Office of the City Manager

CONSENT CALENDAR
July 16, 2013

To: Honorable Mayor and Members of the City Council

From: Christine Daniel, City Manager

Submitted by: Jane Micallef, Director, Health, Housing & Community Services

Subject: Revenue Agreement: Alameda County Transition to Independence Program for Berkeley Mental Health

RECOMMENDATION

Adopt a Resolution authorizing the City Manager to execute a revenue agreement with Alameda County Behavioral Health Care Services, and any amendments thereto, for outpatient mental health services to transition age youth in the amount of $537,854 for the term July 1, 2013 through June 30, 2014, and approving the designations as listed on the Alameda County Health Care Services CBO Community Agency Contract Signature Authorization form.

FISCAL IMPACTS OF RECOMMENDATION

Approval of this agreement will provide funding in the amount of $537,854 for the Transition to Independence (TIP) program operated by the Berkeley Mental Health Division's Family Youth and Children's Clinic (FYC). The funds cover expenses for 3.55 FTE positions, clinic operating expenses, and client supports such as housing and food assistance. Following the Department's submission of the FY 2014 Budget, Alameda County increased the funding level for this program by $10,546; therefore revenue is currently budgeted at a lower amount of $527,308 in FY 2014 budget codes 061 4431-331-40-82. The expenditure budget for TIP is also budgeted at $527,308 (budget codes 061-4431-440-1101 through 061-4431-440-9999). The Department will recommend an increase to these budget accounts in the first Amendment to the Annual Appropriations Ordinance (AAO#1) in the fall to reflect the change. This agreement has been entered into the citywide contract management system and assigned CMS No. HJ22M.

CURRENT SITUATION AND ITS EFFECTS

TIP is a Full Service Partnership program providing intensive therapeutic services to clients, between the ages of 16 and 25, including those transitioning from foster care and the juvenile criminal justice systems. The main objective of the program is to provide clients with skills so that they can live independently after treatment. Since inception of the program in FY 2008, 25% of TIP clients have graduated and are now living independently with minimal or no support from the system.

The agreement requires FYC to maintain a caseload of approximately 20 transition age youth annually. The TIP program provides outreach and engagement, clinical assessment, medical and psychiatric intervention, and clinical case Management services and coordination with other community based agencies. FYC proposes to staff the program with 1.0 FTE Assistant Mental Health Clinician, 1.0 FTE Psychiatric Social Worker II, .50 FTE Community Health Worker, .25 FTE Psychiatrist (Hourly), .15 FTE Mental Health Program Supervisor, .50 FTE Office Specialist II, and a .15 FTE Associate Management Analyst.

As part of the contract process, the County requires that the Council designate which City staff are authorized to enter into and execute formal agreements and sign invoices, financial documents and similar binding documents on behalf of the City related to this agreement. This Council action provides such authorization.

BACKGROUND

The Berkeley Mental Health Division has received funding through annual agreements with Alameda County Behavioral Health Care Services since FY 2008 to provide clinical and case management services to transition age youth through the TIP program. The funding is from the County's allocation of Mental Health Service Act funds (Proposition 63).

RATIONALE FOR RECOMMENDATION

Services provided under this agreement allow FYC to serve the highest need transition age youth in Berkeley. Funding from this revenue agreement has been included in the FY 2014 budget and fully supports the personnel and direct expenditures required to operate this important program.

ALTERNATIVE ACTIONS CONSIDERED

If the Council does not authorize this revenue contract, the Mental Health Division would discontinue the TIP program.

CONTACT PERSON

Kelly Wallace, Deputy Director, HH&CS, (510) 981-5107
Fawn Downs, Mental Health Program Supervisor, HH&CS (510) 981-5236
Diane Hayes, Associate Management Analyst, HH&CS, (510) 981-5227

Attachments:
1: Resolution Approving Revenue Agreement
    Exhibit A: Signature Authorization Form

RESOLUTION NO. ##,###-N.S.

REVENUE AGREEMENT: ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES FOR MENTAL HEALTH SERVICES FOR TRANSITION AGE YOUTH

WHEREAS, the City of Berkeley Mental Health Division has previously been awarded revenue contracts by Alameda County for mental health services to transition age youth; and

WHEREAS, the City of Berkeley received notification from Alameda County Behavioral Health Care Services on May 8, 2013 of its intent to enter into a revenue contract with the Mental Health Division for FY 2014 for the TIP program in the amount of $537,854; and

WHEREAS, the City of Berkeley Mental Health Division proposes to continue providing these services with existing positions and has included the program funding in the FY 2014 budget; and

WHEREAS, the County requires that the City Council authorize the CBO Contract Signature Authorization form, which authorizes the City Manager and her designees to sign documents on behalf of the City on matters related to this contract.

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager is authorized to execute a revenue agreement (CMS No. HJ22M) with Alameda County Behavioral Health Care Services, and any amendments thereto, for outpatient mental health services to transition aged youth in the amount of $537,854 for the term July 1, 2013 through June 30, 2014 (revenue budget code 061-4431-331-40-82 and expenditure budget codes 061-4431-440-1101 through 061-4431-440--9999), and that Council approves the designations as listed on the Alameda County Health Care Services CBO Contract Signature Authorization form, attached hereto as Attachment A. A record signature copy of said contract to be on file in the Office of the City Clerk.

Exhibits
A: Signature Authorization Form

EXHIBIT A

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
CBO CONTRACT SIGNATURE AUTHORIZATION

BE IT HEREBY RESOLVED that the City Council of

The City of Berkeley

empowers the individuals designated below to bind this corporation and declares that they are authorized to enter into and execute formal agreements (including contracts) and sign invoices, financial documents and similar binding documents on behalf of the corporation.

Number of signatures required to bind the corporation (i.e., sign the contract): 1

Mark the appropriate column(s) to indicate the authority for each individual to sign those documents.	FORMAL AGREEMENTS (INCLUDING CONTRACTS AND EXHIBITS A & B)				INVOICES AND OTHER FINANCIAL DOCUMENTS			
	Agency Admin	Alcohol & Drug	Mental Health	Public Health	Agency Admin	Alcohol & Drug	Mental Health	Public Health
Signature Christine Daniel, City Manager Printed Name and Title	X		X	X				
Signature Jane Micallef, Director of Health, Housing & Community Services Printed Name and Title							X	X
Signature Kelly Wallace, Deputy Director of Health, Housing & Community Services Printed Name and Title							X	X
Signature Shana Amenaghawon, Administrative & Fiscal Services Manager Printed Name and Title							X	X
Signature Printed Name and Title								

{ } Check here if this is an amendment only.

This City Council resolution shall be in effect until rescinded or amended by the City Council.

We certify that the foregoing resolution was adopted by the City Council of

The City of Berkeley

Corporate Name as shown on Certificate of Incorporation

at a meeting held in _____, California on the _____day of _____, 20_____.

_____ Signature of Board Chairperson

_____ Signature of Board Secretary

Revised 6/26//08