

TRI-CITY MENTAL HEALTH SYSTEM

QUESTIONS AND ANSWERS ABOUT THE TRI-CITY MENTAL HEALTH SYSTEM'S PREVENTION AND EARLY INTERVENTION PLAN

What is the Tri-City Mental Health System?

The Tri-City mental health system is the system of mental health services and supports available to residents of Claremont, La Verne, and Pomona. The system is managed by the Tri-City Mental Health Center, and includes the Tri-City mental health clinic and many other community providers.

What is the Mental Health Services Act?

In November 2004 California voters passed Proposition 63, the Mental Health Services Act. The Mental Health Services Act (MHSA) gives money to counties to help people and families who have mental health needs.

How do people in the three cities get access to these funds?

To access these funds, Tri-City Mental Health Center must develop five substantive plans. The first plan was called the Community Services and Supports plan. We finished that plan in the spring of 2009. The state approved our plan in June, and we have begun implementation. The second plan is called the Prevention and Early Intervention (PEI) plan. That's the plan we are working on now.

How many people have participated in the planning process for the PEI Plan?

We engaged almost 3,000 community members between June and December 2009 through focus groups, surveys, staff presentations, and stakeholder deliberations. Sixty delegates were chosen to participate in the stakeholder deliberations. These delegates represented dozens of constituencies across the three cities, including people who receive services and their family members, transition-aged youth, representatives of traditionally underserved groups, community providers, law enforcement, the school systems, the three city governments, local colleges, Tri-City staff, and many others. Beginning in September 2009, these delegates met in a series of intensive stakeholder and subcommittee meetings to develop the draft plan. The draft plan represents the consensus recommendations that have come from this group.

How much money will come to the three cities if this plan is approved?

- When the plan is fully funded, about **\$1 million in on-going investments** each year.
- An additional **\$1.33 million in one-time investments** over the next three years.

What about the budget troubles in Sacramento? Can we count on the money being there?

We are confident that funding for these services will continue well into the future. The Mental Health Services Act was created by initiative (Proposition 63), and can be ended only by initiative. Services are funded through a 1% surcharge on incomes over one million dollars, however, which means that it will fluctuate with the health of the economy. All of us know that the state, national, and global economies are under enormous stress, leading to drastic budget shortfalls at all levels of government. We have therefore been very conservative in our planning, using the most prudent estimates available to us from the state to make our budget projections.

Ok, so what will the plan fund?

The plan will fund six programs. *The Community Wellbeing Program* will help local communities develop and implement community-driven plans to improve and sustain the mental and emotional wellbeing of their members. In this context, *community* is defined as a group of individuals who have sufficiently strong relationships that they are able to provide tangible support to each other and can act together.

The Mental Health First Aid Program will train scores of people in community-based settings to intervene quickly and effectively to offer support when someone is experiencing mental and emotional distress. This

evidenced-based program begins with a premise that just as people can master basic first aid for physical injuries—e.g., the Heimlich maneuver, CPR— without being doctors, people can also master basic mental health first aid without being clinicians.

The Peer Support Program will recruit and train volunteer peer counselors for two age groups: older adults, and older transition-aged youth and young adults. Volunteers will be trained to assess the mental health and well-being of age group peers, to provide 1-1 peer counseling, and to lead age- and issue-based peer support groups.

The Family Wellbeing Program will be located at the soon-to-open Wellness Center (funded under the Community Services and Supports Plan), and will leverage existing community resources—e.g., the NAMI Parents and Teachers as Allies program, parent support groups, and others—and develop new programming to support families of children and young transition-aged youth struggling with mental and emotional distress.

The K-12 Student Wellbeing Program will engage leadership from the three school districts to develop an integrated plan to promote the mental and emotional wellbeing of their students. This program will provide professional facilitation to the school districts to support their planning process, and up to three years of non-recurring funds to jumpstart the implementation of the plan.

The College Student Wellbeing Program will engage leadership from the area colleges to participate in a joint planning process to develop campus-based plans to promote the emotional and mental wellbeing of their students. This program will provide professional facilitation to the area colleges to support their planning process, and up to three years of non-recurring funds to jumpstart the implementation of their plans.

What are the values and commitments that will insure this plan won't just become “business as usual”?

The PEI plan is founded on several fundamental commitments, including:

- A commitment to *strengthen the capacities of communities* to promote the mental and emotional wellbeing of their members. Communities have strengths and assets that already support their members' health and wellbeing. With culturally appropriate support and encouragement, communities can leverage and extend these strengths and assets to improve and sustain the wellbeing of their members over time.
- A commitment to *sustainability*. Given the volatile and highly unstable economic environment, we are investing in strategies that, once in place, can continue regardless of future funding realities.
- A commitment to *community-defined results*. Too often data about effectiveness is unavailable, incomprehensible to anyone but program experts, or irrelevant to communities and families. Transformative action will more likely emerge when community leaders can access data they care about in a timely manner, to help them assess whether actions they are taking are having a positive impact.
- A commitment to *learning*. Many of the challenges confronting local communities, including those that undermine their health and wellbeing, defy simple analyses and responses. What is needed are structures of support that help communities learn from each other to expand their repertoires of effective action.

How can I find out more or get involved?

- Go online at www.tricitymhs.org for a copy of the draft PEI plan. You can leave comments there about the plan. You can also get a copy of the plan at one of the city libraries, and fax or mail comments to us.
- Come to the public hearing to learn more and share your feedback. The hearing will take place on Wednesday, January 27, 2010 from 5:30–8:30 p.m. at Walter Taylor Hall, 1775 N Indian Hill Boulevard, Claremont, CA. Spanish and Vietnamese translation will be available at the meeting.