Health Housing and
Community Services Department
Mental Health Division

MEMORANDUM

To: Mental Health Commission
From: Steven Grolnic-McClurg, Mental Health Division Manager
Date: May 14, 2021
Subject: Mental Health Manager Report

Mental Health Services Report

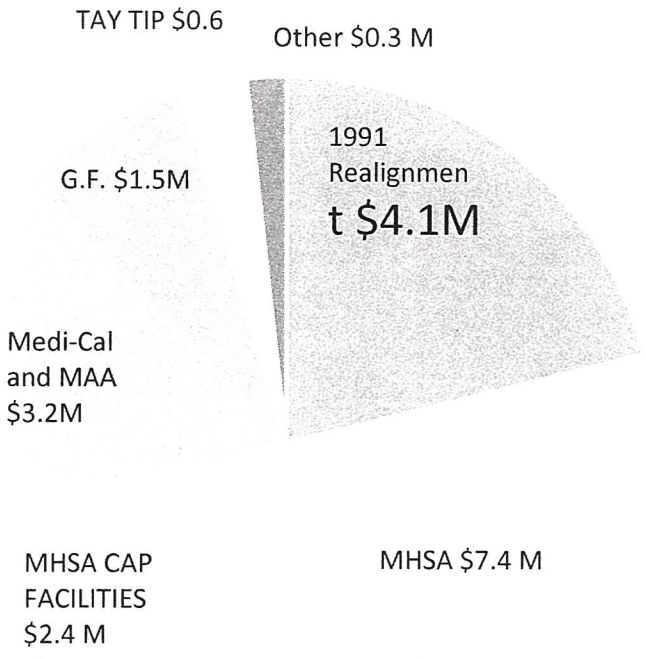
Please find attached the report on Mental Health Services for April, 2021. I've added a row for each program in the report that reflects the budgeted estimated City of Berkeley personnel (staff) costs for each program listed. It is very difficult to reliably estimate non-personnel costs, as we don't budget most non-personnel costs in a manner that is easy to separate out by program. The large majority of costs in programs operated by the Mental Health Division are personnel.

Program Costs

As mentioned above, the City of Berkeley personnel costs for each program are listed in the Mental Health Services Report. I'm also listing these here.

Adults Full Service Partnership (AFSP):	$2,037,600
Community Care Team (CCT):	$2,617,010
Focus on Independence Team (FIT):	$900,451
Mobile Crisis Team (MCT):	$771,623
Transitional Outreach Team (TOT):	$272,323
Community Assessment Team (CAT):	$735,075
Children's Full Service Partnership (CFSP):	$489,235
Early and Periodic Screening, Diagnostic and Treatment (EPSDT):	$629,094
Educationally Related Mental Health Services (ERMHSA):	$433,316
EPSDT/ERMHS (in Services Report together):	$1,062,409
High School Health Center (HSHC):	$396,106

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.

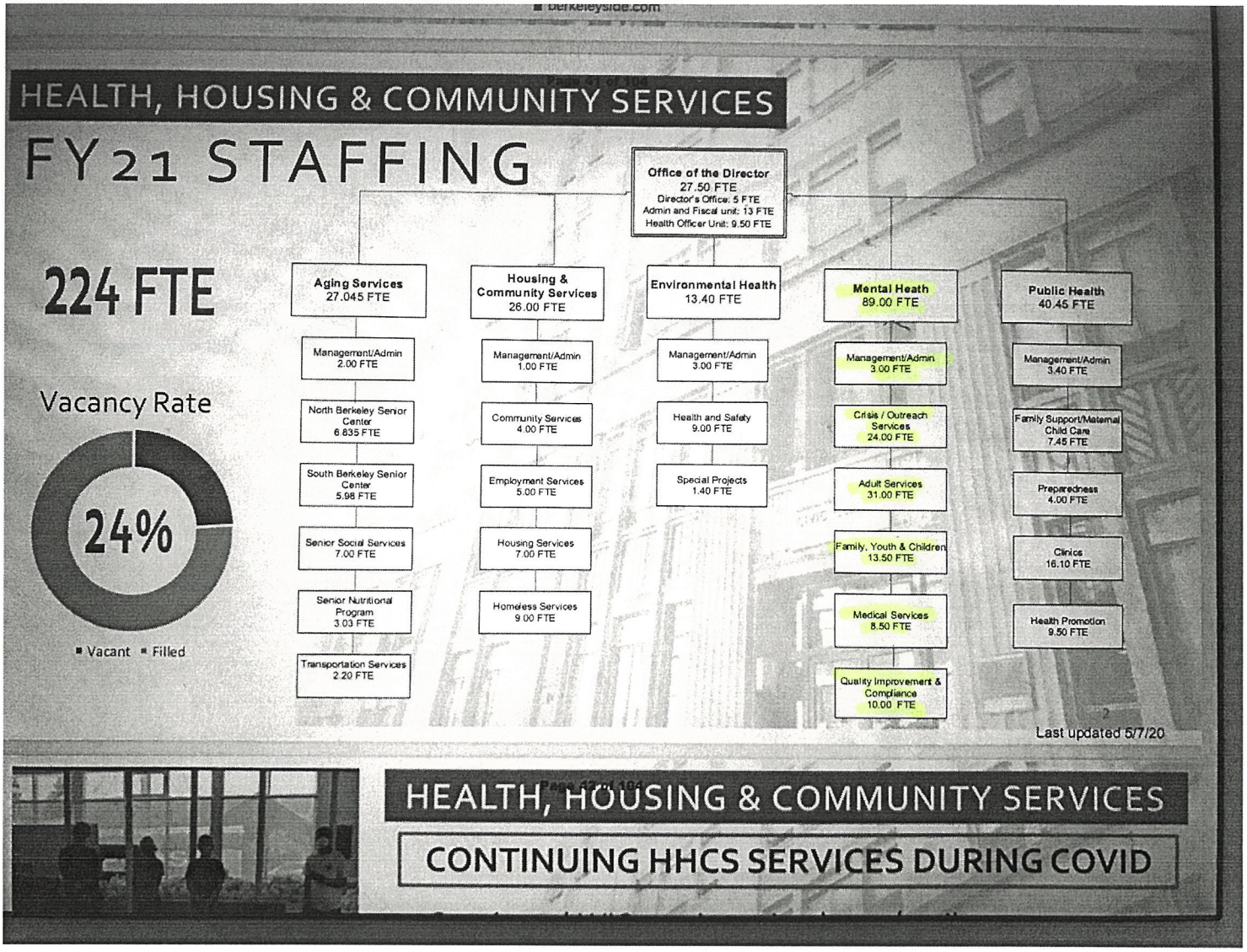
CSS funds are to provide services for adults, youth and children who have a serious mental illness or serous emotional disturbance; PEI funds are intended to prevent the development of serious mental illness or serious emotional disturbance, or to quickly identify those at risk for these concerns and 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.

