TRI-CITY MENTAL HEALTH CENTER SYSTEM'S

MHSA FY 2012/13 ANNUAL UPDATE

AMENDED

Originally Posted:
March 16, 2012

Public Hearing:

April 18, 2012

AMENDED
April 16, 2014

TRI-CITY MENTAL HEALTH CENTER SYSTEM'S
MHSA FY 2012/13 ANNUAL UPDATE

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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 (MHSA) Plans for FY 2011/12. Subsequent to this time and the passing of AB 100, which deleted the requirement that the three-year plan and updates be approved by CADMH, CADMH has not issued any update to the guidelines for counties to submit their annual update to their MHSA Plans for FY 2012-13. However, on January 12, 2012, the California Mental Health Directors Association (CMHDA) did issue a recap of the MHSA Annual Update Critical Elements with instructions for the Fiscal Year 2012/13 Update.

At the beginning of fiscal 2011/12, Tri-City Mental Health Center (TCMHC) had two MHSA plans approved, the Community Services and Supports (CSS) plan and the Prevention and Early Intervention (PEI) plan. On January 18, 2012, TCMHC's Innovation Plan was approved but has not yet been implemented. [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*.

All of TCMHC's CSS programs are previously approved programs and all of PEI programs are previously approved with the exception of the Urban Farming program presented in this update.

For this annual update, TCMHC is presenting an update on all of the previously approved CSS and PEI programs and seeking approval for one new PEI program.

TCMHC posted this draft annual update to its website on March 16, 2012, 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 Manager, 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 2012/13 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 18, 2012
Time: 6:00 p.m. – 8:30 p.m. (dinner will begin serving at 5:30 p.m.)
Location: Walter Taylor Hall
1775 N Indian Hill Boulevard
Claremont, CA 91711

Following the public hearing, TCMHC will submit the FY 2012-13 annual update to the Mental Health Services Oversight and Accountability Commission no later than April 25, 2012.

1 This leaves two plans for TCMHC to develop: Workforce Education and Training (WET) and Capital Facilities and Technology Needs. TCMHC intends to complete these additional plans in the coming fiscal year.

EXHIBIT A

TRI-CITY MENTAL HEALTH SYSTEM'S 2012/13 ANNUAL UPDATE
COUNTY CERTIFICATION
AMENDED

County: Tri-City Mental Health Center

County: Tri-City Mental Health

County Mental Health Director	Project Lead
Name: Jesse H. Duff	Name: Rimmi Hundal
Telephone Number: (909) 623-6131	Telephone Number: (909) 623-6131
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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. 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 Title 9 of the California Code of Regulations Section 3300, Community Planning Process. The draft FY 2012/13 annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.

AB 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, AB 100 deleted the requirement that the three year plan and updates be approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

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 2012/13 annual update/update are true and correct.

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

Jesse H. Duff 4-16-2014
Signature Date

County: Tri-City Mental Health Center

Date:

DESCRIPTION OF STAKEHOLDER PROCESS

County: Tri-City Mental Health Center

Date: April 2012

30-day Public Comment period dates: March 16, 2012 to April 18, 2012

Date of Public Hearing (Annual update only): April 18, 2012

Tri-City Mental Health Center (TCMHC) engaged in expansive community engagement and stakeholder processes throughout its MHSA planning and implementation efforts, including more than 6,000 people for its Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) plans. As a demonstration of its commitment to engaging community stakeholders, TCMHC created a permanent Delegates structure in July 2011. This sixty-member TCMHC Delegates Group is intended to ensure that broad stakeholder and community engagement takes a deep hold in our transformed mental health system.

Delegates and their alternates represented stakeholder perspectives including individuals who receive services; family members; community providers; leaders of community groups in unserved and underserved communities; representatives from the three cities of Claremont, LaVerne and Pomona; 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.

In preparation or this Annual Update, the Delegates convened on February 29, 2012 to hear updates and recommendations from staff on CSS and PEI programs. They endorsed all staff recommendations by consensus.

The dates of the 30-day review process are March 16 to April 18, 2012. Staff will circulate a draft of the annual update by making electronic copies available on TCMHC's website and providing printed copies at various public locations (such as at the Wellness Center, libraries, etc.). Several methods of collecting feedback will be available such as phone, fax, email, mail and comments at the public hearing.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tri-City Mental Health Center

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

Date: March 16, 2012

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 2010/11

A. Listed is the number of individuals served by this program during FY 2010/11 as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	67			$11,951
TAY	64			$15,139
Adults	96			$16,131
Older Adults	14			$16,754
Total	**241**			

Total Number of Individuals Served (all service categories) by the Program during FY 2010/11: **241**

B. Listed is the number of individuals served by this program during FY 2010/11, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	48	English	190	LGBTQ	
African American	50	Spanish	50	Veteran	
Asian	8	Vietnamese	1	Other	
Pacific Islander	0	Cantonese			
Native American	0	Mandarin			
Hispanic	115	Tagalog			
Multi	4	Cambodian			
Unknown	12	Hmong			
Other	4	Russian			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

		Farsi			
		Arabic			
		Other			

C. Program Update.

1. The following is a brief report on the progress of this program for FY 2010/11:

Despite some challenges regarding keeping our FSP staffing at full capacity throughout 2010/11, target numbers for the program were nearly reached. A total of 241 clients versus the projected 262 clients were served. Contrary to early projections regarding the numbers to be served, the FSP Programs have had significantly higher numbers of Transitional Age Youth (TAY) being referred and enrolled for treatment than anticipated. In the original FSP proposal, it was assumed that children would be served at a rate of 2:1 versus TAY. However, in 2010-11 the numbers in each of these age groups was nearly equal, and the number of children referred and served was notably lower than projected at nearly half the number anticipated. It appears that in the tri-cities area, as a result of significantly more services for children ages 0-15 via school programs and other area providers, children's issues are addressed and do not as often reach the level of intensity to be served in an FSP program. However, the more often unserved and underserved population of TAY, especially those over 18 and entering young adulthood have limited treatment options and services in the tri-cities and are more frequently in need, and now accessing, the Tri-City FSP services. Similarly, our projections for the number of Older Adults versus Adults that would be served in the FSP Program was inaccurate. The typical age group being served in FSP is the adults ages 26-59. The older adults referred often have less intense needs and are referred to the lower level in-home services program for seniors or to outpatient services.

Even with high staffing turnover in 2010/11, the FSP Program was able to replace outgoing staff with new staff who are similarly diverse in their ethnicity, backgrounds and language capabilities. Unfortunately, despite our diverse Asian-language capability in the Adult/Older Adult FSP including Vietnamese and Cambodian, we had extremely low numbers served in these two groups. This data indicates that Tri-City may need to do better and more extensive outreach to both of these relatively large communities in our area. Training topics in 2010/11 for FSP Program staff included a variety of topics aimed at increasing cultural and ethnic awareness in order to assure that the services provided are sensitive and welcoming so as to increase the likelihood that persons in traditionally un- and underserved populations will seek and stay engaged services, thereby reducing mental health disparities in the Tri-City communities. Topics included LGBT issues, working with military personnel and their families, asian-pacific islander populations, working with foster care youth and families, treating trauma, and identifying and eliminating microaggressions.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. The following is a discussion of the challenges with implementation of this program.

When Tri-City initially funded its FSP Program, costs were based on those used in the larger Los Angeles County DMH system. Costs per allocated slot in each age group include costs for direct services, as well as Flex Funds, which are dollars used to provide supplemental services that an FSP client might need to further their goals in Recovery. At the end of 2010/11, it was demonstrated that our initial calculations, in particular for those funds set aside as Flex Funds was inordinately large for those living and receiving services in the three cities of Pomona, La Verne and Claremont. Specifically, in 2010/11, just about 50% of the funds allocated for Flex Funds were spent. Review of the use of Flex Funds suggests that FSP staff is effectively helping clients to fund necessary supplemental needs, but that the overall needs of the population here in the three cities appears to be less than those in LA County as a whole. As a result, funds will be shifted into salaries and direct service costs allowing for more clients to be seen each year that was originally projected.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 2012/13

A. Listed is the estimated number of individuals to be served by this program during FY 2012/13, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	78			$13,676
TAY	65			$13,616
Adults	86			$16,747
Older Adults	22			$18,000
Total	251			

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 2012/13: **251**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Program Description.

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.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tri-City Mental Health Center

Program Number/Name: TC-02 – Community Navigators

Date: March 16, 2012

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 2010/11

A. Listed is the number of individuals served by this program during FY 2010/11, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth			289	
TAY			225	
Adults			789	
Older Adults			220	
Other (age unknown)			73	

Total Number of Individuals Served (all service categories) by the Program during FY 2010/11: **1,596**

B. Listed is the number of individuals served by this program during FY 2010/11, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	308	English	1218	LGBTQ	
African American	144	Spanish	374	Veteran	
Asian	14	Vietnamese	2	Other	
Pacific Islander	15	Cantonese			
Native American	1	Mandarin			
Hispanic	822	Tagalog			
Multi	13	Cambodian			
Unknown	276	Hmong			
Other	3	Russian			
		Farsi	1		
		Arabic			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

		Other	1		

C. Program Update.

1. The following is a brief report on the progress of this program for FY 2010/11:

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 identify 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, and these presentations effectively introduced 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 trainings, 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 three cities. Over the past year, these efforts have been extremely successful, reflected in an increase in the total number of consumers assisted. During the 24 months of engagement, the Tri-City Community Navigators were able to link more than 3,500 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.

There were no key differences or major challenges in how services were provided in FY 2010/11.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 2012/13

A. Listed is the estimated number of individuals to be served by this program during FY 2012/13, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth			509	
TAY			254	
Adults			806	
Older Adults			244	
Total			1,813	

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 2012/13: **1,813**

B. Program Description.

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 building partnerships with community leaders. Navigators also attend all cultural competency trainings at Tri-City MHC.

Genders: All genders are served.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tri-City Mental Health Center

Program Number/Name: TC-03 – Wellness Center

Date: March 16, 2012

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 2010/11

A. Listed is the number of individuals served by this program during FY 2010/11, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	46	0	0
TAY	0	776	0	0
Adults	0	5,008	0	0
Older Adults	0	140	0	0
Total	0	**5,970**	0	0

Total Number of Individuals (visits) Served (all service categories) by the Program during FY 2010/11: **5970**

B. Listed is the number of individuals served by this program during FY 2010/11, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	1,334	English	3,912	LGBTQ	0
African American	1,052	Spanish	1,357	Veteran	0
Asian	490	Vietnamese	0	Other	0
Pacific Islander	0	Cantonese	0		
Native American	0	Mandarin	0		
Hispanic	3,031	Tagalog	0		
Multi	0	Cambodian	0		
Unknown	42	Hmong	0		
Other	63	Russian	0		
		Farsi	0		
		Arabic	0		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

		Other	701		

C. Program Update.

1. The following is a brief report on the progress of this program for FY 2010/11:

The Wellness Center began staffing and preparing for services in the first half of FY 2010/11. In October 2010, 18 part-time Community Support Workers (or persons with lived experience) were added to the Wellness Center staff of 5 full-time employees with a variety of professional mental health experience. By January 2011, the Wellness Center was already providing weekly support groups and a number of employment/vocational services. By July 2011, the Wellness Center hosted and conducted more than 20 weekly support groups, quarterly festivals, collaborative fairs and various workshops events. Many support groups and all workshop events were provided in both Spanish and English. While there were many services being offered through the Wellness Center in FY 2010/11, the programming was actually restricted due to the fact that the Wellness Center was operating in borrowed, and then temporarily rented, and very limited space while awaiting the construction of its permanent home. The Wellness Center is open to individuals of all ethnicities and all ages. We have programming specifically for TAY and a whole portion of the center is strictly designed to cater to TAY related issues and needs.

2. Describe any key differences and any major challenges with implementation of this program.

There were no key differences or major challenges in how services were provided in FY2010/11.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 2012/13

A. Listed is the estimated number of individuals to be served by this program during FY 2012/13, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	1,000	0	0
TAY	0	1,500	0	0
Adults	0	3,500	0	0
Older Adults	0	1,000	0	0
Total	0	**7,000**	0	0

Total Estimated Number of Individuals (visits) Served (all service categories) by the Program during FY 2012/13: **7,000**

B. Program Description.

The Wellness Center is a new integrated services and supports site which focuses 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, include counselors, peer advocates, and others who can 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. We are well on the way to developing the staff and management of the center to be people who have received services and family members. A special section of the site with a separate entrance has been dedicated to transition age youth. This part of the site is staffed primarily by highly-skilled peers who have life experience relevant to young people struggling with mental health issues. Professional staff support the peer staff who offer a range of support and transition services to TAY. Staff is working to develop trusting relationships with these youth in order to support them in accessing the help they need.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tri-City Mental Health Center

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

Date: March 16, 2012

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 2010/11

A. Listed is the number of individuals served by this program during FY 2010/11, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth		5		
TAY		7		
Adults		51		
Older Adults		4		
Total		**67**		

Total Number of Individuals Served (all service categories) by the Program during FY 2010/11: **67**

B. Listed is the number of individuals served by this program during FY 2010/11, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	18	English	66	LGBTQ	
African American	6	Spanish		Veteran	
Asian	4	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin	1		
Hispanic	10	Tagalog			
Multi		Cambodian			
Unknown	29	Hmong			

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Other		Russian			
		Farsi			
		Arabic			
		Other			

C. Program Update.

1. The following is a brief report on the progress of this program in FY 2010/11:

The numbers served in the Supplemental Crisis Program this year were only about 46% of what was projected. However, 100% of the calls received were exactly the kinds of calls and situations the program was created to address. Many of the calls were persons in distress or their family members, whom it is likely that without the therapeutic contact intervention provided by Supplemental Crisis would have ended up calling either local area police or presenting to some other agency or entity for a psychiatric crisis. In only one instance the entire FY 2010/11 was a Supplemental Crisis therapist sent out into the field; all other calls were resolved over the phone and with follow up the next day either with another call from Supplemental Crisis or the next business day with a follow up by the Tri-City Community Navigators' Program. While the Supplemental Crisis has fully bilingual, English/Spanish speaking, staff always available, all but one call received in the program this year were English speaking persons looking for assistance.

The unexpected low number of calls received and the relatively little diversity in regards to the demographics of language and ethnicity of those persons accessing Supplemental Crisis Services in FY 2010/11 indicates that Tri-City needs to do further outreach for this program. Efforts should be targeted with particular emphasis on getting the information to the unserved and underserved populations in the three cities to insure that all persons are aware of the program and know how to access help 24/7. The MHSA delegates remain committed to the on-going funding and success of this program. Five of its members have volunteered to be part of a work group, along with Tri-City staff to meet this end. Specifically, the workgroup will convene to brainstorm and plan various outreach and information campaigns around the three cities to promote the Supplemental Crisis Services with the intent to raise utilization rates and, on-going, serve the originally projected number of persons each year.

2. The following is a discussion of the challenges with implementation of this program.

There were no key differences or major challenges in how services were provided in FY2010/11, however there were challenges in spending the amount of funding set aside for this project, given the under utilization of the services to date. During our stakeholder process, the delegates voted to keep funding levels the same and developed a workgroup to establish increased awareness and promote greater use of the program for next year.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 2012/13				
A. Listed is the estimated number of individuals to be served by this program during FY 2012/13, 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 2012/13: **145**				

B. Program Description.

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.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tri-City Mental Health Center

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

Date: March 16, 2012

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 2010/11

A. Listed is the number of individuals served by this program during FY 2010/11 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		91		
Total		**91**		

Total Number of Individuals Served (all service categories) by the Program during FY 2010/11: **91**

B. Listed is the number of individuals served by this program during FY 2010/11, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	16	English	26	LGBTQ	
African American	1	Spanish		Veteran	
Asian	1	Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic	8	Tagalog			
Multi		Cambodian			
Unknown	65	Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other / Unknown	65		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Program Update.

