

Meet Berkeley Mental Health's New Manager

Summarized by Thomas T. Thomas

At our May 28 meeting, **Steven Grolnic-McClurg, LCSW**, the new Manager of Mental Health in the City of Berkeley's Department of Health, Housing, and Community Services, spoke about mental health issues and the services offered by the city. He only started in January, "so I'm still trying to know what we do well and what we need to work on."

In his previous career, Grolnic-McClurg worked at a preschool and then took a teaching credential and taught elementary school in Berkeley. He next studied under a clinical program in social work and joined the Pioneer Valley Mental Health Center in Springfield, MA. "That city is a lot like Richmond," he said, "with a mix of African-Americans, Puerto Ricans, and Portuguese-Americans." Pioneer Valley served a mix of consumers, from children to seniors, with a range of diagnoses from adjustment disorders to schizophrenia. There he learned that most consumers are impaired by other issues as well, like racism, unemployment, and housing, in addition to mental health. "Therapy for them was like a foxhole in a war zone," he said. Going out into the community and learning about the consumers' challenges, he determined that treatment of mental health must be part of the fabric of people's lives.



*STEVEN GROLNIC-MCCLURG,
LCSW*

Grolnic-McClurg transitioned into an administrative position, where he proposed a cost-neutral project to keep people out of hospitalization through medication, counseling, therapy, and addressing life issues like housing and jobs—"treating people as they are." He gained a deeper appreciation of case management and "the power of lived experiences in helping people transform their lives."

Back in the Bay Area, he worked at the Rubicon Program in Richmond, which provides wrap-around mental health services for adults. "But you can only do so much as an agency if the county system is not working," he said. He got involved in the Mental Health Services Act (MHSA, or Proposition 63) and primary care integration. Then he became Mental Health Director of Contra Costa County, before he was approached by Berkeley Mental Health (BMH).

Grolnic-McClurg also said he grew up in a family—and married into one—that was impacted by mental health issues. As an adult, he has also gone on and off antidepressants, and he was homeless in his late teens. "Stigma is a huge issue," he

said. He noted that many mental health providers have experience of illness either on their own or with a loved one.

He is a member of the California Mental Health Planning Council, which is half consumers and family members, half service providers. This group oversees mental health care throughout the state.

Berkeley is in a unique position, he said, because California provides mental health services to people who are on Medicaid (also called Medi-Cal) or uninsured through a waiver—which waives the rights of poor people to choose where they get services. Instead, the state provides funding for mental health services at the county level and through some municipalities, such as Berkeley. “So we are essentially an insurance provider,” he said. Berkeley is a hybrid, funded for and providing some services directly, partnering with Alameda County for others.

Berkeley Mental Health runs an **Adult Clinic** serving people 18 and up who are on Medi-Cal or uninsured and have a serious impairment.¹ People with low to moderate impairment get services through the Alameda Alliance for Health; those with moderate to serious impairment go through the Alameda County access line.

The Adult Clinic offers three levels of care:

- **Assertive Community Treatment (ACT)** at the highest level, with a provider-to-consumer ratio of 1 to 10. It offers full-service partnerships with flexible funding to provide whatever the consumer needs. ACT includes aggressive outreach, 24/7 phone coverage, and a high frequency of interaction, on the order of once or twice a week.
- **Community Treatment Team (CTT)** at the next level, for people who are more stable. CTT has a ratio of 1 to 25, case management by licensed staff, and interaction every one to two weeks.
- **Medication Monitoring**, where the consumer meets with a psychiatrist and gets meds with minimal case management. This level is for people who have graduated from the higher levels of service.

Berkeley Mental Health also runs the oldest **Mobile Crisis Team** in the state. The team has a strong relationship with the Police Department, is available from 10 am to 10 pm to go out on calls, and does 5150 evaluations.

The BMH **Children’s Clinic** is for those under 18 who are similarly on Medi-Cal or uninsured and seriously disturbed. The program is offered at some schools, including Berkeley High School, and includes therapy and case management. The clinic currently has MHSA-funded openings for a peer-support position and a family advocate. “In the kids’ world,” Grolnic-McClurg said, “case management includes family support.”

All of BMH’s services are available to residents of both Berkeley and Albany.

He noted that the department has great staff who work hard, but still they have a lot of distance to travel in terms of family support and wellness and

¹ “Serious impairment” includes a mental health diagnosis, functional impairment, and/or a history of not making it at a lower level of care, such as homelessness, a physical health problem, or co-occurring substance abuse.

recovery programs. “We’re not as strong as we could be about providing support so that people can live as full a life as anyone else,” he said.

Q. What would help you move down that road?

A. “This is one of the reasons I was hired,” Grolnic-McClurg said. He said BMH needs to put customer service as a high priority—and not just consumers but their families and those they impact. One way to do this is putting in place support groups and education programs for families and for wellness and recovery. Another way is to make family support and outreach a part of the manager’s and supervisor’s jobs. And finally, the staff needs to receive feedback from families.

Q. NAMI East Bay recently held a Voice Hearing workshop with Ron Coleman. Is BMH interested in such peer-led groups?

A. We’ve heard of this Coleman group, and if someone from NAMI would champion this, we could try to make it happen. The BMH staff already understands that recovery doesn’t mean losing symptoms but dealing with them.

Support groups in general are missing from the system of care in Berkeley. However, BMH should not necessarily run these groups. Rather, they need to explore ways to fund and operate them, such as a wellness center for consumers.

Q. If Laura’s Law, requiring mandated treatment, were to pass in Alameda County, would that help you—or swamp you?

Ten programs, including a form of Laura’s Law, were proposed to the Alameda County Board of Supervisors, and they passed all but that one. On mandated treatment, the supervisors said to go away and come back with an alternative that serves the same purpose. Grolnic-McClurg was on the work group tasked with seeking alternatives. It’s not clear who would pay for Laura’s Law services—the county? The county’s MHSA funds? Or BMH funds?

Still, the mental health system is broken. People should not be lying in the streets. If Laura’s Law or a system of community conservatorship were implemented in the county, BMH would use that as a tool. In the meantime, everyone is following with interest the implementations in Orange County and potentially in San Francisco, which are larger communities than Berkeley.

Q. Which services are covered by BMH funding and which by Alameda County?

A. It’s a very complicated situation. Part of his job, Grolnic-McClurg said, is to make the situation clear for everyone, and he hoped to have a better answer by this time next year.

Q. Now that the Affordable Care Act requires parity of mental health with physical health, is there any payment procedure whereby BMH could provide services and charge Kaiser or other HMOs for them?

A. Private insurance wouldn’t pay high enough rates to cover BMH’s levels of service, he said. If someone has private insurance, or low to moderate impairment under Medi-Cal, they should use the county’s phone access line to get services.

But the world changed with the Affordable Care Act, and now the private insurers have to build a whole new level of care. “They don’t have the option anymore of not providing mental health care,” he said. “We need them to take up their share.”