

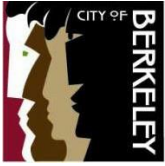


Health, Housing & Community Services  
Mental Health Commission

To: Mental Health Commissioners  
From: Karen Klatt, Commission Secretary  
Date: May 13, 2019

### Documents Pertaining to 05/23/19 Agenda items:

Agenda Item	Description	Page
2. A.	Approval of May 23, 2019 Meeting Agenda	1
2. C.	Approval of April 25, 2019 Meeting Minutes	3
8.	Mental Health Manager Updates for May	
	<ul style="list-style-type: none"> <li>• May Mental Health Manager Report</li> <li>• Stipend and Reimbursement in Lieu of Expenses of Eligible Community Members Providing Certain Services to the Mental Health Division</li> <li>• March 20, 2018 Work Session: Mental Health Division</li> <li>• BMH Caseload Statistics for April 2019</li> </ul>	<p>6 10 17 29</p>



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

## **Berkeley/Albany Mental Health Commission**

**Regular Meeting**  
**Thursday, May 23, 2019**

**Time: 7:00 p.m. – 9:00 p.m.**

**1947 Center Street**  
**Basement, Multi-Purpose Room**

# **AGENDA**

***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.*

- 7:00 pm**
- 1. Roll Call**
  - 2. PRELIMINARY MATTERS**
    - A. Action Item: Agenda Approval**
    - B. Public Comment**
    - C. Action Item: Approval of the April 25, 2019 Minutes**
  - 3. Bonita House Presentation – Lorna Jones**
  - 4. Discussion and Possible Action on the role of police in providing mental health services using crisis intervention and de-escalation methods**
  - 5. Discussion and Possible Action on Draft Mental Health Commission Work Plan**
  - 6. Discussion and Possible Action on Subcommittee Reports**
    - Site Visit Subcommittee
    - Diversity Subcommittee
    - Accountability Subcommittee
    - Membership Subcommittee
  - 7. Discussion and Possible Action on Commissioner appointment to the Berkeley Mental Health, Planning Committee for Staff Training on LGBTQ people of color and mental health/substance use**
  - 8. Mental Health Manager Updates for May - Steve Grolnic-McClurg**

A Vibrant and Healthy Berkeley for All  
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**9. Berkeley Mental Health Staff Announcements**

**10. Prioritize Agenda Items for June Meeting**

**11. Announcements**

**9:00pm 12. 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 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: Karen Klatt, Mental Health Commission Secretary at 981-7644 or [kklatt@ci.berkeley.ca.us](mailto:kklatt@ci.berkeley.ca.us).



*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. Thank you.***

**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 Family, Youth and Children's Clinic at 3282 Adeline St, Berkeley.*



Department of Health,  
Housing & Community Services  
Mental Health Commission

## Berkeley/Albany Mental Health Commission Unadopted Minutes

Regular Meeting  
April 25, 2019

1947 Center Street  
7:00pm  
Basement, Multi-Purpose Room

Members of the Public Present: Andrew Phelps, Marilyn Sagna, Christine Schwartz, Lorraine Taggart; Glenn Turner.

Staff Present: Steve Grolnic-McClurg, Karen Klatt, Barbara White, Jamie Works-Wright.

### 1. Call to Order at 7:07pm

Commissioners Present: Erlinda Castro, boona cheema, Margaret Fine, Shelby Heda, Paul Kealoha-Blake, Ben Ludke, Shirley Posey; Commissioners Absent: Cheryl Davila (arrived 7:20pm).

### 2. Preliminary Matters

#### A. Approval of the April 25, 2019 Agenda

**M/S/C (Castro, Posey) Motion to approve the April 25, 2019 Mental Health Commission Meeting Agenda – PASSED**

**Ayes:** Castro, cheema, Fine, Heda, Kealoha-Blake, Ludke, Posey; **Noes:** None; **Abstentions:** None; **Absent:** Davila (arrived 7:20pm).

#### B. Public Comment – There was four Public Comments.

#### C. Approval of the March 28, 2019 Meeting minutes

**M/S/C (Davila, Fine) Motion to adopt the Pass unadopted Meeting minutes of March 28, 2019 - PASSED**

**Ayes:** Castro, cheema, Davila, Fine, Kealoha-Blake, Ludke, Posey; **Noes:** None; **Abstentions:** Heda; **Absent:** None.

\*Minutes were approved out of sequence, after item number 3.

### 3. Presentation by Berkeley Mental Health Diversity and Training & Multicultural Coordinator – No Action Taken.

\*At this point, the February 28, 2019 Meeting Minutes were approved out of sequence.