1. The following is a brief report on the progress of this program in FY 2010/11:

As a result of some staffing changes in FY 2010/11 in this program, the numbers served were lower than what was projected. Specifically, while the number of clients seen in individual therapy/in-home services was on target, only two of the projected four community workshop presentations on senior mental health issues were able to be conducted. At the same time, it was learned in FY 2010/11 that the types of clients being referred to our FCCS program are less likely to have intensive case management and transportation needs and more likely to desire and need one-to-one psychotherapy to deal with issues of grief and loss related to declining health, loss of independent functioning and actual loss of loved ones. All the clients served in FY 2010/11 were English speaking and 50% were ethnically White. The change in the apparent needs of this target population suggest that another therapist be added to the FY 2012/13 budget in order to assure that more seniors who desire this in-home service can be served. The demographic data from 2010/11 suggest that increased outreach to more ethnically diverse communities is needed. Moreover, with the newly added staff position, Tri-City will seek to hire a person who is bilingual in Spanish and English as the program already has Asian-language speaking staff.

2. The following is a discussion of the challenges with implementation of this program.

There were no key differences or major challenges in how services were provided in FY 2010/11.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 2012/13

A. Listed is the estimated number of individuals to be served by this program during FY 2012/13, 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		150		
Total		**150**		

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 2012/13: **150**

B. Program Description.

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 includes a clinical therapist, licensed psychiatric technician, and case manager. They will spend much of their time engaging with seniors who have serious mental health issues in their homes, in senior centers, and in 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.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Tri-City Mental Health Center

Program Number/Name: TC-06 – MHSA Housing Funded through the CSS Plan

Date: March 16, 2012

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 2010/11

The MHSA Housing Program is funded through the CSS plan. Although funds were assigned to this program in Tri-City's Annual MHSA Update for fiscal 2010/11 and 2011/12, the planning and beginning of implementation did not begin until the beginning of fiscal 2011/12. Therefore there are no statistics to report.

A. List the number of individuals served by this program during FY 2010/11, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	0	0	0	0
Older Adults	0	0	0	0
Total	0	**0**	0	0

Total Number of Individuals (visits) Served (all service categories) by the Program during FY 2010/11: **0**

B. List the number of individuals served by this program during FY 2010/11, as applicable.

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

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

		Arabic	0		
		Other	0		

C. Program Update.

By the end of FY 2010/11, Tri-City committed a total of **$6,889,400** to fund its Permanent Supportive Housing development Program as follows:

- Tri-City's per capita portion of MHSA Community Services and Supports housing funds totaling $2,389,400 has been forwarded to its housing account at the California Housing Finance Agency (CALHFA).
- During Tri-City's Fiscal 2011/12 Annual MHSA update process, Tri-City's delegates recommended and its Governing Board approved the allocation of an additional $4,500,000 to the permanent supportive housing fund. $3,221,019 of this amount was forwarded to Tri-City's housing account at CALHFA and the remaining $1,278,981 will be funded directly to Tri-City's housing account.
- In addition to the $6,889,400 allocated to fund the housing program, an amount (as yet to be determined) in accrued interest will be added to the fund.

On June 27, 2011 Tri-City hired a person to spearhead Tri-City's development and implementation of its Permanent supportive housing program. The development of Permanent supportive housing is viewed as separate from, but complimentary to, its ongoing program of providing emergency and transitional housing for the homeless and mentally ill residents of the Tri-City area. During the initial months of employment the Housing Project Manager was assigned to complete the following:

- Research the various provisions of the Mental Health Services Act pertaining to Housing.
- Research CALHFA/ MHSA Funding Requirements.
- Research the need for, philosophy behind, and essential characteristics of Permanent supportive housing.
- Research the various non-MHSA funding sources and requirements.
- Draft (with the assistance of other Tri-City staff members) a comprehensive permanent Supportive Housing Master Plan.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 2012/13

A. List the estimated number of individuals to be served by this program during FY 2012/13, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	6	0	0
Adults	0	12	0	0
Older Adults	0	0	0	0
Total	0	**18**	0	0

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 2012/13: **18**

B. Program Update

During fiscal 2011/12 Tri-City created a Comprehensive Housing Master Plan that contains the following key elements:

- Establishes goals and objectives of the Housing Program Manager involving the creation of 100 units of permanent supportive housing
- Identifies supportive services to be provided.
- Identifies target populations to be served.
- Establishes site selection criteria for future permanent supportive housing units.
- Establishes unit types to be considered.
- Establishes minimum unit sizes for future housing development.
- Identifies desirable characteristics and amenities for future housing units.
- States a preference for mixed population projects.
- Identifies and discusses potential challenges to project implementation.
- Identifies multiple sources of capital and operational funding and discusses the need for “layering” funds.
- Discusses the need for community support and outreach efforts to overcome obstacles to implementation.
- Discusses the issue of supportive services to be provided.
- Discusses the need and desirability of enlisting an experienced special needs developer as a partner in the project(s), including a development partner selection process.
- Provides for an annual review and if necessary, update of the Plan.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Tri-City Mental Health Center

Program Number/Name: PEI 01 – Community Capacity Building

Date: March 16, 2012

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 2010/11

A. Listed is the number of individuals served by this program during FY 2010/11, as applicable.

These figures reflect Community Wellbeing outreach efforts and trained Mental Health First Aiders combined.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	56	English	131	LGBTQ	3
Transition Age Youth (16-25)	15	African American	32	Spanish	4	Veteran	6
Adult (18-59)	110	Asian	5	Vietnamese	2	Other	
Older Adult (60+)	14	Pacific Islander	2	Cantonese			
		Native American	7	Mandarin			
		Hispanic	23	Tagalog			
		Multi	8	Cambodian	1		
		Unknown	1	Hmong			
		Other	5	Russian			
				Farsi			
				Arabic			
				Other	1		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Program Report.

1. Brief report.

Community Wellbeing: During FY 2010/11, Tri-City began the process of outreach with the goal of inviting local communities to participate in a grant process designed to support and increase community wellbeing. These numbers reflect the leadership of various organizations and agencies within the Tri-City area who were the focus of this campaign. From these, 16 grantees were selected and their projects are scheduled for implementation in FY 2011/12.

Mental Health First Aid: During FY 2010/11, Tri-City recruited and trained 54 community members to become certified Mental Health First Aiders. Of the 54, 49 became certified MHFA instructors and are scheduled to begin training Tri-City community members in FY 2011/12.

2. Program Outcome.

These programs are scheduled for full implementation in FY 2011/12. Data/program outcomes will be available for future updates.

SECTION II: PROGRAM DESCRIPTION FOR FY 2012/13

A. Additional proposed changes to this PEI program, if applicable.

There are no changes in the Community Capacity Building program in 2012/13.

B. Listed is the proposed number of individuals and families to be served by prevention and early intervention in FY 2012/13.

	Prevention	Early Intervention
Total Individuals:	1900	120
Total Families:	400	90

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Tri-City Mental Health Center

Program Number/Name: PEI 02 – Older Adult Wellbeing

Date: March 16, 2012

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 2010/11

A. Listed is the number of individuals served by this program during FY 2010/11.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	5	English	8	LGBTQ	1
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)	8	Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic	3	Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Program Report.

1. Brief Report on this program during FY 2010/11.

During the FY 2010/11, Tri-City MHC began the process of recruiting and training volunteers from the three cities to become Senior Peer Counselors. Eight Senior Peer Counselors were trained with the goal of working with the senior community members (counselees) in FY 2011/12. During this time period, we began a large community outreach campaign with the goal of reaching as many individuals with an emphasis on diversity. We were able to recruit 8 individuals with cultural and ethnic diversity. Unfortunately, none of the senior volunteers recruited in this year spoke any other language than English. Future peer counselor recruiting efforts will focus on engaging seniors who speak another language, with particular attention to seniors who also speak Spanish or an Asian language. The focus for FY 2011/12 will be to begin recruiting counselees from various ethic backgrounds as well as expand the number of counselors to include bilingual volunteers from additional cultures not currently represented.

2. Program Outcomes.

FY 2010/11 was focused on recruitment and training of counselors. The program will begin to accept counselees in FY 2011/12 at which time data will be collected and available for future updates.

SECTION II: PROGRAM DESCRIPTION FOR FY 2012/13

A. Additional proposed changes to this PEI program, if applicable.

There are no changes to this PEI program.

B. Listed is the proposed number of individuals and families to be served by prevention and early intervention in FY 2012/13.

	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 (Peer to Peer)

Date: March 16, 2012

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 2010/11

A. Listed is the number of individuals served by this program during FY 2010/11.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	2	English	5	LGBTQ	
Transition Age Youth (16-25)	7	African American	1	Spanish	2	Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic	4	Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Program Report.
1. Brief Report.
During this time period, we began a large community outreach campaign with the goal of reaching as many individuals with an emphasis on diversity. We were able to recruit 7 individuals, ages 16 to 25, with cultural and ethnic diversity. In this first round of recruiting and training we have 3 individuals who are bilingual in Spanish/English signed on as volunteers. For future recruiting, Tri-City will look to expand its efforts to obtain persons who are also bilingual in Asian languages as well. The focus for FY 2011/12 will be to begin recruiting counselees from various ethic backgrounds as well as expand the number of counselors to include more bilingual volunteers from additional cultures not currently represented.
2. Program Outcomes.
FY 2010/11 focused on recruitment from the schools and colleges and collective agreement on projects for student wellbeing. These projects will be implemented in FY 2011/12 at which time data will be collected and available for future updates.

SECTION II: PROGRAM DESCRIPTION FOR FY 2012/13
A. Additional proposed changes to this PEI program, if applicable.
There are no changes to this PEI program.

B. Listed are the proposed number of individuals and families to be served by prevention and early intervention in FY 2012/13.

	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

Date: March 16, 2012

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 2010/11

A. Listed is the number of individuals served by this program during FY 2010/11.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	345	White	187	English	996	LGBTQ	53
Transition Age Youth (16-25)	60	African American	129	Spanish	0	Veteran	0
Adult (18-59)	584	Asian	34	Vietnamese	0	Other	0
Older Adult (60+)	7	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	646	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Program Report.

1. Brief report.

Tri-City hired the Family Wellbeing Specialist in September 2010. Since then, the FWS has been implementing and running programs that address the needs of the Tri-City communities in a non traditional approach. Intervening at early stages to prevent any interactions with the mental health system. Tri-City through its Family Wellbeing Specialist began implementation of support groups in FY 2010/11. The program has served well over 900 families, children, young adults, adults and older adults of underserved communities. Outreach to these communities has been challenging due to the level of stigma associated with mental health services. Nevertheless, programming for the first year exceeded the projected impacted of 2009/10.

2. Program Outcomes.

Parenting classes were offered for 52 weeks in 2011. Numerous parents were engaged in one on one meetings. Parents and children were engaged in various modalities in numerous occasions. The data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken are reflected above. The evaluation component for the Family Wellbeing Specialist are still in their preliminary stage. They include but are not limited to surveys, groups sign in sheets, and one on one contacts (both over the phone and in person). Language specific strategies have been implemented to ensure appropriateness for diverse participants. Changes and modifications made during the program's implementation include but are not limited to schedule modifications.

SECTION II: PROGRAM DESCRIPTION FOR FY 2012/13

A. Additional proposed changes to this PEI program, if applicable.

There are no proposed changes to the Family Wellbeing Program for FY 2012/13.

B. Listed is the proposed number of individuals and families to be served by prevention and early intervention in FY 2012/13.

	Prevention	Early Intervention
Total Individuals :	200	100
Total Families:	900	200

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Tri-City Mental Health Center

Program Number/Name: PEI 05 – Student Wellbeing

Date: March 16, 2012

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 2010/11

Tri-City did not begin implementation of the Student Wellbeing Program in FY 2010/11. The Student Wellbeing Program is being implemented in FY 2011/12 due to the challenges with collective agreement on projects and school procedures for accepting funds.

A. Listed is the number of individuals served by this program during FY 2010/11.

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

B. Program Information.

1. Brief report.

During the FY 2010/11 the process of recruiting school and college representatives began along with multiple conversations regarding developing student wellbeing projects that would be beneficial to each campus and student population. Funding for these projects was delayed due to individual school protocol but was disbursed by the beginning of FY 2011/12 and the project began implementation.

2. Outcomes

This project is being implemented in FY 2011/12, therefore, data will be collected and available for future updates.

SECTION II: PROGRAM DESCRIPTION FOR FY 2012/13

A. Additional proposed changed to this PEI program.

In addition to their mental health awareness campaigns on the campuses, additional use of technology and webinars will be implemented to help students develop skills and learn tools and strategies to strengthen their own resiliency and wellbeing.

B. Listed are the proposed number of individuals and families to be served by prevention and early intervention in FY 2012/13.

	Prevention	Early Intervention
Total Individuals:	3,800	270
Total Families:	1,160	120

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Tri-City Mental Health Center

Program Number/Name: PEI-06 NAMI-Community Capacity Building

Date: March 16, 2012

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 2010/11

A. Listed is the number of individuals served by this program during FY 2010/11.

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White	40	English	95	LGBTQ	
Transition Age Youth (16-25)		African American	20	Spanish	15	Veteran	
Adult (18-59)	90	Asian	10	Vietnamese	2	Other	
Older Adult (60+)	25	Pacific Islander	10	Cantonese			
		Native American	5	Mandarin			
		Hispanic	25	Tagalog			
		Multi		Cambodian			
Unknown/adults	55 **	Unknown	55 **	Hmong			
		Other	5	Russian			
				Farsi			
				Arabic	2	Unknown	55 **
				Other Unknown	3 55 **		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Program Information.

1. Brief Report.

Parent and Teachers as Allies: During FY 2010/11, **55** individuals were trained within the three school districts of Tri-City. Each of these trainings targeted school staff and administrators as well as the parents of the students attending schools within the districts. The organization conducting the trainings did not collect specific data on these 55 attendees during the FY 2010/11.

Inter-Faith Collaboration in Mental Illness: During FY 2010/11, a conference entitled ***Mental Illness and Families of Faith: Challenge and Vision*** was held within the Tri-City area. 115 participants attended where participants were given the opportunity to learn more about how faith-based communities can play an important role in the support and reduction of stigma for individuals with mental illness.

2. Program Outcomes.

We are currently in the process of designing our data collection process utilizing Results Based Accountability. This method will be used to report outcomes from each of these projects in FY 2011/12. However, for the Interfaith Conference, a five-point Likert Scale was given to participants with a 33% response rate. Of those participants, the overall conference was rated an average of 4.3 with 5 being the highest. Survey results indicated an increased awareness in identifying mental health issues within the community, increased ability to connect and respond to someone in mental distress and increased understanding on how to reduce stigma and create a more caring congregation.

SECTION II: PROGRAM DESCRIPTION FOR FY 2012/13

A. Additional proposed changes to this PEI program, if applicable.

There are no changes in this PEI program.

B. Listed is the proposed number of individuals and families to be served by prevention and early intervention in FY 2012/13.

Inter-Faith Collaboration on Mental Illness	**Prevention**	**Early Intervention**
Total Individuals:	800	500
Total Families:	180	90
Parents and Teachers as Allies	**Prevention**	**Early Intervention**
Total Individuals:	800	300
Total Families:	160	100

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Tri-City Mental Health Center

Program Number/Name: PEI 07 – Building Bridges between Landlords, Mental Health Providers and Clients

Date: March 16, 2012

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 2010/11

Tri-City did not begin implementation of this program in FY 2010/11 since this program was approved by the Governing board in February 2012. As this program was not yet implemented in FY 2010/11, there are no statistics to report herein.

A. Listed is the number of individuals served by this program during FY 2010/11.

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

B. Program Description.

Tri-City did not begin implementation of this program in FY 2010/11 since this program was approved by the Board in February 2012. This program introduced a new mental health practice by developing truly collaborative relationships between landlords, clients and mental health providers. The first phase of the program will focus primarily on initial outreach to identify a pool of people who would be interested in engaging in more in-depth conversations about mental health and housing. The second phase of the program will engage landlords, property managers, mental health providers and clients in deeper conversations to share perspective, challenges and needs and develop potential strategies for addressing challenges and meeting needs. The third phase of the program will take action on formed relationships. Actions include conduct education and outreach workshops at AAGIE conferences (which draw 50,000 local attendees annually) or other association events to broaden the audience of landlords and property managers. There is no available data on this program. This program is scheduled for full implementation in FY 2012/13. For more information please see the PEI Update on the Tri-City website.

SECTION II: PROGRAM DESCRIPTION FOR FY 2012/13

A. Listed are the proposed number of individuals and families to be served by prevention and early intervention in FY 2012/13.

