

Office of the City Manager

WORKSESSION
March 20, 2018

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: Work Session: Mental Health Division

SUMMARY

At the request of City Council, the Health, Housing and Community Services Department is providing an overview and update on the Mental Health Division. This report provides information on the structure and services provided by the Mental Health Division, and provides an overview of the relationship between the Mental Health Division and the Alameda County Behavioral Healthcare Plan. The report provides Council with this information with the intent of informing the discussion of mental health services in the City of Berkeley.

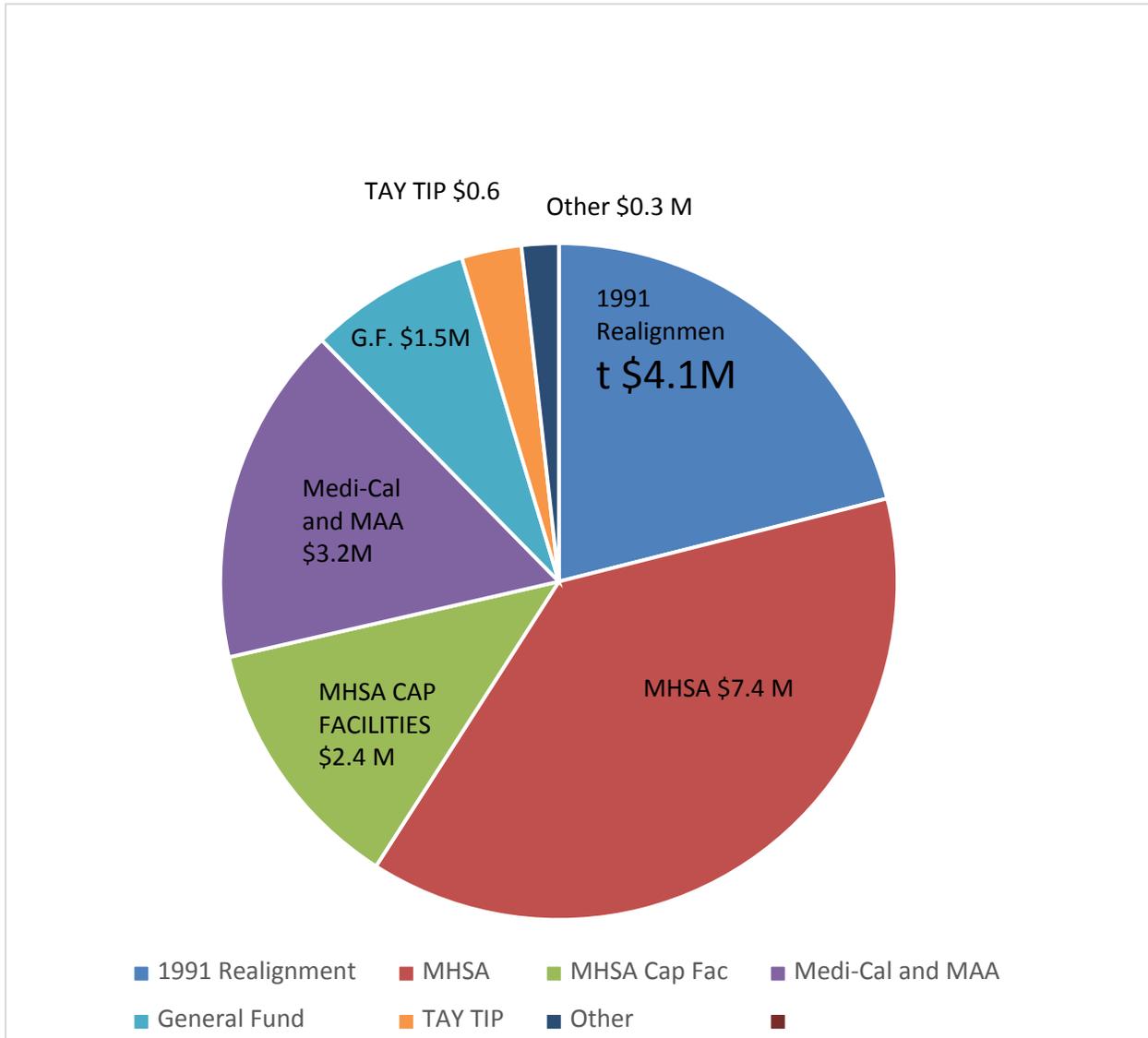
CURRENT SITUATION AND ITS EFFECTS

The Mental Health Division in the City of Berkeley is unique: it is the only stand-alone city provider of mental health services in California. Through a partnership with Alameda County, the mental health division provides ongoing clinical case management services to approximately 350 individuals and families each year, and through its funding and direct services, involves more than 1,000 Berkeley and Albany residents each year.

Funding

The Mental Health Division's funding comes from a variety of sources, including 1991 Realignment, the Mental Health Services Act (MHSA), Medi-Cal, contracts with Alameda County for specific services, and City General Fund. The following chart shows how this revenue is budgeted in FY18:

Berkeley Mental Health FY 2018 Budget



With the exception of City General Fund, all funding for the Mental Health Division is from Federal, State, and County sources.

Most of the funding for the Mental Health Division comes with specific regulations for its allowable uses, and requires providing specific services for specific populations. These include:

MHSA: MHSA is the largest single funding source for mental health services in Berkeley and Albany. This State funding source has several categorical funding streams, including Community Services and Supports (CSS); Prevention and Early

Intervention (PEI), and Innovation. MHSA funding requires that the City of Berkeley pass a yearly MHSA Plan detailing the funding and uses of these funds – the most recent MHSA Plan can be located at:

https://www.cityofberkeley.info/Health_Human_Services/Mental_Health/MHSA_Plans_and_Updates.aspx.

CSS funds are to provide services for adults, youth and children who have a serious mental illness or serious emotional disturbance; PEI funds are intended to prevent the development of serious mental illness or serious emotional disturbance, or to quickly identify those at risk for these concerns and link them to services; and Innovation funds are meant for short term projects to test new ways of providing services. MHSA funding is provided on a monthly basis from the State of California and is based on a specific tax revenue.

1991 Realignment: Realignment is the second largest funding source for mental health services in Berkeley and Albany. Realignment funding is restricted to providing services for those individuals in Berkeley or Albany who have medi-cal or no insurance, and have a qualifying mental health diagnosis and functional impairments in daily living. This funding source prioritizes services for people over 18 with a serious mental illness. Realignment is provided on a monthly basis from the State of California and is based on a portion of vehicle licensing fees.

Medi-Cal: Medi-Cal is an earned Federal revenue source that is claimed for eligible direct services (mental health rehabilitation and case management) and for certain Medi-Cal Administrative Activities (primarily outreach and connection to services for those who don't have medi-cal). Medi-Cal revenue is paid on approved claims or activities and requires a 50% match from a non-federal source (MHSA, 1991 Realignment, or General Fund).

General Fund: The City of Berkeley provides General Fund to the Health, Housing and Community Services Department, a portion of which is used in the Mental Health Division. General Funds are primarily utilized in the mental health division for providing non-mandated services that are not eligible for MHSA, Realignment, or Medi-Cal funding. These include mobile crisis, homeless outreach, and screening and linkage to treatment for those not eligible for services through the mental health division.