**4. Discussion and Possible Action on Commission Council Item on the use of Restraint Devices**

**M/S/C (Davila, Castro) Withdraw the resolution that was previously passed regarding spithoods and replace it with the Council Item including a new resolution that is before us today – PASSED**

**Ayes:** Castro, cheema, Davila, Fine, Heda, Kealoha-Blake, Ludke, Posey;

**Noes:** None; **Abstentions:** None; **Absent:** None.

**5. Discussion and Possible Action on Mental Health Commission 2018 Annual Report**

**M/S/C (Davila, Fine) Motion to approve the Annual Report and submit it to the Berkeley City Council with the Council Item that the Chair will write - PASSED**

**Ayes:** Castro, cheema, Davila, Fine, Heda, Kealoha-Blake, Ludke, Posey; **Noes:** None; **Abstentions:** None; **Absent:** None.

**6. Discussion and Possible Action on Subcommittee Reports – No Action Taken.**

- Site Visit Subcommittee
- Diversity Subcommittee
- Accountability Subcommittee
- Membership Subcommittee

**7. Exit Statement of Mental Health Commissioner – No Action Taken.**

**8. Mental Health Manager Update for April – No Action Taken.**

**9. Mental Health Services Act FY20 Update – No Action Taken.**

\*At this point it was 8:55pm and a motion was made to extend the meeting.

**M/S/C (Heda, Davila) Motion to extend the meeting to 9:15pm - PASSED**

**Ayes:** Castro, cheema, Davila, Fine, Heda, Kealoha-Blake, Ludke, Posey;

**Noes:** None; **Abstentions:** None; **Absent:** None.

**10. Berkeley Mental Health Staff Announcements/Update**

Commission Secretary, Karen Klatt clarified a previous question from the Commission regarding whether Commissioner contact information is provided to community members upon request. She also distributed an email that she previously sent to Commissioners, regarding her schedule in May.

**11. Prioritize Agenda Items for May Meeting – Presentation from Bonita House; Crisis Intervention discussion.**

**12. Announcements – Community Member Andrew Phelps shared information on Social Justice and on a lecture that was held on April 16<sup>th</sup> at Wheeler Hall. Commission Secretary, Karen Klatt, reminded everyone about the “May Is Mental Health Month” event on May 16<sup>th</sup> and on how you can nominate someone to receive an award at that event for doing outstanding work in the Mental Health field.**

**13. Adjournment – 9:15pm**

**M/S/C (cheema, Fine) Motion to adjourn the meeting – PASSED**

**Ayes:** Castro, cheema, Fine, Heda, Kealoha-Blake, Ludke, Posey; **Noes:** None; **Abstentions:** None; **Absent:** None.

**Minutes submitted by:** \_\_\_\_\_  
**Karen Klatt, Commission Secretary**



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

## **MEMORANDUM**

**To:** Mental Health Commission  
**From:** Steven Grolnic-McClurg, Mental Health Manager  
**Date:** May 13, 2019  
**Subject:** Mental Health Manager Report

### Role of Peers in Providing Support and Stipends for Peers

The mental health division has utilized existing job classifications to employ peers and family members as employees. We utilize the Community Health Worker Specialist classification as the entry level position, the Assistant Mental Health Clinician classification as the mid-level position, and the Social Services Specialist classification as the top-level position in this series. None of these classifications require a license, and are sequenced so that experience can replace education for all classifications. We have been successful in utilizing these classifications to hire peers and family members in permanent jobs in a variety of teams, including HOTT, TOT, CAT, Wellness and Recovery, and Family Support.

A question about lived experience has been added to the supplemental questions when individuals apply to get on a list for almost every classification the mental health division utilizes (in some classifications used throughout the City, we are not able to add mental health specific questions). Further, almost every interview for an open position in the mental health division includes a question regarding lived experience. While it is not allowed to ask any job applicant about their health conditions, we have been very successful in working with human resources in crafting questions that allow applicants to discuss their lived experience if they choose to do so.

Beyond this, I personally meet with every new hire in the division. During this meeting, I tell my personal story as a family member and a mental health consumer. I explain to each employee that I tell this story because stigma is the major barrier to accessing treatment, and because my experience is that most individuals who work in mental health choose this career because either they or someone they loved was helped or should have been helped through behavioral health concerns. I encourage staff to explore the use of their lived experience in treatment, while respecting boundaries. I also explain that while specific peer positions are very important to the division, most clinicians are peers or family members as well.

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One of the major differences between clinicians and peer providers is that peer providers are publically identified as having experienced mental health concerns and are prepared to use that experience in helping others, while most clinicians do not identify their mental health concerns publically and most clinical training programs do not train clinicians on how to use that information to help others.

In the past, the mental health division has contracted with community based organizations for specific training opportunities within mental health division. Most recently, we contracted with Building Empowerment Strategies Through Networking On Wellness! (BestNow!) for stipended interns, creating a six month long placement opportunity. The goal of internships like this is to support consumers in developing job skills, not specifically to lead to employment with the City of Berkeley. We contract with community based organization for these internship opportunities because they City does not allow for stipended internships except when the internship is part of a contracted educational opportunity (graduate mental health programs for the mental health division). Otherwise, individuals need to be either volunteers (no pay) or employees hired through the standard competitive hiring process used for all City of Berkeley employees.