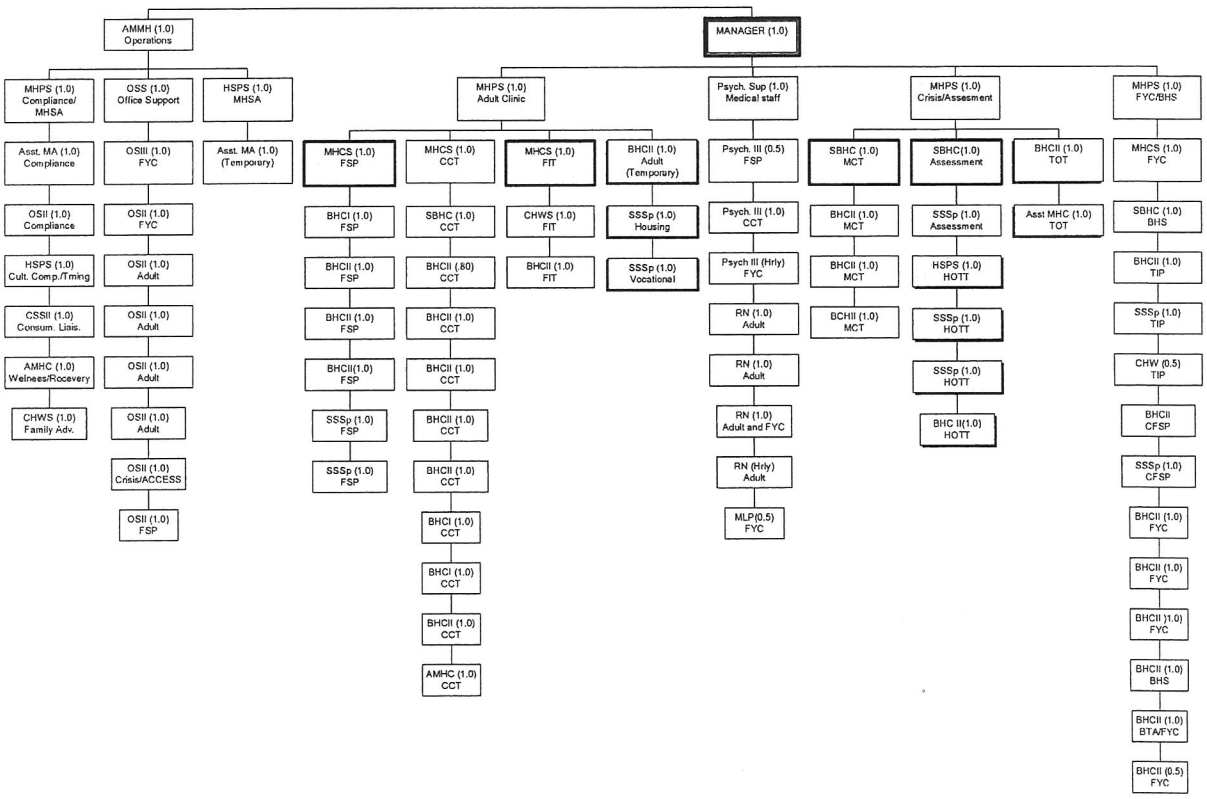
Other Funding: The Mental Health Division receives a variety of other funding, including fee for service reimbursement for Educationally Related Mental Health Services (EHRMS); Early and Periodic Screening, Diagnostic, and Treatment (EPSDT); and Transition Aged Youth Transition To Independence Process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


HEALTH, HOUSING & COMMUNITY SERVICES
FY21 STAFFING
224 FTE
Vacancy Rate
24%
Vacant
Filled
Office of the Director
27.50 FTE
Director's Office: 5 FTE
Admin and Fiscal unit: 13 FTE
Health Officer Unit: 9.50 FTE
Aging Services
27.045 FTE
Management/Admin
2.00 FTE
North Berkeley Senior Center
6.835 FTE
South Berkeley Senior Center
5.98 FTE
Senior Social Services
7.00 FTE
Senior Nutritional Program
3.03 FTE
Transportation Services
2.20 FTE
Housing & Community Services
26.00 FTE
Management/Admin
1.00 FTE
Community Services
4.00 FTE
Employment Services
5.00 FTE
Housing Services
7.00 FTE
Homeless Services
9.00 FTE
Environmental Health
13.40 FTE
Management/Admin
3.00 FTE
Health and Safety
9.00 FTE
Special Projects
1.40 FTE
Mental Heath
89.00 FTE
Management/Admin
3.00 FTE
Crisis / Outreach Services
24.00 FTE
Adult Services
31.00 FTE
Family, Youth & Children
13.50 FTE
Medical Services
8.50 FTE
Quality Improvement & Compliance
10.00 FTE
Public Health
40.45 FTE
Management/Admin
3.40 FTE
Family Support/Maternal Child Care
7.45 FTE
Preparedness
4.00 FTE
Clinics
16.10 FTE
Health Promotion
9.50 FTE
Last updated 5/7/20
HEALTH, HOUSING & COMMUNITY SERVICES
CONTINUING HHCS SERVICES DURING COVID

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,

MHSA FY22 Estimated Staffing/Costs and FY21 Projected Expenditures

Included are estimated FY22 staffing/costs and projected FY21 Expenditures that are attributed to the MHSA fund per each program and are comprised of personnel and non-personnel costs. The Division is continuing to work with Fiscal on the projected costs and expenditures. As such, if there are any changes to the FY22 costs listed below they will be reflected in the MHSA FY22 Annual Update, and the actual FY21 expenditures will be reflected in the FY20/21 Revenue and Expenditure Report.

