streets and facing behavioral health challenges.

As San Francisco health officials have begun thinking through their plan, Teng and other service providers have been advocating for it to include systemic changes to help people who keep falling into crisis — many of them cycling between homelessness and inadequate treatment interventions.

Ideas include diverting more people from emergency rooms, changing caseworkers' roles to help them keep clients on track with treatment, and creating tools that let nonprofit staffers quickly place people in programs that fit their needs.

The state mandates that San Francisco Department of Public Health officials hear the groups out. In fact, the city legally must seek public input to ensure that a range of perspectives influences local health care.

The health department declined to comment for this story.

"Given that the County Integrated Plan includes a community planning process and stakeholder involvement," a department staffer wrote via email, using the plan's official name, "as well as public comment and feedback period on the draft Integrated Plan, we believe it is too early to interview."

San Francisco's behavioral health system is already changing, in response to pressures from within City Hall.

Since taking office in January, Mayor Daniel Lurie has reorganized and redirected street teams (https://www.sfchronicle.com/sf/article/lurie-overhauls-sf-s-street-crisis-teams-20240362.php), restricted (https://missionlocal.org/2025/04/san-francisco-limits-access-to-drug-use-supplies-will-it-help-or-make-things-even-worse/) how nonprofits distributed paraphernalia for drug use, and tried to alter the city's image (https://missionlocal.org/2025/04/interview-mayor-lurie-talks-16th-and-mission-and-how-s-f-wont-arrest-our-way-out-of-this-problem/) to discourage the sale and use of hard drugs in public.

And Lurie aims to create 1,500 shelter and treatment beds (https://missionlocal.org/2025/05/daniel-lurie-1500-shelter-treatment-bed-goal/) by September. Last month, the state committed to giving San Francisco $27.6 million, authorized by Proposition 1 (https://www.sf.gov/news-mayor-lurie-to-add-73-new-treatment-beds-for-people-with-most-complex-needs-including-locked-beds-for-people-under-conservatorship) , to establish 73 beds. Most of the beds will be converted from other purposes, and the health department has promised to first relocate the seniors who now use them (https://missionlocal.org/2025/05/sf-behavioral-health-center-add-remove-beds-department-public-health/) to other long-term beds. Lurie is also trying to redirect money from permanent housing to homeless shelters (https://missionlocal.org/2025/06/sf-lurie-housing-shelter-propc-money/) , a move that critics say could backfire because many shelter occupants would have nowhere to go once their stays concluded.

Facing dire budget concerns — the city must close a two-year deficit of roughly $781.5 million (https://media.api.sf.gov/documents/Nine-Month_Report_FY24-25_FINAL.pdf) that could grow to nearly $2 billion (https://sfstandard.com/2025/04/10/san-francisco-lurie-budget-trump-2-billion/) , depending on federal cuts — Lurie this month proposed slashing $200 million in funding to nonprofits (https://missionlocal.org/2025/06/sf-nonprofit-budget-cuts-200-million/) , including those that serve people with behavioral health problems. He is also seeking deeper shifts (https://media.api.sf.gov/documents/3.17_Executive_Directive.pdf) in local bureaucracy (https://www.sfchronicle.com/sf/article/budget-mayor-daniel-lurie-20365100.php) to streamline service delivery.

Some of those structural changes seem to align with ideas from Teng and others who have met regularly since October, including with health officials, as part of the Behavioral Health Provider Collaborative.

We examine some of the ideas below.

The collaborative — which includes local organizations PRC (https://prcsf.org/) , Progress Foundation (https://www.progressfoundation.org/) , HealthRIGHT 360 (https://www.healthright360.org/) and Conard House (https://conardhouse.org/) — has tried to analyze the city's behavioral health system and recommend to city leaders how it could evolve to satisfy the mandates of Proposition 1.

The mayor's office did not respond to a request for comment.

About 8,300 unhoused people live in San Francisco, according to a 2024 count (https://www.sf.gov/data--point-time-count-dashboard) . About 187,000 unhoused people (https://www.ppic.org/blog/homelessness-hits-record-high-in-california-jumps-dramatically-in-rest-of-us/#:~:text=Californians%20have%20consistently%20cited%20homelessness,24%25)%20were%20in%20California) live in California. An estimated 48% of Californians experiencing homelessness have complex behavioral health needs, according to a March paper (https://homelessness.ucsf.edu/sites/default/files/2025-03/Behavioral%20Health%20Report.pdf) by the Benioff Homelessness and Housing Initiative. The paper categorized survey respondents as having that status if they reported either regular illicit drug use, heavy episodic alcohol use, hallucinations or a recent psychiatric hospitalization.

