TRI-CITY MENTAL HEALTH SYSTEM'S
FY 2010-11 ANNUAL UPDATE

A Proposal to the California Department of Mental Health and
the Mental Health Services Oversight and Accountability Commission
in Accordance with the Mental Health Services Act

April 2010

TRI-CITY MENTAL HEALTH SYSTEM'S
FY 2010-11 ANNUAL UPDATE

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INTRODUCTION

The California Department of Mental Health (CADMH) issued Information Notice Number 10-01 on January 19, 2010, detailing the guidelines for counties to submit their annual update to their Mental Health Services Act Plans for FY 2010-11.

Tri-City Mental Health Center (TCMHC) has only one MHSA plan currently approved, the Community Services and Supports (CSS) plan.[1] Therefore, this annual update will focus only on CSS programs.

For the purposes of this annual update, CADMH distinguishes between three kinds of programs: previously approved programs; consolidated, expanded, or reduced programs; and new programs. A program is considered *previously approved* if there are no changes to the strategies, target populations, or budget requests as approved by CA DMH in the County's most recent Plan or update. Programs that the county plans to *consolidate, expand, or reduce* can still be considered previously approved if:

- The program will serve the same target populations with the same services/strategies/activities as approved in the County's most recent Plan or update; and
- The amount of funds the County is requesting for the *consolidated* program is within 15% of the sum of the previously approved programs being consolidated; or
- The amount of funds the County is requesting for the *expanded/reduced* program is within 15% more or 15% less of the amount previously approved for the program.

If these conditions are not met for a consolidated, expanded, or reduced programs, the program is considered new. Any program not previously approved is also *new*.

For this annual update, TCMHC is seeking approval only for previously approved CSS programs. Two of these programs, however, involve expanded budget requests greater than 15% of the budgets approved for FY 2009-10, so they are considered new.

Following the thirty-day comment period and the public hearing held on April 7, 2010, the Mental Health Commission voted unanimously to recommend this Annual Plan Update to the Governing Board. Governing Board members then voted unanimously to submit the Annual Plan Update to CADMH and to the Mental Health Services Oversight and Accountability Commission.

[1] TCMHC submitted its Prevention and Early Intervention (PEI) plan to the Mental Health Services Oversight and Accountability Commission in early February 2010. This leaves three plans for TCMHC to develop: Workforce Education and Training (WET), Capital Facilities and Technology Needs, and Innovations. TCMHC intends to complete these additional plans in the coming fiscal year.

EXHIBIT A
County Summary Sheet

COUNTY SUMMARY SHEET

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

County:	**TRI-CITY MENTAL HEALTH CENTER**

				Exhibits																	
				A	**B**	**C**	**C1**	**D**	**D1 ***	**E**	**E1**	**E2**	**E3**	**E4**	**E5**	**F ******	**F1 ******	**F2 ******	**F3 ******	**F4 ******	**F5 ******	**G *******	**H ********
For each annual update/update:				•	•	•	•			•													
Component		**Previously Approved**	**New**																				
•	CSS	$3,831,819	$319,301				•	•			•					•	•						•
	WET	$	$																				
	CF	$	$																				
	TN	$	$																				
	PEI	$	$																				
	INN	$	$																				
	Total	$3,831,819	$319,301																				

Dates of 30-day public review comment period:	March 5, 2010 through April 7, 2010
Date of Public Hearing***:**	April 7, 2010
Date of submission of the Annual MHSA Revenue and Expenditure Report to DMH:	February 25, 2010

* Exhibit D1 is only required for program/project elimination.
** Exhibits F - F5 is only required for new programs/projects.
*** Exhibit G is only required for assigning funds to the Local Prudent Reserve.
**** Exhibit H is only required for assigning funds to the MHSA Housing Program.
***** Public Hearings are required for annual updates, but not for updates.

EXHIBIT B
County Certification

COUNTY CERTIFICATION

County: Tri-City Mental Health Center

County Mental Health Director	Project Lead
Name: Jesse H. Duff Telephone Number: (909) 623-6131 E-mail: jduff@tricitymhs.org	Name: Rimmi Hundal Telephone Number: (909) 623-6131 E-mail: rhundal@tricitymhs.org
Mailing Address: 1717 N Indian Hill Blvd • Suite #B • Claremont CA 91711-2788	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2010/11 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.[2]

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2010/11 annual update/update are true and correct.

Jesse H. Duff		April 12, 2010
Mental Health Director/Designee	Signature	Date

[2] Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement and may strike this line from the certification.

EXHIBIT C
Community Program Planning and Local Review Process

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: Tri-City Mental Health Center
Date: April 2010

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning

1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update. Include the methods used to obtain stakeholder input.

Tri-City Mental Health Center (TCMHC) has been engaged in aggressive community engagement and stakeholder processes since May 2007, when TCMHC convened its first expansive process to help reshape TCMHC and revitalize a system of care across the three cities. Between November 2008, when TCMHC began its first MHSA planning process for its Community Services and Supports (CSS) plan, and February 2010, when TCMHC submitted its draft Prevention and Early Intervention (PEI) plan, TCMHC has engaged well over 6,000 people through a variety of strategies, including community presentations, focus groups, delegates meetings, public hearings, on-line surveys, and other feedback mechanisms.

We held our PEI public hearing on Wednesday, January 27, 2010, where over 200 people participated and offered their enthusiastic support. We submitted the draft PEI plan on February 2nd, and moved immediately into preparations for the FY 2010-11 annual update. Since we had just submitted our PEI plan, and have not yet completed any of the other MHSA plans, the FY 2010-11 annual update will include our plans to continue implementation of the CSS plan only.

On February 24, we held a delegates meeting with over 50 CSS and PEI delegates, including substantial numbers of people who receive services and family members. Prior to the meeting, TCMHC staff and consultants:

- Distributed the agenda, draft overhead slides, and a brief narrative highlighting the key points to be addressed in the meeting to all delegates and other interested parties;
- Posted announcements of the meeting on the TCMHC website and in local newspapers;
- Hand delivered fliers to diverse community locations, especially those that have been identified during focus groups as gathering places for wellness and support for unserved and under-served communities;
- Engaged community leaders from traditionally un-served, under-served, and inappropriately served communities through 1-1 meetings and phone calls—e.g., Native American leaders, Vietnamese leaders, Hispanic leaders, Gay, Lesbian, Bisexual, Transgender leaders, a White Cane Society leader, and others; and
- Conducted orientation and invitation sessions among people who receive services and family members to help them prepare for participating in the meeting.

During the three and one-half hour delegates meeting, the TCMHC Director, staff and consultants:

- Reminded delegates of the requirements and guiding values of the CSS plan;
- Explained the budget challenges at the state level, their implications for Tri-City funding now and into the future;
- Explained the difference between on-going and non-recurring funding, and mapped both kinds of funds to the TCMHC CSS budget;
- Explained CADMH recommendation that counties move toward FY 2008-09 funding levels for sustainability; and
- Presented extensive updates on progress made implementing CSS programs through January 2010, along with detailed plans for continued implementation in FY 2010-11.

Following these presentations, delegates first reflected on the information in small groups, and then engaged in a forty-five minute large group dialogue about the plan, its connections to the just submitted PEI plan, and the progress made to date. At the end of the meeting, delegates unanimously embraced the recommendations from TCMHC staff, and committed to help get information about the annual update to their constituencies in anticipation of the public hearing scheduled for April 7, 2010. Delegates also completed written feedback at the end of the meeting. Independent consultants collected the handwritten responses and summarized the results. This summary has been emailed out to all delegates, and is included in Attachment A.