Program	FY22 Staffing	Estimated FY22 Costs	Projected FY21 Expenditures
COMMUNITY SERVICES AND SUPPORTS (CSS)			
Children's FSP	1.0 Sr. Behavioral Health Clinician (Vacant) 1.0 FTE Social Services Specialist .50 BHC II (Vacant) .07 Community Health Work. Spec. .35 MH Program Supervisor .20 Office Specialist III	$680,239	$371,598
TAY, Adult & Older Adult FSP	2.0 BHC I 4.0 BHCII (2 Vacant) 1.0 MH Clinical Supervisor 1.0 MH Nurse .08 Community Health Worker Specialist 1.66 Psychiatrist .30 MH Program Supervisor .50 Office Specialist II 1.0 Social Services Specialist	$2,649,827	$2,062,385
Homeless FSP	1.0 MH Clinical Supervisor 1.0 MH Nurse (Vacant) 2.0 BHC II (Vacant) 1.0 Social Services Specialist .15 Psychiatric Supervisor	$1,176,437	$190,413

Multicultural Outreach and Engagement	1.0 Health Services Program Specialist	$456,040	$327,762
System Development Crisis Transitional Outreach Team (TOT)	.55 MH Clinical Sup. (Vacant) .75 Assistant MH Clinician 1.0 BHC II (back-filled by a BHCI)	$194,653	$226,223
System Development Wellness Recovery (Incl. proposed additions in FY22 Annual Update)	1.0 Assistant MH Clinician 1.0 Community Services Specialist II Proposed Staff Additions in Annual Update: 2.0 Social Services Specialist	$587,302	$226,034
Other System Development (Incl. proposed additions in FY22 Annual Update)	1.65 OSII 2.0 Assistant Management Analyst .85 Social Services Specialist .70 Comm. Health Work Specialist -Proposed non-personnel additions in FY22 Annual Update: Increase funds for RSR and Substance Use Disorder Services, and provide one-time funding for Specialized Care Unit.	$2,251,391	$1,985,016
CSS Administration	.60 Assistant Management Analyst	$665,594	$546,906

	.55 Community Services Specialist III .22 Assistant Mental Health Manager .22 Mental Health Manager .20 Mental Health Program Supervisor .35 Assistant Management Analyst .23 Associate Management Analyst .19 Administrative Fiscal Svcs. Manager		
PREVENTION AND EARLY INTERVENTION (PEI)			
High School Youth Prevention Project	.80 Sr MHCS 1.46 BHC II .08 SrHSPS (Vacant) .46 HSPS (Vacant) .13 RN (Vacant)	$516,368	$349,278
Child/Youth At Risk	.20 BHC II	$34,364	$29,730
Be A Star	.21 Pub. H. Nurse - Vacant	$27,903	$27,903
Social Inclusion	NA	$9,000	0
BUSD School Projects Supportive Schools	NA	$55,000	$55,000

MEET DMIND Af. Am. Success Project		$90,000 $95,000 $150,000	$46,839 $95,000 $150,000
Community Education & Supports	NA	$364,092	$128,184
CalMHSA	NA	$65,956	$42,624
New Proposed Additions in MHSA FY22 Annual Update	N/A -Proposed non-personnel additions: Funding for Specialized Care Unit; Mental Health Promotion Campaign	$168,000	N/A
PEI Administration	.40 Assistant Management Analyst .45 Community Services Specialist III .11 Assistant Mental Health Manager .11 Mental Health Manager .11 Assistant Management Analyst .22 Mental Health Program Supervisor	$282,221	$248,835
INNOVATIONS (INN)			
Help@Hand (Technology Suite	NA	$66,500	$396,416

Project)			
New INN Programs	NA	$280,000	0
Greater Bay Area Regional Partnership	NA	$40,157	0

MENTAL HEALTH SERVICES ACT (MHSA)
Core Values/Guiding Principles & 5 Funding Components

Proposition 63 Background Proposition 63, now known as the Mental Health Services Act (MHSA), was approved by California voters in November 2004 and provided the first opportunity in many years for a dedicated source of funding for mental health services by imposing a 1% tax on personal income in excess of $1 million.

The MHSA emphasizes transformation of the mental health system while improving the quality of life for individuals living with mental illness by providing funding for effective treatment, prevention and early intervention, outreach support services and family involvement, and programs to increase access and reduce inequities for unserved, underserved and inappropriately served populations.

MHSA Core Values are Expressed in 5 Guiding Principles for Planning and Implementation:

- Community collaboration
- Cultural competence
- Consumer and family driven services
- Focus on wellness, recovery, resiliency
- Integrated service experience for clients and family members

MHSA Funding is Allocated according to 5 Components:

- Community Services and Supports (CSS) are 75-80% of the annual MHSA funds for the Cities of Berkeley and Albany; at least 51% of CSS funds must be spent on the most acute clients through Full Service Partnerships (FSP). Currently, the non-FSP programs include multi-cultural outreach and engagement, systems development and wellness recovery, crisis services, homeless outreach and treatment and the Albany Resource Center.

- Prevention and Early Intervention (PEI) are 15-20% of the city annual MHSA funds to PEI. These funds cannot be spent on people who are already known to have a mental illness, with one exception: early onset of psychotic disorders. Some PEI programs include community prevention for children and youth at risk, high school prevention and support system programs, and social inclusion programs among others.