Idea: Divert people from psychiatric emergency room detentions

It's a common situation (https://www.sfpublicpress.org/you-call-sf-city-report-homeless-person-in-crisis-what-happens-next/) on the streets, in parts of San Francisco: An unhoused person's mental health condition worsens until a passerby sees them in crisis and calls the police or the city's nonemergency helpline. First responders might detain the person and bring them to a hospital for psychiatric evaluation. If they seem to be a danger to themselves or others, or cannot provide for their basic needs, hospital staffers may hold them against their will for an initial 72 hours, which may be extended.

After that? They often return to the streets, where their problems escalate again. Later, the cycle might repeat.

“That flow needs to be interrupted,” said Steve Fields, executive director of nonprofit Progress Foundation.

For four decades, his organization tried to interrupt that cycle through a partnership with Zuckerberg San Francisco General Hospital and Trauma Center. If someone qualified for detention because they couldn’t take care of themselves — rather than because they were an obvious and immediate threat to anyone — hospital clinicians offered them stays at Progress Foundation. There, they faced a less restrictive environment where they might live for about two weeks, with staffers monitoring them around the clock.

Perhaps most important, often when their stays concluded staffers moved them to progressively lower-intensity treatment environments where they had more freedom and shared household duties with other tenants. Socializing helped people gradually get better, Fields said.

“The goal should be reintegration into the community through a process of rehabilitation and recovery,” Fields said. He would also like to see the city scale up these lower-intensity options. “That’s the key to it, and that’s the part that we haven’t expanded in decades.”

Progress Foundation’s partnership with the hospital ended in 2018. Fields would like to see it resume and expand.

Diverting people from the emergency room into longer-term treatment settings lines up with statewide “best practices,” said Karen Larsen, chief executive officer at the Steinberg Institute, which conducts research about and advocates for policies regarding mental health and substance use. “And they’re absolutely the types of services that the state would want to see funded with Prop. 1 dollars,” she said.

“In a perfect world, somebody in a mental health crisis wouldn’t go to an emergency department for the most part,” Larsen said, “because that’s a pretty chaotic place.”

“And in San Francisco, they really need help,” Larsen said, referring to the people who cycle between hospitals and the streets.

When unhoused people struggle with psychiatric conditions, it’s common for them to seek care at hospital emergency departments, possibly many times in the lead-up to getting more comprehensive help. Some ultimately get treatment through what California calls “full service partnerships (https://bhsoac.ca.gov/initiatives/full-service-partnerships/),” named for their diverse services and whatever-it-takes approach to helping people with severe mental illness.

Compared with their counterparts statewide, a greater percentage of full-service-partnership clients in San Francisco — many of them unhoused — have previously sought help through emergency departments, according to a 2024 report (https://bhsoac.ca.gov/wp-content/uploads/FSP_Legislature_Report_Final_Draft_ADA.pdf) by California’s Behavioral Health Services Oversight and Accountability Commission. In the city, 87% of adult clients had at least one emergency department visit for psychiatric reasons in the five years prior to joining a partnership; the average number of visits per client was 38. Across California, 81% of clients had at least one previous visit in the five years prior to joining a partnership.

Case managers are the Swiss Army knives of behavioral health care. They might help people navigate one treatment program or find and enter others, or help them get food, identification, housing or doctor appointments.

And ideally, Fields said, the case manager would help someone through their full treatment trajectory, from diagnosis to stability.

“This is not the way that it is,” he said. “Not even close.”

That’s because a case manager often works for a particular local organization, advising and guiding within their sphere of influence. If someone they are helping leaves that organization’s program, the case manager’s connection with them ends. Sometimes one person may have multiple case managers among many service providers. Some programs don’t offer case managers at all.

The result: People seeking care must keep track of their own appointments and commitments, their long-term treatment goals and, sometimes, advocate for themselves with nonprofit staffers. That can be difficult for people struggling with acute mental health challenges or taking medications that affect cognition. Sometimes they miss appointments and lose their way, falling out of the system altogether.

