

**City of Berkeley  
Mental Health Services Act (MHSA)  
Innovations (INN)  
Trauma Informed Care  
Plan Update**



**Mental Health Division  
Health, Housing & Community  
Services (HHCS) Department**

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## **MENTAL HEALTH SERVICES ACT INNOVATIONS PLAN UPDATE**

The City of Berkeley has created a Mental Health Services Act (MHSA) Innovations (INN) Plan Update to propose changes to the currently approved Trauma Informed Care (TIC) Training for Educators Project. The proposed modifications include: switching the project population recipients from Berkeley Unified School District (BUSD) to four area Head Start Centers, and changing the remaining project budget amount to \$336,825. The proposed INN project will seek to learn whether modifying the mental health approach of TIC Training for teachers, staff, and administrators in a Head Start setting will increase access to mental health services and supports for students in need, particularly for underserved ethnic groups, and increase the quality of mental health services, including better outcomes for low income children birth to five and their families.

### **MHSA INNOVATIONS BACKGROUND AND OVERVIEW**

Enacted by voters on November 2, 2004, the Mental Health Services Act (MHSA) is Proposition 63 that places a 1% tax on every dollar of personal income over \$1 million. MHSA revenues are allocated to mental health jurisdictions across the state for the purposes of transforming and expanding the public mental health system by helping systems become more integrated, culturally competent, consumer and family member driven, and wellness and recovery oriented. Through five funding components, MHSA is designed to create the capacity for a broad continuum of prevention, early intervention and treatment services along with the necessary infrastructure, technology, and training elements to support effective mental health system transformation.

One of the five funding components of MHSA is Innovations (INN). The purpose of INN is to implement short-term pilot projects that contribute to new learning in the Mental Health field. These funds provide the opportunity to pilot test creative strategies that can inform future practices in communities/or mental health settings. INN projects can target any population and any aspect of the mental health system as long as the strategies or approaches that are being implemented address at least one of the following areas:

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

INN projects must also either: 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. Mental Health jurisdictions are required to report on the results of strategies and projects that were implemented through this funding component. As with all MHSA components, INN funds are made available through an approved INN Plan which includes the following required steps: conducting a planning process informed by community stakeholders, plan development, a 30-Day Public Review, a Public Hearing, and obtaining approvals by the local City Council and the California Mental Health Services Oversight and Accountability Commission (MHSOAC).

## **COMMUNITY PROGRAM PLANNING (CPP)**

Community Program Planning (CPP) for this proposed modification to the City of Berkeley's Trauma Informed Care for Educators Innovations Plan took place over a two month period enabling opportunities for input from the MHSA Advisory Committee members, consumers, family members, representatives from community-based organizations, individuals from unserved, underserved and inappropriately served populations; BMH Staff, City Commissioners, and other MHSA Stakeholders. During this process, two MHSA Advisory Committee meetings and four Community Input meetings were held. Feedback acquired during the CPP process was largely favorable. Input received included utilizing a portion of the INN funds on a new project that would implement a Trauma-Informed Dynamic Mindfulness Program for Early Childhood Education to reach early childhood educators, families, and children aged 0-5.

A 30-Day Public Review was held from Wednesday, June 27, through Thursday, July 26, 2018 to invite input on this MHSA INN Trauma Informed Care Plan Update. A copy of the Plan was posted on the BMH MHSA website and was available for reviewing in hard copy format at the downtown Public Library at 2090 Kittredge Street. An announcement of the 30-Day Public Review was mailed and/or emailed to community stakeholders. Immediately following the 30-day public review period a Public Hearing was held at the Mental Health Commission on Thursday, July 26, 2018 at 7:00pm at the North Berkeley Senior Center.

Comments received during the 30-day public review and/or at the Public Hearing included: Ensuring that educators/staff will not use language in students files that would label them in anyway and that educators will not be conducting mental health assessments, nor making inappropriate assumptions about whether students need mental health services or supports; Collaborate with the First 5 Alameda County initiative. This input will be utilized to inform how the modified TIC Project will be implemented.

Another comment was for the MHSA INN Plan Update to outline the estimated number of clients to be served, instead of the estimated number of clients to be impacted. With a proposed change to the target population the exact number of clients who will be served by this approach is unknown at this time, therefore the Division has estimated that approximately 500 individuals will be impacted by this approach. One additional comment was to ensure that the language in the draft MHSA INN TIC Plan Update is inclusive and is not privileging one population over another. In response to this comment the language in the MHSA INN Plan Update has been revised. (The written document received on both of these Public Comments is in the Public Comments section at the end of this document).

Following the Public Hearing at the July 26 meeting, the Mental Health Commission passed the following motion:

M/S/C (Fine, Davila) Move to approve the MHSA Innovations Trauma Informed Care Plan and to modify it according to the comments on non-discrimination and have the City Attorney review the final plan before going to City Council.

