

**DRAFT**



**Tulare County  
Health & Human Services Agency**

**5957 South Mooney Boulevard, Visalia, California 93277**

**(559) 737-4660**

**[www.tularehhsa.org](http://www.tularehhsa.org)**

**Department of Mental Health**

**Mental Health Services Act**

**Community Services and Supports**

**Annual Update FY 2009-10**

**November 2009**

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Note: Tulare County is not making a request for funding of WET, CFT, PEI, or INN components; hence, any exhibits related to these components are omitted from this document. (Exhibits E2 through F).

**30-Day Public Review Period 10/7/2009 – 11/6/2009  
Tulare County HHSA, Mental Health Branch  
Mental Health Services Act (MHSA)**

**Fiscal Year (FY) 2009/2010 Annual Update  
to the  
Three-Year Program and Expenditure Plan**

Dear Community Stakeholders:

The California State Department of Mental Health (DMH) released Information Notice No. 08-28, which stated that in order for a Mental Health Branch to receive MHSA funding for FY 2009/10, the County should submit a FY 2009/10 Annual Update, consistent with the guidelines in the Notice No. 08-28, and receive approval from the State consistent with the guidelines in that Information Notice. The FY 2009/10 annual update is to be developed with the participation of stakeholders, in accordance with Title 9, California Code of Regulations (CCR) Sections 3300, 3310(d) and 3315(a). The Community Program Planning Process should build on previous and ongoing engagement of stakeholders. A draft of the FY 2009/10 annual update shall be circulated for 30 days to stakeholders for review and comment, and a public hearing by the local mental health board or commission is required. All input shall be considered, with adjustments made, as appropriate, to the annual update. The following draft of Tulare County's Fiscal Year 2009/10 Annual Update is being posted for 30 days to allow stakeholders time to review and comment. A public hearing will be held at:

Tulare County Mental Health Board Meeting  
November 10, 2009  
4 p.m. – 6 p.m.  
Tulare County HHSA  
Pine North & South Conference Rooms  
5957 South Mooney Boulevard  
Visalia, CA 93277

Persons who are unable to attend the public hearing but would like to comment or make suggestions on the 2009/10 Annual Update may contact:

Christi Lupkes, MHSA Manager  
5957 South Mooney Boulevard  
Visalia, CA 93277  
559-737-4660, Extension 2318  
CLupkes@tularehhsa.org

**Exhibit A**

**COUNTY CERTIFICATION  
MHSA FY 2009/10 ANNUAL UPDATE**

County Name: Tulare County

| <b>County Mental Health Director</b>   | <b>Project Lead</b>                           |
|--|---|
| Name: Cheryl L. Duerksen, Ph.D.  | Name: Christi Lupkes, MHSA Manager            |
| Telephone Number: (559) 737-4660<br>Ext. 2300  | Telephone Number: (559) 737-4660<br>Ext. 2318 |
| E-mail: CDuerkse@tularehhsa.org  | E-mail: CLupkes@tularehhsa.org                |
| Mailing Address:<br><br>Tulare County HHSa, Mental Health Department<br>5957 South Mooney Boulevard<br>Visalia, CA 93277 |   |

I hereby certify that I am the official responsible for the administration of public community 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. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment, and a public hearing was held by the local mental health board or commission. All input has been considered, with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Cheryl L Duerksen, Ph.D.  
Title  
Local Mental Health Director

## Exhibit B

### Description of Community Program Planning and Local Review Processes MHSA FY 2009/10 ANNUAL UPDATE

County Name: Tulare County

**Instructions:** Utilizing the following format, please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

**1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)**

Tulare County is not requesting any new work plans for Fiscal Year 2009/10 but will enhance and expand existing, previously approved, programs. Therefore, the Stakeholder Process for the 09/10 Plan Update was built upon the Community Planning Infrastructure developed for the Community Services and Supports (CSS) component. In the original CSS Planning Process, an inclusive process for consumers, family members, staff, agencies, specialty groups, and general community stakeholders was conducted. Feedback opportunities were offered through focus groups, surveys, community forums, and public hearings. In total, the Department engaged in fifteen MHSA Stakeholder Meetings to include: five broad-based Stakeholder Meetings, five Latino Outreach Meetings, five MHSA Stakeholder Meetings for the Asian American Community, the Native American Community, the African American Community, the Veterans of Tulare County, and the Lesbian, Gay, Bisexual and Transgender Community. An estimated total of 880 people attended the fifteen meetings. All meetings were documented and a total of fifteen reports were compiled.