“You’re always at risk of having nobody who remembers what the plan was,” Fields said. “And then they drop out because they don’t feel like they’re getting helped. And then they show up in the emergency room again, and again.”

Fields would like to see the city assign dedicated case managers who stick with the people they are helping at every step, from program to program. The case manager and person seeking care could build a rapport and potentially trust. With a full understanding of someone’s medical history, challenges and needs, the case manager might better direct them through recovery and would be well positioned to intervene if they began backsliding or abusing drugs.

Larsen called this “an intriguing concept. I could see why that would be better for the clients.”

It could also come with bureaucratic obstacles. “Our systems are so much about billing, and billing is tied to an organization. It seems like that could be complicated,” she said.

On the other hand, it might be easier for itinerant homeless people “to stay attached to a human being than an organization,” Larsen said.

That can be difficult when people struggling with homelessness move around, said Robb Layne, executive director of the California Association of Alcohol and Drug Program Executives, which advocates for policies that help people with substance use and co-occurring mental health disorders.

People without secure housing “don’t realize that if they move spaces, they’re moving case managers,” Layne said. “That individual is required to sort of find them, connect with them, offer them services, figure out what their diagnosis is, stabilize them.”

Layne said changing the relationship between case managers and clients could help, “but it won’t fix the problem,” which is that this work is underfunded. And that could worsen under President Trump, who recently revoked funding (https://www.npr.org/2025/03/27/nx-s1-5342368/addiction-trump-mental-health-funding) for addiction services and mental health care.

“As we see the federal government reducing eligibility and cutting access to services by removing programs, California’s going to have to decide how much we’re going to backfill,” Layne said.

Idea: Web portal to speed service delivery

Teng, of PRC, agreed that changing the case manager’s role could help people find their way through treatment.

But she was hesitant to endorse a version of the strategy that would hire droves of new case managers.

“What I’m more interested in is figuring out how to optimize the system,” she said.

Every day, staff at organizations across the city work the phones, calling each other to figure out where their clients can go next for the services they need, and whether those programs even have space to receive them.

It can be time-consuming work, Teng said. But maybe it doesn’t have to be that way.

Those staff should have access to a website with thorough, real-time information on all services, their availability and eligibility criteria, she said — the city offers a version of this, but it is less robust than Teng envisions. Case managers could log on, quickly assess their clients’ options and apply to place them. That could free them up to do other work, like helping more clients.

“It seems like there is technology out there that could lend itself to this type of exercise,” Teng said, adding that a booking service like Airbnb could serve as inspiration. “It doesn’t seem like we’d be creating something from scratch. There are so many search engines out there, there’s coding that’s already been done.”

“The web portal is a really great idea, in concept,” Layne said. But he likened it to larger, often statewide systems, which have in many cases suffered from being unable to keep their data on treatment beds current.

Outdated information on bed availability “can quickly discourage clients seeking care,” Layne said. “If the first place someone is sent can’t actually help them, they’re far less likely to try again.”

Many states have created digital registries tracking inpatient bed availability in hospitals and treatment programs for people with mental health and substance use disorders. A 2019 study (https://pubmed.ncbi.nlm.nih.gov/31215354/) of 17 states’ registries found they helped people get beds faster but faced obstacles that limited their effectiveness. Some hospitals resisted uploading bed information, possibly because staff worried they would lose control over who got beds. Sometimes staff didn’t know how to work with the registries or lacked the time to keep them up to date.

And for people with complex conditions, a registry might not offer case managers enough information to determine whether a particular setting would be appropriate.

When case managers seeking placement for clients call around to other service providers, they often discuss symptoms and other factors to ensure a good fit. Without a phone call, “if somebody just shows up, it wouldn’t be shocking if someone says, ‘We actually can’t serve that individual because their conditions are too severe, and the only space we have available is next to somebody who has that same exact condition, and they’re violent.’”

Larsen said that “in theory” a web portal “would be amazing.”

“And it gets really complicated, really quickly,” she said.

That's a good reason to prototype it at a small scale, Teng said.