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.

Participants in the delegates meeting, and groups reached out to prior to the meeting, included people who receive services, family members, community providers, leaders of community groups in unserved and underserved communities, representatives from the three cities, representatives from the local school districts, primary health care providers, law enforcement representatives, faith-based community representatives, representatives from the LGBTQ community, representatives from LACDMH and other county agencies, and many others.

3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

No CSS programs or projects are being eliminated.

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

The draft annual update was posted on the TCMHC website on March 5, 2010. Hard copies of the plan were placed at the three public libraries, the three city halls, the Alexander Hughes Center, the Joslyn Senior Center, La Verne Senior Center, Palomares Park, Washington Park, and other sites across the three cities. Residents were encouraged to offer individual comments via fax, email, or mail.

Between March 5 and the public hearing on April 7, TCMHC staff conducted 70 community education sessions involving over 800 people to inform community groups, supporters, and other interested parties on the progress made to date in the CSS plan, and our plans for FY 2010-11. Attachment B includes a list of the groups engaged through this outreach process.

We held the public hearing on the Annual Plan Update on Wednesday, April 7, 2010. Over 100 people attended, including people who receive services, family members, community providers, leaders of community groups in unserved and underserved communities, representatives from the three cities, representatives from the local school districts and colleges, primary health care providers, law enforcement representatives, faith-based community representatives, representatives from the LGBTQ community, representatives from LACDMH and other county departments, and many others. Almost ½ of public hearing participants were participating in an MHSA meeting for the first time. At the conclusion of the public hearing, Mental Health Commission members voted unanimously to recommend this Annual Plan Update to the Governing Board. Governing Board members then voted unanimously to submit the Annual Plan Update to CADMH and to the Mental Health Services Oversight and Accountability Commission.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

Attachment A includes a summary of written feedback received at the end of the delegates meeting on February 24, 2010. Attachment C includes a summary of written feedback received during the public hearing on April 7, 2010.

EXHIBIT C1
Implementation Progress Report on FY 08/09 Activities

IMPLEMENTATION PROGRESS REPORT ON FY 08/09 ACTIVITIES

County: **Tri-City Mental Health Center**
Date: **April 2010**

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, PEI and WET components during FY 2008/09.

CSS, WET and PEI
1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.
Tri-City Mental Health Center's CSS plan was approved in June 2009. No other MHSA plan has yet been approved. For the purposes of this report on **FY 2008-09**, we only had one month of implementation activities, just as we projected in our plan. For FY 2008-09, we encountered no challenges or key differences in our initial implementation efforts.
2. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.
We only had one month of implementation activities in **FY 2008-09**. The program that we began was Community Navigators. Community navigators and their teams are a crucial structure to help people find the formal and informal supports they need. The navigators help build teams of volunteers and staff from other organizations and community groups, including people who have received services, family advocates, family members, and leaders of unserved and under-served communities. Community navigators regularly visit community organizations, emerging and well-established health and mental health programs, law enforcement agencies, schools, courts, residential facilities, NAMI chapters, self-help groups, client advocacy groups, and others. This model provides the beginning infrastructure to implement a system of care that is responsive to the local needs of communities, people who receive services, and families. Community navigators are targeting their support efforts to people in unserved and under-served communities, including those persons who are uninsured or otherwise cannot qualify or receive available mental health services. Navigators work to help these individuals get access to no or low-cost supports to meet their needs. We hired four Navigators in June 2009: two for the City of Pomona, one each for the cities of Claremont and La Verne. One navigator is Anglo; three are Latino/Hispanic, all of whom are bilingual and bicultural. They began training and initial outreach meetings before the end of June 2009, but did not begin making referrals and linkages for individuals and families until August 2009. Attachment D includes the slides we presented at the April 7, 2010 public hearing, including data on some of the individuals and families served by the Community Navigators.

3. Provide the following information on the number of individuals served: None served through CSS by 6/30/2009

	CSS	PEI	WET	
Age Group	**# of individuals**	**# of individuals (for universal prevention, use estimated #)**	**Funding Category**	**# of individuals**
Child and Youth		**N/A**	Workforce Staff Support	**N/A**
Transition Age Youth			Training/Technical Assist.	
Adult			MH Career Pathway	
Older Adult			Residency & Internship	
Race/Ethnicity			Financial Incentive	
White				
African/American			[•] WET not implemented in 08/09	
Asian				
Pacific Islander				
Native				
Hispanic				
Multi				
Other				
Other Cultural Groups				
LGBTQ				
Other				
Primary Language				
Spanish				
Vietnamese				
Cantonese				
Mandarin				
Tagalog				
Cambodian				
Hmong				
Russian				
Farsi				
Arabic				
Other				

PEI

4. Please provide the following information for each PEI Project:

a) The problems and needs addressed by the Project.
b) The type of services provided.
c) Any outcomes data, if available. (Optional)
d) The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).

No approved plan yet

EXHIBIT D
Previously Approved Programs

PREVIOUSLY APPROVED PROGRAM

Select one:
☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

County: **Tri-City Mental Health Center**
Program Number/Name: **TC01—Full Service Partnerships**
Date: **April 2010**

Note: All exhibits address CSS programs only. Tri-City Mental Health Center (TCMHC) does not yet have any other approved MHSA plan.

CSS Only (No WET plan approved yet)

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☒	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. **No F1 completed**—see explanation of % change in answer to question # 5 below.

FY 09/10 funding	FY 10/11 funding	Percent Change
1,505,888	2,050,756	36.2%

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.

Explanation for 36.2% increase in funding request.
This program was included in Tri-City's Original CSS three-year plan approved in June 2009. The CSS plan documented that the FSP program would be starting up in the third quarter of fiscal 2009-10 and then in full operation for fiscal 2010-11 and beyond. Therefore, the funding request for 2009-10 was $1,505,888 and included $1,305,888 for a partial year of ongoing costs and $200,000 for non recurring start up costs. The funding requested for fiscal 2010-11 is $2,050,756, an increase of 36.2%, and covers a complete year of on-going operational costs. There have been no other changes in the proposed program which is fully disclosed in the approved Three Year CSS plan.

Description of Program
The August 1, 2005 CADMH guidelines contain the following description of Full Service Partnerships:

> "Each individual identified as part of the initial full service population must be offered a partnership with the county mental health program to develop an individualized services and supports plan. The services and supports plans must operationalize the five

fundamental concepts identified at the beginning of this document. They must reflect community collaboration, be culturally competent, be client/family driven with a wellness/recovery/ resiliency focus, and they must provide an integrated service experience for the client/family. Under Full Service Partnerships:

- The county agrees to work with the individual and his/her family, as appropriate, to provide all necessary and desired appropriate services and supports in order to assist that person/family in achieving the goals identified in their plan.
- Individuals will have an individualized service plan that is person/child-centered, and individuals and their families will be given sufficient information to allow them to make informed choices about the services in which they participate.
- All fully served individuals will have a single point of responsibility— Personal Service Coordinators (PSCs)[3]—with a caseload that is low enough so that: (1) their availability to the individual and family is appropriate to their service needs, (2) they are able to provide intensive services and supports when needed, and (3) they can give the individual served and/or family member considerable personal attention. Services must include the ability of PSCs or team members known to the client or family member to respond to clients and family members 24 hours a day, 7 days a week. This 'best practice' service strategy is intended to provide immediate 'after-hours' interventions that will reduce negative outcomes for individuals including but not limited to unnecessary hospitalizations, incarcerations and evictions. For transition age youth, adults and older adults this service must include the ability to respond to landlords and or law enforcement. For children and youth it must include the ability to respond to persons in the community identified by a child's family.
- Personal Service Coordinators (PSCs) must be culturally competent, and know the community resources of the client's racial or ethnic community.
- Services should also include linkage to, or provision of, all needed services or benefits as defined by the client and or family in consultation with the PSC. This includes the capability of increasing or decreasing service intensity as needed. Community Support Services, consistent with the individual service plan may only be funded by MHSA funds when funding under any other public or private payer source or entitlement program is inadequate or unavailable. Other entitlement programs include but are not limited to mental health services pursuant to Medi-Cal and Special Education Programs."