	Prevention	Early Intervention
Total Individuals :	125	75
Total Families:	50	25

PREVIOUSLY APPROVED PROGRAM
INNOVATION Plan

The Innovation plan was approved on January 18, 2012. The Delegates began developing the Innovation Work Plan in October 2011. Once the workgroups completed their work plan proposals, the Delegates met again in late November and early December 2011 to arrive at a consensus recommendation for the Tri-City Governing Board's consideration. More than 60 Delegates and other stakeholder participants developed the Innovation Plan.

There are two projects under the Innovation Plan

1. Cognitive Enhancement Therapy

   CET is a highly structured, 48-week program that integrates: computerized exercises to strengthen cognition, interactive psycho-educational sessions to improve social functioning, and individualized coaching sessions to customize support for learning.

a. Integrated Services

   This project aims to improve community members' overall health by building relationships, understanding and knowledge among providers of physical health, substance abuse and mental health services, and changing policies and procedures in ways that result in truly integrated care.

As this program was not yet implemented in FY 2010/11, there are no statistics to report herein. For more information on the Innovation Plan please go to www.tricitymhs.org.

FY 2012/13
MHSA FUNDING SUMMARY
AMENDED

County: Tri-City Mental Health Center--County # 66 **Date:** 4/16/2014

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. Estimated FY 2012/13 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$2,503,832	$1,103,191	$2,716,634	$1,760,878	$1,513,831	
2. Estimated New FY 2012/13 Funding	7,759,340			1,951,385	510,986	
3. Transfer in FY 2012/13[a/]	$100,000					$100,000
4. Access Local Pruduent Reserve in FY 2012/13						
5. Estimated Available Funding for FY 2012/13	$10,163,172	$1,103,191	$2,716,634	$3,712,263	$2,024,817	
B. Estimated FY 2012/13 Expenditures	$5,510,226	$57,200		$1,996,390	$667,147	
C. Estimated FY 2012/13 Contingency Funding	$4,652,946	$1,045,991	$2,716,634	$1,715,873	$1,357,670	

[a/]Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2012	$2,696,200
2. Contributions to the Local Prudent Reserve in FY12/13	$100,000
3. Distributions from Local Prudent Reserve in FY12/13	$0
4. Estimated Local Prudent Reserve Balance on June 30, 2013	$2,796,200

FY 2012/13 ANNUAL UPDATE **EXHIBIT E1**

CSS PROJECTED FY 2012/13 MHSA EXPENDITURES

County: Tri-City Mental Health Center **Date:** 3/16/2012

	CSS Programs		FY 12/13 Projected MHSA Expenditures	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	$2,128,199	$2,128,199				$488,376	$492,448	$828,544	$318,831	
2.		Community Navigators	$292,310		$146,155	$146,155		$81,847	$40,923	$131,540	$38,000	
3.		Wellness Center	$880,807		$880,807			$147,095	$147,095	$440,404	$146,214	
4.		Supplemental Crisis Services	$126,985		$126,985			$12,699	$38,096	$69,842	$6,349	
5.		Field Capable Services For Older Adults	$152,310		$152,310						$152,310	
6.		CSS Housing	$1,198,929				$1,198,929	$179,839	$359,679	$599,465	$59,946	
7.		Planning	$100,000									
8.			$0									
9.			$0									
10.			$0									
11.			$0									
12.			$0									
13.			$0									
14.			$0									
15.			$0									
16.	Subtotal: Programs [a/]		$4,879,540	$2,128,199	$1,306,257	$146,155	$1,198,929	$909,855	$1,078,240	$2,069,793	$721,651	Percentage
17.	Plus up to 15% Indirect Administrative Costs		$630,686									13%
18.	Plus up to 10% Operating Reserve											0.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		$5,510,226									
New Programs/Revised Previously Approved Programs												
1.												
2.			$0									
3.			$0									
4.			$0									
5.			$0									
6.	Subtotal: Programs [a/]		$0	$0	$0	$0	$0	$0	$0	$0	$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs											#VALUE!
8.	Plus up to 10% Operating Reserve											#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		$0									
10.	**Total MHSA Funds Requested for CSS**		$5,510,226									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 57.80%

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

	CSS	Other Funding Sources: 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:	$2,128,199	$0	$0	$0	$0	$0	$0	$0	$0	$2,128,199	44%

FY 2012/13 ANNUAL UPDATE **EXHIBIT E2**

WET PROJECTED FY 2012/13 MHSA EXPENDITURES

County: Tri-City Mental Health Center **Date:** 3/16/2012

	Workforce Education and Training		FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category					
	No.	Name		Workforce Staffing Support	Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive	
Previously Approved Programs									
1.			$0						
2.			$0						
3.			$0						
4.			$0						
5.			$0						
6.			$0						
7.			$0						
8.			$0						
9.			$0						
10.			$0						
11.			$0						
12.			$0						
13.			$0						
14.			$0						
15.			$0						
16.	Subtotal: Programs [a/]		$0	$0	$0	$0	$0	$0	Percentage
17.	Plus up to 15% Indirect Administrative Costs								#VALUE!
18.	Plus up to 10% Operating Reserve								#VALUE!
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		$0						
New Programs									
1.		Planning Costs	$57,200						
2.			$0						
3.			$0						
4.			$0						
5.			$0						
6.	Subtotal: WET New Programs [a/]		$57,200	$0		$0	$0	$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs								#VALUE!
8.	Plus up to 10% Operating Reserve								#VALUE!
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		$57,200						
10.	**Total MHSA Funds Requested**		$57,200						

Note: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered New.

FY 2012/13 ANNUAL UPDATE **EXHIBIT E3**

PEI PROJECTED FY 2012/13 MHSA EXPENDITURES

County: Tri-City Mental Health Center **Date:** 3/16/2012

	PEI Programs		FY 12/13 Projected MHSA Expenditures	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	$776,451	$636,690	$139,761	$116,468	$271,758	$232,935	$155,290	
2.	PEI 02	Older Adult Wellbeing	$108,130	$69,203	$38,927				$108,130	
3.	PEI 03	Transition-Aged Younger Adult Wellbeing	$108,030	$74,541	$33,489		$108,030			
4.	PEI 04	Family Wellbeing	$88,418	$66,314	$22,105	$43,325	$22,105	$12,379	$10,610	
5.	PEI 05	Student Wellbeing	$299,200	$218,416	$80,784	$254,320	$44,880			
1.	PEI 06	NAMI Community Capacity Building	$31,000	$25,420	$5,580	$4,650	$10,850	$9,300	$6,200	
7.	PEI 07	Building Bridges Between Landlords, Mental Health Providers and Clients	$115,307	$94,552	$20,755	$11,531	$28,827	$74,950	$11,531	
8.		Planning	$25,000							
9.			$0							
10.			$0							
11.			$0							
12.			$0							
13.			$0							
14.			$0							
15.			$0							
16.	Subtotal: Programs*		$1,551,536	$1,185,135	$341,401	$430,293	$486,449	$329,563	$291,761	Percentage
17.	Plus up to 15% Indirect Administrative Costs		$228,821							15%
18.	Plus up to 10% Operating Reserve									0.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		$1,780,357							
New/Revised Previously Approved Programs										
1.	PEI 08	Urban Farming	$187,855	$154,041	$33,814	$46,964	$56,357	$56,357	$28,178	
2.			$0							
3.			$0							
4.			$0							
5.			$0							
6.	Subtotal: Programs*		$187,855	$154,041	$33,814	$46,964	$56,357	$56,357	$28,178	Percentage
7.	Plus up to 15% Indirect Administrative Costs		$28,178							15.0%
8.	Plus up to 10% Operating Reserve		$0							0.0%
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		$216,033							
10.	**Total MHSA Funds Requested for PEI**		$1,996,390							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years 59%

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.

INN PROJECTED FY 2012/13 MHSA EXPENDITURES

County: TRI-CITY MENTAL HEALTH CENTER **Date:** 3/16/2012

	INN Programs		FY 12/13 Projected MHSA Expenditure		
	No.	Name			
Previously Approved Programs					
1.		Cognitive Enhancement Therapy	$288,469		
2.		Integrated Services	$317,109		
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.	Subtotal: Programs		$605,578	Percentage	
17.	Plus up to 15% Indirect Administrative Costs		$61,569		10%
18.	Plus up to 10% Operating Reserve				0.0%
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve		$667,147		
New Programs					
1.					
2.					
3.					
4.					
5.					
6.	Subtotal: Programs		$0	Percentage	
7.	Plus up to 15% Indirect Administrative Costs				#VALUE!
8.	Plus up to 10% Operating Reserve				#VALUE!
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		$0		
10.	**Total MHSA Funds Requested for INN**		$667,147		

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

NEW / REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

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

Program Number/Name: Urban Farming ☐ **Revised Previously Approved Program**

Date: March 16, 2012

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 2. Psycho-Social Impact of Trauma 3. At-Risk Children, Youth and Young Adult Populations 4. Stigma and Discrimination 5. Suicide Risk				

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 2. Individuals Experiencing Onset of Serious Psychiatric Illness 3. Children and Youth in Stressed Families 4. Children and Youth at Risk for School Failure 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement 6. Underserved Cultural Populations				

3. 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.

Through the MHSA planning process to date, Delegates and the broader community have recognized that public mental health services cannot independently achieve wellbeing for all residents. Formal and informal relationships among families and friends, as well as through organizations, are essential for achieving and sustaining wellness. Isolation from these types of relationships, therefore, is a significant barrier to achieving wellness, and approaches that meaningfully reduce isolation can contribute to the transformation of the system.

The Urban Farming project focuses on people within three priority populations who suffer isolation from friends, family and the broader community -- veterans, school-aged children and their families, and youth transitioning out of foster care. A workgroup made up of Delegates and other stakeholders met repeatedly over the course of six weeks (October-November 2011) to develop this program and identified these three populations as being at risk of isolation.

These three populations were chosen because they are recognized as underserved for mental health services in the Tri-City communities. In Pomona alone, we have more than 6,000 civilian veterans, about 6.3% of the total population. A stream of veterans from Iraq and Afghanistan return with well-documented gaps in mental health services. Reservists, in particular, have difficulty accessing mental health services as they often qualify for neither Veterans' Administration services nor Medicaid. Some returning veterans experience severe isolation from family, friends and the overall community, which can be a barrier to seeking mental health care or a risk factor for developing mental illness.

Our schools and communities are increasingly aware of the strong positive relationship between social support for families with children and mental health. This support can be especially important for first-generation immigrant families, where older family members become isolated both from the larger society and from their quickly-assimilated children and grandchildren. Increasing connections families have among their members and with other families results in an increase of protective factors and a decrease in risk factors. Our school districts recognize the importance of these connections for families who suffer isolation (whether because of a recent move into the community, language or cultural barriers, or other factors), but in the current budget environment often lack the resources to create and help sustain these relationships. Though we recognize that poverty is an imperfect proxy for isolation, we know that nearly 28,000 school-aged children in the Tri-Cities area qualify for free and reduced lunches. The opportunity to reduce isolation through urban farming can be especially powerful with recent immigrant families, who often come to California with agricultural backgrounds but end up working in low-wage businesses.

In recognition of the particularly vulnerable situation for youth who are aging out of the foster care system, the state recently added them as a priority MHSA target population. We recognize that these youth experience among the highest needs of anyone in our community, sometimes “going underground” to separate from their caretakers and associate only with other youth in foster care; these networks fall apart once the youth are emancipated. As a result of their isolation and lack of positive, sustainable social networks, these youth are especially at risk of unemployment and homelessness.

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

This project seeks to increase access to mental health services and supports for three select populations through a community-wide urban farm. The project focuses on three priority populations who suffer isolation from friends, family and the broader community -- veterans, school-aged children and their families, and youth transitioning out of foster care. It posits that an individual's wellbeing and mental health resiliency can increase when that person is connected to others through a community-wide resource. In particular, this project tests the assumption that three high-priority populations in our community will experience mental health benefits by decreasing their isolation through participation in urban farming and related horticultural therapy programs.

Community gardening and individual-based horticultural therapy have been demonstrated to have positive individual mental health effects, and this project allows us to stretch and test their possibilities in reducing isolation. Whereas community gardening typically includes a collection of individual plots where people grow food for themselves, an urban farm is designed to provide agricultural-based employment that taps indigenous skills especially of minority immigrants. It also provides a collective opportunity for employment and activities that build connection and community in ways that encourage a sense of self-sufficiency. This farm becomes a welcoming setting where otherwise isolated people come together to work, learn, share, and experience the satisfaction of producing something meaningful that contributes to their own and their family’s health.

The farm can consist of a single property, or of smaller scattered sites; in either setting, the target populations could have space that is dedicated to their learning and engagement. The project coordinator, project therapist, and school teacher will work together with community partners in a planning team that includes a total of nine people or families from the three target populations described above. Reflecting our commitment to consumer- and family-driven systems, the participation of veterans, families, and foster youth will be a powerful opportunity for learning, connection to each other and the larger purpose of the project, advocacy, problem-solving, capacity building and leadership development. A project therapist will be involved from the start to assure that the mental health learning is embedded in the overall vision, that the design reflects the principles of wellness, that the physical space and facilities will be conducive to horticultural therapy, and that the network of possible funders and partners will be expanded.

Once the essential funding and plans are in place for the farm facilities and operations, the project therapist will lead design of the mental health learning project, together with representatives from the target populations and the larger farm planning team and professional farm staff. Activities will include clearly articulating the selection of participants from among the target populations, identification of activities of interest to the participants, establishment of learning objectives for the mental health activities, creation of a curriculum plan, and design of evaluation and tools for reflection and measurement. Based on the activities and curriculum that emerges, the group will review the budget for implementing the mental health learning activities, and suggest revisions if necessary.

NEW / REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

Cohorts of 20 people (or families) from each target population will engage in activities as developed by the planning team. Examples of the types of activities that could build community, knowledge, confidence and skills and reduce isolation include:

- Activities that build communication and problem solving skills needed to effectively participate in a complex farm operation;
- Team building and relationship building activities among and across target populations;
- Classes that teach participants to grow food using organic intercropping techniques;
- Groups that collectively plan, plant, care for and harvest a specific crop;
- Lessons in soil care, including soil analysis, amendment, and composting;
- Shared community meals made with ingredients from the farm;
- Pick-your-own days; and,
- Oral histories that honor older generations by drawing out past experiences with agriculture.

Activity Title	**Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:** As noted in the timeline below, Tri-City does not anticipate the farm to be operational before June 2012, therefore there are no projections included herein.			**Number of months in operation through June 2012**
		Prevention	**Early Intervention**	
Urban Farming	Individuals: Families:			0
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:			0

NEW / REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

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

Mental health services will be integrated into the program, however, if stronger intervention is needed, Tri-City MHC is prepared to provide those services. In addition, we envision that:

- Work with veterans can be integrated into the Wellness Center;
- Youth who are leaving the foster care system all have Medi-Cal; and Medi-Cal can be billed for services that include skills and relationship building; and,
- Many more school-aged children are anticipated to have access to Medi-Cal by 2014; in addition, the farm-based curriculum will be tied to state learning standards and therefore can be supported by school funds.

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

The farm will be a community collaboration involving Tri-City MHC, the Urban Farming Association, school district(s), students, families, restaurants, farmers markets and consumers. A multi-disciplinary planning team that engages leaders from multiple organizations, including TCMHC, will lead the urban farm planning process. Public officials, academic leaders, faith-based communities, and resident networks from each of the three cities will be involved. To create the project, mental health professionals will work together with community organizations that are connected with the target populations, including veterans groups and service organizations, school districts, and foster care organizations. The planning process will identify unique opportunities for learning and activities that can meet the specific interests and needs of the target populations. A sample of organizations that have already expressed interest in this project include: City of Claremont; Claremont United Church of Christ; Pitzer College; La Verne network for green jobs; Los Angeles County Probation Department; Pomona Unified School District; Uncommon Good; Urban Farmers Association; and others.

7. Describe intended outcomes.

Horticultural therapy expanded during the 1940's and 1950's as part of the rehabilitative care of hospitalized war veterans. However, much of horticultural therapy focuses on benefits for individuals in the context of community gardening. This project seeks to discover if the same benefits of horticultural therapy can generate community wellbeing benefits in an urban farm setting and whether specific populations can gain mental health benefits from the larger community focus.

