TRI-CITY MENTAL HEALTH CENTER SYSTEM'S

MHSA FY 2011-12 ANNUAL UPDATE

AMENDED

Original Posted:

March 4, 2011

Public Hearing:

April 7, 2011

AMENDED
April 16, 2014

TRI-CITY MENTAL HEALTH CENTER SYSTEM'S
MHSA FY 2011-12 ANNUAL UPDATE

TABLE OF CONTENTS

INTRODUCTION

The California Department of Mental Health (CADMH) issued Information Notice Number 10-21 on October 21, 2010, detailing the guidelines for counties to submit their annual update to their Mental Health Services Act Plans for FY 2011-12.

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

For the purposes of this annual update, CADMH distinguishes between two kinds of programs; *previously approved* and *new or revised programs*.

A program is considered *previously approved* if there are no changes to the program as described below and were approved by CADMH in the County's most recent Plan or update.

Community Services and Supports

An existing CSS program with no changes is considered previously approved.

Existing CSS programs proposed to be consolidated, expanded or reduced are considered previously approved programs if the following criteria are met:

- The program serves the same target populations with the same services/strategies as approved in the County's most recently approved Plan, annual update or update.
- The amount of funds the County is requesting for the program is within 25 percent (±25%) of the previously approved amount.
- The amount of funds the County is requesting for the consolidated program is within ±25% of the sum of the previously approved amount.

Prevention and Early Intervention

An existing PEI program with no changes is considered previously approved.

Existing PEI programs proposed to be consolidated, expanded or reduced are considered previously approved programs if the following criteria are met:

- The program continues to serve the same Key Community Mental Health Needs and Priority Populations with activities that are consistent with the most recently approved Plan, annual update or update.
- The amount of funds the County is requesting for the program is within ±25% of the previously approved amount.
- The amount of funds the County is requesting for the consolidated program is within ±25% of the sum of the previously approved amount.

[1] 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.

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

For this annual update, TCMHC is seeking approval for previously approved CSS programs, previously approved PEI programs and one new PEI program.

TCMHC posted this draft annual update to its website on March 4, 2011, and distributed hard copies to libraries, community centers, and other sites in Claremont, La Verne, and Pomona. TCMHC staff and stakeholders will conduct a wide array of information and feedback sessions across the three cities during the thirty-days following the posting of the plan until the public hearing.

Residents of the three cities and others wanting to offer comments to the plan can do so via fax, email, or postal mail to Rimmi Hundal, Mental Health Services Act Coordinator, at the following address:

Tri-City Mental Health Center
1717 N Indian Hill Blvd • Suite B
Claremont, CA 91711
Phone: 909.623.6131
Fax: 909.623.4073
Email: rhundal@tricitymhs.org

Interested parties are also encouraged to attend and participate in the public hearing on the FY 2011-12 annual update, convened by the Tri-City Mental Health Commission at the end of the thirty-day comment period. The details for this public hearing are as follows:

Date: Thursday, April 7, 2011
Time: 5:30-8:30 p.m.
Location: Palomares Park
Lona Lawson Room
499 E. Arrow Highway
Pomona, CA 91767

Following the public hearing, TCMHC will submit the FY 2011-12 annual update to CADMH and to the Mental Health Services Oversight and Accountability Commission no later than April 15, 2011.

TRI-CITY MENTAL HEALTH SYSTEM'S 2011/12 ANNUAL UPDATE EXHIBIT A
AMENDED
COUNTY CERTIFICATION

County: Tri-City Mental Health

Components Included:

☒ CSS ☐ WET
☐ CF ☐ TN
☒ PEI ☐ INN

County Mental Health Director	Project Lead
Name: Jesse H. Duff	Name: Rimmi Hundal
Telephone Number: (909) 623-6131	Telephone Number: (909) 623-6131
E-mail: jduff@tricitymhs.org	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 amended 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 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing[1] 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 2011/12 annual update/update are true and correct.

Jesse H. Duff
Mental Health Director/Designee (PRINT)

Jesse H. Duff 4-16-14
Signature Date

[1] Public Hearing only required for annual updates.
[2] Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: Tri-City Mental Health Center

Date: April 2011

30-day Public Comment period dates: March 4, 2011 to April 7, 2011

Date of Public Hearing (Annual update only): April 7, 2011

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 all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.**

Tri-City Mental Health Center (TCMHC) has engaged in expansive community engagement and stakeholder processes throughout its MHSA planning and implementation efforts. Between November 2008, when TCMHC began the 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 had 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.

This commitment to engaging community stakeholders has continued through the implementation of CSS and our PEI programs. TCMHC staff members convened two stakeholder meetings with delegates from the CSS and PEI planning processes to help develop the Annual Plan Update. The first meeting, held in October 2010, focused on updating delegates on implementation progress for CSS and PEI programs, and began the conversation about planning for unallocated non-recurring CSS funds. Forty-five participants attended this three and half hour meeting – including individuals who receive services, family members, and other stakeholders – and reached consensus on the priorities for the non-recurring funds.

Following this meeting, a delegates' workgroup with 15 members met a total of 8 times to develop proposals for the unallocated funds.

This proposal for unallocated funds, as well as other proposals to be included in the Annual Plan Update, were presented at a second delegates meeting held in February 2011. Over 50 people attended the meeting, again including individuals who receive services, family members, and other stakeholders. Prior to the meeting, TCMHC staff distributed the agenda, descriptions of the proposals, and other materials to delegates and other interested parties to help them prepare for the meeting.

During this three and one-half hour meeting, the TCMHC staff, workgroup participants, and consultants:

- Reminded delegates of the MHSA requirements and its guiding values for transformation
- Summarized the essential elements of Tri-City's CSS and PEI plans;
- Presented extensive updates on the progress of the implementation for CSS and PEI programs; and
- Presented proposals for action by the TCMHC Board and for inclusion in the Annual Plan update.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

Following these presentations, delegates first reflected on the information in small groups using a written table exercise to record feedback from each of the proposals, and then engaged in a forty-five minute large group dialogue about the 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, 2011. 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.

In addition to the public hearing, delegates meetings, and ad hoc workgroup meetings, TCMHC staff have also engaged community partners in a variety of ways to assist with the implementation of the PEI and CSS plans. For example, representatives from the three school districts in the Tri-City area – Bonita, Claremont, and Pomona Unified School Districts – have met 11 times between July 2010 and January 2011 in the past year to work on and coordinate the implementation of the K-12 Student Well-being Program. These meetings lasted 3 hours each, were conducted during evening hours with dinner provided, and were professionally facilitated to support the development of consensus recommendations. School district representatives Elementary School Counselors, District Nurses, School Psychologists, Mental Health Services Coordinators, Assistant Superintendents, Special Education Program Specialists, Assistant Principals, and others.

During the same period of time, representatives from 10 local colleges met 12 times to work on and coordinate the implementation of the College Student Well-being Program. These conversations were also professionally facilitated to support the development of consensus recommendations. The stakeholders met for an average of 3.5 hours, with lunch or snack provided by TCMHC staff members. Representative stakeholders from the colleges included: Deans of Students, Associate Deans of Student Health and Wellness, Directors of Student Services and Counseling Center, Vice Presidents of Student Affairs, Associate Directors, Program Coordinators, Senior Staff Psychologist, Counselors, Assistant Professors, Post Doctoral Fellows, and students.

These collaborative efforts among representatives from the school districts and the colleges are unprecedented for the Tri-City area.

Another example of active community engagement focused on the Community Well-being Program in the PEI plan. TCMHC staff members met with a total of 385 participants representing the following communities: Pomona Empowerment Federation, Parents in Action, Costanoan Rumsen Tribe, BIACO Clubhouse, NAMI Pomona Chapter, Veterans Engaging Together, Helping hands Caring Hearts, Services Center for Independent Living, Pomona First Baptist Church, Alcohol and Other Drug Recovery Community, Cambodian Buddhist Society, Claremont Club, One L.A. Pomona Cluster One, House of Ruth, Vietnamese Pomona Valley Association, Claremont Youth Activity Center, A Mothers Cry Grief Support Group, Boys and Girls Club South Pomona, Seniors Laverne, Laverne Youth and Family Action Committee, Pomona Valley Feeding Ministry, Veterans Collaborative, Middleland Chan Monastery, Pomona Dream Center, Kiwanis Claremont, Angels Who Care, American legion 30, Claremont After School Programs, Claremont School District, Foothill Aids Project, Mercy House, Pomona Equal Opportunity Center, Pomona Senior Program, Unity Church. New Life Church and Hope Resource Group. In addition to these individual community meetings, Tri-City organized and conducted two orientation sessions – one in October 2010 and one in February 2011 – to help community leaders understand how to participate in the Community Well-being Program. These sessions were attended by 44 community participants representing 26 communities in the Tri-City Area.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

2. **Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)**

Participants include 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. Attachment B contains a roster of participants in the multiple engagement efforts.

3. **If consolidating programs or 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 or PEI 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 4, 2011. 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 4 and the public hearing on April 7, TCMHC staff conducted 135 community education sessions involving over 1,575 people to inform community groups, supporters, and other interested parties on the progress made to date in the CSS and PEI plans, and our plans for FY 2011-12. Attachment C includes a list of the groups engaged through this outreach process.

We held the public hearing on the Annual Plan Update on April 7, 2011. Over 150 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 50% of public hearing participants was 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.

COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS

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.**

During the February 10th delegates meeting, the participants provided overwhelmingly positive feedback to the presentations describing the progress of the implementation, including the workgroup proposals. For example, the participants expressed the following favorable comments:

1. The sustainability of the Student Well-being proposal from the schools;
2. How the Student Well-being proposal from the colleges was age appropriate, very student driven, and focused on building systems of social support; and
3. The capacity-building aspect of the Community Well-being proposal from NAMI.

