



Office of the City Manager

CONSENT CALENDAR  
November 28, 2017

To: Honorable Mayor and Members of the City Council  
 From: Dee Williams-Ridley, City Manager  
 Submitted by: Paul Buddenhagen, Director, Health, Housing & Community Services  
 Subject: Revenue Agreement: Alameda County Behavioral Health Care Services for Mental Health Services for Transition Age Youth

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 \$604,971 for the term July 1, 2017 through June 30, 2018, 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 \$604,971 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 3.52 FTE positions, clinic operating expenses, and client supports such as housing and food assistance. Following the Department's submission of its FY 2018 budget, Alameda County awarded the funding for this program in the amount of \$604,971, \$20,458 more than the \$584,513 in the FY 2017 revenue budget code 061-4431-331-40-82, to cover a 3.5 Cost of Living Adjustment (COLA). The expenditure budget for TIP is currently budgeted at \$558,360 (budget codes 061-4431-440-1101 through 061-4431-440-9999). The expense budget will be increased in the amount of \$46,611 to match available revenue. The Department will recommend an increase to these budget accounts in the Second Amendment to the FY 2018 Annual Appropriations Ordinance. This agreement has been entered into the citywide contract management system and assigned CMS No. GNXST.

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, 25% 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 to 22 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 Social Services Specialist, 1.0 FTE Senior Behavioral Health Clinician, 0.5 FTE Community Health Worker, .25 FTE Psychiatrist (Hourly), .15 FTE Mental Health Clinical Supervisor, .05 FTE Mental Health Program Supervisor, .50 FTE Office Specialist II, and a .070 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 2018 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) 981-5227

Revenue Agreement: Alameda County Behavioral Health Care Services  
CONSENT CALENDAR  
for Mental Health Services for Transition Age Youth Health

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**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 July 01, 2017 of its intent to enter into a revenue contract with the Mental Health Division for FY 2018 for the TIP program in the amount of \$604,971; 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 2018 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. GNXST) with Alameda County Behavioral Health Care Services, and any amendments thereto, for outpatient mental health services to transition aged youth in the amount of \$604,971 for the term July 1, 2017 through June 30, 2018 (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

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY**  
**CBO CONTRACT SIGNATURE AUTHORIZATION**

**Exhibit A**


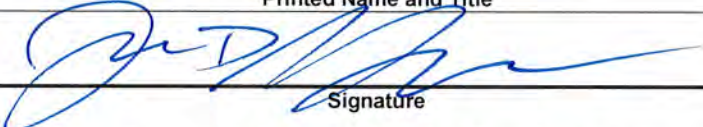
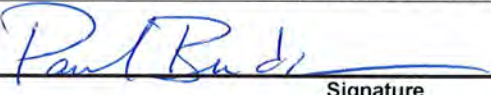
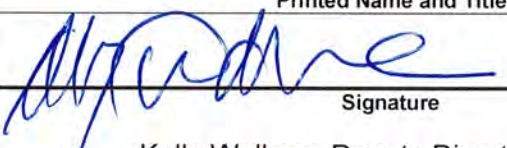
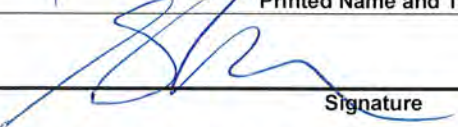
BE IT HEREBY RESOLVED that the Board of Directors of

The City of Berkeley – Health, Housing & Community Services Department (HHCS)

(Organizational Name)

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): 5

Mark the appropriate column(s) to indicate the authority for each individual to sign those documents.	FORMAL AGREEMENTS (INCLUDING CONTRACTS AND EXHIBITS A & B)				INVOICES AND OTHER FINANCIAL DOCUMENTS			
	Agency Admin	Alcohol & Drug	Mental Health	Public Health	Agency Admin	Alcohol & Drug	Mental Health	Public Health
 Signature Dee Williams-Ridley, City Manager Printed Name and Title	X		X	X				
 Signature Jovan D. Grogan, Deputy City Manager Printed Name and Title	X		X	X				
 Signature Paul Buddenhagen, Director, HHCS Printed Name and Title							X	X
 Signature Kelly Wallace, Deputy Director, HHCS. Printed Name and Title							X	X
 Signature Shana Amenaghawon, Fiscal Manager, HHCS Printed Name and Title							X	X

{ } 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

City of Berkeley

Corporate Name as shown on Certificate of Incorporation

at a meeting held in Berkeley, California on the 28 day of November, 2017.

Signature of Board Chairperson

Signature of Board Secretary