- Innovative Programs (INN) 5% of the county's annual PEI and CSS funds to INN. The INN programs are designed to: 1) introduce a mental health practice or approach that is new to the overall mental health system, 2) make a change to an existing practice in the field of mental health and/or 3) apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.

- Workforce Education and Training (WET) are one-time funds for staff training.

- Capital Facilities and Information Technology (CF/IT) are one-time funds. The Adult Clinic Renovation is an example of MHSA funding for Capital Facilities.

Mental Health Services Act

Mental Health Services Act (MHSA) Purpose

*The MHSA is intended to **expand** and **transform** mental health services in California to provide a better coordinated and more comprehensive system of care for those with serious mental illness, and to define an approach to the planning and the delivery of mental health services that are embedded in the MHSA Values.*

MHSA Values

MHSA History

More than 2 million people in California are affected by potentially disabling mental illnesses every year. Thirty years ago, the State cut back on services in state hospitals for people with serious mental illnesses but did not provide adequate funding for community-based mental health services. Cuts to federal Medicaid (Medi-Cal) during the 1980s further devastated the public mental health system. These cuts prevented tens of thousands of Californians from accessing much-needed mental health care, which led to increased homelessness, hospitalizations, and incarceration. To address the gap in services, voters passed the Mental Health Services Act (MHSA) in 2004. The MHSA places a 1% tax on personal income above $1 million. Since then, it has generated approximately $8 billion for the public mental health care system.

MHSA Components

Community Services & Supports (CSS)
Outreach and direct services for children, transition age youth (TAY), adults and older adults with the most serious mental health needs

Prevention & Early Intervention (PEI)
Prevention services to promote wellness and prevent the development of mental health problems, and early intervention services to screen and intervene in early signs of mental health issues

Capital Facilities & Technology Needs (CFTN)
Infrastructure development to support the implementation of the technological infrastructure and appropriate facilities to provide mental health services

Workforce Education & Training (WET)
Support to build, retain, and train a competent public mental health workforce

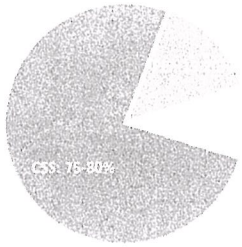
Innovation (INN)
New approaches that may improve access, collaboration, and/or service outcomes for all mental health consumers, with a focus on unserved, underserved, and inappropriately served populations

Meaningful Stakeholder Involvement[1]

The MHSA intends that there be "**meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocation.**" MHSA-funded initiatives should engage the following community members:

- Adults and seniors with serious mental illness
- Families of children, adults, and seniors with severe emotional disturbance or serious mental illness
- Providers of mental health services
- Law enforcement agencies
- Education agencies Social services agencies
- Veterans and representatives from veterans organizations
- Providers of alcohol and drug services
- Health care organizations
- Other important interests

MHSA Funding to Counties



Counties may use up to 20 percent of the average amount of funds allocated to the county for the previous five years to fund **WET and CFTN** expenses and a prudent reserve.[2] Counties received 10-year allocations for **WET and CFTN** activities and the most recent MHSA Expenditure Report states that they have until the end of FY 2018-19 to spend them.

County Boards of Supervisors are the approval body for MHSA funding, except for INN, which is approved by the **Mental Health Services Oversight & Accountability Committee**

MHSA Populations

MHSA is intended to increase access and services for **underserved, unserved,** and **inappropriately served** populations in the following age groups:

Children and youth: 0-15
Transitional age youth: 16-25
Adults: 26-59
Older adults: 60+

MHSA Funding Rules

The MHSA specifies that MHSA funds **cannot be used to supplant existing state or county funds** for mental health services.

The state **cannot decrease its level of financial support** for mental health programs.

MHSA funds **cannot be used to pay for services in long-term hospital and/or institutional settings.**

[1] Welfare and Institutions Code Section 5848(a)
[2] Welfare and Institutions Code Section 5892(b)

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: City of Berkeley Date: 8/12/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. TAY, Adult & Older Adult FSP	2,574,710	2,574,710				
2. Children's FSP	562,943	562,943				
3. Homeless FSP and Outreach Team	1,184,175	1,184,175				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Multicultural Outreach & Engagement	409,485	409,485				
2. System Development, Wellness & Recovery	2,334,949	2,334,949				
3. Fitness to Independence	36,934	36,934				
4. Crisis Services	292,177	292,177				
5.	0					
6.	0					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: City of Berkeley Date: 8/12/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. High School Prevention Program	300,057	300,057				
2. Social Inclusion	9,000	9,000				
3. African American Success Project	37,500	37,500				
4. Cal MHSA	44,124	44,124				
5. Dynamic Mindfullness	71,250	71,250				
6. Mental Health Peer Education Program (MEE	35,129	35,129				
7.						
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. BE A STAR	52,285	52,285				
12. Community Education & Supports	364,092	364,092				
13. High School Prevention Program	300,057	300,057				
14. Community Based Children & Youth Risk	65,371	65,371				
15. African American Success Project	112,500	112,500				
16. Dynamic Mindfullness	23,750	23,750				
17. Mental Health Peer Education Program (MEE	11,710	11,710				
18. Supportive Schools	55,000	55,000				
19.	0					
PEI Administration	320,005	320,005				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	1,801,830	1,801,830	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: City of Berkeley Date: 8/12/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Techonology Suite Project	15,526	15,526				
2. New INN Programs	250,000	250,000				
3.						
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration						
Total INN Program Estimated Expenditures	265,526	265,526	0	0	0	0

Berkeley Mental Health Caseload Statistics
for April 2021

Adult Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Previous 12 Months	Fiscal Year 2021 Demographics as of Jan 2021
Adult, Older Adult and TAY Full Service Partnership (AFSP) (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	5 Clinicians 1 Team Lead	71	$4,988	78 Clients API: 0 Black or African-American: 23 Hispanic or Latino:4 Other/Unknown: 31 White: 20 Male: 50 Female: 28
Adult FSP Psychiatry (February Data)	1-100	.5 FTE	66		
AFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff			$2,037,600		
Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)	1-20	8 Clinicians 1 Manager	178	$2,028	190 Clients API: 4 Black or African-American: 55 Hispanic or Latino: 10 Other/Unknown: 83 White: 38 Male: 94 Female: 96
CCT Psychiatry (February Data)	1-200	.75	143		
CCT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff			$2,617,010		