The TCMHC CSS plan fully endorsed this description of full service partnerships as the overarching framework for the development of these services.

Target Population

Consistent with CA DMH recommendations, TCMHC will provide full service partnerships to the following target populations:

- *Children ages 0-15*[4] who have severe emotional disorders and their families (including Special Education pupils) who are unserved or underserved;
- *Transition age youth* (TAY) ages 16-25 who are currently unserved or underserved who have severe emotional disorders;
- *Adults* ages 26-59 with serious mental illness who are unserved or seriously underserved, and
- *Older adults* 60 years and older with serious mental illness who are unserved or seriously underserved, and who have a reduction in personal or community functioning, specifically including older adults who are homeless, or at risk of homelessness; and/or at risk of institutionalization, nursing home care, hospitalization and emergency room services. The allocation of MHSA funds by age groups reflects a decision by the delegates to use the following percentages: children 33%, TAY 16%, adults 40%, and older adults 11%. Delegates used a combination of population, poverty, and prevalence data to arrive at these percentages.

Ethnic Groups
The data examined previously in our 3 year CSS plan (Part II, Section II) suggests several significant disparities in access to services by ethnic groups, particularly for Asian and Pacific Islanders across all age groups, Latino adults and older adults, and Native Americans, among others. Access to services can be even more difficult when the primary language of the individual or family seeking services is not English. Understanding these dynamics, we have set ambitious targets for our Full Service Partnerships to reach people of all ethnic groups, including people for whom English is not a primary language. Specifically, we will conduct persistent outreach into the Vietnamese and Latino communities to ensure that monolingual individuals who suffer from SMI/SED can benefit from full service partnerships and the other services funded by the CSS plan. We will develop selection criteria to ensure that providers chosen to deliver full service partnerships demonstrate an active commitment to cultural competency, and will sponsor regular trainings for staff members from providers throughout the three cities to continually strengthen the cultural competency across the system.

Gender
In both the general population and the 200% federal poverty population, males and females are represented more or less equally across all age groups. In 2008, however, Tri-City Clinic provided substantially more services to boys 0-15 than girls (71% to 29%), and more services to male youth and young adults 16-25 than to females in the same age group (60% to 40%), reflecting, among other things, referral patterns from local schools. Interestingly, the pattern is reversed for the adult and older adult populations. For these populations, the percentages were: 43% male and 57% female for adults, and 39% male and 61% female for older adults.

Existing Programs to be Consolidated: No programs to be consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated; b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served); and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: **Tri-City Mental Health Center**
Program Number/Name: **TC02—Community Navigators**
Date: **April 2010**

Select one:
☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

Note: All exhibits address CSS programs only. Tri-City Mental Health Center (TCMHC) does not yet have any other approved MHSA plan.

<table>
<tr><th colspan="5">CSS and WET</th></tr>
<tr><td colspan="5">Previously Approved</td></tr>
<tr><td>No.</td><td>Question</td><td>Yes</td><td>No</td><td></td></tr>
<tr><td>1.</td><td>Is this an existing program with no changes?</td><td>☒</td><td>☐</td><td>If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2</td></tr>
<tr><td>2.</td><td>Is there a change in the service population to be served?</td><td>☐</td><td>☐</td><td>If yes, complete Exh. F1; If no, answer question #3</td></tr>
<tr><td>3.</td><td>Is there a change in services?</td><td>☐</td><td>☐</td><td>If yes, complete Exh. F1; If no, answer question #4</td></tr>
<tr><td>4.</td><td>Is there a change in funding amount for the existing program?</td><td>☐</td><td>☐</td><td>If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly</td></tr>
<tr><td>a)</td><td>Is the change within ±15% of previously approved amount?</td><td>☐</td><td>☐</td><td>If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.
<table>
<tr><th>FY 09/10 funding</th><th>FY 10/11 funding</th><th>Percent Change</th></tr>
<tr><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>5.</td><td colspan="4">For CSS programs: Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.

Description of Program
One of the foundational premises of the Tri-City CSS plan is a belief that professionally delivered, publicly funded human services, by themselves, cannot deliver the outcomes we seek for all people who struggle with mental health needs. More specifically, the data regarding unmet need, and the current budget and economic realities confronting the state and counties, make it clear: public mental health budgets, even with the addition of MHSA funds, will not be sufficient to meet the needs of all people in our communities who struggle with mental health issues. Therefore, if we are committed to achieving the outcomes of the MHSA for all people who struggle with mental health issues, we must develop infrastructure to fully and effectively leverage all available community supports, including informal supports as well as professional services. This is the analysis driving the community navigators project.

Community navigators and their teams are a crucial structure to help people find the formal and informal supports they need. The navigators help build teams of volunteers and staff from other organizations and community groups, including people who have received services, family advocates, family members, and leaders of unserved and under-served communities.</td></tr>
</table>

	Community navigators regularly visit community organizations, emerging and well-established health and mental health programs, law enforcement agencies, schools, courts, residential facilities, NAMI chapters, self-help groups, client advocacy groups, and others. This model provides the beginning infrastructure to implement a system of care that is responsive to the local needs of communities, people who receive services, and families. **Targeted Age Groups:** The Navigators serve all age groups. **Ethnic Groups** The Navigators serve all ethnic groups, with particular attention to unserved and underserved ethnic communities. A variety of languages are spoken in the tri-city area, including Spanish and various Asian/Pacific Islander languages. We have emphasized multi-lingual capabilities, and other cultural competence expertise, when recruiting for the Navigator positions, and when building partnerships with community leaders. **Gender:** All genders are served.

Existing Programs to be Consolidated: No programs to be consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4 If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: **Tri-City Mental Health Center**
Program Number/Name: **TC03—Wellness Center**
Date: **April 2010**

Select one:
☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

Note: All exhibits address CSS programs only. Tri-City Mental Health Center (TCMHC) does not yet have any other approved MHSA plan.

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☒	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below. **No F1 completed**—see explanation of % change in answer to question # 5 below.

FY 09/10 funding	FY 10/11 funding	Percent Change
$4,181,238	$752,289	(82.0) %

5. **For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.

Explanation for 82.0% decrease in funding request
This program was included in Tri-City's Original CSS three-year plan approved in June 2009. The CSS plan documented that the Wellness Center would not open until the first or second quarter of FY 2010-11. The approved 2009-10 funding of $4,181,238 included non-recurring costs of $4,000,000 for the purchase and construction of a building to house the Wellness Center and $181,238 to cover salary and general office expenses for staffing projected to be hired in the last quarter 2009-10. The funding request for 2010-11 of $752,289 includes one full year of ongoing operating costs, but no non-recurring costs. Therefore, the 82% decrease in funding requested for 2010-11 is the result of non-recurring start-up costs included in the FY 2009-10 budget that are not included in the FY 2010-11 budget, and a movement to full-year operations in FY 2010-11. There have been no other changes in the proposed program which is fully disclosed in the approved Three Year CSS plan.