We are looking at options currently to again contract with a community based organization for another time-limited work experience internship, possibly as wellness coaches in the waiting rooms at various mental health division locations. In addition, the mental health division contracts with community based organizations to increase the availability of peer providers throughout the system of care – for instance, the RFP for the Wellness Center required that the majority of staffing is done by peers, and we support all our contractors in hiring peers in their projects. We also currently have a contract with the Bay Area Hearing Voices Network for free weekly drop-in groups for individuals who experience voices, visions, special messages, unusual beliefs or extreme states of consciousness. This groups is co-facilitated by trained group leaders with lived experience and has an average weekly attendance of 10-12 adults.

We currently have a proposed policy that would allow us to utilize stipends for co-facilitators of support groups – see attached proposed policy. We have worked with the legal department many times around this issue, and have received clear guidance about the inability for the division to give stipends to mental health consumers beyond the adoption of such a policy.

In terms of employment, the evidence based intervention that is utilized for mental health consumers is Individual Placement and Support (IPS). This approach is used widely throughout Alameda County, is part of the wellness center staffing, and is the planned approach of the Social Services Specialist position the mental health division is hiring to support consumer employment. IPS has proven throughout the country that, similar to housing first, the best way to get and retain competitive employment is to support consumers in applying for competitive employment and supporting them in these positions – not to use internships and work like activities to “get consumers ready for employment.



## Spit Hoods

The chair of the MHC requested that I report on my position regarding the use of spit hoods. I appreciate the concerns raised by community members and the mental health commission around the use of spit hood on individuals with mental health concerns. In my position as the mental health division manager, I can't evaluate the needs of the Berkeley Police Department in utilizing spit hoods for their staff safety.

## Whole Person Care Pilot

The Alameda County Whole Person Care Pilot is best described by their website, at <http://accareconnect.org/>. The website provides a good basic overview of the program:

### Eligibility Requirements for Services

- AC Care Connect is designed to focus on patients with the highest medical, behavioral health, social and housing needs
- To be enrolled in Alameda County Care Connect, a client must be actively enrolled in Medi-Cal  
(For assistance enrolling in Medi-Cal or to check your Medi-Cal status, [click here](#).)
- In addition to having active Medi-Cal, a client must meet one of the following:
  - Experienced homelessness in the prior 24 months
  - Met frequent user criteria in at least 2 crisis systems
  - Enrolled in a comprehensive case management program:
    - Full Service Partnership (FSP), Level 1 Service Team, Alameda Health System (AHS) Complex Care, Community Health Center Network Care Neighborhood, Alameda Alliance for Health (AAH) Health Homes, AAH Telephonic Case Management, Anthem Blue Cross Telephonic Case Management, Targeted Case Management, Sutter High User Clinic

### Benefits of Enrolling into AC Care Connect

- Assistance with accessing housing resources
- Support navigating the health care system for individuals with complex medical, behavioral health and social needs
- Transition support for individuals to move from Skilled Nursing Facilities (SNFs) to supportive housing
- Help getting connected to social services or mental health services

### Indirect Benefits

- Training and support for Care Coordinators across the county
- Expansion of the behavioral health crisis response system
- Improved coordination of care and information sharing between care team members across organizations

## List of AC Care Connect Services

- Bundle Services
  - Housing Transition or Housing Navigation: intensive case management for clients who are homeless and need assistance getting linked to resources for permanent supportive housing and other housing options
  - Skilled Nursing Facility Transition: intensive case management support for clients transitioning from skilled nursing facilities to connect with stable housing
  - Tenancy Sustaining: intensive case management support for clients who have stable housing but need coaching, tools, resources, and assistance maintaining their current housing situation
  - Care Management: intensive case management support for clients with complex medical needs who may benefit from support addressing social determinants of health
- Additional Services
  - Housing Education
  - Housing Legal Services
  - Care Coordination across the Alameda County care system

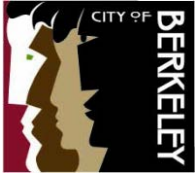
In my experience, the primary area where Berkeley Mental Health consumers have been enrolled in Care Connect is at the HUB, which added in a number of housing navigators to provide case management related to housing needs and connection to primary care for HUB participants. We do regularly communicate with the HUB around these shared clients to ensure that there is not a duplication of services and to ensure care coordination. There has been some confusion in the guidance provided by Alameda County around the dually enrolled clients, but at this point things appear to be operating smoothly.

## City Council Work Session Report

The chair of the MHC requested that I attach the April 20th Work Session report. Please see the attached report, which gives an overview of the division staffing, services, and funding.