In addition, participants recommended that the proposal from NAMI for the Community Well-being project more clearly define measurable outcomes. TCMHC staff members explained that all of the programs are being implemented with a strong focus on producing measurable outcomes. A training on Results Based Accountability is being scheduled this spring for to provide a common framework for this effort.

At the end of the delegates meeting, participants provided anonymous written feedback related to the meeting's content and process. On a scale of 1 to 5, with 5 being very favorable, the participants rated:

1. The progress being made on implementing the PEI plan as 4.70;
2. The new proposals for the PEI plan from the colleges, schools, and NAMI as 4.67;
3. The proposal of the recommendations for allocating the non-recurring CSS funds as 4.41; and
4. Feeling good about the direction of the implementation of the MHSA plans as 4.78**.**

The participants' feedback about the process for the meeting was also very favorable. In particular, they wrote in comments describing that they appreciated the pace, focus, clear explanations, and depth of information provided. They also expressed high regard for the small table discussions and the quality of their dinner.

Attachment A includes a summary of written comments received during the public hearing on April 7, 2011.

2011/12 ANNUAL UPDATE **EXHIBIT C**

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

County: Tri-City Mental Health

Date: March 4, 2011

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, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

CSS, WET, PEI, and INN

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.

   Please check box if your county did NOT begin implementation of the following components in FY 09/10:
   ☒ WET
   ☐ PEI
   ☒ INN

WET and INN

Tri-City has not submitted plans for WET or INN.

Community Services and Supports

All previously approved CSS programs are now in place and proceeding as proposed. However, due to a variety of unanticipated obstacles, some programs were implemented later than was described in Tri-City's approved Plan. As a result, target numbers for this reporting period are lower than expected and Tri-City continues to inform and educate the tri-cities area constituents about the services now available to them.

Prevention and Early Intervention

In February, 2010, Tri-City submitted its PEI program which was subsequently approved at the end of March 2010 and funded in June 2010. For the remainder of this reporting period the only activities conducted were the initial coordinating meetings for the Student Well-Being and Community Well-Being Projects. Therefore, although Tri-City began the PEI implementation process in the last month of June 2010, this program was not yet implemented in FY 09/10, and as such, there are no statistics to report herein.

2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)

Community Issue	Age Groups	How MHSA Funding is Addressing These Issues
1. A significant decline in intensive services and crisis services for all age groups	All Age Groups	Three of the five programs in the MHSA CSS Plan directly address this issue: 1. Supplemental Crisis Services now provides all Tri-City residents (non-clients) with after-hours access to crisis assistance for mental health issues. The availability of a mental health therapist to help persons and families promptly address problem situations reduces the likelihood that the incident will escalate to require either police intervention or involuntary hospitalization. 2. Full Service Partnerships (FSP) for all age groups are providing the most severely disturbed and those most negatively impacted by their mental health issues with intensive services including 24/7 support, therapy, intensive case management, medication services, and assistance with housing, and job-finding.

		3. Field-Capable Services for Older Adults is modeled after FSP services and is providing field-based intensive mental health services to seniors with complex mental health needs. Staff in this program are particularly experienced to address issues specific to geriatric care including the close collaboration of psychological and medical care.
2. A lack of community resources to promote independence, increased wellness, recovery, and resiliency, and increased employment and education	All Age Groups	The CSS Community Navigators and Wellness Center programming activities are directly addressing this issue for persons of all ages. 1. The Navigators work to research, connect with, and refer persons to any and all resources that are needed including food banks, housing options, informal support services, financial assistance programs, educational/job training resources, just to name a few. The Navigators update their listings monthly to insure that all resources provided are still in operation and can deliver on what is needed. Through connections with the resources offered individuals and families are better able to function in their daily lives and cope with negative life situations that place them at risk. 2. The Wellness Center has begun providing myriad of informal support groups, social activities, job training and placement services, and psycho educational presentations. The services of the Wellness Center are open to all tri-cities residents and are founded in the principles of the Recovery Model.
3. A lack of support for TAY struggling with mental health issues leading to increased isolation, and increased risks of homelessness and institutionalization	Transitioned Aged Youth	The Wellness Center has specific programming each week exclusively for the TAY population including a 3-hour block each Friday afternoon. This block, also known as 'TAY Day' was created in order to give young adults not only a place to come interact with others and participate in activities that interest them, but also to help those in this at-risk population begin to develop skills and learn information that may improve their ability to continue school and/or gain employment.
4. A lack of field capable services for older adults, leading to increased isolation, diminished capacity, and risk of institutionalization	Older Adult	The Field Capable Clinical Services for Older Adults program was developed by the delegates and put in the CSS Plan specifically to address this issue. Older adults are the fastest growing population in the tri-cities area and while other health and social programs are numerous, services specifically addressing mental health issues are limited. The intensive services provided by this program, in addition to Wellness Center programming targeting this population is working to decrease isolation, improve cognitive flexibility, promote independence and increase the likelihood of these seniors being able to live in the least restrictive environment.
5. A lack of appropriate housing options for people with mental health issues in various stages of recovery	All Age Groups	Both the Community Navigators and the Full Service Partnerships have invested much time and effort in researching available housing options for persons/families in various stages of recovery. More importantly, the staff in these programs have actually visited sites and cultivated positive collaborations with a number of different types of housing options in order to cover the spectrum. This includes working with board-and-care homes, assisted living sites and landlords/managers of independent housing options as well. The staff in these programs have also identified numerous organizations and resources in the tri-cities area to assist with housing costs and temporary vouchers as needed.

PEI

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #): As noted above, the PEI plan was not implemented in FY 2009-10, therefore, there are no statistics.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

2. Provide the name of the PEI program selected for the local evaluation[4]. ☐ N/A

Community Capacity Building – Mental Health First Aid Program and Community Wellbeing Program

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)

1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.

Tri-City is in the process of joining the JPA and will have joined before the year end.

Activity Name; Brief Description; Estimated Funding Amount[5]	Target Audience/Participants[6]
1. $204,000	
2.	
3.	
4.	

[4] Note that very small counties (population less than 100,000) are exempt from this requirement.
[5] Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.
[6] Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tri-City Mental Health Center ☐ **No funding is being requested for this program.**

Program Number/Name: TC-01 – Full Service Partnerships

Date: March 4, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	6			Not Calculated – see note
TAY	4			
Adults	5			
Older Adults	2			
Total	**17**			

Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 17

Note: The FSP program just began to serve clients in April 2010, therefore, actual cost per client is undeterminable since most costs incurred in this program were start-up in nature. See discussion under Section C. 1. below.

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	3	English	13	LGBTQ	
African American	5	Spanish	4	Veteran	
Asian	0	Vietnamese		Other	
Pacific Islander	0	Cantonese			
Native American	0	Mandarin			
Hispanic	8	Tagalog			
Multi		Cambodian			
Unknown		Hmong			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: TC-01 – Full Service Partnerships

Other	1	Russian			
		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Target numbers were not reached for this program during the reporting year, 2009-10. In the original CSS plan, the MHSA Delegates proposed that Tri-City work to contract out all Full Service Partnership services in order to further promote the Tri-City vision to develop a community-wide system of care. However, due to Tri-City's status as a joint powers authority and its negotiated relationship with Los Angeles County, the local area Mental Health Plan, Tri-City was ultimately unable to make this part of the proposal a reality. The clarification of the issues regarding whether or not Tri-City could subcontract for Medi-Cal services took substantially longer than anticipated. Thus, implementation of the Full Service Partnership was delayed from its original timeline. The hiring and training of staff, began in March 2010 and services to clients began in April 2010. In addition, Tri-City delayed its RFP process for the non-Medi-Cal FSP slots until the entire issue of sub-contracting was clarified. The RFP process was postponed until March 2010 and the contract was awarded on June 15, 2010. The contracted agency, Pacific Clinics, spent the remainder of FY 2009-10 starting up its program to begin providing services in FY 2010-11.

In staffing for this program, Tri-City was fortunate to hire a diverse range of ethnicities, cultures and persons with multi-language capability. In addition to English and Spanish, the FSP Program also has the ability to work with clients who speak Farsi, French, Korean, Chinese, Japanese, and Tagalog.

Despite only serving a limited number of persons in FY 2009-10, the Full Service Partnerships already demonstrated that they will significantly and positively impact persons who are either unserved or underserved by traditional mental health services and/or are most debilitated by mental illness/severe emotional disturbance. The Program's earliest referrals included persons with long-term hospitalization, recent and severe acute hospitalizations, young adults with complex issues aging out of the Child Mental Health System, and those with years of unsuccessful treatment. Another note of progress has been that the promotion of the FSPs by Tri-City staff to a variety of community groups, organizations, and city programs across the three jurisdictions has resulted in greater community awareness, collaboration and overall access of mental health and recovery services for persons living in the Tri-City area.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Tri-City was the final county in California to begin accessing MHSA funds. The first delegate process for CSS programs was not started until fiscal year 2008-2009 and by that time Tri-City was able to fully fund its prudent reserves with prior year planning estimates. In addition, it was clear the initial allocation projections were going to be impacted by the economic downturn. As a result, the Delegates and Tri-City adjusted their program projections to be conservative so as to insure that the level of services could be sustained for the duration of any reductions in MHSA funding.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: TC-01 – Full Service Partnerships

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$2,050,756	$2,412,580	17.6%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?		
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐	No ☐

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	97			$11,951
TAY	48			$15,139
Adults	83			$16,131
Older Adults	34			$16,754
Total	262			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: **262**				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: TC-01 – Full Service Partnerships

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Tri-City's CSS plan fully endorsed the CA DMH description of full service partnerships as the overarching framework for the development of these services:
"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….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."