Ayes: Castro, cheema, Davila, Fine, Heda, Kealoha-Blake, Ortiz, Posey; Noes: Ludke; Abstentions: Posey; Absent: None.

The draft MHSA INN TIC Plan Update was modified based on the comments on non-discrimination and the City Attorney has reviewed the final plan.

## **CITY OF BERKELEY MHSA INN TRAUMA INFORMED CARE FOR EDUCATORS PROJECT**

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

The approved INN Plan made a change to existing TIC for Educator models through the following:

- Implementing a “Train the Trainer” model to build capacity and sustainability in the participating schools and to create an institutional culture of trauma informed educators;
- Implementing the project through an existing Learning Collaborative (City of Berkeley 2020 Vision Program) which will stay involved in, connected to, and provide support on the strategy on an ongoing basis through “Peer Support Learning Circles”;
- Focusing on the educator’s recognition of their own trauma/trauma triggers as a conduit to better understanding youth “acting out” behaviors;
- Inviting parents to participate in the training to assist them in recognizing their children’s, and their own, trauma/trauma triggers and in seeking supports.

The Intended Outcomes and Learning Objectives are to:

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

This project was originally approved from June 2016 through June 2018. In May 2018, the City of Berkeley requested and was granted an extension for this project through June 2021. The Budget for the current approved project is \$180,000.

### **PROPOSED CHANGES**

The proposed changes to the approved TIC Project are to: shift the population from BUSD, to four area YMCA Head Start Centers; and to change the remaining project Budget amount to \$336,825 (which includes \$70,691 of unspent funds from the original project budget). Aside from these proposed changes, the project and Learning Objectives will remain the same in all other aspects.

### **REASONS FOR PROPOSED CHANGES**

Upon the Mental Health Services Oversight and Accountability Commission (MHSAOAC) approval of the original TIC Project, it was implemented through the 20/20 Vision Program which is operated out of the City of Berkeley, City Manager’s Office. After a year of the TIC Project being executed, there were two vacancies in the 20/20 Vision Program which impacted the ability to continue the implementation of the TIC Project. The project was only able to be implemented for one year and during that timeframe an evaluation was conducted by an outside consultant on the project outcomes which are reflected in the “City of Berkeley Mental Health Services Act (MHSA) Fiscal Year 2017 Innovations Evaluation Report” which is located on the City of Berkeley MHSA Website. Although an evaluation was conducted, given that there was only one year of project implementation, it was not enough time to adequately evaluate the learning objectives.

Additionally once the new 2020 Vision Manager was hired, meetings were held with several of the BUSD principals who indicated that although their schools received a lot of positive benefits out of the TIC project, additional training requirements within the school system have been added for teachers and administrators that will need to be fulfilled over the next couple of years. As a result, the TIC Project may not be able to be prioritized within the school system at this time. In light of the changes in the school system, the 2020 Vision Manager did some outreach and found that four area Head Start Centers are interested in executing the same TIC Project for their early childhood educators and staff, to impact the children and families who are served at the centers. As such, the City of Berkeley would like to change the population from recipients at BUSD to area Head Start centers.

Changing the remaining Project Budget to \$336,825 (which includes \$70,691 of unspent funds from the current approved project budget amount) will ensure there is enough funding available to appropriately execute all aspects of the project and evaluation, over the three year timeframe. The proposed use of funds is consistent with the City Council approved MHSA Reversion Expenditure Plan.

## **TIC PROJECT BACKGROUND AND OVERVIEW**

### **BACKGROUND**

Repeatedly voiced through multiple MHSA Community Planning processes has been the need to institute supportive services to address trauma within the youth population. A call for solutions to be implemented within school settings has been especially noted. Children and youth who have been traumatized often “act out” at school through various behaviors that are traditionally viewed as “problematic”. Youth exhibiting acting out behaviors are customarily subjected to disciplinary sanctions, which don’t address their trauma issues and instead, often re-traumatize (or further traumatize) the individual. It is also often the case, in particular with African American youth that acting out behaviors may lead to inappropriate over-referrals to the mental health system. The effects of trauma can have ripple effects on an individual’s ability to be successful in school. According to UCSF Healthy Environments and Response to Trauma in Schools (HEARTS), children who have experienced early, chronic trauma such as family or community violence can develop emotional, behavioral, cognitive, and relationship difficulties that can make it very hard for them to learn and function well in school (Cole et al., 2005)<sup>1</sup>. Exposure to trauma is associated with a higher risk for school dropout (Porche et al., 2011)<sup>2</sup>, and in turn, dropping out of school increases the risk of being imprisoned (Center for Labor Market Studies, 2009)<sup>3</sup>. African American, Latino and Native American families are often disproportionately impacted by trauma. Based on research, it has been determined that trauma, which can be caused by racism and the social determinants associated with it, leads to stress and a child’s ability to cope, thrive and succeed in life.