In addition, the Department conducted focus groups and key informant interviews. The most common themes and findings gathered from the focus groups were that most participants appreciate the one-stop centers and the more personal approach provided by staff at those locations, and the mobile unit being highly successful in addressing many of the barriers associated with accessing mental health services.

**2. Identify the stakeholder entities involved in the Community Program Planning Process.**

Tulare County's CSS Planning Process for the FY 2009/10 Annual Update involved representation from consumers from all age groups (child, TAY, adults, and older adults), family members, and contract providers.

In order to ensure neutrality and optimize participation, a consultant was tasked with conducting four consumer/family member focus groups. The consultant facilitated each meeting, provided participants with the opportunity to speak, and provided the County with a written summary of all meetings. In addition, MHSA staff conducted key informant interviews, including

representatives from Family Resource Centers and several community provider organizations. All information was compiled and utilized to inform the contents of the final Plan Update.

**3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.**

The County shares all information from DMH as well as any relevant information from the County with its stakeholders via its internal and external web sites, email lists of parties who have been involved and/or expressed an interest in the process, at specific stakeholder update meetings, and otherwise as requested. As the County receives information and conducts regular updates for the State, those are shared through the above-mentioned venues.

**4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.**

Attached is the Focus Group Final Report. Summarized in the report are the common themes and findings gathered from MHSA CSS consumer and family member focus groups conducted in August 2009.

**5. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.**

The 30-day stakeholder review and public comment period will take place from October 7, 2009, through November 6, 2009, with a public hearing to be held on November 10, 2009.

(Any substantive comments will be included here once the public hearing has been held.)

## Exhibit C

### Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

County Name: **Tulare County**

*Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities. (suggested length – one-half page)*

Overall, Tulare County CSS programs have been successful in extending culturally and linguistically competent therapeutic services into remote locations and to the un- and underserved populations identified in the Plan. Co-locations, homebound programs, and Mobile Units are helping to decrease disparities in access by bringing culturally and linguistically appropriate services to consumers in isolated, rural areas. Tulare County contracted out all of the programs that were approved within its CSS 3-Year Plan. For each program, the contractor rose to the challenge of developing a brand new business infrastructure, including needs for office space, staff, new supervisors, utilities, billing processes, staff performance procedures, and a host of processes needed to support the targeted services.

**Mobile Units:** Tulare County's Unidas Para la Salud (United for Health) two Mobile Units are developing a consistent, convenient, de-stigmatizing presence in remote communities of the county. Via the Mobile Units' outreach efforts, health and mental health services were provided in consumer homes, at the base clinic, and in settings such as churches, youth centers, and health offices. The Mobile Units focus on underserved and ethnically diverse areas of Tulare County.

**One-Stop Centers:** Tulare County developed three One-Stop Centers designed to reach children and youth needing increased access to services and those with greater need who qualify as Full Service Partners. The program offers a full array of services and supports and has established relationships with targeted populations, developed referral patterns, and prepared the groundwork for providing services through co-location with other organizations. One-Stop staff developed a trusted presence within the communities they serve and are developing groups of consumer volunteers who are establishing a work history and developing employment skills.

**TAY Housing:** A 5-unit housing project for FSPs was designed to house up to 10 transitional age youth consumers receiving treatment services at the One-Stop Centers. The TAY Housing Program has achieved 100% of capacity over the reporting period.