"Instead of building a new comprehensive system for every different city department, with all these different data inputs," she said, "maybe you pick one major service provider in a county. Have them use it and update it for their own beds, their own resources. See if we can create a minimally viable product that actually works for them and accelerates access to service for clients."

If the prototype worked, the next step would be to extend it to other organizations and tweak it to fit their needs. Eventually it might make sense to adopt it countywide.

Idea: Indefinite stays in communal housing for some people

Some unhoused people struggle to manage their disorders outside of communal settings. To get them off the streets for good, the city should scale up that type of housing, Teng said.

Service provider PRC offers communal housing for people struggling to overcome addiction, with staff available 24/7. The settings each have about a dozen tenants, who attend various types of group sessions throughout the day and otherwise help each other. "You're buying groceries together as a household, though you can buy them alone if you want," Teng said.

The organization's funding covers up to 90 days per tenant. After that, staff try to find them somewhere to land. But Teng would prefer that tenants could stay indefinitely if they needed that.

"The amount of change we're asking people to make within a 90-day period is a lot," Teng said. "In reality, that's not sufficient for many people."

"And then to drop that person into independent living, where they don't have the support of professional staff who are checking in with them, organizing them into a schedule, reminding them about meds" can be destabilizing, she said. They can lose ground on their recovery and might fall back into drug abuse.

The obstacle to implementing this idea is simple: cost.

"It sounds a lot like board-and-care homes, which already exist," Larsen said. "I think we've lost thousands of board-and-care beds over the past few years because the funding structure is not such that supports sustainability."

Idea: More affordable housing to receive people after treatment

There's an even bigger problem that, though outside the behavioral health system, is preventing many people from fully recovering: lack of affordable housing.

"You've got people in care right now who complete treatment, who have no stable options," for where to live upon leaving their programs, said Wesley Saver, director of policy and public affairs at nonprofit HealthRIGHT 360.

"Which means they end up back on the streets or in shelters," he said.

San Francisco needs more housing "at a price point that someone on SSI can afford," Teng said, referring to Supplemental Security Income, a federal program that pays older adults and people with disabilities who have little or no income. The maximum monthly SSI payment for a single adult is $967 (https://www.ssa.gov/ssi/amount) .

"That is the giant gorilla in the room," Teng said.

Proposition 1 mandates that counties direct more of their state-provided behavioral health funds to housing programs. But Larsen said more could be done.

“The SSI rates haven’t been updated since maybe the 1960s for people living with behavioral health conditions,” Larsen said. “And so, the real answer is probably at the federal government level, and increasing those SSI rates” so that recipients can more easily cover rent.

SF officials must seek community input for care plan

Proposition 1 was among last year’s most controversial political issues in California, and it passed by a slim margin. Community groups throughout the state warned that by forcing local governments to shift their behavioral health spending, the ballot measure could end up siphoning from other vital services, endangering them.

It’s too early to predict the impact in San Francisco; that will be determined by the city’s plan for satisfying Proposition 1, due to the state by July 2026.

The state requires local health officials to proactively involve (https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.2.0/3-county-integrated-plan#id-(V1.2.0)3.CountyIntegratedPlan-B.CommunityPlanningProcess) broad swaths of San Franciscans in crafting that plan. The goal is to ensure that “the voices of the community are driving the process from beginning to end, not just at one single community meeting,” said Jessica Cruz, the California chief executive officer for the National Alliance on Mental Illness, which had advocated that the engagement process be made part of the measure.

In public meetings, focus groups and other settings that must be documented, the government must seek input from service providers as well as people who have gone through the care system, families of people with disorders, LGBTQ+ people, domestic violence survivors, representatives from hospitals and other health care organizations, unhoused people and others.

Many of the groups “are disproportionately represented in our homeless services, in our hospitals and in our criminal justice systems,” Larsen said. “So having those folks around the table makes sense.”

For counties that do not fulfill Proposition 1’s requirements (https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.2.0/1-policy-manual-introduction) , state officials can “provide technical assistance” as well as carry out “corrective action,” including fines and penalties, said Anthony Cava, media relations manager at the California Department of Health Care Services.

San Francisco’s final plan must contain an accounting of all local behavioral health spending. And it must show how spending will shift from 2026 to 2029 to try to meet the state’s goals of improving access to care and reducing homelessness, institutionalization and cases of untreated addiction and mental health disorders.