Focus on Independence Team (FIT) **(Lower level of care, only for individuals previously on FSP or CCT)**	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non-Degreed Clinical	1 Clinical Supervisor, I Licensed Clinician, 1 CHW Sp./ Non-Degreed Clinical	100	$1,143	100 Clients API: 3 Black or African American: 27 Hispanic or Latino: 2 Other/Unknown: 32 White: 36 Male: 62 Female: 38
FIT Psychiatry (February Data)	1-200	.25	91		
FIT FY21 Mental Health Division Estimated Budgeted Personnel Costs, including Psychiatry and Medical Staff			$900,451		

Family, Youth and Children's Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Average Monthly System Cost Last 12 months	Fiscal Year 2020 Demographics as of January 2021
Children's Full Service Partnership (CFSP)	1-8	1.5 Clinical	8	$5,165	17 Clients American Indian: 1 API: 0 Black or African-American: 6 Hispanic or Latino: 2 Other/Unknown: 6 White: 2 Male: 12 Female: 5
CFSP FY21 Mental Health Division Estimated Budgeted Personnel Costs			$489,235		
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	2.5 Clinical	51	$1,895	83 Clients American Indian: 1 API: 1 Black or African-American: 29 Hispanic or Latino: 17 Other/Unknown: 14 White: 21 Male: 48 Female: 35
EPSDT/ERMHS FY21 Mental Health Division Estimated Budgeted Personnel Costs			$1,062,409		
High School Health Center and Berkeley Technological Academy (HSHC)	1-6 Clinician (majority of time spent on crisis counseling)	2.5 Clinical	Treatment: 39 Groups offered: 3 Groups conducted: 3 Crisis/Warmline: 18		N/A
HSHC FY21 Mental Health Division Estimated Budgeted Personnel Costs			$396,106		

Crisis and ACCESS Services	Staff Ration	Clinical Staff Positions Filled	Total # of Clients/Incidents
Mobile Crisis (MCT)	N/A	2 Clinician filled at this time	• 101 Incidents • 30 5150 Evals • 7 5150 Evals leading to involuntary transport
MCT FY21 Mental Health Division Estimated Budgeted Personnel Costs			$771,623
Transitional Outreach Team (TOT)	N/A	1 Licensed Clinician, 1 Case Manager (both sometmes reassigned due to staffing needs in other units)	73 Incidents
TOT FY21 Mental Health Division Estimated Budgeted Personnel Costs			$272,323
Community Assessment Team (CAT)	N/A	1 Team Lead, 1 Clinician, 1 Non-Degreed Clinical	79 Incidents
CAT FY21 Mental Health Division Estimated Budgeted Personnel Costs			$735,075

Not reflected in above chart is Early Childhood Consultation, Wellness and Recovery Programming, or Family Support.

*Average System Costs come from YellowFin, and per ACBH include all costs to mental health programs, sub-acute residential programs, hospitals, and jail mental health costs.

DHCS
California Department of HealthCareServices

Specialty Mental Health Services (SMHS) (cont.)

- Adult residential treatment services
- Crisis residential treatment services
- Medication support services
- Psychiatric health facility services
- Psychiatric inpatient hospital services
- Targeted case management
- Therapeutic behavioral services
- Pathways to Well-Being services (Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care services)

Specialty Mental Health Services

Mental Health Services

Individual or group therapies and interventions are designed to provide a reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living, and enhanced self-sufficiency. These services are separate from those provided as components of adult residential services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include, but are not limited to:

1. Assessment - A service activity designed to evaluate the current status of mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the clinical history, analysis of relevant cultural issues and history; diagnosis; and the use of mental health testing procedures.
2. Plan Development - A service activity that consists of development of client plans, approval of client plans, and/or monitoring and recording of progress.
3. Therapy - A service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to reduce functional impairments. Therapy may be delivered to an individual or group and may include family therapy at which the client is present.
4. Rehabilitation - A service activity that includes, but is not limited to, assistance, improving, maintaining or restoring functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills; obtaining support resources; and/or obtaining medication education.
5. Collateral - A service activity involving a significant support person in the beneficiary's life for the purpose of addressing the mental health needs of the beneficiary in terms of achieving goals of the beneficiary's client plan. Collateral may include, but is not limited to, consultation and training of the significant support person(s) to assist in better utilization of mental health services by the client, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s) in achieving the goals of the client plan. The client may or may not be present for this service activity.

Crisis Intervention Services

Crisis intervention services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include, but are not limited to, assessment, collateral and therapy. Crisis Intervention services may either be face-to-face or by telephone

with the beneficiary or the beneficiary's significant support person and may be provided anywhere in the community.

Crisis Stabilization Services
Crisis stabilization services last less than 24 hours and are for, or on behalf of, a beneficiary for a condition that requires a more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral, and therapy. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Day Treatment Intensive Services (Half-Day & Full-Day)
Day treatment intensive services are a structured, multi-disciplinary program of therapy that may be used as an alternative to hospitalization, or to avoid placement in a more restrictive setting, or to maintain the client in a community setting and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Day Rehabilitation (Half-Day & Full-Day)
Day rehabilitation services are a structured program of rehabilitation and therapy with services to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development and which provides services to a distinct group of beneficiaries who receive services for a minimum of three hours per day (half-day) or more than four hours per day (full-day). Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Adult Residential Treatment Services
Adult Residential Treatment Services are rehabilitative services provided in a non-institutional, residential setting for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not receiving residential treatment services. The services include a wide range of activities and services that support beneficiaries in their effort to restore, maintain, and apply interpersonal and independent living skills and to access community support systems. Service activities may include assessment, plan development, therapy, rehabilitation, and collateral. Collateral addresses the mental health needs of the beneficiary to ensure coordination with significant others and treatment providers.

