



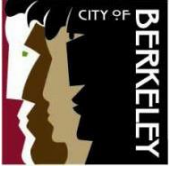
Health, Housing & Community Services  
Mental Health Commission

To: Mental Health Commissioners  
From: Jamie Works-Wright, Commission Secretary  
Date: April 19, 2021

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Health, Housing & Community  
Service Department  
Mental Health Commission

## Berkeley/ Albany Mental Health Commission

Regular Meeting  
Thursday, April 22, 2021

Time: 7:00 p.m. - 9:00 p.m.

Zoom meeting <https://zoom.us/j/96361748103>

**Public Advisory:** Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, this meeting of the Mental Health Commission will be conducted exclusively through teleconference and Zoom Videoconference. Please be advised that pursuant to the Executive Order and the Shelter-in Place Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, there will not be a physical meeting location available.

**To access the meeting remotely:** Join from a PC, Mac, and iPad, iPhone or Android device: Please use the URL: <https://zoom.us/j/96361748103>. If you do not wish for your name to appear on the screen, then use the drop-down menu and click on “rename” to rename yourself to be anonymous. To request to speak, use the “raise hand” icon by rolling over the bottom of the screen.

**To Join by phone:** Dial 1-669-900-9128 and enter the meeting ID 963 6174 8103. If you wish to comment during the public comment portion of the agenda, Press \*9 and wait to be recognized by the Chair.

*Please be mindful that the teleconference will be recorded, and all other rules of procedure and decorum will apply for Council meetings conducted by teleconference or videoconference.*

All agenda items are for discussion and possible action

*Public Comment Policy: Members of the public may speak on any items on the Agenda and items not on the Agenda during the initial Public Comment period. Members of the public may also comment on any item listed on the agenda as the item is taken up. Members of the public may not speak more than once on any given item. The Chair may limit public comment to 3 minutes or less.*

## AGENDA

7:00pm

### 1. Roll Call

### 2. Preliminary Matters

- a. Action Item: April 22, 2021 Agenda Approval
- b. Public Comment
- c. Action Item: Approval of the March 25, 2021 minutes

A Vibrant and Healthy Berkeley for All  
Office: 1521 University • Berkeley, CA 94703 • (510) 981-7721  
(510) 486-8014 FAX • [bamhc@cityofberkeley.info](mailto:bamhc@cityofberkeley.info)



Health, Housing & Community  
Service Department  
Mental Health Commission

3. **Research Development Associates (RDA) to give a presentation on Results-Based Accountability and its evaluation for the Division of Mental Health. Mental Health Manager to describe programs for evaluation & current funding levels.**
4. **Specialized Care Unit Update – Dr. Lisa Warhuus**
5. **Re-Imagining Public Safety Task Force Update**
6. **Discussion and Possible Action on Subcommittee Reports**
  - a. **Work Plan Subcommittee and Next Steps**
    - i. **Update: Work Plan sent as Consent Item to Berkeley City Council**
    - ii. **Update: MHC letter sent to Mayor, Berkeley City Council**
    - iii. **Public Education Next Steps**
  - b. **May is Mental Health Month Subcommittee report**
    - i. **Update: Recommendation to City Council to declare “May Is Mental Health Month”**
  - c. **PRIDE Program Update - LGBTQIA+ Transition Age Youth**
  - d. **Create Advocacy and Legislation Subcommittee**
  - e. **Create RBA Evaluation Subcommittee**
7. **Mental Health Manager Updates- Steve Grolnic-McClurg**
  - a. **Mental Health Manager Report**
  - b. **Berkeley Mental Health Caseload Statistics for March 2021**
8. **Speaker Presentation for May 2021**
9. **Prioritize Agenda Items for May Meeting**
10. **Adjournment**

Communications to Berkeley boards, commissions or committees are public record and will become part of the City’s electronic records, which are accessible through the City’s website. **Please note: Email addresses, names, addresses, and other contact information are not required, but if included in any communication to a City board, commission or committee, will become part of the public record.** If you do not want your e-mail address or any other contact information to be made public, you may deliver communications via U.S. Postal Service or in person to the secretary of the relevant board, commission or committee. If you do not want your contact information included in the public record, please do not include that information in your communication. Please contact the secretary to the relevant



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board, commission or committee for further information. The Health, Housing and Community Services Department does not take a position as to the content.

Contact person: Jamie Works-Wright, Mental Health Commission Secretary (510) 981-7721 or [Jworks-wright@cityofberkeley.info](mailto:Jworks-wright@cityofberkeley.info)



*Communication Access Information: This meeting is being held in a wheelchair accessible location. To request a disability-related accommodation(s) to participate in the meeting, including auxiliary aids or services, please contact the Disability Services specialist at 981-6418 (V) or 981-6347 (TDD) at least three business days before the meeting date. **Please refrain from wearing scented products to this meeting. Attendees at trainings are reminded that other attendees may be sensitive to various scents, whether natural or manufactured, in products and materials. Please help the City respect these needs. Thankyou.***

**SB 343 Disclaimer**

*Any writings or documents provided to a majority of the Commission regarding any item on this agenda will be made available for public inspection in the SB 343 Communications Binder located at the Adult Clinic at 1521 University Ave, Berkeley, CA 94703*



Department of Health,  
Housing & Community Services  
Mental Health Commission

## Berkeley/Albany Mental Health Commission Draft Minutes

7:00pm  
Zoom Webinar

Regular Meeting  
March 25, 2021

**Members of the Public Present:** Wesley Lu, Monica Jones, Paul Kealoha-Blake, Cheryl Davila, Andrew Phelps,

**Staff Present:** Jeffery Buell, Fawn Downs, Steve Grolnic-McClurg, Lisa Warhuus Jamie Works-Wright

### 1) Call to Order at 7:03pm

Commissioners Present: Javonna Blanton, boona cheema, Margaret Fine, Edward Opton  
Andrea Prichett **Absent:** Maria Moore, Terry Taplin

### 2) Preliminary Matters

#### a) Approval of the March 25, 2021 Agenda

**M/S/C (Prichett, Fine) Motion to move the work plan discussion, item #11 between 6-7 as item 6A.**

**PASSED**

**Ayes:** Blanton, cheema, Fine, Opton, Prichett **Noes:** None; **Abstentions:** None;  
**Absent:** Moore, Taplin

#### Approval of the March 25, 2021 Agenda

**M/S/C (Prichett, Opton) Motion to combine items 6 and 10, they inform each other and recommend these be discussed next to each other. So move item 10 next to 10 review and approve letter to city council regarding mobile crisis unit staffing and move item 9 to 11.**

**PASSED**

**Ayes:** Blanton, cheema, Fine, Opton, Prichett **Noes:** None; **Abstentions:** None;  
**Absent:** Moore, Taplin

#### b) Public Comment – 1 Public Comment –

#### c) Approval of the February 25, 2021 Minutes

**M/S/C (Fine, Opton) Motion to approve the February 25, 2021 minutes**

**PASSED**

**Ayes:** Blanton, cheema, Fine, Opton, **Noes:** None; **Abstentions:** Prichett;  
**Absent:** Moore, Taplin

- 3. Special Care Unit update – Lisa Warhuus  
No Motion Made**
- 4. Mental Health Manager Updates- Steve Grolnic-McClurg – No Motion Made**
- a. Mental Health Manager Report
  - b. Berkeley Mental Health Caseload Statistics for February 2021
- 5. Data Collection Issue and Concerns: Commissioner Opton letter -  
No Motion Made – would like put this back on the agenda for next month.**
- 6. Review and approve letter to city council regarding mobile crisis unit staffing  
M/S/C (Fine, cheema) Motion to move that we adopt the letter so it can be forward  
to the city council.  
PASSED  
Ayes: Blanton, cheema, Fine, Opton, Prichett Noes: None; Abstentions: None;  
Absent: Moore, Taplin  
\*(Combine item #10 with #6) Discussion of the January 2, 2021 police shooting of  
Vincent Bryant for possible action.  
M/S/C (cheema, Blanton) Motion to write a letter to council.  
PASSED  
Ayes: Blanton, cheema, Fine, Opton, Prichett Noes: None; Abstentions: None;  
Absent: Moore, Taplin**
- ❖ **M/S/C (Fine, Opton) Motion to move the work plan below the elections for chair  
and vice chair and the interview on the nomination of Monica Jones. Motion to  
write a letter to council.  
PASSED  
Ayes: Blanton, cheema, Fine, Opton, Prichett Noes: None; Abstentions: None;  
Absent: Moore, Taplin**
- 7. Elections for the office and Chair and Vice chair  
M/S/C (cheema, Prichett) Motion to nominate Margaret Fine as Chair  
PASSED  
Ayes: Blanton, cheema, Fine, Opton, Prichett Noes: None; Abstentions: None;  
Absent: Moore, Taplin**
- M/S/C (cheema, Prichett) Motion to nominate Andrea Prichett as Vice Chair  
PASSED  
Ayes: Blanton, cheema, Fine, Opton, Prichett Noes: None; Abstentions: None;  
Absent: Moore, Taplin**
- 8. Interview and vote on the nomination of Monica Jones on the Mental Health  
Commission.  
M/S/C (cheema, Fine) Motion to move that we forward the application for Monica  
Renee Jones to the city council  
PASSED  
Ayes: Blanton, cheema, Fine, Opton, Prichett Noes: None; Abstentions: None;**

**Absent:** Moore, Taplin

**9. Discussion and Possible Action on Subcommittee Report**

**a. Work Plan Subcommittee (Finalize goals and plan)**

**M/S/C (Fine, Opton) Motion to adopt this work plan**

**PASSED**

**Ayes:** Blanton, cheema, Fine, Opton, **Noes:** Prichett; **Abstentions:** None;

**Absent:** Moore, Taplin

❖ **Motion to extend the meeting**

**M/S/C (Opton, Fine) Motion to extend the meeting to deal with May is Mental Health Month by 15 minutes.**

**PASSED**

**Ayes:** Blanton, cheema, Fine, Opton, Prichett **Noes:** None; **Abstentions:** None;

**Absent:** Moore, Taplin

**10. Nominate commissioner to be on the planning committee with the Division of Mental Health for May is Mental Health Month.**

**M/S/C (Opton, Prichett) Move to nominate boona to be on the planning committee with the Division of Mental Health.**

**PASSED**

**Ayes:** Blanton, cheema, Fine, Opton, Prichett **Noes:** None; **Abstentions:** None;

**Absent:** Moore, Taplin

**11. Review Recommendation to City Council to declare “May is Mental Health Month”**

**M/S/C (cheema, Opton) Move the motion on page 21 the Resolution Proclaiming May 2021 is May is Mental Health Month.**

**PASSED**

**Ayes:** Blanton, cheema, Fine, Opton, Prichett **Noes:** None; **Abstentions:** None;

**Absent:** Moore, Taplin

**12. Discussion and Possible Action on Subcommittee Report**

**b. Create a subcommittee to collaborate with the Division of Mental Health for Pride Month Event**

**M/S/C (Prichett, Opton) Motion to Nominate Margaret to be the representative to collaborate with the Mental Health Division for a Pride Month event.**

**PASSED**

**Ayes:** Blanton, cheema, Fine, Opton, Prichett **Noes:** None; **Abstentions:** None;

**Absent:** Moore, Taplin

**13. Adjournment – 9:16pm**

**– No motion made to extend meeting and time elapsed.**

**Minutes submitted by:** \_\_\_\_\_  
 Jamie Works-Wright, Commission Secretary



Ask for credit - send to consultants say must credit us with work in the report, \$

#### Overview, October 2020

- The Behavioral Health Systems and Its Response to COVID-19: A Snapshot Perspective - comprehensive crisis response services system

#### Must address: -

- cannot silo or partly deal with in separate grants
- “messy boundaries”
- Mental health, use of force study - must deal with
- Below best practices across the board
- Interprofessional collaboration in mental health crisis response system, Shannon Winters, Lilian Magalhaes & Elizabeth Anne Kinsella (2015)

#### Community engagement - proposed study

- Need diverse groups to inform use of policing and mental health systems
- Serious consideration giving to qualitative interviews with populations likely to have both mental health and policing experience, Division of Mental Health
- See how they route, drastic reductions in funding
- Costs are \$61,000 for solely public mental health system, in the context of alameda county care connect, data sharing, still keep clinician
- Identifying Chicago’s High Users of Police-Involved Services

#### Research

- The Community Responder Model <https://www.americanprogress.org/issues/criminal-justice/reports/2020/10/28/492492/community-responder-model/>
- Vera Institute - <https://www.vera.org/downloads/publications/crisis-response-services-for-people-with-mental-illnesses-or-intellectual-and-developmental-disabilities.pdf>

#### Model Act

Model Act for Behavioral Health Crisis Response Team POC, Sept 2020

Best Practices not tailored necessarily to culturally safe and response

### **Best Practices for Crisis Response Services**

**SAMHSA Crisis Services: Meeting Needs, Saving Lives. August 2020**

**Website:** <https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001>

### **Downloadable Book**

- The book is composed of SAMHSA's "**National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit**" and **related crisis services papers built on these guidelines**.
- The toolkit reflects relevant clinical and health services research, review of top national program practices and replicable approaches that support best practice implementation. The related papers address key issues relevant to crisis services, homelessness, technology advances, substance use, legal issues impacting crisis services, financing crisis care, diverse populations, children and adolescents, rural and frontier areas, and the role of law enforcement.

**SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit**, last updated 4/23/2020, website <https://www.samhsa.gov/find-help/implementing-behavioral-health-crisis-care>

- **Executive Summary**, 12 pages  
<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>
- **Full Report**, 80 pages  
<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

**SAMSHA Training and Technical Assistance related to COVID-19 (many resources, including for serious mental illness)**

<https://www.samhsa.gov/sites/default/files/training-and-technical-assistance-covid19.pdf>

**SAMSHA Guidance for Law Enforcement and First Responders Administering Naloxone, May 8, 2020**

<https://www.samhsa.gov/sites/default/files/guidance-law-enforcement-first-responders-administering-naloxone.pdf>

**SAMSHA Crisis Services, Cost Effectiveness & Funding Strategies Report, 2014, Website:**

<https://store.samhsa.gov/product/Crisis-Services-Effectiveness-Cost-Effectiveness-and-Funding-Strategies/sma14-4848>

This report summarizes the clinical and cost effectiveness of crisis services. It also presents case studies of approaches states are using to coordinate, consolidate, and blend funding sources to provide robust crisis services.

**SAMHSA First Responders' Trauma Intervention and Suicide Prevention: Suicide Prevention Resource Toolkit**

<https://sprc.org/sites/default/files/migrate/library/First-Responders%27-Trauma-Intervention-Resource-Toolkit.pdf>

This toolkit describes acute stress disorder and posttraumatic stress disorder and the risk factors associated with trauma. It also describes interventions that can be used in times of crisis. Near the end of the toolkit is a list of related resources.

**SAMHSA - Suicide Prevention, including crisis lines,**

<https://www.samhsa.gov/childrens-awareness-day/event/resources-suicide-prevention>

**SAMHSA Disaster Distress Helpline <https://www.samhsa.gov/find-help/disaster-distress-helpline>**

**SAMSHA - Crisis Intervention Team (CIT) - Methods for Using Data to Inform Practice: A Step-by-Step Guide**

<https://store.samhsa.gov/product/Crisis-Intervention-Team-CIT-Methods-for-Using-Data-to-Inform-Practice/SMA18-5065>

This guide helps local systems use data to implement Crisis Intervention Team programs that can improve the safety and effectiveness of law enforcement response to people experiencing behavioral health crises. It provides information about building necessary partnerships, documenting program activities, identifying key metrics, establishing data collection processes, analyzing and reporting data, using data to improve programs, and expanding capacity to collect and use data. The guide is a companion to Practice Guidelines: Core Elements in Responding to Mental Health Crises.

**SAMSHA Practice Guidelines: Core Elements in Responding to Mental Health Crisis, U.S. Department of Health and Human Services, 2009**

<https://store.samhsa.gov/product/Core-Elements-for-Responding-to-Mental-Health-Crises/sma09-4427>

**FEMA COVID-19 Best Practice Information: Crisis Counseling, 2020**

[https://www.fema.gov/sites/default/files/2020-07/fema\\_covid\\_bp\\_crisis-counseling.pdf](https://www.fema.gov/sites/default/files/2020-07/fema_covid_bp_crisis-counseling.pdf)

**FEMA Crisis Counseling Assistance and Training Program Guidance CCP Application Toolkit, Version 5.0, July 2016**

<https://www.samhsa.gov/sites/default/files/images/fema-ccp-guidance.pdf>

**CDC Guidance for First Responders, 2020**

**Interim Recommendations for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points/Emergency Communication Centers (PSAP/ECCs) in the United States During the Coronavirus Disease (COVID-19) Pandemic**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

## **Reimagining Response to Vulnerable Populations in Crisis**

<https://www.abtassociates.com/projects/reimagining-response-to-vulnerable-populations-in-crisis>

- **Reimagining America's Crisis Response Systems: A Decision-Making Framework for Responding to Vulnerable Populations in Crisis, September 2020**

[https://www.abtassociates.com/files/Projects/PDFs/2020/reimagining-crisis-response\\_20200911-final.pdf](https://www.abtassociates.com/files/Projects/PDFs/2020/reimagining-crisis-response_20200911-final.pdf)

- **Perspectives on Reimagining America's Emergency Response System**

<https://www.abtassociates.com/insights/events/perspectives-on-reimagining-americas-emergency-response-system>

## **National Council for Behavioral Health, National Council Magazine, Crisis to Recovery including Lessons from Leadership, Comprehensive Crisis Systems, Coordination with Law Enforcement, 2016**

- <https://www.thenationalcouncil.org/magazine-issues/crisis-to-recovery/>

Best Practices in Law Enforcement Crisis Intervention with the Mentally Ill (chapter), August 18, 2015

Crisis Hotlines - Behavioral Health Crisis Care SAMHSA

Crisis Service Delivery Declaration

- Guidance for Law Enforcement
- Response to People in mental health crisis - New York
- **Wisconsin Best Practices - Toolkit for Improving Crisis Intervention and Emergency Detention Services** (August, 2018) <https://www.dhs.wisconsin.gov/publications/p02224.pdf>
- **Crisis Training Manual, Tennessee Department Mental Health and Substance Abuse Services, July 2012**  
[https://www.tn.gov/content/dam/tn/mentalhealth/documents/Crisis\\_Services\\_Training\\_Manual.pdf](https://www.tn.gov/content/dam/tn/mentalhealth/documents/Crisis_Services_Training_Manual.pdf)

## **National Suicide Prevention Lifeline Best Practices**

<https://suicidepreventionlifeline.org/best-practices/>

## **National Suicide Prevention Lifeline - Suicide Risk Assessment Standards**

<https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Suicide-Risk-Assessment-Standards-1.pdf>

**Best practices**

**A Community-Based Comprehensive Psychiatric Crisis Response Service, April 2005**

<https://www.tacinc.org/wp-content/uploads/2020/08/Crisis-Manual.pdf>

**NAMI Navigating a Mental Health Crisis - for Families**

<https://www.nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis>

## **Non-Police Crisis Response Programs** **Website Links, Resources and Related Info**

### **Eugene, OR**

CAHOOTS website: <https://whitebirdclinic.org/cahoots/>

CAHOOTS Media Guidebook, 2020

- <https://whitebirdclinic.org/wp-content/uploads/2020/06/CAHOOTS-Media-Guide-20200624.pdf>

CAHOOTS Brochure

- [https://whitebirdclinic.org/wp-content/uploads/2020/06/11x8.5\\_trifold\\_brochure\\_CAHOOTS.pdf](https://whitebirdclinic.org/wp-content/uploads/2020/06/11x8.5_trifold_brochure_CAHOOTS.pdf)

CAHOOTS Crisis De-Escalation Training Info

- <https://whitebirdclinic.org/crisis-deescalation-training/>

### **Oakland, CA**

Mental Health Call: Oakland Creates Non-Police Crisis Response Team (including City Council unanimous action to place team in Fire Department), March 17, 2021

- <https://www.kron4.com/news/bay-area/mental-health-call-oakland-creates-non-police-crisis-response-team/>

**Link to MACRO Report:**

- [https://urbanstrategies.org/wp-content/uploads/2020/06/USC-MACRO-REPORT-6\\_10\\_20.pdf](https://urbanstrategies.org/wp-content/uploads/2020/06/USC-MACRO-REPORT-6_10_20.pdf)

### **Alameda County, CA**

Crisis Assessment Transport Team Website, Bonita House, Alameda County (soon to be live)

- <https://bonitahouse.org/catt/>

### **San Francisco, CA**

Street Crisis Team Issue Brief, February 2021

- [https://www.sfdph.org/dph/files/IWG/SCRT\\_IWG\\_Issue\\_Brief\\_FINAL.pdf](https://www.sfdph.org/dph/files/IWG/SCRT_IWG_Issue_Brief_FINAL.pdf)

Office of the Mayor London Breed: San Francisco's New Street Crisis Response Team Launches Today: Partnership between the Department of Public Health and Fire Department with more team to launch later, News Release, November 30, 2020.

- <https://sfmayor.org/article/san-franciscos-new-street-crisis-response-team-launches-today>

**Los Angeles, CA**

The Los Angeles City Council has approved an LAPD reform plan to create an unarmed crisis response team to respond to nonviolent 911 calls. The Los Angeles City Council voted unanimously to have a chief administrator develop an unarmed team to respond to nonviolent 911 calls, Mayor Garcetti announcement re: partnership with Los Angeles County.

- <https://www.lamayor.org/mayor-garcetti-partnership-la-county-step-forward-police-reform-reimagining-public-safety>

**Multnomah County (includes Portland), OR**

Project Respond website:

- <https://cascadiabhc.org/services/crisis-intervention/>

**Denver, CO**

Press Release: DJP Helps Launch Alternative Public Health Emergency Response Pilot In Denver, June 6, 2020

- <http://www.denverjusticeproject.org/2020/06/08/press-release-alternative-public-health-emergency-response-pilot-launches-in-denver/>

Denver's STAR program successfully sent mental health professionals, not police, to hundreds of calls, February 24, 2021

- <https://www.fox5ny.com/news/denvers-star-program-successfully-sent-mental-health-professionals-not-police-to-hundreds-of-calls>

**New York City**

New York City to Test No-Police Mental Health Crisis Response in Harlem, February 21, 2021

- <https://www.nbcnewyork.com/news/local/nyc-to-test-no-police-mental-health-crisis-response-in-harlem/2903212/>

**Austin, TX**

EMCOT (expanded mobile crisis outreach team) program website:

- <https://www.austintexas.gov/edims/document.cfm?id=302634>

**Olympia, WA**

Crisis Response Unit website

- <https://olympiawa.gov/city-services/police-department/Crisis-Response-Peer-Navigator.aspx>

**Edmonton, Canada**

REACH Edmonton 24/7 Crisis Diversion program website:

- <https://reachedmonton.ca/initiatives/24-7-crisis-diversion/>

**Toronto, Canada**

Toronto council approves multi-year mental health crisis response service pilot project

- <https://globalnews.ca/news/7615131/toronto-council-approves-community-crisis-support-service-pilot/>



**EXPENDITURE NON-CONTRACT REVISION CONTRACT REVIEW FORM: NEW CONTRACT**

Contract # 32100026 SPMA

**CONTRACTOR NAME:** Resource Development Associates (RDA)

**Subject of Contract:** Results Based Accountability (RBA) Evaluation

This contract package contains: <b>3 Original Contracts (Department, Vital Record and Vendor) in folders</b>	Attached	Waiver Attached	Not Required
*The Vital Record contract <b>MUST</b> be in a folder. *Optional: In lieu of folders, Department and Vendor copies may be assembled with an Acco-fastener.			
1. CONTRACT BOILERPLATE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Scope of Services (Exhibit A @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Payment Provisions (Exhibit B @ boilerplate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Evidence of Competitive Solicitation OR Waiver by CM or by Council Resolution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CERTIFICATIONS			
a. Workforce Composition ( <i>businesses with 5 or more employees</i> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nuclear Free Berkeley Disclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Oppressive States Disclosure ( <i>Exception: Community-based, non-profit organizations</i> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sanctuary City Compliance Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Certification of Compliance with Living Wage Ordinance (LWO): <b>use current form on web*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Certification of Compliance with Equal Benefits Ordinance: <b>use current form on web*</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Community Agency: Certification of Anti-Lobbying	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Community Agency: Certification of Drug-Free Workplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s ( <i>originals, not copies</i> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Authorizing Council Resolution # <del>69-033-N.S.</del> July 23, 2019 <u>3/10/2020 69,314-N.S.</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Consultant Contracts: Form 700, Statement of Economic Interests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Federally Funded Project Requirement: Debarment status printout (SAM.gov)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Berkeley Business License #** BL-003113 **Contract Amount \$** 99,900.  
**Requisition #** 12102499 (*Hard copy attached*) **Council Approved Amount** \$99,900.  
**Budget Code:** MH-MHSA-INN-NON-PERSONNEL-GRANT PAYMENTS Community Agencies-HHMINN2001-315-51-503-526-2017-000-451-612990.

**Was there any advance payment?** No  Yes  ..... **If Yes, Advanced Amount \$** \_\_\_\_\_  
**If Yes, Purchase Order #** \_\_\_\_\_

**Routing and signatures:**  
 All elements of the contract package, including information provided above, have been reviewed for completeness and accuracy and evidenced by the following signatures (Project Manager please print name):

1. <u>Yvette Katuala</u> <i>[Signature]</i> <u>HHCS-Mental Health</u> <u>510-981-7654</u> <u>6/2/2020</u> <b>Project Manager (PRINT NAME) &amp; Department</b> <b>Phone No.</b> <b>Date</b>
2. <u>Nneka Gallaread</u> <i>[Signature]</i> <u>Department Administrative Officer/Accounting</u> <u>5/10/20</u> <b>Department Administrative Officer/Accounting</b> <b>Date</b>
3. _____ <i>[Signature]</i> _____ <u>8/10/20</u> <b>Department Head</b> <b>Date</b>
4. <u>Darryl Sweet</u> <i>[Signature]</i> _____ <u>8/27/2020</u> <b>Contract Administrator</b> <b>Date</b>
5. <u>Teresa Berkeley-Simmons</u> <i>[Signature]</i> <u>Budget via Email (attached)</u> <u>8/28/2020</u> <b>Budget Manager</b> <b>Date</b>

**EXECUTED**

SEP 01 2020

*DS*

**Routing continues to the following persons, who sign directly on the contract:**  
 6. **City Manager** (*Will not sign unless all signatures and dates appear above*)

\* For current vendor forms, go to City of Berkeley website: <http://www.cityofberkeley.info/ContentDisplay.aspx?id=5418>  
 RDA - RBA ExpendNewContractReview.dotx

**City of Berkeley**  
**Contract Amendment Data Transmittal**  
*(To be completed by Project Manager)*

7. **City Auditor** (Initial \_\_\_\_\_)      8. **City Clerk:** CMS Login \_\_\_\_\_ Destruct \_\_\_\_\_ Review \_\_\_\_\_

**Sweet, Darryl**

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**From:** Murty, Rama  
**Sent:** Thursday, August 27, 2020 4:57 PM  
**To:** Sweet, Darryl  
**Cc:** Rosete, Michelle  
**Subject:** Re: RDA Contract for budget approval

Budget Final - Approved

Rama Murty, Senior Management Analyst  
 City of Berkeley  
 Office of the City Manager - Budget Unit  
 2180 Milvia Street  
 Berkeley, CA 94704  
 Phone: (510) 981-7044  
 Fax: (510) 981-7099

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**From:** Rosete, Michelle <mrosete@cityofberkeley.info>  
**Sent:** Thursday, August 27, 2020 2:25 PM  
**To:** Murty, Rama <RMurty@cityofberkeley.info>  
**Subject:** RE: RDA Contract for budget approval

Budget Initial – APPROVED

Notes:

Res#69,314 included in the contract – ok;

Authorizing Council Resolution # 69,033-N.S. July 23, 2019 3/10/2020

See attached Req#12102499 for reference - \$99,900

Fund available in Account Code 315-51-503-526-2017-000-451-612990- Project Code HHMINN2101

Thanks.

-Michelle

---

**From:** Sweet, Darryl  
**Sent:** Thursday, August 27, 2020 11:31 AM  
**To:** Murty, Rama <RMurty@cityofberkeley.info>; Rosete, Michelle <mrosete@cityofberkeley.info>  
**Subject:** RDA Contract for budget approval

RDA  
 Contract  
 for budget approval

Thank you,  
 Darryl

**Darryl Sweet**, CPSM, C.P.M.  
General Services Manager  
City of Berkeley, Department of Finance  
510-981-7329  
[dsweet@cityofberkeley.info](mailto:dsweet@cityofberkeley.info)

## PERSONAL SERVICES CONTRACT

**THIS CONTRACT** is between the CITY OF BERKELEY (“City”), a Charter City organized and existing under the laws of the State of California, and Resource Development Associates (RDA) (“Contractor”), a California Corporation doing business at 2333 Harrison Street, Oakland, CA 94612, who agree as follows:

### 1. SCOPE OF SERVICES

Contractor agrees to perform all services described in Exhibit A, in accordance with its stated terms and conditions. Exhibit A is attached to and made a part of this Contract.

### 2. PAYMENT

For services referred to in Section 1, City will pay Contractor a total amount not to exceed \$99,900. City shall make payments to Contractor in accordance with the provisions described in Exhibit B, which is attached to and made a part of this Contract.

### 3. TERM

a. This Contract shall begin on July 1, 2020 and end on June 30, 2022. The City Manager of the City may extend the term of this Contract by giving written notice.

b. Either party may terminate this Contract for default upon five (5) days’ written notice to the other if the other party has substantially failed to fulfill any of its obligations under this Contract in a timely manner. City may terminate this Contract at its convenience and without cause upon thirty (30) days written notice to Contractor. Except as provided in this Contract, in no event shall City be liable for costs incurred by or on behalf of Contractor after the effective date of a notice of termination.

c. A written notice is deemed served when a party sends the notice in an envelope addressed to the other party to this Contract and deposits it with the U.S. Postal Service, first class mail, postage prepaid. For purposes of this Contract, all notices to City shall be addressed as follows:

City Manager  
City of Berkeley  
2180 Milvia Street  
Berkeley, California 94704

For purposes of this Contract, all notices to Contractor shall be addressed as follows:

Dr. Patricia Bennett  
Resource Development Associates  
2333 Harrison Street  
Oakland, CA 94612

d. If City terminates this Contract for convenience before Contractor completes the services in Exhibit A, Contractor shall then be entitled to recover its costs expended up to that point plus a reasonable profit, but no other loss, cost, damage, expense or liability may be claimed, requested or recovered.

#### 4. INDEMNIFICATION

Contractor, for itself and its heirs, successors and assigns, agrees to release, defend, indemnify and hold harmless City, its officers, agents, volunteers and employees from and against any and all claims, demands, liability, damages, lawsuits or other actions, including, but not limited to, personal injury or death or property damage arising out of or in any way connected with Contractor's operations under this Contract, or with the performance of this Contract by Contractor or its officers, employees, partners, directors, subcontractors or agents.

#### 5. INSURANCE

a. Contractor shall maintain at all times during the performance of this Contract a commercial general liability insurance policy with a minimum occurrence coverage in the amount of \$2,000,000 (two million dollars); an automobile liability insurance policy in the minimum amount of \$1,000,000 (one million dollars); and, if any licensed professional performs services under this contract, a professional liability insurance policy in the minimum amount of \$2,000,000 (two million) to cover any claims arising out of Contractor's performance of services under this Contract. All insurance, except professional liability, shall name the City, its officers, agents, volunteers and employees as additional insureds and shall provide primary coverage with respect to the City.

All insurance policies shall: 1) provide that the insurance carrier shall not cancel, terminate or otherwise modify the terms and conditions of said policies except upon thirty (30) days written notice to the City's Contract Administrator; 2) be evidenced by the original Certificate of Insurance, specifying the required coverage and the insurance carrier's standard additional insured form endorsement; and 3) be approved as to form and sufficiency by the City's Contract Administrator. **The original insurance certificates and all extensions to the insurance certificates should be sent to the address identified below.**

b. If the commercial general liability insurance referred to above is written on a Claims Made Form then, following termination of this Contract, coverage shall survive for a period of not less than five years. Coverage shall also provide for a retroactive date of placement coinciding with the effective date of this Contract.

c. If Contractor employs any person, it shall carry workers' compensation and employer's liability insurance and shall provide a certificate of insurance to the City. The workers' compensation insurance shall: 1) provide that the insurance carrier shall not cancel, terminate or otherwise modify the terms and conditions of said insurance except upon thirty (30) days written notice to the City's Contract Administrator; 2) provide for a waiver of any right of subrogation against City to the extent permitted by law; and 3) shall be approved as to form and sufficiency by the Contract Administrator.

d. Contractor shall forward all insurance documents to:

**Department Name:** HHCS-Mental Health Division-Karen Klatt/Andrea Bates

**Department Address:** 2180 Milvia Street, Berkeley, CA 94704

## 6. CONFORMITY WITH LAW AND SAFETY

a. Contractor shall observe and comply with all applicable laws, ordinances, codes and regulations of governmental agencies, including federal, state, municipal and local governing bodies having jurisdiction over any or all of the scope of services, including all provisions of the Occupational Safety and Health Act of 1979 as amended, all California Occupational Safety and Health Regulations, and all other applicable federal, state, municipal and local safety regulations. All services performed by Contractor must be in accordance with these laws, ordinances, codes and regulations. Contractor shall release, defend, indemnify and hold harmless City, its officers, agents, volunteers and employees from any and all damages, liability, fines, penalties and consequences from any noncompliance or violation of any laws, ordinances, codes or regulations.

b. If a death, serious personal injury or substantial property damage occurs in connection with the performance of this Contract, Contractor shall immediately notify the City's Risk Manager by telephone. If any accident occurs in connection with this Contract, Contractor shall promptly submit a written report to City, in such form as the City may require. This report shall include the following information: 1) name and address of the injured or deceased person(s); 2) name and address of Contractor's subcontractor, if any; 3) name and address of Contractor's liability insurance carrier; and 4) a detailed description of the accident, including whether any of City's equipment, tools or materials were involved.

c. If a release of hazardous materials or hazardous waste that cannot be controlled occurs in connection with the performance of this Contract, Contractor shall immediately notify the Berkeley Police Department and the City's Health Protection office.

d. Contractor shall not store hazardous materials or hazardous waste within the City of Berkeley without a proper permit from the City.

## 7. SAFETY DATA SHEETS

a. To comply with the City's Hazard Communication Program, Contractor agrees to submit Safety Data Sheets (SDS) for all "hazardous substances" Contractor intends to use in the performance of work under this Contract in any City facility. "Hazardous substances" are defined as those substances so designated by the Director of Industrial Relations pursuant to the Hazardous Substances Information and Training Act (Labor Code sec. 6360 *et seq.*). The SDS for all products must be submitted to the City before commencing work. The SDS for a particular product must be reviewed and approved by the City's Risk Manager before Contractor may use that product.

b. City will inform Contractor about hazardous substances to which it may be exposed while on the job site and protective measures that can be taken to reduce the possibility of exposure.

## 8. OWNERSHIP OF DOCUMENTS

a. When this Contract is terminated, Contractor agrees to return to City all documents, drawings, photographs and other written or graphic material, however produced, that it received from City, its contractors or agents, in connection with the performance of its services under this Contract. All materials shall be returned in the same condition as received.

b. Contractor grants City a royalty-free, exclusive and irrevocable license to reproduce, publish, use and to authorize others to do so, all original computer programs, writing, sound recordings, pictorial reproductions, diagrams, charts, computations, drawings

and other works of similar nature produced in the course of the performance of this Contract. Contractor shall not publish any such material without the prior written agreement of the City.

c. With the prior written approval of City's Project Manager, Contractor may retain and use copies of its work for reference and as documentation of its experience and capabilities.

#### 9. **NON-DISCRIMINATION**

Contractor hereby agrees to comply with the provisions of Berkeley Municipal Code ("B.M.C.") Chapter 13.26 as amended from time to time. In the performance of this Contract, Contractor agrees as follows:

a. Contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, ancestry, national origin, age (over 40), sex, pregnancy, marital status, disability, sexual orientation or AIDS.

b. Contractor shall permit the City access to records of employment, employment advertisements, application forms, EEO-1 forms, affirmative action plans and any other documents which, in the opinion of the City, are necessary to monitor compliance with this non-discrimination provision. In addition, Contractor shall fill-out, in a timely fashion, forms supplied by the City to monitor this non-discrimination provision.

#### 10. **INDEPENDENT CONTRACTOR**

a. Contractor shall be deemed at all times to be an independent contractor and shall be wholly responsible for the manner in which Contractor performs the services required of Contractor by the terms of this Contract. Contractor shall be liable for its acts and omissions, and those of its employees and its agents. Nothing contained herein shall be construed as creating an employment, agency or partnership relationship between City and Contractor.

b. Direction from City regarding the subject of this Contract shall be construed as providing for direction as to policy and the result of Contractor's Work only and not as to the means or methods by which such a result is obtained.

c. Except as expressly provided in this Contract, nothing in this Contract shall operate to confer rights or benefits on persons or entities not party to this Contract.

d. Payment of any taxes, including California Sales and use Taxes, levied upon this Contract, the transaction, or the services or goods delivered pursuant hereto, shall be the obligation of Contractor.

#### 11. **CONFLICT OF INTEREST PROHIBITED**

a. In accordance with Government Code section 1090, Berkeley City Charter section 36 and B.M.C. Chapter 3.64, neither Contractor nor any employee, officer, director, partner or member of Contractor, or immediate family member of any of the preceding, shall have served as an elected officer, an employee, or a City board, committee or commission member, who has directly or indirectly influenced the making of this Contract.

b. In accordance with Government Code section 1090 and the Political Reform Act, Government Code section 87100 *et seq.*, no person who is a director, officer, partner, trustee, employee or consultant of the Contractor, or immediate family member of any of the preceding, shall make or participate in a decision made by the City or a City board,



commission or committee, if it is reasonably foreseeable that the decision will have a material effect on any source of income, investment or interest in real property of that person or Contractor.

c. Interpretation of this section shall be governed by the definitions and provisions used in the Political Reform Act, Government Code section 87100 *et seq.*, its implementing regulations, manuals and codes, Government Code section 1090, Berkeley City Charter section 36 and B.M.C. Chapter 3.64.

12. **NUCLEAR FREE BERKELEY**

Contractor agrees to comply with B.M.C. Chapter 12.90, the Nuclear Free Berkeley Act, as amended from time to time.

13. **OPPRESSIVE STATES CONTRACTING PROHIBITION**

a. In accordance with Resolution No. 59,853-N.S., Contractor certifies that it has no contractual relations with, and agrees during the term of this Contract to forego contractual relations to provide personal services to, the following entities:

- (1) The governing regime in any Oppressive State.
- (2) Any business or corporation organized under the authority of the governing regime of any Oppressive State.
- (3) Any individual, firm, partnership, corporation, association, or any other commercial organization, and including parent-entities and wholly-owned subsidiaries (to the extent that their operations are related to the purpose of its contract with the City), for the express purpose of assisting in business operations or trading with any public or private entity located in any Oppressive State.

b. For purposes of this Contract, the Tibet Autonomous Region and the provinces of Abo, Kham, and U-Tsang shall be deemed oppressive states.

c. Contractor's failure to comply with this section shall constitute a default of this Contract and City may terminate this Contract pursuant to Section 3. In the event that the City terminates Contractor due to a default under this provision, City may deem Contractor a non-responsible bidder for not more than five (5) years from the date this Contract is terminated.

14. **SANCTUARY CITY CONTRACTING**

Contractor hereby agrees to comply with the provisions of the Sanctuary City Contracting Ordinance, B.M.C. Chapter 13.105. In accordance with this Chapter, Contractor agrees not to provide the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security with any Data Broker or Extreme Vetting Services as defined herein:

- a. "Data Broker" means either of the following:
  - i. The collection of information, including personal information about consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;

- ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.
- b. “Extreme Vetting” means data mining, threat modeling, predictive risk analysis, or other similar services. Extreme Vetting does not include:
  - i. The City’s computer-network health and performance tools;
  - ii. Cybersecurity capabilities, technologies and systems used by the City of Berkeley Department of Information Technology to predict, monitor for, prevent, and protect technology infrastructure and systems owned and operated by the City of Berkeley from potential cybersecurity events and cyber-forensic based investigations and prosecutions of illegal computer based activity.

#### 15. **RECYCLED PAPER FOR WRITTEN REPORTS**

If Contractor is required by this Contract to prepare a written report or study, Contractor shall use recycled paper for said report or study when such paper is available at a cost of not more than ten percent more than the cost of virgin paper, and when such paper is available at the time it is needed. For the purposes of this Contract, recycled paper is paper that contains at least 50% recycled product. If recycled paper is not available, Contractor shall use white paper. Written reports or studies prepared under this Contract shall be printed on both sides of the page whenever practical.

#### 16. **BERKELEY LIVING WAGE ORDINANCE**

a. Contractor hereby agrees to comply with the provisions of the Berkeley Living Wage Ordinance, B.M.C. Chapter 13.27. If Contractor is currently subject to the Berkeley Living Wage Ordinance, as indicated by the Living Wage Certification form, attached hereto, Contractor will be required to provide all eligible employees with City mandated minimum compensation during the term of this Contract, as defined in B.M.C. Chapter 13.27, as well as comply with the terms enumerated herein. Contractor expressly acknowledges that, even if Contractor is not currently subject to the Living Wage Ordinance, cumulative contracts with City may subject Contractor to the requirements under B.M.C. Chapter 13.27 in subsequent contracts.

b. If Contractor is currently subject to the Berkeley Living Wage Ordinance, Contractor shall be required to maintain monthly records of those employees providing service under the Contract. These records shall include the total number of hours worked, the number of hours spent providing service under this Contract, the hourly rate paid, and the amount paid by Contractor for health benefits, if any, for each of its employees providing services under the Contract. These records are expressly subject to the auditing terms described in Section 17.

c. If Contractor is currently subject to the Berkeley Living Wage Ordinance, Contractor shall include the requirements thereof, as defined in B.M.C. Chapter 13.27, in any and all subcontracts in which Contractor engages to execute its responsibilities under this Contract. All subcontractor employees who spend 25% or more of their compensated time engaged in work directly related to this Contract shall be entitled to a living wage, as described in B.M.C. Chapter 13.27 and herein.

d. If Contractor fails to comply with the requirements of this Section, the City

shall have the rights and remedies described in this Section, in addition to any rights and remedies provided by law or equity.

Contractor's failure to comply with this Section shall constitute a material breach of the Contract, upon which City may terminate this Contract pursuant to Section 3. In the event that City terminates Contractor due to a default under this provision, City may deem Contractor a non-responsible bidder for not more than five (5) years from the date this Contract is terminated.

In addition, at City's sole discretion, Contractor may be responsible for liquidated damage in the amount of \$50 per employee per day for each and every instance of an underpayment to an employee. It is mutually understood and agreed that Contractor's failure to pay any of its eligible employees at least the applicable living wage rate will result in damages being sustained by the City; that the nature and amount of the damages will be extremely difficult and impractical to fix; that the liquidated damage set forth herein is the nearest and most exact measure of damage for such breach that can be fixed at this time; and that the liquidated damage amount is not intended as a penalty or forfeiture for Contractor's breach. City may deduct any assessed liquidated damages from any payments otherwise due Contractor.

#### 17. **BERKELEY EQUAL BENEFITS ORDINANCE**

a. Contractor hereby agrees to comply with the provisions of the Berkeley Equal Benefits Ordinance, B.M.C. Chapter 13.29. If Contractor is currently subject to the Berkeley Equal Benefits Ordinance, as indicated by the Equal Benefits Certification form, attached hereto, Contractor will be required to provide all eligible employees with City mandated equal benefits, as defined in B.M.C. Chapter 13.29, during the term of this contract, as well as comply with the terms enumerated herein.

b. If Contractor is currently or becomes subject to the Berkeley Equal Benefits Ordinance, Contractor agrees to provide the City with all records the City deems necessary to determine compliance with this provision. These records are expressly subject to the auditing terms described in Section 17 of this contract.

c. If Contractor fails to comply with the requirements of this Section, City shall have the rights and remedies described in this Section, in addition to any rights and remedies provided by law or equity.

Contractor's failure to comply with this Section shall constitute a material breach of the Contract, upon which City may terminate this contract pursuant to Section 3. In the event the City terminates this contract due to a default by Contractor under this provision, the City may deem Contractor a non-responsible bidder for not more than five (5) years from the date this Contract is terminated.

In addition, at City's sole discretion, Contractor may be responsible for liquidated damages in the amount of \$50.00 per employee per day for each and every instance of violation of this Section. It is mutually understood and agreed that Contractor's failure to provide its employees with equal benefits will result in damages being sustained by City; that the nature and amount of these damages will be extremely difficult and impractical to fix; that the liquidated damages set forth herein is the nearest and most exact measure of damages for such breach that can be fixed at this time; and that the liquidated damage amount is not intended as a penalty or forfeiture for Contractor's breach. City may deduct any assessed liquidated damages from any payments otherwise due Contractor.

18. **AUDIT**

Pursuant to Section 61 of the Berkeley City Charter, the City Auditor's Office may conduct an audit of Contractor's financial, performance and compliance records maintained in connection with the operations and services performed under this Contract. In the event of such audit, Contractor agrees to provide the City Auditor with reasonable access to Contractor's employees and make all such financial, performance and compliance records available to the Auditor's Office. City agrees to provide Contractor an opportunity to discuss and respond to any findings before a final audit report is filed.

19. **SETOFF AGAINST DEBTS**

Contractor agrees that City may deduct from any payments due to Contractor under this Contract any monies that contractor owes City under any ordinance, contract or resolution for any unpaid taxes, fees, licenses, unpaid checks or other amounts.

20. **CONFIDENTIALITY OF INFORMATION**

Contractor understands and agrees that, in the performance of the services under this Contract or in the contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Contract. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent consultant would use to protect its own proprietary data.

21. **PREVAILING WAGES**

Certain labor categories under this contract may be subject to prevailing wages as identified in the State of California Labor Code commencing with Sections 1720 et. seq. and 1770 et. seq. These labor categories, when employed for any "work performed during the design and preconstruction phases of construction including, but not limited to, inspection and land surveying work," constitute a "Public Work" within the definition of Section 1720(a)(1) of the California Labor Code requiring payment of prevailing wages. In performing its obligations under this contract, Contractor is solely responsible to determine which, if any, of the work is governed by a labor category pursuant to California Labor Code sections 1720 et. seq. and 1770 et. seq. and pay the pertinent prevailing wage. Contractor shall defend, indemnify and hold harmless City concerning any liability arising out of Labor Code section 1720 et. seq. and 1770 et. seq.

22. **GOVERNING LAW**

This Contract shall be deemed to have been executed in Alameda County. The formation, interpretation and performance of this Contract shall be governed by the laws of the State of California, excluding its conflict of laws rules. Venue for all litigation relative to the formation, interpretation and performance of this Contract shall be in Alameda County, California.

23. **AMENDMENTS**

The terms and conditions of this Contract shall not be altered or otherwise modified except by a written amendment to this Contract executed by City and Contractor.

24. **ENTIRE CONTRACT**

a. The terms and conditions of this Contract, all exhibits attached and any documents expressly incorporated by reference represent the entire Contract between the parties with respect to the subject matter of this Contract. This Contract shall supersede any and all prior contracts, oral or written, regarding the subject matter between City and Contractor. No other contract, statement, or promise relating to the subject matter of this Contract shall be valid or binding except by a written amendment to this Contract.

b. If any conflicts arise between the terms and conditions of this Contract and the terms and conditions of the attached exhibits or any documents expressly incorporated, the terms and conditions of this Contract shall control.