It will be a major increase in government transparency, said Fields of Progress Foundation.

“The state will be collecting this data for the first time since the end of the 1980s,” he said. “It’s a financial accountability system.”

Like many media organizations, the San Francisco Public Press is experimenting with artificial intelligence (A.I.) tools that aid the creation of images for use in some stories. Nearly all our visual content is produced by humans.

The Public Press is part of the Mental Health Parity Collaborative (https://mentalhealthjournalism.org/parity-collaborative/) , a group of newsrooms that are covering stories on mental health care access and inequities in the U.S. The partners on this project include The Carter Center and newsrooms in select states across the country.

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REPORT FOR AMERICA

MORE SUPPORTERS

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, June 16, 2025 9:41 AM
To: Works-Wright, Jamie
Subject: FW: Community Health Improvement Plan outreach

Hello Commissioners,

Please see the information below about and outreach opportunity:

Dear Berkeley Community Member/Commissioner,

You are invited to share your thoughts on how to make Berkeley a healthy place for all. For the past two years, the City of Berkeley Public Health Division and JSI Research & Training Institute have worked with community members to learn about what affects their health and well-being. A draft plan was created to improve these things.

Now, we want your help. We are asking people like you to make sure this plan meets the needs of the community. There will be one input session for Commission members and members of the community.

Thursday, 6/26/25 at 6:30pm
Judge Henry Ramsey Jr. South Berkeley Senior Center
2939 Ellis Street, Berkeley, CA 94703
Phone: 510-981-5170
(Before the Community Health Commission's regular meeting)

Participants will receive a $50 gift card for their time at this in person meeting.
PLEASE RSVP if you plan to attend, to KKnox@berkeleyca.gov or 510-981-5301

Kellie Knox, LMFT, she/they
Future of Public Health Coordinator
Community Health Commission, Secretary
City of Berkeley, HHCS
2180 Milvia Street, Berkeley, CA 94704
510-981-5301 kknox@berkeleyca.gov

The City is hiring! https://agency.governmentjobs.com/berkeley/default.cfm

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

Works-Wright, Jamie

From: Kazmi, Aliza, BOS District 5 <Aliza.Kazmi@acgov.org>
Sent: Wednesday, June 11, 2025 5:43 PM
To: Kazmi, Aliza, BOS District 5
Subject: You're Invited! County Budget Town Hall with Sup. Nikki Fortunato Bas
Attachments: budget town hall flyer.pdf

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Dear Community,

I hope you're taking care. On behalf of Supervisor Fortunato Bas, I would like to invite you to our budget town hall tomorrow evening - details below. Please feel free to register, amplify (flyer attached), and look for the recording and debrief afterwards!

I'll also follow up about the other upcoming town halls we'll be hosting in a few weeks.

Please also feel free to reach out with any upcoming events that you all are having that you think could be helpful for me to join.

Thank you

Best wishes
Aliza Kazmi

Town Hall:
Did you know that our Alameda County government has a $4 billion budget, financed primarily by state and federal funding, property taxes, and service charges?

The County sets this budget in an annual process - happening right now - to help **uphold health and social services in the community:** ranging from housing to public safety to behavioral health and more.

Wondering how all of this connects to you? The **office of Supervisor Fortunato Bas invites you to join us for an online Budget Forum tomorrow, Thursday, June 12, from 5:30 - 7:00, with time for audience comments and questions.**

Given various challenges and opportunities in our community, **we are counting on you to participate and share what you see as the most urgent public health and safety needs**. This is your chance to help us be informed as we work with the entire Board of Supervisors to ensure that we are supporting the most impactful programs and services for neighbors in need.

Register today at bit.ly/d5townhall and spread the word with your friends, family, and neighbors!

Aliza Kazmi (she/her)
Director of Community Partnerships
Alameda County Supervisor Nikki Fortunato Bas
1221 Oak Street, Suite 536, Oakland, CA 94612
aliza.kazmi@acgov.org
(510) 272-6687
Join our e-newsletter here and follow us on Instagram!

ALAMEDA COUNTY BUDGET FORUM

HOSTED BY SUPERVISOR NIKKI FORTUNATO BAS

When: Thursday, June 12, 5:30–7 PM

Where: Zoom

What: Hear our budget priorities, learn about the County's proposed $4 billion budget, ask questions, and share feedback!