The YMCA of the East Bay (YMCA) currently serves 368 low income children from birth to age five and their families in Berkeley with the primary goal of preparing children for school success. Approximately 90% of the families meet the federal poverty guidelines (\$25,100 for a family of 4) and at least 10% of the children have disabilities. The children come from a variety of cultures and speak a variety of languages reflecting the low income community at large (31% African American, 26% Latino, 5% Asian, 4% White, 4% Other, 4% multi/biracial and 26% unspecified [typically Middle Eastern or Latino families]).

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<sup>1</sup> Cole, M., Cole, S. R., & Lightfoot, C. (2005). *The development of children*. Macmillan.

<sup>2</sup> Porche, M. V., Fortuna, L. R., Lin, J., & Alegria, M. (2011). Childhood Trauma and Psychiatric Disorders as Correlates of School Dropout in a National Sample of Young Adults. *Child Development*, 82(3), 982–998. <http://doi.org/10.1111/j.1467-8624.2010.01534.x>

<sup>3</sup> U.S. Department of Labor, Bureau of Labor Statistics. “Table 7: Employment status of the civilian noninstitutional population 25 years and over by educational attainment, sex, race, and Hispanic or Latino ethnicity,” at <http://stats.bls.gov/cps/cpsa2006.pdf>.

These students and their families are subject to high stressors due to poverty, disability, instability, homelessness, among other factors. Head Start gives hiring preference to parents of current and former students. As a result, many Head Start staff experience similar stresses in their lives while also experiencing the stresses of the children and parents they serve. Because of the nature of early education and the age of participant children in the program (birth to age 5) it is impossible to “treat” the child only without involvement of the family. Research clearly demonstrates that 90% of children’s brain development occurs in the first five years of life, clearly impacting any interventions at this age.

The 2020 Vision is a city-wide movement that was created to ensure academic success and well-being for all children and youth growing up in Berkeley, by closing the achievement gap in Berkeley’s public schools by the year 2020. On June 24, 2008, Resolutions were adopted by the Berkeley City Council and Governing School Board to authorize the development of plans and models for internal and cross-jurisdictional collaboration to remove barriers to learning and to promote healthy development for all Berkeley children and youth (64,113-N.S).

To date, there has been significant input during the 2020 Vision work and the Berkeley Unified School District (BUSD) “Local Control and Accountability Plan” (LCAP) process (which informs the plan on how certain state funding will be allocated) that the mental health needs of students in BUSD, particularly children of color, are not being adequately addressed. Feedback around this has largely been based on information gathered from other school systems who have implemented the “Adverse Childhood Experience Survey” (ACES) which measures abuse, neglect and other traumatic experiences that occur to individuals under 18 years of age. Additionally, many Head Start teachers have provided input that they don’t feel adequately prepared to support children who are coming into area programs with so much trauma.

The 2020 Vision collaborative partners have proposed to address some of the issues associated with child trauma and the achievement gap through becoming a Trauma Informed Care (TIC) program. The mental health approach of TIC has become an innovative strategy to change the way agencies serve children and their families. A TIC system is one that builds awareness and knowledge of trauma to shape policies and practices aimed at reducing the re-traumatization of youth and families and the professionals who serve them. TIC trained systems operate under the following six principles and competencies:

- i. Trauma Understanding
- ii. Cultural Humility and Responsiveness
- iii. Safety and Stability
- iv. Compassion and Dependability
- v. Collaboration and Empowerment
- vi. Resiliency and recovery

A review of the research on school systems and other agencies that have implemented a TIC model showed that following TIC Training for educators there were decreases in disciplinary actions and suspensions around “problematic” student behaviors. However, it is unknown if while decreasing disciplinary actions/suspensions, whether the approach had a simultaneous effect on assisting students who were suffering from trauma and mental health issues to receive the supports they needed. It was also found that schools utilized outside trainers who came into the system and worked with school staff. However the model was not sustainable after the trainers left and the funding ended.

## PROJECT OVERVIEW

The modified INN project will implement TIC training for educators (and interested parents) in four Head Start centers. The primary purposes of this project are to increase access to mental health services for children/families in need, increase access for underserved groups, and increase the quality of mental health and other support services, resulting in better outcomes for children, families and staff.

The project will test whether a change in the mental health approach of TIC training in a Head Start setting will assist children (particularly those who are underserved) in receiving the services and supports they need in direct response to trauma and stress induced behaviors. For children who are referred, the project will also examine the appropriateness of the mental health services they receive. The proposed INN project will make a change to existing TIC for educator models through the following:

- Implementing a “Train the Trainer” model to build capacity and sustainability in the participating Head Start centers and to create an institutional culture of trauma informed staff;
- Implementing the project through an existing Learning Collaborative (2020 Vision) which will stay involved in, connected to, and provide support on the strategy on an ongoing basis through “Peer Support Learning Circles”;
- Focusing on the staff and educator’s recognition of their own trauma/trauma triggers as a conduit to better understanding child “acting out” behaviors;
- Inviting parents to participate in the training to assist them in recognizing their children’s and their own trauma/trauma triggers and in seeking supports, and helping facilitate peer support among families in the program.