25. **SEVERABILITY**

If any part of this Contract or the application thereof is declared invalid for any reason, such invalidity shall not affect the other provisions of this Contract which can be given effect without the invalid provision or application, and to this end the provisions of this Contract are declared to be severable.

26. **WAIVER**

Failure of City to insist on strict performance shall not constitute a waiver of any of the provisions of this Contract or a waiver of any other default of Contractor.

27. **ASSIGNMENT**

Contractor may not assign this Contract without the prior written consent of the City, except that Contractor may assign its right to any money due or to become due hereunder.

28. **EFFECT ON SUCCESSORS AND ASSIGNS**

This Contract shall be binding on and inure to the benefit of the heirs, executors, administrators, successors, and assigns of the parties hereto.

29. **CONSULTANTS TO SUBMIT STATEMENTS OF ECONOMIC INTEREST**

The City's Conflict of Interest Code, Resolution No. 60,788-N.S., as amended, requires consultants who make a governmental decision or act in a staff capacity as defined in 2 Cal. Code of Regs. §18700, as amended from time to time, to disclose conflicts of interest by filing a Statement of Economic Interest (Form 700). Consultants agree to file such statements with the City Clerk at the beginning of the contract period and upon termination of the Contractor's service.

30. **SECTION HEADINGS**

The sections and other headings of this Contract are for convenience of reference only and shall be disregarded in the interpretation of this Contract.

31. **CITY BUSINESS LICENSE, PAYMENT OF TAXES, TAX I.D. NUMBER**

Contractor has obtained a City business license as required by B.M.C. Chapter 9.04, and its license number is written below; or, Contractor is exempt from the provisions of

B.M.C. Chapter 9.04 and has written below the specific B.M.C. section under which it is exempt. Contractor shall pay all state and federal income taxes and any other taxes due. **Contractor certifies under penalty of perjury that the taxpayer identification number written below is correct.**

Business License Number BL-003113  
B.M.C. § N/A  
Taxpayer ID Number \_\_\_\_\_

IN WITNESS WHEREOF, City and Contractor have executed this Contract as of the date first mentioned above.

CITY OF BERKELEY

By: [Signature]  
City Manager

Pre-approved as to form  
CITY ATTORNEY  
10/2019

Registered on behalf  
of the City Auditor by: [Signature]  
Finance Department

Attest by: [Signature]  
DER. City Clerk

CONTRACTOR

Printed Name: Patricia Bennett

By: [Signature]

President and CEO

Title: \_\_\_\_\_

Tax Identification # \_\_\_\_\_

Berkeley Business License # BL-003113

Incorporated: Yes X No

Certified Woman Business Enterprise: Yes X No

Certified Minority Business Enterprise: Yes  No

If yes, state ethnicity: \_\_\_\_\_

Certified Disadvantaged Business Enterprise: Yes  No



!



**EXHIBIT A**  
**SCOPE OF SERVICES**

Agency Name: Research Development Associates (RDA)  
Contract Period: July 1, 2020 - June 30, 2022  
Program Title: Results Based Accountability (RBA) Evaluation

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Research Development Associates, (hereafter RDA) will provide the following services, enumerated below, necessary to train the Division on the Results Based Accountability (RBA) Framework and establishing and collecting RBA performance measures to evaluate outcomes for all internal mental health programs. This contract is for the period commencing July 1, 2020 to June 30, 2022 which may be extended by agreement of the City of Berkeley and RDA.

**Results Based Accountability (RBA) Evaluation**

RBA is a data driven, decision-making process that has a proven track record of success in improving program performance and the quality of life of program participants. The RBA Framework provides a new way of understanding the quality and impact of services provided by collecting data that answer three basic questions:

1. How much did you do?
2. How well did you do it?
3. Is anyone better off?

RDA will implement the RBA Framework to evaluate the outcomes of each program in the Mental Health Division. Duties will include training the Division on the RBA Framework including assisting staff in developing a common language that can be used to communicate program results; working with designated staff to establish and embed RBA measures into each program; developing and implementing standardized data collection tools; collecting data, and reporting out on program outcomes; and assisting the Division in implementing strategies that will build and sustain the RBA evaluation efforts. In executing the work, it is possible that RDA may also be expected at times, to collaborate in some way with HHCS Departmental staff who are involved with the "Impact Berkeley" RBA initiative and/or City Staff from other Departments who are involved in utilizing the RBA framework in other initiatives.

It is envisioned that the first year of this contract will primarily be spent on the following deliverables: training the Division on the RBA Framework; working with staff from each internal program on developing and implementing RBA measures; creating and implementing standardized data collection tools; and collecting, and evaluating and reporting out on program outcomes. Work deliverables during the second year will be comprised of providing technical assistance to program staff to develop proficiency with implementing the RBA framework; continuing to collect, evaluate and report out on program data; and establishing measures to build the Division's capacity to sustain evaluation efforts within the system.

RBA will accomplish the work through the following four phases outlined below:

**1.) Project Launch and Discovery:** The first phase will lay the groundwork for the project and will culminate in a final work plan, communication and contracting procedures.

Task 1.1 - Project Kickoff Meeting: RDA will conduct a kickoff meeting with key Division staff to launch the RBA Evaluation. RDA will collaborate with the Division to ensure that activities, timelines, staffing and planned communications with staff are in line with expectations and desired outcomes. The kickoff meeting will serve to:

- Formulate roles and responsibilities for all aspects of the evaluation;
- Confirm the scope, timeline, and communication mechanisms and expectations;
- Provide background on City efforts and interests in RBA activities; and
- Begin planning the goals and activities for the RBA planning and action workshops.

Task 1.2 – Data Collection and Background Research: RDA will conduct interviews with five key staff to gauge readiness for change, knowledge about RBA, and what they believe is the current level of alignment across their programs to enable synchronized measurement. RDA will also review existing documents related to the HHCS Departmental RBA “Impact Berkeley” initiative and strategic plans associated with the Division’s programs. These documents will establish a foundational understanding of the Division’s history, work, and priorities, as well as existing plans that can be drawn upon to further tailor the implementation approach and align efforts with the overarching goals of the department.

Task 1.3 – Identification of Participant Groups: RDA will work with the Division to identify and convene the following two participant groups for Phase II activities:

- Leadership Staff. Comprised of high-level Division leaders who authorize and approve action plans;
- Program Staff, comprised of mid-level program staff (ideally the program lead) who are able to meet regularly throughout the RBA Planning process and implement action plans.

Task 1.4 – Final Work Plan: At the conclusion of this phase, and based on the results of the background research, RDA will provide a finalized work plan to guide the engagement.

**Deliverables:** Final Work Plan and a list of staff members identified as participants.

**2.) RBA Planning and Action Workshops:** Through implementation of a series of planning and action workshops, RDA will establish a shared understanding of the RBA framework and language, facilitate the prioritization of population and program outcomes and measures, and develop and refine data collection and reporting tools that track program performance. This series of workshops is intended for a group of 15-20 program staff (approximately one lead per program) and will include interactive and engaging activities with clear objectives. Each workshop will serve to build program staff knowledge and capacity to implement RBA by reinforcing and operationalizing the RBA framework.

Throughout the project, RDA will work closely with program staff to establish and embed RBA measures into each program. Specifically, RDA will work with cohorts of program staff throughout the project to use the tools and concepts of RBA to better understand, communicate, and ultimately strengthen the services provided. RDA will identify cohorts based on strategic overlap of target population and program activities; for example, cohorts may align with how programs are currently organized (e.g., Family, Youth and Children’s Services and Adult

Services Program). This approach will promote collaboration and resource sharing across programs with shared outcomes and measures.

Across all workshops, RDA will provide standardized planning tools to reinforce RBA language and concepts, while ensuring tools remain flexible to adapt to each program's unique needs. In between workshops, RDA will conduct check-in meetings with program staff, as needed, to provide technical assistance support. The workshops will be conducted sequentially.

Overview of RBA Workshop Series and Deliverables:

**Task 2.1 RBA Workshop 1: Introduction and Overview:** RDA will facilitate a training workshop with leadership and program staff to establish shared understanding of the RBA Framework and develop a common language that can be used to communicate program results. At the conclusion of the workshop, RDA will review the plan going forward and next steps.

**Deliverable:** Presentation and training materials and next steps.

**Task 2.2 Population Outcomes:** RDA Will facilitate a workshop with leadership staff to identify population outcomes and measures associated with the impacts of programs. In collaboration with the Division, RDA will summarize population outcomes and measures from existing strategic plans that capture the programs' intended results on the community's quality of life. Building upon established population outcomes and indicators, leadership staff will validate and prioritize population outcomes and indicators. In addition, RDA will facilitate a mapping activity for leadership staff to identify which programs contribute to each population measure and articulate how the programs' activities contribute to population outcomes. The resulting list of population outcomes and indicators will serve as an overarching guide for subsequent RBA planning processes at the program level.

**Deliverable:** A population accountability scorecard with summary of prioritized population outcomes and indicators.

**Task 2.3 RBA Staff Workshops: Identify Performance Measures:** Participants will review the population accountability vision established by the leadership team, and discuss how their program activities contribute to population impacts. RDA will then facilitate an activity for program staff to identify performance measures that measure both effort and effect.

In this workshop program staff will prioritize 2-3 performance measures for each RBA performance measurement quadrant. RDA will provide a guidance document with considerations for prioritizing performance measures (e.g., feasibility, recipients of reports, responsiveness to the needs of the populations they serve, and ability to understand equity trends).

RDA will provide workshops for cohorts of programs for all staff and managers. During the workshops RDA will introduce the RBA methodology and will lead staff through a series of activities to assist staff in developing RBA outcomes. Workshop cohorts could potentially be divided up as follows: Adult Programs; Children's Programs; Medical Staff; and Administrative Staff.

**Deliverable:** A list of performance measures for each RBA performance measurement quadrant for each participating program.

Task 2.4 RBA Workshop 4: Identify Data Sources and Existing Data Tools: RDA will identify which data elements each program can capture, figure out forms to use, and support the Division in compiling and analyzing the data. RDA will facilitate a workshop to review existing data sources, identify data gaps, and identify opportunities to leverage existing data collection and reporting resources within the Division. Participants will identify and prioritize data sources and existing resources for each RBA performance measure. Data gaps identified in this process will be noted by program staff to inform future planning efforts.

Task 2.5 RBA Workshop 5: Data Tool Development: RDA will facilitate a workshop to review and identify data tools and processes (e.g., data requests, protocols, data collection tools, and data management systems) for each RBA performance measure. In these discussions, program staff will discuss existing reporting streams, data collection efforts, and recent initiatives in their programs related to the data sources they identified. RDA will work with program staff to develop and implement standardized data collection tools, while building upon existing evaluation and reporting efforts. This approach will minimize the administrative burden of data collection and reporting, while streamlining processes and reducing duplication of efforts.

**Deliverable:** Each participating program will develop a draft data collection and reporting plan that summarizes each program's RBA measures, data sources, and data tools.

### **Phase III: Data Collection, Evaluation, and Reporting**

Working closely with Division program staff, RDA will provide technical assistance for the collection, evaluation, and reporting on program outcomes through the RBA measures.

Task 3.1 Data Collection and Evaluation. RDA will provide technical assistance to program staff and facilitate their ability to implement the data tools identified in the workshop series. In addition, RDA will help build capacity of program staff to interpret performance measure results and trends.

**Deliverable:** Each participating program will have a refined draft of their data collection and reporting plan that provides details on each program's RBA measures, data sources, data tools; and related data processes.

Task 3.2 Reporting on Program Outcomes. RDA will develop a standardized reporting template that each program can fill out with their respective program's RBA measures. The template will be standardized but flexible enough to be adapted for each program's unique set of RBA performance measures.

**Deliverable:** Standardized reporting template with outcomes filled in for each participating program.

### **Phase IV: RBA Implementation Technical Assistance**

In the second year of the engagement, RDA will conduct a "Turn The Curve" Workshop for each program in the Division. RDA will also provide technical assistance to program staff to develop proficiency in implementing the RBA framework; provide technical assistance to support change management and sustainability of RBA efforts; and provide continuing technical assistance to program staff to implement data tools and processes for the collection, evaluation, and reporting of program data.

Task 4.1 Reflection Meeting. RDA will facilitate a meeting with program staff to review progress to date, reflect upon the implementation process, make any necessary refinements to RBA practices, and to develop an approach to refine any tools or data collection methods.

**Deliverable:** Meeting notes summarizing discussion highlights and action items.

Task 4.2 Technical Assistance for Data Collection and Reporting: RDA will continue to provide technical assistance to program staff to collect data and report out on program outcomes through the RBA measures. To the degree possible, RDA will support program staff in streamlining data collection efforts and aligning efforts across programs. In addition, RDA will provide technical support to establish supporting infrastructure (e.g., data request template, data collection and reporting plan, strategic collaborations and partnerships) to sustain data collection and reporting efforts in the future.

**Deliverable:** Each participating program will have a finalized data collection and reporting plan that summarizes each program's RBA measures, data sources, data tools, and related data processes.

Task 4.3 Technical Assistance for Sustainability of Efforts: RDA will assist the Division in implementing strategies that will build and sustain the RBA evaluation efforts, including establishing processes and agreements that can support ongoing evaluation efforts and continuous learning within the system. Since other departments within City of Berkeley are also conducting RBA initiatives, RDA will collaborate with staff from other City Divisions or Departments, as needed, to leverage shared reporting measures and identify opportunities for collaboration. RDA will conduct 1-2 meetings at key junctures of the RBA implementation process to support shared practices and measures. In addition, RDA will leverage expertise in change management and provide guidance and technical assistance to implement change management strategies.

**Deliverable:** Summary of recommendations for sustaining RBA implementation efforts.

### **Ongoing: Project Management and Communication**

Throughout the project, RDA will provide continuous project management coordination and support as well as ongoing communication with the Division project management team. RDA will work closely with the Division to ensure the project is on track, closely monitored, and that its activities meet the needs of the Division and the community served. RDA will serve as the main coordinator of all project activities and ensure that all project activities are progressing as planned. In addition to ad hoc communications, RDA will facilitate a one-hour monthly call with the Division project management team. Monthly calls will serve as a platform for continuous monitoring of the various project tasks and for addressing any concerns that may arise.

### **Project Timeframe**

It is envisioned that these services will begin in July 1, 2020 and will be completed by June 30, 2022.

## RDA Price Chart

<b>Position</b>	<b>Hourly Rate</b>
<b>CEO/Managing Director</b>	<b>\$275</b>
<b>Subject Matter Expert</b>	<b>\$250</b>
<b>Practice Director</b>	<b>\$225</b>
<b>Senior Project Manager</b>	<b>\$200</b>
<b>IT Director</b>	<b>\$200</b>
<b>Senior Program Associate</b>	<b>\$175</b>
<b>Program Associate</b>	<b>\$150</b>
<b>Research Associate</b>	<b>\$125</b>
<b>Project Support Assistant</b>	<b>\$100</b>

**EXHIBIT B****PAYMENT**

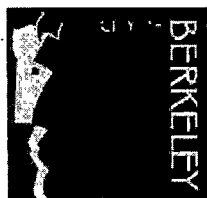
The cost for professional services for Results Based Accountability Framework Evaluation Services is \$99,900. The term of the contract is 7/1/2020 – 6/30/2022.

Research Development Associates will bill the City for each area of professional services outlined in the Budget on a monthly basis until the assignment is completed.

Payments will be made by the Finance Department in arrears after receipt and acceptance of proper, fully itemized, and correct invoices by the Finance Department.

Submit Invoices to:

Karen Klatt, MHSA Coordinator  
3282 Adeline Street  
Berkeley, CA 94704



Health, Housing &  
Community Services Department  
**Mental Health Division**

## EVIDENCE OF COMPETITIVE SOLICITATION

### Project Name: Results Based Accountability (RBA) Evaluations

Possible Vendor	Contacted Via
Resource Development Associates (RDA)	pbennett@resourcedevelopment.net

The Request for Proposal (RFP) for Results Based Accountability (RBA) Evaluation Services was solicited to the following list of prospective Bidder's below. Resource Development Associates was the only Bidder from the list of consultants to respond and met the specified requirements.

### Prospective Bidder's

Applied Survey Research	James Kent Associates
Hatchuel, Tabernik and Associates	Learning For Action
Facente Consulting	Health management Group
Kate Harrison consulting	Abinader Group
Harder Company	Bright Research Group
James Leadership Group	Resource Development Associates
Samuels Center	Mayeno consulting
Human Resources in Action	John Snow, Inc.
Skeo Solutions	Allen, Shea & Associates



**CITY OF BERKELEY**  
**Sanctuary City Compliance Statement**

The undersigned, an authorized agent of Resource Development Associates (hereafter "Contractor"), has had an opportunity to review the requirements of Berkeley Code Chapter 13.105 (hereafter "Sanctuary City Contracting Ordinance" or "SCCO"). Contractor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with any person or entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security ("ICE"). Contractor understands the meaning of the following terms used in the SCCO:

- a. "Data Broker" means either of the following:
  - i. The collection of information, including personal information about consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;
  - ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.
- b. "Extreme Vetting" means data mining, threat modeling, predictive risk analysis, or other similar services." Extreme Vetting does not include:
  - i. The City's computer-network health and performance tools;
  - ii. Cybersecurity capabilities, technologies and systems used by the City of Berkeley Department of Information Technology to predict, monitor for, prevent, and protect technology infrastructure and systems owned and operated by the City of Berkeley from potential cybersecurity events and cyber-forensic based investigations and prosecutions of illegal computer based activity.

Contractor understands that it is not eligible to receive or retain a City contract if at the time the Contract is executed, or at any time during the term of the Contract, it provides Data Broker or Extreme Vetting services to ICE.

Contractor further understands and agrees that Contractor's failure to comply with the SCCO shall constitute a material default of the Contract and the City Manager may terminate the Contract and bar Contractor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

By executing this Statement, Contractor certifies that it complies with the requirements of the SCCO and that if any time during the term of the Contract it ceases to comply, Contractor will promptly notify the City Manager in writing. Any person or entity who knowingly or willingly supplies false information in violation of the SCCO shall be guilty of a misdemeanor and up to a \$1,000 fine.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 13 day of MARCH 2020 at Berkeley, California.

Printed Name: LISA FOX-MUNN Title: DIRECTOR, THREAT OPERATIONS  
 Signed: [Signature] Date: 3/13/20

Business Entity: Resource Development Associates

**CITY OF BERKELEY**  
**Nuclear Free Zone Disclosure Form**

I (we) certify that:

1. I am (we are) fully cognizant of any and all contracts held, products made or otherwise handled by this business entity, and of any such that are anticipated to be entered into, produced or handled for the duration of its contract(s) with the City of Berkeley. (To this end, more than one individual may sign this disclosure form, if a description of which type of contracts each individual is cognizant is attached.)
2. I (we) understand that Section 12.90.070 of the Nuclear Free Berkeley Act (Berkeley Municipal Code Ch. 12.90; Ordinance No. 5784-N.S.) prohibits the City of Berkeley from contracting with any person or business that knowingly engages in work for nuclear weapons.
3. I (we) understand the meaning of the following terms as set forth in Berkeley Municipal Code Section 12.90.130:

"Work for nuclear weapons" is any work the purpose of which is the development, testing, production, maintenance or storage of nuclear weapons or the components of nuclear weapons; or any secret or classified research or evaluation of nuclear weapons; or any operation, management or administration of such work.

"Nuclear weapon" is any device, the intended explosion of which results from the energy released by reactions involving atomic nuclei, either fission or fusion or both. This definition of nuclear weapons includes the means of transporting, guiding, propelling or triggering the weapon if and only if such means is destroyed or rendered useless in the normal propelling, triggering, or detonation of the weapon.

"Component of a nuclear weapon" is any device, radioactive or non-radioactive, the primary intended function of which is to contribute to the operation of a nuclear weapon (or be a part of a nuclear weapon).

4. Neither this business entity nor its parent nor any of its subsidiaries engages in work for nuclear weapons or anticipates entering into such work for the duration of its contract(s) with the City of Berkeley.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: LISA FOX-MULLEN Title: DIRECTOR, TRUENT & OPERATIONS

Signature: [Handwritten Signature] Date: 3/13/20

Business Entity: Resource Development Associates

Contract Description/Specification No. FY20 MHSA Result Based Accountability Eval Attachment C

**CITY OF BERKELEY**  
**Oppressive States Compliance Statement for Personal Services**

The undersigned, an authorized agent of Resource Development Associates (hereafter "Vendor"), has had an opportunity to review the requirements of Berkeley City Council Resolution No. 59,853-N.S. (hereafter "Resolution"). Vendor understands and agrees that the City may choose with whom it will maintain business relations and may refrain from contracting with those Business Entities which maintain business relationships with morally repugnant regimes. Vendor understands the meaning of the following terms used in the Resolution:

"Business Entity" means "any individual, firm, partnership, corporation, association or any other commercial organization, including parent-entities and wholly-owned subsidiaries" (to the extent that their operations are related to the purpose of the contract with the City).

"Oppressive State" means: **Tibet Autonomous Region and the Provinces of Amdo, Kham and U-Tsang**

"Personal Services" means "the performance of any work or labor and shall also include acting as an independent contractor or providing any consulting advice or assistance, or otherwise acting as an agent pursuant to a contractual relationship."

Contractor understands that it is not eligible to receive or retain a City contract if at the time the contract is executed, or at any time during the term of the contract it provides Personal Services to:

- a. The governing regime in any Oppressive State.
- b. Any business or corporation organized under the authority of the governing regime of any Oppressive State.
- c. Any person for the express purpose of assisting in business operations or trading with any public or private entity located in any Oppressive State.

Vendor further understands and agrees that Vendor's failure to comply with the Resolution shall constitute a default of the contract and the City Manager may terminate the contract and bar Vendor from bidding on future contracts with the City for five (5) years from the effective date of the contract termination.

The undersigned is familiar with, or has made a reasonable effort to become familiar with, Vendor's business structure and the geographic extent of its operations. By executing the Statement, Vendor certifies that it complies with the requirements of the Resolution and that if any time during the term of the contract it ceases to comply, Vendor will promptly notify the City Manager in writing.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name: LISA FOX-MULLEN Title: Director, Public Operations  
 Signature: [Handwritten Signature] Date: 3/13/20  
 Business Entity: Resource Development Associates

I am unable to execute this Statement; however, Vendor is exempt under Section VII of the Resolution. I have attached a separate statement explaining the reason(s) Vendor cannot comply and the basis for any requested exemption.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contract description/Specification No.: \_\_\_\_\_

**CITY OF BERKELEY**  
**Living Wage Certification for Providers of Personal Services**

**TO BE COMPLETED BY ALL PERSONS OR ENTITIES ENGAGING IN A CONTRACT FOR PERSONAL SERVICES WITH THE CITY OF BERKELEY.**

The Berkeley Municipal Code Chapter 13.27, Berkeley's Living Wage Ordinance (LWO), provides that contractors who engage in a specified amount of business with the City (except where specifically exempted) under contracts which furnish services to or for the City in any twelve (12) month period of time shall comply with all provisions of this Ordinance. The LWO requires a City contractor to provide City mandated minimum compensation to all eligible employees, as defined in the Ordinance. In order to determine whether this contract is subject to the terms of the LWO, please respond to the questions below. Please note that the LWO applies to those contracts where the contractor has achieved a cumulative dollar contracting amount with the City. Therefore, even if the LWO is inapplicable to this contract, subsequent contracts may be subject to compliance with the LWO. Furthermore, the contract may become subject to the LWO if the status of the Contractor's employees change (i.e. additional employees are hired) so that Contractor falls within the scope of the Ordinance.

**Section I.**

**1. IF YOU ARE A FOR-PROFIT BUSINESS, PLEASE ANSWER THE FOLLOWING QUESTIONS**

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid, or proposal, with the City of Berkeley for a cumulative amount of \$25,000.00 or more?

YES  \_\_\_\_\_ NO  \_\_\_\_\_

If no, this contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 1(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?

YES  \_\_\_\_\_ NO  \_\_\_\_\_

If you have answered, "YES" to questions 1(a) and 1(b) this contract IS subject to the LWO. If you responded "NO" to 1(b) this contract IS NOT subject to the LWO. Please continue to Section II.

**2. IF YOU ARE A NON-PROFIT BUSINESS, AS DEFINED BY SECTION 501(C) OF THE INTERNAL REVENUE CODE OF 1954, PLEASE ANSWER THE FOLLOWING QUESTIONS.**

a. During the previous twelve (12) months, have you entered into contracts, including the present contract, bid or proposal, with the City of Berkeley for a cumulative amount of \$100,000.00 or more?

YES  \_\_\_\_\_ NO  \_\_\_\_\_

If no, this Contract is NOT subject to the requirements of the LWO, and you may continue to Section II. If yes, please continue to question 2(b).

b. Do you have six (6) or more employees, including part-time and stipend workers?

YES  \_\_\_\_\_ NO  \_\_\_\_\_

If you have answered, "YES" to questions 2(a) and 2(b) this contract IS subject to the LWO. If you responded "NO" to 2(b) this contract IS NOT subject to the LWO. Please continue to Section II.

**Section II**

**Please read, complete, and sign the following:**

THIS CONTRACT IS SUBJECT TO THE LIVING WAGE ORDINANCE.

THIS CONTRACT IS NOT SUBJECT TO THE LIVING WAGE ORDINANCE.

The undersigned, on behalf of himself or herself individually and on behalf of his or her business or organization, hereby certifies that he or she is fully aware of Berkeley's Living Wage Ordinance, and the applicability of the Living Wage Ordinance, and the applicability of the subject contract, as determined herein. The undersigned further agrees to be bound by all of the terms of the Living Wage Ordinance, as mandated in the Berkeley Municipal Code, Chapter 13.27. If, at any time during the term of the contract, the answers to the questions posed herein change so that Contractor would be subject to the LWO, Contractor will promptly notify the City Manager in writing. Contractor further understands and agrees that the failure to comply with the LWO, this certification, or the terms of the Contract as it applies to the LWO, shall constitute a default of the Contract and the City Manager may terminate the contract and bar Contractor from future contracts with the City for five (5) years from the effective date of the Contract termination. If the contractor is a for-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 25% or more of their compensated time engaged in work directly related to the contract with the City. If the contractor is a non-profit business and the LWO is applicable to this contract, the contractor must pay a living wage to all employees who spend 50% or more of their compensated time engaged in work directly related to the contract with the City.

These statements are made under penalty of perjury under the laws of the state of California.

Printed Name: LISA FOX-MUYEN Title: DIRECTOR, PLANNING & OPERATIONS

Signature: [Handwritten Signature] Date: 3/13/20

Business Entity: Resource Development Associates

Contract Description/Specification No: FY20 MESA Result Based Accountability Eval

### Section III

- **\*\* FOR ADMINISTRATIVE USE ONLY -- PLEASE PRINT CLEARLY \*\***

I have reviewed this Living Wage Certification form, in addition to verifying Contractor's total dollar amount contract commitments with the City in the past twelve (12) months, and determined that this Contract IS / IS NOT (circle one) subject to Berkeley's Living Wage Ordinance.

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Department Representative

**NON-DISCRIMINATION/WORKFORCE COMPOSITION**

FOR ALL CONTRACTS: 5 OR MORE EMPLOYEES

To assist the City of Berkeley in implementing its Non-Discrimination policy, you're requested to furnish information regarding your personnel, as indicated below, and return this form to the City Department handling your contract.

**ORGANIZATION** Resource Development Associates

**ADDRESS** 2333 Harrison St. Oakland, CA. 94612

**BUSINESS LICENSE #** 003113

*You may complete this online & make entries in these cells, they will be automatically totaled at the bottom; or print the form & complete by hand/typewriter.*

Occupational Category (see page 2 for definitions)	ALL EMPLOYEES		WHITE		BLACK		ASIAN		HISPANIC		OTHER (specify)**	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials/Administrators	3	6	2	4	1	1	1	1				
Professionals	3	18	2	13	1	1	1	1			3	
Technicians	4		3									
Protective Service Workers												
Para-professionals												
Office/Clerical	1	3	1	1			1				1	
Skilled Craft Workers												
Service/Maintenance												
Other Occupation: Specify*												
<b>Totals</b>	<b>11</b>	<b>27</b>	<b>8</b>	<b>18</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>3</b>			<b>4</b>	

\*Specify other occupation:

\*\*Specify other ethnicity:

**Is your business MBE/WBE/DBE certified?**  Yes  No If Yes, by what agency? WBE #10100183 exp. 2/18/23

Do you have a policy of non-discrimination?  Yes  No If Yes, please specify: WBE or ethnic identification: \_\_\_\_\_

Signature [Signature] Date 3/13/20

Print/Type Name of Signer LISA FOX-MURVEN Date \_\_\_\_\_

Verified by \_\_\_\_\_ Date \_\_\_\_\_

**City of Berkeley Contract Administrator**

## OCCUPATIONAL CATEGORIES

**Officials and Administrators** - Occupations in which employees set broad policies, exercise overall responsibility for execution of these policies, or provide specialized consultation on a regional, district or area basis. Includes: department heads, bureau chiefs, division chiefs, directors, deputy superintendents, unit supervisors and kindred workers.

**Professionals** - Occupations that require specialized and theoretical knowledge that is usually acquired through college training or through work experience and other training that provides comparable knowledge. Includes: personnel and labor relations workers, social workers, doctors, psychologists, registered nurses, economists, dietitians, lawyers, systems analysts, accountants, engineers, employment and vocational rehabilitation counselors, teachers or instructors, and kindred workers.

**Technicians** - Occupations that require a combination of basic scientific or technical knowledge and manual skill that can be obtained through specialized post-secondary school education or through equivalent on-the-job training. Includes: computer programmers and operators, technical illustrators, highway technicians, technicians (medical, dental, electronic, physical sciences) and kindred workers.

**Protective Service Workers** - Occupations in which workers are entrusted with public safety, security and protection from destructive forces. Includes: police officers, fire fighters, guards, sheriffs, bailiffs, correctional officers, detectives, marshals, harbor patrol officers, and kindred workers.

**Para-Professionals** - Occupations in which workers perform some of the duties of a professional or technician in a supportive role, which usually requires less formal training and/or experience normally required for professional or technical status. Such positions may fall within an identified pattern of a staff development and promotion under a "New Careers" concept. Includes: library assistants, research assistants, medical aides, child support workers, police auxiliary, welfare service aides, recreation assistants, homemaker aides, home health aides, and kindred workers.

**Office and Clerical** - Occupations in which workers are responsible for internal and external communication, recording and retrieval of data and/or information and other paperwork required in an office. Includes: bookkeepers, messengers, office machine operators, clerk-typists, stenographers, court transcribers, hearings reporters, statistical clerks, dispatchers, license distributors, payroll clerks, and kindred workers.

**Skilled Craft Workers** - Occupations in which workers perform jobs which require special manual skill and a thorough and comprehensive knowledge of the processes involved in the work which is acquired through on-the-job training and experience or through apprenticeship or other formal training programs. Includes: mechanics and repairpersons, electricians, heavy equipment operators, stationary engineers, skilled machining occupations, carpenters, compositors and typesetters, and kindred workers.

**Service/Maintenance** - Occupations in which workers perform duties which result in or contribute to the comfort, convenience, hygiene or safety of the general public or which contribute to the upkeep and care of buildings, facilities or grounds of public property. Workers in this group may operate machinery. Includes: chauffeurs, laundry and dry cleaning operatives, truck drivers, bus drivers, garage laborers, custodial personnel, gardeners and groundskeepers, refuse collectors, and construction laborers.

# Certification of Payments to Influence Federal Transactions

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Applicant Name

Resource Development Associates

Program/Activity Receiving Federal Grant Funding

FY20 MHSA Result Based Accountability Evaluation (RBA)

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.


I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)

Name of Authorized Official

LISA FOX-MULLEN

Signature



Title

DIRECTOR, PLACEMENT & OPERATIONS

Date (mm/dd/yyyy)

3/13/20



# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Resource Development Associates

Program/Activity Receiving Federal Grant Funding

FY20 MHSA Result Based Accountability Evaluation (RBA)

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

**2. Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

2333 Harrison Street, Oakland, CA 94612

Check here  if there are workplaces on file that are not identified on the attached sheets

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

<p>Name of Authorized Official <b>LISA FOX-M</b></p> <p>Signature <b>X [Signature]</b></p>	<p>Title <b>Director, Internal Operations</b></p> <p>Date <b>3/13/20</b></p>
--	--

To be completed by Contractor/Vendor

**Form EBO-1  
CITY OF BERKELEY**



**CERTIFICATION OF COMPLIANCE WITH EQUAL BENEFITS ORDINANCE**

If you are a **contractor**, return this form to the originating department/project manager. If you are a **vendor** (supplier of goods), return this form to the Purchasing Division of the Finance Dept.

**SECTION 1. CONTRACTOR/VENDOR INFORMATION**

Name: <u>Resource Development Associates</u>		Vendor No.:	
Address: <u>2333 Harrison Street</u>	City: <u>Oakland</u>	State: <u>CA</u>	ZIP: <u>94612</u>
Contact Person: <u>Patricia Bennett</u>		Telephone: <u>510-488-4345</u>	
E-mail Address: <u>pbennett@resourcedevelopment.net</u>		Fax No.: <u>510-735-9064</u>	

**SECTION 2. COMPLIANCE QUESTIONS**

- A. The EBO is inapplicable to this contract because the contractor/vendor has no employees.  
 Yes  No (If "Yes," proceed to Section 5; if "No," continue to the next question.)
- B. Does your company provide (or make available at the employees' expense) any employee benefits?  
 Yes  No  
 If "Yes," continue to Question C.  
 If "No," proceed to Section 5. (The EBO is not applicable to you.)
- C. Does your company provide (or make available at the employees' expense) any benefits to the spouse of an employee? .....  Yes  No
- D. Does your company provide (or make available at the employees' expense) any benefits to the domestic partner of an employee? .....  Yes  No  
**If you answered "No" to both** Questions C and D, proceed to Section 5. (The EBO is not applicable to this contract.)  
**If you answered "Yes" to both** Questions C and D, please continue to Question E.  
**If you answered "Yes" to Question C and "No" to Question D**, please continue to Section 3.
- E. Are the benefits that are available to the spouse of an employee identical to the benefits that are available to the domestic partner of the employee? .....  Yes  No  
**If you answered "Yes,"** proceed to Section 4. (You are in compliance with the EBO.)  
**If you answered "No,"** continue to Section 3.

**SECTION 3. PROVISIONAL COMPLIANCE**

- A. Contractor/vendor is not in compliance with the EBO now but will comply by the following date:
  - By the first effective date after the first open enrollment process following the contract start date, not to exceed two years, if the Contractor submits evidence of taking reasonable measures to comply with the EBO; or
  - At such time that administrative steps can be taken to incorporate nondiscrimination in benefits in the Contractor's infrastructure, not to exceed three months; or
  - Upon expiration of the contractor's current collective bargaining agreement(s).
- B. If you have taken all reasonable measures to comply with the EBO but are unable to do so, do you agree to provide employees with a cash equivalent? .....  Yes  No

\* The cash equivalent is the amount of money your company pays for spousal benefits that are unavailable for domestic partners.

**SECTION 4. REQUIRED DOCUMENTATION**

At time of issuance of purchase order or contract award, you may be required by the City to provide documentation (copy of employee handbook, eligibility statement from your plans, insurance provider statements, etc.) to verify that you do not discriminate in the provision of benefits.

**SECTION 5. CERTIFICATION**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that I am authorized to bind this entity contractually. By signing this certification, I further agree to comply with all additional obligations of the Equal Benefits Ordinance that are set forth in the Berkeley Municipal Code and in the terms of the contract or purchase order with the City.

Executed this 13 day of MARCH, in the year 2020, at OAKLAND, CA  
(City) (State)

LISA FOX-MURPHY  
Name (please print)

[Signature]  
Signature

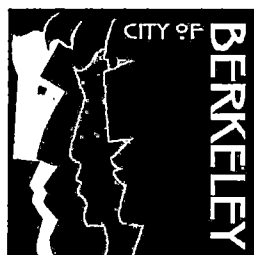
DIRECTOR, MUNICIPAL OPERATIONS  
Title

\_\_\_\_\_  
Federal ID or Social Security Number

**FOR CITY OF BERKELEY USE ONLY**

- Non-Compliant (The City may not do business with this contractor/vendor)
- One-Person Contractor/Vendor       Full Compliance       Reasonable Measures
- Provisional Compliance Category, Full Compliance by Date: \_\_\_\_\_

Staff Name (Sign and Print): \_\_\_\_\_ Date: \_\_\_\_\_



**City of Berkeley**  
Finance Department – General Services Division

**Vendor Information Application**

**PLEASE TYPE OR PRINT CLEARLY IN INK**

For City Use Only

Vendor Code \_\_\_\_\_

Rec'd \_\_\_\_\_

LBE \_\_\_\_\_

**Business Information (all information must be completed)**

Business Name Resource Development Associates Year Est. 1984 No. of Employees 38  
 Name (as shown on your Income tax return) Resource Development Associates  
 Check Payable to Name: Resource Development Associates  
 Street Address 2333 Harrison Street City Oakland St CA Zip 94612  
 Remit-to Address 2333 Harrison Street City Oakland St CA Zip 94612  
 Contact Person(s) Patricia Bennett Phone(s) 510-488-4345 Fax 510-735-9064  
 Email Address pbennett@resourcedevelopment.net CA State Sales Permit No. \_\_\_\_\_  
 Federal Tax I.D. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_  
 State Tax I.D. No. C2152918 City of Berkeley Business License No. 003113  
 Prompt Payment Discount \_\_\_\_\_% Number of Days \_\_\_\_\_ Net \_\_\_\_\_ Days \_\_\_\_\_

[ ] Please check if business is qualified for the City's "Buy Berkeley" local bidding preference (5% below \$25K on goods and non professional services. The business has a fixed office or distribution point within the City and a City Business License.)

**Important: Indicate on the following pages those products and supplies the firm wishes to supply to the City.**

**Company Ownership**

[ ] Individual/Sole Proprietor [ ] L.L.C [ ] Corporation [  ] S Corp. [ ] Partnership  
 [ ] Other (specify) \_\_\_\_\_

**Certification:** Under penalties of perjury, I certify that the taxpayer identification number(s) all other information provided herein are correct

LISA FOX-MULLEN

Name (print)

[Signature]

Signature of Company Officer

Date

510-488-4345

Phone

**PLEASE NOTE: IF THERE IS NO BUSINESS CONDUCTED DURING ONE YEAR YOUR ACCOUNT WILL BE INACTIVATED.**

**PRODUCT & SERVICE CODES**

Major class and sub-class (Number/Description)

Please read the following commodity code list and check or highlight the commodity class(es) and subclasses for which you wish to be considered in bidding. This information will be placed in our vendor selection file. If you are a service oriented company or if part of your company is service oriented, please list those services beginning on page 4. Please note the detailed computer-related codes beginning on page 7.

For City Use Only

Vendor  
Code \_\_\_\_\_  
Rec'd \_\_\_\_\_  
LBE \_\_\_\_\_

592002

**PRODUCT COMMODITIES – NOT A SERVICE (SEE PAGE 4)**

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>005 ABRASIVES</b></li> <li><input type="checkbox"/> <b>010 ACOUSTICAL TILE, INSULATING MATERIALS</b></li> <li><input type="checkbox"/> <b>015 ADDRESSING, COPYING, Mimeo &amp; SPRIT DUPLICATING MACHINE SUPPLIES</b> <ul style="list-style-type: none"> <li>o 015 15 – Chemicals &amp; supplies, dry</li> <li>o 015 16 – chemicals &amp; supplies, wet</li> </ul> </li> <li><input type="checkbox"/> <b>020 AGRICULTURAL EQUIPMENT IMPLEMENTS AND ACCESSORIES</b> <ul style="list-style-type: none"> <li>o 020 04 – Brush &amp; tree chippers</li> <li>o 020 15 – Cutters &amp; shredders (mowers)</li> <li>o 020 33 – Garden tractors, cultivators &amp; plows</li> <li>o 020 68 – Mower, center mounted &amp; tractor</li> </ul> </li> <li><input type="checkbox"/> <b>022 AGRICULTURAL IMPLEMENT AND ACCESSORY PARTS</b></li> <li><input type="checkbox"/> <b>025 AIR COMPRESSORS &amp; ACCESSORIES</b></li> <li><input type="checkbox"/> <b>031 AIR CONDITIONING, HEATING &amp; VENTILATING</b></li> <li><input type="checkbox"/> <b>037 AMUSEMENT, DECORATIONS, TOYS</b> <ul style="list-style-type: none"> <li>o 037 34 – Decorations: Christmas, party, etc.</li> <li>o 037 78 – Souvenirs: promotional, advertising, etc.</li> </ul> </li> <li><input type="checkbox"/> <b>040 ANIMALS, BIRDS &amp; MARINE LIFE</b> <ul style="list-style-type: none"> <li>o 040 03 – Animal care supplies</li> <li>o 040 04 – Animal care training equipment &amp; supplies</li> </ul> </li> <li><input type="checkbox"/> <b>045 APPLIANCES &amp; EQUIPMENT, HOUSEHOLD TYPE</b></li> <li><input type="checkbox"/> <b>050 ART EQUIPMENT &amp; SUPPLIES</b></li> <li><input type="checkbox"/> <b>052 ART OBJECTS</b></li> <li><input type="checkbox"/> <b>055 AUTOMOTIVE ACCESSORIES FOR AUTOS, BUSES</b></li> <li><input type="checkbox"/> <b>060 AUTOMOTIVE MAINTENANCE ITEMS &amp; REPAIR/REPLACEMENT PARTS</b> <ul style="list-style-type: none"> <li>o 060 12 – Batteries, storage &amp; electrolyte</li> <li>o 060 35 – Cooling system: radiators, complete &amp; cores</li> <li>o 060 36 – Electrical accessories</li> <li>o 060 38 – Engines, diesel (automotive)</li> <li>o 060 40 – Engines, gasoline</li> <li>o 060 42 – Filters: air, fuel &amp; oil</li> <li>o 060 47 – Fuel system; carburetors &amp; kits, fuel pumps</li> <li>o 060 61 – Hydraulic system components &amp; parts</li> <li>o 060 63 – Ignition system: condensers, points, rotors</li> <li>o 060 64 – Lubricating system &amp; parts</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>o 060 75 – Retread rubber</li> <li>o 060 94 – Transmissions</li> <li><input type="checkbox"/> <b>065 AUTOMOTIVE BODIES, ACCESSORIES &amp; PARTS</b> <ul style="list-style-type: none"> <li>o 065 05 – Aerial ladders &amp; towers</li> <li>o 065 10 – Bodies, utility</li> <li>o 065 27 – Derrick, digger, truck mounted</li> <li>o 065 30 – Dump bodies, hoist subframes, etc.</li> <li>o 065 75 – Refuse/garbage collect, bodies &amp; parts</li> <li>o 065 85 – Tool compartment box (for trucks)</li> </ul> </li> <li><input type="checkbox"/> <b>070 AUTOMOTIVE VEHICLES &amp; RELATED TRANSPORTATION</b> <ul style="list-style-type: none"> <li>o 070 06 – Automobiles &amp; station wagons</li> <li>o 070 12 – Motorcycles, accessories &amp; parts</li> <li>o 070 22 – Off-road vehicles (tracked or wheeled)</li> <li>o 070 42 – Short wheelbase, 2&amp;4-wheel drive</li> <li>o 070 47 – Trucks, cab &amp; chassis only</li> <li>o 070 48 – Trucks (one ton and less capacity)</li> <li>o 070 51 – Trucks (over one ton capacity)</li> <li>o 070 53 – Trucks (with special bodies) aerial ladders, buckets</li> <li>o 070 57 – Trucks, fire protection &amp; crash rescue</li> <li>o 070 92 – Vans, cargo</li> </ul> </li> <li><input type="checkbox"/> <b>075 AUTOMOTIVE SHOP EQUIPMENT &amp; SUPPLIES</b> <ul style="list-style-type: none"> <li>o 075 44 – Lifts &amp; Hoists, Floor</li> </ul> </li> <li><input type="checkbox"/> <b>080 BADGES, EMPLEMS, NAME TAGS &amp; PLATES</b></li> <li><input type="checkbox"/> <b>085 BAGS, BAGGING, TIES &amp; EROSION CONTROL EQUIPMENT</b></li> <li><input type="checkbox"/> <b>095 BARBER &amp; BEAUTY SHOP EQUIPMENT</b></li> <li><input type="checkbox"/> <b>100 BARRELS, DRUMS, KEGS &amp; CONTAINERS</b></li> <li><input type="checkbox"/> <b>105 BEARINGS (EXCEPT WHEEL BEARINGS AND SEALS)</b></li> <li><input type="checkbox"/> <b>110 BELTS &amp; BELTING: CONVEYOR, ELEVATOR POWER</b></li> <li><input type="checkbox"/> <b>115 BIOCHEMICALS, RESEARCH</b></li> <li><input type="checkbox"/> <b>120 BOATS, MOTORS &amp; MARINE &amp; WILDLIFE SUPPLIES</b></li> <li><input type="checkbox"/> <b>125 BOOKBINDING SUPPLIES</b></li> <li><input type="checkbox"/> <b>135 BRICKS &amp; OTHER CLAY PRODUCTS</b></li> <li><input type="checkbox"/> <b>140 BROOM, BRUSH &amp; MOP</b></li> <li><input type="checkbox"/> <b>145 BRUSHES (not otherwise classified)</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>150 BUILDERS' SUPPLIES</b></li> <li><input type="checkbox"/> <b>155 BUILDINGS &amp; STRUCTURES: FABRICATED &amp; PREFAB</b></li> <li><input type="checkbox"/> <b>165 CAFETERIA &amp; KITCHEN EQUIPMENT, COMMERCIAL</b></li> <li><input type="checkbox"/> <b>175 CHEMICAL LABORATORY EQUIPMENT &amp; SUPPLIES</b></li> <li><input type="checkbox"/> <b>180 CHEMICAL RAW MATERIALS</b></li> <li><input type="checkbox"/> <b>190 CHEMICALS &amp; SOLVENTS COMMERCIAL (IN BULK)</b></li> <li><input type="checkbox"/> <b>192 CLEANING COMPOSITIONS, DETERGENTS, SOLVENTS</b></li> <li><input type="checkbox"/> <b>193 CLINICAL LABORATORY REAGENTS &amp; TESTS</b></li> <li><input type="checkbox"/> <b>195 CLOCKS, TIMERS, WATCHES</b></li> <li><input type="checkbox"/> <b>200 CLOTHING, APPAREL, UNIFORMS &amp; ACCESSORIES</b></li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>CHECK ALL THAT APPLY</b> and go to specialized computer listings below (page 7)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>204 COMPUTER HARDWARE &amp; PERIPHERALS</b></li> <li><input type="checkbox"/> <b>205 COMPUTERS &amp; INFORMATION</b></li> <li><input type="checkbox"/> <b>207 COMPUTER ACCESSORIES &amp; SUPPLIES</b></li> <li><input type="checkbox"/> <b>208 COMPUTER SOFTWARE</b></li> </ul> </div> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>210 CONCRETE &amp; METAL CULVERTS, PILINGS, PIPE</b> <ul style="list-style-type: none"> <li>o 210 45 – Meter boxes &amp; concrete pull boxes</li> <li>o 210 60 – Primary splice boxes</li> </ul> </li> <li><input type="checkbox"/> <b>220 CONTROLLING, INDICATING, MEASURING, MONITORING</b></li> <li><input type="checkbox"/> <b>225 COOLERS, DRINKING WATER (WATER FOUNTAINS)</b></li> <li><input type="checkbox"/> <b>232 CRAFTS, GENERAL</b></li> <li><input type="checkbox"/> <b>233 CRAFTS, SPECIALIZED</b></li> <li><input type="checkbox"/> <b>240 CUTLERY, DISHES, FLATWARE, GLASSWARE, TRAYS</b></li> <li><input type="checkbox"/> <b>255 DECALS &amp; STAMPS</b></li> <li><input type="checkbox"/> <b>265 DRAPERIES, CURTAINS &amp; UPHOLSTERY MATERIAL</b></li> <li><input type="checkbox"/> <b>280 ELECTRICAL CABLES &amp; WIRES (NOT ELECTRONIC)</b> <ul style="list-style-type: none"> <li>o 280 08 – Appliance/fixture/portable cables &amp; wires</li> <li>o 280 16 – Bare cables &amp; wires</li> <li>o 280 24 – Building cables/wires, single or multicond.</li> </ul> </li> </ul> |
|---|---|---|

