To: Honorable Mayor and Members of the City Council

From: Dee Williams-Ridley, Interim City Manager

Submitted by: Kelly Wallace, Acting Director, Health, Housing & Community Services

Subject: Revenue Agreement: Alameda County Transition to Independence Program for Berkeley Mental Health

RECOMMENDATION
Adopt a Resolution authorizing the City Manager to execute a revenue agreement with Alameda County Behavioral Health Care Services, and any amendments thereto, for outpatient mental health services to transition age youth in the amount of $537,854 for the term July 1, 2015 through June 30, 2016, and approving the designations as listed on the Alameda County Health Care Services CBO Community Agency Contract Signature Authorization form.

FISCAL IMPACTS OF RECOMMENDATION
Approval of this agreement will provide funding in the amount of $537,854 for the Transition to Independence (TIP) program operated by the Berkeley Mental Health Division’s Family Youth and Children’s Clinic (FYC). The funds cover expenses for 3.57 FTE positions, clinic operating expenses, and client supports such as housing and food assistance. Following the Department’s submission of its FY 2016 budget, Alameda County awarded the funding for this program in the amount of $537,854. This funding is included in revenue budget code 061-4431-331-40-82. The increase to the expenditure budget will be included as part of the First Amendment to the FY 2016 Annual Appropriations Ordinance. This agreement has been entered into the citywide contract management system and assigned CMS No. RQ2D3.

CURRENT SITUATION AND ITS EFFECTS
TIP is a Full Service Partnership program providing intensive therapeutic services to clients, between the ages of 16 and 25, including those transitioning from foster care and the juvenile criminal justice systems. The main objective of the program is to provide clients with skills so that they can live independently after treatment. Since inception of the program in FY 2008, 35% of TIP clients have graduated and are now living independently with minimal or no support from the system.

The agreement requires FYC to maintain a caseload of approximately 20 transition age youth annually. The TIP program provides outreach and engagement, clinical
assessment, medical and psychiatric intervention, and clinical case management services and coordination with other community based agencies. FYC proposes to staff the program with 1.0 FTE Assistant Mental Health Clinician, 1.0 FTE Behavioral Health Clinician II, 0.50 FTE Community Health Worker, 0.25 FTE Psychiatrist (Hourly), 0.17 FTE Mental Health Program Supervisor, 0.50 FTE Office Specialist III, and a 0.15 FTE Associate Management Analyst.

As part of the contract process, the County requires that the Council designate which City staff are authorized to enter into and execute formal agreements and sign invoices, financial documents and similar binding documents on behalf of the City related to this agreement. This Council action provides such authorization.

BACKGROUND
The Berkeley Mental Health Division has received funding through annual agreements with Alameda County Behavioral Health Care Services since FY 2008 to provide clinical and case management services to transition age youth through the TIP program. The funding is from the County’s allocation of Mental Health Service Act funds (Proposition 63).

ENVIRONMENTAL SUSTAINABILITY
There are no identifiable environmental effects or opportunities associated with the subject of this report.

RATIONALE FOR RECOMMENDATION
Services provided under this agreement allow FYC to serve the highest need transition age youth in Berkeley. Funding from this revenue agreement has been included in the FY 2016 budget and fully supports the personnel and direct expenditures required to operate this important program.

ALTERNATIVE ACTIONS CONSIDERED
If the Council does not authorize this revenue contract, the Mental Health Division would discontinue the TIP program.

CONTACT PERSON
Steven Grolnic-McClurg, Mental Health Manager, HH&CS, (510) 981-5249
Fawn Downs, Mental Health Program Supervisor, HH&CS, (510) 981-5236
Gloria Ocampo, Associate Management Analyst, HH&CS, (510) 981-5120

Attachments:
1: Resolution
   Exhibit A: Signature Authorization Form
RESOLUTION NO. ##.###-N.S.

REVENUE AGREEMENT: ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES FOR MENTAL HEALTH SERVICES FOR TRANSITION AGE YOUTH

WHEREAS, the City of Berkeley Mental Health Division has previously been awarded revenue contracts by Alameda County for mental health services to transition age youth; and

WHEREAS, the City of Berkeley received notification from Alameda County Behavioral Health Care Services on May 6, 2015 of its intent to enter into a revenue contract with the Mental Health Division for FY 2016 for the TIP program in the amount of $537,854; and

WHEREAS, the City of Berkeley Mental Health Division proposes to continue providing these services with existing positions and has included the program funding in the FY 2016 budget; and

WHEREAS, the County requires that the City Council authorize the CBO Contract Signature Authorization form, which authorizes the City Manager and her designees to sign documents on behalf of the City on matters related to this contract.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager is authorized to execute a revenue agreement (CMS No. RQ2D3) with Alameda County Behavioral Health Care Services, and any amendments thereto, for outpatient mental health services to transition aged youth in the amount of $537,854 for the term July 1, 2015 through June 30, 2016 (revenue budget code 061-4431-331-40-82 and expenditure budget codes 061-4431-440-1101-9999), and that Council approves the designations as listed on the Alameda County Health Care Services CBO Contract Signature Authorization form, attached hereto as Exhibit A. A record signature copy of said contract to be on file in the Office of the City Clerk.

Exhibits
A: Signature Authorization Form
BE IT HEREBY RESOLVED that the Board of Directors of 
The City of Berkeley

empowers the individuals designated below to bind this corporation and declares that they are authorized to enter into and execute formal agreements (including contracts) and sign invoices, financial documents and similar binding documents on behalf of the corporation.

Number of signatures required to bind the corporation (i.e., sign the contract): _____

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<th>Mark the appropriate column(s) to indicate the authority for each individual to sign those documents.</th>
<th>FORMAL AGREEMENTS (INCLUDING CONTRACTS AND EXHIBITS A &amp; B)</th>
<th>INVOICES AND OTHER FINANCIAL DOCUMENTS</th>
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<td>Tasha Tervalon, Acting Deputy Director, Health, Housing &amp; Community Services Dept.</td>
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<td>Shana Amenaghawon, Administrative &amp; Fiscal Services Manager</td>
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{   } Check here if this is an amendment only.

This Board resolution shall be in effect until rescinded or amended by the Board of Directors.

We certify that the foregoing resolution was adopted by the Board of Directors of

The City of Berkeley

Corporate Name as shown on Certificate of Incorporation

at a meeting held in ______________________, California on the _____day of ____________________, 20____.