Target Population
Consistent with CA DMH recommendations, Tri-City will provide full service partnerships to the following target populations:
• *Children ages 0-15* 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.

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.

Program Number/Name: TC-01 – Full Service Partnerships

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
2. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tri-City Mental Health Center ☐ **No funding is being requested for this program.**

Program Number/Name: TC-02 – Community Navigators

Date: March 4, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth			332	
TAY			116	
Adults			385	
Older Adults			91	
Other (age unknown)			223	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: **1,147**				

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	157	English	868	LGBTQ	
African American	47	Spanish	278	Veteran	
Asian	0	Vietnamese		Other	
Pacific Islander	3	Cantonese			
Native American	7	Mandarin	1		
Hispanic	475	Tagalog			
Multi	10	Cambodian			
Unknown	448	Hmong			
Other		Russian			
		Farsi			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: TC-02 – Community Navigators

		Arabic			
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The Tri-City Community Navigator program officially began in June 2009 and included a staff of four highly trained individuals. Focusing on the three cities of Pomona, Claremont, and La Verne, the Navigators began by successfully developing strong relationships with established local agencies who have demonstrated an expertise in supporting disadvantaged individuals, including those with mental illness. By connecting with these knowledgeable groups, the Community Navigators were able to quickly learn more about the needs of the community members as well as identifying available resources and services in the area. Connecting with the population of the three cities in their own environment was critical to the success of the Community Navigator program. By locating each of the four Navigators within a city park or community center, individuals in need of services were able to quickly access a caring and compassionate individual with valuable resources. Bilingual skills were mandatory in the hiring process for Community Navigators with the goal of connecting individuals with resources without the concern of a language barrier. Informational flyers promoting the services of the Community Navigators were created in both English and Spanish in order to accommodate the language diversity of this area. Additional community outreach included information presentations conducted in both English and Spanish which effectively introduce this program to local schools, organizations, churches, and agencies. Embracing diversity is an important objective and Tri-City Mental Health Center has provided specialized trainings for the Navigators which included a focus not only on working with individuals with mental health issues but also to consider the need for cultural awareness when recommending a service or resource. Through these training, the Navigators were able to increase their knowledge of local cultural beliefs, attitudes and behaviors in an attempt to provide racially and ethnically effective assistance. Finally, in addition to providing resources, the Community Navigators are charged with recruiting community-based organizations to become a part of a supportive network of resources for the Tri City area. Over the past year, these efforts have been extremely successful and reflected by an increase in the total number of consumers assisted. During the first 12 months of engagement, the Tri-City Community Navigators were able to link over 1,000 individuals to culturally competent and clinically appropriate resources and services. Progress in providing outreach to unserved and underserved populations has continued throughout the year. The focus of outreach service is on education, support, and stigma reduction. Services are culturally competent and client-and-family-focused and promote recovery while maintaining respect for the beliefs and cultural practices of the individuals being served. The target population continues to remain the same which is unserved or underserved individuals of all ages in racially and ethnically diverse communities.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

There were no key differences or major challenges in how services were provided in FY09/10 as a result of the fluctuation in MHSA funding

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: TC-02 – Community Navigators

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$226,061	$233,364	3.2%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth			504	
TAY			240	
Adults			537	
Older Adults			202	
Total			1,483	
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: **1,483**				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: TC-02 – Community Navigators

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Community Navigators regularly visit community organizations, emerging and well-established health and mental health programs, law enforcement agencies, schools, courts, residential facilities, NAMI Pomona Valley Chapter, self-help 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 their families.

Target Age Group: 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 Vietnamese. We have emphasized multi-lingual capabilities and other cultural competence expertise, when recruiting for the Navigator positions, and when building partnerships with community leaders. Navigators also attend all cultural competency trainings at the agency.

Genders: All genders are served.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tri-City Mental Health Center ☐ **No funding is being requested for this program.**

Program Number/Name: TC-03 – Wellness Center

Date: March 4, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		10		
TAY		27		
Adults		30		
Older Adults		10		
Total		**77**		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: **77**				

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	15	English	34	LGBTQ	5
African American	10	Spanish	40	Veteran	5
Asian	3	Vietnamese	2	Other	67
Pacific Islander	0	Cantonese	0		
Native American	0	Mandarin	0		
Hispanic	40	Tagalog	1		
Multi	3	Cambodian	0		
Unknown	6	Hmong	0		
Other	0	Russian	0		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

		Farsi	0		
		Arabic	0		
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The Wellness Center started being promoted in March 2010 with the Employment Outreach Coordinator and volunteers outreaching to community based organizations and ethnicities in the Tri-City area. Various workshops and events were conducted to start the implementation process and the Wellness Center Coordinator was hired in April 2010. The Wellness Center has restricted programming because of the limited space available for groups. The actual Wellness Center building is under construction and is scheduled to open in July 2011, at that time more groups and other services will be offered. The Wellness Center is open to individuals of all ethnicities and all ages. We have a TAY – DAY on Fridays which caters to TAY related issues and programs.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

There were no key differences or major challenges in how services were provided in FY09/10 as a result of the fluctuation in MHSA funding.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: TC-03 – Wellness Center

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$752,289	$754,920	0.3%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		200		
TAY		290		
Adults		420		
Older Adults		90		
Total		**1,000**		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:			**1,000**	

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: TC-03 – Wellness Center

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
A new integrated services and supports site will focus on promoting recovery, resiliency, and wellness for people of all ages struggling with serious mental health issues and their families. Staff located at this site, including counselors, peer advocates, 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. Over time, we expect that most staff and management of the center will be people who have received services and family members. It will also be guided by an advisory council whose members will be predominantly people who have received services and family members. A special section of the site with a separate entrance, or a separate site very close by, will be dedicated to transition age youth. This part of the site will be staffed primarily by highly skilled peers who have life experience relevant to young people struggling with mental health issues. Professional staff will support the peer staff. Staff will offer a range of support and transition services to TAY. It will be open after-hours to provide a safe place for TAY to come who may have no place else to go. Staff will work to develop trusting relationships with these youth in order to support them in accessing the help they need.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
2. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tri-City Mental Health Center ☐ **No funding is being requested for this program.**

Program Number/Name: TC-04 – Supplemental Crisis Services

Date: March 4, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY		6		
Adults		12		
Older Adults				
Total		**18**		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: **18**				

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	2	English	18	LGBTQ	
African American	2	Spanish		Veteran	
Asian	2	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American	1	Mandarin			
Hispanic	5	Tagalog			
Multi		Cambodian			
Unknown	6	Hmong			
Other		Russian			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: TC-04 – Supplemental Crisis Services

		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Necessary preparation for this program created some delay in its implementation. Thus, the numbers for this reporting period are lower than expected. This program is completely new for the Tri-City area. Due to its newness and uniqueness, a lot of education and preparation of the local communities as to the program's purpose and how to access its services was required. This preparation consisted of MHSA staff doing presentations with a variety of agencies and public organizations including law enforcement, the local universities student services staff, and NAMI of Pomona Valley. The presentations were conducted primarily during the first quarter of 2009-10 and prior to staff recruiting and hiring, in order to increase the likelihood of the program's utilization. Staffing was done in the second quarter of 2009-10. Training of staff and rollout of the program to the Tri-City's communities was done in the early-third quarter. Four staff were hired to fill one full-time employee position. Staff were hired for maximum diversity including ethnicity, language capability (English and Spanish), and mental health experience.

While clients served in the first year of the program are significantly lower than anticipated, the Delegates continue to feel strongly that such a service, with its goal of lowering rates of mental health-related emergency room visits and potential 5150/5585 incidents, be available to its Tri-City residents, no matter the numbers served. In addition, the next-day follow through with residents accessing the program further promotes the Tri-City vision of developing a community-wide system of care. Specifically, through the linkage and referral provided by the Community Navigators of Tri-City, persons who access Supplemental Crisis Services are being connected to services and programs otherwise unknown to them.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

There were no key differences or major challenges in how services were provided in FY09/10 as a result of the fluctuation in MHSA funding.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: TC-04 – Supplemental Crisis Services

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$125,502	$127,991	2.0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		15		
TAY		44		
Adults		80		
Older Adults		7		
Total		**145**		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: **145**				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: TC-04 – Supplemental Crisis Services

1. **Answer the following questions about this program.**

2. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

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 have supplemented this after-hours system with clinical support. Specifically, we contracted with local area clinicians to provide coverage after-hours and on weekends.

These clinicians are not LPS qualified; and thus do not have the ability to write 5150s or 5585s. What they are 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 are also 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 likely diffuse many situations and ultimately avoid a 5150, an emergency room referral, or incarceration. These after-hour clinicians are also 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. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tri-City Mental Health Center ☐ **No funding is being requested for this program.**

Program Number/Name: TC-05 – Field Capable Services for Older Adults

Date: March 4, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults		65		
Total		**65**		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: **65**				

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	12	English	65	LGBTQ	
African American	2	Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	4	Tagalog			
Multi		Cambodian			
Unknown	47	Hmong			
Other		Russian			
		Farsi			
		Arabic			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: TC-05 – Field Capable Services for Older Adults

		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Recruitment and hiring for this program was conducted in the second quarter of 2009-10. Staff was selected for this program based on their experience and expertise in working with gerontology issues. The first clients were served in December 2009. The population of older adults in two of the three Tri-City communities is relatively large, exceeding 25%, and this cohort, in all three Tri-City communities, represents a group of constituents not otherwise served by other mental health services in the local area. Specifically, the clients served in this program have various issues that limit their access to traditional services (ie. have limited mobility or are house-bound). This program's provision of home-based therapy, including intensive case management to provide, among other things, transportation and support for access to medical, as well as other social, services represents a significant improvement in the quality of care for those seniors in the Tri-City service area identified as most in need. All clients served in the reporting period were English speaking; however, the Program does have the capacity to provide services in Spanish and some Asian languages as needed.