- o 280 30 – Control cables & wires, solid or stranded
- o 280 40 – Guy wires & cables
- o 280 58 – High voltage cables & wires
- o 280 70 – Telephone cables & wires
- **285 ELECTRICAL EQUIP./SUPPLIES (EXCEPT CABLE/WIRE)**
  - o 285 03 – Arresters, lighting
  - o 285 10 – Cable accessories: clamps, clasps, clips
  - o 285 19 – Conduit & fittings, plastic
  - o 285 28 – Cutouts, pole line type
  - o 285 34 – Fuses, fuse blocks & holders
  - o 285 40 – Grounding rods & fittings
  - o 285 42 – Insulating materials: compounds, varnish, etc.
  - o 285 46 – Lamps: automotive & miniature
  - o 285 50 – Lamps: fluorescent, incandescent, mercury vapor
  - o 285 56 – Lighting fixtures, outdoor
  - o 285 60 – Locators, cable
  - o 285 61 – Meters, indicating & recording
  - o 285 74 – Pole line hardware: arms, bolts, braces
  - o 285 76 – Streetlights & standards
  - o 285 78 – Structural supports & racks
  - o 285 81 – Tools, electricians' & linemen's
  - o 285 86 – Transformers (for power distribution centers)
  - o 285 92 – Wire markers
  - o 285 93 – Wire molding, raceways, accessories
  - o 285 95 – Wiring devices: adapters, caps, connectors
- **287 ELECTRONIC COMPONENTS, PARTS/ACCESSORIES/EQUIPMENT**
  - o 287 12 - Batteries & hardware (For electron. equip.)
  - o 28 724 - Circuit boards, modular, printed
  - o 287 42 - Microprocessors (CPU, chips, etc.)
  - o 287 54 - Power supplies, computer room
  - o 287 80 – Testing equipment & systems, electronic meter
  - o 287 96 - Wire & cable, electronic
- **290 ENERGY COLLECTING EQUIPMENT & ACCESSORIES**
- **295 ELEVATORS, BUILDING TYPE**
- **300 - EMBOSsing & ENGRAVING**
  - o 300 20 - Certificates & awards, engraved
- **305 ENGINEER/SURVEY/DRAWING EQUIPMENT/SUPPLIES**
  - o 305 28 - Drafting & drawing instruments
  - o 305 32 - Drafting machines & scales
  - o 305 33 - Drafting supplies
  - o 305 38 - Duplicator paper, blue print, etc.
  - o 305 39 - Duplicator paper, chemicals and supplies
  - o 305 40 - Duplicators: blue print, diazo, etc.
  - o 305 42 - Engineering supplies, miscellaneous
  - o 305 60 - Measuring equipment
  - o 305 78 - Surveying instruments
- **310 ENVELOPES, PLAIN OR PRINTED**
  - o 310 06 – Envelopes, clasp, string, etc.
  - o 310 39 – Envelopes, printed continuous forms
  - o 310 48 – Envelopes, printed, stock sizes
  - o 310 60 – Envelopes, recycled paper
  - o 310 67 – Envelopes, shipping & mailing
- **315 EPOXY-BASED FORMULATIONS**
- **318 FARE COLLECTION EQUIPMENT & SUPPLIES**
  - o 318 85 – Ticket vending machine
- **320 FASTENING, PACKAGING, STRAPPING EQUIP./SUPPLY**
  - o 320 22 – Bolts, nuts, & washers, etc.
- **325 FEED, BEDDING, VITAMINS, ETC. FOR ANIMALS**
  - o 325 05 – Animal food For zoo & farm animals
- **330 FENCING**
  - o 330 13 – Chain link fencing & fittings
  - o 330 95 – Wood fencing & gates, all types
- **335 FERTILIZERS & SOIL CONDITIONERS**
- **340 FIRE PROTECTION EQUIPMENT & SUPPLIES**
  - o 340 07 – Breathing apparatus, self-contained
  - o 340 28 – Fire extinguishers
  - o 340 40 – Fire suppression hand tools
  - o 340 41 – Fires suppression foam
  - o 340 56 – Hose, fire & fittings
  - o 340 60 – Hydrants, fire
- **345 FIRST AID & SAFETY EQUIPMENT & SUPPLIES**
  - o 345 08 – Clothing & belts, safety
  - o 345 48 – Gloves, safety: electrician's; lineman's
  - o 345 56 – Hats & helmets, safety
  - o 345 64 – Head, ear, eye & face protection
  - o 345 72 – Mask, filters & parts: dust & gas
- **350 FLAGS, FLAG POLES, BANNERS & ACCESSORIES**
- **360 FLOOR COVERING, FLOOR COVERING INSTALLATION**
- **365 FLOOR MAINTENANCE MACHINES, PARTS & ACCESSORIES**
- **395 FORMS, CONTINUOUS: COMPUTER PAPER, FORM LABEL**
- **400 FOUNDRY CASTINGS, EQUIPMENT & SUPPLIES**
- **405 FUEL, OIL, GREASE & LUBRICANTS**
- **415 FURNITURE: LABORATORY**
- **420 FURNITURE: CAFETERIA, DORMITORY, HOUSEHOLD**
- **425 FURNITURE: OFFICE**
- **430 GASES, CONTAINERS, EQUIPMENT: LABORATORY, MEDICAL**
- **435 GERMICIDES, CLEANERS & RELATED SANITATION**
- **440 GLASS & GLAZING SUPPLIES**
- **445 HAND TOOLS (POWERED & NON-POWERED)**
- **450 HARDWARE & RELATED ITEMS**
- **460 HOSE, ACCESSORIES & SUPPLIES**
- **465 HOSPITAL & SURGICAL EQUIPMENT & SUPPLIES, INSTITUTIONAL**
- **470 HOSPITAL & SURGICAL EQUIPMENT & SUPPLIES, INVALID**
- **475 HOSPITAL, SURGICAL & MEDICAL ACCESSORIES**
- **485 JANITORIAL SUPPLIES, GENERAL LINE**
- **490 LABORATORY EQUIPMENT & ACCESSORIES, GENERAL**
- **493 LABORATORY EQUIPMENT & ACCESSORIES, BIOCHEMICAL**
- **495 LABORATORY & FIELD EQUIPMENT & SUPPLIES**
- **515 LAWN MAINTENANCE EQUIPMENT, MACHINES & SUPPLIES**
- **525 LIBRARY & ARCHIVAL EQUIPMENT, MACHINES & SUPPLIES**
- **540 LUMBER & RELATED PRODUCTS**
- **545 MACHINERY & HARDWARE, INDUSTRIAL**
  - o 545 06 – Chair hoists
  - o 545 09 – Chain saw
  - o 545 52 – Oil spillage containment & recovery equipment
- **550 MARKERS, PLAQUES, SIGNS & TRAFFIC CONTROL**
  - o 550 04 – Beads, glass, sign & stripe
  - o 550 20 – Flares & fuses
  - o 550 38 – Parking meters & area control equipment
  - o 550 41 – Posts, flexible (for delineator markers)
  - o 550 45 – Sheeting, reflectorized (general)
  - o 550 72 – Stripes & legends, plastic prefabricated
- **555 MARKING & STENCILING DEVICES**
- **556 MASS TRANSPORTATION, TRANSIT BUS**
- **557 MASS TRANSPORTATION, TRANSIT BUS ACCESSORIES**
- **560 MATERIAL HANDLING & STORAGE EQUIPMENT**
  - o 560 26 – Conveyors, hydraulic
  - o 560 75 – Trucks, lift, powered: fork lifts, etc.
  - o 560 81 – Trucks, platform
- **570 METALS: BARS, PLATES, RODS, SHEETS, STRIPS**
- **575 MICROFICHE & MICROFILM EQUIPMENT, ACCESSORIES**
- **578 MISCELLANEOUS PRODUCTS**
  - o 578 35 – Election equipment & supplies

- o 578 37 – Flood control devices, equipment, accessories
- o 578 64 – Recycling equipment, machines & supplies
- o 578 92 – Toll collection equipment & supplies
- **580 MUSICAL INSTRUMENTS, ACCESSORIES & SUPPLIES**
- **595 NURSERY STOCK, EQUIPMENT & ACCESSORIES**
- **600 OFFICE MACHINES, EQUIPMENT & SUPPLIES**
  - o 600 16 – Calculators, electronic, display/printing
  - o 600 30 – Cash registers & cash drawers
  - o 600 36 – Check machines
  - o 600 52 – Dictating machines
  - o 600 61 – Fax machines, parts & supplies
  - o 600 63 – Folding/inserting machines
  - o 600 68 – Letter openers, electric
  - o 600 71 – Mailing machines
  - o 600 74 – Perforating machines
  - o 600 77 – Postage meters
  - o 600 86 – Typewriters, electric, accessories & parts
- **615 OFFICE SUPPLIES, GENERAL**
- **630 PAINT, PROTECTIVE COATINGS, VARNISH**
  - o 630 63 – Paints, outdoor sports court
  - o 630 65 – Paints, swimming pool
  - o 630 66 – Paints, traffic
- **635 PAINTING EQUIPMENT & ACCESSORIES**
- **640 PAPER & PLASTIC PRODUCTS, DISPOSABLE**
  - o 640 30 – Mailing tubes & storage tubes
  - o 640 50 – Paper products: cups, napkins, plates
  - o 640 60 – Plastic & styrofoam products: cups, forks
  - o 640 75 – Toilet tissues, paper towels & toilet seat covers
  - o 640 85 – Wipers, shop use, cellulose & paper
- **645 PAPER (FOR OFFICE & PRINT SHOP USE)**
- **650 PARK, PLAYGROUND & SWIMMING POOL EQUIPMENT**
  - o 650 06 – Benches, park (including bus stop benches)
  - o 650 36 – Picnic tables
  - o 650 38 – Playground equipment, including bleachers
  - o 650 50 – Safety surfaces, playground
  - o 650 66 – Swimming pools, equipment & supplies
- **655 PHOTOGRAPHIC EQUIPMENT & SUPPLIES (NOT MICROFILM)**
- **658 PIPE & TUBING**
- **659 PIPE FITTINGS**
- **665 PLASTICS, RESINS, FIBERGLASS**
  - o 665 24 – Bags & liners, plastic: garbage can liners
  - o 665 77 – Polyethylene bags, self-sealing, recloseable
- **670 PLUMBING EQUIPMENT, FIXTURES & SUPPLIES**
  - o 670 05 – Cement & cleaners (for plastic conduit)
  - o 670 06 – Compound, pipe joint & tape
  - o 670 17 – Irrigation systems, supplies, parts
  - o 670 52 – Pipe repair clamps & couplings
  - o 670 61 – Sewer pipe cleaning machines, power driven
  - o 670 63 – Service boxes & parts
- **675 POISONS: AGRICULTURAL & INDUSTRIAL**
- **680 POLICE EQUIPMENT & SUPPLIES**
  - o 680 02 – Access control systems & security systems
  - o 680 04 – Ammunition
  - o 680 08 – Police protection equipment
  - o 680 47 – Evidence bags & containers
  - o 680 48 – Fingerprinting equipment, accessories, supplies
  - o 680 52 – Guns, pistols, rifles & shotguns
  - o 680 56 – Gun cleaning supplies
  - o 680 67 – Police training & instruction aids
  - o 680 77 – Radar instruments, traffic enforcement type
  - o 680 87 – Surveillance & counter surveillance equipment
  - o 680 88 – Targets & target posters, rifle range equipment
- **700 PRINTING PLANT EQUIPMENT 7 SUPPLIES (EXCEPT PAPERS)**
- **715 PUBLICATION & AUDIOVISUAL MATERIALS (PREPARED MATERIALS)**
  - o 715 10 – Books, magazines, pamphlets, reprints, etc.
  - o 715 30 – Display & exhibit materials
  - o 715 40 – Filmstrips, slides, transparencies, etc.
  - o 715 50 – Microfilm, microfiche, etc.
- **720 PUMPING EQUIPMENT & ACCESSORIES**
  - o 720 27 – Fire equipment pumps & pump parts
  - o 720 33 – Gasoline & diesel fuel pumps
  - o 720 68 – Sewage & sludge pumps, wet well mounted
- **725 RADIO COMMUNICATION, TELEPHONE & TELECOMMUNICATIONS**
  - o 725 16 – Consoles, communication
  - o 725 18 – Emergency radio/telephone (911) systems
  - o 725 44 – Poles, telephone & utility (all kinds)
  - o 725 45 – Pagers, radio
  - o 725 46 – Phone mail/voice mail systems
  - o 725 55 – Telephone equipment & piece parts
  - o 725 74 – Two-way radio, portable, including vehicle
- **730 RADIO COMMUNICATION & TELECOMMUNICATION TEST EQUIPMENT**
- **735 RAGS, SHOP TOWELS & WIPING CLOTHS**
- **740 REFRIGERATION EQUIPMENT & ACCESSORIES**
- **745 ROAD & HIGHWAY BUILDING MATERIALS (ASPHALTIC)**
- **750 ROAD & HIGHWAY BUILDING MATERIALS (NOT ASPHALTIC)**
- **755 ROAD & HIGHWAY EQUIPMENT & PARTS: ASPHALTIC/CONCRETE**
- **760 ROAD & HIGHWAY EQUIPMENT: EARTH HANDLING, ETC.**
  - o 760 04 – Backhoe/loader combination
  - o 760 23 – Earth movers, motorized
  - o 760 33 – Graders, motorized
  - o 760 51 – Loaders, pneumatic tired
  - o 760 63 – Rollers, flat wheel type, static
  - o 760 66 – Rollers, flat wheel type, vibrating
  - o 760 78 – Rollers, sheepsfoot type
  - o 760 84 – Scrapers
- **765 ROAD & HIGHWAY EQUIPMENT (NOT CLASSES 755 & 760)**
  - o 765 09 – Cranes, backhoe & dragline
  - o 765 13 – Cranes, truck mounted type
  - o 765 49 – Pneumatic machines: demolition tools, paving
  - o 765 51 – Pneumatic tool accessories: bits, chisels
  - o 765 66 – Spreaders, truck mounted
  - o 765 72 – Striping machines & accessories
  - o 765 87 – Tractors, wheel type (except farm tractors)
- **770 ROOFING (EXCEPT WOOD – SEE CLASS 540)**
- **780 SCALES & WEIGHTING APPARATUS**
- **790 SEED, SOD, SOIL & INOCULANTS**
- **800 SHOES & BOOTS**
- **801 SIGNS, SIGN MATERIALS, SIGN MAKING EQUIPMENT**
- **803 SOUND SYSTEMS, COMPONENTS & ACCESSORIES**
- **805 SPORTING & ATHLETIC GOODS**
- **815 STEAM & HOT WATER FITTINGS, ACCESSORIES & SUPPLIES**
- **820 STEAM & HOT WATER BOILERS, STEAM HEATING, POWER PLANT**
- **830 TANKS (METAL, WOOD & SYNTHETIC MATERIALS)**
- **832 TAPE (NOT DATA PROCESSING, MEASURE, SOUND, VIDEO)**

- 840 TELEVISION EQUIPMENT & ACCESSORIES**
  - o 840 40 – Recording type, video & video cassettes
  - o 840 69 – Video camera-recorder
  - o 840 70 – Video cameras, accessories & parts
  - o 840 71 – Video cassette recorders (VCRs)
- 845 TESTING APPARATUS & INSTRUMENTS**
- 850 TEXTILES, FIBERS, HOUSEHOLD LINENS & PIECE GOODS**
- 855 THEATRICAL EQUIPMENT & SUPPLIES**
  - o 855 22 – Curtains, cycloramas, draperies, drops
  - o 855 46 – Lighting control systems
  - o 855 75 – Stage hardware & supplies
- 860 TICKETS, COUPON BOOKS, SALES BOOKS, ETC.**
- 863 TIRES & TUBES**
- 870 VENETIAN BLINDS, AWNINGS & SHADES**
- 885 WATER & SEWER TREATMENT CHEMICALS**
  - o 885 32 – Boiler water chemical treating compounds
  - o 885 38 – Chlorine, liquefied (in cylinders)
  - o 885 59 – Ferric chloride
  - o 885 71 – Hydrogen peroxide solution
  - o 885 72 – Liquid cationic polymer
  - o 885 78 – PH control chemicals: caustic sodas, lime
  - o 885 83 – Sodium bisulfite
  - o 885 85 – Sodium hypochlorite
  - o 885 89 – Sulfur dioxide
- 890 WATER SUPPLY & SEWAGE TREATMENT EQUIPMENT**
  - o 890 08 – Chlorination equipment and parts
  - o 890 30 – Manhole covers, frames, grates, rings, yokes
  - o 890 44 – Meters, water
  - o 890 45 – Meter fittings, water accessories & parts
  - o 890 46 – Meter reading devices
  - o 890 47 – Mixing and agitation equipment
  - o 890 64 – Sewer inspection equipment
  - o 890 65 – Sewage & waste treating equipment & supplies
  - o 890 66 – Sewer lift stations & parts
- 895 WELDING EQUIPMENT & SUPPLIES**
- Other product commodities not specifically listed:** \_\_\_\_\_  
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**SERVICES – NOT COMMODITIES** (see page 1)

- 905 AIRCRAFT OPERATIONS SERVICE**
- 906 ARCHITECT-ENGINEER & OTHER PROFESSIONAL DESIGN**
  - o 906 06 – Airports (lighting, fueling, nav aids)
  - o 906 07 – Architect services
  - o 906 20 – Communications systems
  - o 906 34 – Freight handling, materials handling
  - o 906 38 – General construction
  - o 906 40 – Graphic design
  - o 906 44 – Heating, ventilating, air conditioning
  - o 906 46 – Highways, streets, airport pay-parking lots
  - o 906 52 – Interior design, space planning & exhibits
  - o 906 56 – Landscape architecture
  - o 906 58 – Power generation, transmission, distribution
- 910 BUILDING MAINTENANCE & REPAIR SERVICES**
  - o 910 02 – Background music
  - o 910 03 – Building cleaning, exterior
  - o 910 06 – Carpentry
  - o 910 09 – Carpet cleaning
  - o 910 11 – Drapery installation & repair
  - o 910 13 – Elevator maintenance & repair
  - o 910 16 – Energy conservation
  - o 910 25 – Flooring to include refinishing & sealing
  - o 910 27 – Garbage/trash removal & disposal
  - o 910 30 – Glass replacement
  - o 910 36 – Heating, ventilating, air conditioning
  - o 910 38 – Asbestos installation & removal
  - o 910 39 – Janitorial/custodial
  - o 910 48 – Locksmith
  - o 910 51 – Masonry & concrete
  - o 910 53 – Metal work
  - o 910 54 – Painting & sandblasting
  - o 910 59 – Pest control
  - o 910 60 – Plumbing
  - o 910 61 – Plant maintenance & repair
  - o 910 64 – Relocation, building
  - o 910 65 – Remodeling & alteration
  - o 910 66 – Roofing, gutters & downspouts
  - o 910 68 – Septic tank services
  - o 910 69 – Shelters, carports, portable buildings
  - o 910 73 – Tile: floors & walls
  - o 910 75 – Wall & ceiling repair & replacement
  - o 910 76 – Welding
  - o 910 78 – Weather & waterproofing
  - o 910 79 – Window & door installation, maintenance
  - o 910 81 – Window washing
  - o 910 82 – Wiring & other electrical
- 915 COMMUNICATIONS & MEDIA RELATED SERVICES**
  - o 915 02 – Advertising (Notice of Bid Solicitation)
  - o 915 03 – Advertising/public relations
  - o 915 04 – Advertising, outdoor billboard, etc.
  - o 915 05 – Answering/paging services
  - o 915 09 – Audio/video production
  - o 915 24 – Cable television
  - o 915 28 – Electronic info. & mailing services
  - o 915 38 – Film processing
  - o 915 42 – Film production
  - o 915 48 – Graphic arts services (not printing)
  - o 915 58 – Mailing services (incl. collating, packaging)
  - o 915 59 – Mail services, express
  - o 915 68 – Microfiche/microfilming
  - o 915 72 – Photography (not aerial)
  - o 915 73 – Public information
  - o 915 74 – Radio commercial production
  - o 915 77 – Telephone services, long distance & local
  - o 915 78 – Television commercial production
  - o 915 79 – Telecommunication service (not otherwise classified)
  - o 915 84 – Video recording
- 918 CONSULTING SERVICES**
  - o 918 04 – Accounting/auditing budget
  - o 918 06 – Administrative
  - o 918 07 – Advertising
  - o 918 08 – Airport master plan
  - o 918 12 – Analytical studies & surveys
  - o 918 14 – Appraisals
  - o 918 15 – Architectural
  - o 918 19 – Buildings, structures & surveys
  - o 918 26 – Communications: public relations
  - o 918 28 – Computer, hardware
  - o 918 29 – Computer, software
  - o 918 31 – Construction
  - o 918 38 – Education & training
  - o 918 42 – Engineering
  - o 918 43 – Environmental
  - o 918 46 – Feasibility studies
  - o 918 49 – Finance/economics
  - o 918 54 – Furnishings
  - o 918 58 – Governmental
  - o 918 69 – Insurance
  - o 918 70 – Inventory
  - o 918 73 – Landscaping
  - o 918 75 – Management
  - o 918 76 – Marketing
  - o 918 85 – Personnel/employment
  - o 918 87 – Purchasing
  - o 918 95 – Telecommunications
- 920 DATA PROCESSING SERVICES & SOFTWARE** (check and go to specialized computer listings below, page 7)
- 924 EDUCATIONAL SERVICES**
  - o 924 20 – Examination & testing
  - o 924 35 – In-service training
  - o 924 60 – Not-for-credit classes, seminars, workshops



- 925 ENGINEERING SERVICES, PROFESSIONAL**
  - o 925 07 – Heating, ventilating, air conditioning
  - o 925 15 – Chemical
  - o 925 17 – Civil
  - o 925 19 – Concrete
  - o 925 25 – Designing
  - o 925 28 – Drainage
  - o 925 34 – Energy management
  - o 925 35 – Environmental
  - o 925 39 – Fire protection
  - o 925 41 – Forensic
  - o 925 42 – Foundation
  - o 925 45 – Geological
  - o 925 46 – Geotechnical – soils
  - o 925 50 – Hydroelectric
  - o 925 53 – Industrial
  - o 925 55 – Inspecting, general
  - o 925 56 – Inspecting, structural
  - o 925 61 – Land development & planning
  - o 925 67 – Mechanical
  - o 925 85 – Safety engineering & accident studies: OSHA
  - o 925 86 – Site assessment
  - o 925 88 – Structural
  - o 925 90 – Testing
  - o 925 93 – Traffic & transportation
  - o 925 96 – Wastewater treatment
  - o 925 97 – Water supply
- 928 EQUIPMENT MAINTENANCE, RECONDITIONING & REPAIR (VEHICLES)**
  - o 928 19 – Body work (incl. undercoating)
  - o 928 30 – Cooling system (A/C system, hoses, water pump)
  - o 928 44 – Fuel system
  - o 928 46 – Glass replacement & repair
  - o 928 49 – Hydraulics (pump, hydraulic motor, valves)
  - o 928 54 – Machine shop
  - o 928 60 – Power plant (engine, belts, heads, intake)
  - o 928 82 – Tire & tube mounting, repair, retreading
  - o 928 85 – Transmission (main, transfer case, chain & final dr.)
  - o 928 93 – Washing, waxing, polishing, steam cleaning
- 929 EQUIPMENT MAINTENANCE, RECONDITIONING & REPAIR (INDUSTRIAL)**
  - o 929 04 – Agricultural implements, parts & accessories
  - o 929 33 – Cranes, backhoe, dragline, clamshell, etc.
  - o 929 35 – Earth handling, grading, moving & packing
  - o 929 39 – Emergency/rescue vehicle accessory & major component
  - o 929 41 – Engines & motors
  - o 929 48 – Machine shop & fabricating
  - o 929 66 – Refuse/garbage collection/dumping equipment
  - o 929 85 – Tractors, industrial, bulldozers, crawlers, etc.
- 931 EQUIPMENT, MAINTENANCE, REPAIR – APPLIANCE/SPORTS**
- 934 EQUIPMENT, MAINTENANCE, REPAIR – LAWN/PAINT/PLUMBING**
- 936 EQUIPMENT, MAINTENANCE, REPAIR – GENERAL EQUIPMENT**
- 939 EQUIPMENT MAINTENANCE, RECONDITIONING & REPAIR (OFFICE)**
  - o 939 06 – Audio-visual equipment
  - o 939 18 – Clocks, timers
  - o 939 21 – Computers, data processing equipment & accessories
  - o 939 27 – Copy machines
  - o 939 35 – Dictating machines
  - o 939 42 – Intercom & other sound equipment
  - o 939 52 – Mailing machines & equipment
  - o 939 54 – Microfilm & microfiche equipment
  - o 939 59 – Office equipment, filing
  - o 939 60 – Office machines & mechanisms
  - o 939 72 – Radio/telecommunications, telephone equipment
  - o 939 84 – Television equipment & accessories
  - o 939 87 – Typewriters
- 946 FINANCIAL SERVICES**
  - o 946 15 – Appraisal services
  - o 946 20 – Auditing
  - o 946 25 – Banking services
  - o 946 30 – Cash/securities & bonding
  - o 946 36 – Credit investigation & reporting
  - o 946 54 – Installment purchase/lease purchase financing
- 948 HEALTH RELATED SERVICES**
  - o 948 21 – Consulting
  - o 948 28 – Dental
  - o 948 32 – Dietician services
  - o 948 42 – Health care management
  - o 948 46 – Hospital services, inpatient
  - o 948 52 – Infant mortality reduction
  - o 948 55 – Medical services, non-physician
  - o 948 64 – Nursing
  - o 948 68 – Optician/Optometric services
  - o 948 72 – Pharmaceutical services
  - o 948 73 – Physical fitness programs
  - o 948 74 – Professional medical services
  - o 948 76 – Psychologists, Psychological services
  - o 948 86 – Therapy
- 952 HUMAN SERVICES**
  - o 952 05 – Alcohol & drug detoxification
  - o 952 06 – Alcohol & drug prevention
  - o 952 15 – Case management
  - o 952 17 – Child abuse prevention
  - o 952 20 – Correctional
  - o 952 21 – Counseling
  - o 952 25 – Day care
  - o 952 30 – Delivered meals
  - o 952 36 – Emergency food
  - o 952 37 – Emergency shelter
  - o 952 42 – Family planning
  - o 952 43 – Family & social services
  - o 952 62 – Mental health services, vocational, residential, etc.
  - o 952 67 – Parenting intervention
  - o 952 71 – Rape & sexual assault prevention
  - o 952 84 – Supplemental food services
  - o 952 88 – Teenage pregnancy services
- 953 INSURANCE, ALL TYPES**
  - o 953 48 – Health/hospitalization
  - o 953 87 – Title
  - o 953 92 – Workers compensation
- 954 LAUNDRY & DRY CLEANING**
- 956 LIBRARY SERVICES**
  - o 956 40 – Magazine subscriptions
  - o 956 50 – Newspaper subscriptions
  - o 956 60 – Professional journal subscriptions
- 959 MARINE CONSTRUCTION SERVICES**
- 961 MISCELLANEOUS PROFESSIONAL SERVICES**
  - o 961 15 – Concessions, catering, vending
  - o 961 30 – Employment agency & search firms
  - o 961 32 – Environmental impact
  - o 961 45 – Inspection & certification
  - o 961 48 – Laboratory & field testing
  - o 961 50 – Legal
  - o 961 60 – Public opinion surveys
  - o 961 66 – Sign painting
  - o 961 67 – Substation equipment testing
  - o 961 69 – Testing & monitoring, air & water
  - o 961 75 – Translation
  - o 961 78 – Travel agency, chartering
  - o 961 86 – Veterinary
  - o 961 94 – Zoning, land use studies
- 962 MISCELLANEOUS SERVICES**
  - o 962 05 – Amusement & entertainment
  - o 962 09 – Auctioneering
  - o 962 16 – Borring, drilling, testing & soundings
  - o 962 21 – Cleaning services, steam & pressure
  - o 962 22 – Chemical laboratory
  - o 962 23 – Chemical treatment of boiler & tower water
  - o 962 24 – Courier/delivery
  - o 962 26 – Diving services
  - o 962 33 – Engraving, awards, trophies, etc.
  - o 962 35 – Framing, picture
  - o 962 36 – Fireworks display & carnival
  - o 962 40 – Hazardous material
  - o 962 47 – Insurance & risk mgmt.
  - o 962 48 – Interior design/decorator
  - o 962 56 – Moving
  - o 962 57 – Moving: house, portable buildings, etc.
  - o 962 58 – Oil removal services
  - o 962 59 – Parking services: operation, admission, supervisor
  - o 962 86 – Transportation of goods (freight)
  - o 962 92 – Video scanning of sewers, water wells, etc.
  - o 962 94 – Water services, bottled
- 964 PERSONNEL, TEMPORARY EMPLOYMENT AGENCY SERVICE**
- 965 PRINTING PREPARATIONS: ETCHING, PHOTOENGRAVING, PREPARATION**
  - o 965 15 – Artwork, camera ready

- 966 PRINTING, PUBLISHING, SILK SCREENING PRODUCTION**
  - o 966 07 – Business cards
  - o 966 12 – Forms, printed all kinds
  - o 966 13 – Check printing
  - o 966 18 – Copying services, repro
  - o 966 16 – Continuous forms
  - o 966 22 – Decal printing
  - o 966 36 – Forms printing
  - o 966 60 – Offset printing (four color)
  - o 966 73 – Publications printed on newsprint
  - o 966 84 – Silk screen printing
- 968 PUBLIC WORKS, CONSTRUCTION & RELATED SERVICES**
  - o 968 06 – Airport roadway construction
  - o 968 08 – Airport taxiway construction
  - o 968 10 – Airport runway construction
  - o 968 17 – Athletic facility construction
  - o 968 18 – Bridge construction
  - o 968 19 – Bridge reconstruction, rehabilitation
  - o 968 20 – Building construction
  - o 968 27 – Culvert construction, pipe
  - o 968 28 – Curb & gutter construction
  - o 968 32 – Demolition
  - o 968 35 – Electric utility trench & excavation
  - o 968 39 – Excavating & tunneling
  - o 968 40 – Foundry services
  - o 968 42 – General construction
  - o 968 43 – Golf course construction, maintenance & repair
  - o 968 47 – Inspection services, construction type
  - o 968 51 – Lighting, street, construction & repair
  - o 968 52 – Major streets, intersection improvement
  - o 968 53 – Major streets, intermittent resurfacing
  - o 968 54 – Major streets, new construction
  - o 968 59 – New street construction & repair (not major)
  - o 968 61 – Painting (bridges, etc.) & pavement marking
  - o 968 62 – Parking lot construction
  - o 968 65 – Pipe line construction & repair (removal & relocate)
  - o 968 66 – Residential street resurfacing (paving)
  - o 968 68 – Sewer & storm drain construction
  - o 968 70 – Sidewalk & driveway construction
  - o 968 77 – Surveying (not aerial or research)
  - o 968 78 – Tank removal, disposal & related services
  - o 968 80 – Traffic sign installation
  - o 968 82 – Traffic signal installation
  - o 968 88 – Tree & shrub removal
  - o 968 90 – Vehicle towing & storage
  - o 968 96 – Water system, mains & service line construction
- 971 REAL PROPERTY, RENTAL OR LEASE**
  - o 971 05 – Booth, convention, exhibit rental
  - o 971 08 – Building, fabricated, rental or lease

- o 971 35 – Land, rental or lease
- o 971 45 – Office space
- o 971 65 – Room rental for conferences, seminars, etc.
- o 971 70 – Storage space rental
- 975 RENTAL OR LEASE SERVICES OF EQUIPMENT**
  - o 975 08 – Agricultural implements & accessories
  - o 975 13 – Asphalt equipment & accessories
  - o 975 14 – Automobiles, trailers, trucks, vans
  - o 975 24 – Construction equipment (not otherwise classified)
  - o 975 26 – Cranes
  - o 975 29 – Concrete equipment & accessories
  - o 975 34 – Earthmoving equipment (grazers, dozers, loaders)
  - o 975 39 – Hydraulic tools & equipment
  - o 975 54 – Pneumatic tools & equipment
  - o 975 66 – Road & highway equipment, not otherwise classified
  - o 975 86 – Trucks & vans
- 977 RENTAL OR LEASE SERVICE OF EQUIPMENT – APPLIANCES**
  - o 977 73 – Toilets, portable
- 979 RENTAL OR LEASE SERVICES OF EQUIPMENT – ENGINEERING**
  - o 979 35 – Engineering equipment & supplies
  - o 979 81 – Testing & training apparatus, instruments
- 981 RENTAL OR LEASE OF EQUIPMENT – GENERAL EQUIPMENT**
  - o 981 36 – Fencing
- 983 RENTAL OR LEASE SERVICES OF EQUIPMENT – JANITORIAL**
- 985 RENTAL OR LEASE SERVICES OF EQUIPMENT – OFFICE**
  - o 985 26 – Copy machines
  - o 985 47 – Intercom & other sound equipment
  - o 985 55 – Microfiche/microfilm equipment & accessories
  - o 985 59 – Office machines, equipment & accessories
- 988 ROADSIDE, GROUNDS & PARK AREA SERVICES**
  - o 988 15 – Fence installation & repair
  - o 988 20 – Fire break services
  - o 988 52 – Landscaping
  - o 988 63 – Park area construction, renovation
  - o 988 72 – Pest control (other than buildings)
  - o 988 83 – Swimming pool construction, repair & renovation
  - o 988 88 – Tree trimming & pruning
  - o 988 89 – Weed & vegetation control
- 990 SECURITY, FIRE, SAFETY & EMERGENCY SERVICE**
  - o 990 05 – Alarm services
  - o 990 10 – Armored car services
  - o 990 46 – Guard & security services
  - o 990 67 – Patrol services
  - o 990 70 – Polygraph services
  - o 990 77 – Safety training & awareness (highway safety)

- 998 SALE OF SURPLUS & OBSOLETE ITEMS**
  - o 998 06 – Ammunition, explosives & weapons
  - o 998 30 – Confiscated & personal merchandise
  - o 998 37 – Electrical supplies
  - o 998 42 – Fire & police equipment (not otherwise classified)
  - o 998 49 – Garbage & refuse containers
  - o 998 68 – Metals, scrap
  - o 998 69 – Metals, precious
  - o 998 74 – Oils, waste
  - o 998 80 – Public utility equipment
  - o 998 85 – Recyclable materials
  - o 998 93 – Tires & tubes
  - o 998 94 – Vehicles, including autos, trucks & trailers

Other services not specifically listed: Research  
Needs Assessment  
Planning  
Outreach engagement  
Evaluation  
Grant writing  
Implementation Support  
Organizational development

## COMPUTER RELATED COMMODITIES & SERVICES

- **204 COMPUTER HARDWARE AND PERIPHERALS**
  - 204 13 – Cables printer, disk, network, etc.
  - 204 16 – Chips: accelerator, graphics, math co-processor, memory (RAM and ROM), network, etc.
  - 204 19 – Communication boards: fax, modem (internal), etc.
  - 204 20 – Communication control units: concentrators, multiplexors, couplers, etc.
  - 204 21 – Communication processors and protocol converters: front-end
  - 204 22 – Computer system
  - 204 24 – Controllers, programmable
  - 204 25 – Controller, disk
  - 204 26 – Controller, local & remote
  - 204 27 – Controller, tape
  - 204 28 – Data entry and remote job entry devices, voice activated: voice recognition, voice digitization, speech synthesizers, etc.
  - 204 33 – Drives: compact disk, CD-ROM, etc.
  - 204 35 – Drives: hard/fixed disk
  - 204 36 – Drives: floppy disk
  - 204 37 – Drives: tape
  - 204 42 – Expansion/accelerator boards: memory, processor, etc.
  - 204 45 – Geographic information systems (GIS)
  - 204 48 – Keyboards
  - 204 53 – Microcomputers, desktop
  - 204 54 – Microcomputers, handheld
  - 204 55 – Microcomputers, Multi-processor
  - 204 58 – Modems, external data communications
  - 204 60 – Monitors, color and monochrome (CGA, VGA, SVGA, etc.)
  - 204 64 – Network components: adapter cards, bridges, connectors, expansion modules/ports, hubs, line drivers, MSAUs, routers, transceivers, etc.
  - 204 68 – Peripherals, miscellaneous: graphic digitizers, joy sticks, light pens, mice, pen pads, trackballs, etc.
  - 204 71 – Plotters, graphic
  - 204 72 – Printers, high speed, line printers, and printer subsystems
  - 204 73 – Printers, inkjet
  - 204 74 – Printer sharing devices
  - 204 75 – Printers, dot matrix
  - 204 76 – Printers, inkjet
  - 204 77 – Printers, laser
  - 204 78 – Printers, pen plotter
  - 204 80 – Printers, thermal
  - 204 84 – Retrieval systems, computer aided: indexing, retrieval and access systems (CD ROM, jukebox, etc.)
  - 204 88 – Scanners, document: handheld, desktop, and high volume
  - 204 89 – Scanners and readers, magnetic strip
  - 204 90 – Scanners & readers, optical
  - 204 91 – Storage devices, electronic (disk drive compatible)
  - 204 93 – Terminals and CRTs: data processing systems
  - 204 96 – Workstations: SPARC, RISC, etc.
- **205 COMPUTERS & INFORMATION**
  - 205 02 – Cables computer, premade
  - 205 03 – Cards, chips, boards, graphics
  - 205 05 – CPU, CAD
  - 205 07 – CPU, mainframe oriented (Analog)
  - 205 09 – CPU, mainframe oriented (Digital)
  - 205 11 – CPU, microcomputer oriented
  - 205 13 – CPU, minicomputer oriented
  - 205 16 – Communication control unit
  - 205 18 – Communication processors
  - 205 20 – Computer assisted retrieval
  - 205 24 – Covers & enclosures, acoustical and protective
  - 205 26 – Data entry, remote job entry systems
  - 205 28 – Data or informational processors
  - 205 29 – Controllers, peripheral
  - 205 31 – Direct access storage devices, mainframe
  - 205 32 – Direct access storage devices, microcomputer
  - 205 33 – Direct access storage devices, minicomputer
  - 205 35 – Forms bursters, decollators, detachers, feeders, strippers and related accessories
  - 205 36 – Memory add-on units and upgrades, mainframe
  - 205 37 – Memory add-on units and upgrades, microcomputers
  - 205 38 – Memory add-on units and upgrades, minicomputers
  - 205 39 – Modems, data communication
  - 205 41 – Optical character readers
  - 205 42 – Optical imaging systems
  - 205 43 – Peripheral devices and accessories
  - 205 45 – Power supplies, surge protectors
  - 205 47 – Printers & plotters: wordprocessing
  - 205 49 – Printers & printer subsystems
  - 205 52 – Ribbons & toner, data processing
  - 205 53 – Robotics
  - 205 54 – Software, application, preprogrammed for mainframe applications
  - 205 56 – Software, application, preprogrammed for microcomputer applications
  - 205 58 – Software, application, preprogrammed for minicomputer applications
  - 205 60 – Software communications control
  - 205 62 – Software, database management control
  - 205 64 – Software, operating system, preprogrammed for mainframe
  - 205 66 – Software, operating system, preprogrammed for microcomputer
  - 205 68 – Software, operating system, preprogrammed for minicomputer
  - 205 71 – Supplies & accessories: disk packs, cartridges, diskettes
  - 205 73 – Supplies & accessories: data & word processing, keyboard
  - 205 75 – Supplies & accessories, miscellaneous
  - 205 77 – Supplies & accessories, plotter
  - 205 81 – Supplies, data processing, tapes, cartridges, cassettes
  - 205 83 – Supplies, data processing, tape/disk, media
  - 205 85 – Supplies, data processing tape unites & subsystems
  - 205 86 – Teaching & training materials
  - 205 87 – Terminals & CRTs, graphic
  - 205 89 – Terminals & CRTs, non-graphic
  - 205 90 – Testing equipment
  - 205 93 – Word processing system
- **207 - COMPUTER ACCESSORIES AND SUPPLIES**
  - 207 25 – Cleaners for keyboards, monitors, tapes, diskettes, etc.
  - 207 30 – Compact disks, ROM, etc.
  - 207 34 – Covers and enclosures (acoustical and protective) (for equipment)
  - 207 37 – CRT holders, cases, glare screens, locks, etc.
  - 207 42 – Diskettes, disk packs, floppy diskettes, labels, etc.
  - 207 49 – Forms bursters, decollators, detachers, feeders, strippers and related accessories
  - 207 50 – Forms, charts, templates, rulers, etc.
  - 207 55 – Graphic supplies for plotters and printer plotters: inks, pens, penholders, chemicals, paper, etc.
  - 207 60 – Keyboard dust covers, key top covers, keyboard drawers, wrist supports, etc.
  - 207 67 – Power supplies: surge protectors, uninterruptible power supplies, switches, etc.
  - 207 72 – Printer accessories: wheels, sheet feeders, forms tractors, chemicals, toner cartridges, etc.
  - 207 75 – Projection devices, liquid crystal display (LCD)
  - 207 84 – Storage devices for tapes and diskettes: containers, racks, etc.
  - 207 87 – Tapes, tape cartridges, tape cassettes, tape reels, tape labels, etc.
  - 207 89 – Testing equipment for computers and related equipment

**208 - COMPUTER SOFTWARE FOR MICROCOMPUTERS (PREPROGRAMMED)**

- o 208 10 – Accounting/financial: bookkeeping, billing and invoicing, budgeting, payroll, taxes, etc.
- o 208 27 – Communications: networking, linking, etc.
- o 208 30 – Computer aided design and vectorization software
- o 208 37 – Database
- o 208 39 – Desktop publishing
- o 208 43 – Educational: foreign languages, math; science, social studies, etc.
- o 208 47 – Games: adventure, board, puzzles, strategy, etc.
- o 208 50 – Graphics: clip art, demos, presentation, slide shows, etc.
- o 208 55 – Inventory management
- o 208 63 – Personnel
- o 208 66 – Professional: hospital/ pharmacy, legal, etc.
- o 208 67 – Programming: basic, assembler, etc.
- o 208 68 – Project management
- o 208 71 – Purchasing
- o 208 76 – Real estate/property management
- o 208 84 – Spread sheet
- o 208 90 – Utilities: back-up, batch file, menus, operating system, recovery, screen, security, virus protection, etc.
- o 208 94 – Word processing, text editors, spell checkers

**Other computer product commodities not specifically listed:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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**920 - DATA PROCESSING SERVICES AND SOFTWARE**

- o 920 04 – Applications software (for mainframe systems)
- 920 07 – Applications software for microcomputer systems: business, mathematical/statistical, medical, scientific, etc.
- 920 14 – Applications software (for minicomputer systems)
- 920 19 – Computer management
- o 920 20 – Computer output to microfilm (com) services
- o 920 21 – Data entry services
- o 920 28 – Emergency back-up services and facilities for data processing
- o 920 35 – Modification of existing equipment
- o 920 38 – Optical scanning services
- o 920 42 – Recertification, rehabilitation of magnetic media (disk packs, tapes, etc.)
- o 920 43 – Recharging and remanufacturing of laser printer cartridges
- 920 45 – Software maintenance/support
- 920 49 – Systems, executive software
- o 920 77 – Teleprocessing
- o 920 94 – Wordprocessing software, mainframe
- o 920 94 – Wordprocessing software, microcomputer
- o 920 94 – Wordprocessing software, minicomputer

**Other computer services not specifically listed:** \_\_\_\_\_

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\_\_\_\_\_

**Request for Taxpayer  
Identification Number and Certification**

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Resource Development Associates, Inc.</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                     <input type="checkbox"/> C Corporation                     <input checked="" type="checkbox"/> S Corporation                     <input type="checkbox"/> Partnership                     <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>  <input type="checkbox"/> Other (see instructions) ▶ _____             </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>2333 Harrison Street</b></p> <p><b>6</b> City, state, and ZIP code <b>Oakland, CA 94612</b></p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:5%; border: 1px solid black; text-align: center;">-</td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:5%; border: 1px solid black; text-align: center;">-</td> <td style="width:40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
<b>Employer identification number</b>					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> </tr> </table>					

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date ▶ 3/13/2020
------------------	--------------------------	------------------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



ENDORSEMENT AGREEMENT  
WAIVER OF SUBROGATION  
BLANKET BASIS

**BROKER COPY**

1331103-19  
 RENEWAL  
 NF  
 6-03-00-42  
 PAGE 1 OF 1

HOME OFFICE  
 SAN FRANCISCO

EFFECTIVE OCTOBER 1, 2019 AT 12.01 A.M.  
 AND EXPIRING OCTOBER 1, 2020 AT 12.01 A.M.

ALL EFFECTIVE DATES ARE  
 AT 12:01 AM PACIFIC  
 STANDARD TIME, OR THE  
 TIME INDICATED AT  
 PACIFIC STANDARD TIME

RESOURCE DEVELOPMENT ASSOCIATES  
 2333 HARRISON ST  
 OAKLAND, CA 94612

WE HAVE THE RIGHT TO RECOVER OUR PAYMENTS FROM ANYONE  
 LIABLE FOR AN INJURY COVERED BY THIS POLICY. WE WILL  
 NOT ENFORCE OUR RIGHT AGAINST THE PERSON OR  
 ORGANIZATION NAMED IN THE SCHEDULE.

THIS AGREEMENT APPLIES ONLY TO THE EXTENT THAT YOU  
 PERFORM WORK UNDER A WRITTEN CONTRACT THAT REQUIRES YOU  
 TO OBTAIN THIS AGREEMENT FROM US.

THE ADDITIONAL PREMIUM FOR THIS ENDORSEMENT SHALL BE  
2.00% OF THE TOTAL POLICY PREMIUM.