The timeline of the project is November 2018 through June 2021. An Evaluator will be involved at the beginning and throughout the project, and Stakeholders will have opportunities to meet with the Evaluator to provide their perspectives on the evaluation methodology and the methods for disseminating the results.

The Intended Outcomes are to:

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

Outcomes may be measured through the following: TIC Training of educators pre and post trauma perception surveys; review of number and type of mental health referrals compared to a baseline of the previous year. Following the completion of the project, the evaluation results will be written up, communicated through various venues and disseminated throughout the City via a variety of means.

It is anticipated that the modified INN TIC Project will contribute to a changed practice in the Head Start system on how these centers deal with children and parents who have been exposed to trauma and/or have mental health issues. Ideally, the project will enable Head Start educators and staff to recognize their own trauma triggers and will assist them in increasing their own self-care around these issues so they are better able to recognize what may be behind children who are exhibiting “acting out” behaviors. As such, they will be better equipped to make appropriate decisions on how to address children who are experiencing trauma symptoms and thus be first responders in assisting children in accessing the mental health services and supports they need. In an effort to support children and their families in the home, parents who are interested will be able to participate in the same TIC training to help them in recognizing their own trauma/trauma triggers and provide them with tools to better assist them in recognizing and supporting their children’s trauma induced symptoms.

PROPOSED TIMELINE	
DATE	DELIVERABLE
Nov. 2018	Planning and Program Development
Nov. – Dec 2018	Training of 8-12 Trainers (~16 hours of training/person)
Jan. – Mar 2019	Administer pre-test measurements. Train Head Start educators and staff
Feb. – Apr. 2019	Begin Peer Learning Circles to reinforce TIC training and encourage application of these strategies and techniques in classrooms and all interactions with students and their families (each participant will attend 4 - 6 circles per year; circles will be facilitated by the TIC trainers)
Mar. – Jun. 2019	Launch classroom and one-on-one teacher coaching via Head Start's Mental Health consultants (all of whom will participate in the TIC training)
Jun. – Aug. 2019	Establish training module for new staff
Aug. – Oct. 2019	Launch TIC Training and Peer Learning circles for parents. Launch peer learning circle for Leaders (Center and program administrators) to develop strong institution-wide leadership for the TIC strategy. Administer post-test measurements
Nov. 2019 – Apr. 2021	Continue project, collect data. Analyze data
Apr. 2021 – June 2021	Communicate results and lessons learned

BUDGET NARRATIVE
<p><b><u>Personnel Expenditures:</u></b> Costs for Project Manager and personnel with YMCA who will be directly implementing the project.</p> <p><b><u>Operating Expenditures:</u></b> Costs for infrastructure, administrative support, mileage, travel, office supplies, space and other common operating expenses for the project.</p> <p><b><u>Non-recurring Expenditures:</u></b> Costs for curriculum and IT required for the project. Contracts - Training Consultant: Costs to utilize T2 Regional Center Trainers to train 2020 Vision Collaborative partners.</p> <p><b><u>Other Expenditures:</u></b> Planned costs for an outside independent evaluator for the project.</p>

**TIC BUDGET**

<b>A. EXPENDITURES</b>					
	<b>Type of Expenditure</b>	<b>FY 2018 Nov 2018- June 2019</b>	<b>FY 2019 July 2019- June 2020</b>	<b>FY 2020 July 2020- June 2021</b>	<b>Total</b>
1	Personnel expenditures, including salaries, wages, and benefits	\$ 9,833	\$ 72,800	\$ 54,600	\$ 137,233
2	Operating expenditures	\$ -	\$ 14,000	\$ 10,000	\$ 24,000
3	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovative Project	\$ 1,500	\$ 6,825		\$ 8,325
4	Contracts (Training Consultant/ Coaches Contracts)	\$ 0*	\$ 0*	\$ 25,609	\$ 25,609
5	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative (Costs for an Evaluator)	\$ 5,000	\$ 17,800	\$ 14,500	\$ 37,300
	<b>Total Direct Expenses</b>	<b>\$ 16,333</b>	<b>\$ 111,425</b>	<b>\$ 104,709</b>	<b>\$ 232,467</b>
6	Indirect	\$ 5,757	\$ 17,010	\$ 10,900	\$ 33,667
	<b>Total Proposed Expenditures</b>	<b>\$ 22,090</b>	<b>\$ 128,435</b>	<b>\$ 115,609</b>	<b>\$ 266,134</b>
<b>B. REVENUES</b>					
1	MHSA Innovation Funds	\$ 22,090	\$ 128,435	\$ 115,609	\$ 266,134
2	Medi-Cal Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Any other funding (specify)				
	<b>Total Revenues</b>	<b>\$ 22,090</b>	<b>\$ 128,435</b>	<b>\$ 115,609</b>	<b>\$ 266,134</b>
<b>C. TOTAL FUNDING REQUESTED (total amount of MHSA Innovation funds you are requesting that MHSOAC approve)</b>		<b>\$ 22,090</b>	<b>\$ 128,435</b>	<b>\$ 115,609</b>	<b>\$ 266,134</b>

\*Previously approved and remaining \$70,691 funds will be spent on the Training Consultant.