	FY 09/10 Funding	FY 10/11 Funding	% Change
Building Acquisition and Development	4,000,000	0	No calc
Operating costs—one quarter in 09/10 vs full year in 10/11	181,238	752,289	315.1%
Total	4,181,238	752,289	(82.0)%

Description of Program
The wellness center will promote recovery, resiliency, and wellness for people confronting mental health issues. Staff located at this site, including peer advocates, family members, clinical staff, and others, will provide a range of culturally competent, person– and family-centered services and supports designed to promote increasing independence and wellness for people of all ages. The center will be open 5-6 days a week, and for extended hours on many days. It will be open to anyone who wants to participate in its programs and offerings. Staff and volunteers will welcome people of all ages. Programming will focus as much on strengthening a sense of identity and connections to natural communities of support as it will on providing education and technical information.

The center will not offer intensive counseling, medications, or other more traditional mental health services. Other providers in the community do that. Instead, the center will support people who have struggled with mental health issues accelerate their movement toward independence, recovery, and wellness. We expect that many participants in Full Service Partnerships will engage with the center, but again, the center is for anyone who wants to benefit from the activities there.

Targeted Age Groups: The Wellness Center will be open to all age groups.

Ethnic Groups: The Wellness Center will serve all ethnic groups, with particular outreach to unserved and underserved ethnic communities. A variety of languages are spoken in the tri-city area, including Spanish and various Asian/Pacific Islander languages. We will emphasize multi-lingual capabilities, and other cultural competence expertise, when hiring staff and recruiting volunteers.

Gender: All genders will be served.

Existing Programs to be Consolidated: No programs to be consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above.
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4. If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated; b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served); and c) Provide the rationale for consolidation.			

PREVIOUSLY APPROVED PROGRAM

County: **Tri-City Mental Health Center**
Program Number/Name: **TC04—Supplemental Crisis Services**
Date: **April 2010**

Select one:
☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

Note: All exhibits address CSS programs only. Tri-City Mental Health Center (TCMHC) does not yet have any other approved MHSA plan.

CSS and WET

Previously Approved

No.	Question	Yes	No	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☒	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.

FY 09/10 funding	FY 10/11 funding	Percent Change
$ 60,500	$125,502	107.4%

5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.

Existing Programs to be Consolidated: No programs to be consolidated

No.	Question	Yes	No	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4; if no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1

5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.

PREVIOUSLY APPROVED PROGRAM

County: **Tri-City Mental Health Center**
Program Number/Name: **TC05—Field Capable Services for Older Adults**
Date: **April 2010**

Select one:
☒ **CSS**
☐ **WET**
☐ **PEI**
☐ **INN**

Note: All exhibits address CSS programs only. Tri-City Mental Health Center (TCMHC) does not yet have any other approved MHSA plan.

CSS and WET				
Previously Approved				
No.	**Question**	**Yes**	**No**	
1.	Is this an existing program with no changes?	☐	☒	If yes, answer question #5 and complete Exh.E1 or E2 accordingly; If no, answer question #2
2.	Is there a change in the service population to be served?	☐	☒	If yes, complete Exh. F1; If no, answer question #3
3.	Is there a change in services?	☐	☒	If yes, complete Exh. F1; If no, answer question #4
4.	Is there a change in funding amount for the existing program?	☒	☐	If yes, answer question #4(a); If no, complete Exh. E1or E2 accordingly
a)	Is the change within ±15% of previously approved amount?	☐	☒	If yes, answer question #5 and complete Exh. E1or E2; If no, complete Exh. F1 and complete table below.
5.	**For CSS programs:** Describe the services/strategies and target population to be served. This should include information about targeted age, gender, race/ethnicity and language spoken of the population to be served.			

FY 09/10 funding	**FY 10/11 funding**	**Percent Change**
$60,500	$126,910	109.8%

Existing Programs to be Consolidated: No programs to be consolidated				
No.	**Question**	**Yes**	**No**	
1.	Is this a consolidation of two or more existing programs?	☐	☐	If yes, answer question #2; If no, answer questions for existing program above
2.	Will all populations of existing program continue to be served?	☐	☐	If yes, answer question #3; If no, complete Exh. F1
3.	Will all services from existing program continue to be offered?	☐	☐	If yes, answer question #4. If no, complete Exh. F1
4.	Is the funding amount ± 15% of the sum of the previously approved amounts?	☐	☐	If yes, answer question #5 and complete Exh. E1 or E2 accordingly If no, complete Exh. F1
5.	Description of Previously Approved Programs to be consolidated. Include in your description: a) The names of Previously Approved programs to be consolidated, b) Describe the target population to be served and the services/strategies to be provided (include targeted age, gender, race/ethnicity, and language spoken by the population to be served)., and c) Provide the rationale for consolidation.			

EXHIBIT E
MHSA Summary Funding Request

County: **Tri-City Mental Health Center** **Date:** April 2010

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. FY 2010/11 Planning Estimates						
1. Published Planning Estimate	$4,343,800					
2. Transfers						
3. Adjusted Planning Estimates	$4,343,800					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11	$4,151,120					
2. Requested Funding for CPP	$98,754					
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds[a/]						
c. Unexpended FY 2008/09 Funds	$4,591,150			$281,430		
d. Adjustment for FY 2009/2010	$3,870,731			$281,430		
e. Total Net Available Unexpended Funds	$720,419	$0	$0	$0	$0	
4. Total FY 2010/11 Funding Request	**$3,529,455**	**$0**	**$0**	**$0**	**$0**	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects						
a. Unapproved FY 06/07 Planning Est						
b. Unapproved FY 07/08 Planning Est[a/]						
c. Unapproved FY 08/09 Planning Est	$2,068,105					
d. Unapproved FY 09/10 Planning Est	$1,142,049					
e. Unapproved FY10/11 Planning Est						
Sub-total	**$3,210,154**	**$0**		**$0**	**$0**	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Est						
b. Unapproved FY 07/08 Planning Est[a/]						
c. Unapproved FY 08/09 Planning Est						
d. Unapproved FY 09/10 Planning Est	$ 220,547					
e. Unapproved FY10/11 Planning Est	$98,754					
Sub-total	$319,301	$0	$0	$0	$0	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation [b/]	**$3,529,455**	**$0**	**$0**	**$0**	**$0**	

a/ Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

Form prepared by: Margaret Harris, CFO, Tri-City Mental Health Center • 909.623.6131

EXHIBIT E1
CSS Budget Summary

CSS BUDGET SUMMARY

County: **Tri-City Mental Health Center** **Date:** **April 2010**

CSS Programs			FY 10/11 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group				
Program #		Program Name		Full Service Partnerships	General System Development	Outreach + Engagement	MHSA Housing Program	Children + Youth	Transition Age Youth	Adults	Older Adults	
Previously Approved Programs												
1	TC-01	Full Service Partnerships	2,050,756	2,050,756				605,409	373,057	845,811	226,479	
2	TC-02	Community Navigators	226,061		113,031	113,030		74,600	36,170	90,424	24,867	
3	TC-03	Wellness Center	752,289		752,289			248,255	120,366	315,961	67,706	
4		Sub-total programs (a)	3,029,106	2,050,756	865,320	113,030		928,264	529,593	1,252,196	319,052	%
5		Plus up to 15% for County Administration	454,366									15%
6		Plus up to 10% Operating Reserve	348,347									10%
7		Sub-total previously approved programs, County Admin, plus Operating Reserve	**$3,831,819**									
New (Expanded) Programs												
1	TC-04	Supplemental Crisis Services	125,502		125,502			41,416	20,080	50,201	13,805	
2	TC-05	Field Capable Services for Older Adults	126,910		126,910						126,910	
3		Sub-total programs (a)	252,412		252,412			41,416	20,080	50,201	140,715	%
4		Plus up to 15% for County Administration	37,862									15%
5		Plus up to 10% Operating Reserve	29,027									10%
6		Sub-total previously approved programs, County Admin, plus Operating Reserve	**319,301**									
7		**Total MHSA Funds Requested for CSS**	**$4,151,120**									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of funds directed towards FSPs= 62.50%

CSS Majority of Funding to FSPs: Other Funding Sources

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures	**$2,050,756**										**62.50%**

Note: Pursuant to the instructions for Exhibit E1, since our CSS allocation for Full Service Partnerships already exceeds the required 50% allocation, we have not calculated the amounts of other funding we are dedicating to this program.