SCHEDULE

<u>PERSON OR ORGANIZATION</u>	<u>JOB DESCRIPTION</u>
ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED HAS AGREED BY WRITTEN CONTRACT TO FURNISH THIS WAIVER	BLANKET WAIVER OF SUBROGATION

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE  
 OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS  
 POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE  
 HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS, OR  
 LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO: SEPTEMBER 12, 2019

*Kent R. Wolf*  
 AUTHORIZED REPRESENTATIVE

*Thomas Steiner*  
 PRESIDENT AND CEO



# CERTIFICATE OF LIABILITY INSURANCE

61

DATE (MM/DD/YYYY)  
10/16/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Brown & Brown Insurance Services of California, Inc 3697 Mt Diablo Blvd, Ste 100  Lafayette CA 94549-3745		<b>CONTACT NAME:</b> Stefanie Connolly <b>PHONE (A/C, No, Ext):</b> (800) 733-3131 <b>E-MAIL ADDRESS:</b> sconolly@bbnca.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Resource Development Associate 2333 Harrison St  Oakland CA 94612		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Sentinel Insurance Company, Ltd. NAIC # 11000 <b>INSURER B:</b> State Compensation Insurance Fund of CA 35076 <b>INSURER C:</b> Beazley Insurance Company, Inc. 37540 <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

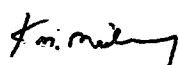
**COVERAGES**      **CERTIFICATE NUMBER:** 19/20 all      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		Y	57SBAID4214	10/01/2019	10/01/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Hired Auto \$ 2,000,000	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			57SBAID4214	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y	N/A	1331103-19	10/01/2019	10/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liability			V13940190701	10/01/2019	10/01/2020	\$2,000,000 per Occ \$2,000,000 Aggregate \$25,000 retention	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Berkeley, its officers, agents, employees, and volunteers are named as additional insured as respects to services rendered by the named insured as respects to the general liability, subject to the policy terms, conditions and exclusions and per attached form SS 00 08 04 05. Policy Cancellation: 30 days Except 10 days for non-payment of premium. RE CMS#BGCKK.

<b>CERTIFICATE HOLDER</b>  City of Berkeley Health, Housing & Community Services 2180 Milvia Street, 2nd Floor  Berkeley CA 94704	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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## RESOLUTION NO. 69,314-N.S.

**CONTRACT: RESOURCE DEVELOPMENT ASSOCIATES (RDA) FOR RESULTS  
BASED ACCOUNTABILITY EVALUATION**

WHEREAS, Mental Health Services Act (MHSA) funds are allocated to mental health jurisdictions across the state for the purposes of transforming the mental health system into one that is consumer and family driven, culturally competent, wellness and recovery oriented, includes community collaboration, and implements integrated services; and

WHEREAS, MHSA includes five funding components: Community Services & Supports; Prevention & Early Intervention; Innovations; Workforce, Education & Training; and Capital Facilities and Technological Needs; and

WHEREAS, the City's Department of Health, Housing & Community Services, Mental Health Division, receives MHSA Community Services & Supports, Prevention & Early Intervention, and Innovations funds on an annual basis, and received one-time distributions of MHSA Workforce, Education & Training and Capital Facilities and Technological Needs funds; and

WHEREAS, in order to utilize funding for programs and services, the Mental Health Division must have a locally approved Plan, Annual Update, or Three Year Program and Expenditure Plan in place for the funding timeframe; and

WHEREAS, on October 30, 2018 by Resolution No: 68,639-N.S., the City Council approved the FY2018/19 MHSA Annual Update which included the use of \$100,000 in MHSA funds to hire a consultant to provide a Results Based Accountability evaluation of mental health services across the Mental Health Division; and

WHEREAS, an RFP in the amount of \$100,000 in MHSA funds was initiated in September 2019 to hire a consultant to conduct an evaluation of mental health programs across the Division utilizing the Results Based Accountability framework; and through the RFP process, RDA was the chosen consultant.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager or her designee is authorized to execute a contract and any amendments with Resource Development Associates for Results Based Accountability evaluation services through June 30, 2022, for a total not to exceed amount of \$100,000. A record signature copy of said contract and any amendments to be on file in the City Clerk Department.




The foregoing Resolution was adopted by the Berkeley City Council on March 10, 2020 by the following vote:

Ayes: Bartlett, Davila, Droste, Hahn, Harrison, Kesarwani, Robinson, Wengraf,  
and Arreguin.

Noes: None.

Absent: None.

  
\_\_\_\_\_  
Jesse Arreguin, Mayor

Attest:   
\_\_\_\_\_  
Mark Numainville, City Clerk

Exhibit A

# City of Berkeley Mental Health Mental Health Services Act (MHSA)



## FY2019-2020 Annual Update

**RECEIVED**  
SEP 03 2020  
CITY OF BERKELEY  
CITY CLERK DEPARTMENT



LOCAL AND REGIONAL  
GOVERNMENT ALLIANCE ON  
**RACE & EQUITY**

# Racial Equity: Getting to Results



by Erika Bernabei



LOCAL AND REGIONAL  
GOVERNMENT ALLIANCE ON  
**RACE & EQUITY**

This resource guide is published by the Government Alliance on Race and Equity, a national network of government working to achieve racial equity and advance opportunities for all.

---

**AUTHOR**

**Erika Bernabei**

**INTRODUCTION AND SUPPLEMENTAL TEXT**

Government Alliance for Race & Equity

**WITH THE SUPPORT OF**

**Julie Nelson, Simran Noor, Dwayne Marsh, and Ryan Curren,**  
Government Alliance on Race and Equity / Center for Social Inclusion

**Kelly Larson,** City of Dubuque, Iowa

**Karen Shaban,** Fairfax County, Virginia

**Karalyn Kratowicz,** City of Madison, Wisconsin

**Brenda Anibarro,** City of Seattle, Washington

**ACKNOWLEDGMENTS**

*The authors would like to thank the following individuals  
who contributed to this guide by participating in interviews for case studies:*

**Kelly Larson,** City of Dubuque, Iowa

**Karen Shaban,** Fairfax County, Virginia

**EDITORIAL SUPPORT, LAYOUT, AND DESIGN**

**Ebonye Gussine Wilkins**

---

GARE is a joint project of



CENTER FOR SOCIAL INCLUSION

Published May 2017. Updated July 2017.

**RACIALEQUITYALLIANCE.ORG**



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## INTRODUCTION

Currently across the country, regardless of region, racial inequities exist across every indicator for success—including health, criminal justice, education, jobs, housing, and beyond. We know these inequities are incongruent with our aspirations. The Government Alliance on Race and Equity (GARE), a joint project of the Haas Institute for a Fair and Inclusive Society at the University of California, Berkeley and Center for Social Inclusion, recognizes that we can and must do better. We know that government has a key role in advancing racial equity, and therefore are modeling at the local level how it is truly possible for government to advance racial equity and to develop into an inclusive and effective democracy.

We know change is possible with intentionality and focus. We must recognize that from the inception of our country, government at the local, regional, state, and federal level has played a role in creating and maintaining racial inequities. Though we've made many strides toward racial equity, policies and practices have created and still create disparate results—even if the intention to discriminate is not present. Despite progress in addressing explicit discrimination, racial inequities continue to be deep, pervasive, and persistent across the country. We are at a critical juncture with an exciting new role for government—to proactively work for racial equity.

Our goal goes beyond closing the gaps; we must improve overall outcomes by focusing efforts on those who are faring the worst. Deeply racialized systems are costly for us collectively and depress outcomes and life chances for communities of color. To advance racial equity, government must focus not only on individual programs, but also on policy and institutional strategies that create and maintain inequities. GARE uses a six-part strategic approach geared to address all levels of institutional change.

### Six-Part Strategic Approach to Institutional Change

#### Normalize

- Use a racial equity framework
- Operate with urgency and accountability

#### Organize

- Build organizational capacity
- Partner with other organizations and communities

#### Operationalize

- Implement racial equity tools
- Be data-driven

## Normalize

**1. Use a racial equity framework:** Jurisdictions must use a racial equity framework that clearly articulates our vision for racial equity and the differences between individual, institutional, and structural racism—as well as implicit and explicit bias. It is important that staff—across the breadth and depth of a jurisdiction—develop a shared understanding of these concepts.

**2. Operate with urgency and accountability:** While it is often believed that change is hard and takes time, we have seen repeatedly that when we prioritize change and act with urgency, change is em-

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braced and can occur quickly. The most effective path to accountability comes from creating clear action plans with built-in institutional accountability mechanisms. Collectively, we must create greater urgency and public will in order to achieve racial equity.

## Organize

- 1. Build organizational capacity:** Jurisdictions need to be committed to the breadth and depth of institutional transformation so that impacts are sustainable. While elected leaders and other top officials are a critical part, change takes place on the ground. We must build infrastructure that creates racial equity experts and teams throughout local and regional government.
- 2. Partner with other institutions and communities:** The work of government on racial equity is necessary but not sufficient. To achieve racial equity, government must work in partnership with communities and other institutions to achieve meaningful results.

## Operationalize

- 1. Implement racial equity tools:** Racial inequities are neither natural nor random—they have been created and sustained over time. Inequities will not disappear on their own; tools must be used to change the policies, programs, and practices that perpetuate inequities. Using this “Focusing on Racial Equity Results,” along with other tools, such as our **Racial Equity Tool**, will help us to achieve better results within our communities.
- 2. Be data-driven:** Measurement must take place at two levels—first, to measure the success of specific programmatic and policy changes, and second, to develop baselines, set goals, and measure progress towards goals. It is critical that jurisdictions use data in this manner for accountability.

Racial equity means that we no longer see disparities based on race and we improve results for all groups. We believe that in order to disrupt our nation's deep and pervasive inequality of opportunity and results, generate new possibilities for community ownership of government, and establish a new narrative for a truly inclusive democracy, it is essential to transform government. Indeed, in order to advance racial equity and success as a nation, we must transform government.

Prior to using this resource guide, you might want to familiarize yourself with some of GARE's other tools.

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- **Advancing Racial Equity and Transforming Government: A Resource Guide to Put Ideas into Action**
- **Racial Equity Toolkit: An Opportunity to Operationalize Equity**
- **Racial Equity Action Plans: A How-to Manual**

If you are not familiar with GARE's work and theory of change, you may want to start with the Advancing Racial Equity resource guide.

This work builds on the work of numerous other organizations, including the People's Institute for Survival and Beyond, Race Forward, Western States Center, the Haas Institute for a Fair and Inclusive Society, and many others. This issue paper also aligns with and builds upon Results-Based Accountability™ (RBA), developed by Mark Friedman.

We have intentionally lifted up the importance of centering racial equity within an RBA framework. We have seen too many cases where not doing so reinforces structural racism. Many planning or evaluation tools were designed within environments of institutional or structural racism. When we fail to name and center race, though we may be well-intentioned, we will reinforce racial inequities. Getting clear about racial equity first, then using a powerful tool like RBA flips the status quo on its head—it shifts the power to drive toward racial equity. Only through the use of a structured process will we achieve transformative results, shifting the very foundation of the institution we seek to change. By developing a clear racial equity lens first, we provide a foundation for a racial equity-centered RBA process that facilitates improved results.

## BEGIN WITH THE DATA

Often, the work of identifying, collecting, and using qualitative and quantitative data to inform community change processes is left to staff or partners doing work behind the scenes. But, as noted in the **Racial Equity Action Plans manual**, the role of identifying, collecting, and using data must be shared and owned by community leaders and the early adopters (or Core Team) of staff responsible for developing a plan of action.

The design and usefulness of the data will hinge on whether transparent, proactive data analysis and use become a part of the culture of your group. This is different from the compliance structures often required in funding reports or the deficit orientation affixed to communities of color because of poor outcomes. The use and analysis of data are about empowering you to make good decisions—and to advance racial equity.

Using a racial equity-centered RBA process requires you to use the same amount of rigor in your work with and in communities of color as you would put into any other endeavor. Racial equity implementation must be just as disciplined, albeit with different results. This requires, as noted in the Racial Equi-

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ty Action Plans manual, that every activity you pursue is specific, measurable, attainable, relevant, and timely.

There is a difference between experimentation and deliberate testing of ideas designed to disrupt and shift those practices that create racially inequitable results. When community is authentically engaged in the work, it becomes clear when something is a good idea and when a particular action lacks alignment with community values and goals. Furthermore, when the data trend goes in the wrong direction, authentic, trusting relationships with the group will encourage and empower people to seek solutions rather than assign blame. An anti-racist, racial equity-focused Results-Based Accountability™ framework is one of many tools that can help you to move your plans forward in a disciplined way that is structured for equitable results. The next section will give you more information about RBA.

## WHAT IS RACIAL EQUITY-CENTERED RESULTS-BASED ACCOUNTABILITY™?

Results-Based Accountability™ (RBA) is a tool that starts with the desired results and works backwards towards the means, to ensure that your plans work toward community results with stakeholder-driven implementation. This disrupts historic patterns of “doing what we’ve always done, because we’ve always done it that way.” That way of work, done with the best intentions, does not produce the racial equity we demand in our communities. RBA also helps distinguish between population level (whole groups) indicators, that are the responsibility of multiple systems and take a long time to shift, and performance measures (activity-specific) that organizations can use to determine whether what they do is having an impact.

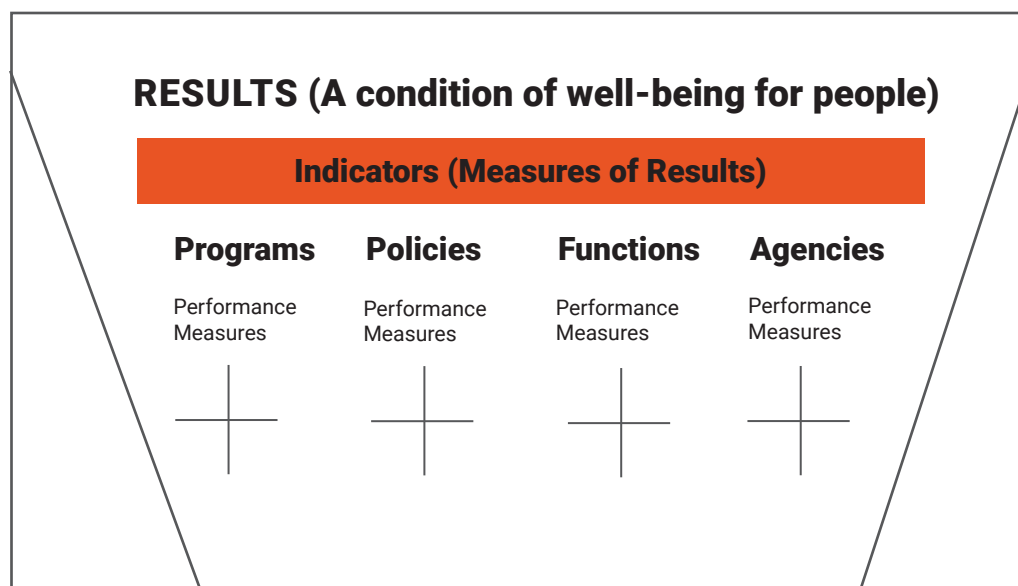
Tools are not the work, but they are a part of the work. The following guide will help you begin the process of using a powerful tool, Results-Based Accountability™ that incorporates a racial equity lens.

The overarching RBA framework shows a relationship between Results, Indicators, and Activities. The orange bar in the diagram separates the population level results and indicators that are the responsibility of many systems over time; below the orange bar are the activities for which jurisdictions can develop performance measures and hold themselves accountable. The activities below the line should contribute to the change toward which the jurisdiction aims. The illustration on the next page visualizes what that looks like.

To start, Results-Based Accountability™ uses seven primary steps, also called questions of population accountability.

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## POPULATION ACCOUNTABILITY: START AT THE END

### 1) What are the desired results ?

First, you need to be clear about what desired racial equity conditions you and your group want to see in your whole community. This requires the recognition that the whole community cannot experience well-being when communities of color experience it at disproportionately lower rates. Results focus on a city, county, or state and are articulated as positive conditions of well-being—such as people are healthy in [city], or Latino children are ready for school in [state]. This requires you to think about the larger context—toward the transformation of systems to get equitable results for communities of color. Because changing results is a bigger responsibility than any one agency can shoulder, you need institutional, agency, and community partners to accomplish your goals.

For example, Portland, Oregon’s statement “Develop planning and sustainability solutions that eliminate racial disparities thereby creating prosperous, resilient, healthy, and affordable communities for all Portlanders” includes four results toward which the Bureau of Planning and Sustainability’s planning and sustainability solutions aspire: prosperity, resilience, health, and affordability. In order to get to those results, the Bureau will have to partner with other groups. The first step, then, is for your group to determine results.

Fill in the following statement: “We want families/communities that are...”

These statements should be positive (i.e. “healthy” versus “not sick”). They should also be about the condition itself, not a choice or possibility of a condition, (i.e. “educated” versus “the opportunity or to be educated”)—allowing the choice to be built in to the condition. Saying “the opportunity” reinforces notions that community members experience disparate outcomes because of choices they make rather than as a result of institutional and/or structural racism.

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## 2) What would the result look like?

The next step is to answer the following question: What would this result/condition of well-being look like if you experienced it in the community? What would it physically look like? What would it feel like?

This question should be answered in a culturally relevant, contextualized manner that is connected to the vision you have for racial equity. The question is not about any community, but about this community. You should ask yourself, whose vision does this picture reflect? Does it reinforce a deficit orientation about behaviors or does it authentically reflect what a result means to that city/county/state/community?

## 3) What are the community indicators that would measure the desired result?

The next step is to identify community indicators, of the population-level result(s). Indicators may not be quick to move because they should be community-level measures that reflect generations of policy and systems failures that have produced racial inequity. Nevertheless, they are powerful measures that focus and hold your efforts accountable to population-level systems change over time.

These measures might look similar to others across the country, but once you disaggregate the data by race and ethnicity and review it, they tell a unique story about a particular community.

The group should keep ambitions practical and identify a small number of indicators on which to concentrate; it is easy to get distracted or avoid work when taking on too much at once. You can use some of the guiding questions outlined in the **Racial Equity Action Plan manual** to help identify the most relevant indicators.

- What needs or opportunities were identified during the information-gathering phase of this process?
- What does our organization define as the most important racially equitable indicators?
- What are some known racial inequities in our organization's field?

Indicators are large-scale measures like unemployment rates, chronic disease rates, or academic achievement rates. Because of the scope and scale of the collection, population level data often comes from federal, state, city, or county government or agencies, university partners, or Census data.

Once the group has identified the indicators that they would like to measure, partners should be identified to decide: (a) how to get this data, (b) how it can be disaggregated by race and ethnicity, and (c) with what regularity the data can be produced.

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**THINKING THINGS THROUGH: A SAMPLE DIALOGUE**

Upon reviewing data that show a gap between the diabetes rates of white and African American residents of a city, a facilitator asks, “Why is the rate of diabetes so much higher for X residents?” A person might say “because X eat poor quality, sugary foods.” If the process ended there, it would not get at the root causes of the issue, and would also reinforce the assumptions some people make about the “choices” people make. Instead, the facilitator would ask the group, “But why?” and someone might say, “because it is cheap,” to which the facilitator might ask “so why would X people in city buy cheap food?” This might prompt the group to talk about the economic inequality wage and employment difference, or food deserts/the lack of access to healthy foods by neighborhood. A final “why?” might bring the group to identify historical, structural racism in the context of that community.

**4) What do the data tell us?**

Your group then needs to look at the data trend for each indicator, disaggregated by race/ethnicity and whatever relevant demographic breakdowns matter to your work, while asking “what would happen if we did nothing different?” Longitudinal indicator trends can help you see the racially disproportionate results for communities of color over time, and therefore past data is critical at this point in the process.

Then, facilitators will help the group to uncover the root causes behind the data trend, asking the group, “why does the trend look like this?” and for each answer, they should ask “why” three to five more times to move past superficial understandings of racial inequity and get to the underlying causes.

During this part of the process, you need to maintain discipline to dig into the root causes represented by indicator data trends. The review of data trends and analysis of root causes of racial disparity are critical to setting the stage for the rest of your work with your group. The process must be facilitated by someone skilled at pushing back on views that reinforce individual responsibility and shifting the focus to institutional and structural racism, and able to actively surface the historic and present-day root causes underlying the assumptions. This is most effective when there are two facilitators in a multiracial team who can use their understanding of racial equity; individual, institutional, and structural racism; and power and politics to lead the conversation.

For example, when seeking root causes, some participants will likely state assumptions about people’s behavior that presume that all people, when they make choices, start on an even playing field. This often comes up when reviewing health data and child-related data on parenting—(i.e., assuming that

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people make bad eating, purchasing, or parenting choices that cause poor outcomes). It is critical to understand structural and institutional racism and how it plays out in people's lives, and to use a root-cause analysis to understand underlying causes of disparities and to disrupt deficit thinking.

When done well, root-cause analysis produces the foundation upon which all actions and next steps are built. When done poorly, it causes confusion and tension in the group. When insufficient time is spent on root-cause analysis or it is skipped over, groups revert back to the same actions that they have used in the past rather than working with new processes or partners that would change results.

### 5) Who are your partners?

After you've completed your root-cause analysis, your group should consider which partners you should work with in order to reach your goals. As noted in the **Racial Equity Action Plan manual**, in order to do systems change work, government must partner not only with community leadership, but also with a range of types of institutions. The group should consider:

- other government agencies;
- local government leadership;
- nonprofits;
- philanthropy;
- community-based advocacy and community organizing groups;
- the private sector; and
- any other partners that would be required.

For each of the identified partners, the group should also determine their role ("Why are they important? What are they needed for?"), and when it would be effective to bring that partner into the effort so as to phase the work strategically. Identify partners from other institutions whose participation will ensure that you have impact in your priority communities. Representatives from community-based organizations and grassroots community groups bring a more holistic understanding of inequities, as well as innovative solutions.

The group should also challenge itself to identify "unlikely suspects" or partners that have been avoided in the past—these might well be the exact partners you need in order to produce the results you seek. In addition, consider current partners and how they might expand or change what they are doing, allowing all options to be on the table. To reach impact, it is critical to set a culture of transparency about past performance by current partners.

Even if the group cannot yet determine how to engage a needed partner, the process of identifying strategic partners allows us to determine what we need, and prevents us from falling back on business as usual. Making the connection with the partner is a separate step that can come at a later time.

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## 6) What works to change the data trend towards racial equity?

When determining what might work to transform results in your community, begin by having brainstorming sessions. No one program or policy will change an entire result, but any can be a good starting point.

Results-Based Accountability™ starts with these categories of ideas:

- **Low-cost, no-cost ideas:** free or nearly free ideas that members of the group identify. Because these solutions are not resource dependent, they may help the group get started more quickly than other activities that require money.
- **Community knowledge:** ideas and solutions that are culled from the wisdom and experience of residents and community members who have already informally tried out actions and have found them to be effective.
- **Promising practices:** solutions that are not considered “evidence-based” because they haven’t been rigorously studied, but that people in or outside of the community have tried that show promise.
- **Evidence-based practices:** actions that research has shown to be effective.
- **Out-of-the-box/“Imagine if” ideas:** ideas that may seem unorthodox or nontraditional but that just might work. With a diverse partnership come a diversity of ideas, and RBA believes that the more initial ideas the better. Creative, out-of-the-box ideas that relate to the root cause analysis can be particularly impactful.

Ask the group to think about the city/county/state’s current policies and service systems, and how they maintain or reinforce structural racism. During this part of the process, the group considers all actions—from policy changes or implementation to new, client-level programs with the end of decreasing racial disparities. Remember that the root causes they have already identified will inform their brainstorming.

The group should identify a large number of actions in each of the categories above in a judgment-free zone. The brainstorm is not a research project for evidence-based practices, although that can be a part of the brainstorming process. The brainstorm is a way to gather the ideas that have the best chance of impacting indicators at the macro-level.

## 7) What actions should you start with?

Once you’ve recorded the brainstorm, the group should use the following RBA criteria to determine which actions to begin with:

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- **Values:** Is it strengths-based, people-centered, and culturally relevant/anti-racist? Does it advance a racial equity agenda?
- **Leverage:** How likely is it to change the trendline? What additional resources for change does it activate?
- **Reach:** Is it feasible? Will it actually benefit communities of color experiencing racial inequities?
- **Specificity:** Does it have a timeline with deliverables that answer the questions *who, what, when, where, and how?*

The **Racial Equity Action Plan manual** highlights action and accountability; in this large-scale, whole-community work, action commitments are critical to holding the group accountable. You should make action commitments at the end of each meeting to ensure that actions and new partnerships move forward. Action commitments require each member of the group to personally commit to one action related to moving indicators, and complete it by an agreed-upon deadline. People should report on progress on these actions at the beginning of every stakeholder meeting.

## PERFORMANCE ACCOUNTABILITY FOR ACTIONS: THE ROAD TO GETTING RESULTS

The hard work begins after the groundwork has been laid. For each community indicator, the group has already identified a set of actions. Now, as noted in the Racial Equity Action Plans manual, facilitated action planning sessions—within departments, across departments, and sometimes with nonprofit or other partners—help to refine the potentially broad set of actions. The Core Team should bring population-level indicators and results to these sessions and begin to build a performance plan.

Whether your actions are department-level policy changes, or changes to nonprofit programming, each need a set of performance measures to ensure that the action or activity is crafted to decrease racial disparities. RBA's seven steps of performance accountability will guide your action refinement and your development of performance measures.

### 1) Who do you serve?

For each action, the group working on that measure must first identify the intended beneficiary. Identifying who you serve (whether an institution, people, a group, or a system) helps you gain clarity about the intended impact of your work and not attempt to make people accountable for change outside their scope of work. For example, some actions will impact community members directly (i.e. parenting program); some will impact other kinds of stakeholders, such as elected officials (i.e. policy brief development), board members (i.e. training), or internal staff (i.e. use of a Racial Equity Toolkit policy).

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## 2) What is an action's intended impact?

This simple question, articulated as a measure, is the most critical part of performance accountability. This is the difference between doing business as usual, which has produced racially inequitable results for generations, and being accountable for the impact of our work.

Begin by having the group answer these questions:

- How would I know if this action worked?
- What is the intended impact?
- How would I know if anyone is "better off" as a result of it?

These answers will inform the development of performance measures that will be critical to measuring the impact of your work. The three performance measures are:

- How much did you do? (Quantity, number of clients and/or activities)
- How well did you do it? (Quality, percentage of activity that was of high quality, percentage of common measures of appropriate/high quality)
- Is anyone better off? (Impact, number or percentage change in skills/knowledge, attitude/opinion, behavior, or circumstance)

For example, a "better off" skills/knowledge measure might be the percentage of people that participated in an activity that have gained knowledge of their rights. An attitude/opinion measure could be the percentage of people that feel empowered as a result of an action. A behavior measure might be a change in the percentage of school attendance rate. And a circumstance measure could be the percentage working in family-sustaining wages as a result of a new employment policy.

You can sometimes expect to experience skepticism from community members. Remember, there are many reasons why communities of color might not trust government. Restoring trust will require time and government must demonstrate a long-term commitment and a willingness to partner in responsive, engaging, and power-sharing new ways. Internal to government, some staff may be skeptical as well; some may have seen similar conversations or initiatives come and go. Similar to working with community, building trust with employees of color will require demonstrated commitment from leadership over the long term.

## 3) What is the quality of the action?

It is essential to use metrics that measure the quality of the strategy in ways that span the gamut from cultural relevance, language access, and participation rates to more technical measures of staff training and staff-to-client ratio.

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**THINKING IT THROUGH: QUESTIONS TO ASK**

Just because something is “evidence-based,” or should work, does not mean that it will work. A perfect, high-quality replication of an evidence-based service in your community does not mean that it is an impactful solution. You must ask yourself: Is it culturally relevant? Does it take into account community values? Was it selected with an eye to the root causes of racial inequity? If so, evidence-based practices can be part of the solution as long as you pay attention to the associated “better off” measure. But merely being evidence-based does not guarantee positive change, and some can have neutral or detrimental impacts in communities, and others might result in overall improvement, but still result in increases in racial disproportionalities. It is important to maintain a focus on closing racial inequities, as well as lifting up results for all.

The main purpose of this group of metrics is to ensure that action is being done well. If the “better off” measures show no change, quality measures sometimes tell us why we are not having an impact. Alternately, just because the action is being implemented in a high-quality manner, does not mean that the “better off” data will move in the right direction.

You can see how all three types of measures relate in this RBA graphic on page 16 (from Mark Friedman’s *Trying Hard is Not Good Enough*):

**4) What is the story behind the data?**

Much of what was noted in population level accountability section for step four is the same for each performance-level action identified in your process. We recommend that you review that section again at this point. Even when groups select actions that they believe will address root causes at the population level, it is critical to regularly review data at the performance level and ask “why?” This is where the rubber hits the road on racial equity. This is the difference between perpetuating systemic failures to address racially disproportionate outcomes and disrupting them.

**5) Who are the partners with a role to play?**

Again, this step is similar to the process at the population level, but it is often skipped at the action level. Generally, identifying partners after looking at data helps organizations fill in service, policy, and community gaps.

Internally, organizations often fail to think about the partners that would make their work more effective. This can be because of ego, resources, or time. This failure causes them to continue business as usual, and prevents them from having the thought partners at the table that would allow them to take their

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## HOW THREE MEASURES RELATE: RESULTS-BASED ACCOUNTABILITY

<p><b>How much did we do?</b></p> <p><b># Clients/people served</b></p> <p><b># Activities (by type of activity)</b></p>	<p><b>How well did we do it?</b></p> <p><b>% Common measures</b> (e.g. client staff ratio, workload ratio, turnover rate, staff morale, % staff fully trained, % clients seen in their own language, unit cost)</p> <p><b>% Activity-specific measures</b> (e.g. % timely, % clients completing activity, % correct and complete)</p>
<p><b>Is anyone better off?</b></p> <p><b>#/% Skills/knowledge</b> (e.g. parenting skills)</p> <p><b>#/% Attitude/opinion</b> (e.g. toward drugs)</p> <p><b>#/% Behavior</b> (e.g. school attendance)</p> <p><b>#/% Circumstance</b> (e.g. working, in stable housing)</p>	

work from good to transformative. If you are committed to racial equity, partners are critical to doing work differently, because they can expand and accelerate impact. Organizations cannot afford to stay siloed any longer—multiple systems impact people and their efforts need to be coordinated and effective.

Again, think about all of the types of partners named in step five in the population part of this tool and consider who is needed, in what role, and when to move the work.

## 6) What works to have greater impact?

After you've reviewed data on any action, it is time to use it. If you do not use the data, you perpetuate the same practices that have contributed to racial inequities all along. When things are not going well, or as planned, or the data does not show impact, remember that you have already identified root cases and know that it takes time to see change. You should begin by thinking about how you might change the action. Start by reflecting on the lessons learned within the agency's experience, but also think about what works in other parts of the community and in other communities—as well as formal best practices/evidence-based practices that you can use or adapt. This may require you to consider the requirements of funding streams, contracts, and evidence-based

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**THINKING IT THROUGH: EQUITY REQUIRES COMMUNITY INSIGHT**

To ensure maximum fidelity between the data and the intended impact of an action, ensure that community leadership is in the room for data reviews and root-cause analysis. Sometimes data looks like it is having an intended impact, but you need community residents or people on the receiving end of the implementing a solution to identify the “why?”—or the unintended consequences of “success.” For example, new residents in a community may increase the number of business opportunities/jobs, hence increasing employment in the neighborhood. It is critical to notice/track the beginning stages of that increase in new residents to see whether it is moving into gentrification, displacing existing residents or businesses, or if businesses are selling goods that are affordable to the existing community. Community leadership is best positioned to flag these root causes of otherwise neutral-seeming actions or other things “under the radar.” Community insight is also necessary when designing and refining solutions—so make sure to have them at the table.

models—balancing what is required of you with what you believe will work to change systems. While it can be hard to change or stop existing practices, change can produce improved results.

**7) What are the next steps?**

To figure out the next steps, you will need to ask and get answers to specific questions:

- Who will do what, by when?
- What resources are needed to get it done?
- Is this a long-term action that needs time or can it be done tomorrow?
- What is the active role of community leadership in making these decisions?

A commitment to action, just like in the population level process, is critical. The more precise the better, and they must be written.

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## A COMMITMENT TO RACIAL EQUITY AND BETTER RESULTS

A Racial Equity-focused Results-Based Accountability™ (RBA) in and of itself is not the work; authentic and principled engagement with community is the work. If a tool could accomplish the hard work of transformative public systems change that would produce better results for communities of color, jurisdictions would have solved racial inequities. On the other hand, without tools and a disciplined and focused way of doing work, communities can unintentionally perpetuate inequity by relying on goodwill and intellect alone. In places like Fairfax County and Dubuque, and many places around the country, hard work is underway—laying the foundation for systems change by investing in both a common understanding of racism and tools for transformative change.

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## CASE STUDY: DUBUQUE, IOWA

Dubuque, Iowa, a majority white community with disproportionately poor results based on race and ethnicity, is building the public will and institutional ability to look at racially-disaggregated data to inform decisions. They have been embedding the RBA framework into their already-evolved racial equity-focused work on advancing housing equity, and building a local model from which other groups can learn. In addition, Dubuque is investing in empowering and developing the ability of local direct-service staff and managers to use disaggregated data to improve results for people of color in real time. They believe that when lawyers, social workers, and managers themselves do this work with data, it helps them internalize the related values and skills over time, and they can apply those learnings more directly to their work. Dubuque is modeling how smaller, disproportionately white communities across the country can deliberately build a foundation using a racial equity lens—and embed a disciplined approach to use data to change systems.

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Equity



## CASE STUDY: FAIRFAX COUNTY, VIRGINIA

In July, 2016, the Fairfax County Board of Supervisors and School Board adopted the One Fairfax Resolution envisioning an opportunity-rich community in which everyone can participate and prosper. This resolution provides the vehicle to understand how issues of equity impact all Fairfax County residents and directs the development of a racial and social equity policy—at its core—to be applied in the planning and delivery of all public services and investments. The policy, once adopted, will facilitate the use of equity tools to ensure that equity becomes an intentional point of consideration in decision-making and resource-allocation processes. A cross-systems (County and Schools) Executive Leadership Team, along with an inter-disciplinary, multi-agency policy development workgroup was convened and charged to develop the policy and recommendations regarding the infrastructure necessary for implementation and sustainability. Meaningful metrics, supported by an accountability structure that bridges the County Government and the Public School System will ensure common terminology, disaggregated data standards, and “better off” measures to evaluate progress towards achieving racial and social equity. Finally, and importantly, to redefine public engagement in ways that affirm effective democracy through implementing inclusive actions, processes, and structures that build community capacity and reflect the diversity of all residents. Fairfax County is working hard to make their vision for racial and social equity a reality with and for the community.

### RESOURCE GUIDE Racial Equity: Getting to Results

Government  
Alliance on  
Race and  
Equity



## Across the country, governmental jurisdictions are:

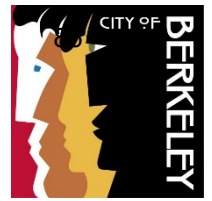
Making a  
commitment  
to achieving  
racial equity

Focusing on  
the power  
and influence  
of their own  
institutions

Working in  
partnership  
with others

**When this occurs, significant leverage  
and expansion opportunities emerge,  
setting the stage for the achievement of  
racial equity in our communities.**

# PREVENTION AND EARLY INTERVENTION MENTAL HEALTH FUNDED PROGRAMS FY2019 Fact Sheet



## City of Berkeley Prevention & Early Intervention Program

The City of Berkeley Mental Health Division provides prevention, early intervention and wellness services. The focus is on providing support, outreach, and early identification particularly in underserved populations.

Through a variety of strategies we hope to improve mental wellness in the community, increase access to needed services, and prevent mental health challenges from becoming severe and disabling.

Funds for prevention and early intervention (PEI) programs are provided by the Mental Health Services Act (MHSA), state legislation

approved by voters in November 2004 that places a 1% tax on every dollar of personal income over \$1 million.

This report represents a small portion of these funds that are provided to contracted community based organizations. These organizations provide critical services and programs the City would not otherwise be able to offer and in places where behavioral health services are not traditionally given such as schools, community centers, and shelters.

## PROGRAMS & INVESTMENTS

Community PEI programs funded by the City of Berkeley include:

**Albany Unified School District:** Offers trauma support services to elementary and high school students as well as adults. Weekly support groups are provided to help students process various traumatic events and develop close, trusting relationships. Outreach and engagement are also offered to adults who live and work on the back stretch of Golden Gate Fields race track. Activities focus on coping with issues of acculturation, immigration and dislocation.

**Center for Independent Living:** Provides services to older adults with acquired disabilities. A series of wellness workshops conducted by peer facilitators help participants cope with issues related to aging and the onset of disabilities such as a loss of mobility, hearing or vision.

**Covenant House:** Provides support groups to transitional aged youth (TAY) who are homeless or marginally housed. Youth celebratory events and social outings are also organized to build community and trust.

**GOALS for Women:** Provides community-based, culturally competent, outreach and support services for African Americans residing in South and West Berkeley. The program conducts outreach and engagement, facilitates Kitchen Table Talk support groups, provides peer counseling, and connects participants to community resources.

**Pacific Center for Human Growth:** Provides outreach, engagement, and support groups for adults in the LGBTQIA+ community. Approximately 15 weekly or bi-weekly support groups are offered targeting various populations and needs.



## MEASURING SUCCESS

The Mental Health Division at the City of Berkeley is working with staff and community based partners to deepen our positive impact on the communities we serve, especially for those most vulnerable.

Results Based Accountability (RBA) is a new way of understanding and enhancing our work and has a proven track record of success in improving quality of life for people and communities.

First, we define what the result or outcome is we hope to achieve. Next we decide how we can measure progress on that result. The data is collected on an ongoing basis to guide our understanding and inform efforts to enhance progress towards those results.

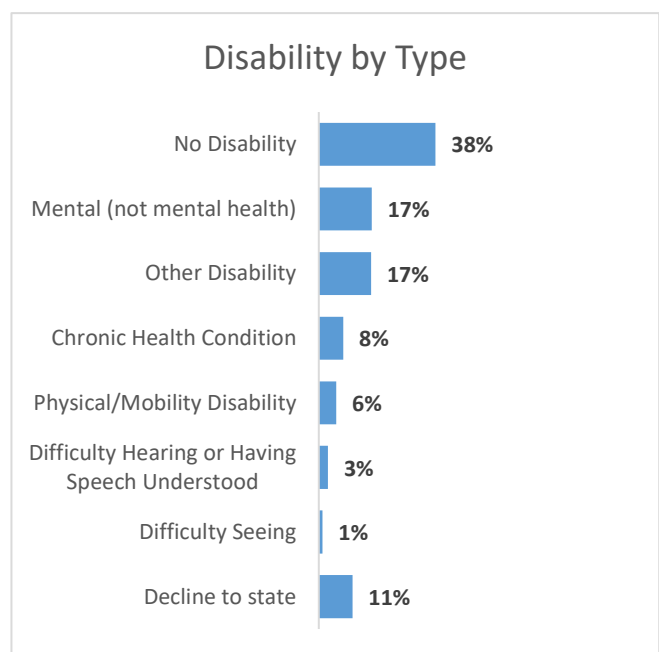
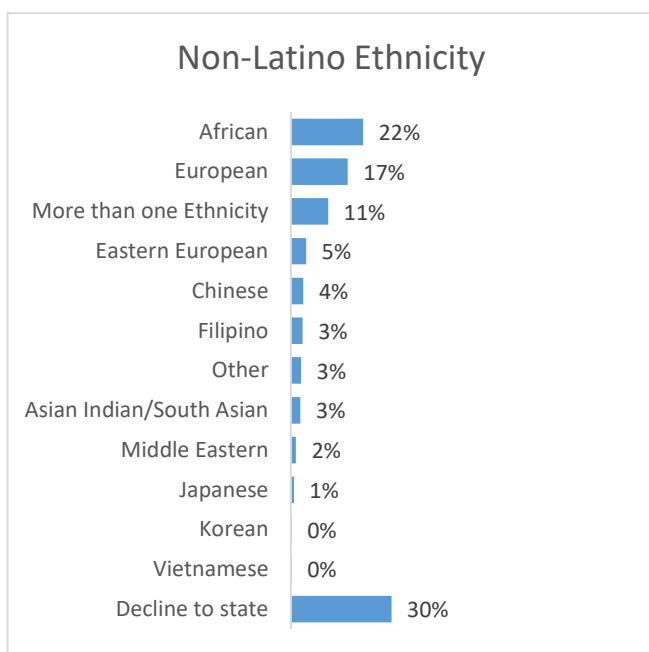
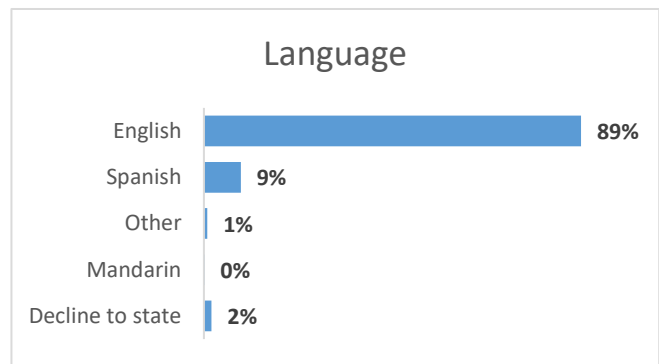
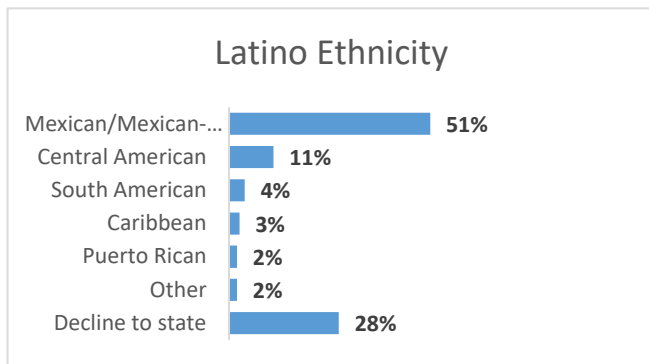
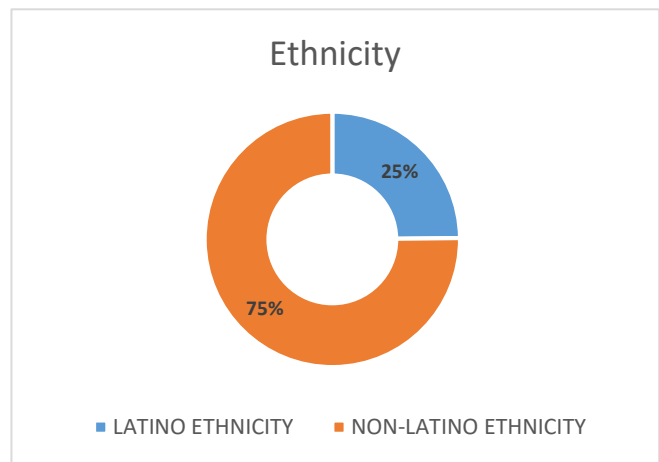
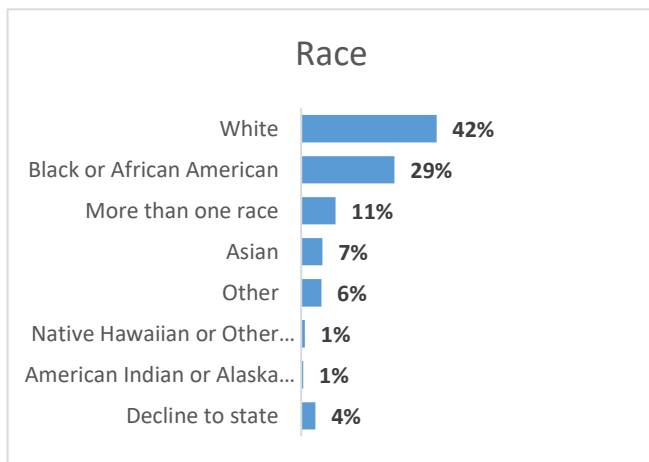
Simply put, RBA is a way to measure the success of our programs and how our programs make a difference to and for the people we serve.

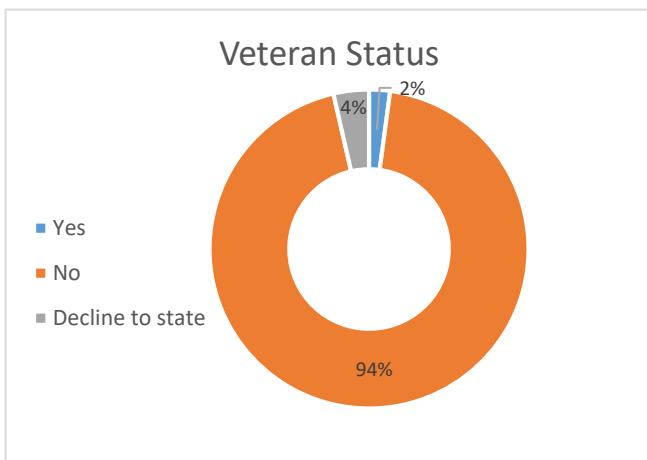
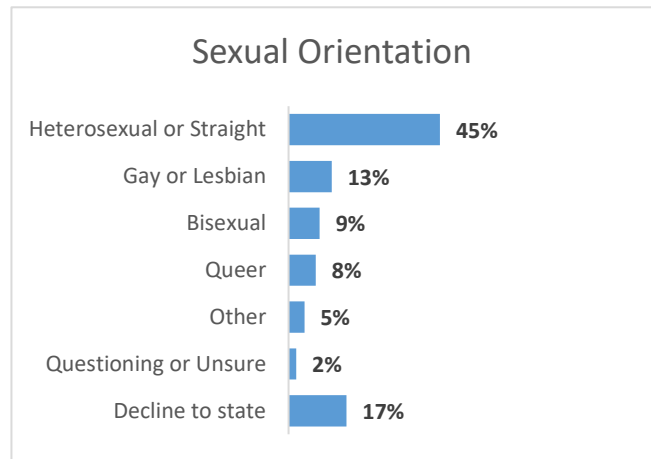
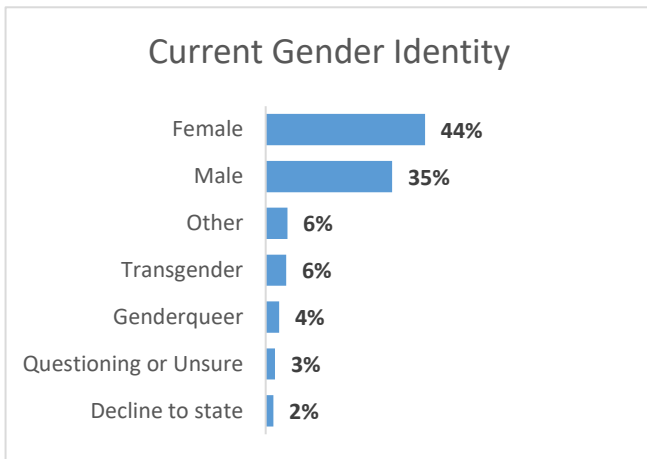
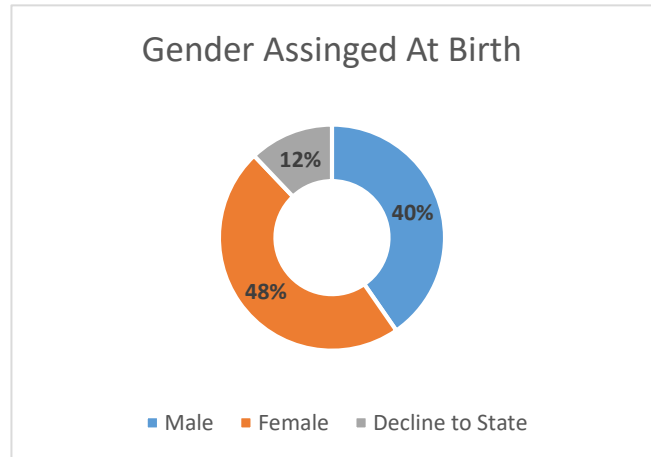
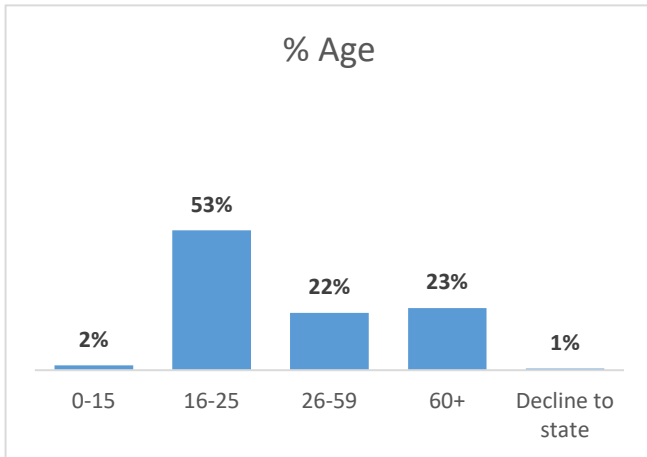
Results Based Accountability was incorporated into our Prevention and Early Intervention contracts starting in fiscal year 2018. Programs provided data that addressed three basic questions:

- How much did you do?
- How well did you do it?
- Is anyone better off?

