

Berkeley Mental Health: A Time for Growth

Summarized by Thomas T. Thomas

Steven Grolnic-McClurg, LCSW, is manager of the Berkeley Mental Health (BMH) Division,¹ which provides services for Berkeley and Albany residents. Coming from a similar position in Contra Costa County two and a half years ago, he brings more than twenty years of experience in leading organizations and developing programs that are results-oriented and responsive to community needs. As someone who takes antidepressants himself, whose family is dealing with mental health issues, and was homeless as a teenager, he has a deep passion for increasing health integration and fighting disparities.

“I always mention my background in introductions,” he said, “because it helps to reduce stigma around mental health issues. There have been profound changes in California in the last few years with the Mental Health Services Act [MHSA], which also provides funding for anti-stigma programs.”

Berkeley-Albany is one of just two communities in the state that have their own mental health plans funded by MediCal, which normally provides services through the county. While BMH tries to coordinate services with Alameda County, our residents actually get two-for-one benefits.

BMH runs two mental health clinics: one for adults at 2640 Martin Luther King, Jr. Way, and one for children up to age 18 at 3282 Adeline Street.

“**The children’s clinic** is smaller,” he said, “and has no dedicated money from the state, so we need to be strategic.” This clinic is a level-one provider for children with high-end emotional disturbances, and it has a psychiatrist who can prescribe medications. The clinic offers full-service partnerships for both children with high needs and for transition-age youth, age 16 to 24, providing a licensed clinician and a social services coordinator who is also a family member. These services are available to residents with MediCal. The clinic also plans to focus more on the very young, babies and toddlers up to age five, with more screening and influence over their care.

BMH also partners with the Berkeley Unified School District to provide care in the public schools, with service locations at Berkeley High School and Berkeley Technology Academy. The division also provides Educationally Related Mental Health Services (ERMHS) to students receiving special education services without restriction on funding.



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¹ See their website: www.ci.berkeley.ca.us/mentalhealth/.

“We are making changes in our approach to school-age children,” he said. “We are adding staff, focusing our services more on prevention than on triage, and trying cognitive behavioral treatment in dealing with trauma. We can’t prevent trauma in children, but we can give them skills for coping.”

BMH is also seeking an Innovations Grant under MHSA to create a “Trauma-Informed System of Care,” which means that if a teacher or administrator sees a child acting in a certain way, he or she can understand the issues involved, then respond and make appropriate referrals without stigmatizing the child. This program will start as a pilot in Berkeley’s elementary schools, with hopes to expand to the rest of the district.

“**The adult clinic** is larger, but the site is in a bad state of repair and needs complete refurbishing,” Grolnic-McClurg said. So, starting in the fall, and using MHSA funds and the division’s savings, BMH will relocate this clinic to a site on University Avenue for the time needed to gut the Martin Luther King, Jr. Way location—except for the chapel—and rebuild it into a secure, first-class facility. Since the temporary site will also require some rebuilding, once the adult clinic moves back to its refurbished facility, the children’s clinic will permanently move to the University Avenue site, which is conveniently located on bus lines and between BART stations.

“We’ll really be busy with this move,” he said. “And changes like this are always stressful for both staff and patients. But the new clinic locations will be safer, cleaner, and more respectful of our patients’ needs.”

The adult clinic is open for walk-in assessments Monday through Thursday, and on Friday the staff meets for an assessment conference and referral to the correct level of care. “We don’t treat most of our walk-ins directly,” Grolnic-McClurg said, “because we treat only the most severe cases. But we refer the rest to other care providers as quickly as possible—usually within a week of coming to us. We consider ourselves the ‘front door of care.’”

The clinic offers a full-service partnership that serves about 60 to 65 patients at a time, taking people with the most serious mental health conditions plus a secondary major risk like homelessness, impaired physical health, or a history of jail time. “We can do a great job,” he said, “but we’re not successful with everyone—usually people without insight into their condition or who can’t commit to a system of care.” BMH is also part of the pilot program for Assisted Outpatient Treatment in Alameda County.

In addition to the full-service partnership, the adult clinic offers a Community Care Team (CCT) consisting of a clinical case manager and a nurse. “As people do better,” he said, “we try to move them down in the system to a lower level of care.” Another program is Focus on Independence (FIT) to help patients become more stable at that lower level. FIT offers the services of a psychiatrist for medication and a clinical case manager for making referrals.

Services for people not in the system include the Mobile Crisis Team, which operates 11:30 am to 1 am and will soon add a second team for the peak call hours of 2:30 to 10 pm. “Last year we saw a rise in the number of 5150s² to more than

² An involuntary, 72-hour hold under the Welfare and Institutions Code 5150 for people who are a “danger to self or others or gravely disabled.”

1,200 annually,” Grolnic-McClurg said. “That’s four a day—and about a 30% increase over three years ago. Our best theory is that this increase is due to methamphetamine use in the community—which means that people can usually calm down once the drug leaves their body. The good news is the suicide rate is lower in Berkeley, in Alameda County, and in California than for the nation as a whole.”

BMH will soon be offering a Transitional Outreach Team, consisting of a licensed clinician and a non-licensed support person, who is either a peer or family member with experience in the system. This team will contact families the day after the Mobile Crisis Team visits to follow up on referrals.

Another new program, to be funded under the division’s MHSA plan, is Homeless Outreach with a five-person program, including licensed and unlicensed clinicians and a case manager. “We estimate there are 150 to 200 homeless people with mental health issues in the community,” he said.

“Our plan, when we contact a person who is open to receiving help, is to rapidly provide housing. These services would be for six months, during which time we can hope to move the person to a lower level of care and into permanent housing,” he said. “Of course, with the current boom, there is not much housing available in the Bay Area.”

Another new program, which BMH will pursue with the county, is a mental health wellness center, to be located in Berkeley or Albany. This would be a place where anyone could go in and receive services provided by peers, such as meals, trips, and other activities. Smaller subsets of this population would receive case management and medications. The wellness center might open sometime next year, depending on finding a suitable location.

Other initiatives in the BMH Division are to provide culturally competent services to a community of recipients which is less than half African-American, about equal amount Caucasian, and the remainder Asian and Pacific Islander. And the division is also planning a new contract to provide additional case management to transition-age youth.

Q. What services does BMH provide for older patients?

Grolnic-McClurg said that their services were for people insured by MediCal, or with MediCal and Medicare. Older people with Medicare only are supposed to receive a full range of mental health services under that system of coverage—but, of course, many providers won’t take Medicare payments.

Q. What services are available for drug and alcohol abuse?

California has a new MediCal waiver for substance abuse which will organize a complete system of care, similar to its mental health services. Alameda and other Bay Area counties are among the first to opt in on this waiver, but Berkeley won’t have a separate system and so will partner with the county.

“This is a time of change and growth for BMH,” he said. “We will be providing 35% more provider positions than just 18 months ago. So we can begin to imagine a system of care that really works.”