Form prepared by: Margaret Harris, CFO, Tri-City Mental Health Center • 909.623.6131

EXHIBITS F and F1
CSS New (Expanded) Programs

County: Tri-City Mental Health Center Date: April 2010

Program/Project Name and #: TC 04-Supplemental Crisis Services

		County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES					
Community Services and Supports					
1	Client, Family Member and Caregiver Support Expenditures				
	a. Individual-based Housing				0
	b. Other Supports				0
2	General System Development Housing				0
3	Personnel Expenditures	115,708			115,708
4	Operating Expenditures	9,794			9,794
5	Estimated Expenditures when service provider not known				0
6	Non-recurring expenditures				0
7	Other Expenditures*				0
8	**Total Proposed Expenditures**	**$125,502**	**$0**	**$0**	**$125,502**

BUDGET NARRATIVE—FISCAL YEAR 2010-11

General
The estimated expenditures are anticipated costs of service providers who are on-call. The program was implemented in the third quarter of FY 2009-10 and will be fully operational for FY 2010-11. There is only one change to the original budget submitted with the CSS three-year plan in June 2009. We have added a supervisorial position at .25 FTE. Tri-City expects approximately 240 clients will be served during FY 2010-11.

A.3 Personnel Expenditures
The total estimated expenditure of $115,708 includes 1 full time equivalent staff that is being filled by four on-call positions, as well as .25 FTE for a program supervisor.

A.4 Operating Expenditures
The total estimated expenditure of $9,794 includes mileage, supplies, telephone and other general office costs.

A.6 Non-Recurring Costs—None

B.1 New Revenues—None

C. Total Funding Requirements—$125,502

Form prepared by: Margaret Harris, CFO, Tri-City Mental Health Center • 909.623.6131

County: **Tri-City Mental Health Center**
Program Number/Name: **TC04—Supplemental Crisis Services**
Date: **April 2010**

Check boxes that apply

☒ **CSS** ☐ **WET**
☐ **New** ☐ **Consolidation** ☒ **Expansion** ☐ **Reduction**

CSS only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY		79		$
TAY		39		$
Adults		96		$
OA		26		$
Total		240		
Total Number of Clients to be Served (all service categories):			**240**	

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

While the Tri-City clinic, and other providers in the area, offer 24/7 crisis support for *people they are serving,* people who are not currently receiving services who suffer a crisis during the evening or on weekends must rely on Los Angeles County's Psychiatric Mobile Response Team (PMRT). Given that the three cities are on the eastern edge of the county, response times can sometimes take hours. Such long response times before a clinician is available to support the person in crisis and his/her family increases the likelihood that the situation will deteriorate, resulting in a 5150, the person being sent to an emergency room, or the person being incarcerated.

While Tri-City MHC cannot afford to reconstruct its own after-hours system to replace LA County's after-hours PMRT, we propose to supplement this after-hours system with clinical support. Specifically, we intend to contract with several clinicians who will provide coverage after-hours and on weekends.

These clinicians will not be LPS qualified; they will not be able to write 5150s or 5585s. What they will be able to do is respond to police calls, meet the police at the location of the crisis, and offer support to police, the person in crisis, and others present. They would also be able to travel with police and the person to another location if such movement might help diffuse the situation. If ultimately a 5150 has to be issued, the clinician will wait with the person and the officer until the PMRT arrives. We believe that such clinical support will diffuse many situations and ultimately avoid a 5150, an emergency room referral, or incarceration. In addition, these clinicians will take community calls from persons who are not currently connected to the mental health system to provide support and information to access relevant services. These after-hour clinicians will also be connected to the Community Navigator teams, so that if referrals for the person in crisis are needed, they will have up-to-date information about services and supports that are available. This program advances the goals of the MHSA by avoiding unnecessary involuntary commitments, incarcerations, or hospital stays.

2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.

This program was included in Tri-City's Original CSS three-year plan approved in June 2009. The approved funding for FY 2009-10 was for a nine-month start-up period, whereas the request for FY 2010-11 is for a full year. In addition to the increase from nine-months to a full-year of operations, we have also increased staffing levels to meet the needs of the program. We have added a .25 FTE Program Supervisor to the original staffing levels. The inclusion of the additional .25 FTE, and an additional three months of operations, increased the requested FY 2010-11 funding to $125,502, or more than a 15% increase over the $60,000 approved for our FY 2009-10 budget.

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

See answers 1 and 2 above.

CSS Only

1. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

The targeted population includes people who are unserved or under-served in the three cities who suffer a mental health crisis, and their families. All ages, races, and genders will be served.

2. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

Tri-City has contracted with several clinicians who will provide coverage after-hours and on weekends.

3. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

N/A

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)

1. Narrative description of program. Include a listing of programs being consolidated/expanded/ reduced and summary of proposed changes.

While the Tri-City clinic, and other providers in the area, offer 24/7 crisis support for *people they are serving,* people who are not currently receiving services who suffer a crisis during the evening or on weekends must rely on Los Angeles County's Psychiatric Mobile Response Team (PMRT). Given that the three cities are on the eastern edge of the county, response times can sometimes take hours. Such long response times before a clinician is available to support the person in crisis and his/her family increases the likelihood that the situation will deteriorate, resulting in a 5150, the person being sent to an emergency room, or the person being incarcerated.

While Tri-City MHC cannot afford to reconstruct its own after-hours system to replace LA County's after-hours PMRT, we propose to supplement this after-hours system with clinical support. Specifically, we intend to contract with several clinicians who will provide coverage after-hours and on weekends.

These clinicians will not be LPS qualified; they will not be able to write 5150s or 5585s. What they will be able to do is respond to police calls, meet the police at the location of the crisis, and offer support to

police, the person in crisis, and others present. They would also be able to travel with police and the person to another location if such movement might help diffuse the situation. If ultimately a 5150 has to be issued, the clinician will wait with the person and the officer until the PMRT arrives. We believe that such clinical support will diffuse many situations and ultimately avoid a 5150, an emergency room referral, or incarceration. In addition, these clinicians will take community calls from persons who are not currently connected to the mental health system to provide support and information to access relevant services. These after-hour clinicians will also be connected to the Community Navigator teams, so that if referrals for the person in crisis are needed, they will have up-to-date information about services and supports that are available. This program advances the goals of the MHSA by avoiding unnecessary involuntary commitments, incarcerations, or hospital stays.

2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.

This program was included in Tri-City's Original CSS three-year plan approved in June 2009. The approved funding for FY 2009-10 was for a nine-month start-up period, whereas the request for FY 2010-11 is for a full year. In addition to the increase from nine-months to a full-year of operations, we have also increased staffing levels to meet the needs of the program. We have added a .25 FTE Program Supervisor to the original staffing levels. The inclusion of the additional .25 FTE, and an additional three months of operations, increased the requested FY 2010-11 funding to $125,502, or more than a 15% increase over the $60,000 approved for our FY 2009-10 budget.