In addition to providing individual mental health services, staff in this program have worked to promote Tri-City's vision of establishing a community-wide system of care. As requested, they provide presentations to local area senior centers and seniors-only housing sites on a variety of mental health issues affecting the elderly in order to promote awareness and to reduce stigma. FCS program staff are also the Agency's representatives for the local area Senior Services consortium in order to stay current on all programming and services that can/will be of benefit for the wellness and recovery of their older adult clients.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

There were no key differences or major challenges in how services were provided in FY09/10 as a result of the fluctuation in MHSA funding.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: TC-05 – Field Capable Services for Older Adults

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY 10/11 funding	FY 11/12 funding	Percent Change
$126,910	$150,513	18.6%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults		140		
Total		**140**		
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: **140**				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Program Number/Name: TC-05 – Field Capable Services for Older Adults

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

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. Older adults are frequently invisible to mental health systems, often because they cannot get to the services and supports available to them. Creating field-capable services solves this problem, and brings to seniors supports and services that can promote their recovery.

The staff assigned to this program represent (including clinical therapist, licensed psychiatric technician, and case manager) will spend much of his/her 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.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Tri-City Mental Health Center

Program Number/Name: PEI 01 – Community Capacity Building ☒ **Please check box if this program was selected for the local evaluation**

Date: March 4, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

Tri-City did **begin** implementation in the last month of June 2010, after receipt of State's final approval of the PEI programs received March 26, 2010 and funding received in mid-June 2010. However, since the program was not fully implemented in FY 09/10, there are no statistics to report herein.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Program Number/Name: PEI 01 – Community Capacity Building

B. Please complete the following questions about this program during FY 09/10.
1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
Tri-City did **begin** implementation in the last month of June 2010, after receipt of State's final approval of the PEI programs received March 26, 2010 and funding received in mid-June 2010. However, since the program was not fully implemented in FY 09/10, there are no statistics to report herein.
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[7], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
This program was selected for local evaluation. However, since this program was not yet implemented in fiscal 2009-10, there is no available data on program outcomes to report.

[7] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Program Number/Name: PEI 01 – Community Capacity Building

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐ No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐ No ☒
3. a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $929,862 | $922,709 | -0.8% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ No ☒ Yes ☐ No ☐

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	**Early Intervention**
Total Individuals:	1,900	120
Total Families:	400	

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Tri-City Mental Health Center

Program Number/Name: PEI 02 – Older Adult Wellbeing ☐ **Please check box if this program was selected for the local evaluation**

Date: March 4, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

Tri-City did not begin implementation of this program in FY 09/10 since Tri-City received the State's final approval of the PEI programs on March 26, 2010 and received funding mid-June 2010. As this program was not yet implemented in FY 09/10, there are no statistics to report herein.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)
List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Program Number/Name: PEI 02 – Older Adult Wellbeing

B. Please complete the following questions about this program during FY 09/10.
1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
Tri-City did not begin implementation of this program in FY 09/10 since Tri-City received the State's final approval of the PEI programs on March 26, 2010 and received funding mid-June 2010. As this program was not yet implemented in FY 09/10, there are no statistics to report herein.
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[8], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: f) A summary of available information about person/family-level and program/system-level outcomes from the PEI program g) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken h) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants i) Specific program strategies implemented to ensure appropriateness for diverse participants j) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
N/A

[8] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Program Number/Name: PEI 02 – Older Adult Wellbeing

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐ No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐ No ☒
3. a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $54,593 | $61,924 | 13.4% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ No ☒ Yes ☐ No ☐

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	**Early Intervention**
Total Individuals:	75	75
Total Families:	0	0

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Tri-City Mental Health Center

Program Number/Name: PEI 03 – Transition-Aged Young Adult Wellbeing ☐ **Please check box if this program was selected for the local evaluation**

Date: March 4, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

Tri-City did not begin implementation of this program in FY 09/10 since Tri-City received the State's final approval of the PEI programs on March 26, 2010 and received funding mid-June 2010. As this program was not yet implemented in FY 09/10, there are no statistics to report herein.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Program Number/Name: PEI 03 – Transition-Aged Young Adult Wellbeing

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Tri-City did not begin implementation of this program in FY 09/10 since Tri-City received the State's final approval of the PEI programs on March 26, 2010 and received funding mid-June 2010. As this program was not yet implemented in FY 09/10, there are no statistics to report herein.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[9], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
   a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
   b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
   c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
   d) Specific program strategies implemented to ensure appropriateness for diverse participants
   e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

[9] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Program Number/Name: PEI 03 – Transition-Aged Young Adult Wellbeing

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐ No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐ No ☒
3. a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $54,593 | $61,924 | 13.4% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ No ☒ Yes ☐ No ☐

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	**Early Intervention**
Total Individuals:	75	75
Total Families:	0	0

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Tri-City Mental Health Center

Program Number/Name: PEI 04 – Family Wellbeing ☐ **Please check box if this program was selected for the local evaluation**

Date: March 4, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

Tri-City did not begin implementation of this program in FY 09/10 since Tri-City received the State's final approval of the PEI programs on March 26, 2010 and received funding mid-June 2010. As this program was not yet implemented in FY 09/10, there are no statistics to report herein.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Program Number/Name: PEI 04 – Family Wellbeing

B. Please complete the following questions about this program during FY 09/10.
1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
Tri-City did not begin implementation of this program in FY 09/10 since Tri-City received the State's final approval of the PEI programs on March 26, 2010 and received funding mid-June 2010. As this program was not yet implemented in FY 09/10, there are no statistics to report herein.
2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[10], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
N/A

[10] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Program Number/Name: PEI 04 – Family Wellbeing

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12	
1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐ No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐ No ☒
3. a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $85,580 | $97,834 | 14.3% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	 Yes ☐ No ☒ Yes ☐ No ☐

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	**Early Intervention**
Total Individuals :	0	0
Total Families:	400	100

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Tri-City Mental Health Center

Program Number/Name: PEI 05 – Student Wellbeing ☐ **Please check box if this program was selected for the local evaluation**

Date: March 4, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

Tri-City did **begin** implementation in the last month of June 2010, after receipt of State's final approval of the PEI programs received March 26, 2010 and funding received in mid-June 2010. However, since the program was not fully implemented in FY 09/10, there are no statistics to report herein.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Program Number/Name: PEI 05 – Student Wellbeing

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Tri-City began implementation in the last month of June 2010, after receipt of State's final approval of the PEI programs which was received March 26, 2010. However, this program was not yet implemented in FY 09/10, and therefore there are no statistics to report herein.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
   a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
   b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
   c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
   d) Specific program strategies implemented to ensure appropriateness for diverse participants
   e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Program Number/Name: PEI 05 – Student Wellbeing

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$165,000	$495,028	200.0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☒	No ☐
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

Tri-City is requesting an exception to the ±25% criteria, as the requested amount for FY 10/11 did not assume full implementation of this PEI program in FY 10/11. A major component of this PEI program are the grants that will be issued to the three school districts and the colleges in the three cities of Tri-City for programs implemented beginning in FY 10/11 and continuing in FY 11/12 and FY 12/13. The total grants included in the approved PEI plan were $600,000 for the school districts and $235,028 for colleges for jump starting their prevention and early intervention programs. These costs were identified as one-time costs. The funding approved for FY 10/11 included $120,000 of expenditures expected under the grants awarded during the year. However, it was anticipated that the majority of the costs incurred for grants awarded in FY 10-11 and FY 11-12 would mainly be expended during FY 11-12. Therefore, the funding request for FY 11/12 of $495,028 represents a 200% increase over FY 10-11 funding, but it is not a change in the PEI program previously approved as there is no change in priority population, community mental health needs or PEI activities.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.
Tri-City does not consider this a Revised Previously Approved program (see explanation above) and therefore is not completing an Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

Program Number/Name: PEI 05 – Student Wellbeing

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	**Early Intervention**
Total Individuals:	3,800	180
Total Families:	1,160	90

2011/12 ANNUAL UPDATE-AMENDED **EXHIBIT E**

MHSA SUMMARY FUNDING REQUEST

County: TRI-CITY MENTAL HEALTH CENTER **Date:** 4/16/2014

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	$4,107,700			$1,055,800		
2. Transfer from 11/12 [a/]	$0					
3. Adjusted Component Allocation	$4,107,700			$1,055,800		
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	$4,613,429			$2,112,919		
2. Requested Funding for CPP	$100,000					
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	$6,596,038			$1,554,508		
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11	$4,246,244			$1,399,122		
c. Unexpended Funds from FY 10/11						
d. Total Net Available Unexpended Funds	$2,349,794			$155,386		
4. Total FY 2011/12 Funding Request	**$2,363,635**	**$0**	**$0**	**$1,957,533**	**$0**	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations [b/]	**$1,239,608**			**$1,712,282**		
5. Unapproved FY 10/11 Component Allocations [b/]	**$1,024,027**			**$245,251**		
6. Unapproved FY 11/12 Component Allocations [b/]	**$100,000**					
Sub-total	**$2,363,635**	**$0**	**$0**	**$1,957,533**	**$0**	
7. Access Local Prudent Reserve	**$0**			$0		
8. FY 2011/12 Total Allocation [c/]	**$2,363,635**	**$0**	**$0**	**$1,957,533**	**$0**	

NOTE:

1. Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.

2. Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.

3. Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.

4. Line 3.d. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.

5. Line 3.d. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

[a/] Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

[b/] For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

[c/] Must equal line B.4. for each component.

2011/12 ANNUAL UPDATE **EXHIBIT E1**

CSS FUNDING REQUEST

County: Tri-City Mental Health Center **Date: 3/4/2011**

CSS Programs			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group				
	No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs												
1.		Full Service Partnerships	$2,412,580	$2,412,580				$687,950	$484,988	$887,055	$352,587	
2.		Community Navigators	$233,364		$116,682	$116,682		$79,344	$37,338	$84,011	$32,671	
3.		Wellness Center	$754,920		$754,920			$150,984	$218,927	$317,066	$67,943	
4.		Supplemental Crisis Services	$127,991		$127,991			$12,799	$38,397	$70,398	$6,400	
5.		Field Capable Services For Older Adults	$150,513		$150,513						$150,513	
6.			$0									
7.			$0									
8.			$0									
9.	Subtotal: Programs [a/]		$3,679,368	$2,412,580	$1,150,106	$116,682	$0	$931,077	$779,650	$1,358,530	$610,114	Percentage
10.	Plus up to 15% Indirect Administrative Costs		$534,061									15%
11.	Plus up to 10% Operating Reserve		$400,000									9.5%
12.	Subtotal: Programs/Indirect Admin./Operating Reserve		$4,613,429									
New Programs/Revised Previously Approved Programs												
1.												
2.			$0									
3.			$0									
4.	Subtotal: Programs[a/]		$0	$0	$0	$0	$0	$0	$0	$0	$0	Percentage
5.	Plus up to 15% Indirect Administrative Costs											#VALUE!
6.	Plus up to 10% Operating Reserve											#VALUE!
7.	Subtotal: Programs/Indirect Admin./Operating Reserve		$0									
8.	Total MHSA Funds Requested for CSS		$4,613,429									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 65.60%

Additional funding sources for FSP requirement:

County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must match the Annual Cost Report.] Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/ MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

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:	$2,412,580	$0	$0	$0	$0	$0	$0	$0	$0	$2,412,580	66%

2011/12 ANNUAL UPDATE **EXHIBIT E3**

PEI FUNDING REQUEST

County: Tri-City Mental Health Center Date: 3/4/2011

PEI Programs			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group				
	No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs										
1.	PEI 01	Community Capacity Building	$922,709	$756,621	$166,088	$138,407	$322,947	$276,813	$184,542	
2.	PEI 02	Older Adult Wellbeing	$61,924	$39,631	$22,293				$61,924	
3.	PEI 03	Transition-Aged Younger Adult Wellbeing	$61,924	$42,728	$19,196		$61,924			
4.	PEI 04	Family Wellbeing	$97,834	$73,376	$24,459	$47,952	$24,941	$13,509	$11,432	
5.	PEI 05	Student Wellbeing	$495,028	$361,370	$133,658	$321,768	$173,260			
6.			$0							
7.			$0							
8.			$0							
9.	Subtotal: Programs*		$1,639,419	$1,273,726	$365,693	$508,127	$583,072	$290,322	$257,898	Percentage
10.	Plus up to 15% Indirect Administrative Costs		$250,000							15%
11.	Plus up to 10% Operating Reserve		$185,000							9.8%
12.	Subtotal: Programs/Indirect Admin./Operating Reserve		$2,074,419							
New/Revised Previously Approved Programs										
1.	PEI 06	NAMI Community Capacity Building	$31,000	$25,420	$5,580	$4,650	$10,850	$9,300	$6,200	
2.			$0							
3.			$0							
4.	Subtotal: Programs*		$31,000	$25,420	$5,580	$4,650	$10,850	$9,300	$6,200	Percentage
5.	Plus up to 15% Indirect Administrative Costs		$4,500							14.5%
6.	Plus up to 10% Operating Reserve		$3,000							8.5%
7.	Subtotal: Programs/Indirect Admin./Operating Reserve		$38,500							
8.	Total MHSA Funds Requested for PEI		$2,112,919							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years = 66%

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, Activities, and/or funding as described in the Information Notice are considered New.

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

County: TRI-CITY MENTAL HEALTH CENTER ☒ **Completely New Program**

Program Number/Name: NAMI-Community Capacity Building ☐ **Revised Previously Approved Program**

Date: March 4, 2011

Instructions: Utilizing the following format please provide responses and refer to the instructions provided in the original PEI Guidelines, as noted in DMH Information Notices Nos.: 07-19 and 08-23. Complete this form for each new PEI Program. For existing PEI Programs that made changes to Key Community Mental Health Needs, Priority Population, Activities, and/or funding as described in the Information Notice, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Disparities in Access to Mental Health Services	x	x	x	x
2. Psycho-Social Impact of Trauma	x	x	x	x
3. At-Risk Children, Youth and Young Adult Populations	x	x		
4. Stigma and Discrimination	x	x	x	x
5. Suicide Risk	x	x	x	x

2. PEI Priority Population(s) **Note: All PEI programs must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	**Transition-Age Youth**	**Adult**	**Older Adult**
1. Trauma Exposed Individuals	x	x	x	x
2. Individuals Experiencing Onset of Serious Psychiatric Illness	x	x	x	x
3. Children and Youth in Stressed Families	x	x		
4. Children and Youth at Risk for School Failure	x	x		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	x	x		
6. Underserved Cultural Populations	x	x	x	x

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

TCMHC staff and consultants engaged almost 3,000 community members in the PEI community planning effort between June and December 2009, using four inter-related processes: focus groups, surveys, staff presentations, and stakeholder deliberations.

The data that emerged from these multiple conversations and engagement efforts revealed remarkable convergence among community members and leaders across the tri-city area on a range of questions, including the question of priority populations. The detailed descriptions for the six priority populations include the following: Individuals experiencing onset of serious psychiatric illness as identified by providers, including but not limited to primary health care, as presenting signs of mental illness or experiencing a first break, including those who are unlikely to seek help from any traditional mental health services; Children and youth in stressed families, including children and youth placed out-of-home or in families where there is substance abuse or violence, depression or other mental illnesses or lack of care giving adults (e.g. as a result of a serious health condition or incarceration), rendering the children and youth at high risk of behavioral and emotional problems; Trauma-exposed individuals—i.e., individuals who are exposed to traumatic events or prolonged traumatic conditions such as grief, loss or isolation, including those who are unlikely to seek help from any traditional mental health service; Children and youth at risk of or experiencing juvenile justice involvement, including children and youth exhibiting signs of behavioral/emotional problems who are at risk of having contact with, or have had any contact with, any part of the juvenile justice system, and who cannot be appropriately served through the Community Services and Supports plan; Children and youth at risk for school failure, including children at risk due to unaddressed emotional and behavioral problems; and Underserved cultural populations: those populations unlikely to seek help from any

traditional mental health services whether due to stigma, lack of knowledge, or other barriers. For the on-line survey, we asked respondents to identify their top 3 priority populations. Of the 635 survey respondents: 19.29% chose individuals experiencing onset of serious psychiatric illness; 22.88% chose children and youth in stressed families; 17.05% chose trauma-exposed individuals; 13.59% chose children and youth at risk of or experiencing juvenile justice involvement; 14.23% chose children and youth at risk for school failure; and 12.95% chose underserved cultural populations.

All of this data impacted the delegates' decisions about priority populations (and their choice of projects as well). When the delegates went through their own exercise of prioritizing the top three populations, their percentages differed slightly from the online survey respondents. Specifically: 29.90% of delegates chose individuals experiencing the onset of serious psychiatric illness; 23.04% of delegates chose children and youth in stressed families; 20.59% chose trauma-exposed individuals; 9.80% chose children and youth at risk of or experiencing juvenile justice involvement; 8.83% chose children and youth at risk for school failure; and 7.84% chose underserved cultural populations.

Schools and faith-based organizations are natural centers for seeking support. In addition, they are inherently multicultural and diverse in their membership. With this project, NAMI-Pomona Valley Chapter (NAMI-PV) will provide education, training, and support in order for school personnel and faith-based staff members to become better able to accept, identify, assist and guide persons and families who are at risk and/or experiencing the impact of mental illness in their lives.

3. PEI Program Description (attach additional pages, if necessary).

NAMI-Pomona Valley Chapter (NAMI-PV) and Tri-City Mental Health have been close community partners for over a decade. Both organizations provide valuable services and resources to the tri-cities' mental health consumers and their families. In recent years and more regularly, NAMI-PV and Tri-City have teamed up to share resources in a variety of different ways including: providing no-cost meeting space, contributing staffing to NAMI programs as needed, increasing the availability of NAMI groups to serve the unfunded, collaborating on program development ideas, promoting fundraising campaigns, and in the offering of mutual moral support.