Intended outcomes of the urban farm include:

- Contribution to community wellbeing, including mental health and the prevention of mental illness of specific populations;
- Bolstering of protective factors and providing early intervention and treatment by making horticultural therapy available to veterans, families and youth transitioning out of foster care;
- Extending the mental health benefits of horticultural therapy, which is usually applied to community garden settings, to an urban farm setting; and,
- Extending the mental health benefits of horticultural therapy, which is usually applied in an individual treatment setting, to building connection and community.

8. Describe coordination with Other MHSA Components.

This project's design supports the integration of mental health and mental health education services into the farm activities and will promote wellbeing, health, mental health, and recovery. Aspects that would promote wellness, recovery and resiliency would include physical exercise, communal activities, improved diet, employment, learning, and skills building. Families and consumers of the Urban Farmers Association who want better food for their families and work that would pay fair wages would be central to the planning of the urban farm, as will representatives from each of the three target populations. The farm will be a culturally competent system because it is created by and for the veterans, displaced immigrant families and youth transitioning out of foster care themselves, who best know their own community and culture.

9. Additional Comments (Optional).

Below is a projected timeline for the project:

Months 1-6

- Coordinate project plan
- Develop land use agreements
- Hire staff
- Assemble materials and equipment
- Prepare physical facilities
- Establish first crop rotation

Months 7-12

- Design mental health learning project
- Select participants
- Identify activities of interest to the participants
- Establish learning objectives
- Create curriculum
- Design evaluation and tools for reflection and measurement
- Review budget and make necessary adjustments

Months 13-36

- Engage cohorts in mental health curriculum and activities
- Review and evaluate what is learned

Evaluation of the mental health learning aspects of the project will include:

- Pre- and post-tests of participants' level of self-efficacy and self-esteem;
- Test participants' knowledge about the link between a healthy diet and mental health;
- Record participants' social network and supports before and after participation;
- Observations from teachers and mental health providers regarding the effectiveness of horticultural therapy in the urban farm setting in reducing isolation, depression, attention deficit disorder, and self-harming behaviors; and,
- Reflections from participants about their levels of connectedness and wellness.

A comprehensive evaluation design will engage participants and providers in the specific design of tools and approaches.

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

NEW / REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

NEW PROGRAM BUDGET Projected Fiscal 2012/13					
A. EXPENDITURES					
	Type of Expenditure	**County Mental Health Department**	**Other Governmental Agencies**	**Community Mental Health Contract Providers/CBO's**	**Total**
1.	Personnel	$ 80,795			$ 80.795
2.	Operating Expenditures	9,460			9,460
3.	Non-recurring Expenditures				
4.	Contract Services (Subcontracts/Professional Services)	97,600			97,600
5.	Other Expenditures				
	Total Proposed Expenditures	**$187,855**			**$187,855**
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues	--			--
C. TOTAL FUNDING REQUIRED		**$187,855**			**$187,855**
D. TOTAL IN-KIND CONTRIBUTIONS				**$ 3,600**	**$ 3,600**

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. Expenditures

1. Personnel costs of $80,795 include one full time project therapist salary and benefits.
2. Operating expenditures of $9,460 include miscellaneous office and equipment costs.
3. There are no projected non-recurring expenditures.
4. Contract Services of $97,600 are consultant fees to be paid to a project coordinator. The project coordinator will develop a land use agreement, hire staff, assemble materials and equipment, prepare the physical facilities and establish the first crop rotation. In addition, the project coordinator along with the project therapist will develop programs for the community to participate in urban farming and learning.

B. Revenues – None.

C. Total MHSA Funding Required – It is estimated that an annual funding requirement will be approximately $187,855.

D. Total In-Kind Contributions – $3,600. It is anticipated that the use of the land will be an in-kind contribution. The value of $5,000 was based on an average monthly land lease for the area of $300 a month.

SUPPLEMENTAL REQUEST FOR FISCAL 2011/12
Community Services and Supports (CSS) and Prevention and Early Intervention (PEI)
FY 2011/12 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 2012/13 MHSA UPDATE. THE GOVERNING BOARD APPROVED THIS REQUEST ON APRIL 16, 2014 TO REFLECT THE NEEDED INCREASE TO THE LOCAL PRUDENT RESERVE IN FISCAL 2011/12 TO SUPPORT HIGHER PEI PROGRAMMING AND THEREBY TRANSFER UNUSED PEI FUNDS TO THE LOCAL PRUDENT RESERVE.

Current/Most Recent Annual Funding Level Request - 2012/13 Update

A. Total CSS/PEI Annual Funding Level for Services (Does not include Operating Reserve, Prudent Reserve, or Administrative Cost) $6,493,931

Enter totals from Exhibit E1 and E3 "Total MHSA Funds Requested for C

1. CSS	4,779,540
2. PEI	1,714,391

B. Less: Total Non-Recurring Expenditures CSS/PEI (Describe in Section K, below). This should not exceed non-recurring expenditures for new programs. - $1,498,129

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	1,198,929
2. PEI	299,200

C. Plus: Total Administration CSS/PEI + $887,685

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

1. CSS	630,686
2. PEI	256,999

D. Sub-total $5,883,487

E. Maximum Local Prudent Reserve (50%) $2,941,744

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

F. Local Prudent Reserve Balance from Prior Approvals $2,491,200

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

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 cover **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	$ $205,000

I. Total Amount Requested to Dedicate to Local Prudent Reserve $205,000
Enter the sum of lines G.

J. Local Prudent Reserve Balance $2,696,200
Enter the sum of F and G.

K. Local Prudent Reserve Shortfall to Achieving 50% -$245,544

Note: Tri-City anticipates that it will dedicate the increase in CSS and PEI funds received in fiscal 2012-13 to the prudent reserve before funding any new or expanded programs.

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/project includes non-recurring expenditures, the County should provide an itemized list of these expenditures.

CSS

The funding request for CSS programs include non-recurring expenditures for the purchase of housing properties and related improvements.

PEI

The funding request for PEI programs include non-recurring expenditures for proposed grants issued to schools in the amount of $299,200. The funding for non-recurring expenditures were from previous years unapproved estimates.

Signature Margaret A. 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.*

NEW REQUEST FOR FISCAL 2012/13
Community Services and Supports (CSS) and Prevention and Early Intervention (PEI)
FY 2012/13 Prudent Reserve Funding Request

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

THIS EXHIBIT G IS AN AMENDMENT TO THE ORIGINAL 2012/13 MHSA ANNUAL UPDATE. THIS REQUEST WAS PREVIOUSLY INCLUDED IN THE 2013/14 MHSA UPDATE AND NOW IS INCLUDED IN THIS AMENDED 2012/13 MHSA ANNUAL UPDATE. THE GOVERNING BOARD APPROVED THIS REQUEST ON APRIL 16, 2014.

Current/Most Recent Annual Funding Level Request - 2012/13 Update

A. Total CSS/PEI Annual Funding Level for Services (Does not include Operating Reserve, Prudent Reserve, or Administrative Cost) $6,493,931

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

1. CSS	4,779,540
2. PEI	1,714,391

B. Less: Total Non-Recurring Expenditures CSS/PEI (Describe in Section K, below). This should not exceed non-recurring expenditures for new programs. - $1,498,129

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	1,198,929
2. PEI	299,200

C. Plus: Total Administration CSS/PEI + $887,685

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

1. CSS	630,686
2. PEI	256,999

D. Sub-total $5,883,487

E. Maximum Local Prudent Reserve (50%) $2,941,744

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

F. Local Prudent Reserve Balance from Prior Approvals $2,696,200

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

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 2010/11	Unapproved CSS Funds	$
	Unexpended CSS Funds	$ $100,000

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 2010/11	Unapproved PEI Funds	$
	Unexpended PEI Funds	$ $0

I. Total Amount Requested to Dedicate to Local Prudent Reserve $100,000
Enter the sum of lines G.

J. Local Prudent Reserve Balance $2,796,200
Enter the sum of F and G.

K. Local Prudent Reserve Shortfall to Achieving 50% -$145,544

Note: Tri-City anticipates that it will dedicate the increase in CSS and PEI funds received in fiscal 2012-13 to the prudent reserve before funding any new or expanded programs.

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/project includes non-recurring expenditures, the County should provide an itemized list of these expenditures.

CSS

The funding request for CSS programs include non-recurring expenditures for the purchase of housing properties and related improvements under the CSS Housing Program.

PEI

The funding request for PEI programs include non-recurring expenditures for proposed grants issued to schools in the amount of $299,200. The funding for non-recurring expenditures were from previous years unapproved estimates.

Signature Margaret A. 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.*

ATTACHMENT A
Written and Oral Feedback from April 18, 2012 Public Hearing

SUMMARY OF WRITTEN FEEDBACK FROM APRIL 18, 2012 PUBLIC HEARING ON ANNUAL PLAN UPDATE

Participants in the public hearing

- Are hearing about the MHSA plans for the first time = 22
- Have gone to a few meetings about MHSA plans = 14
- Have been substantially involved in the MHSA planning efforts = 9
- (one sheet said "8 family members" and 6 were left unanswered for this question)

What we like about the proposed Annual Update

- Success stories
- Innovations program, support of existing programs is integration
- Success of Mental Health First Aid
- Like Annual Update for specific plans
- Liked stories
- The urban farming is a wonderful idea! Good luck with it. Hope it is a great success.
- Certain keywords had rich meaning: continuity, teamwork, companionship, flexibility, empowerment, socialization.
- Very encouraging
- Donna
- Stories are good
- Everything
- Personal stories
- Teamwork
- Organized plan
- Dreams coming to fruition
- We liked and loved how there are so many varieties of programs targeting different populations
- Idea of gardening and working with hands as therapy including growing, through growth of life, producing
- Focus outside self, reason to wake, go, do.
- Suggestion to board (to reset the system) – where is peer advocacy for adults? TCMHC clients without family
- Urban farming
- Full-service partnership
- Success stories
- Success stories
- Glad changes are coming to Supplemental Crisis Services
- Very impressed with goals
- Enthusiasm of presenters
- Excellent organization. Complex subject well explained. Love the color coded spectrum.
- Housing is crucial. Please make it open to more clients plus homeless by Easter. Critical on time. Impressive! Need!
- FSP need to include families and caregivers for overall success and transition

- Very pleased with the success of widespread Mental Health First Aid
- Urban farming is very welcome and timely. How can the public (me) buy product?
- Keep us all up to date of what's going on. Financials availability to each group and its development and success stories.
- Love hearing real success stories!
- Urban farming collaborating with Uncommon Good for horticultural therapy
- Urban agriculture initiative
- Supplemental Crisis Services
- I'm encouraged by the data and comprehensiveness of the plan.
- Like the 3 questions to focus performance. This helps us evaluate the effectiveness of our efforts.
- I think Tri-City is doing a good job.
- Very positive, great work.
- Great idea, Mental Health First Aid. Indian Hill Village closing, (student well-being)

Questions or concerns we have about the Annual Update

- Third-party implementation of K-12 program, NAMI or Mental Health First Aid
- The team approach by staff for FSP clients makes good sense. Can this be a model for treatment of non-FSP clients?
- Housing plan: permanent housing
- Never ever bill! Awesome! Keep up the great work!
- Concerns about peer to peer program having no “in between”, meaning no one available for people age 30 through 50.
- Funding rules excluding folks, misinformed, lose support of community not providers. Without insurance problems (better inform). Tracking the people (overseas, keeping in touch)
- Can a directory of all Tri-City resources and programs be developed?
- Breakdown by how many served our substance abusers versus mental-health issues alone
- Also to include all veterans, older vets can share their experience with younger veterans of war
- Please don't lose funds for student well-being and supplemental crisis services.
- Give peer to peer training info with student well-being programs to psychology departments especially college age to get word out. Use some funds for part-time help to assist facilitation.
- More urgency and priority should be placed on “rehab” permanent supportive housing, not just for “homeless” but for successful transitional service recipients
- More outreach to college campuses, get involvement from psychology and sociology departments and DRC's.
- Who is the source of funding for Tri-City? In this economy will Tri-City be able to keep all the successful programs they have started?
- Concerns about perspective 1% being returned, can we find other ways to spend or use the resources to make the best use of funds?
- Make delegate process inclusive and transparent

- 51% of money goes to CSS, data shows 15,000 in the Tri-City area with severe mental wellness. So far, with projections 1,134 people helped. That leaves a lot of people that need help. How can we meet that need? So much money, I can't imagine getting an infusion of money like this
- We need mental health professionals going out to the mentally ill homeless on the street
- As much as possible be inclusive not exclusive
- Disappointed PUSD not more involved in student well-being
- Very glad about the new programs, Mental Health First Aid
- The Armory closed too early this year. This season very cold, spring. (The homeless with mental illness)

Other comments we want to share

- Continue with reducing stigma
- Unfortunately we were sitting with a very unhappy future client who feels she got the (unreadable) at the "red brick building."
- What has been accomplished in such a short period of time is amazing! You sure feel the love and compassion from staff. The leadership a 10! The Tri-Cities are blessed to have these services in their communities. Amazing! God bless you all. It is wonderful to hear the stories from actual participants. Volunteer participation is invaluable and a real asset to Tri-Cities.
- Good meeting, important sharing, words like hope and change are more than campaign sloganeering for Tri-City and allies.
- Every city should have a Tri-City!
- We should reward FSP staff due to their hard work and dedication to their clients! Any other resources (in print) available briefly? Bound? Need a guide? Phone list. Talk to navigators suggested, see website. Yes, but a list, read and learn, see and say equals remembered. Mental Health First Aid.
- Includes names of board on papers
- Quick financial overview would be nice
- Unbelievable results Tri-City! You have emerged and are carrying forth. Thanks for bringing hope and concrete change and results! God bless you for blessing us.
- More programs for seniors to try to integrate into the society. Seniors at risk of Alzheimer's, dementia, etc. All the children are busy or at work, what can seniors do?
- Create a place so seniors can meet and talk to each other.
- Educate people about available services like housing, mental help which is a taboo subject in the Vietnamese community. Does Tri-City have enough funding to do this?
- Keep up the great work!
- Peer to peer counseling for all
- Supplemental Crisis Services, broader outreach to the public
- School – accountability with how funds will be used, instead of used for a one-time project, use funds to leverage
- Access to medication for the uninsured
- Medication for those released from institutions with a limited amount of medication
- I think you are doing a great job. My name is Yolanda Escamilla. My brother Arthur Martinez has been with Tri-City for 30 years and his life is very good with all the help he

has received. If you would keep me updated with all your new programs and events. Thank you. (909) 231–2962

- I think is great because Tri-City is like a tree reaching out to so many programs. Again, thanks.
- Homeless with a lot of mental illness. Is there way to provide showers? The importance of hygiene. We can fund a monthly program, maybe offer showers to homeless, maybe give out blanket for winter season.