Crisis Residential Services
Crisis residential services provide an alternative to acute psychiatric hospital services for beneficiaries who otherwise would require hospitalization. The CRS programs for adults provide normalized living environments, integrated into residential communities.

The services follow a social rehabilitation model that integrates aspects of emergency psychiatric care, psychosocial rehabilitation, milieu therapy, case management and practical social work.

Medication Support Services

Medication support services include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to: evaluation of the need for medication; evaluation of clinical effectiveness and side effects; obtaining informed consent; instruction in the use, risks and benefits of, and alternatives for, medication; collateral and plan development related to the delivery of service and/or assessment for the client; prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals; and medication education.

Psychiatric Health Facility (PHF) Services

A Psychiatric Health Facility is a facility licensed under the provisions beginning with Section 77001 of Chapter 9, Division 5, Title 22 of the California Code of Regulations. "Psychiatric Health Facility Services" are therapeutic and/or rehabilitative services provided in a psychiatric health facility on an inpatient basis to beneficiaries who need acute care, which meets the criteria of Section 1820.205 of Chapter 11, Division 1, Title 9 of the California Code of Regulations, and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings. These services are separate from those categorized as "Psychiatric Inpatient Hospital".

Psychiatric Inpatient Hospital Services

Psychiatric inpatient hospital services include both acute psychiatric inpatient hospital services and administrative day services. Acute psychiatric inpatient hospital services are provided to beneficiaries for whom the level of care provided in a hospital is medically necessary to diagnose or treat a covered mental illness. Administrative day services are inpatient hospital services provided to beneficiaries who were admitted to the hospital for an acute psychiatric inpatient hospital service and the beneficiary's stay at the hospital must be continued beyond the beneficiary's need for acute psychiatric inpatient hospital services due to lack of residential placement options at non-acute residential treatment facilities that meet the needs of the beneficiary.

Psychiatric inpatient hospital services are provided by SD/MC hospitals and FFS/MC hospitals. MHPs claim reimbursement for the cost of psychiatric inpatient hospital services provided by SD/MC hospitals through the SD/MC claiming system. FFS/MC hospitals claim reimbursement for the cost of psychiatric inpatient hospital services through the Fiscal Intermediary. MHPs are responsible for authorization of psychiatric inpatient hospital services reimbursed through either billing system. For SD/MC hospitals, the daily rate includes the cost of any needed professional services. The FFS/MC hospital daily rate does not include professional services, which are billed separately from the FFS/MC inpatient hospital services via the SD/MC claiming system.

Targeted Case Management (TCM)
Targeted case management is a service that assists a beneficiary in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination and referral; monitoring service delivery to ensure beneficiary access to services and the service delivery system; monitoring of the beneficiary's progress, placement services, and plan development. TCM services may be face-to-face or by telephone with the client or significant support persons and may be provided anywhere in the community. Additionally, services may be provided by any person determined by the MHP to be qualified to provide the service, consistent with the scope of practice and state law.

Therapeutic Behavioral Services (TBS)
Therapeutic behavioral services are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21. Individuals receiving these services have serious emotional disturbances (SED), are experiencing a stressful transition or life crisis and need additional short-term, specific support services to accomplish outcomes specified in the written treatment plan.

Intensive Care Coordination (ICC)
Intensive Care Coordination is a targeted case management service that facilitates assessment of, care planning for and coordination of services to beneficiaries under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC service components include: assessing; service planning and implementation; monitoring and adapting; and transition. ICC services are provided through the principles of the Core Practice Model (CPM), including the establishment of the Child and Family Team (CFT) to ensure facilitation of a collaborative relationship among a youth, his/her family and involved child-serving systems. The CFT is comprised of – as appropriate, both formal supports, such as the care coordinator, providers, case managers from child-serving agencies, and natural supports, such as family members, neighbors, friends, and clergy and all ancillary individuals who work together to develop and implement the client plan and are responsible for supporting the child/youth and family in attaining their goals. ICC also provides an ICC coordinator who:

- Ensures that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/youth driven and culturally and linguistically competent manner and that services and supports are guided by the needs of the child/youth;
- Facilitates a collaborative relationship among the child/youth, his/her family and systems involved in providing services to the child/youth;
- Supports the parent/caregiver in meeting their child/youth's needs;
- Helps establish the CFT and provides ongoing support; and
- Organizes and matches care across providers and child serving systems to allow the child/youth to be served in his/her community

Intensive Home Based Services (IHBS)

Intensive Home Based Services are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth's family's ability to help the child/youth successfully function in the home and community. IHBS services are provided according to an individualized treatment plan developed in accordance with the Core Practice Model (CPM) by the Child and Family Team (CFT) in coordination with the family's overall service plan which may include IHBS. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS is provided to beneficiaries under 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service.

Therapeutic Foster Care (TFC) Services

The (TFC) service model allows for the provision of short-term, intensive, highly coordinated, trauma informed and individualized SMHS activities (plan development, rehabilitation and collateral) to children and youth up to age 21 who have complex emotional and behavioral needs and who are placed with trained, intensely supervised and supported TFC parents. The TFC parent serves as a key participant in the therapeutic treatment process of the child or youth. The TFC parent will provide trauma informed interventions that are medically necessary for the child or youth. TFC is intended for children and youth who require intensive and frequent mental health support in a family environment. The TFC service model allows for the provision of certain SMHS activities (plan development, rehabilitation and collateral) available under the EPSDT benefit as a home-based alternative to high level care in institutional settings such as group homes and an alternative to Short Term Residential Therapeutic Programs (STRTPs). The TFC service model will be implemented, effective January 1, 2017.

DHCS
California Department of
HealthCareServices

Medication Assisted Treatment

What is medication assisted treatment (MAT)?

- MAT is the use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of substance use disorders.
- Research shows that a combination of MAT and behavioral therapies is a successful method to treat substance use disorders.
- There are various "doors" through which Medi-Cal beneficiaries in need of MAT may access treatment.