## Mental Health Services

Attached, as always, you will also find the monthly caseload statistics. Please note that during the month of April, the mental health division delivered ongoing services to 502 individuals, and that 212 other individuals received outreach, crisis, or linkage services (and this does not include individuals who were connected to services through our access units in the Adult and FYC clinics, nor does it include Wellness and Recovery activities and groups).



HEALTH HOUSING & COMMUNITY SERVICES  
MENTAL HEALTH DIVISION  
POLICIES & PROCEDURES

Last Revised: November 7, 2017  
Original Policy: May 2010  
Policy Author: QI Program Manager

**MANDATED FOR:**

- ALL BMH
- FYC
- ASP
- TAY/TIP
- MCT
- DIRECT SERVICE
- INDIRECT SERVICE
- CLERICAL
- MANAGERIAL
- INTERNS/ VOLUNTEERS

\_\_\_\_\_  
Steve Grolnic-McClurg, LCSW  
Manager of Mental Health Division

**1.5: Stipend and Reimbursement in Lieu of Expenses for Eligible Community Members Providing Certain Services to the Mental Health Division.**

**Authority:**

[Mental Health Services Act \(State Proposition 63\)](#)

[City of Berkeley Administrative Regulation, Administrative Regulation 3.2, Stipend and Reimbursement in Lieu of Expenses for Members of Certain Boards, Commissions and Committees](#)

[City of Berkeley Administrative Regulation, Administrative Regulation 3.9, Policies and Procedures for Payment of Conference and Meeting Attendance](#)

**Purpose**

The purpose of this policy is to establish guidelines for paying stipends and expense reimbursement for Mental Health Services Act (MHSA) policy, planning and participatory activities to certain community members who might otherwise incur an economic hardship.

In accordance with MHSA guidelines, planning for mental health services shall be consistent with the philosophy, principles and practices of the Recovery Vision which includes the promotion of the Key concepts of hope, personal empowerment, respect, social connections, self-responsibility and self-determination. Fundamental concepts of MHSA include the development of a consumer and family-driven, culturally responsive system in which community members with lived experience identify their needs and preferences, which in turn leads to the creation of programs that will help them most. Providing financial assistance to eligible individuals promotes consumer, family member and unserved/underserved community participation.

**Definitions**

**Consumer** – a person who has lived experience of mental illness and/or has received or is currently receiving mental health services. Most helpful to our planning process are consumers who are specifically recipients of Berkeley Mental Health services.

**Family Member** –A person, who has provided primary support for, is a primary caregiver of, or whose daily life is impacted by, being a family member (by personal or biological definition) of a person who is living with symptoms of mental illness. Family members may be the biological parents, foster parents, siblings, spouses, domestic partners, children, aunts, uncles, cousins, friends, or anyone else whom the consumer defines as “their family members”.

**Unservd/Underserved/Inappropriately served Community member** – The MHSA strives to improve and increase services and supports for individuals and families from cultural and ethnic populations that are traditionally unserved and underserved in the mental health system. Berkeley’s Mental Health Services Act Three-Year Plan FY2018-20 identifies Asian Pacific Islanders (API); Latinos; Lesbian, Gay, Bi-Sexual, Transgender, Queer/Questioning, Inter-Sexed (LGBTQI); Senior Citizens; and Transition Age Youth (TAY) as traditionally unserved and underserved in Berkeley/Albany. African Americans have been an additional population of focus as data indicates they are overrepresented in the mental health system and hence “inappropriately served”, which could be due to being provided services that are not culturally responsive and/or appropriate.

**Community Member** – In this policy refers to a consumer, family member or an Unserved/Underserved Community member.

## Policy

The Mental Health Division is committed to the fullest involvement of consumers, family members and unserved/underserved communities in planning, developing, providing and evaluating services for clients of all ages. Stipends are therefore available to eligible community members to offset some of the expenses incurred as a result of direct participation in key activities of the Mental Health Division. These activities include but are not limited to participation in committee meetings, consultations, focus groups, programs reviews, hiring panels and co-facilitating support groups. This process must be responsive to the ethnic and cultural diversity of our community and encourage involvement by monolingual consumers/family members and consumers with disabilities from underserved.

## Procedure

### A. Eligibility Guidelines

1. To be eligible for receipt of stipends, a selected community member must have an income that is no higher than 200% of the current Federal Poverty Level (FPL) guidelines (see references).
2. The Quality Improvement Supervisor will identify staff to update the Annual Declaration Form to reflect 200% of the current Federal Poverty Level.
3. Community members who are minors must have eligibility declaration forms co-signed by a parent or legal guardian attesting that the combined family income falls under the above guidelines based on family size.
4. To establish eligibility, community members must file an appropriate declaration form with the Mental Health Division, initially and annually before May 31 each year thereafter.
5. Eligible community members who are disabled and are seeking reimbursement for support services must file with the Mental Health Division a statement of support services he/she requires in order to fully participate. If the member’s needs change, he/she must immediately notify the Mental Health Division.