NAMI-PV has proposed two programs that are a natural fit with Tri-City's vision for the MHSA Prevention and Early Intervention Plan. The goal of all PEI programming is to build the capacity within the tri-cities to promote and sustain the mental well-being of its community members. The proposed activities under this program are:

"Parents and Teachers as Allies"

NAMI-PV will provide 4(four) staff trainings a year for the three tri-cities school districts (one each for Claremont and Bonita School Districts; and two a year for Pomona Unified School District). Each two-hour in-service focuses on helping school professionals and families within the school community better understand the early warning signs of mental illnesses in children and adolescents and how best to intervene so that youth with mental health treatment needs are linked with services. It also covers the lived experience of mental illnesses and how schools can best communicate with families about mental health related concerns. The components of the in-service education program for school professionals include the following: *Welcome and Introductions* – an education professional, who is also a family member, welcomes the school professionals and introduces the topics to be covered, often with a personal story; *Early Warning Signs of Mental Illnesses* – a facilitator walks the school professionals through the early warning signs of mental illnesses, closely following the P&TA publication; *Family Response* – a parent or caregiver of a child with mental illness covers the predictable stages of emotional reactions among family members dealing with the challenges of mental illness and the lived experience of raising a child with a mental illness; *Living with Mental Illness* – a mental health consumer that experienced the early onset of mental illness shares a view from the inside, including a discussion about the positive and negative impact that their school experience had on their life; and *Group Discussion*. This program is designed for teachers, administrators, school health professionals, parents and others in the school community. The program is designed to target schools in urban, suburban, rural, and culturally divers communities. The toolkit has been developed to

be culturally sensitive and a Spanish language version of the Parents and Teachers as Allies publication has been developed.

Inter-Faith Collaboration on Mental Illness

NAMI-PV will provide outreach, education, and training opportunities to faith organizations through seminars/conferences conducted twice a year.. Agenda includes importance of faith groups to mental health, updates on what faith groups are already doing to promote the mental well-being of their memberships, primer on mental illness, personal statements by family members and individuals with diagnosis, resource information, tabling, and next steps. Clergy and lay leaders will be invited. Churches, temples, mosques, etc., will be given resources for providing ongoing support and education, as well as introduced to local area mental health and social service support agencies with whom they will be encouraged to partner and coordinate efforts to assist those persons in their congregations who are at-risk and/or demonstrating signs and symptoms of mental illness.

4. Activity Title	**Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:**			**Number of months in operation through June 2012**
		Prevention	**Early Intervention**	
Inter-Faith Collaboration on Mental Illness	Individuals: Families:	800 180	500 90	12
Parents, and Teachers as Allies	Individuals: Families:	800 160	300 100	12
	Individuals: Families:			
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	**1,260** **340**	**610** **190**	

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.

Fundamental to each of the NAMI Project activities, "Parents and Teachers as Allies" and the Inter-Faith Collaboration on Mental Illness, is the objective that after learning about early warning signs and symptoms of persons and families experiencing significant distress or mental illness, participants will be given specific information as the services provided for these persons/families by Tri-City Mental Health and other local area mental health and social service providers. How to refer to and access these services will also be explained.

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

In this time of increased budget cuts to our K-12 school systems and the uncertainty of the future of AB 3632 funding here in California, NAMI's "Parents and Teachers as Allies" activity under this new program will serve to educate and empower all school personnel, not just special education and psychological services staff, to work more effectively with students demonstrating early warning signs of behavioral and/or emotional disturbance; thereby reducing the future likelihood that more severe and restrictive school-based programs and formal mental health services will be needed for these students.

Due to issues related to some cultures and stigma, many persons who are experiencing psychological distress or early signs of mental illness seek out their clergy or spiritual leaders for help rather than approach mental health service agencies. The complex nature of the issues and the particular knowledge needed to most effectively help

these persons can overwhelm an already underfunded and/or over-extended congregation or faith-based organization. NAMI's Inter-Faith Collaboration on Mental Illness activity will bring together myriad of organizations who will be able to not only learn together about how to more effectively serve their members who are at-risk or experiencing signs of mental illness, but more importantly these organizations will be able to network with each other, share valuable resources and collaborate on new projects to better serve these vulnerable individuals and their families.

7. Describe intended outcomes.

The NAMI Project is intended to build the capacity of schools and faith-based communities to support the mental well-being of their memberships (ie., students and families; congregation members and their families). Specificially, through engaging in activities that promote mental health awareness, understanding of the impact of support vs. avoidance of mental health issues, and the learning of early intervention strategies, school personnel and faith-based staff will become increasingly able to support and maintain the mental well-being of their members with only limited need for formal mental health services.

8. Describe coordination with Other MHSA Components.

Persons and families identified and assisted through the NAMI activities will be referred to the MHSA CSS Programs, the Community Navigators and the Wellness Center for linkage and referral and for needed resources/services, informal group support, and vocational services. In addition, individuals identified through the NAMI Project may also be referred to the Peer-to-Peer Counseling Support Programs in the TAY and Older Adult Well-Being Projects as appropriate.

9. Additional Comments (Optional).

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	**County Mental Health Department**	**Other Governmental Agencies**	**Community Mental Health Contract Providers/CBO's**	**Total**
1.	Personnel				
2.	Operating Expenditures				
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)	$31,000			$31,000
5.	Other Expenditures				
	Total Proposed Expenditures	**$31,000**			**$31,000**
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED		**$31,000**			**$31,000**
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, subcontracts/professional services, and non-recurring expenditures associated with this PEI Program.

A. 5 – Contract Services-$31,000

The contract services of $31,000 represent the costs to fund NAMI for the establishment and running of two programs that align with prevention and early intervention. It is anticipated that approximately $20,000 of the funds will be used to run NAMI's Interfaith Collaboration on Mental Illness program and approximately $11,000 of the funds will be used to run NAMI's Parents and Teachers as Allies program. Approximately $16,500 of the funds will be used for NAMI staffing and the remaining funds will be used for seminars and training programs.

AMENDED EXHIBIT G

2011/12 MHSA ANNUAL UPDATE--SUPPLEMENTAL REQUEST FOR FISCAL 2010/11
Community Services and Supports (CSS) and Prevention and Early Intervention (PEI)
FY 2010/11 Prudent Reserve Funding Request

County: **Tri-City Mental Health Center** **Date:** **April 16, 2014**

THIS EXHIBIT G SUPPLEMENTAL REQUEST IS TO TRANSFER UNSPENT PEI FUNDS TO THE LOCAL PRUDENT RESERVE. THIS SUPPLEMENTAL REQUEST IS AN AMENDMENT TO THE ORIGINAL 2011/12 MHSA UPDATE. THE GOVERNING BOARD APPROVED THIS REQUEST ON APRIL 16, 2014 TO REFLECT THE NEEDED INCREASE TO THE LOCAL PRUDENT RESERVE IN FISCAL 2010/11 TO SUPPORT HIGHER PEI PROGRAMMING AND THEREBY TRANSFER UNUSED PEI FUNDS TO THE LOCAL PRUDENT RESERVE.

Current/Most Recent Annual Funding Level Request - 2011/12 Update

A. Total CSS/PEI Annual Funding Level for Services (Does not include Operating Reserve, Prudent Reserve, or Administrative Cost) $5,349,787

Enter totals from Exhibit E1 and E3 "Total MHSA Funds Requested for CSS/PEI"

1. CSS	3,679,368
2. PEI	1,670,419

B. Less: Total Non-Recurring Expenditures CSS/PEI (Describe in Section K, below). This should not exceed non-recurring expenditures for new programs. - $731,340

Subtract any identified non-recurring expenditures for CSS/PEI included in A above.
Non-recurring expenditures should be described in Section L below.

1. CSS	236,312
2. PEI	495,028

C. Plus: Total Administration CSS/PEI + $788,561

Enter the total administration funds requested for CSS/PEI from E1 and E3.

1. CSS	534,061
2. PEI	254,500

D. Sub-total $5,407,008

E. Maximum Local Prudent Reserve (50%) $2,703,504

Enter 50%, or one-half, of the line item D sub-total.

F. Local Prudent Reserve Balance from Prior Approvals $2,271,200

Enter the total amounts previously approved through Plan/updates for the Local Prudent Reserve.

2011/12 MHSA ANNUAL UPDATE--SUPPLEMENTAL REQUEST FOR FISCAL 2010/11
County: Tri-City Mental Health Center **Date: April 16, 2014**

Amounts Requested to Dedicate to Local Prudent Reserve

G. Plus: CSS Component

Enter the Sub-total amount of funding requested from CSS. Consistent with Welfare and Institutions Code section 5892, subdivision (b), an amount equal to 20 percent (20%) of the average amount of funds allocated to each County for the previous five years may be irrevocably redirected from the CSS Component Allocation to fund the County's Local Prudent Reserve, Capital Facilities and Technological Needs and Workforce and Education and Training.

FY 2009/10	Unapproved CSS Funds	**$**
	Unexpended CSS Funds	**$**

H. Plus: PEI Component--AMENDMENT based on new facts

It has been determined through subsequent review of the requirement to have a prudent reserve cove**both** the CSS component operations **AS WELL AS** the PEI component of operations, funds may be transferred from the PEI Component Allocation to fund the County's Local Prudent Reserve

FY 2009/10	Unapproved PEI Funds	**$**
	Unexpended PEI Funds	**$** $0
FY 2008/2009	Unapproved PEI Funds	**$**
	Unexpended PEI Funds	**$** $220,000

I. Total Amount Requested to Dedicate to Local Prudent Reserve $220,000
Enter the sum of lines G.

J. Local Prudent Reserve Balance $2,491,200
Enter the sum of F and G.

K. Local Prudent Reserve Shortfall to Achieving 50% -$212,304

Our intention is to use unspent CSS and/or PEI funds from prior fiscal years to make up the balance of $212,304 for our Prudent Reserve in the future year.