The following report provides a snapshot of the impact of our funded programs. Demographics are also included to provide a view of who is served by these Prevention and Early Intervention funded programs. The Berkeley Mental Health Division creates a stakeholder informed plan that provides program descriptions, outlines program changes or enhancements, reports demographics, and includes more detailed reporting on all MHSA funded programs. [Read the full report here.](#)

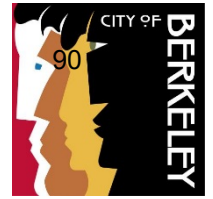
Demographics are reported in aggregate across all programs for 612 individual participants. Please note that individuals may be duplicated across programs.





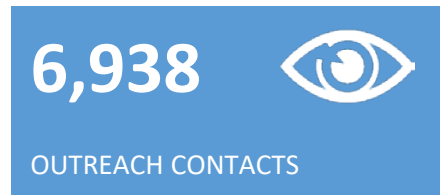
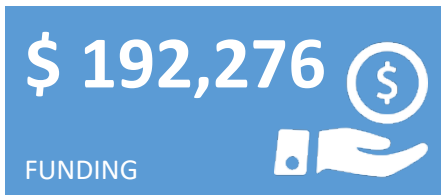
# MHSA PEI FUNDED PROGRAMS

FY2019

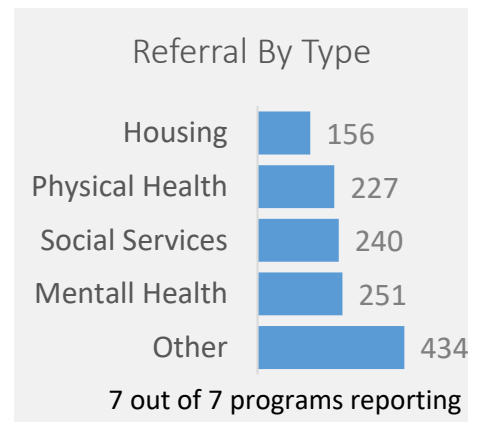


The City of Berkeley, Health Housing & Community Services Mental Health Division funds community education and support services for youth, adults and older adults. The Albany Unified School District, Center for Independent Living, Covenant House, GOALS for Women, and Pacific Center provide critical prevention, early intervention and wellness services. Below is a snapshot of these funded programs for FY2019.

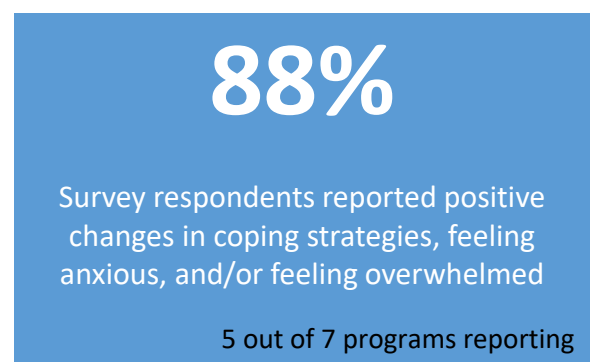
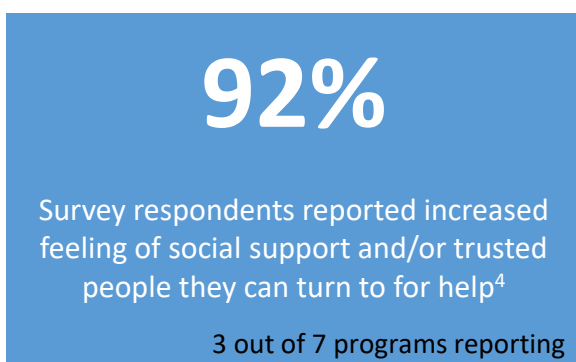
## HOW MUCH DID WE DO?



## HOW WELL DID WE DO IT?



## IS ANYONE BETTER OFF?



**Technical Notes:**

Program information is based on latest information received from Community Based Organizations as of August 2020. We are working towards a shared set of standardized measurements across programs in the future. Below are details on the measures reported by program.

<sup>1</sup> Support Group/Workshop Encounters is the sum total of times participants attend a support group or workshop funded by the Prevention and Early Intervention Program. Does not include outreach activities, one-on-one support, and celebratory events that also take place in some programs.

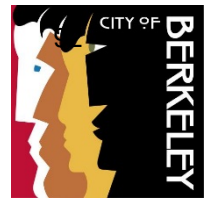
<sup>2</sup> Average # of groups attended per person calculates on average how many group sessions each person attended during the fiscal year.

<sup>3</sup> Based upon 247 surveys. Reflects % that answered positively to the following questions: *I would recommend the group to a friend (AUSD-HS), I was satisfied with the workshop (CIL), I was satisfied with services (Covenant House), I would return if I or my family needed help (GOALS), I would recommend the organization to a family member or friend (Pacific Center).*

<sup>4</sup> Based upon 91 surveys. Reflects the % of respondents that answered positively to the following types of questions: *As a direct result of participating in the peer support groups, I have trusted people I can turn to for help (Pacific Center), I have support to deal with the painful things I have experienced (AUSD-HS), I have good social supports (CIL)*

<sup>6</sup> Based upon 109 surveys. Reflects the % of respondents that answered positively to the following types of questions: *As a direct result of participating the peer support groups, I deal more effectively with daily problems (Pacific Center), I have improved skill in coping with challenges (GOALS), I feel less overwhelmed and helpless (CIL), I am coping with stress in my life in healthier ways (AUSD-HS), The student exhibits less anxiety in the classroom (AUSD- ELM)*

# PREVENTION AND EARLY INTERVENTION MENTAL HEALTH FUNDED PROGRAMS FY2018 Report



## City of Berkeley Prevention & Early Intervention Program

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Through a variety of strategies we hope to improve mental wellness in the community, increase access to needed services, and prevent mental health challenges from becoming severe and disabling.

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## PROGRAMS & INVESTMENTS

Community PEI programs funded by the City of Berkeley include:

**Albany Unified School District:** Offers trauma support services to high school students and adults. Weekly support groups are provided at Albany and McGregor high schools to help students process various traumatic events and develop close, trusting relationships. Outreach, engagement and support groups are also offered to adults who live and work on the back stretch of Golden Gate Fields race track. Activities focus on coping with issues of acculturation, immigration and dislocation.

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Simply put, RBA is a way to measure the success of our programs and how our programs make a difference to and for the people we serve.

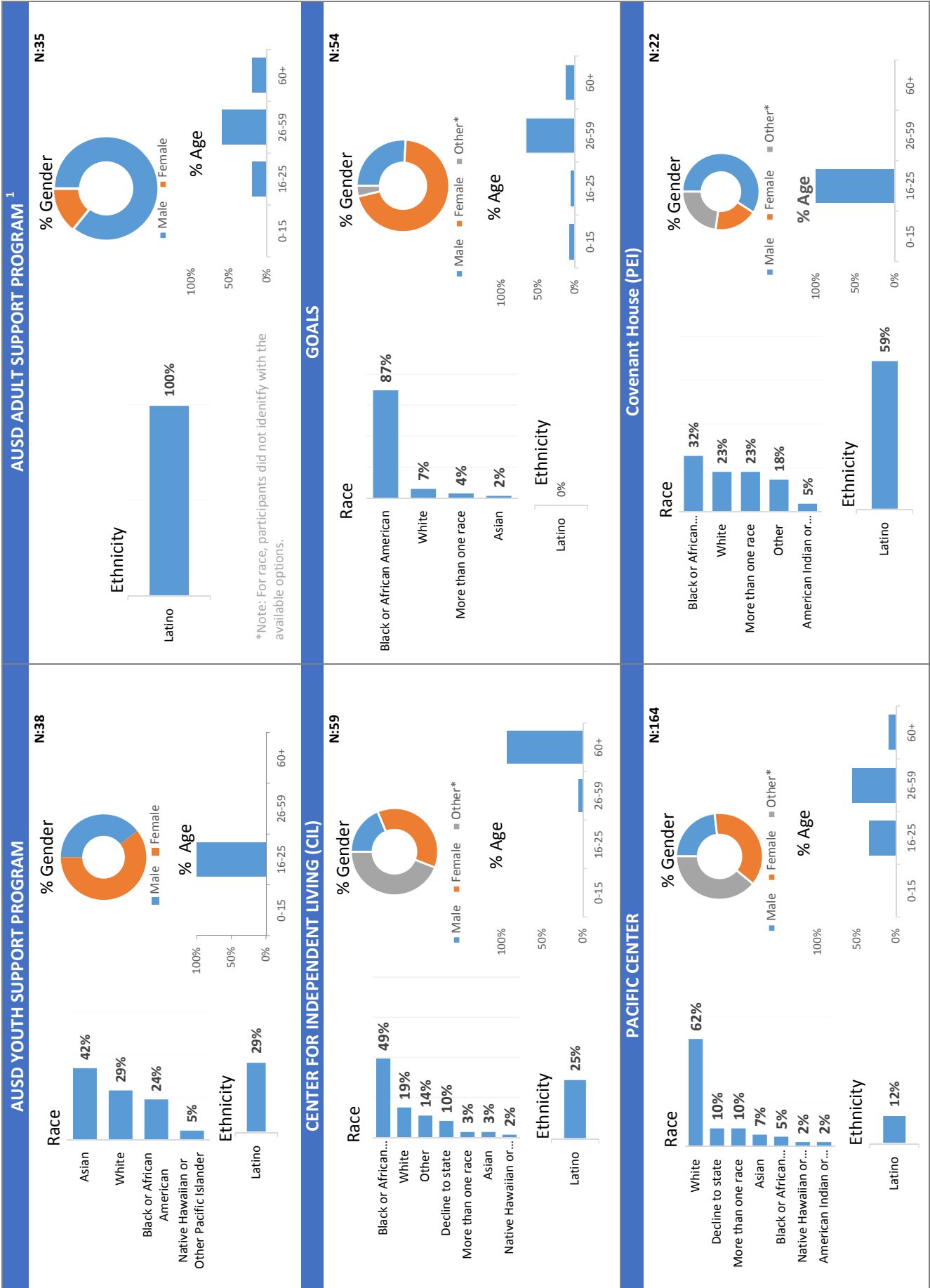
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The following report provides a snapshot of the impact of our funded programs. Demographics are also included to provide a view of who is served by these Prevention and Early Intervention funded programs. The Berkeley Mental Health Division creates a stakeholder informed plan that provides program descriptions, outlines program changes or enhancements, and includes more detailed reporting on all MHSA funded programs. Read the full report [here](#).

# MHSA PEI DEMOGRAPHIC DATA

FY18 DATA <sup>1</sup>  
5/30/2019



\*Note: For race, participants did not identify with the available options.

<sup>1</sup> MHSA funded programs collect and report on a more expansive set of demographic characteristics including disability status, sexual orientation, detailed ethnicity data, and veteran status. To see full reporting on these important data elements, visit [https://www.cityofberkeley.info/Health/berkeley.info/Health\\_Human\\_Services/Mental\\_Health/MHSA\\_Plans\\_and\\_Updates.aspx](https://www.cityofberkeley.info/Health/berkeley.info/Health_Human_Services/Mental_Health/MHSA_Plans_and_Updates.aspx)

Demographics reported for all individuals directly served by the funded program. May include participation in support groups, individual counseling, and group presentations.

\* Other Gender includes Transgender, Genderqueer, Questioning or Unsure, and Other. Demographics may not add to 100% due to some individuals declining to provide requested information



AUSD Demographics	%
American Indian or Alaska Native	0%
Other	0%
More than one race	0%
Decline to state	0%
Native Hawaiian or Other Pacific Islander	5%
Black or African American	24%
White	29%
Asian	42%
TOTAL	100%

AUSD Latino Ethnicity	%
Latino	29%
Non Latino	
TOTAL	

AUSD Gender	%
Male	39%
Female	61%
Other	0%
Total	100%
Other Detail	
Transgender	0%
Genderqueer	0%
Questioning	0%
Other	0%

AUSD Age		%
0-15	95	0%
16-25		100%
26-59		0%
60+		0%
Decline to state		0%
TOTAL		100%

AUSD Adult Demographics	%
American Indian or Alaska Native	0%
Asian	0%
Black or African American	0%
Native Hawaiian or Other Pacific Islander	0%
White	0%
More than one race	0%
Decline to state	0%
Other	100%
TOTAL	100%

AUSD Adult Latino Ethnicity	%
Latino	100%
Non Latino	0%
TOTAL	100%

AUSD Adult Gender	%
Male	86%
Female	14%
Other*	
TOTAL	100%

AUSDAdult		%
0-15		0%
16-25		20%
26-59		60%
60+		20%
Decline to state		0%
TOTAL		100%

Pacific Center Demographics	%
Other	0%
American Indian or Alaska Native	2%
Native Hawaiian or Other Pacific Islander	2%
Black or African American	5%
Asian	7%
More than one race	10%
Decline to state	10%
White	62%
TOTAL	100%

Pacific Center Latino Ethnicity	%
Latino	12%
Non Latino	
TOTAL	

Pacific Center Gender	%
Male	23%
Female	38%
Other*	39%
Total	100%
Other Detail	
Transgender	9%
Genderqueer	21%
Questioning	4%
Other	5%

Pacific Center Age		%
0-15		0%
16-25		34%
26-59		56%
60+		10%
Decline to state		0%
TOTAL		100%

CIL Demographics	%
American Indian or Alaska Native	0%
Native Hawaiian or Other Pacific Islander	2%
Asian	3%
More than one race	3%
Decline to state	10%
Other	14%
White	19%
Black or African American	49%
TOTAL	100%

CIL Latino Ethnicity	%
Latino	25%
Non Latino	
TOTAL	

CIL Gender	%
Male	19%
Female	37%
Other*	44%
Total	100%
Other Detail	
Transgender	44%
Genderqueer	0%
Questioning	0%
Other	0%

CIL Age		%
0-15		0%
16-25		0%
26-59		5%
60+		93%
Decline to state		2%
TOTAL		100%

GOALS Demographics	%
American Indian or Alaska Native	0%
Native Hawaiian or Other Pacific Islander	0%
Other	0%
Decline to state	0%
Asian	2%
More than one race	4%
White	7%
Black or African American	87%
TOTAL	100%

GOALS Latino Ethnicity	%
Latino	0%
Non Latino	100%
TOTAL	

GOALS Gender	%
Male	26%
Female	70%
Other*	4%
Total	100%
Other Detail	
Transgender	0%
Genderqueer	0%
Questioning	0%
Other	4%

GOALS Age		%
0-15		7%
16-25		6%
26-59		67%
60+		13%
Decline to state		7%
TOTAL		100%

Covenant House (PEI)	%
Asian	0%
Decline to state	0%
Native Hawaiian or Other Pacific Islander	0%
American Indian or Alaska Native	5%
Other	18%
More than one race	23%
White	23%
Black or African American	32%
TOTAL	100%

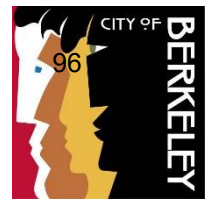
Covenant House (PEI) Ethnicity	%
Latino	59%
Non Latino	41%
TOTAL	100%

Covenant House (PEI) Gender	%
Male	59%
Female	18%
Other*	23%
Total	100%
Other Detail	
Transgender	14%
Genderqueer	5%
Questioning	5%
Other	0%

Covenant House (PEI) Age		%
0-15		0%
16-25		100%
26-59		0%
60+		0%
Decline to state		0%
TOTAL		100%

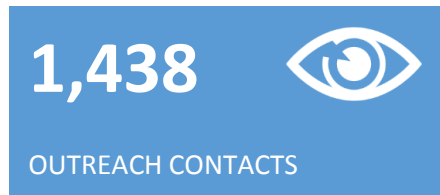
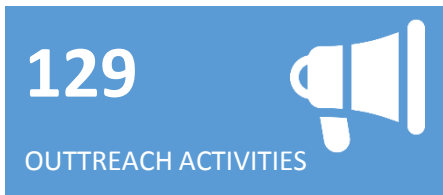
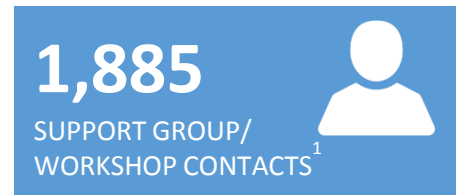
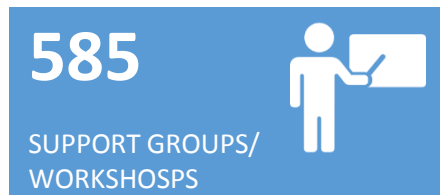
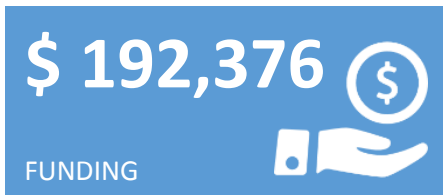
# MHSA PEI FUNDED PROGRAMS

FY2018

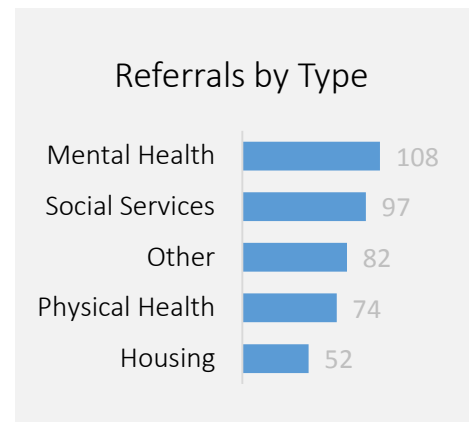
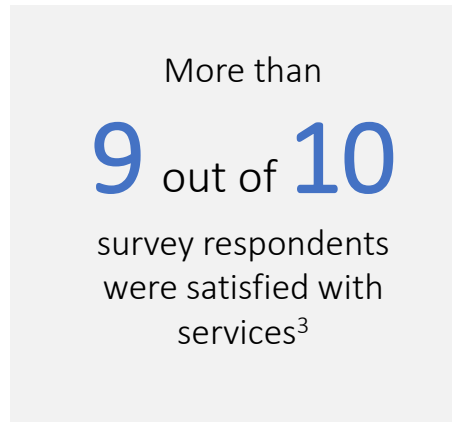


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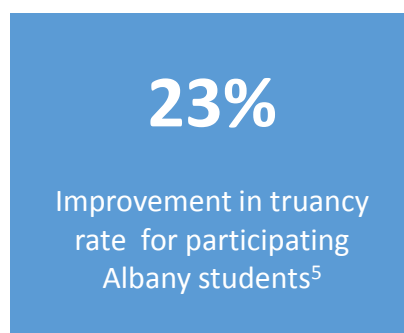
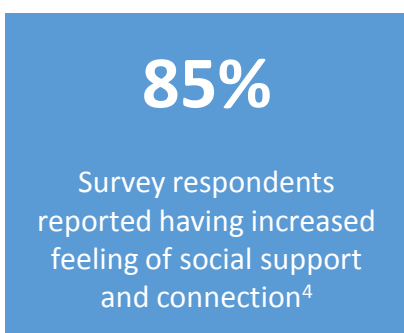
## HOW MUCH DID WE DO?



## HOW WELL DID WE DO IT?



## IS ANYONE BETTER OFF?



**Technical Notes:**

Program information is based on latest information received from Community Based Organizations as of October 2018.

MHSA funded programs collect and report on a more expansive set of performance measures. To see more detailed reporting, visit [https://www.cityofberkeley.info/Health\\_Human\\_Services/Mental\\_Health/MHSA\\_Plans\\_and\\_Updates.aspx](https://www.cityofberkeley.info/Health_Human_Services/Mental_Health/MHSA_Plans_and_Updates.aspx)

<sup>1</sup> Support Group/Workshop Contacts is the sum total of times participants attend a support group or workshop funded by the Prevention and Early Intervention Program. Does not include outreach activities, one-on-one support, and celebratory events that also take place in some programs.

<sup>2</sup> Average # of groups attended per person calculates on average how many group sessions each person attended during the fiscal year.

<sup>3</sup> Based upon 212 surveys. Reflects % that answered positively to the following questions: *I would recommend the group to a friend* (AUSD), *I would recommend the organization to a family member or friend* (Pacific Center) and *I was satisfied with the workshop* (CIL).

<sup>4</sup> Based upon 73 surveys. Reflects the % of respondents that answered positively to the following types of questions: *As a direct result of participating in the peer support groups, I have trusted people I can turn to for help* (Pacific Center), *I have support to deal with the painful things I have experienced* (AUSD), *I have good social supports* (CIL)

<sup>5</sup> Based upon analysis of AUSD High School students by comparing # of days truant in previous year to the # of days truant in the current fiscal year.

<sup>6</sup> Based upon 73 surveys. Reflects the % of respondents that answered positively to the following types of questions: *As a direct result of participating the peer support groups, I deal more effectively with daily problems* (Pacific Center), *I use healthy ways to cope with stress in my life* (AUSD), *I feel less overwhelmed and helpless* (CIL)

## **Serious Mental Illness, Substance Use and The Nature and Impacts on Diverse LGBTQ People**

### **Suicide Risk and Prevention for LGBTQ People.**

- (2018). [online] Available at:  
<https://www.lgbtqihealtheducation.org/wpcontent/uploads/2018/10/Suicide-Risk-and-Prevention-for-LGBTQ-Patients-Brief.pdf>

### **The Trevor Project Research Brief: Suicide Attempts among LGBTQ Youth of Color**

- The Trevor Project. (2019). Research Brief: Suicide Attempts among LGBTQ Youth of Color – The Trevor Project. [online] Available at:  
<https://www.thetrevorproject.org/2019/11/26/research-brief-suicide-attempts-amonglgbtq-youth-of-color/>

### **Severe Mental Illness in LGBT Populations: A Scoping Review**

- Kidd, S.A., Howison, M., Pilling, M., Ross, L.E. and McKenzie, K. (2016). Severe Mental Illness in LGBT Populations: A Scoping Review. *Psychiatric Services*, 67(7), pp.779–783. Available at: <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201500209>

### **Mental Health and the LGBTQ Community**

- Mental Health and the LGBTQ Community, LGBTQ Youth and Mental Health. Human Rights Campaign. Available at:  
[https://suicidepreventionlifeline.org/wpcontent/uploads/2017/07/LGBTQ\\_MentalHealth\\_OnePager.pdf](https://suicidepreventionlifeline.org/wpcontent/uploads/2017/07/LGBTQ_MentalHealth_OnePager.pdf).

### **LGBTQ+ Homelessness, Including on Race and Ethnicity**

- Fraser, B., Pierse, N., Chisholm, E. and Cook, H. (2019). LGBTIQ+ Homelessness: A Review of the Literature. *International Journal of Environmental Research and Public Health*, 16(15), p.2677. Available at:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6695950/>

### **LGBTQ Youth Homelessness, Including Youth of Color**

- Voicesofyouthcount.org. (2011). Missed Opportunities: LGBTQ Youth Homelessness in America – Voices of Youth Count, Chapin Hall, University of Chicago. [online] Available at: <https://voicesofyouthcount.org/brief/lgbtq-youth-homelessness/>

### **Serious Mental Illness among Homeless LGBT Youth**

- Hopper, R. (2017). Prevalence and Odds of Serious Mental Illness among Homeless LGBT Youth and Young Adults in Atlanta. Public Health Theses. [online] Available at: [https://scholarworks.gsu.edu/iph\\_theses/494/](https://scholarworks.gsu.edu/iph_theses/494/)

### **LGBTQ Youth of Color Impact by Child Welfare and Juvenile Justice Systems**

- LGBTQ Youth of Color Impacted by the Child Welfare and Juvenile Justice Systems. [online] Williams Institute, the leading research center on sexual orientation and gender identity law and public policy. University of California, Los Angeles, School of Law. Available at: <https://williamsinstitute.law.ucla.edu/publications/lgbtq-yoc-socialservices/>

### **Dual Stigma and Self-Stigma among LGBTQ Individuals with Severe Mental Illness**

- O'Connor, L., Pleskach, P. and Yanos, P. (2018). The Experience of Dual Stigma and Self-Stigma Among LGBTQ Individuals with Severe Mental Illness. Numbers 1-2, Spring/Summer. American Journal of Psychiatric Rehabilitation, [online] 21, pp.167–187. Available at: <https://muse.jhu.edu/article/759951/pdf>.

### **LGBTQ People Living in Poverty - Mental Health Experiences**

- Ross, L.E., Gibson, M.F., Daley, A., Steele, L.S. and Williams, C.C. (2018). In spite of the system: A qualitatively-driven mixed methods analysis of the mental health services experiences of LGBTQ people living in poverty in Ontario, Canada. PLOS ONE, 13(8), p.e0201437.

### **Human Services for Low-Income and At-Risk LGBTQ People**

- Human Services for Low-Income and At-Risk LGBT Populations: An Assessment of the Knowledge Base and Research Needs. (2014). [online] Available at: [https://www.acf.hhs.gov/sites/default/files/opre/lgbt\\_hsneeds\\_assessment\\_reportfinal\\_1\\_12\\_15.pdf](https://www.acf.hhs.gov/sites/default/files/opre/lgbt_hsneeds_assessment_reportfinal_1_12_15.pdf)

### **LGBTQ+ People and Substance Use and SUDs**

- Abuse, N.I. on D. (2017). Substance Use and SUDs in LGBTQ\* Populations. [online] National Institute on Drug Abuse. Available at: <https://www.drugabuse.gov/drugtopics/substance-use-suds-in-lgbtq-populations>.

## **Equitable Substance Use Disorder Treatment for LGBTQ Populations**

- CASAT OnDemand. (2019). Equitable Substance Use Disorder Treatment for LGBTQ Populations: Research, Tools, and Resources for Behavioral Health Providers. [online] Available at: <https://casatondemand.org/2019/12/19/4489/>



Health Housing and  
Community Services Department  
**Mental Health Division**

## MEMORANDUM

**To:** Mental Health Commission  
**From:** Steven Grolnic-McClurg, Mental Health Division Manager  
**Date:** April 16, 2021  
**Subject:** Mental Health Manager Report

### Mental Health Services Report

Please find attached the report on Mental Health Services for March, 2021. As a reminder, the report has a column labeled “Average Monthly System Cost Last 12 Months.” This column reflects the average cost for a client in this program to the Mental Health System in total – this includes costs charged to Alameda County by the City of Berkeley program, other programs in the Alameda County Behavioral Healthcare System, subacute residential placements, hospitalizations, and jail mental health services. While still not comprehensive of all costs, this data hopefully comes closer to reflecting the overall costs of services for clients in each program.

### Results Based Accountability (RBA) Outcome Measures Project

This month, Resource Development Associates will be presenting on the RBA project in the Mental Health Division.

As a reminder, this is some background on the RBA project that was presented last month:

*The Mental Health Commission has given feedback that the mental health division should improve on its reporting of outcomes for programs it operates. While Full Service Partnership programs have outcome measures in every MHSA plan, many other division programs don't have agreed upon outcome measures. In an effort to improve the division's ability to both measure and report on the impact of programs, the division is in the midst of training staff and developing RBA outcome measures for every program it operates.*

*Results-Based Accountability (RBA) was developed by Mark Friedman of the Fiscal Policies Studies Institute. It is a disciplined way of thinking and taking action that can be*

***A Vibrant and Healthy Berkeley for All***

*used to improve quality of life in communities, cities, counties, states, and nations, as well as to improve the performance of programs. RBA has been adopted by Alameda County Health Services and is being used through the Health, Housing and Community Services Department in Berkeley.*

*RBA is focused on the impact that programs makes for communities. It looks at how much a program does, how well it does it, and whether those efforts are making an impact. Resource Development Associates is leading the mental health division staff in a series of workshops to train them in RBA and to develop these RBA outcome measures.*

*In addition to working with staff, the mental health division has supported the creation of a community advisory group that is providing input into this process. This group, comprised of community members, mental health consumers, and staff, is going through a series of workshops to inform the RBA process in the division and ensure that community needs and interests are understood in the development of this process.*

The program groupings that will be developing RBA outcome measures are as follows:

FYC	Adult Services	Crisis/ACCESS	Medical & TQI
<ul style="list-style-type: none"> <li>•Children’s Full Service Partnership (CFSP)</li> <li>•High School Health Center (HSHC)</li> <li>•Early and Periodic Screening, Detection and Treatment (EPSDT)</li> <li>•Educationally Related Mental Health Services (ERMHS)</li> <li>•Early Childhood Consultation</li> </ul>	<ul style="list-style-type: none"> <li>•Transitional Aged Youth, Adult and Older Adult Full Service Partnership (AFSP)</li> <li>•Community Care Team (CCT)</li> <li>•Focus on Independence Team (FIT)</li> <li>•Housing</li> <li>•Substance Use Disorder (SUD)</li> <li>•Vocational Srvc</li> </ul>	<ul style="list-style-type: none"> <li>•Homeless Full Service Partnership (HFSP)</li> <li>•Mobile Crisis Team (MCT)</li> <li>•Community Assessment Team (CAT)</li> <li>•Transitional Outreach Team (TOT)</li> </ul>	<ul style="list-style-type: none"> <li>•Medical Services</li> <li>• Wellness Services</li> <li>• Family Services</li> <li>•Training</li> </ul>

Each program listed above (CFSP, HSHC, etc.) will develop RBA outcome measures. The division will also set overall divisional outcome measures. For all programs groupings and at the division level, a strong emphasis will be placed at centering health equity in the outcome measures selected.



### Adult Clinic Renovation Project

On Wednesday, April 14<sup>th</sup> the Adult Clinic at 2640 MLK Jr. Way had a ribbon cutting ceremony. It was great to see Mental Health Commissioners in attendance at this event. When the mental health division has site control of the building (estimated at end of this month), we can host a tour for interested commissioners. It is anticipated that services will begin at this site in Mid-June.

### May Is Mental Health Month

The Mental Health Division is planning a community event in honor of May is Mental Health Month. This is an annual event that is hosted by Berkeley Mental Health in conjunction with the Mental Health Commission. The theme this year is: “Covid-19: Challenges, Hope and Resiliency (Increasing Community Mental Health and Wellness)”. This virtual event will focus on the Challenges, Hope and Resiliency that individuals have endured during the Covid-19 pandemic. The program will include a consumer/peer panel presentation, information sharing, entertainment, prizes and the community achievement awards will be presented. The event will take place on Wednesday, May 26, 2021 from 5:30pm – 7:30pm via Zoom. The link to the event will be sent out to all mental health commissioners.

**Berkeley Mental Health Caseload Statistics  
for March 2021**

<b>Adult Services</b>	<b>Intended Ratio of staff to clients</b>	<b>Clinical Staff Positions Filled</b>	<b># of clients open this month</b>	<b>Average Monthly System Cost Previous 12 Months</b>	<b>Fiscal Year 2021 Demographics as of Jan 2021</b>
<b>Adult, Older Adult and TAY Full Service Partnership (FSP) (Highest level outpatient clinical case management and treatment)</b>	1-10 for clinical staff.	5 Clinicians 1 Team Lead	72	\$4,659	76 Clients API: 0 Black or African-American: 20 Hispanic or Latino: 4 Other/Unknown: 33 White: 19 Male: 49 Female: 27
<b>Adult FSP Psychiatry (February Data)</b>	1-100	.5 FTE	62		
<b>Comprehensive Community Treatment (CCT) (High level outpatient clinical case management and treatment)</b>	1-20	8 Clinicians 1 Manager	177	\$2,036	187 Clients API: 4 Black or African-American: 54 Hispanic or Latino: 10 Other/Unknown: 80 White: 39 Male: 93 Female: 94
<b>CCT Psychiatry (February Data)</b>	1-200	.75	140		
<b>Focus on Independence Team (FIT) (Lower level of care, only for individuals previously on FSP or CCT)</b>	1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non-Degreed Clinical	1 Clinical Supervisor, 1 Licensed Clinician, 1 CHW Sp./ Non-Degreed Clinical	97	\$1,072	99 Clients API: 3 Black or African American: 27 Hispanic or Latino: 2 Other/Unknown: 32 White: 35 Male: 62 Female: 37
<b>FIT Psychiatry (February Data)</b>	1-200	.25	90		

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	1-8	1.5 Clinical	9	\$4,774	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
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	2.5 Clinical	52	\$1,844	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
High School Health Center and Berkeley Technological Academy (Note: school not in session)	1-6 Clinician (majority of time spent on crisis counseling)	2.5 Clinical	Treatment: 41 Groups offered: 4 Groups conducted: 4 Crisis/Warmline: 25		N/A

Crisis, ACCESS, and Homeless Services	Staff Ration	Clinical Staff Positions Filled	Total # of Clients/Incidents
Mobile Crisis	N/A	2 Clinician filled at this time	<ul style="list-style-type: none"> <li>• 114 Incidents</li> <li>• 24 5150 Evals</li> <li>• 4 5150 Evals leading to involuntary transport</li> </ul>
Transitional Outreach Team (TOT)	N/A	1 Licensed Clinician, 1 Case Manager (both sometimes reassigned due to staffing needs in other units)	50 Incidents
Community Assessment Team (ACCESS)	N/A	1 Team Lead, 1 Clinician, 1 Non-Degreed Clinical	80 Incidents

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.

**From:** [Works-Wright, Jamie](#)  
**To:** [Works-Wright, Jamie](#)  
**Subject:** FW: Agenda Packet for Mental Health Commission Meeting, Thurs, April 22, 2021, 7 pm  
**Date:** Wednesday, April 14, 2021 9:53:49 AM  
**Attachments:** [Crisis Response Best Practices Research from Rev boona cheema and Margaret Fine JD PhD.docx](#)  
[Non Police Crisis Response Program Web Resources Info from Rev boona cheema Margaret Fine JD PhD.pdf](#)  
[EXPENDITURE Contract Date Executed 9 1 2020 RDA Results Based Accountability Evaluation.pdf](#)  
[Racial Equity Centered Results Based Accountability Resource Guide.pdf](#)  
[RBA Impact Berkeley Evaluation FY 19 PEI Programs Division Mental Health.pdf](#)  
[RBA Impact Berkeley Evaluation FY 18 PEI Programs Division Mental Health.pdf](#)  
[Diverse LGBTQIA+ Prevalence Basis Serious Mental Illness Substance Use Studies.pdf](#)  
[image001.png](#)

Please see information from Margaret- MHC chair

## Jamie Works-Wright

Consumer Liaison

[jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)

510-423-8365 cl

510-981-7721 office



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**From:** Margaret Fine [mailto:margaretcARolfine@gmail.com]  
**Sent:** Tuesday, April 13, 2021 10:13 PM  
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>  
**Subject:** Agenda Packet for Mental Health Commission Meeting, Thurs, April 22, 2021, 7 pm

**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.

It's fine to send.

Hi Jamie,

I have written this email about the documents in the Agenda Packet and attached the packet materials. When you are able, would you kindly distribute it? Thank you so much.

Greetings to Everyone!

The next Mental Health Commission meeting will include a presentation on the Results-Based Accountability evaluation for the City of Berkeley. The Mental Health Manager will set forth the internal programs to be evaluated by the consultant, Research Development Associates (RDA). RDA will give a presentation about RBA and the evaluation of the public mental health programs. RBA is used throughout the USA and internationally. Here are some points:

- The attached Agenda Packet has a number of documents intended to provide important background information for this presentation. Initially, Results-Based Accountability (RBA) was developed by Mark Friedman, the Director of the Fiscal Policies Studies Institute. In 2009, he wrote the first edition of his book, *Trying Hard Is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities*.
- While the RBA contract is contained in the Agenda Packet, it is critical to understand Results-Based Accountability as an evaluation framework before raising specific questions about the contract entered into between the City of Berkeley and Research Development Associates (RDA) and the deliverables presented there.
- In the not too distant past, the Community Advisory Group for the Results-Based Accountability evaluation for the Division of Mental Health received a Resource Guide on Racial Equity-Centered Results-Based Accountability, which discusses RBA in an equity context (applies to other demographic groups as well). The publication provides excellent background information and an outline is below of the main concepts. This Resource Guide is contained in the Agenda Packet.
- The City of Berkeley has also used RBA to evaluate the Prevention and Early Intervention (PEI) programs of the Division of Mental Health and the Fact Sheets for FY 18 and FY 19 about these evaluations are included in the Agenda Packet. They are not internal programs but rather programs contracted to other service providers. The Mental Health Services Act (MHSA) demographic regulatory requirements for those programs are included.

I hope this information is useful in preparing for the meeting. Looking forward to seeing everyone soon!

Best wishes,  
Margaret

Dr. Margaret Fine, PhD, JD  
Chair, Mental Health Commission  
Pronouns: she/her

### **General Racial Equity Resource Guide for Results-Based Accountability - Table of Contents**

- **Population Accountability**
  - What are desired results?

- What would the result look like?
- What are community indicators that would measure the desired result?
- What do the data tell us?
- Who are your partners?
- What works to change the data trend towards racial equity?
- What actions should you start with?
- **Performance Accountability**
  - Who do you serve?
  - What is an action's intended impact?
  - What is the quality of an action?
  - What is the story behind the data?
  - Who are the partners with a role to play?
  - What works to have greater impact?
  - What are next steps?

### **LGBTQIA+ Equity for Results-Based Accountability**

-

- Population Accountability
  - Prevalence of Serious Mental Illness and Substance Use bibliography, including publications for LGBTQIA+ people of color
  - Covenant House youth shelter, 32% of transition age youth identify as LGBTQIA+ (MHSA 3 Year Plan FY 20-23)
  - LGBTQIA+ population - 6.2% in San Francisco Bay Area
- Performance Accountability

### **City of Berkeley Results-Based Accountability (RBA) Evaluation**

Prevention Early Intervention Programs FY 18

-

- Population Accountability
- Performance Accountability

**City of Berkeley Results-Based Accountability (RBA) Evaluation**  
**Prevention Early Intervention Programs FY 19**

- Population Accountability
- Performance Accountability

**Mental Health Services Act (MHSA) Demographic Reporting Requirements - 2016**

-

- Population Accountability for prevention and early intervention programs  
<https://www.mhsoac.ca.gov/document/2017-01/mhsoac-solutions-report-online-rev1>
- Establish appropriate policies and procedures
- Establish best practices governing how to gather this information (data collection, methodology)
- Demographic requirements as follows:

**Age groups**

1. 0-15 (children/youth)
2. 16-25 (transition age youth)
3. 26-59 (adult)
4. Ages 60+ (older adult)

**Race**

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or other Pacific Islander
5. White
6. Other
7. More than one race (this entry could be written in)
8. Decline to answer

**Ethnicity**



**1. Hispanic or Latino**

- a. Caribbean
- b. Central American
- c. Mexican/Mexican-American/ Chicano
- d. Puerto Rican
- e. South American
- f. Other (write in)g. Decline to answer

**2. Non-Hispanic or Non-Latino**

- a. African
- b. Asian Indian/South Asian
- c. Cambodian d. Chinese
- e. Eastern European
- f. European
- g. Filipino
- h. Japanese
- i. Korean
- j. Middle Eastern
- k. Vietnamese
- l. Other (write in)
- m. Decline to answer

**3. More than one ethnicity (write in)****4. Decline to answer**

-

**(D) Primary language used listed by threshold language for the individual county****(E) Sexual orientation**

- 1. Gay or Lesbian
- 2. Heterosexual or Straight
- 3. Bisexual
- 4. Questioning or unsure of sexual orientation
- 5. Queer
- 6. Another sexual orientation (write in)
- 7. Decline to answer

**Disability**

- 1. Yes
  - a. Communication domain
    - (i) Difficulty seeing
    - (ii) Difficulty hearing or having speech understood
    - (iii) Other (specify)
  - b. Mental domain not including mental illness

- c. Physical/mobility domain
- d. Chronic health condition
- 2. Other type of disability (write in)
- 3. Decline to answer

**Veteran status**

- 1. Yes
- 2. No
- 3. Decline to answer

**Gender**

- 1. Assigned sex at birth
  - a. Male b. Female c. Decline to answer
- 2. Current gender identity
  - a. Male b. Female c. Transgender
  - d. Genderqueer e. Questioning or unsure of gender identity f. Another gender identity

-

**From:** [Works-Wright, Jamie](#)  
**To:** [Works-Wright, Jamie](#)  
**Cc:** [Downs, Fawn](#)  
**Subject:** FW: Ribbon Cutting for Adult Mental Health Building  
**Date:** Monday, April 12, 2021 10:21:48 AM  
**Attachments:** [Adult Mental Health Bldg 04.14.21.pdf](#)  
[image002.png](#)

---

Hello Commissioners,

Please see the invitation to the Ribbon Cutting for the new Mental Health Building. I believe it's only in person.

**Jamie Works-Wright**  
Consumer Liaison  
[jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)  
510-423-8365 cl  
510-981-7721 office



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**From:** Grolnic-McClurg, Steven  
**Sent:** Monday, April 12, 2021 10:01 AM  
**To:** Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)>  
**Subject:** FW: Ribbon Cutting for Adult Mental Health Building

Can you send out the MHC today – just got this final version and the event is Wednesday.

Steven Grolnic-McClurg, LCSW  
Mental Health Manager  
Berkeley Mental Health  
[510-981-5249](tel:510-981-5249)

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**From:** Ferris, Scott  
**Sent:** Monday, April 12, 2021 9:33 AM  
**To:** Grolnic-McClurg, Steven <[SGrolnic-McClurg@cityofberkeley.info](mailto:SGrolnic-McClurg@cityofberkeley.info)>; Quesada, Christina <[CQuesada@cityofberkeley.info](mailto:CQuesada@cityofberkeley.info)>; Davidson, Amy <[ADavidson@cityofberkeley.info](mailto:ADavidson@cityofberkeley.info)>  
**Cc:** Warhuus, Lisa <[warhuus@cityofberkeley.info](mailto:warhuus@cityofberkeley.info)>; Katuala, Yvette <[YKatuala@cityofberkeley.info](mailto:YKatuala@cityofberkeley.info)>  
**Subject:** RE: Ribbon Cutting for Adult Mental Health Building

Steve

Here is the most up to date version. We won't print until tomorrow, so chime in with any changes.

No virtual option, but we are small group tours right after ribbon cutting. Ribbon cutting and tours have been approved by HO. We are trying not to advertise much, but feel free to send to your key people and commissioners.

---

**From:** Grolnic-McClurg, Steven  
**Sent:** Monday, April 12, 2021 9:25 AM  
**To:** Ferris, Scott <[SFerris@cityofberkeley.info](mailto:SFerris@cityofberkeley.info)>; Quesada, Christina <[CQuesada@cityofberkeley.info](mailto:CQuesada@cityofberkeley.info)>; Davidson, Amy <[ADavidson@cityofberkeley.info](mailto:ADavidson@cityofberkeley.info)>  
**Cc:** Warhuus, Lisa <[warhuus@cityofberkeley.info](mailto:warhuus@cityofberkeley.info)>; Katuala, Yvette <[YKatuala@cityofberkeley.info](mailto:YKatuala@cityofberkeley.info)>  
**Subject:** RE: Ribbon Cutting for Adult Mental Health Building

Want to send out the invitation – is it finalized? Is there a virtual option?

Steven Grolnic-McClurg, LCSW  
Mental Health Manager  
Berkeley Mental Health  
[510-981-5249](tel:510-981-5249)

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---

**From:** Ferris, Scott  
**Sent:** Wednesday, April 7, 2021 12:12 PM  
**To:** Quesada, Christina <[CQuesada@cityofberkeley.info](mailto:CQuesada@cityofberkeley.info)>; Davidson, Amy <[ADavidson@cityofberkeley.info](mailto:ADavidson@cityofberkeley.info)>; Grolnic-McClurg, Steven <[SGrolnic-McClurg@cityofberkeley.info](mailto:SGrolnic-McClurg@cityofberkeley.info)>  
**Cc:** Warhuus, Lisa <[warhuus@cityofberkeley.info](mailto:warhuus@cityofberkeley.info)>; Katuala, Yvette <[YKatuala@cityofberkeley.info](mailto:YKatuala@cityofberkeley.info)>  
**Subject:** RE: Ribbon Cutting for Adult Mental Health Building

Add Paul as a “special thanks to”, not as a speaker.

Thanks

---

**From:** Quesada, Christina  
**Sent:** Wednesday, April 07, 2021 9:25 AM  
**To:** Davidson, Amy <[ADavidson@cityofberkeley.info](mailto:ADavidson@cityofberkeley.info)>; Ferris, Scott <[SFerris@cityofberkeley.info](mailto:SFerris@cityofberkeley.info)>; Grolnic-McClurg, Steven <[SGrolnic-McClurg@cityofberkeley.info](mailto:SGrolnic-McClurg@cityofberkeley.info)>  
**Cc:** Warhuus, Lisa <[lwarhuus@cityofberkeley.info](mailto:lwarhuus@cityofberkeley.info)>; Katuala, Yvette <[YKatuala@cityofberkeley.info](mailto:YKatuala@cityofberkeley.info)>  
**Subject:** RE: Ribbon Cutting for Adult Mental Health Building

Good Morning,

As of yesterday I had Jesse Arreguin and Ben Bartlett on the program as speakers. Am I adding Paul or is he replacing someone? Please advise 😊

*Christina Quesada*

City of Berkeley  
Parks Recreation & Waterfront Dept.  
2180 Milvia St 3rd Floor  
Berkeley, CA 94704  
(510) 981-6716 Fax: 510-981-6710



---

**From:** Davidson, Amy  
**Sent:** Wednesday, April 07, 2021 8:01 AM  
**To:** Ferris, Scott <[SFerris@cityofberkeley.info](mailto:SFerris@cityofberkeley.info)>; Grolnic-McClurg, Steven <[SGrolnic-McClurg@cityofberkeley.info](mailto:SGrolnic-McClurg@cityofberkeley.info)>  
**Cc:** Warhuus, Lisa <[lwarhuus@cityofberkeley.info](mailto:lwarhuus@cityofberkeley.info)>; Quesada, Christina <[CQuesada@cityofberkeley.info](mailto:CQuesada@cityofberkeley.info)>; Katuala, Yvette <[YKatuala@cityofberkeley.info](mailto:YKatuala@cityofberkeley.info)>  
**Subject:** RE: Ribbon Cutting for Adult Mental Health Building

Hi Scott,

Thanks for reaching out. Yvette gave a list of names to Christina and we'd like to add Paul Buddenhagen. We thought Nick from PW was going to do tours. Yvette thinks she can find someone in MH to do tours. Steve is out this week but back Monday.