Photo credit: Alonso Hernandez

Register at
bit.ly/d5townhall

Computer-generated, printed in-house

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Wednesday, June 4, 2025 9:32 PM
To: Works-Wright, Jamie
Subject: FW: Ending of SCU pilot project

Hello Commissioners,

Please see the information about Crisis services in Berkeley

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

From: Nakayama, Allyson <ANakayama@berkeleyca.gov>
Sent: Wednesday, June 4, 2025 6:00 PM
To: All Mental Health <AllMentalHealth@berkeleyca.gov>
Subject: Ending of SCU pilot project

Internal

As folks may know, the Specialized Care Unit (SCU) was a pilot project that was funded by one-time ARPA and grant funds and contracted out by the City of Berkeley to Bonita House. The funding was never intended to be an ongoing source; only to get the project started and to run for the duration of the pilot timeframe. Unfortunately, the SCU pilot project ended on Friday, May 29, 2025, a month earlier than planned, due to unforeseen circumstances. The City has been working with Alameda County Behavioral Health to provide additional crisis services to Berkeley citizens and more information about what that will look like will be forthcoming. While that team is no longer available, there continue to be crisis services for individuals in Berkeley, both in person and via phone. More information about each program is listed below.

- For 24/7 crisis services via phone, please call **988** to reach Alameda County Suicide and Crisis Lifeline https://988alamedacounty.org

Support is available 24/7 for anyone experiencing mental health- or substance-related distress or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support, including veterans.

- If you are physically in Berkeley and need an in-person crisis evaluation or contact, please call **510-981-5900** to reach the Berkeley Police Department non-emergency line and ask for a mental health worker or mobile crisis team.
  https://berkeleyca.gov/safety-health/mental-health/crisis-services
  City of Berkeley's Mobile Crisis Team
  Operational days/times: Sunday, Monday, Wednesday, Thursday, and Friday from 11:30am – 10:00pm

  Mobile Crisis Teams respond when on duty to mental health emergencies. Police accompany for safety and team comes to you. Available to anyone in the community. You can also call 911 and ask for Mobile Crisis to be sent to you. For non-urgent matters or to consult, call to leave voicemail at 510-981-5254 and the team will return the call as soon as possible.

- Call **911** for life threatening emergencies.

If you would like more information about the transition, please see the Off Agenda Memo that was sent by the City Manager to the Mayor and City Council on April 22, 2025 (memo linked below).
https://berkeleyca.gov/sites/default/files/documents/2025-04-22%20%20%20%20%20Specialized%20Care%20Unit.pdf

This general information is being provided for the community to know whom and how to reach crisis service providers at this time. Additional information is currently being gathered and will be posted via the City's Mental Health Division website and through other means. In the meantime, if you have questions, please feel free to contact me and I will do my best to provide the information as it's available. Please also feel free to share this information with interested parties.

Allyson Nakayama, LCSW
Mental Health Program Supervisor

Health, Housing, and Community Services Department
Crisis Services
510.981.7620 (direct line)

*Please note that I am off every other Monday.

If this is a psychiatric emergency, call 988 or go to your nearest emergency room.

If this is a medical emergency, call 911 or go to your nearest emergency room.

Please be aware that e-mail communication can be intercepted in transmission or misdirected. The information contained in this message may be privileged and confidential. If you are NOT the intended recipient, please notify the sender immediately with a copy to HIPAAPrivacy@berkeleyca.gov and destroy this message immediately.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Tuesday, June 3, 2025 9:32 AM
To: Works-Wright, Jamie
Cc: Katuala, Yvette
Subject: FW: Seeking panelist to participate in MH Program Supervisor Compliance Interviews

Hello Commissioners,

I hope this email finds you well.

Yvette Katuala, Assistant MH Division Manager asked me to reach out to you all, to see if any of you would be interested in participated with sitting on a interview panel for hiring a Mental Health Program Supervisor.

Please respond and let me know if you of you would be interested. The interviews will take place in the coming months, HR needs to have a list of potential names.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

From: Katuala, Yvette <YKatuala@berkeleyca.gov>
Sent: Friday, May 30, 2025 1:41 PM
To: Works-Wright, Jamie <JWorks-Wright@berkeleyca.gov>
Subject: Seeking panelist to participate in MH Program Supervisor Compliance Interviews

Internal

Hi Jamie,

Would you ask the commissioners if any one of them would be interested in sitting on panel interviews with me for Mental Health Program Supervisor position, please?