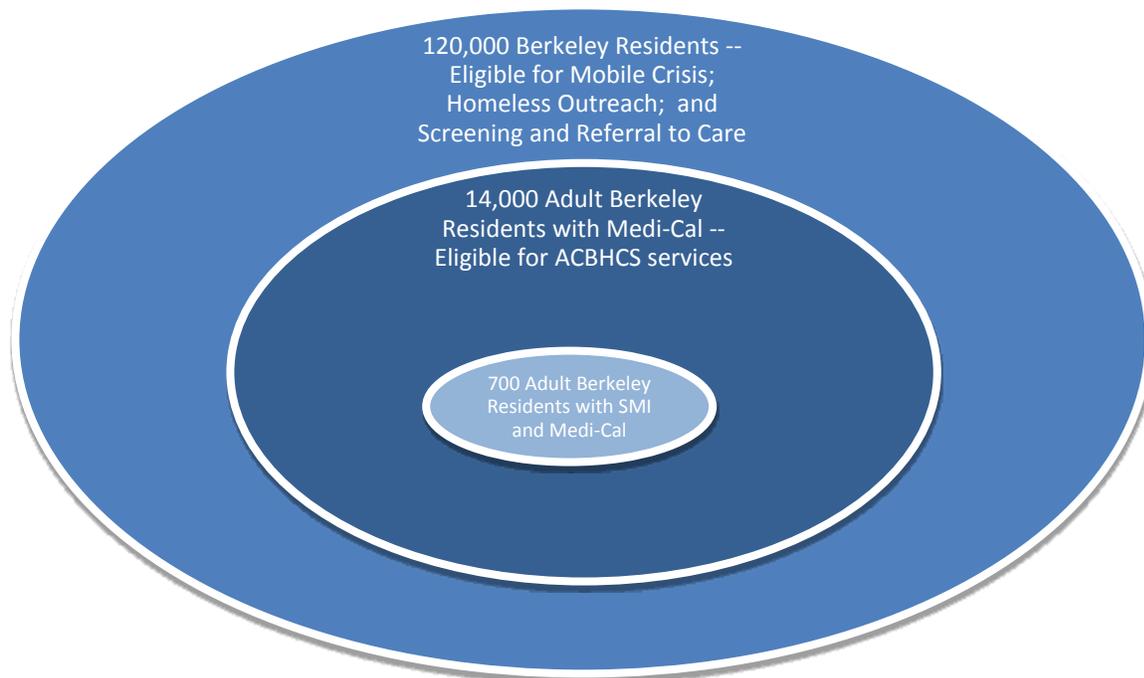
Other Funding: The Mental Health Division receives a variety of other funding, including fee for service reimbursement for Educationally Related Mental Health Services (EHRMS); Early and Periodic Screening, Diagnostic, and Treatment (EPSDT); and Transition Aged Youth Transition To Independence Process (TAY-TIP). Each of these funding sources are for specific services provided to specific populations.

Relationship with Alameda County

Alameda County Behavioral Healthcare Services (ACBHCS) operates the Alameda County Behavioral Healthcare Plan (ACBHCP), which covers individuals in Alameda

County (including Berkeley and Albany) who have Medi-Cal, a qualifying mental illness, and significant functional impairment in daily living. The City of Berkeley provides specific services within the ACBHCP, as mandated by the funding sources mentioned above. This is a unique relationship within California, and requires significant collaboration and cooperation between these two entities.

In general, ACBHCS is responsible for providing and paying for the following: Inpatient Care, Acute and Sub-Acute Residential treatment for children, youth and adults; outpatient services for adults who do not meet the level of care required for City of Berkeley services; and outpatient treatment for children and youth under 18. As many individuals in Berkeley and Albany get services both from Berkeley Mental Health and ACBHCP, there is a need for frequent coordination of services and treatment options. The following graphic gives an idea of the relationship between the City of Berkeley, ACBHCS, and those who are eligible for ongoing clinical adult services from the mental health division:



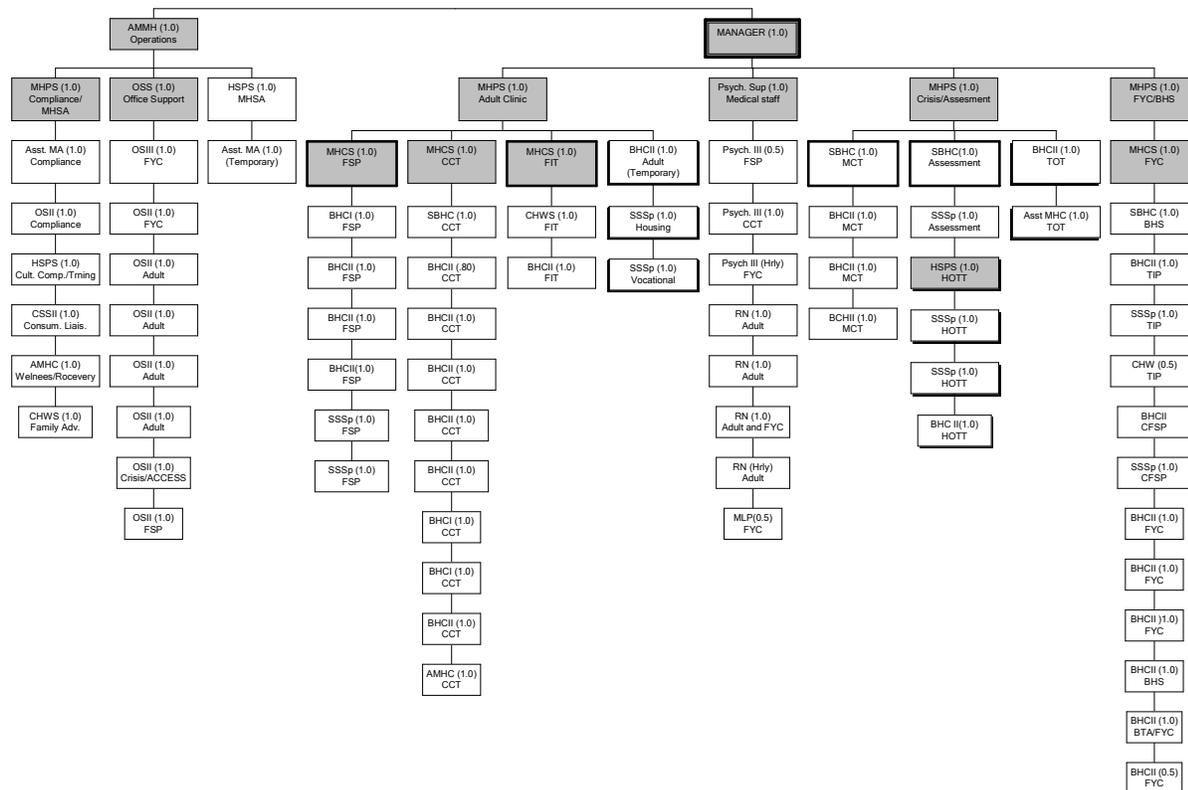
Complicating this relationship even further, some of the funding for the Berkeley mental health division is claimed through ACBHCS (Medi-Cal and MAA), and some of the funding for the mental health division is directly provided by ACBHCS (EPSDT and EHRMS). Analyzing, tracking, reporting and reconciling this funding requires significant effort and attention by both entities.

Fortunately, the management of ACBHCP and HHCS have developed strong working relationships. Berkeley Mental Health management attends multiple regular working groups within ACBHCP. ACBHCP provides data on outcomes and utilization to BMH,

and the two entities collaborate on ensuring the two systems of care provide as seamless an experience for Berkeley and Albany residents as possible.

Structure and Services

The Mental Health Division has 76.8 FTE, divided into several operating units: Adult Services; Family, Youth and Children Services; Medical Services; Compliance and MHSA; and Office Support.



Adult Services

Adult Services provides ongoing clinical case management services to individuals over 18 residing in Berkeley and Albany who have a serious mental illness, functional impairment in daily living, and have Medi-Cal or no insurance. This unit has 24.8 FTE staff.

The Adult Services unit contains three programs -- a Full Service Partnership (FSP), a Comprehensive Care Team (CCT), and a Focus on Independence Team (FIT), along with a housing navigator and employment specialist who serve individuals on all three teams.