# INNOVATIVE PROJECT CHANGE REQUEST

County: City of Berkeley

Date Submitted: August 29, 2018

Project Name: Trauma Informed Care for Educators Project

**1.) Restate the INN Project's primary learning question(s) or objective(s). What is it you want to learn or better understand over the course of the Innovative Project?**

To learn whether modifying the mental health approach of Trauma Informed Care (TIC) Training for Educators will increase access to mental health services and supports for students in need, (particularly for underserved ethnic groups), and increase the quality of mental health services, including better outcomes. The learning objectives for the TIC Project are as follows:

- To create a change in the way teachers view and handle problematic student behaviors (which often mask trauma);
- To create an increase in access to mental health services and supports for students in need; and
- To promote better mental health outcomes by increasing student referrals to "appropriate" mental health services.

**2.) Changes to the INN Project Requiring Approval**

**What change(s) would you like to make to this INN Project? (Check all that apply)**

- Change the primary purpose
- Change the basic practice or approach
- An increase in expenditures, such that more funds are expended than previously approved
- Any other change for which you would like to voluntarily submit for approval – A change to the population involved in the project (from schools to Head Start Centers).

**For each change:**

**A.) State what was approved and describe the proposed change(s).**

Approved Trauma Informed Care for Educators Project

The current approved INN Project implements a Trauma Informed Care (TIC) for Educators training into several Berkeley Unified School District (BUSD) schools to assess whether educators who are trained to become aware of their own trauma and trauma triggers (and how to address them), are better equipped to recognize and make appropriate decisions on how to help students who are exhibiting trauma symptoms, and assist them in accessing the mental health services and supports they may need.

The approved INN Plan made a change to existing TIC for Educator models through the following:

- Implementing a "Train the Trainer" model to build capacity and sustainability in the participating schools and to create an institutional culture of trauma informed educators;
- Implementing the project through an existing Learning Collaborative (City of Berkeley 2020 Vision Program) which will stay involved in, connected to, and provide support on the strategy on an ongoing basis through "Peer Support Learning Circles";
- Focusing on the educator's recognition of their own trauma/trauma triggers as a conduit to better understanding youth "acting out" behaviors;
- Inviting parents to participate in the training to assist them in recognizing their children's, and their own, trauma/trauma triggers and in seeking supports.

This project was originally approved from June 2016 through June 2018. In May 2018, the City of Berkeley requested and was granted an extension for this project through June 2021. The Budget for the current approved project is \$180,000.

## INNOVATIVE PROJECT CHANGE REQUEST

### Proposed Changes to the Trauma Informed Care for Educators Project

The proposed changes to the project are to:

- Shift the population from BUSD, to four area YMCA Head Start Centers; and
- Change the remaining project Budget amount to \$336,825.

Aside from these proposed changes, the project and Learning Questions will remain the same in all other aspects.

#### **B.) List the reasons for the changes**

Upon the Mental Health Services Oversight and Accountability Commission (MHSOAC) approval of the original TIC Project, it was implemented through the 20/20 Vision Program which is operated out of the City of Berkeley, City Manager's Office. After a year of the TIC Project being executed, there were two vacancies in the 20/20 Vision Program which impacted the ability to continue the implementation of the TIC Project. The project was only able to be implemented for one year and during that timeframe an evaluation was conducted by an outside consultant on the project outcomes which are reflected in the "City of Berkeley Mental Health Services Act (MHSA) Fiscal Year 2017 Innovations Evaluation Report" which is located on the City of Berkeley MHSA Website. Although an evaluation was conducted, given there was only one year of project implementation, it was not enough time to adequately evaluate the learning objectives.

Additionally once the new 2020 Vision Manager was hired, meetings were held with several of the BUSD principals who indicated that although their schools received a lot of positive benefits out of the TIC project, additional training requirements within the school system have been added for teachers and administrators that will need to be fulfilled over the next couple of years. As a result, the TIC Project may not be able to be prioritized within the school system at this time. In light of the changes in the school system, the 2020 Vision Manager did some outreach and found that four area Head Start Centers are interested in executing the same TIC Project for their early childhood educators and staff, to impact the children and families who are served at the centers. As such, the City of Berkeley would like to change the population from recipients at BUSD to area Head Start centers. Changing the remaining Project Budget to \$336,825 (which includes \$70,691 of unspent funds from the current approved project budget amount) will ensure there is enough funding available to appropriately execute all aspects of the project and evaluation, over the three year timeframe.