Thanks,
Yvette.

Yvette Katuala, Assistant Mental Health Division Manager
City of Berkeley
Berkeley, CA 94703
(510) 981-7654 (direct)
(510) 499-4125 (cell)
(510) 596-9299 (fax)

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Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Monday, June 2, 2025 4:16 PM
To: Works-Wright, Jamie
Subject: FW: June is Pride Month
Attachments: Pride Month Event Flyer.pdf

Hello Commissioners,

Please see the message below.

Greetings Everyone-

As we begin Pride Month, this is a great opportunity to celebrate LGBTQ+ culture and rights and to provide advocacy and support for continued advancements. It's a time to promote an atmosphere of acceptance, inclusivity and to celebrate diversity. Pride Month is acknowledged annually in June to honor the 1969 Stonewall Riots that took place in New York City, and works to achieve equal justice for the LGBTQ+ community. It's also essential to recognize the intersection of Mental Health and the LGBTQ+ community which can be explored through educational resources and trainings with an objective to improve Mental Health outcomes.

The Multicultural/Diversity & Training Program at Berkeley Mental Health is excited to host an in-person Pride Month event. The event is an opportunity for community members, consumers and staff to obtain information regarding Mental Health and Wellness. It will include speakers, resource information from community organizations and live music. Please come out and support this meaningful event.

Date: June 24, 2025
Time: 11AM – 1:30PM
Location: North Berkeley Senior Center, 1901 Hearst Avenue, Berkeley 94709

The attached event flyer can be shared with your community networks, clients and colleagues.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

THRIVE WITH PRIDE

City of Berkeley Pride Month Event Resource Fair

Free Event

Featuring PIEDPIPER KJ

June 24, 2025
11am-1:30pm
North Berkeley Senior Center
1901 Hearst Ave
Berkeley, CA 94709

More Information
510.981.7624

Speakers

Laura Valdez, Mission Action

Lasara Firefox Allen, Pacific Center

Register Today

Click Here to Register

CITY OF BERKELEY
Health, Housing, and Community Services

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Thursday, May 29, 2025 10:05 AM
To: Works-Wright, Jamie
Subject: Tour of the Mental Health Clinic

Hello Commissioners,

Jeff asked me to reach out to see if any of you are interested in touring the sites. Please let me know if you would be interested, the best time to see the sites would be after 5pm and weekends.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Wednesday, May 28, 2025 1:08 PM
To: Works-Wright, Jamie
Subject: 30-Day Public Review on Mental Health Services Act FY26 Annual Update
Attachments: NEW MHSA FY26 Annual Update Community Meetings Flier.pdf

Greetings Commissioners!

Your input and comments are invited on the **City of Berkeley Mental Health Services Act (MHSA) FY26 Annual Update** which has been posted on the website for a 30-day Public Review and comment period. The 30-Day Public Review period is being held from Wednesday, May 28th through Thursday, June 26th to provide the opportunity for input on MHSA funding and programming.

To access and review the proposed Annual Update, click on the following link: Draft MHSA FY26 Annual Update

Individuals interested in providing input on this Annual Update can also attend one of the Community Input Meetings that will be held in June during the 30-Day Public Review. The meeting and access information is outlined below and on the attached flier:

Thursday, June 12th: 6:00pm-7:30pm
https://us06web.zoom.us/j/8446733966?pwd=OGp3Tm5LQTc5TGdhb2tYWllKcDVhdz09&omn=85261556534

Tuesday, June 17th: 5:00pm-6:30pm
https://us06web.zoom.us/j/8446733966?pwd=OGp3Tm5LQTc5TGdhb2tYWllKcDVhdz09&omn=89893159465

Or call into the Zoom Meetings:
1 (669) 444-9171
Password: 081337

Immediately following the end of the 30 Day Public Review period, a Public Hearing will be held at 7:00pm on Thursday June 26th, during the Mental Health Commission meeting which will be held in the Juniper Room of the North Berkeley Senior Center, at 1901 Hearst Avenue.