2011/12 MHSA ANNUAL UPDATE--SUPPLEMENTAL REQUEST FOR FISCAL 2010/11
County: Tri-City Mental Health Center **Date:** April 16, 2014

L. Description of all non-recurring expenditures CSS/PEI

Non-recurring expenditures are expenditures that are allowable but will not be repeated annually. If a program/proje includes non-recurring expenditures, the County should provide an itemized list of these expenditures.

The funding request for CSS programs include non-recurring expenditures for the purchase of computer equipment and software as well as telephone and communication equipment needed for new offices and buildings required to house previously approved CSS programs. The funding request for PEI programs include non-recurring expenditures for grants issued to schools. The funding for non-recurring expenditures were from previous years unapproved estimates. The listing of non-recurring costs by programs is as follows:

	One time school grants	Computer Hardware and Software	Telephone and communicatio n equipment	Total Non-recurring costs
CSS				
TC 01-Full Service Partnerships		$ 51,531	$ 56,500	$ 108,031
TC 02-Community Navigators		500	14,000	14,500
TC 03-Wellness Center		28,281	69,600	97,881
TC 04-Supplemental Crisis Support		500	7,450	7,950
TC 05-Field Capable Services to Older Adults		500	7,450	7,950
	$ -	$ 81,312	$ 155,000	$ 236,312
PEI				
PEI 05-Student Wellbeing	495,028	-	-	495,028
	$ 495,028	$ -	$ -	$ 495,028

Signature Margaret G. Harris

Name and Title MARGARET HARRIS, CFO

**Per WIC Section 5892 (b), Counties shall not exceed 20% of the average amount of funds allocated to the County for the previous five years.*

SUPPLEMENTAL MHSA HOUSING PROGRAM ASSIGNMENT AGREEMENT

MHSA Housing Program
Tri-City Mental Health Center

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,

$ 3,221,019 of the County's State Fiscal Year 2010-11 and $1,278,981 of the County's State Fiscal Year 2011-12, Community Services and Supports funds, from the undistributed component allocation 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. **Total funds transferred equals $4,500,000.**

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 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: 04/7/2011
Printed Name and Title: Jesse H. Duff, Executive Director	

ATTACHMENTS

SUMMARY OF WRITTEN FEEDBACK FROM APRIL 7, 2011 PUBLIC HEARING ON ANNUAL PLAN UPDATE

1) Description of participants:

a) Number of participants who learned about the MHSA plans for the first time: **38**
b) Number of participants who attended one or more meetings about the MHSA plans: **30**
c) Number of participants who have been substantially involved in the MHSA planning efforts: **36**

2) What the participants at our table like about the progress made so far on the CSS and PEI plans:

a) We are all pleased with the progress made so far. The group also experienced a change for the better in the school districts.
b) New services to communities
c) School districts are uniting and planning programs together.
d) Mental Health First Aid program and learning to recognize signs for help.
e) Private colleges are participating with communities.
f) Tri City has been wise to set money aside.
g) We like the process and the services that have been provided in such a short time.
h) Tri-City is giving back to communities and helping to refer people to resources they didn't know existed.
i) Wellness Center is a great place for people to open up and share their feelings of fear with others.
j) Full Service program helping families to get back on track.
k) Mental Health First Aid
l) Success stories and the planning and action so far.
m) Training schools to identify mental health challenges and interventions.
n) It is a very good plan. Good services are being made available. Community navigators. Great progress for people who receive services.
o) Kept John (Ott) and Rose (Pinard) as a kind, gentle force for promoting Tri-City
p) Early intervention programs, especially for children
q) We liked that it was well organized. We're glad that it encompasses the beginning and the end of serious emotional disturbance *(i.e. full spectrum of care).* We're glad to have the navigators and the wellness center. We're glad for PEI programs before people become seriously ill.
r) Community navigators to reach the public. Wellness Center as a place for healing as a community rather than in an isolated setting or 1-time treatment. We thought the delegates set forth development of projects as a community - a whole with levels of education and not just treatment by professionals. Focus is on wellness, wellbeing, and a holistic approach.
s) None of it is offensive or stigmatizing. It is inclusive of the very young and elderly. Focus is on developing healthy families and communities.
t) Community treatment through PEI can help individuals connect and become partners with professionals to improve service and connectivity – not strictly for the mentally ill community. Provides broad outreach. We also liked the many ethnicities involved in communities.
u) Dispels myths, rumors, and negativity that create discrimination. This brings information, help, knowledge, and understanding for healing and wholeness.
v) Mental Health First Aid will be a huge improvement.
w) We like the interconnectedness of the plans and training for community members. Tri-City can't do it all alone so it is good to train community members to help.
x) Like involvement by schools – key to success for children in our area.
y) Interested in families being helped by NAMI – it is a great organization.
z) Like all of the programs - great programs. The community navigators' system of care is working.
aa) We are moving forward – consistently. Plans are integrated, using safe housing partnerships to enhance capacity building. It's a grassroots-up plan. We really like the PEI plan for schools and colleges and training people to train others. Wellness Center is hot. NAMI being involved is great. We are all working together for a common cause. Many, many components will keep expanding even if funding goes away!

bb) Plan hit the ground running. We like taking services to older adults and community navigators. Tri-City spent most time so far on CSS with considerable success. Staff is highly supportive and ideologically consensus-based. The wrap-around services work well. The plan reaches out to the whole population and not just those who are ill. We like holding money for placement later.
cc) The way in which staff members have motivated us - helping us to do what motives us not them. The services and the medicine have helped. We like the staff – they are motivated and knowledgeable. They provide us with the necessary time.

3) Questions or concerns the participants at our table have about next year's work under the CSS and PEI plans:

a) Concerns about veterans in the Tri-City area receiving services needed for PTSD. Furthermore, to train others and veterans who have experienced these symptoms to help others and veterans. There is a concern for individuals returning from war and the ability to offer them support – for the men, women, and their families.
b) How are the indigent obtaining care? What happens to those who aren't getting help (e.g. those who are not indigent, have resources, but not enough to get adequate help).
c) We have concerns about the hours and wages provided to community support workers and are hoping that Tri-City will continue to support them. We hope to continue receiving services and funding.
d) Hope the programs continue and expand in the coming years.
e) We hope people from underserved communities continue to get help.
f) Citizens need to be more informed about services. How do we make people more aware of what types of services are available?
g) Being very careful about how we deal with children.
h) We hope that we have many more plans and new additions like programs in schools. We hope that there are more people who can receive help.
i) Our questions were answered at the table.
j) Concern that each city receives its fair share of services and resources. Need to hire the right staff for both experience and language capacity.
k) More community education.
l) Will State remain? Tri-City staff is spread thin so they also need a wellness discipline, particularly at the executive level – to take care of them selves. What are next steps?
m) How realistic is the 6.5% or 15,000? Factor in schools then add senior citizens, including concentration in certain areas like Pomona.
n) It worries us when programs disappear. Many people who need them don't know about the programs.

4) Other comments we want to share:

a) The veterans would like to make sure there is funding for their needs.
b) Keep up the good work!! Thank you everyone!!!
c) Hope the Wellness Center will open sooner than anticipated and services continue.
d) It's good to hear that progress is being made.
e) We hope everyone or as many people as possible can get to "well-being."
f) More relevant if participants can also be involved in Tri-City services. Not enough people know about the programs and services. Need more peer counseling.
g) Peer programs – working full or part time but with no benefits.
h) Website is being updated.
i) We were very pleased with John Ott and Rose Pinard.
j) Need to do things differently and this is the grassroots response to doing that.
k) Optimistic and excited about the implementation of both plans and look forward to future plans.
l) Awesome!!

m) Having executive level staff from colleges come together. Formal delegates process is a good idea so that people don't always have to be brought up to speed.
n) What happens when you diagnose more – how will treatment keep up? Language barriers – community navigators?
o) The community lacks knowledge about programs. More people need to be invited to events.

TRI-CITY MENTAL HEALTH CENTER
FY 2011-12 MHSA UPDATE

ROSTER OF COMMUNITY ENGAGEMENT DURING COMMUNITY PLANNING PROCESS

1. Pomona Empowerment Federation, Leonard Balleon. Members are Latino, African American parents. Age groups are--Teens and Adults

2. Parents in Action, Paula Wilmore. Trailer, Mobile Home Park Community. Members are Latino Families and individuals. Age groups are--All age groups

3. Costanoan Rumsen Tribe, Tribal Chair Tony Cerda, Tribal Elders and Council. Native American families and members who are TAY, veterans, homeless, seniors and LGBTQ individuals. Age groups are--All Age Groups

4. BIACO Clubhouse, Clients and Family Members who are African American, Latino, Asian, Anglo, homeless transitional age youth, seniors, LGBTQ. Age groups are--Adults

5. NAMI Pomona Chapter, Dick Bunce, Michael Fay, Tim Watkins, Joseph Lyons, clients and family members who are Latino, African American, Asian and Anglo. Age groups are--All Age Groups

6. Veterans Engaging Together, Albert Mendoza, Melissa Mendoza, veterans who live in the City of La Verne. Adults-Older Adult Age Group

7. Helping Hands Caring Hearts, Donna Dolgovin, faith based food providing community to homeless families and individuals, Latino, African American, Anglo, LGBTQ. Age groups are--All Age Groups.

8. Services Center for Independent Living. Lee Natress. Disabled and handicap community who are Latino, African American, Anglo, Asian, Homeless and LGBT. Age groups are--All Age Groups.

9. Pomona First Baptist Church, Pastor Sham Rambaren, Faith based members who are Latino, African American, Asian, Anglo, Homeless, TAY, and Veterans. Age groups are--All Age Groups.