Stakeholders reviewed this proposal during the February 2010 delegates meeting. The details of this change were outlined in the plan posted for public comment, and explained again during the April 2010 public hearing. All delegates and stakeholders expressed support for this change.

County: Tri-City Mental Health Center Date: April 2010

Program/Project Name and #: TC 05—Field Capable Services for Older Adults

		County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES					
Community Services and Supports					
1	Client, Family Member and Caregiver Support Expenditures				
	a. Individual-based Housing				0
	b. Other Supports				0
2	General System Development Housing				0
3	Personnel Expenditures	121,298			121,298
4	Operating Expenditures	5,612			5,612
5	Estimated Expenditures when service provider not known				0
6	Non-recurring expenditures				0
7	Other Expenditures*				0
8	**Total Proposed Expenditures**	**$126,910**	**$0**	**$0**	**$126,910**

BUDGET NARRATIVE—FISCAL YEAR 2010-11

General
The Field Capable Services for Older Adult Program was previously approved in the three-year CSS Plan filed and approved in June 2009. This program, therefore, began in the second quarter of fiscal 2009-10 and now is in full operation. The costs anticipated in the original plan, however, did not include supervisorial costs, or costs to help clients appropriately manage their medications. Therefore, the proposed budget for FY 2010-11 is more than 15% greater than the approved funding for FY 2009-10. We estimate that 180 clients will be served during fiscal FY 2010-11.

A.3 Personnel Expenditures
The total personnel expenditure of $121,298 includes one full time licensed therapist, .50 FTE for med support and .05 time for a psychiatrist.: This staffing has proven to be sufficient to cover required support services to older adults in Tri-City's targeted population.

A.4 Operating Expenditures
The total estimated expenditure of $5,612 includes mileage, supplies, telephone and other general office costs.

A.6 Non-Recurring Costs—None

B.1 New Revenues—None

C. Total Funding Requirements—$126,910

Form prepared by: Margaret Harris, CFO, Tri-City Mental Health Center • 909.623.6131

County: **Tri-City Mental Health Center**
Program Number/ Name: **TC05—Field Capable Services for Older Adults**
Date: **April 2010**

Check boxes that apply

☒ **CSS** ☐ **WET**
☐ **New**
☐ **Consolidation**
☒ **Expansion**
☐ **Reduction**

CSS only

Age Group	Number of Clients to be Served by funding category			Cost per Client for FSP by age group
	Full Service Partnerships	General System Development	Outreach & Engagement	
CY				$
TAY				$
Adults				$
OA		180		$
Total		180		
Total Number of Clients to be Served (all service categories):			**180**	

NEW PROGRAMS ONLY

CSS and WET

1. Provide narrative description of program. For WET, also include objectives to be achieved.

Older adults are the fastest growing population in the cities of Claremont and La Verne. While a number of programs provide health and social supports for older adults, there are few services to meet the mental health needs of this population. Older adults, especially frail elders, need more accessible mental health services provided at locations convenient to them—e.g., in their homes, senior centers, and medical facilities.

TCMHC will hire or contract with one or more clinicians (equal to 1.0 FTE), and a .5 FTE of a licensed psychiatric technician (PT) with expertise in older adult mental health issues. This clinician (or clinicians) and PT will spend much of their time engaging with seniors who have serious mental health issues in their homes, in senior centers, and other places where seniors are present. They will integrate their work with other providers of senior services in the Tri-City area, and with the Community Navigator teams. In addition, TCMHC will allocate psychiatric services to such clients as required.

2. Explain how the new program is consistent with the priorities identified in the Community Planning Process.

This program was included in Tri-City's Original CSS three year plan approved in June 2009. The approved funding for FY 2009-10 was for a nine-month start-up period, whereas the request for FY 2010-11 is for a full year. In addition to the increase from nine-months to a full-year of operations, we have also increased staffing levels to meet the needs of the program. Specifically, we have added a .05 FTE for a psychiatrist's time, and a .5 FTE for a psychiatric technician (PT) that were not included in the original budget. The inclusion of these additional FTEs and an additional three months of operations increased the requested FY 2010-11 funding to $126,910, or more than a 15% increase over the $60,000 approved for our FY 2009-10 budget.

3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., tit. 9, § 3320).

See answers 1 and 2 above.

CSS Only

4. Describe the target population to be served and the services/strategies to be provided. This should include information about targeted age, gender, race/ethnicity and language spoken by the population to be served.

The targeted population includes older adults aged 60 and over who have serious mental health needs but who may not qualify or cannot access (because of limited availability) full service partnerships or other mental health services.

5. Describe the County's capacity to serve the proposed number of children, adults, and seniors (Welf. & Inst. Code § 5847).

Tri-City has hired one clinician, and allocated .5 FTE for a PT and .05 FTE of psychiatrist's time, to support this program.

6. For project-based housing expenditures using General System Development funding, include a brief description outlining the type of housing (e.g., temporary, respite, transitional, etc.), whether the expenditure will be for master leasing of units, acquisition/rehabilitation of an existing housing structure or construction of new housing and the number of units to be acquired.

N/A

CONSOLIDATED/EXPANDED/REDUCED PROGRAM ONLY (CSS and WET)

1. Narrative description of program. Include a listing of programs being consolidated/expanded/ reduced and summary of proposed changes.

Older adults are the fastest growing population in the cities of Claremont and La Verne. While a number of programs provide health and social supports for older adults, there are few services to meet the mental health needs of this population. Older adults, especially frail elders, need more accessible mental health services provided at locations convenient to them—e.g., in their homes, senior centers, and medical facilities.

TCMHC will hire or contract with one or more clinicians (equal to 1.0 FTE), and a .5 FTE of a licensed psychiatric technician (PT) with expertise in older adult mental health issues. This clinician (or clinicians) and PT will spend much of their time engaging with seniors who have serious mental health issues in their homes, in senior centers, and other places where seniors are present. They will integrate their work with other providers of senior services in the Tri-City area, and with the Community Navigator teams. In addition, TCMHC will allocate psychiatric services to such clients as required.

2. Explain the basis for decision to consolidate/expand/reduce program and how stakeholders were provided an opportunity to participate in the decision.

This program was included in Tri-City's Original CSS three year plan approved in June 2009. The approved funding for FY 2009-10 was for a nine-month start-up period, whereas the request for FY 2010-11 is for a full year. In addition to the increase from nine-months to a full-year of operations, we have also increased staffing levels to meet the needs of the program. Specifically, we have added a .05 FTE for a psychiatrist's time, and a .5 FTE for a psychiatric technician (PT) that were not included in the original budget. The inclusion of these additional FTEs and an additional three months of operations increased

the requested FY 2010-11 funding to $126,910, or more than a 15% increase over the $60,000 approved for our FY 2009-10 budget.

Stakeholders reviewed this proposal during the February 2010 delegates meeting. The details of this change were outlined in the plan posted for public comment, and explained again during the April 2010 public hearing. All delegates and stakeholders expressed support for this change.

EXHIBIT H
Supplemental MHSA Housing Program Assignment Agreement

SUPPLEMENTAL MHSA HOUSING PROGRAM ASSIGNMENT AGREEMENT

MHSA Housing Program
Tri-City Mental Health Center [1]

Tri-City Mental Health Center (the County) agrees to participate in the state-administered Mental Health Services Act (MHSA) Housing Program funded from the Community Services and Supports component of the MHSA Three-Year Program and Expenditure Plan. The MHSA Housing Program will be jointly administered by the Department of Mental Health (DMH) and the California Housing and Finance Agency (CalHFA).