SUMMARY OF ORAL FEEDBACK FROM APRIL 18, 2012 PUBLIC HEARING ON ANNUAL PLAN UPDATE

- Liked hearing success stories and about Urban Farming, Community Wellbeing projects
- Liked hearing about FSP resources, availability of in-depth help and team effort
- Will there be a resource book? [Answer: Much of the information is already available on the website or through Community Navigators. TCMHC will consider putting this together as printed resource.]
- Liked peer to peer programs for transition aged youth and older adults, but would like to see a similar program for the ages in between.
- Inspired by success stories and accountability measures
- Liked how innovation programs will be integrated
- Liked that Mental Health First Aid program is so successful
- There may be other providers for K-12 programs
- Connected with wrong information by Tri City and needs help
- Students may be hard to contact or maintain contact, so perhaps connect with student clubs for continuity and maybe also Chamber of Commerce to give businesses a positive alternative to 5150.
- Peer to peer programs missing adults
- Need a Consumer and Family Affairs department and peer coalition
- Need more peer and family focused programs
- Urban Farming and veterans program sounds good, especially for older veterans
- Acknowledgments also need to go to NAMI, LACDMH, local police, Cal Poly Pomona, Pacific Clinics, Prototypes and other community partners
- School districts are using the resources provided all the time
- This system of care did not exist in 2004, and we are clearly better off now

ATTACHMENT B
Roster of Participants Engaged in the Multiple Community Program Planning Process

ATTACHMENT B
ROSTER OF PARTICIPANTS ENGAGED IN THE MULTIPLE COMMUNITY PROGRAM PLANNING PROCESS

American Recovery Pomona
Angeles who Care
Azusa Pacific University School of Nursing
Bone Builders
Bridges
Brown Memorial Temple
Cambodian Buddhist Society of Pomona
Casa Colina Hospital Pomona
Catholic Charities Pomona
City of Claremont Youth Activity Center
City of Claremont, Senior Program
City of La Verne Library Pomona Lirary
City of Pomona Recreation and Community Services Division
City of Pomona Senior Services
Claremont Action For Progress
Claremont Unified School District
Coalition To Abolish Slavery and Trafficing
Congress Woman Grace Napolitano
Costanoan Rumssen Carmel Tribe Pomona
Danbury School
David and Margaret Home
Department of Children and Family Services L.A.
Department of Mental Health L.A.
Department of Social Services Pomona
East San Gabriel Valley Coalition for the Homeless
East Valley Community Health Center Pomona
Emerson Village
Empowered Butterfly
Family Resource Center Pomona
Fist Of Gold Youth Center, Inc So. Pomona
Foothill AIDS Project Pomona
Havenly Homes
Helping Hand Caring Hearts. Pomona
House of Ruth Pomona
Joslyn Center
Juneteenth America
Kennedy Austin
La Casita
La Verne City Hall
La Verne Mobile Home Park
La Verne Parks and Recs.
La Verne Senior Center

La Verne Youth Action Family
Lincoln Avenue Community Church
Lockwood Grid Systems
Los Angeles Coalition to End Homelessness and Hunger
Los Angeles County Probation Department
Mercy House/Trinity House Pomona
Middlle Land Chan Monastery
Museum of Beginnings
National Alliance on Mental Illness Pomona
National Council on Alcoholism and Drug Dependence Pomona
ORGANIZATION
Pacific Clinics Glendora
Palomares Park Seniors
Partnership On A Positive Pomona
Phillips Ranch
Pilgrim Place
Pomona Boys and Girls Club
Pomona City Hall
Pomona First Baptist Church
Pomona Homeless Continuum of Care Coalition
Pomona Homeless Outreach
Pomona Inland Valley Hope Partners
Pomona Nieghborhood Center
Pomona Peer Resources
Pomona Pop Warner
Pomona Unified School District
Pomona Valley Christian Center
Pomona Valley Hospital Medical Center
Pomona Valley Youth Employment
Pomona Youth and Family Master Plan
Project Chela
Project Sister Pomona
Project Sister Pomona
Prototypes
Renaciemento Center Pomona
Salvation Army
Service Area Advisory Committee III
Services Center for Independent Living Claremont
Source
Sowing Seeds
St Joseph Catholic Church
St Paul Episcopal Church Pomona
Stand Up For Mental Health
Transendence
Tri-City Consumers and Family members
Uncommon Good
United Methodist Church

Unity Church Pomona
Vietnamerican
Vietnamese community of Pomona Valley
Washington Park
YMCA of Pomona Valley

Public Hearing Outreach by various demographics

Gender:

- Male: 490
- Female: 531

Ethnicity:

- Hispanic: 420
- White: 218
- African American: 264
- Native American: 22
- Asian Pacific Islander: 75
- Other: 22

Age:

- Children, 0-15: 101
- Transition Aged Youth, 16-25: 217
- Adults, 26-59: 372
- Older Adults, 60+: 331

MEETINGS AND A PUBLIC HEARING ON THE ANNUAL UPDATE OF THE MHSA PLAN FOR THE TRI-CITY AREA

DATE: Wednesday, April 18, 2012
TIME: 5:30 -8:30 p.m.
LOCATION: Walter Taylor Hall • 1775 N Indian Hill Boulevard • Claremont CA

1. Information and engagement fair	4:00
2. Dinner and gathering	5:30
3. Call to order and roll call of the Board and Commission	6:00

TRI-CITY MENTAL HEALTH COMMISSION MEETING AND PUBLIC HEARING

4. Opening session of the Mental Health Commission meeting a. Approval of the minutes from the March meeting b. Convening the public hearing	6:05
5. Annual Update Public Hearing a. Context for the Annual Update b. Program presentations c. Small table discussions d. Public comment e. Closing of public hearing	6:10
6. Decision: Do we recommend the Annual Update to the Governing Board?	8:05
7. Commission meeting adjourns	8:08

TRI-CITY MENTAL HEALTH GOVERNING BOARD MEETING

8. Opening session of the Governing Board meeting a. Convening the meeting **b.** Purpose of the meeting	8:10
9. Board member discussion of the Annual Update	8:12
10. Decision: Do we approve the Annual Update?	8:20
11. Next steps and final reflections	8:25
12. Board meeting adjourns	8:30

Tri-City Mental Health System
Annual Update of MHSA Plan

Luminescence Consulting
310 422 2256 • luminescence.org

Tri-City Mental Health Commission
Tri-City Mental Health Center Governing Board

Call their meetings to order

2

Tri-City Mental Health Commission

Meeting business

Public comment on anything other than focus of public hearing

Open public hearing

3

Structure of the public hearing

Describe context for the Annual Update

Program presentations

Small group discussion

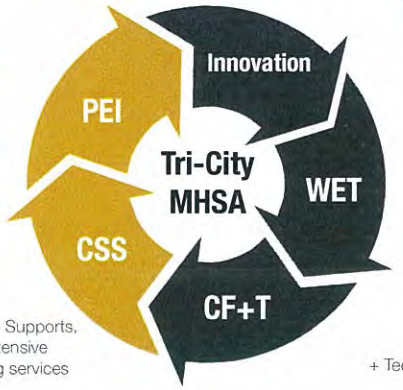
Large group comments and feedback

4

MHSA: 5 parts into a whole

PEI
Prevention + Early Intervention services

CSS
Community Services + Supports, including treatment, intensive treatment, and housing services



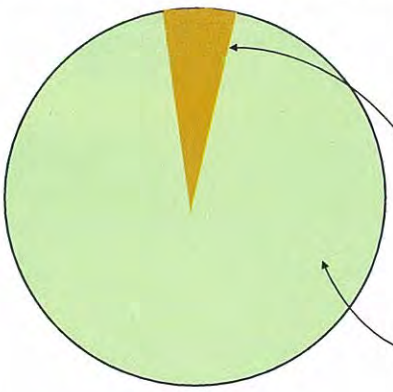
Innovation
Learning Edges

WET
Workforce Education + Training

CF+T
Capital Facilities + Technology Infrastructure

5

Basics of Mental Health Services Act



Tri-City pop: **230,000**

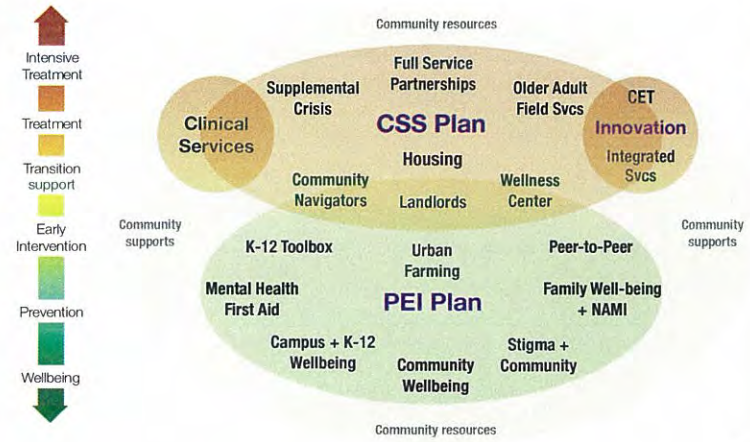
Generally accepted prevalence rates for SMI/ SED: **6.5% or 15,000**

CSS is about people in the **6.5%**.

PEI is about groups of people in the **93.5%**.

6

Emerging Tri-City system of care



Assessing our impact

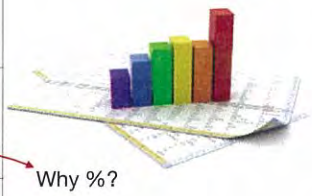
A brief conversation about a commitment to results

Three kinds of performance measures

1. How much did we do?
2. How well did we do it?
3. Is anyone better off? Participant results

Mental health treatment program

Questions	Measures
How much did we do?	# of hours of treatment
How well did we do it?	Cultural competency of staff
Is anyone better off?	% of people receiving treatment who: • Have housing • Are employed



Why %?

10

Community Wellbeing program

Questions	Measures
How much did we do?	# of persons participating in the program
How well did we do it?	% of community members participating in the program
Is anyone better off?	% of community members reporting increased wellbeing

11

Program Updates

12

Sample progress reports

Full Service Partnerships

Housing

Wellness Center

Peer to Peer Counselors

Mental Health First Aid

Community Wellbeing

13

A new program

Urban Farming

14

Two more program updates

Supplemental crisis services

Student wellbeing

15

At risk of reversion from 2009-10 funds

Current estimate

- PEI funds: $200k ±
- Innovation funds: $10k ±

Why?

- No reserve fund like with CSS
- Much slower implementation of Student Wellbeing program + several other efforts

Perspective: < **1%** of allocated dollars thru end of FY 2011-12

16

Summary of proposed Annual Update

Continue all current CSS and PEI programs

Add Urban Farming

Revisit Supplemental Crisis Services and Student Wellbeing next year

17

Small group discussions

Choose a recorder to record key points from your discussion.

The questions

- What do you like about the proposed Annual Update?
- What questions or concerns do you have?

18

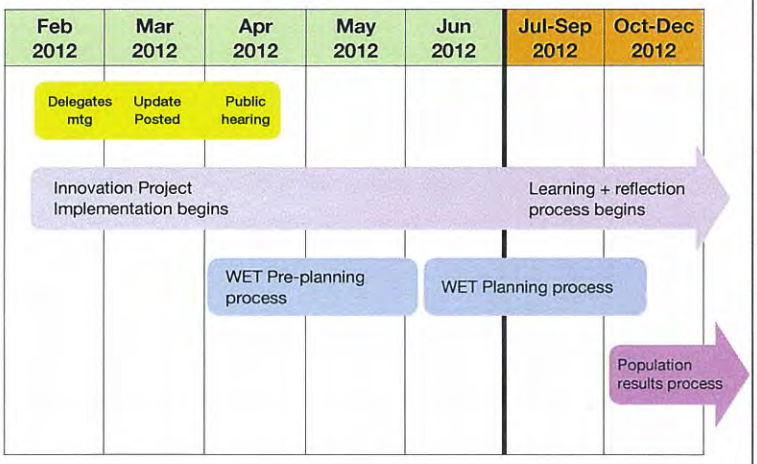
Tri-City Mental Health Commission

Do we recommend the Annual Update to the Governing Board?

Question to Tri-City Governing Board

Do we approve the proposed Annual Update?

EMERGING TIMELINE



Tri-City MHSA 2012-13 Annual Update

CSS and PEI program summaries

Created for Tri-City Mental Health Center by:
Luminescence Consulting • 310.422.2256 • luminescence.org

April 2012

	Page
Full Service Partnerships	5
Supplemental Crisis Services	7
Field Capable Services for Older Adults	9
Wellness Center	11
Community Navigators	13
Peer-to-Peer Counseling	15
Mental Health First Aid	17
Community Wellbeing	19

How to use this packet

This packet includes summaries of many of the programs funded to date through the Tri-City MHSA plans.

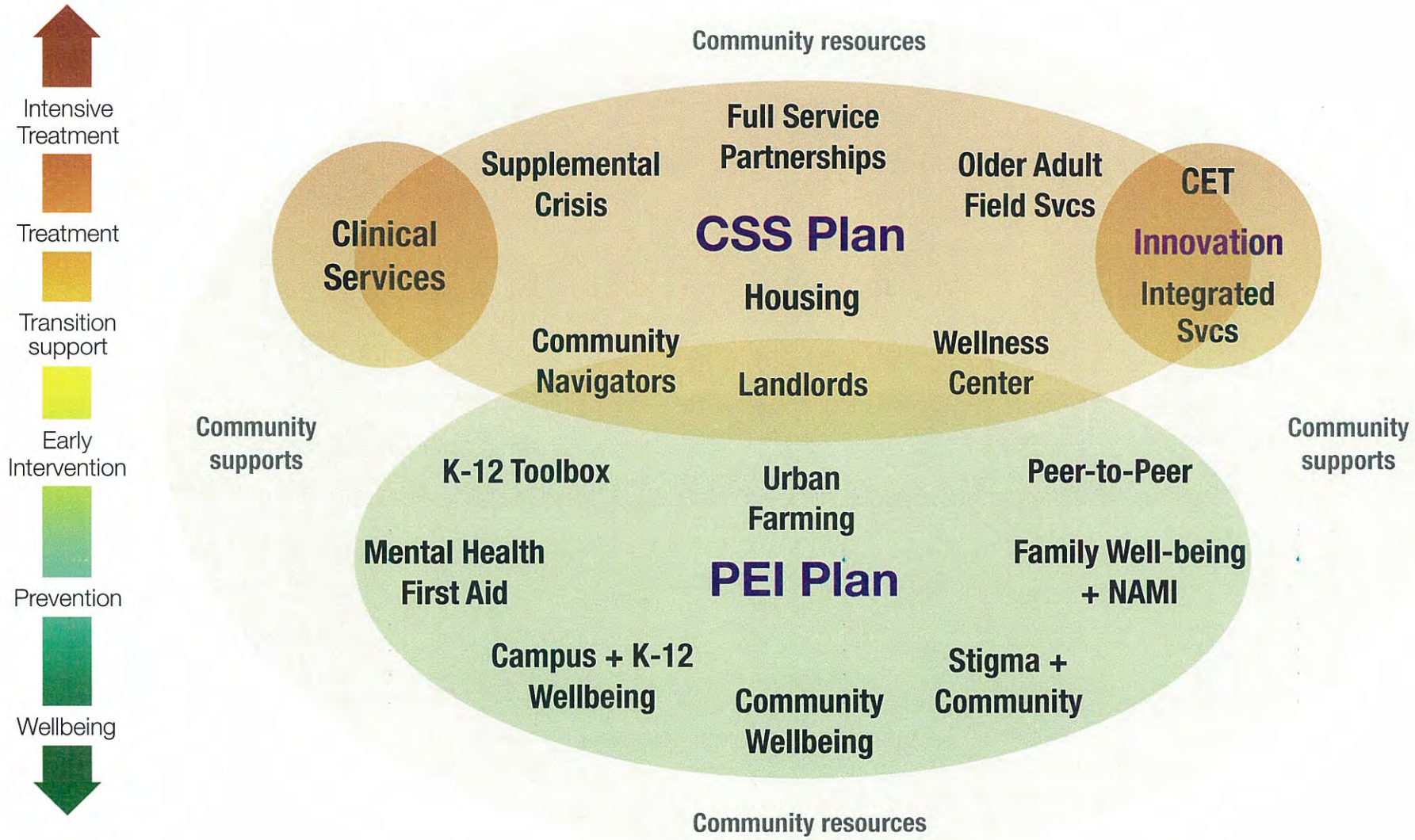
The programs included in the packet are listed on the left. They are positioned along the continuum to help you quickly identify the intensity of support offered and the beginning orientation of the program: intensive treatment, treatment, transition support, early intervention, prevention, or strengthening wellbeing.

The map on the next page helps you quickly identify whether the program is funded through the Community Services and Supports (CSS) plan, or the Prevention and Early Intervention (PEI) plan.

Several PEI programs, and both Innovation programs are not included in the packet because there is little or no data available. Many of these programs have only recently begun implementation.

Each program summary is one double-sided page. The front page includes a brief program description, recent data, and highlights and/or reflections about the program. The back page contains a story or testimonial about the impact of the program to date.