10. Pomona Recovery Community (AOD), Wayne Sugita L.A. County Drug and Alcohol Deputy Director Bernardo Rosas Advocate representing recovery community of Latino, African American, Asian, Anglo and Native American. Age groups are--Teen, Transitional Age, Adult and Older Adult.

11. Cambodian Buddhist Society, Pel Leng, Faith based, Cambodian Families. Age groups are--Youth, TAY, Adults and Older Adults.

12. Claremont Club, Mike Alpert, members who are Anglo, Latino, African American and Asian, Disabled, Elementary school, Age groups are – Teens, Adult and Older Adults.

13. One L.A. Pomona Cluster, Faith based, Residents and Congregations, who are Latino, African American, Asian, Anglo. Age groups are—Adults and Older Adults.

14. House of Ruth, Sue Abiesher, Domestic Violence women and clients who are Latina, African American, Asian, Anglo and LGBTQ. Age groups are--Transitional Age Youth, Adults and Older Adults.

15. Vietnamese Pomona Valley Association, President Dr. Huu Vo, Dr. Bui, Vietnamese Community. Age groups are--all age groups.

16. Claremont Youth Activity Center, Joseph McLellan, Caroline Bustos, Claremont Teen Committee, who are Latino, African American, Asian, Anglo and LGBTQ. Age groups are--Teens Only.

17. A Mothers Cry, Ethel Gardner, Grief Support Group Self help, Members who are African American, Latino and Anglo. Age groups are--Elementary School Age, teens, Adults and Older Adults

18. Boys and Girls Club, Victor Caseres, Youth Leadership Committee, South Pomona, Youth who are African American, Latino, Asian and Anglo. Age groups are--Elementary School age, and Teens.

19. Seniors of the City of Laverne, Nicole Bresciani. Seniors are Latino, African American, Asian and Anglo. Age groups are--Older Adults.

20. Youth and Family Action Committee of the City of Laverne, representing Youth and families who are Latino, African American, Asian and Anglo. Age groups are--Elementary School age and Teens.

21. Pomona Valley Feeding Ministry, Pamala Lynn. Faith Based meal service to the homeless Families and individuals who are Latino, African American, Asian and Anglo and LGBT. Age groups are--Transitional Age Youth, Adults-Older Adults

22. Cal Poly Pomona Pride Center, Jami Grosser, Latino, African American, Asian, Anglo, lesbian, gay, bisexual, transgender, intersex, queer, questioning (LGBTIQQ) and ally community at Cal Poly Pomona. Age groups are--Adults-Older Adults

23. Veterans Collaborative, Bernardo Rosas, Community of veterans and entities from the Tri-City area who are Native American, Latino, African American, Asian, Anglo. Age groups are--Adults-Older Adults.

24. Middleland Chan Monastery Pomona, Master Jian Yan. Faith based Asians who are families and individuals. Age groups are—Youth, Adults and Older Adults.

25. Pomona Southern Ca Dream Center, Pastor Eddie Banales. Faith based, families and individuals who are Latino, African American. Age groups are--Elementary School Age, Teens and Adults –Older Adults.

26. Kiwanis Claremont. Arny Bloom, Rich Rogers. Service Club who are Anglo, Latino, African American and Asian. Age groups are--Adults-Older Adults.

27. Angels who Care, Pamala Lynn, Victoria Rodgers. Homeless service group, who are Latino, African American, volunteers in the community of the Tri-City Area. Age groups are--Transitional Age Youth, Adults-Older Adults

28. American Legion Post 30, Naomi Chavez. Veterans who are Latino, African American, Asian and Anglo. Age groups are--Adults-Older Adults

29. Foothill Aids Project, Marie Francois, Brenda Walton, Gail Polk. Services group to members who are Latino, African American, Asian, Anglo, LGBT and homeless. Age groups are--Adults-Older Adults.

30. Mercy House, Allison Harvey. Members are Latino, African American, Asian, Anglo and homeless. Age groups are--Adults

31. Pomona Equal Opportunity Center, Suzanne Foster. Members are Latino immigrant day laborers. Age groups are--Adults

32. Pomona Seniors, Sylvia Munoz. Seniors in Pomona who are Latino, African American, Asian, and Anglo. Age groups are--Older Adults.

33. Unity Church, Irene Feedler, Faith based. Age groups are--Adults

34. New Life Church, Faith Based. Zamar Alkiezar. Members who are Latino, African American, Asian and Anglo. Age groups are--Teens, and Adults

35. Hope Resource group, Mark Carter. Members are Latino, African American, Anglo and homeless. Age groups are--Adults.

36. Claremont Unified School District, Judy Geske, Director, Special Education; Jennifer Wolfrom, School Psychologist; Arny Bloom, Educational Consultant.

37. Pomona Unified School District, Fernando Meza, Administrative Director, Pupil and Community Services; Patti Azevedo, Coordinator, School Mental Health Services; Katie Goodwin, School Psychologist, Pupil and Community Services.

38. Bonita Unified School District, Lois Klein, Assistant Superintendent Educational Services; Carolyn Cockrell, Elementary School Counselor; Deborah Croan, District Nurse; Carl Coles, Special Education Program Specialist; Nancy Sifter, Elementary Assistant Principal.

39. Cal Poly Pomona, Michele Willingham, Director, Counseling and Psychological Services; Anita Jackson, Counselor & Coordinator of Wellness Education Counseling and Psychological Services; Sara Gamez; Coordinator, Renaissance Scholars Program; Maria-Lisa Flemington; Program Assistant, Associated Students Inc.; Jami Grosser, Coordinator, Pride Center; Carla Jackson, Health Educator Student Health Services Wellness Center; Ty Ramsower; Coordinator of Health Promotion & Outreach Student; Keith Lanning, Officer, University Police Department; Reyes Luna, Associate Director, Residence Life University Housing Services.

40. Claremont Graduate University, Gabriella Tempestoso, Director Student Life & Diversity.

41. The Claremont Colleges, Jennifer Howes, Senior Staff Psychologist.

42. Claremont University Consortium, Denise Hayes, Vice President of Student Affairs: Hughes Suffren, Dean of Students, Office of Black Student Affairs.

43. Claremont McKenna College, Mary Spellman, Dean of Students.

44. Harvey Mudd College, Beverly Chen, Associate Dean, Student Health and Wellness.

45. Keck Graduate Institute, Sue Friedman, Director of Student Services

46. Pitzer College, Moya Carter, Dean of Students

47. Pomona College, Marcelle Holmes, Associate Dean of Students for Student Support and Learning and Dean of Women.

48. Scripps College, Marla Love, Assistant Dean of Students

49. University of La Verne, Juan Regalado, Assistant Dean of Student Affairs & Director of Student Housing and Residential Education; Rick Rogers, Director of the Counseling Center and Associate Professor of Psychology; Joan Twohey-Jacobs, Assistant Professor of Psychology; Amanda Rivera, Post Doctoral Fellow, Loretta Rahmani , Dean of Student Affairs.

50. The Clinebell Institute, Jill Snodgrass, Associate Director

ORGANIZATION PRESENTATIONS ON THE MHSA ANNUAL PLAN UPDATE
APRIL 7, 2011 PUBLIC HEARING

AEGIS
American Legion #30
Angels Who Care
Beta Center
BIACO
Boys and Girls Club
Cambodian Buddhist Society
Casitas Mobile Village
Catholic Charities
City of Knowledge Islamic School
Community Church
Claremont Club
Claremont Youth Activity Center
Claremont Psych
Costanoan Rumsen Tribe
Community Wellbeing Grant Meeting
Copacabana Mobile Home
Corporation For Supportive Housing
Claremont Unified School District Adult School
Community Dance Class
Department Of Public Social Services
East San Gabriel Consortium
East Valley Health Center
Emerson Village
Community Exercise Class
Faith Based Coalition
Foothill Terrace Mobile Home
Helping Hands Caring Hearts
Homeless Council Cluster 2
Hope Resource Group
House of Ruth
Joslyn Center
Kennedy Austin Foundation
La Verne Church of The Brethren
La Verne Mobile Country Club
La Verne Senior
La Verne Youth and Family
Leroy Haynes
Los Angeles County DMH
Los Angeles County Probation
Los Angeles County DCFS
Los Angeles Homeless Coalition
La Verne City Hall Staff
La Verne Senior Center
Mental Health Consortium
Mercy House
Mental Health First Aider Training
Middleland Chan Buddhist
Nacimiento Center
NAMI Pomona Valley
NAMI Faith Collaborative
National Council on Alcohol and Drug Dependence
North West College
Ola Church
Claremont Community Outreach
Palomares Junior High
Palomares Senior Meal Program
Parents in Action
Phillips Ranch Shopping Center
Pilgrim Place
Pomona Alcohol and Other Drug Collaborative
Pomona Baptist Church
Pomona Continuum of Care Coalition
Pomona Crisis Center
Pomona Homeless Outreach
Pomona Neighborhood Center
Pomona Valley Christian Center
Pomona Valley Vietnamese Association
Pomona Worksource Center
Prototypes
Pomona Unified School District Child Development
Pomona Unified School District Parenting
Roy G. Decker Elementary
San Gabriel Coordinating Council
Sowing Seeds For Life
Sumner Elementary
The Fountains Mobile Home
Tri-City Mental Health Clinic Consumers/ Families
University of La Verne Counseling Center
Unity Church
Urban League
Valley Rancho Mobile Park
Veterans Collaborative
Veterans Engaging Veterans
Victory Outreach
Vietnamerican
Village Shopping Center
Vista Del Valle
Washington Park
Tri-City Wellness Center
Westmont Park Community Center
Youth and Family Master Plan Meeting
YMCA

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