6. Every effort will be made to ensure that community members receiving stipends reflect the age, gender, cultural, and linguistic diversity of the local community.
7. No community member shall receive stipends or reimbursements for more than two ongoing committees (including the Mental Health Commission) at the same time without specific approval by the Quality Improvement Supervisor.
8. An eligible community member is authorized to receive \$30 for a 1 hour or longer meeting that is attended.
9. Only after a Requisition for Stipend Position form is completed and approved will Mental Health Division staff identify and invite consumer/family members to be considered for stipends.
10. In certain situations, travel expenses may be considered when determining the appropriate stipend value.

#### B. Identifying Qualifying Services/ Functions

1. The following committees, panels and activities are examples of committees that have had significant and ongoing time commitments and the need for consumer/family member participation and are therefore considered stipend-qualifying functions, subject to continued availability of funding:
  - a. Continuous Quality Improvement Committee
  - b. MHSA Advisory Committee
  - c. Hiring panels for Mental Health Division staff positions
  - d. Wellness/Recovery Transformation Board
  - e. Diversity and Multi-Cultural Committee
  - f. Pool of Consumer Champions, Berkeley Chapter
  - g. Health Equities Committee
  - h. Co-facilitation of support groups
2. For participation on a committee, panel or other volunteer service not specifically identified above which staff determines will require a significant or on-going time commitment, staff shall complete a Requisition for Community member Stipend Position and send the Requisition to the Quality Improvement Supervisor for consideration. The Quality Improvement Supervisor will make a determination that: 1) the proposed activity is eligible under this policy and 2) there are available funds for the stipend(s).

#### C. Limitations

1. The Stipend program is intended to defray expenses associated with community member involvement in Mental Health Division planning meetings and short-term projects. Community member participation on committees, panels and other programs is on a volunteer-basis only. Stipends are not salaries or wages. No stipend will be available if a community member participates in any activity as part of paid employment, either through the City or another employer.
2. No community member shall receive a stipend or reimbursement for more than two ongoing committees (*including the City of Berkeley Mental Health Commission*) at the same time without specific approval of the Quality Improvement Supervisor.

3. Community members will not be eligible for stipends for attendance at a public meeting designed to offer opportunities for general stakeholder or community input or for attendees to gain general knowledge. (*Example – attendance at a community forum concerning the MHSA or a WRAP training would not qualify for stipends.*)
4. Community members will not receive stipends for services provided unless the Mental Health Division has approved both the services and the stipend payment in advance.
5. Community members who consistently obstruct the process and purpose of a committee or meeting may be asked to forfeit their stipend.

#### D. Responsibilities

1. Mental Health Division staff will consult with the Quality Improvement Supervisor around needs for community member participation, and the appropriate stipend, if any to offer.
2. The Consumer Liaison will coordinate administration of all stipends for consumers, the Family Services Specialist will coordinate administration of all stipends for family members and the Multi-Cultural Services Coordinator will coordinate administration of stipends to unserved and underserved community members.
3. The Consumer Liaison, the Family Services Specialist and the Multi-Cultural Services Coordinator may develop training for potential participants on the expected role of the community member in relationship to specific assignments, issues of confidentiality, etc. Stipends may be available to community members to offset some of the expenses resulting from participation in such training.
4. The Consumer Liaison, Family Services Specialist and the Multi-Cultural Services Coordinator will submit Special Payment Forms, a list of the stipends being given by committee or activity and a sign-in sheet documenting the each person's attendance at the meeting or activity to the Quality Improvement Supervisor or his/her designee by the 1<sup>st</sup> of each month.
5. The Consumer Liaison, the Family Services Specialist and the Multi-Cultural Services Coordinator will each maintain a copy of the list of stipends they have given each month.
6. It is the responsibility of the Quality Improvement Supervisor to submit payment forms to the Health Administrative Financial Specialist by the 10<sup>th</sup> of each month. The forms must contain the names of the eligible community member; names of any eligible board, commission, committee or task force meeting; and the amount due to each eligible consumer or family member.
7. Administrative Support Staff will maintain the original copies of all Declarations regarding eligibility on file and attach a copy each time an FNO24 is submitted for payment.