The FSP provides the highest level of wraparound outpatient services for 65 individuals who meet the above criteria for care and have additional risk factors (homelessness, history of repeated hospitalization or incarceration, major physical health impairment,

history of violence towards self or others). The treatment model for the FSP is Assertive Community Treatment (ACT), an evidence based model of care where the full team works with each individual. The FSP is staffed by a manager who also provides direct services, six clinicians, a nurse, and .5 FTE of psychiatry. The ratio of clinician to consumers on this team is 1-10.

The CCT provides clinical case management to about 150 consumers who meet the criteria for treatment in an individual case management model, and has a clinician to consumer ratio of 1-20. CCT utilizes Motivational Interviewing (MI), an evidenced based treatment model to provide intensive services that support individuals in moving forward in their lives towards recovery. CCT is staffed by a manager, a clinical supervisor who carries half of a typical caseload, 7.8 clinicians, 1 assistant mental health clinician who provides supportive services, 1 nurse, and 1 FTE of psychiatry.

The FIT provides medication and clinical case management services to individuals who no longer need the level of services provided by the FSP or CCT. FIT is staffed by a manager who provides direct clinical services, a clinician, a community health worker, a nurse, and .8 FTE of psychiatry. FIT serves up to 100 individuals with the goal of supporting these individuals in moving towards recovery and no longer needing the specialty mental health services provided by the mental health division.

Family, Youth and Children's Services

Family, Youth and Children's Services (FYC) provides services to individuals who are under 21, reside in Berkeley or Albany (with some exceptions), and have a mental health diagnosis and functional impairment. This unit has 13 FTE. FYC differs significantly from the Adult unit in that its services are not mandated by Realignment funding – rather they are provided through a contractual arrangement with ACBHCS for specific types of services and through MHSA funding.

The Children's Full Service Program is staffed by two clinicians and provides intensive services for children and youth who have a serious emotional disturbance and functional impairment. These services are the highest level outpatient services provided by FYC.

School based services provide school and clinic based counseling for children and youth who either have a mental health diagnosis and functional impairment or have a mental health issue that is interfering with their learning as documented in their Individualize Educational Plan (IEP). Many of these services are provided in partnership and on site at the Berkeley Unified School District, and FYC has 3.5 FTE staff providing these services.

High School Health Center Services are provided at the Berkeley High School Health Center and at Berkeley Technological Academy (BTA). 2.5 FTE provide crisis services, screening and linkage, and clinical counseling to students at Berkeley High and BTA. In

addition, .5 FYC staff provide consultation, screening and referral services in partnership with Head Start, Black Infant Health, and Public Health.

TAY-TIP

The TAY-TIP program is funded through a contract with ACBHCS, and provides wraparound full service partnership treatment aimed to encourage independence for 20 transitional aged youth residing in Alameda County, including Berkeley and Albany. This program is staffed by a supervising clinician, an unlicensed case manager, and a ½ time peer provider.

Crisis and Access

The Crisis and Access unit serves a wide variety of Berkeley and Albany residents. With 13 FTE, this unit is focused on connecting people to appropriate care, as well as supporting individuals and families who are experiencing a crisis. Crisis and Access services are funded through General Fund, MHSA, and Medi-Cal.

The Mobile Crisis Team (MCT) provides services to people experiencing a mental health crisis, through field based evaluation and referral to appropriate care, as well as through crisis consultation to the community. With 4 FTE providing services from 11:30 am to 10 pm every day, MCT connects with people at some of the most vulnerable and difficult times of their lives. The MCT is one of the oldest crisis teams in California, and has trained many crisis workers and teams.

The Transitional Outreach Team (TOT) is a newer program, aiming to follow up with those who have had a MCT interaction and provide help and support for connecting to ongoing care. Through phone calls and visits, the 2 FTE in TOT work to ensure that people who have experienced a mental health crisis get the ongoing care they need.