Health Inequities & Disparities due to COVID-19

Opinion: The Pandemic's Missing Data, NYT, April 4, 2020

- **Op-Ed by American Medical Association's Chief Health Equity Officer, Dr. Aletha Maybank**: "Any effective plan to fight Covid-19 must be shaped by an understanding of its spread and impact among communities of color and others marginalized in society."
- https://www.nytimes.com/2020/04/07/opinion/coronavirus-blacks.html

Caring for Communities of Color during COVID-19

- By Dr. Dwayne Proctor, Senior Advisor to the President, Robert Wood Johnson Foundation, Culture of Health Blog, May 5, 2020.
- https://www.rwjf.org/en/blog/2020/05/caring-for-mental-health-in-communities-of-color-during-covid-19.html

Coronavirus: Who's getting sick in California? State releases partial race-based data

- Roughly half of the people who have tested positive for the coronavirus in California are black, Hispanic or Asian, according to data released by state public health officials
- https://www.sfchronicle.com/health/article/Coronavirus-Who-s-getting-sick-in-California-15188672.php

NAACP Highlights Pandemic's Disparate Impact, April 24, 2020

https://www.newhavenindependent.org/index.php/archives/entry/naacp_pandemic/

Center for Disease Control (CDC)—COVID-19 and Racial and Ethnic Groups

- **https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.htm**

Questions of Bias in Covid-19 Treatment Add to the Mourning for Black Families—Center for Disease Control and Prevention have advised health professionals to be on the lookout for medical bias.

- By John Eligon and Audra D.S. Burch, New York Times, May 10, 2020 (Mr. Eligon is the national correspondent covering race for the New York Times; Ms. Burch is a 2018 Pulitzer finalist).
- https://www.nytimes.com/2020/05/10/us/coronavirus-african-americans-bias.html?auth=login-email&login=email

New York Civil Liberties Union letter re: racial disparities re: social distancing measures and policing

- Comprehensive, thorough letter in addressing COVID-19 related social distancing measures focused on stark racial disparities, use of force, lack of transparency, and infringements on constitutionally-protected protest activity that have emerged in enforcement (attached).

Coronavirus and Latino Health Equity

- By Salud America, a national Latino-focused organization led by health disparities researcher, Dr. Amelie G. Ramirez, at University of Texas, San Antonio.
- https://salud-america.org/coronavirus-latino-health-equity/

What do we know about COVID-19 infections and deaths among Latinos?, May 4, 2020

- By Rogelio Sáenz Rogelio Sáenz is the Dean of the College of Public Policy and the Mark G. Yudof Endowed Chair at the University of Texas at San Antonio.
- https://latinodecisions.com/blog/what-do-we-know-about-covid-19-infections-and-deaths-among-latinos/

Long-Term COVID-19 Mental Health Effects for Asian Americans

- https://www.psychologytoday.com/us/blog/hope-resilience/202004/long-term-covid-19-mental-health-effects-asian-americans

COVID-19 stoking xenophobia, hate and exclusion, minority rights expert warns

- Expert: Fernand de Varennes, the UN Special Rapporteur on minority issues, United Nations
- https://news.un.org/en/story/2020/03/1060602

As Coronavirus Cases Rise, Navajo Nation Tries To Get Ahead Of Pandemic, NPR,

- https://www.npr.org/2020/04/04/826780041/as-coronavirus-cases-rise-navajo-nation-tries-to-get-ahead-of-pande

Putting equality, inclusion and rights at the centre of a COVID-19 water, sanitation and hygiene (including some focus on inequalities based on gender, disabilities and global impact), April 2, 2020

- By Priya Nath and Louisa Gosling. Ms. Nath is an equality, inclusion and human rights officer at WaterAid. Ms. Gosling is program manager at WaterAid
- **https://washmatters.wateraid.org/blog/putting-equality-inclusion-and-rights-at-centre-of-covid-19-water-sanitation-and-hygiene-response**

An Effective Response to the Coronavirus Requires Targeted Assistance for LGBTQ People

- By Sharita Gruberg, Center for American Progress is a public policy research and advocacy organization focused on economic and social issues.
- https://www.americanprogress.org/issues/lgbtq-rights/news/2020/04/09/482895/effective-response-coronavirus-requires-targeted-assistance-lgbtq-people/

National study collecting data on aging adults' experience during COVID-19

- How does a pandemic affect the physical and psychological health of adults as they age? Does COVID-19 have an impact on the delivery of regular health-care services? Does a COVID-19 infection lead to long-term health problems affecting the lungs or brain?
- By Laura Lawson, Canadian Longitudinal Study on Aging, McMaster University, April 22, 2020
- https://brighterworld.mcmaster.ca/articles/national-study-collecting-data-on-aging-adults-experience-during-covid-19/

COVID-19 mental-health responses neglect social realities—diagnosis is rarely a solution to problems caused by poverty and inequality (excellent)

- By Dr. Rochelle Burgess, Nature, May 4, 2020 (Se is a lecturer in Global Health at University College London. Her research focuses on community mental health care systems and their capacity to respond to the needs of marginalized groups, including black and minority ethnic groups in south west London.
- https://www.nature.com/articles/d41586-020-01313-9

US: Address Impact of Covid-19 on Poor, Virus Outbreak Highlights Structural Inequalities, Human Rights Watch, March 13, 2020

- https://www.hrw.org/news/2020/03/19/us-address-impact-covid-19-poor

School closures: Another way the lockdown disproportionately affects the poor

- https://www.washingtonexaminer.com/opinion/school-closures-another-way-the-lockdown-disproportionately-affects-the-poor

Congregate Settings:
Workplaces, Homeless Encampments, Shelters, Jails, Prisons, Nursing Facilities

COVID-19 - Protecting Workers in the Workplace Cruelly highlights inequalities and Threatens to

Deepen Them, International Labour Organization, March 30, 2020

- https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_740101/lang--en/index.htm

COVID-19 Guidance Note: Protecting Residents of Informal Settlements, April 16, 2020