#### References:

2017 Federal Poverty Guidelines <https://aspe.hhs.gov/poverty-guidelines>

#### Attachments:

- 1- Requisition for Community Member Stipend Position(s)

- 2- Annual Declaration Form
- 3- Special Payment Form

Attachment 1



Health, Housing & Community Services  
Mental Health Division

**Requisition for Community Member Stipend Position(s)**

Date(s) community members will be needed \_\_\_\_\_

How many consumers will you be needing? \_\_\_\_ Family members? \_\_\_\_

Members of unserved/underserved communities? \_\_\_\_

For how long will they work? \_\_\_\_\_ (# of hours) \_\_\_\_\_ (# of days)

Total # of stipends in this request \_\_\_\_\_

What will they be doing? (Be specific about tasks and roles.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who will be the BMH onsite supervisor (person the community members report to, who verifies attendance, etc)? \_\_\_\_\_

Would like help with recruitment of community members? \_\_\_\_ If yes, indicate demographics:

\_\_\_\_\_

*Standard stipend is \$30 for approximately 1 hour or more of participation unless otherwise indicated.*

Name \_\_\_\_\_

Date \_\_\_\_\_

**Return Completed Requisition to Quality Improvement Supervisor**

-----

For Office Use Only

Approved by Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Denied reason: \_\_\_\_\_



Department of Health Services  
Mental Health Administration

**ANNUAL DECLARATION FORM RESPECTING ELIGIBILITY FOR REIMBURSEMENT  
EXPENSES FOR PARTICIPATION IN  
MENTAL HEALTH SERVICES ACT (MHSA) PLANNING ACTIVITIES**

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. Berkeley Mental Health Policy 1.5 describes the conditions for receiving an MHSA stipend.

I, \_\_\_\_\_ certify to the following:

- 1) That my adjusted gross income reported individually, or as part of a family joint Federal Income Tax Return, was less than 200% of the Federal Poverty Guidelines\* for the Year\_\_\_\_\_;
- 2) I will file this declaration form every year no later than May 31<sup>st</sup>, with the Quality Improvement Supervisor;
- 3) I will notify the Quality Improvement Supervisor as soon as I am aware that my family's current year income exceeds 200% of the Federal Poverty Guidelines and request that my eligibility be canceled.

\_\_\_\_\_  
Signature

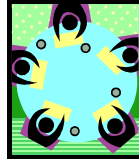
\_\_\_\_\_  
Date

\*200% of Federal Poverty Guidelines for 2017 are:

<b>Persons in family</b>	<b>Maximum Combined Income</b>
1	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640

For families with more than 8 persons, add \$8,360 for each additional person.





## MHSA SPECIAL PAYMENT FORM\*

\*Not to be used for Commission payments

Name of Participant: \_\_\_\_\_

Participant Phone: \_\_\_\_\_

Name of Committee, Board or Panel	Date of meeting	Rate	Total amount due	Total paid year to date*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Participant's Signature \_\_\_\_\_  Please hold check for pick up

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

- Consumer Liaison   
  Family Services Specialist   
  Multi-Cultural Coordinator

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

Quality Improvement Supervisor

**CERTIFICATION AND AUTHORIZATION FOR A 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.

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

For Department and City Manager



Office of the City Manager

WORKSESSION  
March 20, 2018

To: Honorable Mayor and Members of the City Council  
From: Dee Williams-Ridley, City Manager  
Submitted by: Paul Buddenhagen, Director, Health, Housing & Community Services  
Subject: Work Session: Mental Health Division