The Homeless Outreach and Treatment Team (HOTT) is also a new program, one that aims to connect the most vulnerable homeless individuals in Berkeley and Albany to resources, housing and treatment. The 4 FTE HOTT does outreach and assessment, and provides short term wraparound services for up to 50 individuals at a time in the aim of promoting self-sufficiency.

The Community Assessment Team (CAT) provides screening, referral and assessment services to individuals with mental health concerns in Berkeley and Albany. Through a redesign a few years ago, the 2 FTE in CAT now provide on demand services from 8:30 to 1:30 pm Monday through Thursday at the adult clinic – those who want to be assessed for care simply walk in during those hours and should be seen that same day for a screening and, if appropriate and desired, an assessment. CAT then quickly connects those individuals to the appropriate level of care, with ACBHCS, the larger community, or with the mental health division. People who meet the criteria for care in the mental health division, are assigned to a treatment team the same week they were assessed, as research shows that the longer the delay between request for treatment and connection to treatment, the less likely it is that someone will engage in mental

health care. CAT also provides referral services over the phone to a wide variety of community members. The vast majority of individuals who CAT works with are linked to resources in the community and ACBHCS, only about 10% of those screened meet the criteria for ongoing services in the mental health division.

Medical Team

The Medical Team provides psychiatry and medication management services for those who receive services from Adult Services. Through the use of psychiatrists and nurses, the Medical Team's critical services are integrated into the FSP, CCT and FIT teams, as well as providing services for the TAY-TIP program at FYC.

Here is a snapshot of the current treatment teams and their capacity, reflecting services provided in January of FY18:

| Adult Services | Intended Ratio of staff to clients | Clinical Staff Positions Filled | # of clients |
|--|--|--|---------------------|
| Adult, Older Adult and TAY Full Service Partnership (FSP) (Highest level outpatient clinical case management and treatment) | 1-10 for clinical staff. | 5 Clinicians 1 Team Lead | 67 |
| Adult, Older Adult and TAY FSP Medication Management | 1-100 | .5 FTE | 57 |
| Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment) | 1-20 | 7.8 Clinicians 1 Manager | 155 |
| CCT Psychiatry | 1-200 | .75 | 115 |
| 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 CHW Sp./ Non-Degreed Clinical | 92 |
| FIT Medication Management | 1-200 | .5 | 77 |

| Family, Youth and Children's Services | Intended Ratio of staff to clients | Clinical Staff Positions Filled | # of clients |
|--|---|--|---------------------|
| Transitional Aged Youth Transition To Independence Process (TAY TIP FSP) (County Wide Contract, not Berkeley/Albany Specific – High level clinical case management and treatment) | 2.5-20 | 1 Post Masters Clinician 1.5 Non Degreed Clinical | 20 |
| TAY TIP Medication Management | 1-100 | 0.2 | 20 |
| Children's Full Service Partnership | 1-8 | 2.0 Clinical | 13 |
| Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS) | 1-20 | 2.2 Clinical | 55 |
| High School Health Center – Berkeley High School | 1-6 Clinician (majority of time spent on crisis counseling), 1-5 Intern, 1-6 Clinical Site Manager | 1 Clinician, 2 Interns | 10 |
| High School Health Center – Berkeley Technological Academy | 1-10 (portion of time spent on drop-in and school wide supports) | .5 FTE | 1 |

| Crisis, ACCESS, and Homeless Services | Staff Ratio | Clinical Staff Positions Filled | Total # of Clients or Incidents |
|--|---------------------------------------|--|--|
| Homeless Outreach and Treatment Team (HOTT) | 1-10 Case Manager 1-3 Team Lead | 1 Team Lead 2 Case Managers | 20 |
| HOTT Medication Management | 1-100 | 0 | 3 |
| Mobile Crisis | N/A | 3 Clinicians, 1 Team Lead (majority of time spent doing clinical work) | 207 |

Strengths

The Mental Health Division provides a wide variety of services that are tailored to Berkeley and Albany's needs. Funding has been growing, and with this, staffing has expanded in recent years, allowing for new programs and larger treatment teams. Redesigns in CAT have led to a streamlined and transparent process for accessing services, and new programs like TOT and HOTT are able to link community members to care, whether in the community, with ACBHCS, or at Berkeley Mental Health.