The County agrees that upon its approval of this Assignment, in addition to any funds previously assigned,

$ 2,389,400 (specific funding amount) of the County's State Fiscal Year 2007-2008 (fill in Fiscal Year) Community Services and Supports funds, from the undistributed planning estimate amount, will be transferred by DMH, on behalf of the County, to CalHFA. Specifically, funds in the amount specified will be transferred from the Mental Health Services Fund to the Housing Support Account, item 4440-601-0942. DMH will then transfer these funds to CalHFA for the MHSA Housing program.

CalHFA will hold the funds transferred in a County specific sub-account, invest the funds in an appropriate investment vehicle as determined by CalHFA, and credit the county sub-account with interest received on the investment. The County may access MHSA Housing Program funds only through an MHSA Housing Program Application approved by CalHFA and DMH which is an update to the County's Three-Year Program and Expenditure Plan.

CalHFA is responsible for the review of the application for all aspects of the Housing Development related to purchase, renovation and/or construction of the housing; underwriting of loans; disbursement of funds; all determinations regarding the use of operating subsidies for the Housing Development; and continued monitoring.

DMH is responsible for review of the supportive services-related aspects of the application and for monitoring of the program to assure that appropriate supportive services continue to be provided.

Nothing shall prohibit the County from using funds from other programs to supplement MHSA Housing Program funds, subject to requirements applicable to use of such funds. This Supplemental Assignment shall be effective only upon approval by DMH, and only if the County has a fully executed MHSA Agreement with DMH.

Approved for County (by signature)	Date: April 12, 2010
Printed Name and Title: Jesse H. Duff, Chief Executive Officer	

[1] "County" may be a county mental health program, two or more counties acting jointly, or a city-operated mental health program pursuant to Welfare and Institutions Code section 5701.5.

ATTACHMENT A
Written Feedback from February 24, 2010 Delegates Meeting

LUMINESCENCE CONSULTING
LEARNING AND FEEDBACK FORM FOR ANNUAL UPDATE MEETING

February 25, 2010

Number of meeting participants: **53**

		Uh, no				You bet!
1.	After this meeting, I better understand the progress we have made on implementing the CSS plan.	1	2	3	4	5 (Range 3-5) **4.81**
2.	After this meeting, I better understand the plans we have for continuing the work on the CSS plan next fiscal year.	1	2	3	4	5 (Range 4-5) **4.81**
3.	After this meeting, I am confident that we are on the right track with this process**.**	1	2	3	4	5 (Range 4-5) **4.89**

4. What worked well for me in this meeting

- Transparency, excellent resources for community activities.
- Better insight towards spending money.
- The Wellness Center plans!
- Program highly recommended. Clarity, outreach to children thru older adults.
- Heard needs well, demonstrated compassion of the plan.
- Effective, building plans, display of building plans
- Good work managing complex processes. Very interesting commitment to motivating on a professional, creative, social-connecting, healing, engaging, purposeful, soul-ful transformation. Keep it moving forward. Good working team.
- Good summaries/updates. Royalty offices great! Wellness Center super! Loved staff reports—great level of enthusiasm. Partnerships soooo important! Looking forward to the wonderful forward motion!
- The presentations gave a sense of wholeness and that all parts are making it a whole.
- So inspirational to present works in progress. I'm excited for the community and look forward to sharing these new resources with the PVHMC. I'm also very please about the Tri-City transformation and their exemplary staff.
- Hearing how the CSS plan is falling in place.
- I am delighted with the progress made on the CSS plan. This is an exciting time! Excellent job, John.
- The presentations were very good! The small groups were good also.
- Learning about how everything is connecting.
- Talking about seniors.
- I liked everything that I heard this evening. Very informative this evening.
- Community involvement – community acceptance and participation!
- Trilled to see the plans for the wellness center! And to hear about all the progress in all the other programs as well!
- I like the meeting. I was excited. I like it all and all of the presentations.
- Individual staff presentations – refreshing to hear/feel the enthusiasm of all concerned.
- Hearing the real life experiences of the Tri-City staff as they are implementing the outreach and programs.
- The updates from staff. Very encouraging.

- All the recent implementation re: the Wellness Center (!), and how well things are being targeted! ;o)
- Hearing about the new programs was fascinating – Comm. Navigators, Wellness Center, FSP's, crisis, older adults – it is thrilling to know how they are coming into fruition.

5. **What could be improved in subsequent meetings**
   - More updating of programs (progress news).
   - Nothing!
   - Would like a physical tour of programs.
   - Need to fund various languages
   - Shorten meetings.
   - Shorter.
   - More such meetings.
   - Don't know – your ideas are working great!
   - The same high level of collaborating.
   - Reaching out to seniors.
   - None.
   - It was all good!

ATTACHMENT B
Organization Presentations on the Annual Plan Update

ORGANIZATION PRESENTATIONS ON THE ANNUAL PLAN UPDATE

American Recovery Pomona
Azusa Pacific University School of Nursing
Boredom is a Cop Out (Consumer Club)
Brethren Church Pomona
Cambodian Buddhist Society of Pomona
Casa Colina Hospital Pomona
Catholic Charities Pomona
City of Claremont Youth Activity Center
City of Claremont, Senior Program
City of Pomona Recreation and Community Services Division
Claremont Unified School District
Cold Weather Shelter Armory
Congress Woman Grace Napolitano
Costanoan Rumssen Carmel Tribe Pomona
David and Margaret Home
LA County Department of Children and Family Services
LA County Department of Mental Health
Department of Social Services Pomona
East San Gabriel Valley Coalition for the Homeless
East Valley Community Health Center Pomona
Family Resource Center Pomona
Family Services of Pomona Valley
First Christian Church Pomona
Fist Of Gold Youth Center
Foothill AIDS Project Pomona
Fountain of Love Church Pomona
Goodwill Southern California
Helping Hand Inc. Pomona
House of Ruth Pomona
La Verne Heights Presbyterian Church
Lanterman Development Center Pomona
Lincoln Avenue Community Church
Los Angeles Coalition to End Homelessness and Hunger
Los Angeles County Office of Education
Los Angeles County Probation Department
Los Angeles Urban League Pomona
Business and Career WorkSource Center
Mercy House/Trinity House Pomona
Middle Land Chan Monastery
National Alliance on Mental Illness Pomona
National Council on Alcoholism and Drug Dependence Pomona
One Los Angeles
Pomona Unified School Distric Adult and Career Center
Pacific Clinics Glendora
Pilgrim Congregational Church
Pomona First Baptist Church
Pomona Homeless Continuum of Care Coalition
Pomona Homeless Outreach
Pomona Inland Valley Hope Partners
Pomona Neighborhood Center
Pomona Open Door
Pomona Peer Resources
Pomona Peer Resources
Pomona Unified School District
Pomona Valley Christian Center
Pomona Valley Hospital Medical Center
Pomona Valley Youth Employment
Pomona Youth and Family Master Plan, Project Sister Pomona Prototypes
Sacred Heart Church
Salvation Army
Services Center for Independent Living Claremont
Social Security Administration
Southern California Dream Center
St Joseph Catholic Church
St Paul Episcopal Church Pomona
Tri-City MHC consumers and families in waiting lobby
Unity Church Pomona
Vietnamese community of Pomona Valley
YMCA of Pomona Valley

ATTACHMENT C
Written Feedback from April 7, 2010 Public Hearing

SUMMARY OF WRITTEN FEEDBACK FROM
APRIL 7, 2010 PUBLIC HEARING ON ANNUAL PLAN UPDATE

1. **Participants in the public hearing**
   a. Number of people who are hearing about MHSA plans for the first time: **43**
   b. Number of people who have participated in MHSA planning efforts: **60**