In order to provide input on the MHSA FY26 Annual Update, please respond by **5:00pm on Thursday, June 26th, 2025** by directing your feedback via email, phone or mail to:

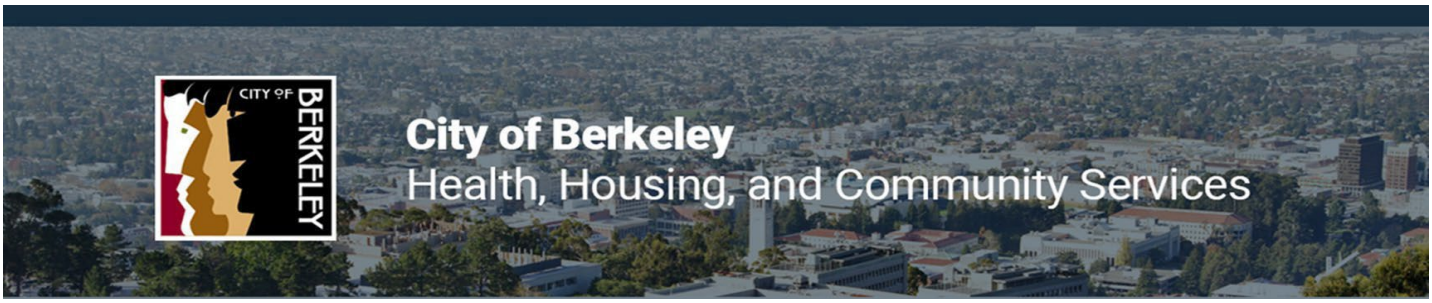
Karen Klatt, MEd
MHSA Coordinator
City of Berkeley Mental Health
1521 University Ave.
Berkeley, CA 94704
(510) 981-7644 – Office
(510) 849-7541 – Cell
KKlatt@berkeleyca.gov

Please share widely with anyone who you feel would be interested in providing input into this process.

Thanks,

Karen

Please be aware that e-mail communications can be intercepted in transmission or misdirected. The information contained in this message may be privileged and confidential. If you are NOT the intended recipient, please notify the sender immediately with a copy to HIPAAPrivacy@cityofberkeley.info and destroy the message immediately.



JOIN A COMMUNITY MEETING TO SHARE INFORMATION AND PROVIDE INPUT ON CITY OF BERKELEY MENTAL HEALTH SERVICES ACT (MHSA) FUNDING AND SERVICES AND PROPOSITION 1

Zoom Meetings:

Thursday, June 12th: 6:00pm-7:30pm
https://us06web.zoom.us/j/8446733966?pwd=OGp3Tm5LQTc5TGdhb2tYWllKcDVhdz09&omn=85261556534

Tuesday, June 17th: 5:00pm-6:30pm
https://us06web.zoom.us/j/8446733966?pwd=OGp3Tm5LQTc5TGdhb2tYWllKcDVhdz09&omn=89893159465

Or call into Zoom Meetings: 1(669) 444-9171
Meeting ID: 844-673-3966
Password: 081337

Meetings are being held to share information and elicit input on the written Draft MHSA FY26 Annual Update that is currently out for a 30-Day Public Review, and on Proposition 1.

Two Zoom meetings will be held.

For more Information contact:
Karen Klatt (510) 981-7644
KKlatt@cityofberkeley.info

*If you are calling into the meeting and would like a copy of the presentation, please contact Karen Klatt.

Works-Wright, Jamie

From: Works-Wright, Jamie
Sent: Wednesday, May 28, 2025 11:43 AM
To: Works-Wright, Jamie
Subject: Agenda items and packet information

Hello Commissioner,

The next commission meeting is on June 26th from 7-9pm.

If you would like to submit an agenda item, please send by **Friday, June 6.** Any item you would like to add any document in the packet, please send by **Friday June 13th.**

If you would like to request any thing specific for Jeff to report, please send that request **Monday by June 9th** so he has time to gather information.

Thank you for your time.

Jamie Works-Wright
Consumer Liaison & Mental Health Commission Secretary
City of Berkeley
2640 MLK Jr. Way
Berkeley, CA 94704
JWorks-Wright@berkeleyca.gov
Office: 510-981-7721 ext. 7721
Cell #: 510-423-8365