Amy

---

**From:** Ferris, Scott  
**Sent:** Tuesday, April 6, 2021 2:40 PM  
**To:** Davidson, Amy <[ADavidson@cityofberkeley.info](mailto:ADavidson@cityofberkeley.info)>; Grolnic-McClurg, Steven <[SGrolnic-McClurg@cityofberkeley.info](mailto:SGrolnic-McClurg@cityofberkeley.info)>  
**Cc:** Warhuus, Lisa <[lwarhuus@cityofberkeley.info](mailto:lwarhuus@cityofberkeley.info)>; Quesada, Christina <[CQuesada@cityofberkeley.info](mailto:CQuesada@cityofberkeley.info)>  
**Subject:** Ribbon Cutting for Adult Mental Health Building

Amy/ Steve

Hopefully you have been informed the next Wednesday at 1 we are going to do a ribbon cutting for the adult mental health facility. We are starting to work on a program now and want to make sure we acknowledge all the right commissions and staff. Can you provide Christina with that and any other pertinent information you think should be included

The mayor will lead the ceremony and we want to give small group one way tours immediately after. We did this at live oak last week and it worked well. We are hoping you or your staff can PW staff lead the tours. We will meet on site at 11:30.

Let me know if anyone can help

Thanks

Scott

## **SPECIAL THANKS**

**Berkeley City Council**  
**Public Works Commission**  
**Mental Health Commission**

### **Funding Sources**

Measure T1  
Mental Health Services Act  
COB Capital Improvement Fund  
Mental Health State Aid Realignment Fund  
Community Development Block Grant

**General Contractor**  
**B Bros Construction, Inc**  
Elvedin Pandzic

**Construction Management**  
**KPM Consulting, LLC**  
Melisa Bartolo

### **Design Team**

**ELS Architecture + Urban Design**  
Diana Hayton Susan Vutz  
Chris Lutjen

### **City of Berkeley**

Paul Buddenhagen, Deputy City Manager

### **Project Management Team**

**Elmar Kapfer**, Supervising Civil Engineer  
**Nick Cartagena**, Associate Civil Engineer  
**Robert Hall**, Building Inspector  
**Liam Garland**, Director of Public Works  
**Andrew Brozyna**, Deputy Director of Public Works  
**Joe Enke**, Acting City Engineer

### **Health Housing & Community Services**

**Lisa Warhuss**, Director of HHCS  
**Amy Davidson**, Deputy Director of HHCS  
**Steve Grolnic-McClurg**, Mental Health Division Manager  
**Yvette Katuala**, Assistant Manager of Mental Health Services



# ADULT MENTAL HEALTH SERVICES BUILDING SEISMIC UPGRADE & RENOVATION



## RIBBON CUTTING CEREMONY

WEDNESDAY APRIL 14, 2021  
2640 MARTIN LUTHER KING JR WAY, BERKELEY CA  
1:00 PM



## IMPROVEMENTS

- ◇ Rehabilitation of Historic Building & Seismic Upgrade
- ◇ New HVAC and electrical system upgrade
- ◇ Designed to be a Zero Net Energy Building
- ◇ New office spaces & treatment rooms
- ◇ New roof and solar panels
- ◇ Accessibility improvements
- ◇ Electric Vehicle Charging station

**\* This Project was awarded the 2021 APWA Project Award in the Historical Restoration/Preservation category.**

Photos provided by Hustace Photos

# PROGRAM

## SPEAKER

*Jesse Arrequin*  
Mayor

*Ben Bartlett*  
Councilmember, District 3



## RIBBON CUTTING CEREMONY





## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Monday, April 5, 2021 4:54 PM  
**To:** Works-Wright, Jamie  
**Cc:** Downs, Fawn; Grolnic-McClurg, Steven  
**Subject:** FW: commissioner participating in division meetings

Hello Commissioners,

Please see the information below about having direct contact with COB division staff when you are appointed to Division committees or meetings for events and planning.

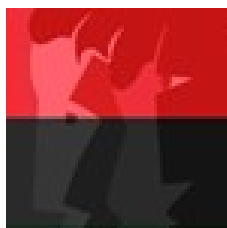
### Jamie Works-Wright

Consumer Liaison

[Jworks-wright@cityofberkeley.info](mailto:Jworks-wright@cityofberkeley.info)

510-423-8365 cl

510-981-7721 office



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---

**From:** Commission  
**Sent:** Monday, April 5, 2021 4:41 PM  
**To:** Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)>  
**Subject:** RE: commissioner participating in division meetings

Hi Jamie –

As per your request, we ran your concern by Mark. He advised that once the subcommittee is established, or the planning committee starts meeting, the commissioners in those roles would communicate directly with staff (not through the secretary). He also suggested that the subcommittee designate one person to communicate with staff for efficiency and clarity.

Hope that is helpful to you in managing your staff time.

Best,

Leslie

**From:** Works-Wright, Jamie  
**Sent:** Wednesday, March 31, 2021 5:13 PM  
**To:** Commission <[Commission@cityofberkeley.info](mailto:Commission@cityofberkeley.info)>  
**Subject:** commissioner participating in division meetings

Hello

When commissioners are appointed to meetings or committees within our division to collaborate and participate, do the conversations have to go through the secretary or can they contact the committee group or person individually?

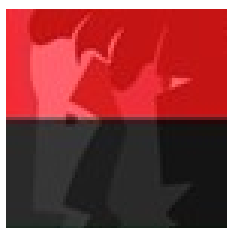
**Jamie Works-Wright**

Consumer Liaison

[jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)

510-423-8365 cl

510-981-7721 office



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## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Monday, April 5, 2021 4:21 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: MHAB Executive Committee Meeting 4/8/2021  
**Attachments:** MHAB Executive Committee Agenda 4-8-2021.pdf; Executive Committee Minutes 2021 03-11 UNAPPROVED - draft.pdf

FYI

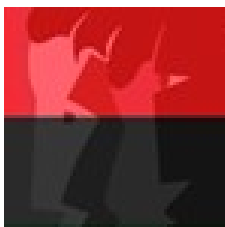
### Jamie Works-Wright

Consumer Liaison

[jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)

510-423-8365 cl

510-981-7721 office



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---

**From:** MHB Communications, ACBH [mailto:ACBH.MHBCommunications@acgov.org]

**Sent:** Monday, April 5, 2021 4:18 PM

**Subject:** MHAB Executive Committee Meeting 4/8/2021

**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.

Good afternoon,

Please see attached agenda/minutes and below meeting information for the MHAB Executive Committee Meeting on 04/08/2021.

**Please join my meeting from your computer, tablet or smartphone.**

<https://global.gotomeeting.com/join/985996269>

**You can also dial in using your phone.**

United States: [+1 \(571\) 317-3116](tel:+15713173116)

**Access Code:** 985-996-269

**Join from a video-conferencing room or system.**

Dial in or type: 67.217.95.2 or [inroomlink.goto.com](https://inroomlink.goto.com)

Meeting ID: 985 996 269

Or dial directly: [985996269@67.217.95.2](tel:985996269@67.217.95.2) or 67.217.95.2##985996269

New to GoToMeeting? Get the app now and be ready when your first meeting starts:

<https://global.gotomeeting.com/install/985996269>

**Asia Jenkins**

Alameda County Behavioral Health Care Services  
2000 Embarcadero, Suite 400  
Oakland, CA 94606-5300

Tel: (510) 567-8131

Email: [Asia.Jenkins@acgov.org](mailto:Asia.Jenkins@acgov.org)

QIC: 22711



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Alameda County  
Mental Health Advisory Board

## Mental Health Advisory Board Agenda Executive Committee

123

Thursday, April 8, 2021 ◊ 3:30 PM – 5:00 PM  
2000 Embarcadero, Suite 400, Oakland, CA  
Chabot Room

<https://global.gotomeeting.com/join/985996269>

Teleconference: 1-571-317-3116, Access Code: 985-996-269

<b>Committee Members:</b>	<b>Lee Davis</b> ( <i>Chair, District 5</i> ); <b>L.D. Louis</b> ( <i>Vice Chair, District 4</i> ); <b>Marsha McInnis</b> ( <i>District 1</i> ); <b>Brian Bloom</b> ( <i>District 4</i> ); <b>Juliet Leftwich</b> ( <i>District 5</i> )
---------------------------	---

- 3:30 PM** Call to Order Chair **Lee Davis**
  - 3:30 PM** I. **Roll Call/Introductions**
  - 3:40 PM** II. **Approval of Minutes**
  - 3:45 PM** III. **ACBH Program Monitoring Structure (Indigo Project) Final Draft Review & Comment**
  - 4:20 PM** IV. **Discussion Items**
    - A. Future Agenda Items for MHAB
      - 1. April/May/June, etc. Meeting Ideas
        - a) Monitoring Structure Presentation (April)
        - b) MHSA 1 YEAR PLAN Presentation (May)
        - c) JIMHT Presentation (June?)
        - d) Bylaws Presentation (July?)
        - e) CalAim Presentation (ADULT COMMITTEE?)
        - f) Housing (ADULT COMMITTEE?)
    - C. Bylaws Update
    - D. Annual Report
    - E. New MHAB Staff (Training meeting?)
  - V. **MHAB Staff Report**
    - A. Website- Update & Accessibility
      - 1. Sarina Hill?
    - B. Annual Banquet update
    - C. Business Cards
- 4:55 PM** VI. **Public Comment**
- 5:00 PM** VII. **Adjournment**

Contact the Mental Health Advisory Board at [ACBH.MHBCommunications@acgov.org](mailto:ACBH.MHBCommunications@acgov.org)



Alameda County  
Board of Supervisors

**Alameda County** ac bh  
**Behavioral Health Care Services**



Alameda County  
Mental Health Advisory Board

**Executive Committee UNAPPROVED Minutes**  
**Thursday, March 11, 2021** ♦ 3:30 PM – 5:00 PM  
 2000 Embarcadero Cove, Suite 400, Oakland

**Teleconference Meeting**

<b>Committee Members:</b>	<input checked="" type="checkbox"/> <b>Lee Davis</b> (Chair, District 5); <input checked="" type="checkbox"/> <b>L.D. Louis</b> (Vice-Chair, District 4); <input type="checkbox"/> <b>Brian Bloom</b> (District 4); <input checked="" type="checkbox"/> <b>Juliet Leftwich</b> (District 5); <input checked="" type="checkbox"/> <b>Marsha McInnis</b> (District 1)
<b>ACBH Staff:</b>	<input checked="" type="checkbox"/> <b>James Wagner</b> (ACBH Deputy Director); <input type="checkbox"/> <b>Kristin Boer</b> (Administrative Liaison); <input checked="" type="checkbox"/> <b>Angelica Gums</b> (Secretary II); <input checked="" type="checkbox"/> <b>Asia Jenkins</b> (Secretary II); <input checked="" type="checkbox"/>

Meeting called to order @ 3:30 PM by **Chair Lee Davis**.

ITEM	DISCUSSION	DECISION/ACTION
<b>Roll Call</b>	Roll Call completed.	
<b>Approval of Minutes</b>	Minutes approved.	
	<p><b>A. Data Notebook Follow-up</b>            It was planned to schedule and have follow-up discussion, because there were some items the Board felt were unanswered and maybe should be explored by an appropriate subcommittee. Take the document and attached to March's Main Board Meeting agenda and this will allow community members to see the answers to the questions and can make comments during public comment.</p> <p><b>B. Retreat/Ad Hoc Committee Follow-up</b>            Roberta and Kira presented the beginnings of a framework that was a series of questions in different categories that the MHAB might pose to Behavioral Health in order to assess the performance of particular programs. There was a very robust discussion at the Ad hoc Committee meeting and one of the things talked about was value to the Board if the frame work that the frame work formed would be applicable in more context than just the monitoring over the plan that was presented last October by Dr. Tribble.</p>	Will add to March meeting agenda and attached the handout.

Contact the Mental Health Advisory Board at [ACBH.MHBCommunications@acgov.org](mailto:ACBH.MHBCommunications@acgov.org)



Alameda County  
 Board of Supervisors **Behavioral Health Care Services**  
MENTAL HEALTH & SUBSTANCE USE SERVICES

ITEM	DISCUSSION	DECISION/ACTION
<p>Discussion Items</p>	<p>A. Future Agenda Items for MHAB</p> <ul style="list-style-type: none"> <li>• March/ April Meeting Ideas               <ol style="list-style-type: none"> <li>a) Forensic Services Plan Update Dr. Tribble will present the Forensic Services Plan Update at the main MHAB meeting on March 15. There will be a 30-minute presentation with Q&amp;A.</li> <li>b) MHSA 1-Year Plan Community Input Session There are several MHSA focus groups scheduled over the next few weeks, and they may be ready to present in April. Vice Chair Louis will reach out Marianna regarding the date for the MHSA at the MHAB meeting. Kristin confirmed that MHSA is interested in coming to the May meeting.</li> </ol> </li> <li>• Vice Chair Louis would like circle back to our retreat and what Kira and Roberta have been working on with the hopes of presenting a monitoring plan to the rest of the Board, and getting buy in from everybody on the monitoring framework and that this will be the tool used to monitor the Forensic Services Programs implemented by ACBH.</li> <li>• IOP Letter of Support Will be included in the March meeting agenda packet. The Board has also received a response from the Board of Trustees, and Chair Davis would like include the response as well.</li> <li>• Chair Davis would like to include a new member welcome under the Chair's Report at the March meeting.</li> <li>• Chair Davis has some meeting ideas for the MHAB Main meeting and/or subcommittee meetings. Someone was suggesting that AC Transit has a contract with the Sherriff's that a lot of community members are thinking about, and its time to renew the contract, or not. There is contract with the Sheriff's for AC Transit Policing, and thought this may be something that</li> </ul>	<p>Chair Davis will reach out to Roberta and Kira to let them know about presenting at April's MHAB Main meeting.</p> <p>Will include IOP Letter of support and response from AHS Board of Trustee's in meeting packet.</p>

ITEM	DISCUSSION	DECISION/ACTION
	<p>could be something the criminal justice committee to explore. Decarerate Alameda is very concerned about this, and MHAB member Warren brought it to Chair Davis' attention. Not sure if there is a time frame on this matter, but it is definitely a concern to the community, and in relation to mental health and criminal justice.</p> <ul style="list-style-type: none"> <li>• There is AB 899 legislations that will be going in to place for a vote in September. The bill is for an alternative number to call beside 911 for mental health calls. The bill is being supported by Assembly women Rebecca Bauer-Kahan. Chair Davis has been in communication with her staffer. If this bill is implemented the board might have some thoughts and ideas for implementation. There was a discussion about the Boards role on legislation endorsements. The Board can make recommendations to BOS and ACBH. Chair Davis to check with Theresa Comstock on the board ability to endorse legislation or role on legislation endorsements.</li> <li>• Housing was also brought up by one of the new members, and this maybe a topic that could be explored by the Adult Committee. Issues around housing of mentally ill, and people in supportive housing. The East Bay Housing Collaborative has been doing a lot of work around housing for mentally ill and they may be a good organization to spotlight, because this is such a huge issue that needs to be brought to one of the subcommittees and then some thoughts and feedback to the main board. Member McInnis would love to have this discussion. Because there are so many elements to housing. There are three different types of housing in mental health: Board and Care, Supportive and Independent. It's a battle to find housing anywhere. If Member McInnis receives contact info for who to contact she would like to have the discussion.</li> <li>• Member McInnis inquired about the Dr. Ratner's positions being filled since his departure. James Wagner informed that the Behavioral Health Housing Department has moved over to Health Care Services Agency (HCSA), and all housing is being coordinated through HCSA. Kerrie Abbott is the Director of Housing Services at HCSA.</li> </ul>	<p>Chair Davis to connect with the East Bay Housing Collaborative and will send contact information to Member McInnis.</p>



ITEM	DISCUSSION	DECISION/ACTION
	<ul style="list-style-type: none"> <li>Vice Chair Louis inquired about the supervision of the COVID hotels that were opened with CARES funding. She shared that she read an article about the San Francisco hotels bed that were being to house the homeless, and clients with co-occurring mental and SUD, were being under-utilized, and then beds in permanent housing were being under-utilized. The Board is interested in understanding how the hotels in Alameda County are performing, and if Alameda County is transitioning some of the SMI and SUD population through the hotels. Is all this work under the HCSCA and not Behavioral Health?</li> <li>James replied that the Project Room Key hotels have never been under Behavioral Health. They have been operated through a combination of the Housing Office at HCSCA and Healthcare for the Homeless. The Behavioral Health Department did work with HCSCA to open at hotel a 20-bed wing to focus on the severely ill population. This has been operated through Telecare since October 2020 and will continue through April 2021. The service was very high utilized by beneficiaries. After April, beneficiaries will still be able to have access and utilized the other hotel beds available. MHAB can reach out to Kerry Abbott to do a presentation, but think there should also be a behavioral health partner to talk about provision of services and data point for BH clients. Adult Committee can compile some questions to ask for the presentation and have it presented at Adult Committee.</li> </ul> <p><b>B. Website</b></p> <p>Lee has some ideas for the new MHAB page on the website. Also, on the current website would like the information to be corrected and updated. ACBH's current website is currently under re-design. Sarina is working as the project manager on the website re-design. Lee would like to set-up a meeting next month to discuss the website.</p> <p>Member Leftwich would like the board to re-visit and update the MHAB's mission statement. Vice Chair Louis mentioned the importance of mission statements that this could be a topic for a retreat.</p>	<p>Member McInnis to reach out to Kerry Abbott</p> <p>Chair Davis to set-up a meeting with Sarina to discuss website ideas.</p>

ITEM	DISCUSSION	DECISION/ACTION
<p><b>MHAB Staff Report</b></p>	<p>C. Bylaws Update Member Leftwich to write and revise the bylaws document. Could potentially have a draft ready to send out with the May meeting materials or June meeting. County Counsel would like to weigh in before it is presented.</p> <p>D. Elections Lee will reach out to MHAB members to see who is interested in helping with elections for the positions of Chair, Vice Chair. With a target date of June or July.</p> <p>E. Annual Report Member Leftwich will be working on completing the Annual Report to the Board of Supervisors. Will reach out to each subcommittee for a brief write up of the work that has taken place this last year. Would like to get the report submitted by June of July. Also, the Board needs to think about when the Annual Report should be turned in to the BOS if they want to impact the decision making about programming.</p> <p>F. Staff interview/New MHAB Staff There was an interview for the new MHAB staff for the Mental Health Board. Dr. Tribble is the hiring manager and would need to provide an update on the hiring status.</p> <p>G. TAY recruitment efforts/initiative Chair Davis and Vice Chair Louis would like to possibly recruit a TAY member with the hope that there would be some social media skills that this person could bring to the board. The current vacancies are in District One. Chair Davis is planning to reach out to the BOS to see if there are any potential consideration for membership. Member McInnis to reach out District One.</p> <p>Vice Chair Louis shared that the MHSA Stakeholder group recruited some members from some Junior College Programs. Vice Chair Louis reached out MHSA and was given a connection to various mental health focused programs across the system and a series of meeting where the MHAB could present about the board.</p>	
	<p>A. Annual Banquet Update</p>	

ITEM	DISCUSSION	DECISION/ACTION
	<p>The venue reservation has been changed to October 14<sup>th</sup>. Asia will circle back with venue in May.</p> <p>B. Business Cards Angelica will send business cards to MHAB members.</p>	
<b>Public Comment</b>		
<b>Adjournment</b>	Adjourned at 4:45 PM	

Minutes submitted by A. Jenkins

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Thursday, April 1, 2021 10:51 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Results-Based Accountability Presentation at MHC - Thurs, April 22, 2021

Please see the email below about the April MHC meeting.

Thank you for your time.

### Jamie Works-Wright

*Consumer Liaison & Mental Health Commission Secretary*

*City of Berkeley*

*1521 University*

*Berkeley, CA 94703*

[jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)

*Office: 510-981-7721 ext. 7721*

*Cell #: 510-423-8365*




---

**From:** Margaret Fine [mailto:margaretcarolfine@gmail.com]  
**Sent:** Wednesday, March 31, 2021 8:19 PM  
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>  
**Subject:** Results-Based Accountability Presentation at MHC - Thurs, April 22, 2021

**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 Jamie—

I hope you are well. Would you please kind forward this email to the Mental Health Commissioners and the public?

On Thursday, April 22, 2021 at the Mental Health Commission meeting we will have a presentation on Results-Based Accountability (RBA) as an evaluation tool and the RBA evaluation for the Division of Mental Health. This presentation will start close to the beginning of our meeting.

The Mental Health Manager, Steve Grolnic-McClurg, will describe the internal public mental health programs to be evaluated, including the funding streams and levels, for the Division of Mental Health.

Research Development Associates (RDA), the consultant hired by the City of Berkeley, will make a presentation on Results-Based Accountability as an evaluation tool and the evaluation for the Division of Mental Health.

Please be so kind as to note that Results-Based Accountability is not a new evaluation tool to the Division of Mental Health or the City of Berkeley. This evaluation tool has also been applied on local, county, state, national and international levels over decades.

Potentially some Commissioners may recall the City of Berkeley conducted RBA evaluations on the Prevention & Early Intervention Programs (PEI) in FY 18 and FY 19.

If you have an interest, the “Impact Berkeley” Results Based Accountability PEI Funded Programs evaluation results are available on the MHSA Plans and Updates - City of Berkeley, CA webpage. For more information, the webpage is:

[https://www.cityofberkeley.info/Health\\_Human\\_Services/Mental\\_Health/MHSA\\_Plans\\_and\\_Updates.aspx](https://www.cityofberkeley.info/Health_Human_Services/Mental_Health/MHSA_Plans_and_Updates.aspx)

I hope this information is useful, especially to raise interest in RBA as an evaluation tool for serving diverse communities and people—many of whom are unhoused—living with serious mental illness and likely substance use problems.

Best wishes,  
Margaret

Dr. Margaret Fine, JD, PhD  
Chair, Mental Health Commission  
Pronouns: she/her  
Berkeley, CA  
[margaretcAROLFine@gmail.com](mailto:margaretcAROLFine@gmail.com)  
LinkedIn: Margaret Fine

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Wednesday, March 31, 2021 12:55 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Corrected Copy - Berkeley City Council Item for Work Plan  
**Attachments:** 21\_22 Mental Health Commission Work Plan Submission to Berkeley City Council.pdf.docx

Please see the email and attachment from Margaret Fine.

Thank you for your time.

### Jamie Works-Wright

*Consumer Liaison & Mental Health Commission Secretary*  
 City of Berkeley  
 1521 University  
 Berkeley, CA 94703  
[jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)  
 Office: 510-981-7721 ext. 7721  
 Cell #: 510-423-8365




---

**From:** Margaret Fine [mailto:margaretcARolfine@gmail.com]  
**Sent:** Monday, March 29, 2021 10:59 AM  
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>  
**Subject:** Corrected Copy - Berkeley City Council Item for Work Plan

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Hi Jamie - I am so sorry. I found an error. I am not touching it again. Hopefully no more. Best wishes, Margaret

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Tuesday, March 30, 2021 3:59 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: UPDATED SCHEDULE: Community Mental Health Webinar Series  
  
**Importance:** High

### Jamie Works-Wright

Consumer Liaison

[Jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)

510-423-8365 cl

510-981-7721 office



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**From:** Andrade, Roxana  
**Sent:** Tuesday, March 30, 2021 1:31 PM  
**To:** All HHCS <dlHHCS@cityofberkeley.info>  
**Subject:** FW: UPDATED SCHEDULE: Community Mental Health Webinar Series  
**Importance:** High

Good afternoon,

Please see information below for Community Mental Health Webinar Series.

Sincerely,

**Roxana Andrade-Lizarzaburu**  
 Administrative Secretary, HHCS  
 510.981.5402

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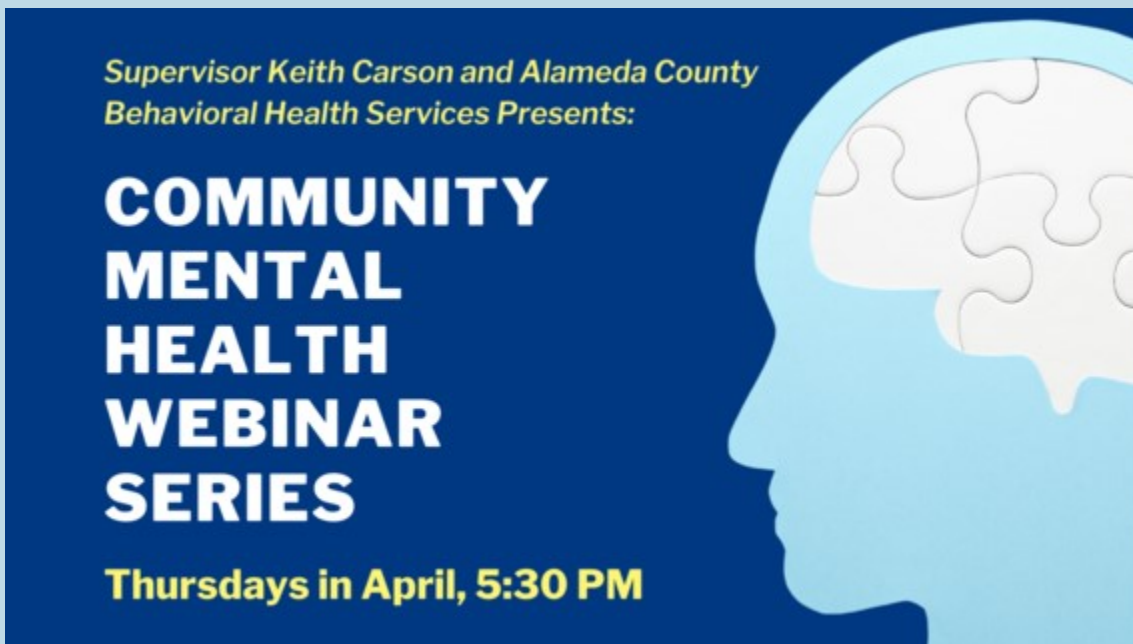
**From:** Alameda County <[acgov@service.govdelivery.com](mailto:acgov@service.govdelivery.com)>  
**Sent:** Monday, March 29, 2021 9:22 AM  
**To:** Health, Housing & Community Services <[HHCS@cityofberkeley.info](mailto:HHCS@cityofberkeley.info)>  
**Subject:** UPDATED SCHEDULE: Community Mental Health Webinar Series

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*You Are Invited!*

## **Community Mental Health Webinar Series**



Please join Supervisor Keith Carson and Alameda County Behavioral Health Services for a 4-part Virtual Community Mental Health Webinar Series, **Thursdays in April at 5:30 PM:**

*\*\*\*Please note the updated schedule\*\*\**

**APRIL 8**  
**Managing Your Mental Health**



Presenter:  
Dr. Karyn Tribble, *ACBH Director*

---

**APRIL 15**  
**Children & Youth**

Presenter:  
Lisa Carlisle, *ACBH Child & Youth System of Care Director*

---

**APRIL 22**  
**Crisis Intervention & Supporting Those Around You**

Presenters:  
Dr. Aaron Chapman, *ACBH Chief Medical Officer*  
Stephanie Lewis, *Crisis Services Director*

---

**APRIL 29**  
**Older Adults**

Presenter:  
Kate Jones, *Adult & Older Adult System of Care Director*

**[RSVP HERE](#)**

*The registration page will automatically sign you up for all four webinars - you are not required to attend all sessions.*

**Download the event flyer [HERE](#).**

---

**District 5 Office | 1221 Oak Street, Suite 536, Oakland, CA 9461**  
**[Supervisor.Carson@acgov.org](mailto:Supervisor.Carson@acgov.org) | (510) 272-6695**

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## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Tuesday, March 30, 2021 10:12 AM  
**To:** Works-Wright, Jamie  
**Subject:** Agenda Items for April 22 MHC meeting

Hello Commissioners,

Please have any agenda items to me by Monday, April 5, 2021 and any items that you would like in the packet by Monday, April 12, 2021.

Thank you.

Jamie Works-Wright

Consumer Liaison

[Jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)

510-423-8365 cl

510-981-7721 office



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## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Monday, March 29, 2021 3:32 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Potential Mental Health Meeting presentation on RDA Evaluation of Division of Mental Health internal programs/services

Please see email from Commissioner Fine.

### Jamie Works-Wright

Consumer Liaison

[Jworks-wright@cityofberkeley.info](mailto:Jworks-wright@cityofberkeley.info)

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---

**From:** Margaret Fine [mailto:margaretcARolfine@gmail.com]  
**Sent:** Monday, March 29, 2021 3:11 PM  
**To:** Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>  
**Subject:** Fwd: Potential Mental Health Meeting presentation on RDA Evaluation of Division of Mental Health internal programs/services

**WARNING:** This email originated outside of City of Berkeley.

**DO NOT CLICK ON** links or attachments unless you trust the sender and know the content is safe.

Hi Jamie,

Would you please be so kind and send this email to the Mental Health Commissioners and the public? Thank you so much.

Several Commissioners and community members have expressed interest in the current evaluation of internal programs/services for the Division of Mental Health. Below is general information.

Please kindly reply if you have an interest in a future presentation about this evaluation at a Mental Health Commission meeting. There will be follow-up and a general email to update.

## **Results-Based Accountability (RBA) Evaluation of the internal Division of Mental Health programs/services**

- In October 2018, the Berkeley City Council approved the use of \$100,000 in Mental Health Services Act (MHSA) funding to hire a consultant to provide a Results-Based Accountability (RBA) evaluation of internal mental health programs/services across the Division of Mental Health (MHSA funding defined below).
- Thereafter the City of Berkeley entered into a contract with the consultant, Research Development Associations (RDA), to provide a Results-Based Accountability (RBA) evaluation of the internal mental health programs/services across the Division of Mental Health during the period through June 30, 2022.
- The RBA evaluation is a “data driven, decision-making process that has a proven track record of success in improving program performance and the quality of live of program participants. The RBA Framework provides a new way of understanding the quality and impact of services provided by collecting data that answer three basis questions:
  - How much did you do?
  - How well did you do it?
  - Is anyone better off?”

### **What is the Mental Health Services Act (MHSA)?**

The Mental Health Services Act (MHSA) is state legislation approved by voters in November 2004 that places a 1% tax on every dollar of personal income over \$1 million. It is designed to serve individuals with, or at risk of, serious mental illness by providing a broad continuum of public mental health programs and services. The tax revenue also supports infrastructure, technology and training. MHSA funding represents approximately one-half of the Division of Mental Health’s funding.

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Thursday, March 25, 2021 10:14 AM  
**To:** Works-Wright, Jamie  
**Subject:** FW: Commissioner Stipend Update  
**Attachments:** Commissioner Stipend Update Memo.pdf

Please see this new information

### Jamie Works-Wright

Consumer Liaison

[jworks-wright@cityofberkeley.info](mailto:jworks-wright@cityofberkeley.info)

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**From:** Numainville, Mark L.

**Sent:** Tuesday, March 23, 2021 5:05 PM

**To:** Allen, Shallon L. <SLAllen@cityofberkeley.info>; Allen, Shannon <ShAllen@cityofberkeley.info>; Bednarska, Dominika <DBednarska@cityofberkeley.info>; Bellow, LaTanya <LBellow@cityofberkeley.info>; Bryant, Ginsi <GBryant@cityofberkeley.info>; Buckley, Steven <StBuckley@cityofberkeley.info>; Burns, Anne M <ABurns@cityofberkeley.info>; Carnegie, Brittany <BCarnegie@cityofberkeley.info>; Castrillon, Richard <rcastrillon@cityofberkeley.info>; Chu, Stephanie <SChu@cityofberkeley.info>; Cole, Shamika S. <SSCole@cityofberkeley.info>; Crane, Fatema <FCrane@cityofberkeley.info>; Davidson, Amy <ADavidson@cityofberkeley.info>; Enke, Joe <jenke@cityofberkeley.info>; Funghi, Amelia <Afunghi@cityofberkeley.info>; Garcia, Viviana <ViGarcia@cityofberkeley.info>; Greene, Elizabeth <EGreene@cityofberkeley.info>; Harvey, Samuel <SHarvey@cityofberkeley.info>; Hollander, Eleanor <EHollander@cityofberkeley.info>; Jacobs, Joshua <JJacobs@cityofberkeley.info>; Javandel, Farid <FJavandel@cityofberkeley.info>; Katz, Mary-Claire <MKatz@cityofberkeley.info>; Lee, Kristen S. <KSLee@cityofberkeley.info>; Lovvorn, Jennifer <JLovvorn@cityofberkeley.info>; May, Keith <KMay@cityofberkeley.info>; McDonough, Melissa <MMcDonough@cityofberkeley.info>; Mendez, Leslie <LMendez@cityofberkeley.info>; Miller, Roger <RMiller@cityofberkeley.info>; Obermeit, Heidi <hobermeit@cityofberkeley.info>; Pearson, Alene <apearson@cityofberkeley.info>; PRC (Police Review Commission) <prcmailbox@cityofberkeley.info>; Romain, Billi <BRomain@cityofberkeley.info>; Slaughter, Kieron <kslaughter@cityofberkeley.info>; Terrones, Roberto <RTerrones@cityofberkeley.info>; Tsering, Dechen <DTsering@cityofberkeley.info>; Uberti, Mike <MUberti@cityofberkeley.info>; Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>

**Cc:** Commission <Commission@cityofberkeley.info>

**Subject:** Commissioner Stipend Update

Commission Secretaries,

Please see the attached memo regarding the updates to the commissioner stipend program.

Mark Numainville, City Clerk  
City of Berkeley  
2180 Milvia Street, 1st Floor  
Berkeley, CA 94704  
(510) 981-6909 direct  
[mnumainville@cityofberkeley.info](mailto:mnumainville@cityofberkeley.info)



# CITY OF BERKELEY

## ADMINISTRATIVE REGULATIONS

**SUBJECT: Stipend and Reimbursement in Lieu of Expenses for Members of Certain Boards, Commissions and Committees**

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### **PURPOSE**

The purpose of this Administrative Regulation is to establish procedures for reimbursing expenses to certain board, commission, and committee members (including temporary appointees) who might otherwise incur an economic hardship.

### **POLICY**

The City Council, by Resolution No. 64,831-N.S. (known as the Stipend Resolution April 20, 2010), authorizes payment in lieu of expenses to members of all Council-appointed boards, commissions, committees, task forces and joint subcommittees who meet certain household income criteria in order to remove economic hardship barriers from citizen participation. Subcommittees of commissions, which are designated by the advisory body and not by Council appointment, are not eligible for reimbursement.

An eligible member is authorized to receive:

- a) \$40 for each official meeting attended, not to exceed four (4) meetings each month;
- b) reimbursement for actual child care expenses incurred while he/she attends meetings;
- c) reimbursement for actual expenses paid to an attendant to provide care for a dependent elderly person while he/she attends meetings; and
- d) reimbursement for actual expenses incurred for disabled support services in order to participate fully in board, commission, or committee meetings.

### **DEFINITIONS AND REGULATIONS**

An "official meeting" is defined as a duly noticed, properly agenzized, regular meeting or special meeting of the full board or commission at which a quorum of the full membership must be present in order for the meeting to be held.

For a meeting that is cancelled, claims may only be submitted if it is for an official meeting where the attendees and staff Secretary believed that the meeting would proceed as scheduled, and for which Commissioners and the Secretary actually showed up and waited a reasonable period beyond the meeting start time for the quorum to be met before canceling.

A receipt or invoice signed by the person providing such child care, elderly dependent care or disabled support services must accompany a request for reimbursement. Invoices must include date, services provided, vendor contact information, and dollar amount.

---

The Human Welfare and Community Action Commission provides for alternate representatives of the poor to be elected or to be appointed when a vacancy occurs. Alternate representatives of the poor shall be eligible for stipend payments when serving in place of the principal member.

Pursuant to Berkeley Municipal Code Section 3.32.060 Police Review Commissioners shall receive \$3/hr for their time and work investigating complaints, reviewing policies and practices, and attending meetings, but in no case shall compensation for any one commissioner exceed \$200 per month.

The City Clerk Department is responsible for keeping this Administrative Regulation up-to-date and shall include notification of this policy with each appointment letter mailed.

### **COMMISSIONER'S CRITERIA AND RESPONSIBILITIES**

1. Eligibility criteria for stipend and reimbursement:

- a) Persons eligible to receive reimbursement in lieu of expenses are those board, commission, or committee members whose annual family income reported individually, or as filed jointly for federal income tax purposes is below \$20,000 per year.
  - b) Commissioners who are minors (under 18 years old) must have eligibility declaration forms co-signed by a parent or legal guardian attesting that the combined household income is under \$20,000.
  - c) If a commissioner is paid \$600 or more in stipend payments in one calendar year, an IRS Form 1099 will be generated by the Finance Department.
2. To establish eligibility, Commissioners must file the Annual Declaration Form (attached) with the secretary of their board, commission or committee. Commissioners must file a new declaration form annually prior to May 31st in order to maintain eligibility.
3. In order to pay a Commissioner's attendant directly, a completed IRS Form W-9 must be on file in the Finance Department's General Services Division. If an attendant, support service, or child care provider is paid \$600 or more in one calendar year, a Form 1099 will be generated by Finance. In order to be reimbursed for payments made to an attendant, support service, or child care provider, a Commissioner must be set up as a vendor by Finance - General Services.
4. Eligible members who are disabled and are seeking reimbursement for support services must also complete the support services statement portion on the Annual Declaration Form. If the member's needs change, he/she must immediately notify the secretary. Otherwise, the statement certifying the need for support services will continue to be in effect for the duration of the member's term of appointment.
5. Pursuant to Berkeley Municipal Code Section 3.66.040, low-income status for members of the Commission on Disability is not a prerequisite for reimbursement of attendant care expenses.



**RESPONSIBILITIES OF SECRETARY**

1. It is the responsibility of the secretary of each board, commission, and committee to submit quarterly payment forms to the Finance, Accounts Payable Division, by the 10th of each month (January, April, July, and October). Payment forms for stipends paid for attendance at meetings held pursuant to the Mental Health Services Act are filed monthly. Every submission must include the following:
  - a) FN024 Voucher
  - b) A.R. 3.2 Payment Form
  - c) Invoices for support services, dependent care, and/or child care, if applicable.
  - d) Verification that each meeting for which reimbursement or stipend is claimed actually occurred.
  - e) A copy of the Annual Declaration Form
  - f) A spreadsheet showing the year-to-date payments for each commissioner.
  
2. The completed forms must be attached to a FN024 Form and forwarded for review to the Finance, Accounts Payable Division, by the 10th of each specific month so payment can be made. A separate FN024 and supporting documentation must be submitted individually for each member.
  
3. The secretary shall keep copies of all Annual Declaration Forms on file, attaching a copy each time an FN024 is submitted to the Finance, Accounts Payable Division, and when submitting quarterly statements.
  
4. Each secretary will advise the board, commission, and committee members of this policy and respond promptly to commissioner inquiries regarding payment status. Commissioners should not contact the Finance Department or City Clerk Department for payment status. (For appropriate background, secretaries should check with the City Clerk or the City website for the latest amendment of the Stipend Resolution).

<p><b>RESPONSIBLE DEPARTMENT:</b> City Clerk</p> <p><b>TO BE REVISED:</b> Every 5 years</p>	<p>Approved by:</p> <p><i>Mark Spivack</i> _____ Department Director</p> <p><i>Christina Deane</i> _____ City Manager</p>
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**ANNUAL DECLARATION FORM RESPECTING ELIGIBILITY FOR  
REIMBURSEMENT OF EXPENSES AS A MEMBER OF THE**

\_\_\_\_\_  
(Board/Commission/Committee)

Inasmuch as it is in the public interest to remove barriers, particularly those creating economic hardships for citizens participating on boards, commissions and committees, the City Council has determined that it is in the public interest to alleviate this hardship by authorizing payments in lieu of expenses for certain meetings and under certain conditions as indicated in Stipend Resolution No. 64,831-N.S.

I, \_\_\_\_\_ certify to the following:

- 1) That my annual family income reported individually, or as part of a joint Federal Income Tax Return, was less than \$20,000 for the Year \_\_\_\_\_;
- 2) I will file this declaration form every year no later than May 31st with the Secretary who will forward copies to the Finance Department; and
- 3) I will notify the Secretary as soon as I am aware that my family's current year income exceeds \$20,000 and request that my eligibility be canceled:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian if Member is a Minor Date

\_\_\_\_\_  
Signature of Secretary Date

\* \* \*

**SUPPORT SERVICES STATEMENT**

I, \_\_\_\_\_, certify I am disabled and require the following support services in order to participate fully in commission meetings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

**A.R. 3.2 PAYMENT FORM**

Name of Commission: \_\_\_\_\_

Name of Commissioner: \_\_\_\_\_

Address of Commissioner: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_ Phone: \_\_\_\_\_

Quarter Covered: Year \_\_\_\_\_  Jan - Mar  April - June  July - Sept  Oct - Dec

Date of Meeting	Payment Type*	Amount Due
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	<b>Total (this qtr.)**</b>	\$

\* Stipend, Support Services, Dependent Care, or Child Care

\*\* Attach Year-to-Date Spreadsheet to this Form

Please hold check for pick up: \_\_\_\_\_  
(Commissioner's Signature)

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Preparer's Signature)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Commission Secretary Signature)

**CERTIFICATION AND AUTHORIZATION FOR PAYMENT:** I hereby certify that the payments for all persons whose names appear herein have been properly authorized; and that the amounts indicated as due said persons are actually due and payable. Payment is approved against the appropriation indicated under delegated authority of the City Manager.

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Department Signature (must be on file with AP)

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**COMMISSIONER STIPEND CHECKLIST**

This checklist is provided to expedite the processing of commissioner stipends. The Finance Department requires that all forms are completed and information is accurately prepared and submitted before stipends can be paid. Review the checklist prior to submitting stipend requests.

For Initial Payment to a Commissioner or Service Provider:

- Set up the Commissioner as a vendor with Finance - General Services
  - \* Use a W-9 form to set up the Commissioner as a vendor (available on Groupware)
- Set up the Vendor (support services, dependent care, or child care) as a vendor with Finance - General Services
  - \* Use a W-9 form to set up the service provider as a vendor

Required Documentation for Every Payment Submission (compile submission in this order):

- FN024 Voucher
  - \* Provide the full account code (consult your department budget analyst)
  - \* Verify in FUNDS\$ that adequate funds are available in the account to pay the voucher
  - \* Clearly document the payment amount
  - \* Obtain all required signatures
- A.R. 3.2 Payment Form
  - \* Complete all fields
  - \* Obtain all required signatures
- Invoices for Support Service, Dependent Care, and/or Child Care Providers
  - \* Must include date, services provided, vendor contact information, and dollar amount
- Attendance Verification
  - \* A copy of the sign in sheet (showing date of meeting) or a screen print out from the commissioner's meeting webpage showing the date the meeting took place
  - \* Requests for reimbursement for cancelled meetings require written representation from the Commission Secretary
- Annual Declaration Form
  - \* The form is completed and signed and dated yearly by the commissioner and the Commission Secretary
  - \* A copy of the form is submitted with each reimbursement voucher
- Year-to-Date Summary Spreadsheet
  - \* Documents the fiscal year (year to date) expenditures of the individual commissioner
  - \* Remember that payments of \$600 or more result in the issuance of a Form 1099 from the Finance Department and may have tax implications

## Works-Wright, Jamie

---

**From:** Works-Wright, Jamie  
**Sent:** Thursday, March 25, 2021 9:24 PM  
**To:** Works-Wright, Jamie  
**Subject:** FW: MCT Manual  
**Attachments:** MCT Manual 1995.pdf

Please see the manual from the Jeff Buell

### Jamie Works-Wright

Consumer Liaison

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510-981-7721 office



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**From:** Buell, Jeffrey  
**Sent:** Thursday, March 25, 2021 8:38 PM  
**To:** Grolnic-McClurg, Steven <[SGrolnic-McClurg@cityofberkeley.info](mailto:SGrolnic-McClurg@cityofberkeley.info)>; Downs, Fawn <[FDowns@cityofberkeley.info](mailto:FDowns@cityofberkeley.info)>; Works-Wright, Jamie <[JWorks-Wright@cityofberkeley.info](mailto:JWorks-Wright@cityofberkeley.info)>  
**Subject:** MCT Manual

Here's the manual I found when I came back to BMH. To whom would I send this to make sure it gets appropriately to the Mental Health Commission?

Jeffrey Buell, LCSW  
 Mental Health Program Supervisor  
 Health, Housing & Community Services  
[jbuell@cityofberkeley.info](mailto:jbuell@cityofberkeley.info) or [jbuell@ci.berkeley.ca.us](mailto:jbuell@ci.berkeley.ca.us)  
 Tel: 510.981.7682  
 Fax: 510.486.8014

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**BERKELEY MENTAL HEALTH**  
**MOBILE CRISIS TEAM MANUAL**

(Revised September, 1995)

Berkeley Mental Health Mobile Crisis Team  
2640 Martin Luther King, Jr. Way, Berkeley, CA 94704  
(510) 644-8566

### ACKNOWLEDGEMENTS and DEDICATION

*This manual is a collection of the efforts of the many staff and interns who have contributed to the Mobile Crisis Team since its inception in 1979. Its format, philosophy, and content reflect the constantly evolving and improving quality that keeps the Mobile Crisis Team effective, useful, and unique.*

*It is dedicated to all the citizens of Berkeley and Albany who have utilized and appreciated the caring and compassionate service offered by the Mobile Crisis Team in times of crisis. And with great respect, it is in memory of those people we have lost, whose tenacity and grace in the face of chronic and overwhelming challenges, will continue to inspire us always.*

**BERKELEY MENTAL HEALTH  
MOBILE CRISIS TEAM MANUAL  
(Revised September, 1995)**

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**PART I. INTRODUCTION****A. INTRODUCTION TO THE TRAINING**

Welcome to the Berkeley Mental Health Mobile Crisis Team (MCT). This training manual has been developed to supplement the didactic and experiential training that is provided by staff, outside speakers, and through working together as teams. It will also serve as a reference for specific information we use throughout the year.

**1. Purpose and Objectives**

The purpose of the overall MCT training is to provide interns and new staff with the necessary knowledge and skills to function professionally and confidently with a partner while on call or providing follow-up. The training covers:

- Safety procedures and effective teamwork
- Quick but thorough assessment and diagnosis of clients, and formulation of a treatment plan
- Utilizing crisis intervention techniques with a wide range of clients
- Working knowledge of the radio, radio codes and pertinent Penal, and Welfare and Institutions codes
- Providing clients and agencies with resources and referral information
- Providing consultation and training to police departments, health professionals, and other service providers

Staff and outside speakers will provide instruction. Role playing and simulated interventions will be used at times to illustrate a particular type of problem. In addition, interns will be introduced to agencies with which we have frequent contact: the Berkeley Police Department, Alta Bates/Herrick and Highland Hospitals, John George Psychiatric Pavilion, Berkeley-Oakland Support Services, Berkeley Emergency Food and Housing Project, and the shelters.

## 2. Format

The training is divided into five parts. Part I is a general introduction and overview of the program, including the development of the program and basic operating procedures. Part II focuses in more detail on how we function within the community; this includes working as a team, working with the police, referrals and resources, safety, use of the radio, and record keeping. The legal aspects of the MCT, such as involuntary hospitalization and confidentiality, are the subject of Part III. Many of the clinical aspects of working on a crisis team will be reviewed in Part IV including assessment, diagnosis, treatment modalities, disposition, follow-up, and case management. The emphasis here will be on the range of cases we typically encounter. Part V covers special programs and services, including Critical Incident Stress Management services, and MCT interactions with the Berkeley Police Department's Barricaded Subject Hostage Negotiation Team.