2. **What we like about the progress made in implementing, and the plans for continuing, the CSS plan (the only focus for the Annual Plan Update)**
   - What I liked the most about everything that I heard is that you do a lot for the community. You work very hard to help people move forward and talk to people so that they can talk about their problems and find the best solution on how to help them. I also like that all three cities work together to help one another.
   - I like the way you planned out and administered the funds you received to help the economy.
   - Now I feel like I am not the only one that's going out of his way to seek help and to make myself a better person. It's hard to try to accept help from people that are professionals instead of helping ones self, but I am really glad that help is there for me, older adults, and also the youth.
   - I like the help you provide for older adults and the youth who need help with learning and comprehension.
   - In hindsight, it's been advantageous that Tri-City waited to apply for the MHSA funds. If Tri-City had applied for funding 6 years ago, we wouldn't have had access to a larger lump sum making possible the Wellness Center and the overall vision in this way.
   - The Plans have been submitted really fast: CSS then PEI - impressive.
   - Services have been up and running very quickly. Staff needs to be commended for the resurgence of programs. I was personally affected by the chaos after the bankruptcy when providers were scrambling to provide coverage. It's great to see all this. Jesse and his core management team have been doing a really great job. The community-based vision feels just right.
   - Services up and running so quickly. Staff needs to be commended. Re-emergence, resurgence of programs. Great core team—Tony, Nancy, June, Margaret, Elizabeth. Community based: right – small enough.
   - The navigator program and its aggressiveness in outreaching to communities. The Wellness Center. The first PEI Program and its connection to CSS.
   - Awesome programming – progress made has been impressive – Navigator and Older Adult program appear to be a "hot" item. Impressed as to the number of people being serviced.
   - Now actively presenting information to community members regarding specific access to available services. Strengthening relationships with stakeholders and partnerships in organizations throughout the three cities.
   - How the Navigator program in such a short period of time have provided assistance and outreach to more than 800 clients – way to go TEAM! Providing support and working collaboratively with the 3 communities to connect and engage people in need who have not had access to services previous to CSS implementation through Tri-City.
   - I liked what you said about outcomes sought in CSS plan. John said that anyone who receives services should be supported in recovery.

- Vision has successfully been turned into implementation. Modifications from prior programs are, or will cause, improvements. MHSA ability to provide services reduces need for more costly services.
- The plans to provide services to the SMI/SED community. Plans to open our facilities, help the elderly and LGBTQ community. The community involvement with the plans. Allocating the funds in an efficient manner.
- 1) Navigators – yes. 2) Outcomes – recovery support. 3) Planning and implementation consistent with vision. 4) Speed of implementation and program successes. 5) Flexibility and responsive to changing circumstances in normal clinical operations. 6) Linkages to support services such as basic services for everyday needs.
- I like that it sticks to the plan. It's nice to see it come into reality – it's exciting! Like the crisis services.
- Progress has been made!!
- Outreach, coordinating, training.
- We like that the older adults program has moved forward so quickly. Wellness Center is coming to fruition – wellness programs are being implemented even in advance of the center being opened. Pleased with locations of both new facilities.
- I am very impressed with everything that John discussed with us! And I agree with what is being designated!
- I like hearing about the services such as the hotline, wellness center.
- Hotline, new Wellness Center, community navigator updates and watching program develop.
- Proactive for people in need. The vast array of services – practical help. Realistic plans fiscally. Competent Tri-City leadership.
- I liked where the money is going. I loved to hear that there is a 24-7 place where anyone could call for support. Whether a member or not. I love the opportunities that the Wellness Center brings to the community.
- I enjoyed everything on the CSS plan to the present and to the future.
- All of it! $ usage was made clear. Liked having something for seniors. Happy about reaching out to LGBTQ community; there is a large in this area. 24/7 service whether they are clients already. More job opportunities for MH professionals.
- I like all areas the plan offered for everybody. I like the service the CSS plan offered to the public, the job opportunities for MH professionals.
- Large number of leaders who participate here and in SAAC 3 as well.
- Metamorphosis from philosophy to reality—plan epitomizes respect for humanity – strong outreach and commitment. Folks sound competent, creative, inspired.

3. **Questions or concerns we have about next year's work under the CSS plan (the only focus for the Annual Plan Update)**
   - What worries me the most is that they may take these programs away (if State funding goes away)
   - Your growth gives me great confidence and makes me very proud to be part of this community.
   - We have no questions, however, the staffing appears great. Use of professional volunteers.
   - Crisis 24/7 – how many are covered?
   - Is there a recreation component to this plan – in what section? Arts, crafts, etc.?
   - How do we keep up-to-date so everyone knows of the services—communication system
   - California may alter requirements for FSP documentation and reporting.

- Uncertainty regarding state budget. Technology requirements becoming so labor intensive and costly that it takes away from direct client care.
- 1) How will you connect to private schools? 2) How will community collaboration be sustained as a value? 3) How will the values of client/family driven services be realized?
- Hiring of new staff to make implementation possible.
- Will you be fully staffed to accommodate the targeted population?
- We will let you know when issues and concerns arise.
- Want to hear more about programming plans for Wellness Center. Need to improve website so things are easier to find.
- Ability to continue progress; avoid backsliding. Reach out to *new* clients. Implement programs. Get started on housing. Marketing. Expansion of senior programs in light of city's program cuts.
- Self staffing of professional positions – not a good approach.
- We think that the TAY programs could move forward more quickly. Is money being spent too quickly and is it being spent prudently? Should more money be set aside to prevent future budget shortfalls.
- Concerned about the accessibility for non Tri-City clients, the enrollment process, requirements, eligibility, do need insurance, Medi-Cal?
- How does someone access the navigators/Wellness Center, etc, and specifically for non-Tri-City clients. What will enrollment process be like for Full Service Partnerships. Requirements and eligibility of enrollment.
- When expect to have Wellness Center in full operation? Need a more complete explanation of continuity of care. Which organizations will be included? How will outcomes be assessed?
- I would like to know how exactly how the LGBTQ community would be supported.

4. **Questions or concerns we have about next year's work under the CSS plan (the only focus for the Annual Plan Update)**
   - Our communities will greatly benefit from these programs.
   - I hope the Wellness Center programs take full advantage of inter-generational relationships. Imagine how powerful and healing it could be for older adults to mentor or hang out w/TAY. This feature is unique to Tri-City's Wellness Center - having the TAY program right there. All the other Wellness Centers that I can think of segregate people but this vision intentionally brings people together and that's key.
   - Excited over the "obvious" need in the area.
   - Keep up to date with services. Need to know how to get information about services for seniors and young people to where they go for help.
   - Good work!
   - Keep up the good work.
   - I am very grateful that I had an opportunity to be involved with this planning process. ;o)
   - Have an open house at Wellness Center and advertise it. More elaboration on who can refer.
   - Good work. We're on our way!
   - I liked everything I heard from the CSS plan. I am glad to know that the money is being used wisely.
   - All was covered. "The Wellness Center" grand opening is the best idea to serve in the community. The Wellness Center for the community is a good idea.
   - Appears most areas have been covered! I'm so excited—So many people fall through the cracks. As a member of NAMI, this is an answer to prayers.

- Thank you for the opportunity to learn and help others. Also for the opportunity to express to Tri-City MH how they help me out to take care of my life and my family.

ATTACHMENT D
Slides Used During April 7, 2010 Public Hearing