#### **C.) Describe how stakeholder involvement contributed to this change request**

Community Program Planning (CPP) for the proposed changes to the City of Berkeley's Trauma Informed Care for Educators Innovations Plan was conducted at the same time as planning for the MHSA FY2019 Annual Update. CPP took place over a two month period enabling opportunities for input from the MHSA Advisory Committee members, consumers, family members, representatives from community-based organizations, individuals from unserved, underserved and inappropriately served populations; BMH Staff, City Commissioners, and other MHSA Stakeholders. During this process, two MHSA Advisory Committee meetings and four Community Input meetings were held.

Feedback acquired during the CPP process was largely favorable. Input received included utilizing a portion of the INN funds on a new project that would implement a Trauma-Informed Dynamic Mindfulness Program for Early Childhood Education to reach early Childhood Educators, Families, and Children aged 0-5.

A 30-Day Public Review is currently being held from Tuesday, June 26 through Wednesday, July 25 to invite input on the proposed changes to the MHSA Trauma Informed Care for Educators Plan. A copy of the Plan has been posted on the BMH MHSA website and is available for reviewing in hard copy format at the downtown Public Library at 2090 Kittredge Street. An announcement of the 30-Day Public Review has been mailed and/or emailed to community stakeholders. Immediately following the 30-day public review period a Public Hearing will be held at the Mental Health Commission on Thursday, July 26, 2018 at 7:00pm at the North Berkeley Senior Center.

#### **D.) Desired date that the change would take effect: mm/dd/yyyy**

The desired date that the change would take effect, following the anticipated schedule for meeting all MHSA regulations for approval processes and obtaining MHSOAC approval would be November 1, 2018.

### **INNOVATIONS TRAUMA INFORMED CARE (TIC) MODIFIED PROJECT\***

\*This modified INN TIC Project has all the same learning objectives and program aspects of the original approved project with the exception of a change to the population and program budget amount as previously stated above.

## INNOVATIVE PROJECT CHANGE REQUEST

**1. Select one of the following purposes that most closely corresponds to the Innovative Project's learning goal and that will be a key focus of your evaluation.**

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

**2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovative Project reflects more than one primary purpose in addition to the one you have selected, you may explain how and why other primary purposes also apply and will be reflected in the Innovative Project.**

This project is being prioritized in response to community input around the need for trauma services and supports for children/families in need. The primary purposes of this project are to increase access to mental health services for children in need, increase access for underserved groups, and increase the quality of mental health services, including better outcomes. The project will test whether a change in the mental health approach of Trauma Informed Care (TIC) training for Head Start educators and staff will assist children (particularly those who are underserved) in receiving the services and supports they need in direct response to trauma and stress induced behaviors. For students who are referred, the project will also examine the appropriateness of the mental health services they receive.

**3. Which MHSa definition applies to your new Innovative Project, i.e. how does the Innovative Project a) introduce a new mental health practice or approach; or b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovative Project to contribute to the development and evaluation of a new or changed practice within the field of mental health? Why is this change significant and worth your investment in MHSa Innovation?**

The proposed strategy will make a change to an existing mental health approach that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.

The proposed INN project will make a change to existing TIC for Educator models through the following:

- Implementing a "Train the Trainer" model to build capacity and sustainability in the participating schools and to institutionalize a trauma-informed culture at Berkeley's Head Start centers
- Implementing the project through an existing Learning Collaborative (2020 Vision) which will stay involved in, connected to, and provide support on the strategy on an ongoing basis through "Peer Support Learning Circles";
- Focusing on the Head Start educators and staff's recognition of their own trauma/trauma triggers as a conduit to better understanding child "acting out" behaviors;
- Inviting parents to participate in the training to assist them in recognizing their children's, and their own, trauma/trauma triggers and in seeking supports; and
- Serving a population that includes very young children and their families.

It is anticipated that the proposed INN project will contribute to a changed practice in the Head Start system on how these centers deal with children and parents who have been exposed to trauma and/or have mental health issues. Ideally, the proposed INN project will enable Head Start educators and staff to recognize their own trauma and trauma triggers and will assist them in increasing their own self-care around these issues so they are better able to recognize what may be behind child "acting out" behaviors. As such, they will be better equipped to make appropriate decisions on how to address students who are exhibiting trauma symptoms and thus be first responders in assisting children in accessing the mental health services and supports they need. In an effort to support children and families in the home, parents who are interested will be able to participate in the same TIC training to help them in recognizing their own trauma/trauma triggers and provide them with tools to better assist them in recognizing and supporting their children's trauma induced responses.

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The results of the modified INN project will potentially inform future efforts of utilizing the TIC model for educators in Head Start Centers. Additionally, given the increased understanding of the effect of ACES (Adverse Childhood Events) on child development, health, and mental health, an improvement of the TIC model can have huge effects as the model continues to be implemented.