## **B. INTRODUCTION TO THE MOBILE CRISIS TEAM**

### 1. History

The MCT began as the "Police Project" in April, 1979 with three-month pilot funding through the California State Department of Mental Health. The purpose of the program was to make mobile crisis services immediately available to people referred by police officers, hospital emergency rooms, the fire department, community agencies, and the public, roughly in that order.

It was evident at that time that a large percentage of police time was used providing crisis intervention and other mental health services, and it was felt that these services could be handled more appropriately and effectively by mental health staff. A major objective was to intervene in police-generated 5150 assessments in order to prevent unnecessary hospitalization and utilize alternative community and personal resources.

The MCT's goals have remained essentially the same even as more referrals have come from other sources in the community: to provide a range of on-call crisis intervention, follow-up, and consultation services, including during evening hours and weekends when few public resources are available.

## 2. Funding and Expansion

Based on its initial success, the program was funded permanently by the Department of Mental Health, although funds are subcontracted through Alameda County. Early funding supported seven nights per week coverage, but in 1982 hours of operation were reduced to weekdays only. An increase in funding by the City of Berkeley has enabled the MCT to expand again to seven days a week, from 10:30am to 11:00pm. Services have also expanded to provide emergency psychiatric consultation, extended follow-up, and increased consultation and training.

## C. OVERVIEW OF OPERATIONS

### 1. General Operations

- a. Staffing: Services are provided from 10:30am until 1 1pm, with a change of shift occurring at 4:00pm, where day and night shifts overlap for 30 minutes (between 4:00 and 4:30pm). Each shift is covered by a two-person team; one paid professional staff member and one graduate student intern working as a volunteer. Some day shifts are covered only by a staff person. Students are generally on board from September through June. Summer coverage is drawn from previous interns and other trained individuals.
- b. Daily Routine: Staff carry police radios and are contacted through the police dispatcher (644-6743). Day shift staff meet at the police station (2171 McKinley) at 10:30am to pick up radios, keys, and the MCT city car, then will go "10-8" (on duty and available for service). Paperwork from the prior night is checked for follow-ups, and the voicemail is checked for messages (by calling the MCT number, 644-8566, then entering "\*5150" when the outgoing message comes on).

At 11 am, the team attends the squad meeting for the BPD team going on duty at that time. After the meeting, the team returns to the Mobile Crisis Team Office at the Adult Outpatient Clinic to drop off completed logs from the prior shift, review the logs that have been generated since the team last worked, and check for follow-up requests. Staff may wait for calls in the office, at the police station, or out in the community.

At 4pm, the day shift should return to the police station to turn over radios, equipment, etc. to the night shift. The night shift will attend the 4pm squad meeting; the day shift can finish paperwork, etc. The night team then follows the

same procedure, checking in at AOP, etc. They may attend the 8:45pm squad meeting, unless involved with a case. Staff are expected to take a 30 minute dinner break at some point during the shift. Staff is to notify dispatch when they are "Code 7" (meal break); the radio should still be monitored, as the team can be called away from a meal break in the event of an emergency.

Whenever the night shift leaves 2640 MLK Way (after business hours), they should verify that no other staff are in the building, and then set the alarm. At the end of the shift, the team returns to the police department, returning radios and keys to their proper location.

## 2. Clinical Operations

The following guidelines have been given to the Berkeley Police for making referrals. This list broadly describes a range of appropriate and likely referrals, but falls short of the diversity of cases we actually see:

- Evaluation for 5150 W&I committals
- Domestic disputes
- Traumatized crime victims
- Senile or disoriented elderly
- Family problems involving children and adolescents
- Consultation with officers or with the public on any case which may have mental health aspects but where direct contact with the subject is inadvisable.

MCT generally does not get involved with cases where the primary (or only) problem is alcohol or drug intoxication.

- a. On-Call Responsibilities: Staff are responsible for responding to all referrals made during their shift, including previous requests for follow-up. The appropriate response may range from making direct face-to-face intervention, to deferring less urgent cases to the team the following day (particularly in cases not requiring immediate response, and where a daytime response might be more appropriate). Always gather as much information as possible (i.e., speaking to client on phone, consulting with police or referring party, checking MCT database for prior contacts, etc.) to allow appropriate prioritization of calls.

By the end of the shift, staff will have made a log entry describing their intervention and the disposition of every contact made. A follow-up request will be

made for any case passed to the next team. Some cases-require intervention extending beyond what can be accomplished during the shift. We may follow the case ourselves or refer the case to another agency, making sure the follow-up has been completed. Follow-up criteria and responsibilities are described in detail in Part IV.

- b. Follow-up Responsibilities: Cases may be followed up through AOP, FYC, CP, by MCT staff or others. Criteria for follow-up are in Part IV.



**PART II.****PROCEDURES**

**NOTE:** For procedures pertaining to Critical Incident Stress Debriefing (CISD), and situations involving the Berkeley Police Department's Barricaded Subject Hostage Negotiation Team (BSHNT), see PART V: SPECIAL SERVICES AND PROGRAMS.

**A. RADIO PROCEDURE**

The police radio is second only to the invention of the automobile as a major force shaping law enforcement. The radio represents more than the capacity to communicate; it is a symbol of membership in a select group, requires use of a special language, facilitates officer safety and survival, and allows for ongoing contact with the chain of command.

Mobile Crisis Team use of the police radio is a departure from the traditional manner in which the police radio is used. Great care and judgment must be exercised by staff in the use of radio equipment and radio procedures during shifts. The first priority in using the police radio is clear, effective communication. If you are unsure about the use of radio codes, use plain everyday language to communicate what is happening and what is needed rather than taking the chance of using codes inaccurately or incorrectly. (See Appendix A for a listing of commonly-used radio codes.)

Whenever using the radio, keep in mind that all radio communications are recorded by BPD. Additionally, radio traffic on the primary channels can be listened to by anyone in the community with a "scanner." Accordingly, never transmit personal information (i.e., phone number, address, etc.) about City staff over the radio, and try to restrict the transmission of confidential information concerning clients to a minimum.

1. Equipment Check-Out Procedures

The Mobile Crisis Team has two radios, which are usually stored in the trunk of the car when they are not in use. Extra batteries for both radios are stored in the chargers marked "MH" in the police department equipment room. As long as both MCT radios are functioning, there is no need to check out BPD radios. However, should one be out of service, the following procedure should be followed. Unless absolutely unavoidable, both team members should carry radios, for safety reasons.

- a. Equipment room: The equipment room is usually locked. Ask a Patrol Sergeant or Patrol Lieutenant to open the Equipment Room. If they give you their key, please remember to return it.

- b. Equipment check-out: MCT staff have authorization to use the larger Saber radios.

Test the battery in the voltage tester. Use only batteries where the voltage needle in the tester stays above "8". Install a fully charged battery in the radio, making sure that it is in the correct position.

- Sign out the radios on the clipboard for the specific patrol team starting its shift at the same time you are going on duty. (If you are not sure which team you are working with, ask an officer.) Write in your last name in the first column, and under "Badge", write your MH number (i.e., "MH26"). Write the radio number (etched on the bottom of the radio) in the column headed by "Radio Out".
- Tuning the radio: The Saber brand radios do not have a "squench" switch, and do not require tuning, other than verifying that you are tuned to the correct channel. If you end up using an older Motorola radio, ask for assistance in tuning, if needed.
- Adjust the volume to suit your own preference or situational requirements. (Keep in mind confidentiality concerns, particularly when in public places where citizens might be able to overhear radio transmissions.)
- At the end of the shift return the radio to the battery charger. Indicate the condition of the radio and initial the equipment sign-out sheet. Defective equipment should be identified as such using the appropriate form and left on the counter.

Radio communications have varying levels of priority. Emergencies requiring immediate

## **2. Radio Communication Procedures**

police or fire response, officer safety, and crimes in progress have top priority for radio traffic. Routine transmissions, such as informing the Communications Center that you are coming on duty, have second priority and can also be handled by telephone to the dispatcher (644-6921). Correspondingly, if you are in trouble and need help immediately, your transmission has first priority.

It is wise to listen to assess the radio traffic after you turn your radio on, and before you transmit anything. Wait until you are assured that "normal" traffic is occurring,

rather than "priority" traffic. If one of the two primary channels (Channels 1 and 2) are silent with the exception of a periodic beep, then it is being used for priority traffic; do not attempt to transmit. If you are not sure of the status of radio traffic, check with an officer before leaving the station, or telephone Dispatch (4-6921) to verify status of radio traffic.

Once you have determined that "normal" traffic is occurring, keep in mind that there is a "flow" to radio communications, just like a conversation. Listen for the "question and response" of the ongoing traffic, so you can best determine when to start your transmission.

### 3. Radio Channels

MCT generally utilizes only Channels 1 and 2. Occasionally, if specific police cases require the use of "priority traffic" on both of these channels, all other radio traffic may be referred to another channel (usually Channel 4). Other channels are utilized for other purposes, but are generally not relevant to MCT.

- a. Channel 1: This is the primary communication channel for Berkeley Police radio communications, and the Communications Center staff person handling this channel is referred to as "Control".
- b. Channel 2: Channel 2 is used for communication between the dispatcher (referred to as "Dispatch") and mobile units, or for car-to-car transmissions. The dispatcher can make telephone calls, provide directions, or find telephone numbers for you in the reverse directory.
- c. Channel 4: This is the frequency used by the Records Bureau and officers performing traffic stops.

### 4. Radio Transmission

Radio transmissions all follow the same format. Please be sure to depress the transmission key on the radio for two seconds before speaking. Failure to hesitate when depressing the microphone switch will result in your first few words not transmitting.

- a. Each transmission begins with transmission of your call sign and request for permission to transmit (words in parentheses indicate that they may or may not actually be spoken; radio communications are often in "shorthand"):

*MH: "Control (this is) MH2."*

- b. Acknowledgement of call by control and clearance to proceed:

*Control: "MH2 (go ahead)."*

- c. Transmission of messages: *MH: "MH units (will be)*

*10-42 at 2640 MLK."*

- d. Acknowledgement of receipt of transmission.

*Control: "10-4 MH2".*

#### 5. Radio Transmission Problems

- a. Operator Related Conditions:

Clear transmission requires that you hold the microphone not more than one inch from your mouth. Greater distances will decrease the clarity of your voice. Speak at normal volume; don't whisper or shout.

Avoid transmitting messages after running across the street or climbing stairs. Your labored breathing may cause Comm. Center staff or other officers to become concerned about your welfare (i.e., you are in danger, etc.).

Your radio communications are being tape recorded, monitored by citizens and police personnel. Avoid transmitting confidential information over the air if at all possible, and never transmit personal information (phone numbers, address, etc.) about City staff.

Try to minimize the time you are on the air. Think about what you are going to say and say it. Leave out the uh's and pauses.

- b. Environmental:

- If you having difficulty transmitting, check for the "blinking battery" light in the upper left of the face of the Saber radio, or listen for a beeping sound on the smaller radio. The radio may continue to receive long after the battery is too weak to transmit.

- If it appears that your battery is charged, and you are still having trouble transmitting, it may be caused by your location (i.e., -the construction of some buildings can interfere with transmission, or some areas of the Berkeley hills can be problematic).

## 6. Calling for Cover

There are four different levels of urgency when requesting assistance. As mentioned earlier, it is more important to communicate clearly and describe the situation than to use the proper radio code.

- 11-98 ("Meet"): This is used in non-emergency situations where you are requesting an officer meet you to consult. This usually is not used when you are requesting cover, and implies a casual "at your convenience" meeting.

*MH: "Control, please have an officer 11-98 MH at (location)."*

*or (when communicating directly with a specific officer) MH: "Badge 78,*

*available for 11-98 with MH?"*

- Request cover: This refers to all calls where police assistance is required. **MH should always request cover when responding to calls, unless it is a very familiar, completely contained situation (i.e., regular visit to a client in a board and care home where the visit is expected).**

There are two "codes" used to request police assistance: Code 1 and Code 3 (as of 9/95, BPD is no longer utilizing Code 2). However, MR workers often simply request cover without indicating a code (i.e., "MH requests cover for a 10-42 at (location).") The Comm. Center staff will dispatch an officer as quickly as possible, depending on the urgency of other calls for service, and standard procedure is that MH workers wait until the officer arrives before approaching the client or home. When calling for cover, always say why you need the cover, as well as how many officers you believe are necessary.

- Code 1 means "at your convenience," and is frequently used by officers (rather than MH) in situations where there is no indication of an immediate need for backup, but they are "playing it safe."

- Code 3 is used in an emergency situation where a life-threatening situation is occurring. Dispatched police officers are authorized to use red lights and sirens. For MCT purposes, this is considered to be the same as **11-99**, explained below.

No matter how well you plan ahead, situations may occur where your safety, or the safety of your partner or assisting officers may be compromised or at risk. Since MH staff are not trained to intervene physically, your ability to communicate effectively over the radio in a situation where an officer is in trouble may save them from injury as well as protect your safety. You should provide information about the situation including what would be useful to responding officers, such as a description of the individual creating the problem and whether any weapons have been seen.

#### Additional Codes:

- **Code 4** is used to let the dispatcher know that no assistance is needed and/or the situation is now under control.  
  
**Expedite Cover** is used when a life threatening situation exists and cover must come to your assistance as fast as possible. Officers responding are authorized to use red lights, sirens, and expedite their travel.
- **11-99** means officer in trouble. It is used when an officer is in a fight, has been injured, is losing a fight, or a gun has been seen in the possession of a person threatening violence. This code requires that all officers in the City of Berkeley respond to the location of the situation with lights and sirens. (**NOTE: 11-99 is used only in cases of extreme, life-threatening emergency.**)

## **B. SAFETY PROCEDURES**

While working with the Mobile Crisis Team, you may be asked by the police or clinic staff to become involved in situations that seem to represent a potential danger to you. The safety of you and your partner must be your highest priority and you are always free to refuse calls that you are uncomfortable handling. However, by planning ahead, being prepared, knowing your limits, communicating with your partner, and **taking police cover**, you can greatly reduce your risk. The next several pages offer recommendations for increasing the likelihood of a safe and effective client contact.

### 1. General Safety Procedures

- a. Radio: Know your radio codes, and remember--use plain English if you need assistance quickly and are unsure of appropriate codes.
- b. Clothing: "Standard" MCT attire is casual but neat: shirt, long pants (pockets are often handy), comfortable shoes that you can run in, a sweater or light jacket, and whatever weather gear (raincoat, umbrella, heavy jacket, etc.) may be required. It is very uncomfortable to conduct a long intervention outdoors when it is cold or raining and you are not ready for it! It is inadvisable to carry a purse or briefcase that would interfere with your mobility. Your hands should remain free except for radio, and pen and paper.

### 2. Responding to a Call

- a. Use caution. Be sure you have made contact with Comm. Center and the police are aware of your location, including apartment numbers. Comm. Center should always be aware of your location if you are on a call, even calls where you have not requested police cover. This allows for much quicker response in the event you should require assistance in an emergency.

If you hear a call on the radio that sounds as though it might require MH assistance, consult with Comm. Center and/or the officer on the scene first. Do not arrive on the scene unannounced; MCT arrival should never be a surprise to officers on the scene.

- b. Never be reluctant to call for cover. If it is a police-generated referral, don't let the officer on the scene leave until you have all the information you need to feel safe. Remember: The "default" should be to call for cover. You should have a well-thought-out reason why you didn't call for cover, if you decide not to. Police would much rather have an officer present to maintain control of the situation, rather than having to call for expedited cover in a situation where control has been lost.
- c. Unless the police have called for consultation, it is always suggested that the client be aware of your impending visit and that they consent to see you. Approaching uninformed clients is awkward and potentially dangerous. If possible, don't rely on third parties to inform the client that you are coming (another family member reassuring you on the phone "Oh, don't worry, he knows..."). Finally, be sure that all involved parties know that you are (1) carrying a police radio, and (2) bringing

an officer--you don't want clients to be surprised by the presence of either.

- d. The calls most likely to become volatile are those involving family disputes. It is particularly important that all family members agree to a visit. Always take cover to these calls.

### 3. Approaches

- a. **Vehicle:** Never allow someone to approach you while you are still in the vehicle. If you need to speak with someone, get out of the car. When you leave the car, confirm that both staff have keys, to allow for quick access. Leave personal property secured in the trunk.
- b. **Dwelling:** Approaching a dwelling, especially if the police are not present, requires caution. If you are meeting with an officer before entering a dwelling, it is sometimes recommended that you meet out of sight of the house (around the corner, a block away, etc.). Remember: You should never be approaching an unfamiliar dwelling (with the possible exception of a large institution such as a hospital, which has staff trained and ready to deal with any possible physical escalation) without police cover. Be aware of your surroundings including adjacent dwellings.

Approach doors and windows at an angle. Do not stand directly in front of either if possible. Sometimes it will be impossible to keep from being directly in front of the doors and windows. At such times it may be best to keep a safe distance from the door.

Remember: It is the responsibility of the officer to secure the surroundings before you can safely start an intervention. Accordingly, always follow the officer's lead--physically and literally.

Keep the following things in mind when you enter:

- Don't let the client lock or bolt the door behind you after you enter.
- Try to leave the door ajar.
- If there is a dog in the house, ask client to tie it up or move it to another room.
- Standing gives you an extra measure of safety and control.



- In domestic violence cases, try to separate the clients if they are arguing with each other, ideally into different rooms.
  - Keep the client away from the kitchen and/or bathroom (knives, razors, etc.) if there is any possibility of the situation escalating.
  - Look around and observe things around you. You may see potentially dangerous objects that could be used as weapons.
  - Ask permission to turn off the TV set or radio.
  - **ALWAYS** be aware of the quickest way to get out of the house (usually the front door), should the situation escalate.
  - Try to keep an exit accessible for everyone involved (MH staff, officers, and residents).
- c. Be prepared and plan ahead: Know what you and your partner are going to do before you make contact. This should include deciding who will take the lead.
- d. Individuals: Always approach with caution. This includes keeping at least a leg's length distance and maintaining proper positioning.
- e. Stance:
- Distance between you and the client should be "kicking distance"--legs are longer than arms!
  - Stand, don't sit, if possible.
  - Keep your hands free
  - Sometimes, positioning staff in a "triangle" in relationship to the client can be helpful, in that it can allow MH workers to maintain additional control of the environment.
4. Some general comments about safety:
- a. Identity: Don't assume the public will know you're a mental health worker; it is more likely they will assume that you are a police officer.
- b. Preoccupation: During an intervention, do it with a clear and alert mind. Don't let worries, personal problems, schoolwork, etc., invade your concentration.

- c. Relaxing too soon: Always be on the alert. For example, when checking the welfare of a BMH client, don't assume that the client will be as cooperative with you as s/he has been with their BMH therapist at the clinic.
- d. Sleepiness: You may be working extended hours from your normal work or school schedule. Try to stay awake and alert. Step outside for fresh air occasionally or drink a cup of coffee or tea, and alert your partner if you are feeling particularly tired.
- e. Failure to watch hands and sudden movements: As therapists we are trained to observe and listen to our clients. As MCT staff we are also required to be alert to sudden movement and the presence of weapons or potentially dangerous objects.
- f. Tombstone Courage: "We don't need police backup, we can handle it...". Too often we presume that "this is just another routine call." Regard each call as new and different. This will force you to go through your mental list of whether or not you should ask for a backup. Carefully assess each call.

### **C. WORKING AS A TEAM**

The team concept is central to our work with clients. Although a less experienced intern is working with a supervising staff person, most crisis cases require collaboration and mutual acknowledgement of each partner's contributions and ideas about the case. Explicit discussion of each partner's personal style and theoretical orientation, his/her expectations of the other in the field, and a willingness to work through conflict as it emerges, are all prerequisites to effective team work.

At the time of initial response to a referral, it is important for the team to decide who is going to take the lead and/or what roles each will take. While involved with the case, having some way to communicate with each other is crucial. This may require briefly removing themselves from the clients, and discussing their strategy. Implicit in the team concept is that major decisions, such as the decision to hospitalize, are made by a process of communicating each partner's perceptions of the situation. The staff member of the team, however, bears the ultimate responsibility and must make final decisions.

Also implicit is the need to watch out for each other. Remind your partner about safety and develop a routine which will ensure that each partner is covered by the other at all times.

**D. WORKING WITH THE POLICE**

The working agreements we have with the Berkeley Police Department have been developed in response to several issues that are inherent in each referral: safety, appropriateness of referral, clarity of roles (i.e. law enforcement vs. mental health), consent, confidentiality, and the transition between police and mental health. Although all these concepts have been addressed with police, do not assume anything; keep lines of communication open at all times.

1. Working agreements

- b. MCT will generally not accept referral of someone who is acutely intoxicated, unless the officer feels that other issues may require assessment (i.e., suicidal, acute need for medical care, etc.). We will, however, consult with the beat officer on available resources and options.
  - a. The officer is to advise subject(s) that Mobile Crisis Team has been called, and subject(s) must consent to intervention.  
**Exception:** 5150 evaluations - no consent needed.
- c. The officer will contain and secure the situation where risk of violence exists. The officer will stand by until MCT staff and officer determine that no further threat exists, and will stay on the scene until MCT staff are comfortable handling the case alone.
- d. **MCT does not transport citizens.** Transportation is handled by either BPD or BFD, if medical clearance or assistance is required. However, MCT will follow or accompany the officer/paramedics to ACH or ABH if requested, and/or prepare the 5150 forms for those cases where MCT has conducted a 5150 evaluation.
- e. Requests for police cover: We often go into situations not referred to us by the police but for which we need police cover. We may not have enough information about the case, or we may know that it is a potentially dangerous situation. It is always better to err on the side of overprotection than not enough. **Remember: The "default" choice is to take cover.**

2. Communication with Police Officers about Referrals

Once a referral has been accepted, communication with the officer about the case will help make a smooth transition from police to mental health. When MCT arrives at the

scene, the team should speak with the officer (preferably away from the clients, if possible) to get their impression of the situation: who is involved, what is the problem, what is our role (as s/he sees it), what is the potential for violence, and what information have they already collected (name, address, phone, birth date, etc.) from the clients involved. This information will not only help prepare us for the case, but will also save time and repetition in getting demographic information. Ask the police to introduce us and perhaps reiterate to the client why they called us in.

Be sure to get the officer's name and badge number. We occasionally need assistance from the originating officer (transport) and often want to let them know of our disposition. If you should decide to inform the officer of the disposition, keep confidentiality in mind at all times; relay only that information that is relevant or appropriate.

### 3. Guidelines for Non-Emergency Referrals

The Berkeley Police have been given the following guidelines for non-emergency referrals to the Mobile Crisis Team for hours when staff are not in service:

- a. Advise subject of our services and obtain permission (verbal) to request follow-up services. (There may be exceptions to the issue of permission, in that officers may not make the decision to request MH follow-up until after leaving the client. Accordingly, keep in mind that these clients may not have been informed that MCT will be contacting them.)
- b. Route or place copy of police report in Mental Health mailbox (at BPD). If you have specific questions or wish to discuss the case prior to our contact, please attach a note to the police report with your request. If you wish to be informed of the outcome of the case, please leave a note indicating this in the MH box.
- c. Walk-in mental health crisis services are available weekdays from 8:00 am to 5:00 p.m. at Berkeley Mental Health, 2640 Martin Luther King, Jr. Way, 644-8562.

### 4. Riding Along with BPD

All interns and newly hired staff are required to ride along at least once with a patrol officer. This is viewed as an integral part of the training program for MCT personnel, as it tends to demystify the work of the police. It familiarizes staff with the various roles of police officers, how they view their work, and equally important, it helps develop personal working relationships between MCT and BPD which enhance our

collaboration and mutual reliance.

5. BPD Voicemail

Messages for specific officers can be left on the BPD voicemail system, accessed by calling (64)4-8770. You must know the officer's badge number to utilize this system.

6. Area Coordinators

If you have concerns or questions about an area-specific problem (i.e., a specific mentally ill homeless person living in a park), consultation with one of the department's four **Area Coordinators** can be helpful. Each coordinator has responsibility for a specific area of the City, and function as problem-solvers and conduits for information relevant to issues in their respective districts. They will be able to both provide MCT with relevant information from all the various officers working that area, as well as transmitting relevant information (such as FYIs, etc.) to all the officers in the area. Area Coordinators can be reached at (64)4-6215.

## E. REFERRALS

Approximately 40% of our referrals come directly from the Berkeley Police Department. In general, the patrol officers and BPD dispatchers have shown good judgment in determining which cases are appropriate and safe for mental health intervention. MCT staff regularly participates in the Mini-Basic Academy for new officers, explaining both the functions of MCT as well as presenting some basic tenets of mental illness. We have also developed informal contacts with many community agencies in Berkeley and Albany, which serve both as referring agencies, as well as resources to which MCT can refer clients.

1. Sources of MCT Referrals

- Berkeley Police Department (including divisions other than Patrol, such as Youth Services, Robbery, Homicide, Sex Crimes, etc.)
- Berkeley Fire Department (i.e., emotional support for family members after someone has been transported via ambulance; citizens in need of a variety of social services)
- Albany Police Department

- Berkeley Mental Health: Court Program, Family Youth and Children's Services (including Berkeley High School-Based Health Clinic), Adult Outpatient Program, Homeless Outreach Team
- Berkeley-Oakland Support Services (BOSS)
- Alta Bates/Henick Hospitals
- Community-based organizations and agencies, including homeless shelters
- Board and care homes, halfway houses
- Private and public medical and mental health providers
- Private citizens.

## 2. Prioritization of Referrals

The following priority is given to requests for service:

- a. Radio calls from BPD patrol officers or dispatch
- b. Emergency calls from BFD, APD, UCPD, AB/ER, or community agencies
- c. Referrals from staff in other BMH programs for follow-up or welfare checks
- d. Community agencies, shelters, or other city departments (non-emergency calls)
- e. Follow-up on BPD non-emergency requests for service
- f. Private citizens

**NOTE:** MCT makes a special effort to respond to requests for assistance by the homeless shelters. The shelters are an essential resource for MCT, particularly late at night, and we want the shelter staff to know that their willingness to "make room" (when they may be full) for our clients, will be reciprocated.

## F. RESOURCES

For the purposes of the Mobile Crisis Team, resources are best divided into two broad categories: those that are available nights and weekends and those that are not. During the MCT night shift, we repeatedly use a small number of resources, while day shift teams will need to be more familiar with a broader variety of resources.

Because of our dependence on or frequent use of certain resources (Highland Hospital, John George Psychiatric Pavilion, Berkeley/Oakland Support Services, etc.), it is important to be familiar with these agencies and to understand how to use them. Site visits early in the year are recommended. It is also helpful to drop in during a shift to remind the agency both of our services, and of the fact that we might use their resources.

A complete and updated list of resources can be found in the file room at AOP. A list of some of the most-used resource numbers is also included in the pocket-sized MCT card, and homeless services are summarized in the Berkeley Pocket Resource Guide.

Homeless Outreach Team (HOT): Berkeley Mental Health's Homeless Outreach Team (on duty from 7:30am-5pm M-Th and 11am-4pm Friday and Sunday) is a specially trained group of outreach workers that focuses specifically on the homeless population. They can be reached through their voicemail at 644-6509 (or, **for staff use only**, can be paged at 840-4086). The HOT is a completely street-based outreach program, and staff can serve both as a source of information on homeless clients, as well as a resource for homeless clients not in immediate crisis, but interested in other homeless services. The Outreach Team staff are an MCT evaluation and services, as needed. excellent resource for information and staff.

## RECORD-KEEPING/FORMS

**NOTE:** Copies of all forms referenced in this section can be found in [Appendix B. 1](#).

### The Log

The Mobile Crisis Team does not keep formal charts on clients seen (with exceptions, as noted below), but logs are written for each contact, and copies of MCT logs pertaining to current AOP clients are placed in their AOP chart by MCT clerical staff at the time the logs are entered into the Mobile Crisis database. Currently, day and night logs are on separate numbering systems, with day logs being assigned a number with an extension of "[year]" (i.e., 3595.95 would refer to the 3595th daytime contact during 1995). These numbering systems will probably be combined. Night logs currently have one five-digit number without the ".95" extension.

Every client contact, collateral contact, and consultation is documented, as well as any other type of community contact, e.g. the Berkeley Police Squad Meeting.

Although the log is a short form--and is covered by the same laws of confidentiality as any other client data--it serves as the legal documentation of each case. It can be and has been subpoenaed and used in court. The date and demographic information, type of service, and status of the case are used for the statistics compiled on the MCT and for future reference if we become involved with the case again. The narrative should be brief but not sketchy. If possible, it should include the following information:

- Demographic information as indicated on log sheet
- Description of the case
- Intervention
- Diagnosis/Mental Status
- Additional Information
- Conclusion
- Disposition

### 2. The Database

Accessible through the City's online network is the Mobile Crisis Database, a computerized database developed several years ago to take the place of a manual recordkeeping system. To access the database, log on to the City's system (see a staff person for instructions on how to log on), and when you are looking at the Main



Menu screen, do the following:

- Hit the F7 key
- Type "mc", then hit the "Enter" key

This should take you into the Mobile Crisis database, which provides you with several options for searching for information on clients (by first name, last name, street name, etc.). The program will prompt you as to how to move around in the database. This "snapshot" of the client's prior contacts with MCT can be helpful when determining if they are known to MCT, and if they have been recently 5150'd. It will also provide you with a specific list of all prior contacts, so that you can access the logs for further information, if necessary. (See [Appendix C](#) for further instructions re: use of the database.)

### 3. Client Files

For MCT clients who have multiple contacts with MCT (and, generally, are not clients at any other BMH agency), client files are sometimes made up. They are stored in the filing cabinet with the archived logs, and are kept in alphabetical order by client name. The purpose of these files is to make it easier to get a complete history of clients who have had many, many contacts with MCT, rather than having to pull the original logs from the archived files.

### 4. Requests for Follow-up

To insure communication between teams, and from other Berkeley Mental Health staff to the Mobile Crisis Team, there is a "Request for Mobile Crisis Follow-Up" form available to all BMH staff or interns. Due to the inconsistency of MCT visits to AOP (i.e., busy shift where we are unable to return to the clinic), all staff and interns are requested to put their follow-up requests on MCT's voicemail, as well. Specific procedures for making appropriate referrals to MCT are covered in the orientation for each program.

### 5. 5150 Forms

The Application for Emergency Psychiatric Detention (under section 5150 of the Welfare and Institutions Code) is often referred to by staff and police as a "green sheet" or a "5150." It is the form that must be used when staff (or police) determine that a person is in imminent danger of hurting him/herself or someone else, or meets the criteria for grave disability. A supply of 5150 forms should be kept with the team at all times. (See Part III, Section B for a complete explanation of 5150 W&I.)

### 6. Police Reports

The MCT has a mailbox at the police station, located next to the squad room with the patrol officers' mailboxes. This should be checked at the start of the shift for any reports, requests for service, etc. from officers. Officers will often request MH follow-up service by forwarding a copy of their police report, or leaving a note. Additionally, they may forward us a copy of a report that does not require or request specific follow-up, but which they feel may contain relevant information.

Occasionally, MH workers will request a specific copy of a report; this will be indicated on the bottom of the report where it will list not just "MH," but a specific "MH" number, (i.e., "cc: MH26"). These reports should be passed on to the specific requesting staff member.

It is very important to review each report thoroughly, as some require immediate follow-up. "Information only" reports should be kept and passed on to other teams only if they contain information that should be reviewed by all staff (i.e., officer or staff safety concerns, etc.), or were requested by a specific staff member. Others should be reviewed, then placed in the "to be shredded" containers at the police station or AOP.

For our purposes, information contained in police reports should be considered confidential, although this information can be released by the police department in some circumstances. If clients wish to know what is contained in a police report, it is best to refer them to the police department.

#### 7. Miscellaneous Forms

At the start of every shift, the clipboard should be checked for a supply of 5150s, blank logs, follow-up forms, as well as Release of Information Forms, and reporting forms for both CPS and Adult Protective Services.

**PART III.****LAW****A. INTRODUCTION**

California law is divided into several codes. The three most relevant to our work on MCT are the Penal Code (PC), the Berkeley Municipal Code (BMC), and the Welfare and Institutions Code (WIC). The Penal Code encompasses criminal law as defined at the State level, whereas the BMC refers to local Berkeley ordinances. A listing of some of the most often-used penal codes is included in [Appendix D](#), and some of the most common are listed on the pocket card. It is important for MCT staff to be familiar with the more common penal codes in order to understand and be prepared for radio calls and contacts with police officers.

The WIC sections most relevant to our work fall under Division 5 - Community Mental Health Services, including sections 5000, [Et. Seq.](#) These sections pertain to involuntary treatment, conservatorship, and other components of the community mental health system. (Copies of the specific text, as well as a flow chart describing the 5150 process, can be found in [Appendix E](#).)

**B. DIVISION 5 - WELFARE AND INSTITUTIONS CODES****1. 5150 WIC and 5170 WIC**

Civil commitment in California is provided for within the Welfare and Institutions Code. Persons who are considered a danger to themselves, others, or are gravely disabled may be involuntarily admitted to an evaluation facility for up to 72 hours. Section 5150 WIC pertains to persons meeting the above criteria as a result of a mental disorder, while Section 5170 WIC covers those meeting the criteria as a result of inebriation.

While the law is clear and specific regarding these criteria, the interpretation is subjective and variable throughout the state. The difference in interpretation, although rarely acknowledged, is largely a function of the resources available in a given county on a given day, and the unique judgment of the evaluating clinician. Law enforcement

officers throughout the state, and mental health professionals designated by each county's Mental Health Director, are authorized to initiate 5150 proceedings. It is the evaluating psychiatrist at the county's designated 24-hour facility, however, who ultimately decides who will be admitted to the hospital for up to the 72-hour time period. Private sector professionals, regardless of discipline, are not authorized to initiate a 5150, and thus must call on police for assistance.

Danger to self or others exists when the person presents a clear and present danger by making explicit threats of violence to himself or others, or by exhibiting grossly impaired judgment and impulsive, violent behavior.

Grave disability is defined as the inability to provide for food, shelter or clothing as a result of a mental disorder. This is interpreted quite literally, whereby the patient appears malnourished and cannot identify the means by which they intend to provide for their basic needs. Grave disability does not apply to the homeless psychotic person who seems to manage by sleeping in a park and dining in dumpsters and says he is quite content to be doing so. We sometimes encounter a gravely disabled depressed or psychotic person who is living with friends or family who are providing for the subject's food, shelter, and clothing. Were the family support withdrawn, the subject would be unable to provide for these basic needs, but with the support system intact, the individual is probably not committable. This situation is currently under review, with family groups lobbying the legislature for a change in this aspect of the law.

The MCT frequently receives requests from family members or others to evaluate an individual for involuntary hospitalization. Frequently, these individuals are indeed psychotic, often floridly so, and in need of treatment. They may be a nuisance or frightening in some way to the family or community, but they do have the right to refuse medical treatment, if they do not present an immediate threat. Our intervention may then focus on the complaining party rather than the identified patient. Consultation, referral, or other services may be offered to the complaining party.

**5170 WIC** is rarely used because the individual who is committable due to inebriation usually does not require medical/psychiatric intervention, but merely to sober up. However, in these cases, the police have the option of arresting the subject for public drunkenness. If the individual presents a high risk medically and is not fit for incarceration, he/she may be transported from the jail to the hospital for evaluation.

John George Psychiatric Pavilion (the psychiatric division of Highland Hospital) is generally the receiving facility for all 5150s from Berkeley and Albany. Exceptions are made, and Herrick Hospital may be utilized with explicit approval from the Psychiatric Admissions staff. Admissions staff must be contacted by phone, and provided with information pertaining to the client's condition, and insurance status. A limited number of beds are made available at Herrick for clients with MediCal, although most admissions require private insurance. Additionally, Kaiser Hospital in Oakland can also receive current Kaiser patients who are being hospitalized on a 5150 hold. Again, Emergency Room staff at Kaiser should be consulted prior to transporting the client.

Currently enrolled UC Berkeley students are also entitled to receive inpatient psychiatric care at Herrick Hospital, under an agreement between Cowell Hospital (on the UC Campus) and Herrick. Again, prior approval must be obtained from Psychiatric Admissions staff.

## 2. Conservatorship Laws and Procedures

The California Welfare and Institutions Code, Division 5, Chapter 3, commencing with

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section 5350, provides for judicial appointment of a conservator over the person and/or estate of an individual who as a result of mental disorder is gravely disabled. Individuals with considerable financial assets will be conserved under the Probate Code.

Conservatorship under the Lanterman Petris Short Act (LPS Conservatorship) is usually reserved for individuals who don't have financial assets or resources.

In the event a client is not confined to an institution (hospital, residential treatment center, et al.) it's usually necessary to hire a probate attorney to initiate and follow through the necessary procedures. If a client is in an institution, the treating physician at a treatment facility files the Petition for Conservatorship with the Superior Court. The Superior Court, based upon facts of the petition, decides whether a Temporary Conservator will be appointed for a period not to exceed thirty days. If a Temporary Conservator is appointed, the Alameda County Public Guardian and Conservators Office will conduct a conservatorship investigation to establish the need of the individual for a conservator.

Conservatorship can pertain either to "estate" (relating only to financial matters), "person" (which relates to medical/physical care and housing), or to both. In the event that a conservatorship of **person** has been awarded, then the conservator has the right to make decisions pertaining to the conservatee's housing, medical care, psychiatric care, etc., **including determining that the conservatee requires psychiatric hospitalization.**

According to Section 5358.5 of the Welfare and Institutions Code, When any conservatee placed into a facility. . . leaves the facility without the approval of the conservator. . . a conservator, at his/her discretion, may request a peace officer to detain the conservatee and return such person to the facility in which he/she was placed or to transfer such person to the county designated treatment facility.

This is relevant to MCT/BPD for several reasons:

- 1) It is not necessary for a conservatee to meet 5150 criteria (imminent danger to self or others, or grave disability) to be transferred to a psychiatric emergency facility. The conservator has the legal right to decide that someone needs to be placed in a psychiatric facility, and can sign the conservatee into the hospital themselves.
- 2) According to the above section, the conservator can request a peace officer to both detain the conservatee, and/or transport them to the psychiatric emergency facility in the county (or to the facility from which the conservatee walked away).
- 3) *As long as the conservator has the appropriate paperwork, and is requesting that the conservatee be taken to the P.E.S. facility, no evaluation is necessary. In other words, no 5150 evaluation needs to be done, and the officer can transport the conservatee in the same manner he/she would transport someone being held on a 5150.*

Remember...

- 1) *The conservatorship papers must be for person, and not just for estate.*
- 2) *In the event that the conservator is not going to be escorting the conservatee to the hospital to sign them in (i.e., if the conservator is the Public Guardian's office, or is calling from somewhere out of the area), you should speak directly with the conservator on the phone, and have them FAX copies of the paperwork to both BPD and JGP. JGP should be contacted before transporting to confirm that they have received the necessary paperwork to accept the person without the conservator-being present.*
- 3) *If you have any questions about the process, call JGP and consult with the on-duty psychiatrist. S/he should be able to clarify exactly what paperwork will be required for JGP to accept the person.*
- 4) You need to see the paperwork--some people confuse conservators with payees. A payee is someone who has been designated to receive a client's SSI/SSD checks,



then give the money to the client; the payee sometimes (informally) assists them in handling their money. A payee has **no legal right** to exercise control over the physical care or housing of the SSI/SSD recipient.

See [Appendix F](#) for a sample Order for Conservatorship of Person, as well as the text of Sec. 5358.5.

### 3. Court-Ordered Evaluation

The California Welfare and Institutions Code, Division Five, Article 2, commencing with section 5200 provides for the Court-Ordered Evaluation (COE) of Mentally Disordered Persons. A COE can be a useful option for family members or friends who are concerned about someone whose mental state appears to be deteriorating, but (a) does not meet 5150 criteria, or (b) is refusing voluntary mental health services.

The COE process involves the concerned party presenting a petition to Superior Court explaining their concerns, and requesting that the court require the person to appear for a psychiatric evaluation. If the petition is accepted, then a letter is sent requesting the person to appear at the appropriate facility for an evaluation. If the person does not appear, a warrant will be issued, and the sheriff's department will arrest the person and take them to an appropriate psychiatric facility for evaluation.

Although Berkeley Mental Health staff are not frequently involved directly with the COE process, it is possible for us to assist concerned family members or friends by conducting the "Pre-Petition Screening" (see [Appendix G](#) for copies of relevant forms). This involves making a home visit and conducting a standard MSE of the person in question, and then completing the appropriate "Pre-Petition Screening Evaluation" form. The requesting family or friends can then attach this information to their petition for evaluation. Due to potential confidentiality concerns, staff should consult with the program supervisor on a case-by-case basis.

### 4. Confidentiality

The principle of confidentiality in mental health is of critical importance and the basis for the development of the helping relationship. It provides the foundation for the development of trust, confidence in the helper and, ultimately, creation of the therapeutic alliance.

Confidentiality protects the rights of the client or consultee against unauthorized disclosure of information shared with the helping professional during the provision of

services. The right to confidentiality rests with the client and the consultee, while the obligation to protect confidentiality is assumed by the helping professional. The duty to protect confidentiality is balanced by the obligation of the helping professional to protect the welfare of the client and, in very specific and limited circumstances, the public safety.

Mobile Crisis Team work poses a great challenge to the protection of confidentiality. We often find ourselves simultaneously involved in multiple relationships with the client, significant others, the police, the primary therapist, neighbors, etc.. Keeping the best interest of the client in mind, we must disclose relevant information to others judiciously.

- a. Confidentiality Law: Information and records obtained in the process of providing mobile crisis services are confidential. These include the information provided by the referring party, the client, their family, and collateral parties. The default is not to disclose.
- b. Exceptions to Confidentiality:
  - (1) All information and records may be disclosed to other staff of the Mobile Crisis Team and Berkeley Mental Health.
  - (2) Information may be disclosed to qualified health care professionals in the process of making referrals or in the provision of services, and should be limited to information necessary for the effectiveness of the referral. (Consent is desirable).
  - (3) Information may be disclosed to individuals who referred a client but it must pertain to the appropriateness of the referral and the preliminary disposition. Specific information beyond the information needed to facilitate an appropriate referral is confidential.
  - (4) Consent is required before release of information to any persons other than Berkeley Mental Health staff, or other health care professionals providing services to the client.
  - (5) Information relevant to issues of **immediate** officer safety may be disclosed; whenever possible, you should consult with the program supervisor or other senior staff first in these cases.

c. Additional Disclosure: Information and records shall be disclosed only in any of the following cases:

- (1) To the courts, as necessary to the administration of justice.
- (2) To governmental law enforcement agencies as needed for the protection of federal and state elective constitutional officers and their families.
- (3) When the patient, in the opinion of his or her psychotherapist, presents a serious danger of violence to a reasonably foreseeable victim or victims, then any of the information or records specified in this section may be released to that person or persons and to law enforcement agencies as the psychotherapist determines is needed for the protection of that person or persons. (See Section D, Tarasoff, below.)
- (4) Additional conditions apply to the release of information and records. It is the responsibility of the mental health professional to both know the Welfare and Institutions Code Section 5328 and consult with another staff person when in doubt about the law. (See Appendix H for relevant confidentiality laws.) These include cases of suspected child abuse, or elder/dependent adult abuse.

#### 5. Chapter 11, Sec. 15630(a) and 15633(b), Dependent/Elder Adult Abuse

MCT is often called in to assist in cases involving elderly or dependent adults. In this context, "elderly" refers to any person 65 years or older, and "dependent adult" refers to anyone between the ages of 18 and 64 who has "physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age." "Dependent adult" also includes any person (18 to 64) who is admitted as an inpatient to a 24-hour health facility (as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code).

The specific criteria for mandated reporting of elder/dependent adult abuse are relatively narrow (in comparison to child abuse reporting laws), pertaining primarily to incidents of physical abuse. However, the reporting form (see Appendix B for sample) also includes constraint, deprivation, sexual abuse, neglect, abandonment, fiduciary abuse, and mental suffering as "Types of Abuse." In any case where abuse of

an elderly or dependent adult is suspected, it is safest to consult with Adult Protective Services.

## 1. 273.5 PC, Domestic

### C. PENAL CODES

Historically, domestic violence has been considered a "family problem" outside the purview of the criminal justice system. In recent years, however, law enforcement has taken an increasingly active role in responding to spousal abuse as a criminal offense. Berkeley police, by protocol, will arrest the perpetrator of domestic violence, with or without a signed complaint by the victim, if they observe the act itself or direct evidence of it. In the absence of observable injury, the victim may sign a citizen's arrest and request that the police charge the individual with 273.5 PC. Berkeley police are also required to provide the victim with a domestic violence pamphlet (see [Appendix I](#)) which explains these matters and lists the resources for battered women. In most cases, the suspect will be arrested and taken into custody, however, exceptions will be made when police have ongoing contact with a family and have substantial evidence that the

## 2. Spousal Abuse Reporting

offense either did not occur as reported or there are other factors which in the officer's judgment, mitigate against arrest.

As of January 1, 1995, California instituted an additional reporting law pertaining to spousal abuse. In essence, it states that medical professionals, who, in the course of treating a wound or injury, believe it to have been caused by spousal abuse, must report their findings to local law enforcement officials. As of the printing of this

## 3. 11165(a) PC, Child

manual (9/95), the City Attorney's office has determined that this specific reporting law does not pertain to Berkeley Mental Health staff.

There are two ways the MCT becomes involved with children and the possible existence of abuse: through a request prompted by someone's concern that abuse may be present, or as a result of observations made by MCT staff in the course of responding to an unrelated call. The child(ren) may not be the focus, but MCT staff should be alert and aware of children during all interventions. The worker should always assess for the

Child abuse is generally viewed as non-accidental harm done to a person under the age of 18 by parents, other relatives, caretakers, or strangers. Child abuse includes not only obvious physical abuse, but sexual assault (i.e., sexual activity between an adult and a child, or a much older child and a child), and neglect.

health and safety of the child, especially during a crisis.

If, in the course of working on the MCT, you know or suspect a child is being abused, you must report what you know of the situation to Child Protective Services. This report must be made by phone immediately, and be followed up in writing (see . [Appendix B](#) for sample reporting form) within 36 hours. California Penal Code Section 11165(a) requires that child abuse be reported when there is reasonable suspicion, not visible proof. If you're not sure that what you suspect is reportable, it is best to call CPS and consult with them about it. The CPS emergency number is [483-9300](#). When assessing for child abuse, there are some standard indicators to be aware of:

- a. In the child, look for injuries in various stages of healing. Observe if the child is wary of contact with parents or other adults. Look for extremes in behavior; either aggressiveness or withdrawal; dull or flat affect; clingy indiscriminate attachments; or fear of the caretaker.*
- b. Indications of abuse by the caretaker include a lack of concern about a child's injuries; he/she provides inadequate or implausible explanations; uses harsh discipline, inappropriate to the child's age or misbehavior; has distorted views or expectations of the child; is psychotic (although this should never, in and of itself, be considered grounds for abuse); abuses alcohol or drugs; is over-stressed and in a crisis.*

Indicators of sexual abuse include excessive, clingy behavior, regressive behavior, suicidal ideation, overly sophisticated knowledge of sex, sexualized behavior, and sleep disturbance. As in the clinic, observation and direct questioning of the family are good methods for assessing for child abuse. On the Mobile Crisis Team we often have the advantage of seeing these families in their home. One MH worker can talk to the parent, the other to the child.