The staff in the mental health division are extremely committed to serving some of the most in need residents in Berkeley and Albany. With an explicit goal of having a staff that reflects the Medi-Cal population, the division has an excellent blend of experience and fresh perspectives on providing care. Clinicians provide much of their care in the field, and are dedicated to meeting the needs of those they serve. The office staff emphasize customer service and flexibility, and administrative staff are deeply committed to their areas of focus. The division has specific staffing focused on training and cultural competence, MHSAs, and consumer and family involvement in care.

The staff in the mental health division are well trained and very successful in supporting the stability and recovery of people getting ongoing services. Staff provide services flexibly, and are extremely knowledgeable about resources such as housing and benefits. The division has worked hard to develop a culture of prioritizing both safety and flexibility in care, and has an active safety committee that regularly updates policies and procedures as well as an established and utilized safety plan. Each treatment team regularly discusses safety concerns and develops specific plans for ensuring that treatment can be provided in a safe and responsive manner.

The mental health division is deeply committed to equity. With an equity committee that looks at health disparities, regular trainings on cultural humility, and staffing focused on this area, the division aims to provide culturally competent care in all areas. Issues of cultural humility are regularly discussed on all treatment teams and division meetings.

Adult Services utilizes a multi-disciplinary level of care team to discuss and approve all assignments to care, discharges, and changes of treatment level. This weekly meeting allows the unit to look at issues of equity in treatment across the system of care.

Another area of strength is in collaboration. Through funded community partners providing MHSA services, close working relationships with the Berkeley Unified School District, and strong collaborations with health care providers like LifeLong Medical Care, the mental health division is able work collaboratively to help those with mental health concerns in Berkeley and Albany get responsive services.

Challenges

The past 18 months have brought tremendous facility challenges to the mental health division. The site of adult services, 2640 Martin Luther King Jr. Way, was shut down in summer of 2016 due to repeated issues with pests, vermin and air quality. Staff were dislocated for many months and spread throughout various locations across Berkeley. Services had to be transitioned almost entirely to the field, and treatment teams had to develop new ways of seeing consumers safely and responsively. This has been incredibly difficult for both consumers and staff, and it is a testament to the dedication of staff and their strong relationships with those they serve that teams have been able to provide consistent treatment during this time of dislocation.

Reporting on outcomes has also been an area of challenge in the mental health division. While HHCS has begun implementing Results Based Accountability (RBA) across the division, this has not yet led to all internal programs having clearly established goals and metrics to evaluate their success. The division hopes to address this by adding funding in the next MHSA Plan for implementing RBA across all division programs.

The lack of affordable subsidized housing in Berkeley and Alameda County is a huge issue for many people served by the mental health division. A sizable number of those who enter care in the division are homeless, and the lack of housing options provides a huge barrier to moving individuals forward in their recovery. In addition, there has been a decrease in supported housing options in Berkeley and Alameda County – many Board and Cares have closed in recent years, and this reduces options for placing individuals who have high need.

Capacity remains an issue for the mental health division. While there has been significant growth on all teams, there is not sufficient staffing to provide appropriate services for all that need them. The large number of homeless individuals who have behavioral health issues is a huge concern, and there is not sufficient capacity within the division to provide care for those who are skeptical of services and require significant outreach and engagement.

BACKGROUND

The Mental Health Division is an independent mental health jurisdiction that provides services as part of the Alameda County Behavioral Health Care Plan. As a division within the Health, Housing and Community Services Department, the mental health division periodically updates City Council on a variety of issues.

ENVIRONMENTAL SUSTAINABILITY

There are no environmental sustainability impacts as part of this report.

CONTACT PERSON

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