**4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.**

Through this modified TIC Project the City of Berkeley is proposing to change the existing mental health approach of TIC for educators by utilizing several strategies to embed the TIC model in Head Start Centers including: training lead trainers in four YMCA Head Start centers who will be program champions for the approach; and creating ongoing Peer Support Learning Circles within the participating centers to enable educators to receive ongoing consultation from the lead trainers and the 2020 Vision Partners. Head Start lead trainers will conduct the TIC training of teachers, school staff and interested parents, at the participating Head Start Centers.

The changed TIC model will assist early childhood educators in becoming aware of their own trauma/trauma triggers as a first step towards recognizing and assisting both children and families exhibiting trauma related behaviors and responses. In the second year, parents will also be invited to receive the TIC Training. The proposed project will test whether adapting the mental health approach of TIC training for educators will provide teachers and staff with a better ability to identify and support children who are suffering from trauma and to refer those in need to appropriate mental health services and supports.

While increasing an understanding around trauma related behaviors, current TIC training for educators that have been implemented have not done the following:

- Implemented this model through a “Train the Trainer” approach to ensure consistency and sustainability;
- Instituted ongoing support for educators through “Peer Support Learning Circles”;
- Tested whether this approach increases access to mental health services and promotes better mental health outcomes for young children and their families.

**4a. If applicable, describe the population to be served, including demographic information relevant to the specific Innovative Project such as age, gender identity, race, ethnicity, sexual orientation, and language used to communicate**

The population to be served will be Teachers/School Staff/Administrators (and Parents) from four Head Start centers located in Berkeley, CA. The approach will measure the impact on all children (aged 0-5). The Head Start program welcomes children and families of all genders and gender identities, races and ethnicities, and sexual orientations and the project will impact all program participants. The current race/ethnic demographic breakdown of the Head Start population is as follows: 31% African American, 26% Latino, 5% Asian, 4% White, 4% multi/biracial, 4% other, and 26% unspecified.

**4b. If applicable, describe the estimated number of clients expected to be served annually**

It is anticipated that approximately 500 individuals will be impacted by this approach.

**4c. Describe briefly, with specific examples, how the Innovative Project will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovative Project, explain why. The following are the General Standards to address. Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards:**

- Community collaboration - This will be a Collaboration with the selected Head Start centers and the communities’ 2020 Vision Collaborative partners.
- Cultural competence – Utilizing the mental health approach of TIC training for educators in Head Start programs has become an innovative strategy for working with children and their families.
- Client-driven The “clients” of this approach are twofold: (1) Head Start teachers, staff, and administrators who will be surveyed pre and post the implementation of the modified TIC Training; and (2) students and their families

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who receive mental health supports, both of which will have opportunities to inform the process through such avenues as participant self-report, focus groups, etc.

- iv. Family-driven – Head Start’s Policy Council, which includes 25 parents and community members, will be involved in project design and oversight.
- v. Wellness, recovery, and resilience-focused – The proposed INN TIC project utilizes strengths-based, recovery oriented approaches to intervene in, and provide supports for trauma exposed individuals.
- vi. Integrated service experience for clients and families – The proposed INN TIC project is an integration between the 2020 Vision collaborative, Head Start, Berkeley Mental Health, Public Health, etc., and will provide a seamless experience for children and families.

### **4d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with MHS Innovation funds**

NA. Individuals in need of mental health services will ideally have been referred to BMH and/or area providers, and those services will be funded through non-MHSA Innovations funding streams from program onset.

### **5. Specify the total timeframe of the Innovative Project. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement throughout.**

The timeline for the proposed INN TIC project will be from October 2018 through June 2021 which will provide the necessary timeframe for the development, implementation, evaluation, decision making and communication of the results and lessons learned. An Evaluator will inform and shape the evaluation methodology. MHS and 2020 Vision stakeholders will be informed of the project implementation throughout and will be provided with opportunities for input.

#### **Proposed Timeline**

- Nov. 2018: Planning and Program Development
- Nov. – Dec 2018: Training of 8-12 Trainers (~16 hours of training/person)
- Jan. – Mar 2019: Administer pre-test measurements. Train Head Start educators and staff
- Feb. – Apr. 2019: Begin Peer Learning Circles to reinforce TIC training and encourage application of these strategies and techniques in classrooms and all interactions with students and their families (each participant will attend 4 - 6 circles per year; circles will be facilitated by the TIC trainers)
- Mar. – Jun. 2019: Launch classroom and one-on-one teacher coaching via Head Start’s Mental Health consultants (all of whom will participate in the TIC training)
- Jun. – Aug. 2019: Establish training module for new staff
- Aug. – Oct. 2019: Launch TIC Training and Peer Learning circles for parents. Launch peer learning circle for Leaders (Center and program administrators) to develop strong institution-wide leadership for the TIC strategy. Administer post-test measurements
- Nov. 2019 – Apr. 2021: Continue project, collect data. Analyze data
- Apr. 2021 – June 2021: Communicate results and lessons learned

### **6. Describe how you plan to measure the results, impact, and lessons learned from your Innovative Project. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to**

## INNOVATIVE PROJECT CHANGE REQUEST

**relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.**

An Evaluator will be involved at the beginning and throughout the project, as such, the specific evaluation design, methodology and strategies to ensure the evaluation will be culturally competent has yet to be developed. Stakeholders will have the opportunity to meet with the Evaluator to provide their perspectives on the evaluation methodology and design and the methods for disseminating the results.