- By Leilani Farha, Special Rapporteur on the Right to Adequate Housing, United Nations Human Rights Council, Switzerland
- https://reliefweb.int/report/world/covid-19-guidance-note-protecting-residents-informal-settlements-28-march-2020

COVID-19 Amidst Carceral Contexts, Journal of Public Health Management, April 20, 2020

- JPMP direct: The onset of the COVID-19 pandemic in the US has shone a new and brighter light on the vast inequities that exist within our public health system in terms of access, screening, and care. Correctional health is chief among them (some focus on overrepresentation of African Americans).
- https://jphmpdirect.com/2020/04/20/covid-19-amidst-carceral-contexts-the-overton-window-of-political-possibility-and-policy-change/

Mass Incarceration Poses a Uniquely American Risk in the Coronavirus Pandemic—includes spotty discussion re: immigrant detention, rural areas and aging population who are incarcerated, May 6, 2020

- By Alice Speri who writes about justice, immigration, and civil rights. She has reported from Palestine, Haiti, El Salvador, Colombia and USA.
- https://theintercept.com/2020/05/06/coronavirus-prison-jail-mass-incarceration/

In New York Nursing Homes, Death Comes To Facilities With More People Of Color

- https://www.npr.org/2020/04/22/841463120/in-new-york-nursing-homes-death-comes-to-facilities-with-more-people-of-color

From: Margaret Fine <margaretcarolfine@gmail.com>
Sent: Monday, May 24, 2021 1:23 PM
To: Downs, Fawn <FDowns@cityofberkeley.info>
Subject: MHC Materials - Auditor Report Highlights, New Crisis Response Material, BMH Financial Info

WARNING: This is not a City of Berkeley email. Do not click links or attachments unless you trust the sender and know the content is safe.

Hi Fawn,

Would you please kindly forward this email to the Mental Health Commissioners and the public? Thank you so much!

Dear Commissioners,

I hope you're well. Below is information gleaned from the Agenda Packet and other materials, which may be useful as background for our upcoming meeting, Thursday, May 27 at 7 pm. I also gathered financial information which may be useful for discussion during the Mental Health Manager's Report.

Data Analysis of City of Berkeley Police Response

The City of Berkeley Auditor, Jenny Wong, will present the new Data Analysis of the City of Berkeley's Police Response Report dated April 22, 2021 (full report attached). Here are some pages in the report that may be useful to considering policing responses to mental health and homelessness calls:

- Report Highlights, pp. 2-3
- Call Types by Event (priority assigned, personnel, median time after dispatch), pp. 75-79
- Finding re: Berkeley Police Department can better track mental health and homelessness calls, pp. 53-58
- Overall Percent Personnel Time Spent Responding to Events Out of Total Time Responding to All Events by Auditor Classification, 2015-2019, p. 52

Division of Mental Health Crisis Response: Mobile Crisis Unit, Crisis Triage Phone Line, Walk-In Clinics

There are verbatim transcripts of voicemail messages for the mobile crisis unit and crisis triage phone line dated 5/22-23/21. They reflect what the public hears from the voicemails about the city's crisis response services. Here are some points for consideration (many already know): There are images below.

- The Division of Mental Health uses a voicemail messaging system to operate its mobile crisis response services. A live person does not answer this telephone line. Further the Mobile Crisis Unit operates a co-responder crisis response system with the Berkeley Police Department.

- The crisis response caseload statistics for April 2021 show 101 incidents, 30 evaluations, and 7 involuntary 5150 holds. The data does not indicate outcomes for these calls except 7 holds, including any criminal outcomes or demographic characteristics for people.

Division of Mental Health Programs and Financial Information

The Mental Health Division Manager will present the monthly report on program costs, which includes the City of Berkeley personnel costs for programs for April 2021. Below there is financial information, which may useful for our discussion about public mental health programs and expenditures. Questions will be answered about the materials.

- Mental Health Manager Report, Program Costs
- Berkeley Mental Health FY 2018 Budget submitted for Work Session before the Berkeley City Council dated March 20, 2018 with descriptions of funding streams
- Staffing Materials - organizational charts and estimated staffing/costs and projected expenditures for programs from Mental Health Services Act (MHSA) funding. Please note that MHSA funding represents at least ½ of budget allocations and expenditures.
- MHSA - 2-pager with descriptions of component parts and percentages of funding allocated per part. The Division of Mental Health uses the MHSA framework to structure its programming.
    - Community Services and Supports - 75-80% funding
    - Prevention and Early Intervention - 15-20% funding
    - Innovation - 5% funding
    - Workforce Education and Training - FY 21/22 - none
    - Capital Facilities and Technology Information - FY 21/22 - none
- FY 21/22 MHSA Expenditure Plan by component part and program (budget)
- Berkeley Mental Health caseload statistics by program with average monthly system cost for previous 12 months for each client
- Medi-Cal Specialty Mental Health Services for people with serious mental illness with descriptions for services. The Division serves people with serious mental illness by providing mental health clinician, medication support services and targeted case management services to clients. Alameda County provides the other services.
- Medication Assisted Treatment as substance use treatment under Medi-Cal

Articles on Health Inequities and Disparities during COVID-19 by demographic populations
Health Equity and Disparities articles for COVID-19 for diverse demographic populations

Best wishes,
Margaret

Dr. Margaret Fine, JD, PhD
Pronouns: she/her
Chair, Mental Health Commission
Cell: 510-919-4309
Email: margaretcarolfine@gmail.com
LinkedIn: Margaret Fine

The mobile crisis team voicemail states:

"Hello you have reached the Berkeley Mental Health Mobile Crisis Team. If this is a medical or psychiatric emergency, please hang up and dial 911. If you need an evaluation in the field, please call the Berkeley Police Department directly for immediate assistance. The police non-emergency number is 981-5900. Mobile crisis is on duty from 11:30 am until 10 p.m. all days excluding Tuesday and Saturday. The best way to reach the mobile crisis team is by leaving a message here. Messages are checked frequently during our working hours. Press # now to leave a message."