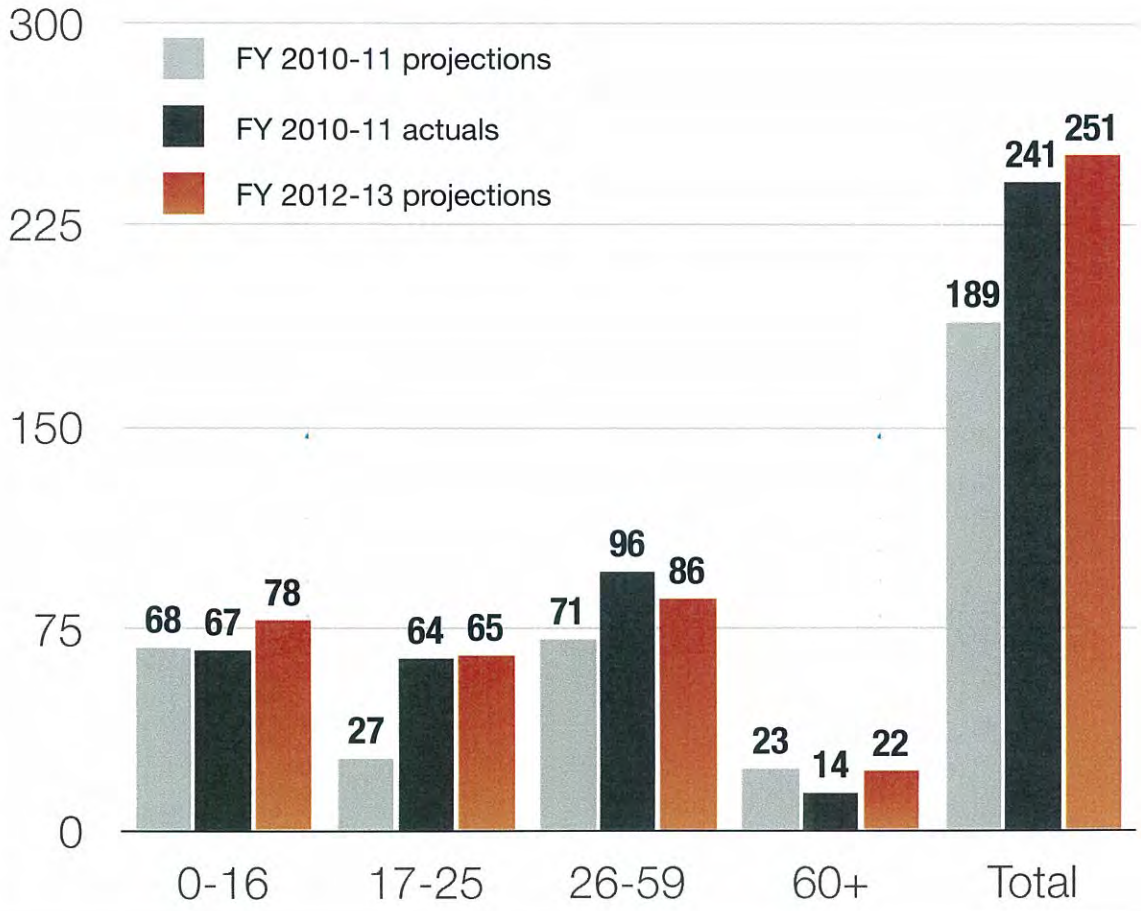
Emerging Tri-City System of Care



Full Service Partnerships

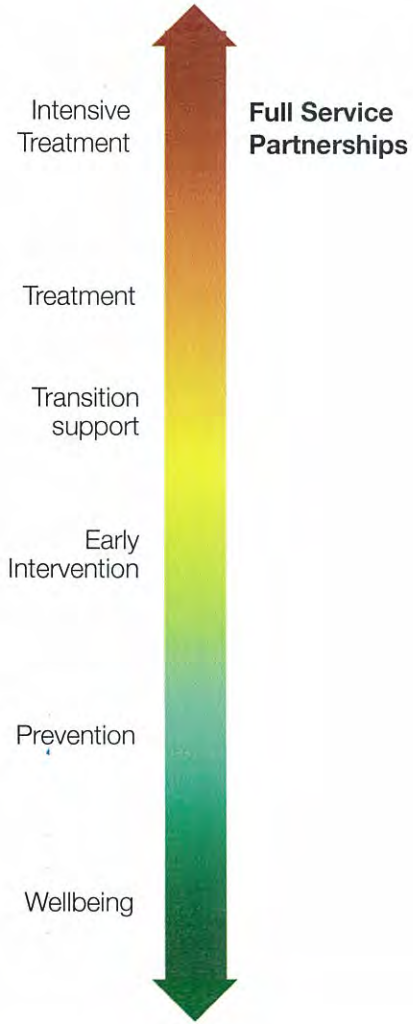
Program summary: Full Service Partnerships are funded under the MHSA Community Services and Supports plan. Reserved for people who are most severely ill and who are at risk of homelessness or other devastating consequences, the program uses a "whatever it takes approach" to helping people in their recovery. The starting place for a Full Service Partnership is a recovery plan that the person creates with a clinician.

FSP slots by age group



Highlights

1. How much did we do?
   - Significantly exceeded total number of FSPs projected in FY 2010-11
2. How well did we do it?
   - Fully staffed
   - 100% of participants have a treatment plan they helped create
3. Is anyone better off?
   - 12 adults and 2 older adults moved from being homeless to living in stable homes
   - 17 clients discharged to lower levels of care: 9 adults and 8 children and TAY



Full Service Partnerships success story

A charismatic 62-year old man entered a Full Service Partnership from the Tri-City Adult Outpatient program.

Struggling with schizophrenia since he was 19, he has lived in many places including the streets, homeless shelters, and board and cares. He would frequently disappear, sometimes going for long walks on the beach or in the city. While this may sound harmless, for someone with poor health, little money, and a compromised state of mind, these frequent disappearances were dangerous. During a particularly turbulent time, he had a toe amputated, was diagnosed with congestive heart failure, experienced two psychiatric hospitalizations, and had several visits to the ER. He often refused to take his medication, or attend follow-up appointments with his primacy care doctor and psychiatrist.

By the time he entered the FSP he had uncontrolled diabetes and high blood pressure. Communication was challenging, as staff could not always distinguish between what was fact and what was fiction.

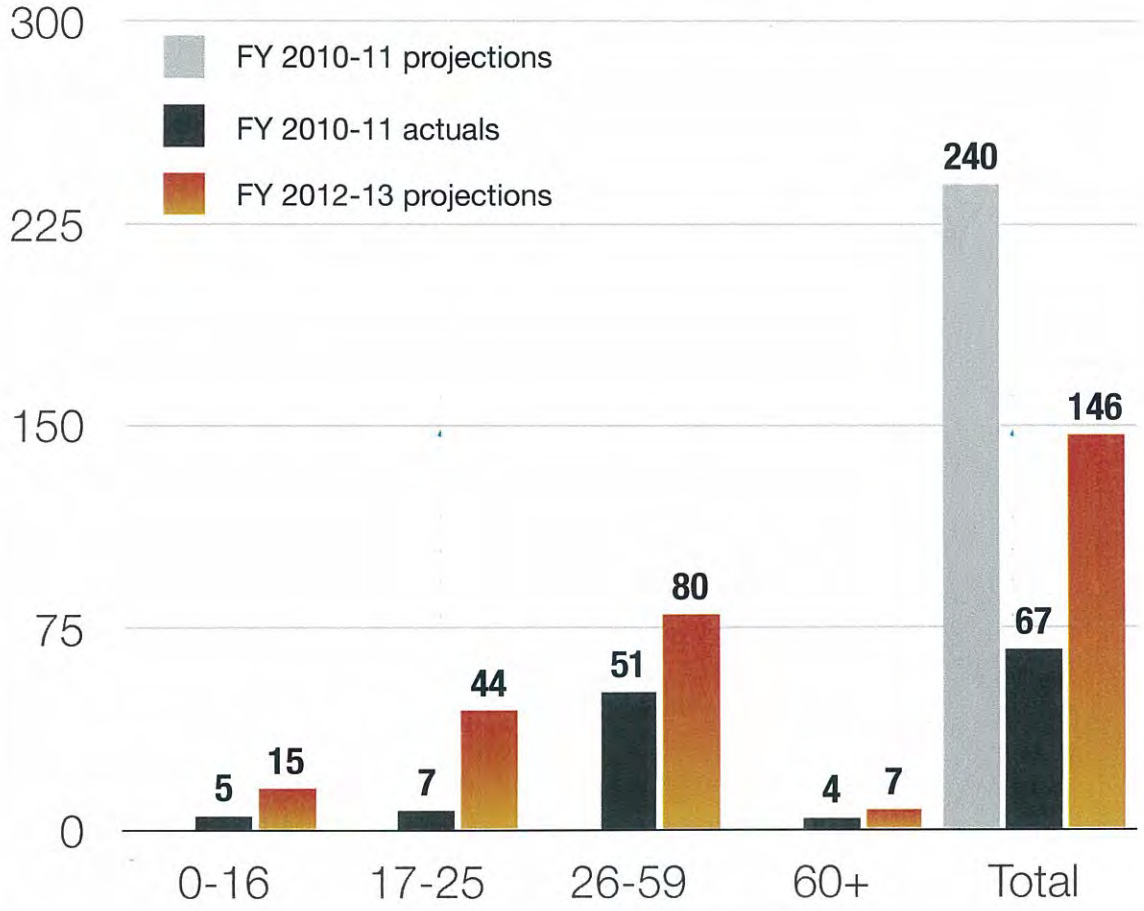
Through his recovery plan, the client made remarkable progress. With the support of his care team, including family members, his case manager, a psychiatrist, medical doctors, and others, he has been able to reunite with his family and live in his family's home. He makes all of his follow-up appointments, attends a diabetes support group, and visits a local day treatment program to workout and be with his new friends. He manages his finances with help from his sister.

When asked how things are going, the response is always the same "I'm doing really good, just taking one day at a time."

Supplemental Crisis Services

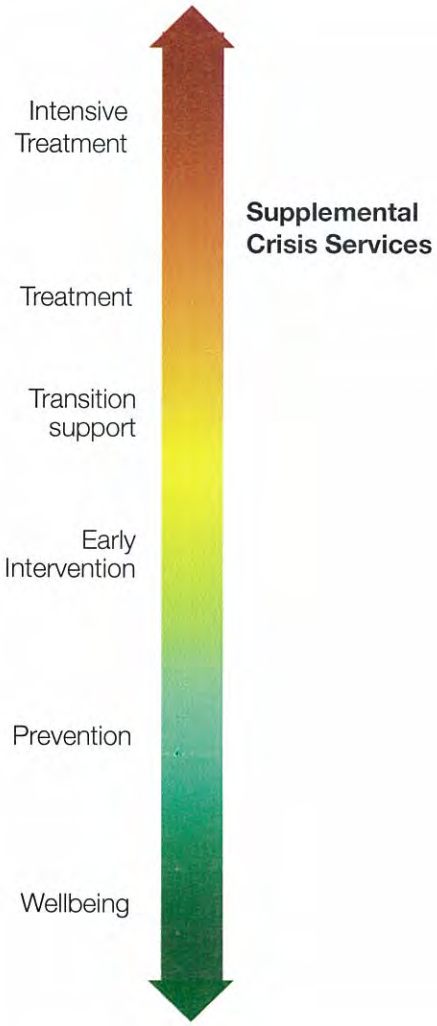
Program summary: Supplemental Crisis Services provides coverage after-hours and on weekends to individuals who are not currently receiving TCMHC services but are suffering a crisis. Local area clinicians respond to police calls, meet police officers at the crisis location, and offer support as needed to police personnel, the person in crisis, and others as appropriate.

of clients served by age group



Reflections and Learnings

1. How much did we do?
   - Number served was 46% of projected estimate
2. How well did we do it?
   - 100% of calls met program criteria
   - All calls except one were resolved by phone with follow-up
   - Little demographic and language diversity in clients served
   - Convening a workgroup to explore ways to increase #'s and diversity
3. Is anyone better off?
   - Without intervention, the callers in crisis would likely have called local police or presented to an agency with psychiatric crisis



Supplemental Crisis Services success story

The Pomona Police Department called the Supplemental Crisis line one Saturday seeking professional mental health assistance for a mother who was distraught over the recent death of her child.

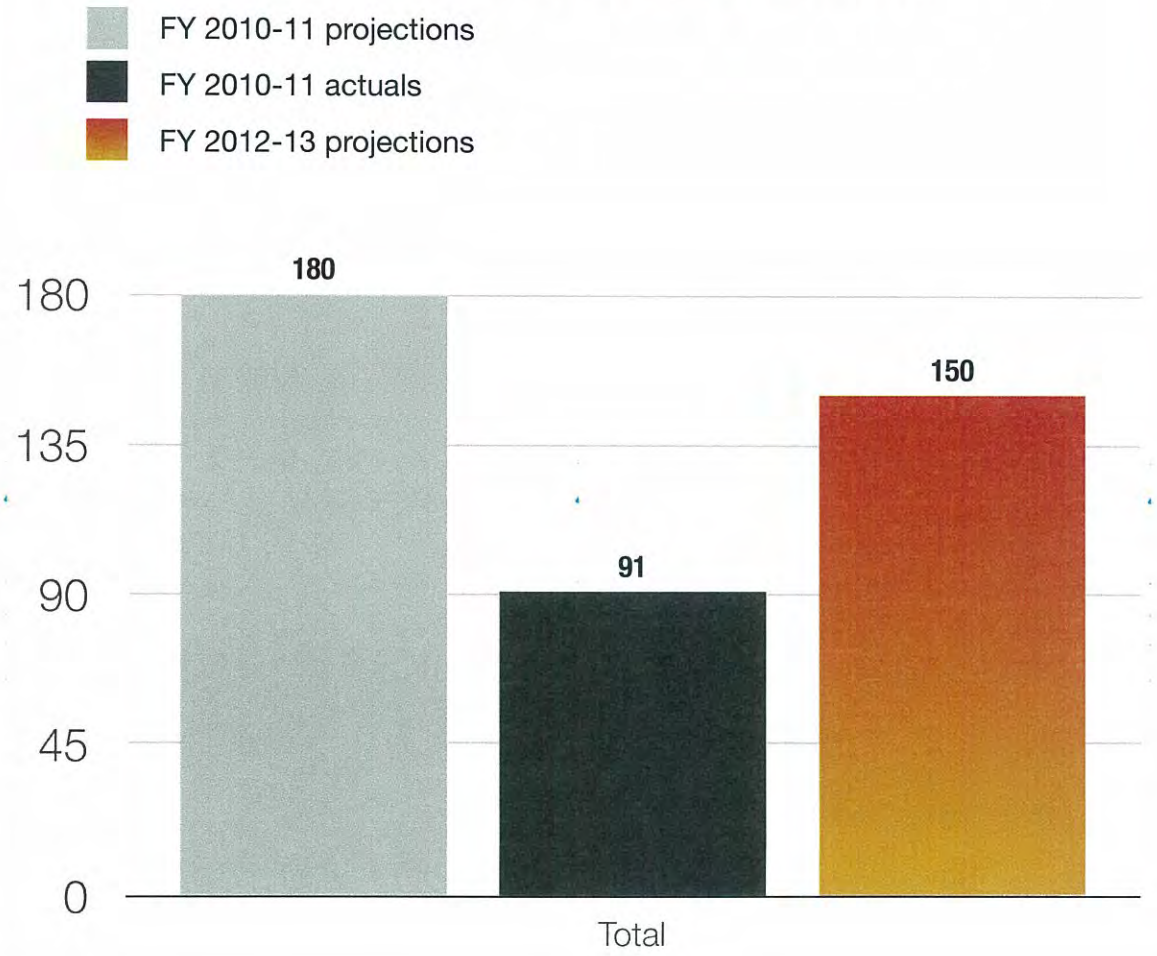
The police did not think that she required immediate hospital care, but they also could see that she had limited support.The Supplemental Crisis Service therapist on-call that day spent time talking with the mother until she was calm and settled.

The therapist continued to check in with her periodically through the weekend. On Monday morning, a Community Navigator went to the mother's home to assess her needs and connect her to on-going support.