The intended outcomes are:

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

Outcomes will be measured through the following: TIC Training pre and post trauma perception surveys; review of number and type of mental health referrals compared to a baseline of the previous year.

**7. Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned as a result related to your Innovative Project: within your County and to other counties.**

It is anticipated that evaluation results will be communicated through a report and presentation that will be presented at several Community Meetings; on the City of Berkeley MHSA website and available to the public.

The 2020 Vision collaborative effort utilizes the principles of collective impact to leverage resources and solve complex social issues, such as social-emotional challenges, equity, and educational achievement. As such, results and lessons learned from the modified INN TIC project will be communicated, and disseminated through the City of Berkeley's Public Information Office and 2020 Vision communications strategies.

**8. If applicable, provide a list of resources to be leveraged.**

- 2020 Vision Collaborative partner in-kind services
- YMCA Head Start Program
- Existing Mental Health services for referred children and families.

# **PUBLIC COMMENTS**

Margaret Fine, JD, PhD  
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July 26, 2018

Karen Klatt  
MHSA Coordinator  
Division of Mental Health  
Department of Housing, Health and Human Services  
3282 Adeline  
Berkeley, CA 94703

Re: Public Comment regarding City of Berkeley, Mental Health Services Act (MHSA) Innovations Trauma Informed Care Plan Change Request by Berkeley Division of Mental Health

Dear Karen,

This public comment addresses the City of Berkeley, Mental Health Services Act (MHSA) Innovations (INN) Trauma Informed Care Plan Change Request (“INN Trauma Plan Change Request”) by the Mental Health Division of the Health, Housing and Community Services (HHCS) Department for the City of Berkeley.

Per this INN Trauma Plan Change Request, I understand the clients will be Head Start teachers, school staff, administrators, families, parents and students. There will also be a Head Start Policy Council, including 25 parents and community members as part of project design and oversight. It recommended the Division of Mental Health (Berkeley Mental Health) kindly confirm that these clients will be served and this composition will comprise the Head Start Policy Council for the Plan.

In response to section 4b requesting a description of the estimated number of clients to be served annually, the Plan states it is anticipated that 500 individuals will be impacted by this approach. It is recommended that Berkeley Mental Health answer this request as to the number of clients to be served, rather than the number of individuals to be impacted by its approach.

The INN Trauma Plan Change Request uses a specific approach that will measure the impact on all children (ages 0-5) and states it “will include various races and ethnicities, and may include various sexual orientations, gender and gender identifies.” This Plan then states, “primary interest will be the impact the approach has on African Americans, Latinos and other marginalized ethnic populations.”

Non-discrimination protections exist to protect groups of people that have historically and systematically been marginalized and excluded. While the INN Trauma Plan refers to measuring the impact on all children (0-5), it privileges some protected groups over other protected groups under applicable law. The language states “will include” (mandatory) and “may include” (discretionary).

Under California law, the non-discrimination protections include race, color, ancestry, national origin, religion, sex, disability, age, genetic information, marital status, sexual orientation, general identity and expression, HIV/AIDS, medical condition, political activities or affiliations, military or

Margaret Fine  
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veteran status, victims of domestic violence. The Division of Mental Health also certifies it MHSA Three Plans and Annual Updates agreeing to comply with applicable law. It is recommended to modify this aforementioned section and any other section according to applicable non-discrimination law, including ensuring even-handed measurement about the impact of its approach among the range of protected groups.

### **Cultural Competency**

When asked to describe how this INN Trauma Informed Plan reflects and is consistent with the MHSA core value of cultural competency, this Plan states: “The mental health approach of TIC (trauma informed care) training for educators has become an innovative strategy to change the way Head Start system serves children of color who have been historically and systemically marginalized.”

It is critical that Head Start teachers, school staff, administration, families, parents and students—the people listed to be served by this INN Plan—use an approach to mental health that includes the range of protected groups. It is thus recommended that Berkeley Mental Health ensure its approach complies with non-discrimination law in this INN Trauma Informed Plan Change Request.

It is notable people belonging to protect groups have experienced trauma on the basis of their protected class, including traumas that can be perpetuated and reinforced by systemic approaches and responses (including not complying with non-discrimination law). It is thus recommended Berkeley Mental Health incorporate these recommendations to expressly provide positive mental health approaches for the range of protected classes under applicable law.

Thank you for taking the time to read the public comments. I look forward to hearing from you.

Sincerely yours,  
Margaret Fine