SUMMARY

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

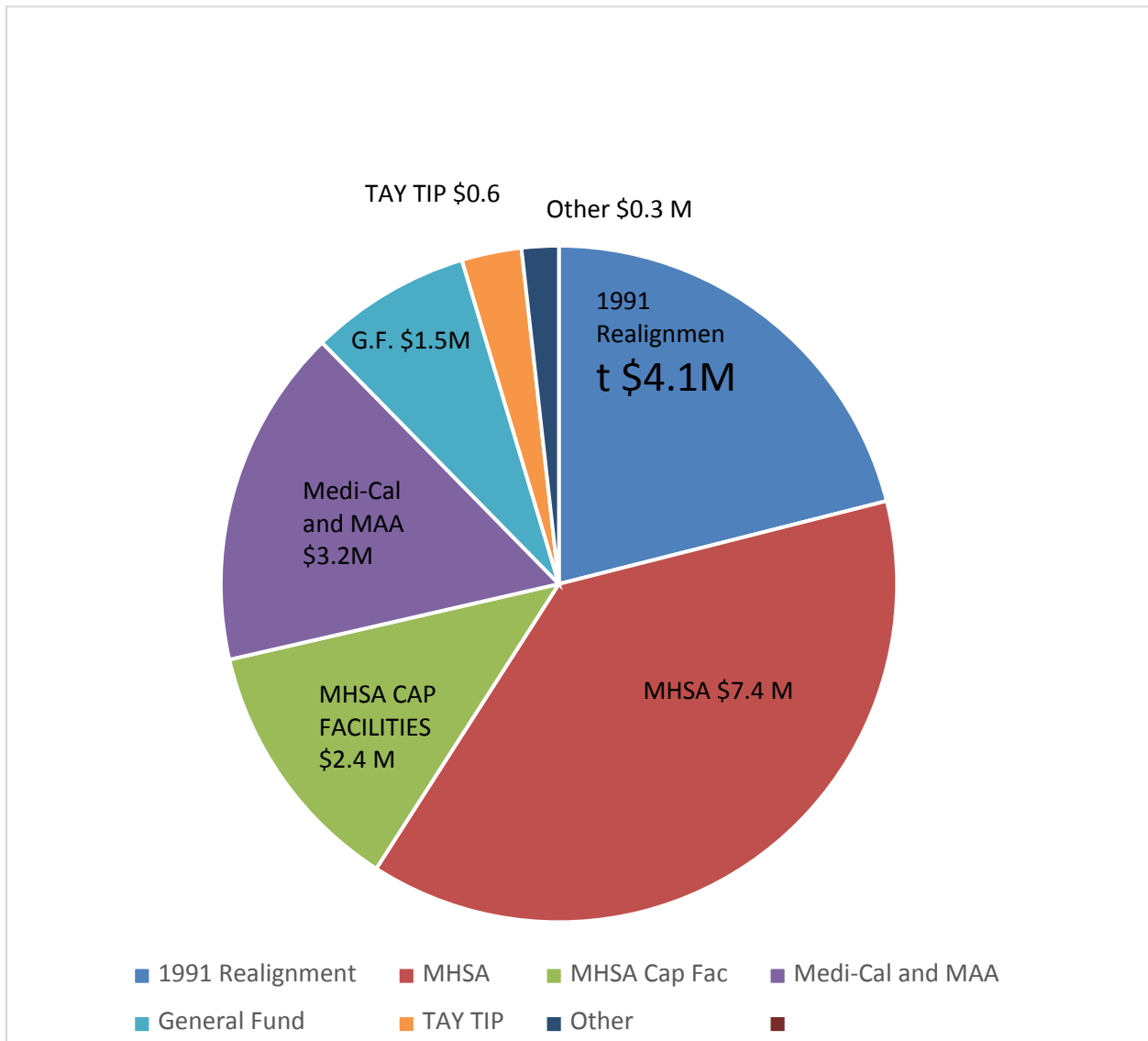
CURRENT SITUATION AND ITS EFFECTS

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

Funding

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

Berkeley Mental Health FY 2018 Budget



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

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

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

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

[https://www.cityofberkeley.info/Health\\_Human\\_Services/Mental\\_Health/MHSA\\_Plans\\_and\\_Updates.aspx](https://www.cityofberkeley.info/Health_Human_Services/Mental_Health/MHSA_Plans_and_Updates.aspx).

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

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

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

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

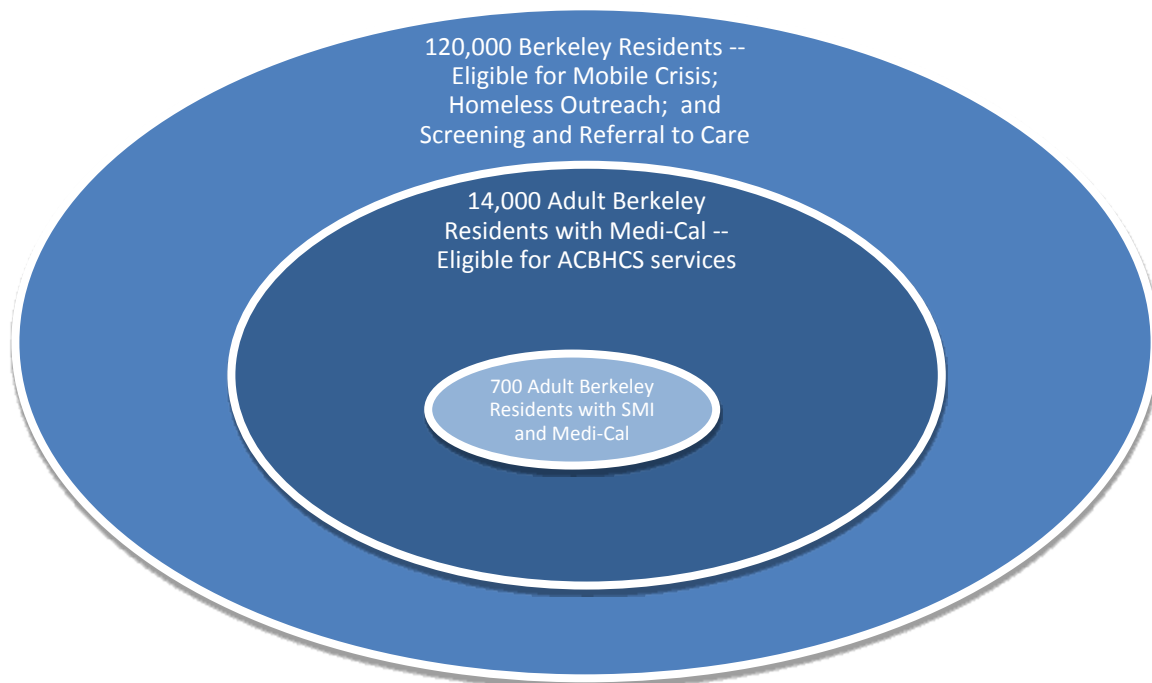
**Other Funding:** The Mental Health Division receives a variety of other funding, including fee for service reimbursement for Educationally Related Mental Health Services (EHRMS); Early and Periodic Screening, Diagnostic, and Treatment (EPSDT); and Transition Aged Youth Transition To Independence Process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