Field Capable Services for Older Adults

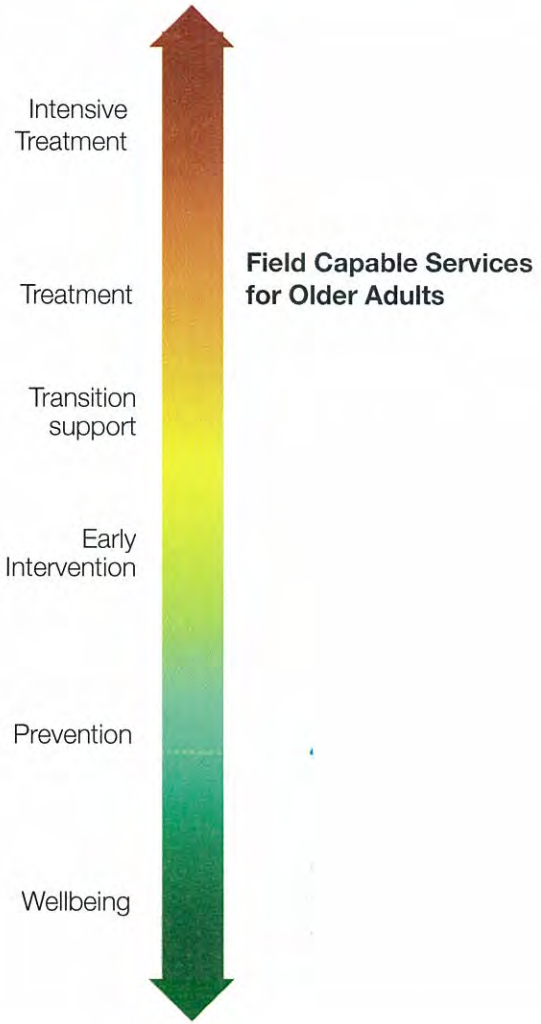
Program summary: As the fastest growing population in Claremont and La Verne, older adults—especially frail elders—often have a difficult time accessing services in traditional venues. Staff from this program take mental health services to where seniors are: their homes, senior centers, and medical services.

of older adults served



Reflections and Learnings

1. How much did we do?
   - Did not meet 2010-11 projections
   - Numbers served in FY 2011-12 to date are also low
2. How well did we do it?
   - Unexpected staffing changes led to low numbers served
   - Most people seeking this service want 1-1 support for grief and loss
   - Recruiting staff to meet this emerging need
   - Building partnerships with peer-to-peer program and community service workers to support program
3. Is anyone better off?
   - Did not turn anyone away or refer elsewhere
   - Staff are working to develop measures to better assess program impact



Field Capable Services for Older Adults success story

A local doctor contacted TCMHC to refer a client who was having thoughts of suicide. The older woman was struggling with numerous issues. She had cared for her mother for a long time, and was now grieving the mother's recent death. She had a difficult relationship with her daughter-in-law, and financial challenges. She also was suffering from worsening physical health.

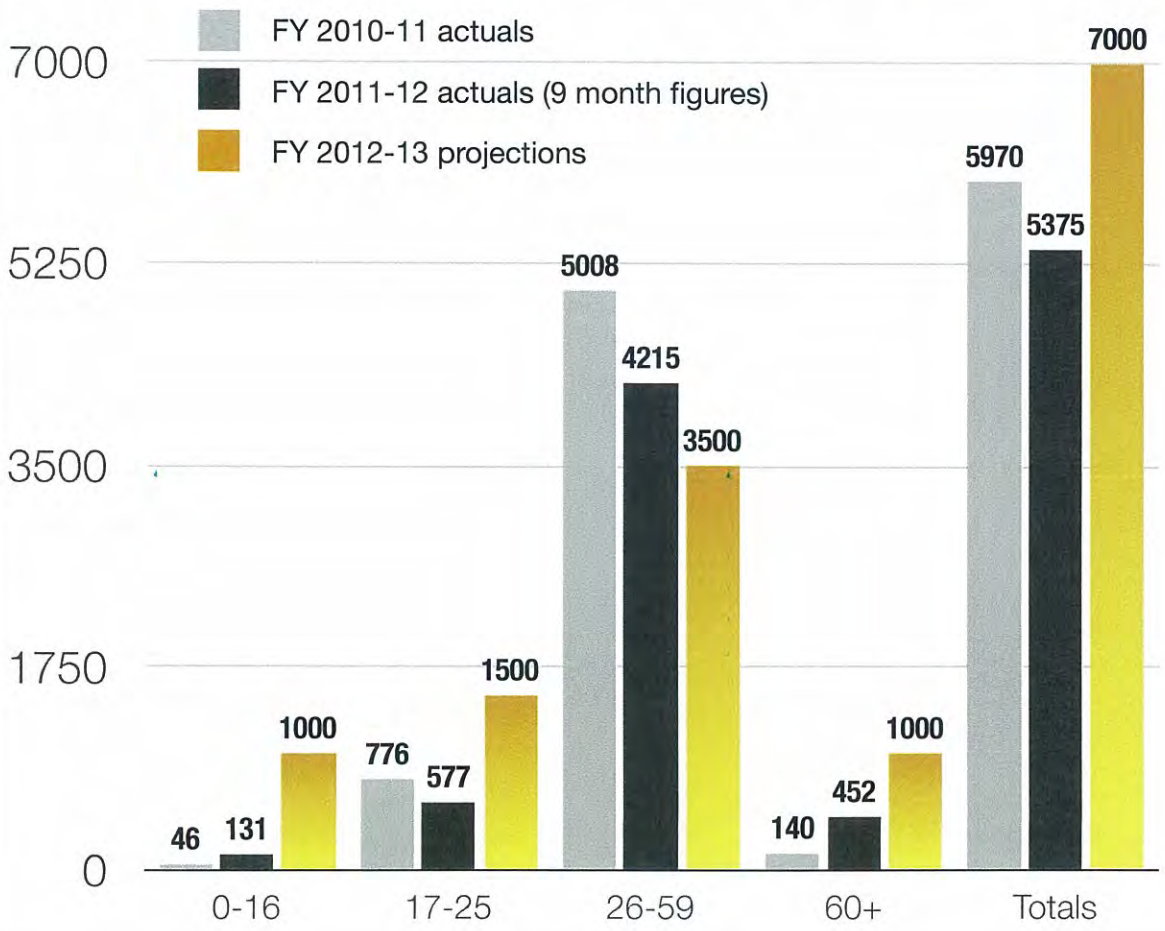
After receiving services from program staff, the client experienced a renewed sense of hope which she attributes to the therapy she received through this program. She currently attends weekly church services, and is taking a class at a local community college to learn how to use a computer.

Her goal is to volunteer at an organization like Red Cross to give back to others. She still experiences feelings of frustration and depression but often says that, "God still wants me to find something...and I'll keep trying to look for it as long as I am able."

Wellness Center

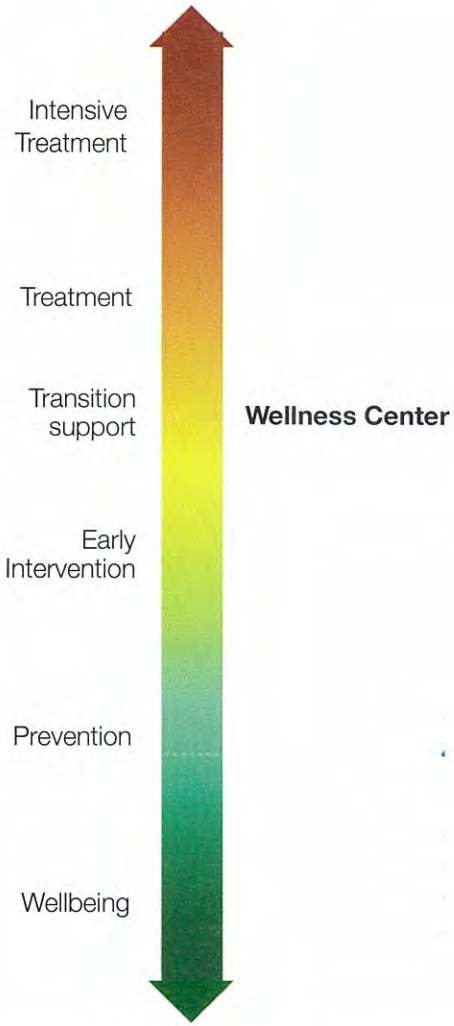
Program summary: The Wellness Center is a community hub of activities that promote recovery, resiliency, and wellness for residents of the Tri-City area. The Center is open to people of all ages, focusing especially on people in recovery and their families. The Center sponsors support groups, and provides an array of holistic services through collaboration with other community partners.

Number of center visits



Highlights

1. How much did we do?
   - Started offering programs even before the Center was open
   - 40 different types of support groups, workshops, and activities
   - Working on tracking participation of unique individuals
2. How well did we do it?
   - Over 50% of people served are Latino; 22% Spanish-speaking; 18% African American; 9% Asian
   - 75% of all support groups are facilitated by peer support staff
   - On-going training and support on group facilitation skills for all community support workers
3. Is anyone better off?
   - 55 job placements in 2011
   - 6 life saving interventions since November 2011



Wellness Center success story

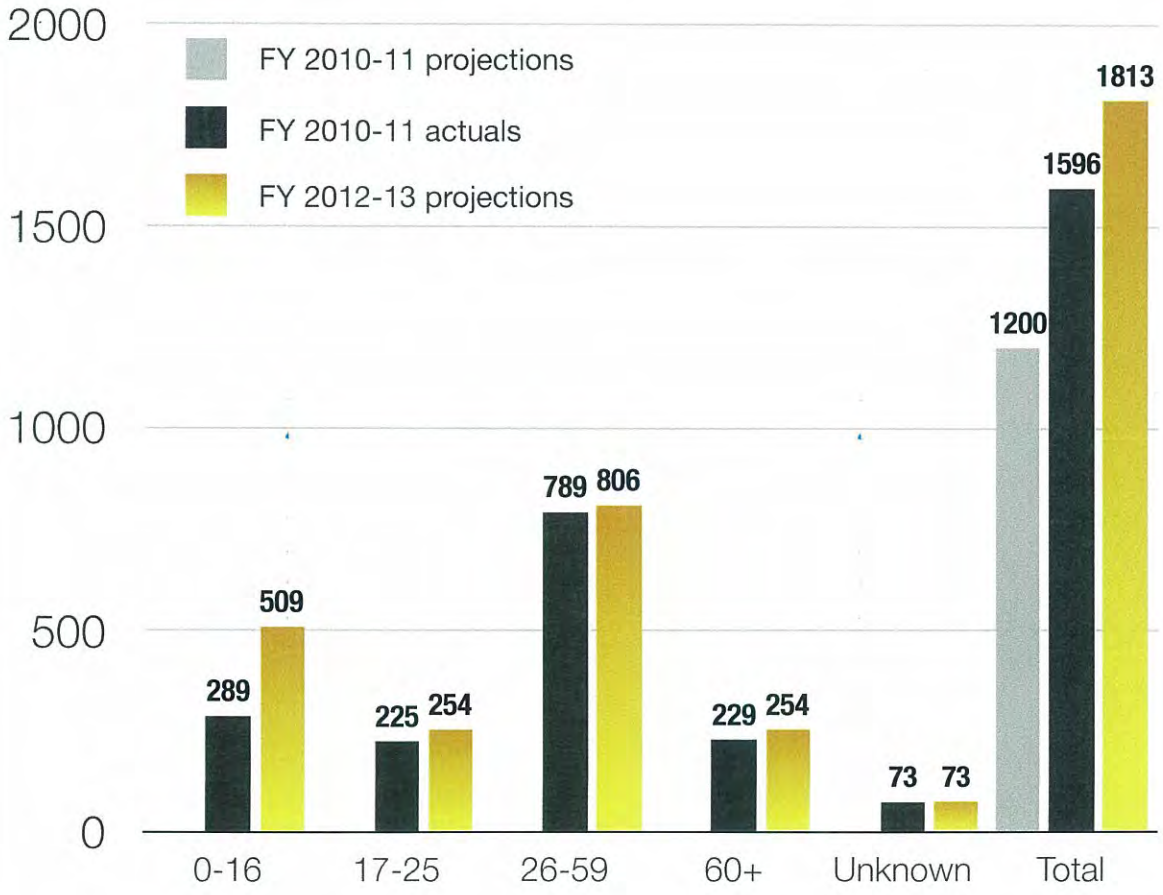
George (not his real name) started attending our TAY programs more than a year ago. When he first connected to the Center, he was shy, withdrawn and isolated. Slowly, he began to engage with staff and other participants. Over time, he became very active in karaoke and art classes, especially the music group. George has also participated in a number of cooking classes. One day after a class, he went home and made a salad, much to his family's surprise.

George recently expressed an interest in becoming a volunteer, and is working to complete the volunteer orientation process.

Community Navigators

Program summary: Five Community Navigators are funded through the CSS plan to help people in the Tri-City area connect to local resources, including informal community supports and formal services where available. Navigators also provide education and stigma reduction services to local communities and organizations.

Number of people served



Highlights

1. How much did we do?
   - Significantly exceeded projection of total # of people served
   - Including FY 2011-12 numbers, more than 3,800 people served
2. How well did we do it?
   - Bi-lingual and culturally competent staff
   - Over 50% of people served are Latino; 9% African American
3. Is anyone better off?
   - Many anecdotal success stories
   - Staff are working to develop measures to assess the impact of their referrals over time

Community Navigator success story

A grandmother who attends the Senior Center at Washington Park requested help for her 20 year old grandson. He was struggling with hearing internal voices and drug addiction. The grandson's mother was becoming increasingly frustrated with his behavior, and wanted him to leave her home.

Community navigators helped the grandmother connect with several drug rehabilitation programs in the area, and made a referral to Tri-City clinical staff. At first, the grandson was not very open to receiving any type of services.

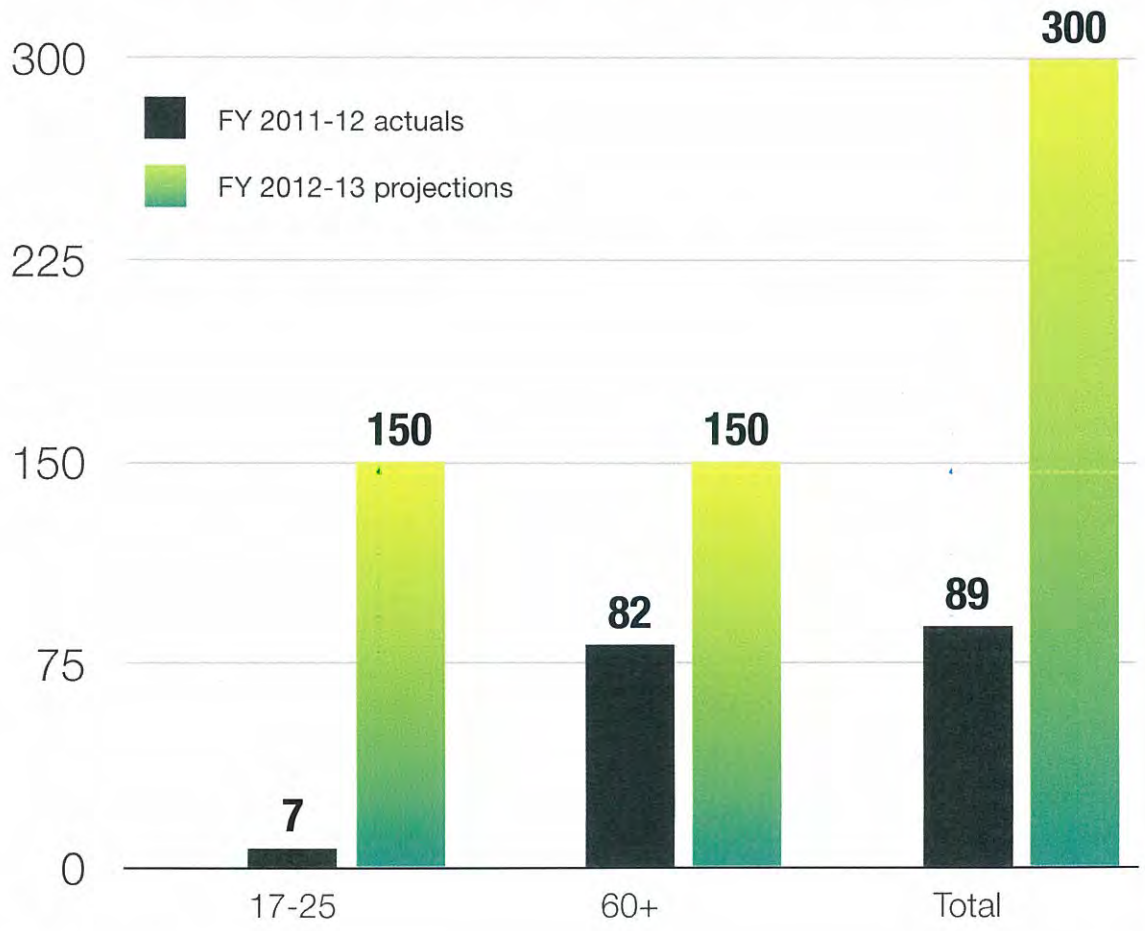
Two Community Navigators reached out to the young man at his home. They worked with him and Tri-City staff. Clinical staff determined that he was a good fit for a Full Service Partnership. Once enrolled in the FSP, he began receiving long needed support. He learned that he had struggled with many behavioral issues since he was very young. His mother never fully understood his son's behaviors.

