

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

Components Included:

County: Tri-City Mental Health

- | | |
|---|------------------------------|
| <input type="checkbox"/> CSS | <input type="checkbox"/> WET |
| <input type="checkbox"/> CF | <input type="checkbox"/> TN |
| <input checked="" type="checkbox"/> PEI | <input type="checkbox"/> INN |

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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, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This PEI update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2011/12 PEI update was circulated for 30 days to stakeholders for review and comment. All input has been considered with adjustments made, as appropriate. The PEI program was recommended by the Mental Commission and approved by the County's Governing Board.

The information provided for this PEI Update is true and correct.

All documents in the attached FY 2011/12 PEI update are true and correct.

Mental Health Director/Designee (PRINT)

Signature

Date

NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention

x
 County: Tri-City Mental Health Center

- Completely New Program**
 Revised Previously Approved Program

Program Number/Name: Building Bridges between Landlords, Mental Health Providers and Clients-- Program #7

Date: January 13, 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

This project will expand and strengthen the system of care towards community wellbeing by focusing on ways that landlords and Tri-City Mental Health Center can work together to 1) identify mental health needs; and 2) provide assistance in ways that allow Tri-City Mental Health Center clients to access or maintain their housing arrangement.

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This project was chosen because stable housing is a necessary foundation to be able to create wellbeing and support to a person’s mental health. Pomona has the largest homeless population of the Tri-Cities, approximately 600 people according to the 2011 Homeless Report Opt-In Participant Survey. Once homeless, it is difficult to provide interventions towards mental health and wellbeing without first finding stable housing. By working with landlords in a cooperative manner and reduce stigma towards mental illness, we hope to prevent future evictions and homelessness.

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

This project will introduce a new mental health practice by developing truly collaborative relationships between landlords, clients and mental health providers. The first phase of the project 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. Actions include:

- Identify interested landlords and property managers
- Identify buildings with large numbers of units (more likely to have vacancies)
- Develop relationships with staff at AAGIE (Apartment Association Greater Inland Empire)
- Develop relationships with City staff (housing departments, public safety officers, etc.)
- Develop relationships with housing rights advocates
- Identify consumers with experience and perspective on this issue

The second phase of the project will engage landlords, property managers, mental health providers and clients in deeper conversations to share perspectives, challenges and needs and develop potential strategies for addressing challenges and meeting needs. Actions include:

- Hosting a series of small group discussions
- Hosting a conference among a larger group of participants

The third phase of the project is to take action based on these 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. We envision that the leaders who emerge from the second phase would conduct these sessions as it would be more powerful and persuasive for landlords and property managers to hear about the collaboration with mental health providers and clients from other landlords and property managers.
- Conduct training sessions for case managers, other mental health providers and clients on working successfully with landlords and property managers.
- Work with Community Navigators and Mental Health First Aiders to reach out to landlords and property managers
- Recruit landlords and property managers to become Mental Health First Aiders.

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2012 by type of prevention:			Number of months in operation through June 2012
		Prevention	Early Intervention	
Building bridges between landlords, mental health providers and clients.	Individuals: Families:	125 50	75 25	6 months
	Individuals: Families:			
	Individuals: Families:			
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:			

**NEW/REVISED PROGRAM DESCRIPTION
Prevention and Early Intervention**

<p>5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.</p>
<p>Tri-City Mental Health staff and other mental health providers and landlords/property managers will engage in this project. Other stakeholders will be included by inviting interested agencies, community members, residents, apartment associations, housing law agencies, city staffers and landlord/property managers. This invitation will come through exciting coalitions, word of mouth, and a formal invitation to participate. Landlords and property managers will learn about early warning signs and symptoms of persons and families experiencing significant distress or mental illness, participants will be given specific information as the services provided for these person/families by Tri-City Mental Health and other local area mental health and social service providers. How to refer to and access these services will also be explained.</p>
<p>6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.</p>
<p>This project will help mental health service providers to maintain the current housing arrangement of people with mental health needs (or find more appropriate ones) by strengthening partnerships among landlords, property managers, clients and mental health service providers. It will bring landlords and property managers into the community system of care.</p>
<p>7. Describe intended outcomes.</p>
<p>This project intends to create a positive relationship between mental health providers, clients and landlords/property managers. There will be fewer evictions and both parties will try to bring solutions and agreed upon action plans in order avoid eviction. Landlords/property managers will be able to recognize the possibility of mental illness in a tenant and know where to reach out to mental health providers for assistance. Tri-City staff will be able to understand the local housing industry and the challenges landlords/property managers face in their business. All involved parties will have a better understanding of what a reasonable accommodation is for a person with mental illness, what are reasonable responsibilities of a tenant with mental illness towards the property and people (landlords, other tenants, etc.) and what mental health providers can do to facilitate these understandings.</p>
<p>8. Describe coordination with Other MHSA Components.</p>
<p>Persons and families identified and assisted through this project will be referred to the MHSA CSS Programs, the Community Navigators and Wellness Center for linkage and referral and for needed resources/services, informal group support, and vocational services. In addition, the Landlords will be trained on Mental Health First Aid and recruit Landlords and property managers to become Mental Health First Aiders.</p>
<p>9. Additional Comments (Optional).</p>
<p> </p>

**NEW/REVISED PROGRAM DESCRIPTION
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10. Provide an estimated annual program budget, utilizing the following line items.

NEW PROGRAM BUDGET—Initial Six Month Period FY 2011-12					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel	32,600	0	0	32,600
2.	Operating Expenditures	3,774			3,774
3.	Non-recurring Expenditures	2,350			2,350
4.	Contract Services (Subcontracts/Professional Services)	0			
5.	Other Expenditures	0			
	Total Proposed Expenditures	38,724			38,724
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues	0	0	0	0
C. TOTAL FUNDING REQUESTED		38,724			38,724
D. TOTAL IN-KIND CONTRIBUTIONS					

E. Budget Narrative

The costs included in the 2011-12 budget covers the initial six-month period of the project.

A. Expenditures

1. Personnel Expenditures—\$32,600
 - a) Salaries of \$25,469 were determined based on Tri-City's job classifications and compensation ranges and are for six months of service.
Positions include:
 - Mental Health Worker—1.0 FTE –This is an outreach position that will work to create a bridge between the landlords and property managers and mental health providers and clients.
 - Mental Health Support—.2 FTE—This position will assist the mental health worker in arranging meetings and preparing outcome reports.
 - b) Benefits of \$7,131 were based on Tri-City's average benefit rate of 28% and include all payroll taxes, retirement costs, health insurance and worker's compensation insurance.
2. Operating Expenditures—\$3,774
Operating expenditures are the projected costs for initial six months and include office space, supplies and equipment costs.
3. Non Recurring Expenditures—\$2,350
The non recurring expenditure is for the purchase of a laptop station package and cell phone for one staff.

B. Revenues None

C. Total Funding Requested—\$38,724

The total funds requested for the initial six months in FY 2011-12 is \$38,724. It is anticipated that the full year funding for FY 2012-13 will be approximately \$74,600.

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Anyone wishing to provide comments on this plan to the MHSA Manager may do so by clicking [HERE](#).