Very often a child will want to show you his room or favorite toy and this gives you the chance to evaluate the child alone. You can visually see the home and check to see if there is food, if it is physically safe, etc..

Another important aspect of working with children and families is that you should be ready with referrals for therapy and other services. Berkeley Mental Health's Family, Youth, and Children's Services is the referral agency of choice, but it is also helpful to given the Parental Stress Services Hotline number: 893-5444.

#### 4. 4011.6 PC, Evaluation of People in Custody

*Section 4011.6 PC provides for the psychiatric evaluation of any person in criminal custody. Typically, the 4011.6 referral is made by the judge at an arraignment hearing or subsequent court appearance if the defendant appears to be in need of psychiatric evaluation. 4011.6 referrals may also be made by custodial staff (the Sheriff's Department), Pre-trial services staff, or, in Berkeley, Court Program staff conducting interviews in court. This specific law is most often used by Court Program staff, since they have regular contact with individuals in custody.*

*In Alameda County, 4011.6 referrals are evaluated by county psychiatric staff at the Criminal Justice Mental Health Program. If found to meet the criteria for 5150, the defendant/patient may be admitted to the CJMH Inpatient Unit at Santa Rita Jail, and all pertinent WIC statutes then prevail. Criminal proceedings are suspended until the it is determined that the patient is competent to proceed with the criminal case.*

*It is useful to bear in mind that if an MCT client--or someone we believe to be in need of MH services--is arrested, the Court Program staff can evaluate the individual at arraignment the next day and arrange the 4011.6 referral when appropriate. In cases such as these, a phone call to the Court Program (644-8574) to alert them of the case is helpful.*

#### **D. TARASOFF**

Tarasoff is the name of the Berkeley murder victim in a famous judicial decision which ruled that "the therapist may be liable for negligently failing to protect a person when a patient presents a serious danger to that person."

The "duty to warn" was codified in California Assembly Bill Number 1133, the Mc Alister Bill, which became the California Civil Code, Section 43.92: "there shall be no monetary liability ...against any ... psychotherapist in failing to warn of and protect from a patient's threatened violent behavior ... except where the patient has communicated to the psychotherapist a serious threat of physical violence against a reasonably identifiable victim or victims." (See Appendix J for a relevant article on this issue.)

Furthermore, the Civil Code now provides that, "If there is a duty to warn ... the duty shall be discharged by the psychotherapist making reasonable efforts to communicate the threat to the victim or victims and to a law enforcement agency."



What this means for Mobile Crisis is that any time we hear a specific threat against a specific person, it's our legal duty to notify both the potential victim and police immediately. We frequently encounter situations wherein it is our clear legal duty to warn. We should usually inform the client that if there is a threat we are going to warn the victim. In some cases this intervention itself may help restrain threats and violence and in others the client is telling us because he is actually wanting us to warn the victim and therefore contain him. We use our own criteria for evaluating whether a client is truly dangerous such as any history of previous abuse, weapons, recent violence, clinical states like intoxication or dementia, as well as problems with impulse control, blaming others, or no insight or observing ego, and take this into account when determining whether or not to inform them of the Tarasoff warning. Remember: Once you have determined that a Tarasoff warning is appropriate, confidentiality and other clinical concerns come second to the safety of the intended victim.

**PART IV.****CLINICAL****A. THE MENTAL STATUS EXAM AND DIAGNOSTIC ASSESSMENT IN CRISIS INTERVENTION**

The Mental Status Exam (MSE) focuses on the person's mental and emotional state while in relationship with the evaluating clinician. As there is insufficient time for a detailed or lengthy diagnostic assessment, the specific purpose for a MSE during a crisis situation is to determine the client's immediate needs and disposition: Is the client in need of (1) immediate hospitalization; or (2) can the client effectively utilize outpatient services?

The following information summarizes and highlights key categories and terms of the MSE used to assess if a client is a danger to self, others, and/or is gravely disabled--criteria which warrant immediate hospitalization. The clinician depends upon five general areas of observation to organize impressions of the client. Two MSE categories are further differentiated so as to incorporate more specific diagnostic information:

**1. General Appearance**

Is the person generally, in good physical health? Is the person appropriately dressed according to their social background and present social circumstance? Is care given to personal hygiene? Are clothes clean, dirty, dishevelled, bizarre? Persons who are depressed, gravely disabled or psychotic, are often neglectful and uninterested in their appearance. Their general appearance has been allowed to deteriorate.

**2. Behavior**

- a. Posture: Does the person hold their body in a slumped, rigid or tense position? Is the person physically uncoordinated?
- b. Facial Expression: Does the face register appropriate emotions? Or is the face without affect, restricted, blunt, flat? A face which is blank, like a mask, is characteristic of being withdrawn.
- c. General Body Movements: What is the level of motor activity? Is it lethargic, retarded, agitated? Under activity may indicate depression, psychosis, and/or some organic syndromes. Hyperactivity, attributable to manic and/or other agitated states, can be described as accelerated, combative, hyperkinetic. It would be important to know if the person is taking medication. If so, the specific side effects

and/or symptoms of withdrawal of the medication(s).

- d. Amplitude and Quality of Speech: Is the speech rapid, slow, pressured, slurred? Too soft, too loud? Are the speech patterns fairly smooth and spontaneous, or is there stuttering, blocking, an abrupt cessation of speech? Any disorder of speech and stream of talk may indicate an organic dysfunction.
- e. Client-Therapist Relationship: What is the person's attitude towards the clinician? Is the person cooperative, attentive, guarded, provocative? Seductive and ingratiating towards the clinician? Are the person's disclosures frank, or defensive, hostile, evasive? Such indicators of possible transference reactions will ultimately influence the clinician's decision regarding appropriate disposition.

### 3. Emotional Reaction and Mood

Mood refers to a sustained feeling that colors the person's perception of the world. How does the person say s/he feels: depressed, anxious, irritable, expansive, despairing? What is the depth, duration, intensity and lability of the mood(s)? Is the clinician able to verify by observation the person's statement as to mood, and is the affect congruent with the thought content and interview setting? The client's description and the clinician's observations as to predominant mood, its depth and intensity, are often crucial in the assessment of suicidal/homicidal ideation.

### 4. Perception

What is the person's perception of themselves, the world, and their place within the world? Are self-perceptions so removed from reality as to be abnormal? Specific questions to ask: "Do you hear voices?" Where? When? Do you recognize them? What do they say? Do you see things that other people don't see? What are they? Where are they? When do they occur? Do you experience strange sensations or feelings in your body? In order to determine the client's capacity for self-care and, thereby, to rule out the need for immediate hospitalization, it is important to assess the person's ability to test reality in the presence of a disordered perception; specifically, what does the person do in response to his/her perceptual disturbance?

### 5. Cognition

- a. Intellectual functioning: Is there impairment in consciousness; the ability to attend and respond to external events/persons; to concentrate upon the execution of simple

tasks? A clouding of consciousness may vary from confusion to stupor to coma. Other criteria exist within this MSE category but "level of consciousness" is the primary determinant in assessing if immediate hospitalization is required.

- b. Orientation: Is the client aware of time, place and person? Can the client relate to who s/he is, or identify the roles and/or names of the persons with whom s/he is in contact? Does the client know where s/he is? Specific location such as street, city? Finally, can the person identify the time and date correctly? Being more than three days off as to date is highly indicative of disorientation. It is also advisable to make sure the client knows the complete date (day, month, and year) as well as where s/he is and the significant people in his/her surroundings. Another good question is: *"How long have you been here"?*
- c. Content of Thought/Stream of Thought: Are the client's thoughts goal-directed, and their responses relevant and coherent? Are they circumstantial or tangential? Do they exhibit loose associations? Is there a paucity of ideas or a flight of ideas? Are delusions present? Ideas of reference? If so, what are they, and how does the client respond to the delusional content? How do they effect the person's daily life? Is the client preoccupied by obsessions, compulsions, suicidal or homicidal ideation?
- d. Insight: Does the client feel that treatment is necessary? Is the client aware that aspects of the problem(s) stem from his/her particular thoughts, feelings, behavior? How prominent is their level of denial?
- e. Memory: The clinician needs to differentiate between the client's ability to recall recent from remote events. Recent memory deteriorates first in organic mental impairment and can be evaluated by asking the client what s/he did yesterday. What did they eat for breakfast, lunch, dinner? Remote memory can be tested by asking for the client's location and date of birth; his/her mother's maiden name.
- f. Judgment: Does the client understand the likely outcome and consequences of his/her behavior, and is s/he influenced by this understanding?

#### 6. Impulse Control

Is the client able to control hostile, aggressive, sexual and/or self-destructive impulses?  
If not, why?

While assessing the appropriate disposition for a client -- and whether or not a client

is in need of immediate hospitalization as a result of a mental disorder which is important to augment the MSE with knowledge of those factors which place the client at high risk for suicide and/or violence. A client often needs to be asked directly, and in some detail, what thoughts s/he has about committing suicide/violence: Have you ever seriously harmed another person? Yourself? Are you thinking about it now? How? When? Under what circumstances? What prevents you from acting upon your thoughts, impulses? The following lists of factors associated with a high risk for suicide and violence should also be kept in mind.

See [Appendix K](#) for a sample "Mini Mental Status Examination" questionnaire.

## **B. FACTORS ASSOCIATED WITH A HIGH RISK FOR SUICIDE**

Suicidal thoughts or intentions are not, in and of themselves, sufficient reason to place someone on an involuntary psychiatric hold. The evaluating clinician must believe, as a result of a thorough assessment and evaluation, and the presence of a cluster of risk factors, that the client is in imminent danger of suicide. A number of factors should be considered when making this determination, and the possibility of voluntary hospitalization should always be considered in "borderline" cases where there may be insufficient evidence for a 5150 committal, but a significant concern on the part of the evaluating clinician.

Specific factors to be assessed include:

### 1. Intention

Indirect or direct communication of intent. Presence of a plan (especially a plan involving a lethal method), and access to the necessary means.

### 2. History

History of previous attempt(s). Family history of suicidal behavior.

### 3. Demographic Factors

Age: Adolescents, and persons over 40

Sex: Males (females make more attempts but males more often complete suicide).

Race: White

Marital Status: Separated, divorced, widowed

Social Support: Living alone, socially isolated  
Employment Status: Unemployed

4. Diagnosis

Depression  
Alcoholism  
Schizophrenia

5. Behavior Patterns

Impulsivity  
Rigidity  
Isolation

6. Antecedent Events

Major life change without adequate coping  
strategies Recent loss or anniversary of a loss  
Recent improvement in depressive symptoms

7. Physical Condition

Persistent insomnia  
Recent surgery or childbirth  
Terminal illness; intractable pain

(Case vignettes pertaining to suicidal clients are included in Section F, No. 5, below.)

### C. FACTORS ASSOCIATED WITH A HIGH RISK FOR VIOLENCE

These factors should be considered only as possible indicators of violence and, similar to assessing for suicidality, a thorough assessment must be done. Past history of violent behavior is one of the most useful pieces of information in determining potential for violence, so thorough information-gathering (MCT and AOP records, BPD and other criminal records, contacts with other agencies, etc.) is essential. Even in the event that many of these criteria are met, the clinician must still believe, at the time of the evaluation, that there is imminent danger of the client committing a violent act.

"Duty to warn" (see Part III, Section D, Tarasoff) issues must also be considered when assessing for potential violence, and in cases where the clinician believes that the client may have a specific victim in mind, every attempt should be made to elicit the identity of that victim.

1. Intention

Specific plan for injuring/killing someone  
Possession of a weapon

2. History

Previous act(s) of violence (history of violence is considered to be the best predictor) History of homicidal threats

*Antisocial behavior in childhood*

*Abused as a child*

*Recent provocation*

3. Demographic Factors

*Race: Male*

*Economic Status: Lower socioeconomic status*

4. Diagnosis

Drug and alcohol  
intoxication/withdrawal Delirium

Paranoid and catatonic schizophrenia

Mania

*Temporal lobe epilepsy*

*Antisocial and paranoid disorders*

5. Behavior Patterns

*Poor impulse control*

*Excessive aggressiveness*

*Extreme or labile affect*

Signs of tension/agitation (pacing)

Loud, abusive, or bizarre speech

### References:

Kaplan, Harold I. and Benjamin J. Sadock. "Diagnosis and Psychiatry: Examination of the Psychiatric Patient" in Comprehensive Textbook of Psychiatry/IV, Fourth Edition. Baltimore, Maryland: Williams & Wilkins, 1985, pp. 490-501.

Melges, Frederick T. Mental Status Examination.

Preparatory Course for the Marriage, Family and Child Counseling

Licensure Examination. "Crisis Intervention". Santa Monica, California: Association for Advance Training in the Behavioral Sciences, pp. 8-13.

## **D. CRISIS INTERVENTION THEORY**

In this section, a conceptual model of crisis intervention is presented, along with a review of crisis intervention theory. Several vignettes will be used to illustrate the range of cases encountered by the Mobile Crisis Team.

Implicit in the Crisis Intervention Model is the concept that it is a brief, time-limited, and goal-oriented intervention. Problem solving is central to the methodology, whether problems are defined as acute symptoms to be relieved, or environmental stressors to be modified.

Caplan's theory of crisis emphasizes the concept of emotional homeostasis, wherein the crisis is viewed as an imbalance between the individual's experience of a difficult life situation and that person's coping mechanisms. The generic goal common to all crisis intervention is the restoration of the client to his/her highest level of functioning prior to the onset of the crisis. The crisis may become an opportunity or catalyst for deeper, more significant personal change and more ambitious clinical goals may often be realized. However, a return to homeostasis is a most desirable and respectable result. (See Appendix L for an article on Crisis Intervention Theory).

Distinct from psychotherapy--where structural or characterological change may occur along with improvement in the client's long-standing symptoms, sense of self, interpersonal relations, or capacity for work--crisis intervention is aimed at restoring failed coping mechanisms and defusing an escalating situation.



Mobile Crisis Team cases sometimes involve a single visit, where the identified problem is resolved and the client declines any further assistance. In other cases, a brief series of contacts is necessary. Whenever possible in these cases, rather than having clients

develop ongoing relationships with MCT, the goal should be referral to longer term treatment to another BMH program, or referral to an outside resource for psychotherapy or other needed services. Many clients seen by the Mobile Crisis Team live in a constant state of crisis, and ongoing case management is necessary to reduce the risk of hospitalization or decompensation. Within the first few visits, it is essential to assess the level of intervention indicated, the client's willingness to accept assistance, and our ability to deliver the services needed.

Because new MCT clients are often seen by several teams over the course of a week, triage and inter-team coordination are a central activity. While plans are developed and modified each day, the weekly staff meeting is the clearinghouse for more complex cases requiring multiple services from our agency and others, as well as high risk cases where the potential for suicide, homicide, or abuse is of concern.

### **E. CRISIS INTERVENTION MODEL IN PRACTICE**

A circular model is sometimes helpful in envisioning the structure of a crisis intervention call. We enter at a specific point on the circle, and, as the call continues, we move through the various segments of the intervention (as described in detail below). Often, if this structure is kept in mind in the way the intervention is approached, then there will be a "natural" point at which we once again reach the point at which we entered the circle, and where ending the call will be least jarring, hopefully leaving the client feeling contained. This "flow" is best accomplished by keeping in mind the specific steps of the call (developing rapport, gathering information, identifying the problem, discussing resources, and developing a plan), and holding that structure in mind as the intervention moves along.

Although it certainly is not always possible to hold (even loosely) to this structure, when possible, it helps to both contain the client, as well as focus the intervention, and keep it from "veering" into lengthy discussions of peripheral issues that may not be directly relevant, and may, in fact, serve to simply confuse and further upset the client. We often find that the intervention reaches a natural "closing" point, where the client feels somewhat more contained and calm, and this is often the point where staff should go over the plan once again with the client, determine if follow-up is necessary, and say good-bye.

Remember that reaching this point of relative containment does not mean that the client will necessarily feel completely at ease or content--simply calmer, more contained, and appropriately supported for the immediate future. As clinicians and as caring people, it is tempting to want to ask just once more, "Now, is there anything else you'd like to talk

about?" This can once again take you back into the entire cycle of a call, and you may find that you have to go through the whole process once again-before you hit a comfortable point at which to end. Accordingly, be sure that you and your partner are clear about the goals of the that specific intervention, and, particularly when it feels as though the intervention is beginning to "wind down," be careful about making statements that, rather than helping the client feel contained and safe, cause them to open up, leaving them feeling exposed and vulnerable.

### 1. Relationship Establishment

- a. Show explicit empathy.
- b. Focus on emotions.
- c. Convey calm confidence.
- d. Convey warmth and genuineness.
- e. Be directive.

### 2. Information Gathering

- a. "Why today?"
- b. What is the current problem?
- c. What coping mechanisms have been tried already?
- d. What is the nature of support system - is it a resource or "cause?"
- e. Emphasize behavior change to more productive actions.
- f. De-emphasize "insight" - emphasize mobilization to change situation.
- g. "Normalize" distress as OK given the situation.
- h. Present yourself as an empathetic, calm, warm, hopeful, non-intrusive leader.
- i. Move from a trust-inducing "parent" to an initiative-encouraging peer-foster maturity.
- j. Assess unsatisfied needs - wants, goals, and why these aren't met.

### 3. Consensual Problem Formulation

- a. Problem agreed upon as the client sees it.
- b. Problem statement must make sense to client.
- c. Purpose is to clarify the range and limit of the problem.
- d. Problem stated clearly enough so as to imply action to be taken.

### 4. Take Break to Distance, Process, Problem Solve

- a. Purpose is for both client and therapist to gain perspective on the problem and the

session so far.

- b. Problem solving starts here -- each party looks for alternatives.*
- c. Therapist processes with another therapist outside system.*
- d. Used also to test client motivation for problem-solving.*

## 5. Problem Solving

- a. Both client and therapist examine alternative courses of action.*
- b. Aimed at the goal of at least a return to previous best level of functioning.*
- c. Not looking for "character restructuring".*
- d. Aims to achieve small behavioral alterations.*
- e. Structured planning conducted.*
- f. Initiative and responsibility gradually shifted to the client along with confidence in his ability to change.*
- g. Actions planned in line with client's goals, values, unmet needs.*
- h. Symptomatic relief sought.*
- i. Support system included.*
- j. Plans for further help in change are laid down -- other therapy, referrals, etc.*

## 6. Summary

- a. Steps used in interview are reviewed.*
- b. Client's progress in interview is made clear.*
- c. Plans arrived at are reviewed.*
- d. How plans are to be implemented is reviewed.*
- e. Future stress points are reviewed and predicted.*
- f. Sources of further help are reviewed.*
- g. Assessment made of clients' level of hopefulness, trust, expectations of change to meet needs, spontaneous expressions of relief and appreciativeness.*

## F. SPECIFIC TYPES OF CRISIS INTERVENTION AND CASE VIGNETTES

The following vignettes, while not exhaustive in terms of the breadth of cases seen, are representative of the most typical cases referred to the MCT and suggest some typical interventions and dispositions.

### 1. Domestic Disputes

The police consider domestic disputes some of the most dangerous situations they

handle. Due to the high potential for violence, we are often not called in by the police. However, once a situation has been assessed by the police to be safe and appropriate, we are asked to intervene in a wide variety of domestic disputes (e.g., mother-daughter, roommates, neighbors, tenant/landlord, couples, families, etc.). We cannot emphasize enough the importance of making our own assessment of the potential for violence before allowing the police to leave. Ideally, we arrive after the situation has been diffused. It is generally more effective, however, to separate the parties involved and split the team up to work with them on a one to one basis. In most cases, some kind of follow-up will be indicated before our role in helping to stabilize the situation is over.

- a. *Case Example: Ahmad is a 30-year-old Lebanese male who has been living in this country for eight years. Within the past two years he has been going through considerable stress as a result of depression and unresolved grief. During this time period, his brother was killed in Lebanon and his business ventures completely failed. Lack of employment, increasing debts and escalating anger began to alarm his wife, and she recently decided to leave him. Unable to endure the separation from his wife and child, Ahmad began to physically and verbally harass his wife. A court restraining order, which he violated, eventually brought in the police who requested the Mobile Crisis Team to intervene. Ahmad was in therapy for over four months with a MCT staff member. He slowly worked through the anger and unresolved grief he denied for so long. He ceased to bother his wife and gradually accepted the fact that they could no longer live together. Although Ahmad will continue to work out his difficulties through supportive therapy, there were some encouraging developments for him. He was able to secure part-time employment and was attempting to sell some of his art works to local businesses. His self-esteem greatly improved and he was optimistic about future plans.*
- b. *Case Example: Peter C., a 27 year old Asian man and his brother Allen, 32 years old, have a long history of conflict and domestic violence. Allen claims that Peter provokes him into a fight and goes around the house disturbing other family members. Peter talks of nightmares and has a belief that people are following him and that the F.B.I. is after him. Intervention by the Mobile Crisis Team was aimed at helping Peter feel less frightened, and setting up agreements between family members to use more effective ways of handling the potentially explosive situations.*

## 2. Children and Youth

As described in detail earlier in the section on child abuse reporting (Part III, Section

*C, No. 3), it is important to determine if there are children in the household or involved in the case. Always ask about children: Does the client have a child? If so, where is the child? Who else takes care of that child? It is best if you can interview or observe the child. It is also important to check on the parents' support system, getting permission to talk to grandparents or caretakers. When a parent is to be hospitalized, caretaking will need to be arranged for the child(ren).*

*Often children are overlooked in times of family crises not directly involving them. It is important to remind parents and caregivers that children are often profoundly affected by disruptions in their normal routine, and must be provided with appropriate support and counseling to prevent long-term emotional repercussions. (Family, Youth and Children's Services can often be of assistance in these cases.)*

- a. Case example: MCT is called to evaluate a man diagnosed as bi-polar, who has not been taking his medication. We were called by his grandmother, who was frightened as he had become increasingly violent. We arrive with the police and decide that the client needs hospitalization. While talking to the grandmother we learn the client's son is inside, scared, upset about his dad's bizarre behavior. After taking the client to Highland Hospital, we go back to check on the grandmother and child. We can see how upset he is and encourage them to talk. When great-grandmother sees how her great-grandchild is affected, she sees how therapy could be helpful and calls FYC. They are then seen on an ongoing basis.

### 3. The Homeless

In the last several years the homeless situation has become a major problem in the East Bay. Many homeless people also have psychiatric histories and lack the internal as well as external resources to provide for their basic needs. The Mobile Crisis Team has responded to more and more calls involving the homeless. We are usually called when there is a breakdown of the person's capacity to cope with being homeless. This may manifest as bizarre behavior on the street, conflicts with other people resulting in assaultive behavior, suicidal or homicidal ideation or threats, or other behavior that brings them to the attention of police or service providers.

The role of the Mobile Crisis Team when working with the homeless is twofold. Initially, we assess the client's level of functioning, the range of social services available to the client, and their capacity to use them. Subsequently, we can assist in locating shelter space, and providing a list of resources for the homeless. Alternatively, medical and/or psychiatric hospitalization may be necessary. Incarceration may be necessary when certain social limits are transgressed.

For daytime staff, the Homeless Outreach Team is an excellent resource, both for information pertaining to MCT referrals, and for co-facilitating interventions. When possible, in non-crisis referrals involving homeless people, MCT staff should attempt to consult with Outreach Team staff, to maximize the efficiency and effectiveness of the intervention.

Underlying clinical issues relevant to the homeless include depression, substance abuse, psychosis/schizophrenia, dual diagnosis, grave disability, and family issues such as divorce and separation.

An important step in the stabilization of the individual or family is maintaining or finding shelter, food, and financial assistance. Berkeley- Oakland Support Services and the Berkeley Emergency Food and Housing Project are the primary resources in Berkeley for these vital services.

Other resources in our work with the homeless include:

- Mental Health Advocates
- Berkeley Community Law Center
- Alameda County Social Services (G.A./S.S.I.)
- The Center for Independent Living
- Child Protective Services/Adult Protective Services
- Shelters

See the City of Berkeley Homeless Services Office [Berkeley Pocket Resource Guide](#) for a complete listing of homeless services.

- a. Case Example: Marsha B. is a 58-year-old woman recently discharged from Napa State Hospital after 23 years. After going to her mother's home to live, she was evicted by a brother who was unwilling to "put up with her strange behavior." She was homeless and penniless and quickly decompensated. Crisis staff are able to prevent re-hospitalization by providing support in the form of temporary housing, emergency funds and psychiatric care. She has since been placed in a private board and care home, has secured SSI disability funds, and is being case managed by staff at BMH.

#### 4. Geriatric

Many of our clients for both crisis intervention and follow-up work are elderly people. The police frequently call us in cases where they have contact with what they call

"L.O.L.'s" (little old ladies) or elderly gentlemen who need our help for a variety of reasons, including:

- a. Being in chronically poor health and unable to organize their own medical care. Such clients are often demented and possibly suffering from Alzheimer's disease.
- b. Being shut-in, handicapped, or otherwise unable to get out of the house and provide for their own food--for reasons similar to the above.
- c. Fearing harassment, robbery, or physical harm--either real or imaginary--from strangers, or even from family and friends.
- d. Being unable to maintain sanitary living conditions.
- e. Being in a current crisis such as a medical emergency, or a psychological emergency, involving depression or anxiety or any potential danger to themselves.

Geriatric cases are also referred to us from other family members, friends, neighbors, or AOP, and often become follow-up clients for whom we provide regular visitation and ongoing case management.

Each situation requires its own appropriate interventions, but generally speaking our first job is to assess for a possible 5150. If the client is gravely disabled or unable to care for him or herself, hospitalization is the necessary choice. Any cases involving possible or suspected abuse should be appropriately referred to Adult Protective Services.

In many cases where hospitalization is not (yet) necessary or appropriate, we help organize the client's resources, beginning with the immediate family. We try to find out what sons or daughters, brothers or sisters or other members of the family, if any, are available and willing to help. If the client or the family has limited or no financial resources--as is frequently the case--we help to put them in touch with the many resources for older adults available in the area.

Often there are no family members, neighbors or friends who are available for assistance, so we help arrange for the necessary care. If the client is able to get around, we connect them with a variety of senior health, educational, and recreational services. If the client is immobilized, we arrange for daily delivery of meals and food; chore-workers to provide housekeeping; in-home attendant and nursing care; medical and dental care; legal and financial aid.



To accomplish this we collaborate with a broad variety of local agencies and services, including:

- Over Sixty Health Center
- Adult Protective Services
- Northern California Alzheimer's Disease Center
- City of Berkeley Senior Centers
- Center for Independent Living

City of Berkeley Senior Services puts out a directory of senior services available in the Berkeley area on an annual basis. Any of the three Senior Centers can be contacted for a copy (644-6107, 6109, or 6036).

Working with elderly clients requires patience and sensitivity. Regular visits to monitor welfare and provide necessary ongoing care often reveal a long and complex family history which may provide a variety of current potential avenues for help ... or a dysfunctional, alienated family system with tremendous resistance to offered assistance.

Often there are long-standing fixed delusions. For example, several of our elderly clients report mysterious or supernatural intruders who take their most intimate possessions (false teeth, stockings, old papers, and photographs) or who perform abusive sexual acts as they sleep. These focused delusions are often defenses against failing mental and physical abilities, and cannot be confronted or dismantled as with a younger person.

Ultimately, this is a growing segment of our population with great need for our services. elderly clients do not usually "recover," but rather require continuous in-home care, and sometimes institutionalization and the services of a guardian or conservator, either in the family or provided by the County. Our job is to turn over that care of family or friends as early as possible. In the absence of that possibility, our job is to manage the case until other agencies and services can help and, hopefully, take over.

- f. Case Example: Donna W. is a 90-year-old woman referred to the Mobile Crisis Team by the Berkeley Police after they found her wandering the streets, very disoriented. Upon meeting with her, Donna is found to be dirty, disheveled, and unable to care for herself. After talking with neighbors, we locate a relative who is her conservator, although he is not meeting his responsibilities. After being informed of the alternatives (i.e., involuntary hospitalization), Donna's relative got

## Works-Wright, Jamie

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[Jworks-wright@cityofberkeley.info](mailto:Jworks-wright@cityofberkeley.info)

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Educational Announcement



**Attend the CIT International  
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**Crisis Response - who, what and how?**

**Wednesday, March 24, 2021**

**10:00a - 11:50a ET**

In this market place of ideas session, attendees will learn about the best practices of crisis response. Five subject matter experts will discuss various models of crisis response with the benefits and challenges of each. Crisis response system reform or development will also be introduced.

**Who should respond to behavioral health crises? Imagining a new behavioral health crisis response professional.**

**Wednesday, March 24, 2021**

**3:00p - 5:00p ET**

In the United States and elsewhere, law enforcement has increasingly been called on to take primary responsibility for addressing behavioral health crises in the community. However, in recent years, dissatisfaction with this arrangement across all stakeholders has led to calls to reduce or eliminate law enforcement involvement in behavioral health crisis response. This then begs the question of who should respond? In some communities, teams of master's level licensed clinicians respond to a subset of crisis events. Some communities pair clinicians with medics (nurse/paramedic) while others include peer providers. In this workshop, we will convene a group

with diverse expertise (mental health, crisis intervention, law enforcement, emergency medical services, emergency communications, peer services, community health works, advocacy) to develop guidelines for qualifications and training of emergency behavioral health responders. Special attention will be paid to ensuring recommendations are responsive to the concerns of race equity.

The goal is to discuss, and potentially begin outlining, a new profession akin to the emergency medical technician that is focused on behavioral health crisis response. We are starting from the premise that this does not require master's level clinicians, who may or may not have the appropriate training for a community crisis response role. We hope to develop a model that accommodates safety concerns, is scalable, and provides rapid career entry for peers and individuals from communities most impacted by over-policing.

## **Police-based Models and Mental Health Crisis Response Alternatives**

**Friday, March 26, 2021**

**11:00a - 11:50a ET**

Crisis response is ever changing. In this session, four researchers will discuss police-based crisis response models and alternatives to the standard of requiring police to take on primary responsibility.

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### Jamie Works-Wright

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**From:** Numainville, Mark L.

**Sent:** Tuesday, March 23, 2021 5:05 PM

**To:** Allen, Shallon L. <SLAllen@cityofberkeley.info>; Allen, Shannon <ShAllen@cityofberkeley.info>; Bednarska, Dominika <DBednarska@cityofberkeley.info>; Bellow, LaTanya <LBellow@cityofberkeley.info>; Bryant, Ginsi <GBryant@cityofberkeley.info>; Buckley, Steven <StBuckley@cityofberkeley.info>; Burns, Anne M <ABurns@cityofberkeley.info>; Carnegie, Brittany <BCarnegie@cityofberkeley.info>; Castrillon, Richard <rcastrillon@cityofberkeley.info>; Chu, Stephanie <SChu@cityofberkeley.info>; Cole, Shamika S. <SSCole@cityofberkeley.info>; Crane, Fatema <FCrane@cityofberkeley.info>; Davidson, Amy <ADavidson@cityofberkeley.info>; Enke, Joe <jenke@cityofberkeley.info>; Funghi, Amelia <Afunghi@cityofberkeley.info>; Garcia, Viviana <ViGarcia@cityofberkeley.info>; Greene, Elizabeth <EGreene@cityofberkeley.info>; Harvey, Samuel <SHarvey@cityofberkeley.info>; Hollander, Eleanor <EHollander@cityofberkeley.info>; Jacobs, Joshua <JJacobs@cityofberkeley.info>; Javandel, Farid <FJavandel@cityofberkeley.info>; Katz, Mary-Claire <MKatz@cityofberkeley.info>; Lee, Kristen S. <KSLee@cityofberkeley.info>; Lovvorn, Jennifer <JLovvorn@cityofberkeley.info>; May, Keith <KMAY@cityofberkeley.info>; McDonough, Melissa <MMcDonough@cityofberkeley.info>; Mendez, Leslie <LMendez@cityofberkeley.info>; Miller, Roger <RMiller@cityofberkeley.info>; Obermeit, Heidi <hobermeit@cityofberkeley.info>; Pearson, Alene <apearson@cityofberkeley.info>; PRC (Police Review Commission) <prcmailbox@cityofberkeley.info>; Romain, Billi <BRomain@cityofberkeley.info>; Slaughter, Kieron <kslaughter@cityofberkeley.info>; Terrones, Roberto <RTerrones@cityofberkeley.info>; Tsering, Dechen <DTsering@cityofberkeley.info>; Uberti, Mike <MUberti@cityofberkeley.info>; Works-Wright, Jamie <JWorks-Wright@cityofberkeley.info>

**Cc:** Commission <Commission@cityofberkeley.info>

**Subject:** Commissioner Stipend Update

Commission Secretaries,

Please see the attached memo regarding the updates to the commissioner stipend program.

Mark Numainville, City Clerk  
City of Berkeley  
2180 Milvia Street, 1st Floor  
Berkeley, CA 94704  
(510) 981-6909 direct  
[mnumainville@cityofberkeley.info](mailto:mnumainville@cityofberkeley.info)





City Clerk Department

March 23, 2021

To: Commission Secretaries  
 From: Mark Numainville, City Clerk  
 Subject: Commission Low-Income Stipend Reform

On March 9, 2021, the City Council adopted Resolution No. 69,739-N.S. increasing the qualifying annual household income threshold and the per meeting stipend for eligible members of certain boards, commissions, committees, task forces, and joint subcommittees (eligible recipients). **These changes will go into effect on July 1, 2021**, after adoption of the Fiscal Year 2022 budget. Additional funds will be budgeted to cover the expected increase in eligibility and stipend amount. City Clerk staff are working on the associated changes to the implementing Administrative Regulation (AR 3.2).

The qualifying annual household income was adjusted from \$20,000 to the Alameda County 50% Area Median Income (AMI) for a three-person household for stipend and reimbursement in lieu of expenses for eligible recipients. The three-person Alameda County AMI was used to set the Mayor's salary for Measure JJ that was approved by Berkeley voters on November 3, 2020.

Persons in Household	Annual Income Extremely Low (30%)	Annual Income Very Low (50%)	Annual Low Income (80%)	Annual Income Median (100%)
3	\$35,250	\$58,750	\$94,000	\$117,500

The meeting stipend amount was also increased from \$40 to \$100 per meeting (not to exceed four meetings per month) with an annual Consumer Price Index (CPI) inflator. Reimbursement for actual expenses incurred including child care, paid attendant services for elderly care, and support services as a disabled member for meeting participation remain unchanged.

Additionally, eligible recipients requesting reimbursement for child care expenses, paid attendant services for elderly care, and support services as a disabled member for meeting participation are subject to AB 1234. State law AB 1234 requires completion of an online ethics training course within one year of the first day of service, and every two years thereafter. The ethics course is available online at no cost. Upon completion of the course, a printed and signed certificate of participation must be on file with the secretary in order to be eligible for reimbursement.

To establish eligibility, Commissioners must still file the Annual Declaration Form with the secretary. Claims for reimbursement will still be filed with the secretary and processed pursuant to procedures established in AR 3.2.

The City Clerk Department is updating the Annual Declaration Form, payment form, and checklist as part of the update to Administrative Regulation 3.2.

If you have any questions, please e-mail the Commission Inbox, [commission@cityofberkeley.info](mailto:commission@cityofberkeley.info).

Attachments:

1. Referral Response: Commission Low-Income Stipend Reform (March 9, 2021)
2. Resolution No. 69,739-N.s.





Office of the City Manager

CONSENT CALENDAR

March 9, 2021

To: Honorable Mayor and Members of the City Council  
 From: Dee Williams-Ridley, City Manager  
 Submitted by: Mark Numainville, City Clerk  
 Subject: Referral Response: Commission Low-Income Stipend Reform

RECOMMENDATION

Adopt a Resolution adjusting the qualifying annual household income to the Alameda County 50% Area Median Income (AMI) for a three-person household for stipend and reimbursement in lieu of expenses for members of certain Boards, Commissions, and Committees, increasing the stipend to \$100 per meeting with an annual Consumer Price Index (CPI) inflator, and rescind Resolution No. 64,831-N.S.

FISCAL IMPACTS OF RECOMMENDATION

Based on responses from commission secretaries for 2019, there are currently 9 Commissioners that qualify for and claim the low-income stipend, for an annual cost of approximately \$2,480. With an increase in the qualifying annual income and an increase in per-meeting stipend from \$40 to \$100, it is anticipated that there will be an increase of eligible recipients. The total cost of increasing the stipend is estimated at \$35,000. This estimate assumes approximately 35 members of Council-appointed board, commissions, committees, task forces, and joint subcommittees qualify and apply for the proposed stipend. Stipends are paid for with funds from multiple funds.

As resources have not been appropriated for this proposed increase in FY 21, if the attached Resolution is adopted by City Council, city staff will submit a budget request so that the new stipend can take effect as soon as July 1, 2021 upon adoption of the Fiscal Year 2022 budget. If resources are not available in the FY 22 budget for the proposed increase in the stipend, city staff will work with the City Council to identify funding opportunities in subsequent funding cycles.

CURRENT SITUATION AND ITS EFFECTS

This report responds a referral that originally appeared on the agenda of the December 1, 2020, Council meeting and was authored by Councilmember Robinson. Councilmember Robinson recommended increasing the annual household income cap to 50% of Area Median Income (AMI) for Alameda County and adjust it based on each commissioner's household size, with an annual update. The recommendation also included increasing the stipend to \$78 per meeting and updating it annually with the Berkeley minimum wage.

Staff research found that the qualifying income rate of \$20,000 has not been adjusted since 1991 and the stipend amount was last increased to \$40 in the year 2000.

### *Proposed Formula*

Staff's recommendation is to use 50% of the median household income for a three-person household in Alameda County as the cap to qualify for the low-income stipend and reimbursement. Setting the qualifying amount at a single threshold for all commissioners will make the program easier to administer for both commissioners and city staff. The three-person median household income for Alameda County was used for setting the Mayor's salary in the Charter amendment approved by voters in November 2020. The current (2020) AMI for a three-person household in Alameda County is \$117,500. Fifty percent of that figure is \$58,750 as shown in the chart below.

<b>Persons in Household</b>	<b>Annual Income Extremely Low (30%)</b>	<b>Annual Income Very Low (50%)</b>	<b>Annual Low Income (80%)</b>	<b>Annual Income Median (100%)</b>
3	\$35,250	\$58,750	\$94,000	\$117,500

The Councilmember's proposed stipend amount of \$78 was based on minimum wage rates. Applying the \$40/\$20,000 ratio of .002 to the \$58,750 qualifying threshold resulted in a stipend of \$118. The Police Accountability Board and Independent Redistricting Commission both have their compensation for Commissioners set at \$100 per meeting, with an annual increase based on CPI. Staff is recommending that for consistency, the low-income stipend amount be set at \$100 per meeting, not to exceed four meetings per month.

If the Council adopts the new stipend formula resolution, there will be associated changes made to the implementing Administrative Regulation (AR 3.2), and additional updates to account for the transition from FUND\$ to ERMA.

### BACKGROUND

On July 25, 1974, Council adopted Resolution No. 46,721-N.S., authorizing reimbursement in lieu of actual expense paid or incurred by members of certain boards, commissions and committees, and authorizing payment of actual expenses under certain terms and conditions. The qualifying annual household income was capped at \$12,000 per year and the meeting reimbursement set at \$7.50 per meeting with a maximum of \$15.00 per month.

On October 1, 1991, Council adopted Resolution No. 56,110-N.S., authorizing an increase to \$20,000 for the maximum annual household income and the per meeting stipend to \$20, not to exceed two meetings per month.

On April 11, 2000, Council adopted Resolution No. 60,505-N.S., increasing the per meeting stipend to \$40, not to exceed two meetings per month. Resolution No. 64,831-N.S., adopted April 20, 2010, increased the meetings per month eligible for reimbursement to four.

Each commission secretary is responsible for submitting a reimbursement request on a quarterly basis, and the reimbursements are funded through individual department budgets.

#### ENVIRONMENTAL SUSTAINABILITY

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

#### RATIONALE FOR RECOMMENDATION

As part of Measure JJ that was approved by Berkeley voters on November 3, 2020, the three-person Alameda County AMI was used to set the Mayor's salary. For consistency, the low-income eligibility cap to qualify for the proposed new stipend was set at 50% of AMI as well. Additionally, the per-meeting stipend is recommended at \$100 per meeting to maintain consistency with the Police Accountability Board and Independent Redistricting Commission.

#### ALTERNATIVE ACTIONS CONSIDERED

Council could choose to use a different size household for the area median income, a different percentage, or set the stipend at a rate lower than the comparison commissions, while still increasing the amount from its current rate. Council could also choose to take no action or defer taking action until a later date.

#### CONTACT PERSON

Mark Numainville, City Clerk, (510) 981-6900D

#### Attachments:

- 1: Resolution
- 2: Original Referral Report from December 1, 2020

RESOLUTION NO. 69,739-N.S.

AUTHORIZING REIMBURSEMENT IN LIEU OF ACTUAL EXPENSES PAID OR INCURRED BY MEMBERS OF CERTAIN BOARDS, COMMISSIONS, COMMITTEES, TASK FORCES, AND JOINT SUBCOMMITTEES, AND AUTHORIZING PAYMENT OF ACTUAL EXPENSES UNDER CERTAIN TERMS AND CONDITIONS AND RESCINDING RESOLUTION NO. 64,831-N.S. AND ALL AMENDMENTS

WHEREAS, it is in the public interest to remove barriers from citizen participation on boards, commissions and committees of the City of Berkeley; and

WHEREAS, the Council of the City of Berkeley finds and determines that it is in the public interest to alleviate this hardship by reimbursing and paying certain minimum allowances for expenses incident to attending official meetings of said bodies; and

WHEREAS, such allowances are determined to be in lieu of actual expenses paid or incurred by said members, except in the case of actual expenses incurred for child care and actual expenses incurred by a member who must employ a paid attendance to provide care for a dependent elderly person while he or she attends meetings; and

WHEREAS, the Council of the City of Berkeley finds and determines that it is in the public interest to reimburse for these support costs when they create and economic hardship for disabled members of boards, commissions and committees; and

WHEREAS, Resolution No. 64,831-N.S., known as the Stipend Resolution, is being rescinded and readopted to change the qualifying household income cap to 50% of Annual Median Income (AMI) for a three-person household in Alameda County, increase the per meeting stipend to \$100 per month, and reaffirm the current policy and procedures.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley as follows:

Section 1. ELIGIBILITY OF BOARDS, COMMISSIONS, COMMITTEES, TASK FORCES AND JOINT SUBCOMMITTEES

This resolution shall apply to members of Council-appointed boards, commissions and committees, and temporary task forces and joint subcommittees established by Council (collectively "Eligible Recipients"). Payments in lieu of expenses for other than members of Council-appointed boards, commissions, committees, task forces and joint subcommittees, shall be addressed as part of the Council's budgetary process.

## Section 2. ANNUAL STATEMENT OF ELIGIBILITY

Eligible recipients desiring said payments shall file annually with the secretary of the board, commission, committee, task force, or joint subcommittee ("secretary"), a statement certifying that their family income for the preceding year was below the limits specified in Section 3.

Eligible recipients listed as dependents on their family's Federal Income Tax, shall file annually with the secretary, a parental statement certifying that the family income for the preceding year was below the limits specified in Section 3.

## Section 3. FINANCIAL LIMITATIONS ON ELIGIBILITY

Those eligible recipients whose family gross income as filed jointly for Federal Income Tax purposes is below the Alameda County 50% Area Median Income (AMI) for a three-person household per year shall be entitled to receive payments as set forth in section 5.

When an eligible recipient becomes aware that their annual family income has or will exceed the Alameda County 50% AMI for a three-person household, that member shall immediately notify the secretary, and request that their eligibility to receive payments be cancelled.

When an eligible recipient whose family income for the preceding year was more than the Alameda County 50% AMI for a three-person household finds that their family income for the current year will be below the Alameda County 50% AMI for a three-person household, they may file a certified declaration with the secretary describing the general circumstances which have occurred that resulted in the lower income. Such certified declaration shall make the person again eligible for payments pursuant to Section 5 of this Resolution.

## Section 4. DISABLED SUPPORT

Eligible recipients who are disabled and whose incomes fall within the limitations set forth in Section 3, qualify for reimbursement for the costs of readers to help in reviewing written materials in the meeting packets, for attendants to accompany members to meetings, and other support costs that are required in order to allow such disabled members to participate fully in meeting deliberations.

Disabled eligible recipients desiring reimbursement for these costs, will file in addition to the statement of eligibility set forth in Section 2, a statement with the secretary that certifies the support services that the member requires in order to participate fully. If the member's needs change, they will immediately notify the secretary. Otherwise, the statement certifying the need for support services will continue to be in effect for the duration of the eligible recipient's term of appointment.

## Section 5. REIMBURSEMENT

Eligible recipients are authorized to receive \$100 for each official meeting attended, not to exceed four meetings each month and reimbursement for actual expenses incurred upon presentation of a receipt from the person(s) providing the following services:

- a) Child care expenses incurred by a member while they attend meetings;
- b) Expenses incurred by a member who must employ a paid attendant to provide care for a dependent elderly person while they attend meetings;
- c) Expenses incurred by a disabled member who requires support services in order to participate fully on board, commission or committee meetings.

An "official meeting" is defined as a duly noticed, properly agendized, regular or special meeting of the full board, commission, or committee.

For a meeting that is cancelled, claims may only be submitted if it is for a meeting where the attendees and secretary believed that the meeting would proceed as scheduled, and for which eligible recipients and the secretary actually showed up and waited a reasonable period beyond the meeting start time for the quorum to be met before canceling.

The \$100 stipend amount shall be annually adjusted by the Bay Area Consumer Price Index.

Additionally, eligible recipients requesting reimbursement for child care expenses, a paid attendant for elderly care, or expenses incurred for support services as a disabled member, are subject to AB 1234. State law AB 1234 requires completion of an online ethics training course within one year of the first day of service, and every two years thereafter.

The ethics course is available at no cost online on the FPPC website. Upon completion of the course, a printed and signed certificate of participation must be filed with the secretary in order to be eligible for reimbursement,

## Section 6. CLAIMS

Claims for reimbursement in lieu of actual expenses paid or incurred shall be filed with the secretary. Said secretary shall process the claim for payment pursuant to procedures established by City Administrative Regulation 3.2 and as amended by the City Manager.

Section 7. REIMBURSEMENT NOT SUBJECT TO FINANCIAL LIMITATIONS

- A. Human Welfare and Community Action Commission. The Human Welfare and Community Action Commission provides for alternate representatives of the poor to be elected or appointed when a vacancy occurs. Alternate representatives of the poor shall be eligible for stipend payments when serving in place of the principal member.
- B. Commission on Disability. Pursuant to Berkeley Municipal Code Section 3.66.040, low income status for members of the Commission on Disability is not a prerequisite for reimbursement of attendant care expenses.

BE IT FURTHER RESOLVED that the new stipend rate and qualifying threshold shall take effect upon the date which City Council appropriates resources in the General Fund for the increase in the stipend, but no earlier than July 1, 2021.


BE IT FURTHER RESOLVED that Resolution No. 64,831-N.S. and all amending resolutions are hereby rescinded upon the date the new stipend rate and qualifying threshold take effect.

The foregoing Resolution was adopted by the Berkeley City Council on March 9, 2021 by the following vote:

Ayes: Bartlett, Droste, Hahn, Harrison, Kesarwani, Robinson, Taplin, Wengraf, and Arreguin.

Noes: None.

Absent: None.

  
 \_\_\_\_\_  
 Jesse Arreguin, Mayor

Attest:   
 \_\_\_\_\_  
 Mark Numainville, City Clerk