The Community Navigators also worked with the mother and grandmother to connect them to NAMI. Both women successfully completed the 12-week Family to Family course. The mother also suffered from depression and began attending a depression support group offered through the Wellness Center.

Peer-to-Peer Counseling

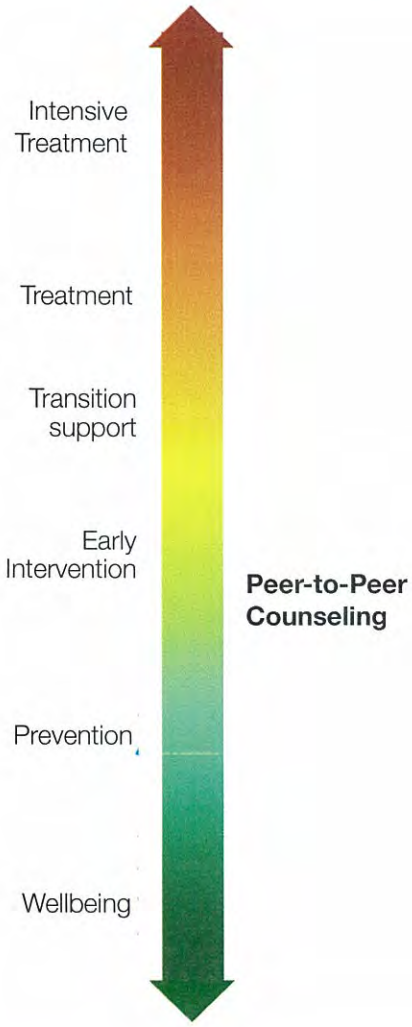
Program summary: The Peer to Peer Counseling program trains volunteers from the Tri-City area who want to learn how to provide support to peers who are in emotional distress. This program focuses on Transition Aged Youth (ages 16-25) and older adults (ages 60 and over). Once trained, peer counselors can offer both individual and group counseling, and additional support through linkages to age- and culturally-appropriate resources.

Number of people served



Highlights

1. How much did we do?
   - 15 individuals completed training in early 2011 and began offering counseling in July 2011
2. How well did we do it?
   - 8 of 15 training graduates became Tri-City Peer Counselors (which requires more training and MHFA certification)
3. Is anyone better off?
   - Informal feedback from people receiving peer counseling is very positive
   - Counselors report positive impacts of the training on their skills and confidence



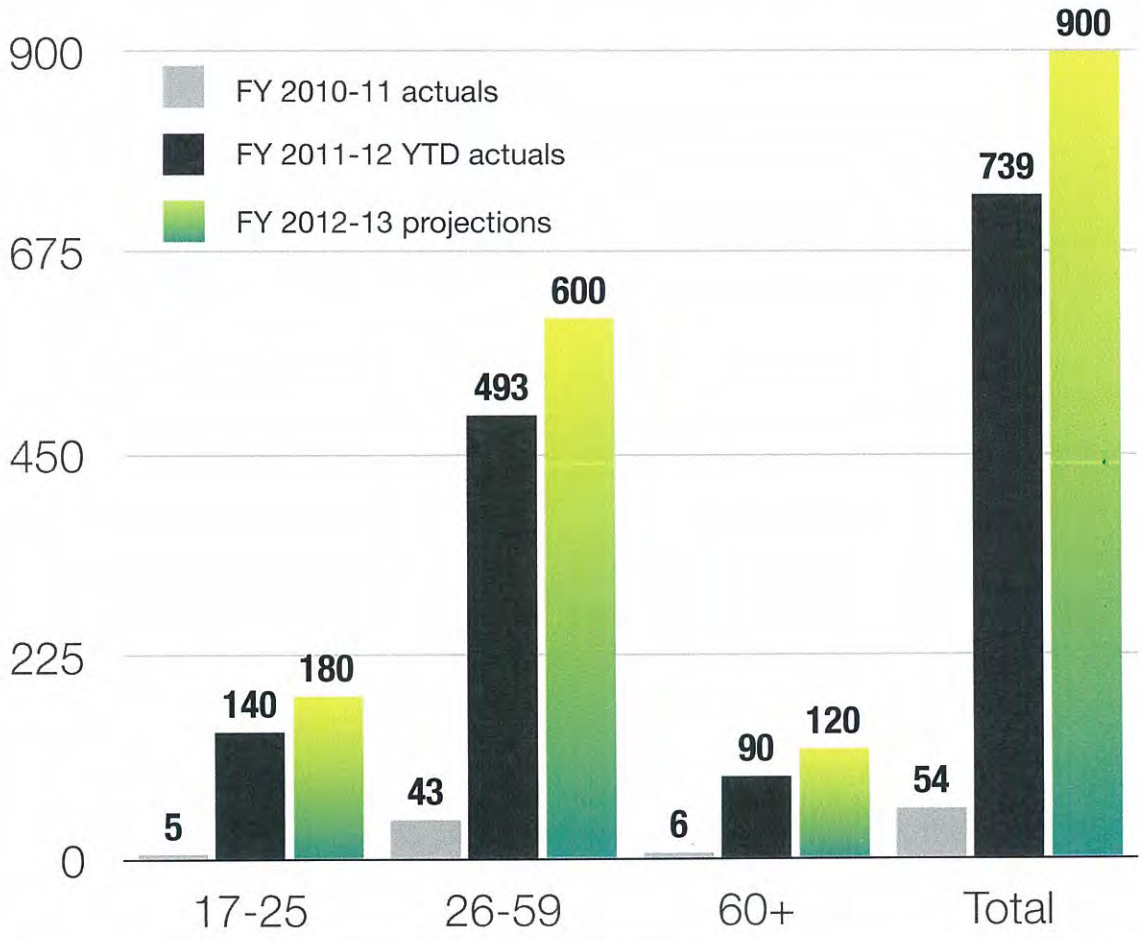
Peer-to-Peer Counseling testimonial

After completing the Peer Counseling training, one of our senior counselors reported that "the training/program has helped me build self confidence and be of service to my community. I enjoy being able to help others and making a difference in their lives. It's uplifting to my spirit. There are so many people who are in need of our services and now we need to get the word out. I feel that Tri-City and its staff are very helpful and supportive of our needs."

Mental Health First Aid

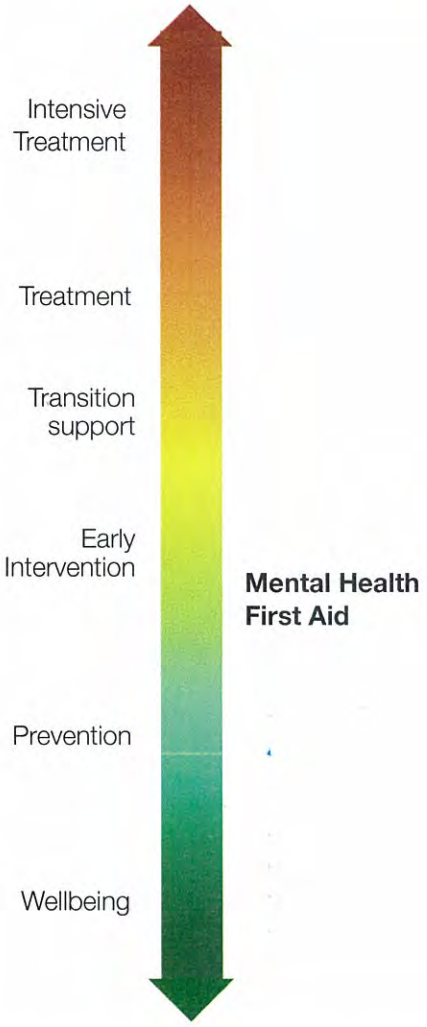
Program summary: Mental Health First Aid (MHFA) is a nationally recognized program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone who may be experiencing mental and emotional distress. Similar to CPR training, these Mental Health First Aiders are taught how to intervene quickly and effectively to offer support and encourage connections to appropriate and professional help.

of MHFAiders trained by age group



Highlights

1. How much did we do?
   - We set a goal of 1,000 Mental Health First Aiders trained in 3 years. We will reach this goal in just over half the time.
   - By June 30, 2011 we will have trained 74 instructors who can teach others to become Mental Health First Aiders.
2. How well did we do it?
   - 50% or more of our current instructors will teach at least 3 groups of Tri-City residents to become Mental Health First Aiders
   - We want to increase this % with each new cohort of instructors
3. Is anyone better off?
   - People who take the Mental Health First Aid training consistently report positive experiences



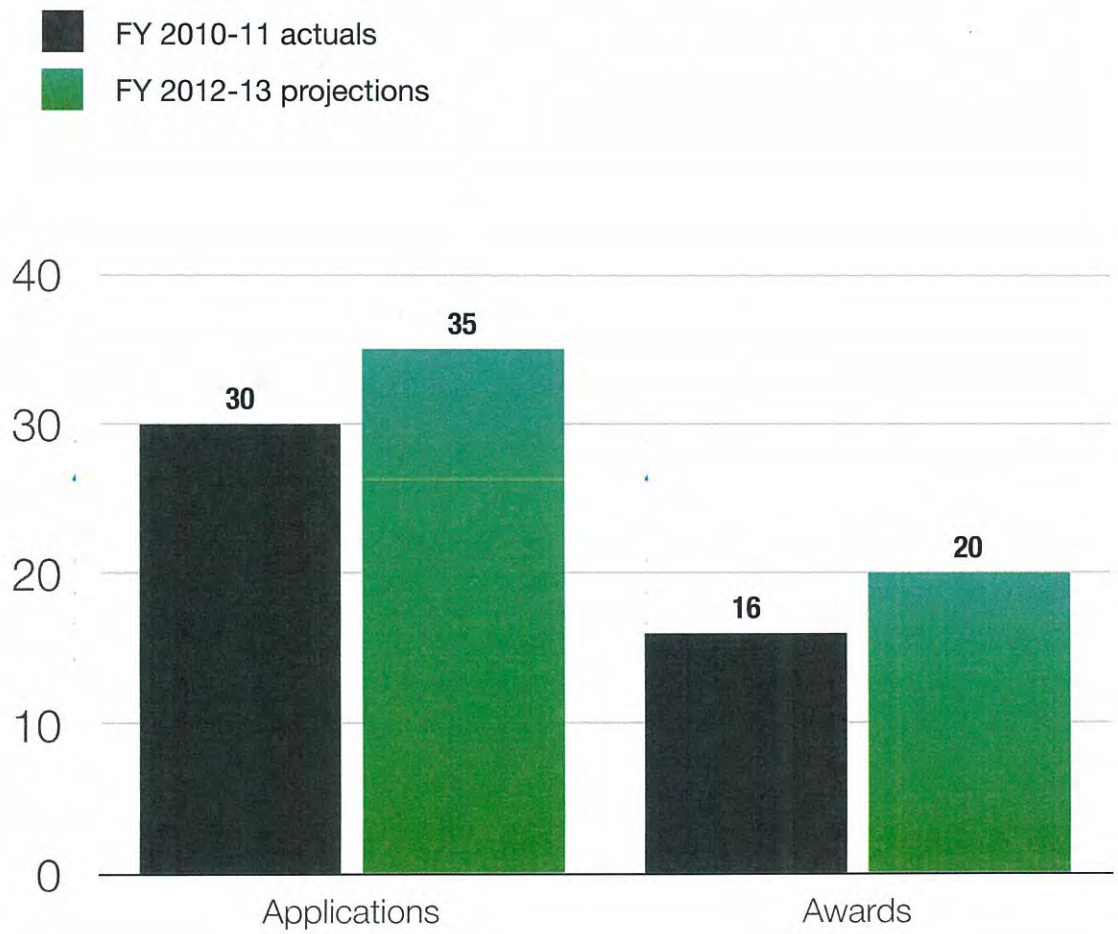
Mental Health First Aid testimonials

- "I was quite impressed with the training. I have worked with numerous students with mental health issues, and wish I had had the tools from this training sooner. It provided a context for handling situations in a way that is easy to remember."
- "The training has increased my awareness of mental illness and the stigmas associated with it. The awareness has changed my perspective and definitely increased my knowledge."
- "Very effective and gave me more knowledge towards mental health."

Community Wellbeing Program

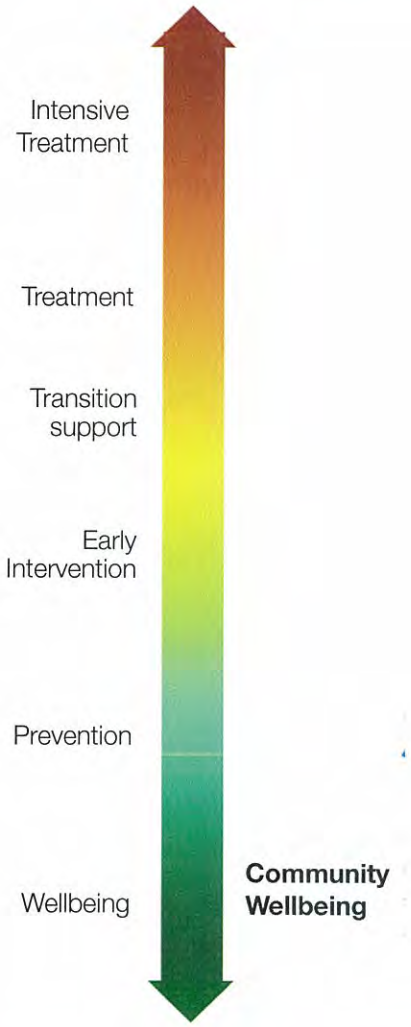
Program summary: In this program, *community* is defined as a group of individuals who rely on each other for support and can act together. Open to any community in the Tri-City area, the program provides small grants and technical assistance to help communities build their capacity to strengthen the wellbeing of their members.

of applications and awards



Highlights

1. How much did we do?
   - 30 applications and 16 awards in FY 2011-12
   - Numerous individual and group TA sessions supporting participating communities
2. How well did we do it?
   - Developed a simple process to help communities assess their wellbeing
   - Piloted this process with a number of communities in the first year.
   - A significant majority of communities in the first cohort have indicated they plan to apply again
3. Is anyone better off?
   - Community leaders reported benefitting from the individual and group TA sessions
   - Working to have more systematic data about community wellbeing in next cohort



Community Wellbeing success story

A staff member from a local service organization attended the information meetings in early 2011. After learning about the program, and the program's definition of community, the staff member convened a group of people who are homeless and currently served by her organization. The staff member discussed the program with the group, and asked them what they thought.

As group members talked, they began to understand that this program is not about services, but about helping them develop their own activities for improving their own wellbeing.

They decided to apply for the grant. They named themselves, "We Have A Voice,"

We Have a Voice was selected as one of the sixteen communities to receive a grant in the first year of the Community Wellbeing program. Community members have been quite energized by the process, and have sponsored a number of activities to strengthen their experience of wellbeing, and the experience of wellbeing among other people who are homeless in the area.

In addition, staff members from the sponsoring service organization have reported a shift in *their* thinking, and they have begun exploring how they can shift more of their organization's efforts from providing services to helping others act on their own behalf.

INSTRUCTIONS: 1.Choose a facilitator, a timekeeper, and a recorder 2.Make sure the facilitator has the completed form and any individual comment forms before the meeting ends.

QUESTION FORM FOR ANNUAL UPDATE PUBLIC HEARING TABLE DISCUSSIONS

1. **How many people at our table:**
   ___ Are hearing about the MHSA plans for the first time
   ___ Have gone to a few meetings about MHSA plans
   ___ Have been substantially involved in the MHSA planning efforts

2. **What we like about the proposed Annual Update**

3. **Questions or concerns we have about the Annual Update**

4. **Other comments we want to share (use the back of the sheet if needed)**

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