#### Relationship with Alameda County

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

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

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



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

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



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

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

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

#### Family, Youth and Children's Services

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

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

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

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

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

#### TAY-TIP

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

#### Crisis and Access

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

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

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

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

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



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

### Medical Team

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

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

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

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

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

### Strengths

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

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

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

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

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

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

### Challenges

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

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

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

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

BACKGROUND

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

ENVIRONMENTAL SUSTAINABILITY

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

CONTACT PERSON

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**1Berkeley Mental Health Caseload Statistics for  
April 2019**

Adult Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Monthly Cost Per Participant Per Budget*	Fiscal Year 2019 Demographics as of January, 2019 – Data Incomplete Per YellowFin
<b>Adult, Older Adult and TAY Full Service Partnership (FSP)</b> (Highest level outpatient clinical case management and treatment)	1-10 for clinical staff.	6 Clinicians 1 Team Lead	68	\$1,793	81 Clients American Indian: 1 Apl: 4 African-American: 27 Hispanic: 5 Other: 27 White: 17 Male: 51 Female: 30
<b>Adult FSP Psychiatry (data from Feb)</b>	1-100	.35 FTE	56	\$515	
<b>Comprehensive Community Treatment (CCT)</b> (High level outpatient clinical case management and treatment)	1-20	9.5 Clinicians .5 Lead Clinician 1 Non-Degreed Clinical 1 Manager	172	\$819	205 Clients Apl: 6 African-American: 73 Hispanic: 9 Other: 56 White: 61 Male: 115 Female: 90
<b>CCT Psychiatry (data from Feb)</b> <b>Focus on Independence Team (FIT)</b> (Lower level of care, only for individuals previously on FSP or CCT)	1-200  1-20 Team Lead, 1-50 Post Masters Clinical 1-30 Non-Degreed Clinical	1.0  1 Clinical Supervisor, 1 Licensed Clinician, 1 CHW Sp./ Non-Degreed Clinical	133  100	\$305  \$352	108 Clients Apl: 3 African American: 39 Hispanic: 3 Other: 22 White: 41 Male: 69 Female: 39
<b>FIT Psychiatry (data from Feb)</b>	1-200	.5	86	\$350	

Family, Youth and Children's Services	Intended Ratio of staff to clients	Clinical Staff Positions Filled	# of clients open this month	Monthly Cost Per Participant Per Budget*	Fiscal Year 2019 Demographics as of January, 2019 – Data Incomplete Per YellowFin
Children's Full Service Partnership	1-8	2.0 Clinical	14	\$1892	22 Clients API: 2 African-American: 9 Hispanic: 2 Other: 2 White: 7 Male: 13 Female: 9
Early and Periodic Screening, Diagnostic and Treatment Prevention (EPSDT) /Educationally Related Mental Health Services (ERMHS)	1-20	2.5 Clinical	52	\$947	73 Clients API: 5 African-American: 26 Hispanic: 10 Other: 18 White: 14 Male: 48 Female: 25
High School Health Center and Berkeley Technological Academy	1-6 Clinician (majority of time spent on crisis counseling)	2.5 Clinical	Treatment: 73 Groups: 8 offered, 8 conducted Drop In (Crisis): 33	N/A	N/A

<b>Crisis, ACCESS, and Homeless Services</b>	<b>Staff Ration</b>	<b>Clinical Staff Positions Filled</b>	<b>Total # of Clients/Incidents</b>
<b>Homeless Outreach and Treatment Team (HOTT)</b>	1-10 Case Manager 1-3 Team Lead	1 Team Lead 3 Case Managers	26 enrolled clients for the month. 39 non-enrolled individuals received outreach.
<b>HOTT Psychiatry (data from Feb)</b>	1-100	0	0
<b>Mobile Crisis</b>	N/A	3 Clinicians, 1 Team Lead	<ul style="list-style-type: none"> <li>• 139 Incidents</li> <li>• 55 5150 Evals</li> <li>• 22 5150 Evals leading to involuntary transport</li> </ul>
<b>Transitional Outreach Team (TOT)</b>	N/A	1 Non-Licensed Staff	34 Incidents

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

\* Monthly costs determined by dividing yearly budgeted amounts for programs by number of participants, then dividing this rate by 12.