**Community Collaboration:** MHSA Programs have developed collaborations and referral patterns that are continuously evolving. Successful referrals have come through law enforcement, the inpatient psychiatric unit, the current clinic system, the Area Agency on Aging, Veterans Affairs, and health centers, amongst others. Efforts to identify and establish co-location opportunities continue, and mental health services are being delivered at the sites of organizations or groups that are natural locations for those needing services.

**Cultural Competence:** The majority of the staff in each of the MHSA programs is bilingual; many are themselves members of ethnic and racial groups that have been traditionally underserved. The diversity of the staff has brought an emphasis on culture and language as key factors in forming better relationships with consumers and communities.

# Mental Health Services Act–Work Plan Description (EXHIBIT D)

**County Name**

**Tulare County**

**Work Plan Title**

**One-Stop Center Programs (North, Central, and South Tulare County)**

**Population to Be Served**

Identified priority populations include children (ages 12 – 18) and youth (ages 18 – 24) who have a severe and persistent mental illness or serious emotional disturbance and are:

- Underserved/Unserved
- At risk of out-of-home placement or leaving placement
- Current / at risk of involvement with the justice system
- Diagnosed with co-occurring disorders

**Work Plan Description**

The **One-Stop Center Programs** provide an array of comprehensive mental health services in conjunction with alcohol and drug services for children, youth, and transitional age youth (ages 12-24). The One-Stop Center Programs are strategically located in North, Central, and South Tulare County in an effort to optimize outreach and engagement efforts. The programs provide linkages and services that are consistent with the outlined strategies provided by the State of California Community Services and Supports Requirements.

One-Stop Center Programs were created in response to community need for access to mental health services, as identified throughout the Tulare County MHSAs Stakeholder process. The concept of One-Stop Center Programs is grounded in evidence-based practices that demonstrate success through consolidation of services in an accessible and culturally appropriate manner. These evidence-based practices use the following concepts that foster recovery and resiliency for the consumer. They are:

- Self-determination and personal empowerment
- Assertive treatment by mental health staff and community
- Supported education – both vocational and for achievement of high school diploma equivalency and/or college
- Family-based counseling emphasizing parent-child/youth relationships
- LGBTQI counseling and support services specific to psychological distress, isolation, and stigma
- Cultural competency among direct service providers and varying approaches to achieving recovery and creating resiliency among different ethnic populations

The One-Stop Programs also collaborate with other service providers, health organizations, agencies, and other natural community supports to provide the following services (not necessarily an all-inclusive list):

**Health Promotion:** In collaboration with the Public Health Division, this program provides outreach and education services to families, employers, primary care health care providers, and others, to recognize the early signs of potentially severe and disabling mental illnesses and to reduce the stigma associated with mental illness or seeking mental health services. Potential clients are linked to necessary services provided by the County mental health programs.

**CWS Continuum:** With the goal of improving mental health services and mental health provider knowledge within Tulare County, MHSAs has partnered with Child Welfare Services (CWS) to provide training to social workers, with a focus on working with un/underserved parent groups.

**EPSDT:** MHSAs funds are used to support the growth of services for children with Serious Emotional Disturbances (SED), including support of growth in Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and other programs above and beyond the levels in FY 2005/06.

**Parenting Stress Index:** This program is a partnership between the Mental Health and Health Departments to provide screening to parents using the Parenting Stress Index tool to help identify the potential for parental behavior problems and child adjustment difficulties within the family, which could lead to child abuse, neglect, and eventual emotional disorders. Referrals are made for mental health intervention, as needed.

**Therapeutic Animal Program:** In collaboration with the Happy Trails Riding Academy, this program is a six-week series of therapeutic horsemanship sessions. Therapeutic horsemanship provides a unique opportunity for participants in Tulare County MHSAs programs to participate in self-improvement activities consistent with their wellness and recovery action plans (WRAP), or consumer wellness plan (CWP). Areas of improvement targeted in the series would be increased self-confidence, language and improved communication skills, and physical fitness.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

**775** Total

Number of Clients By Funding Category:

**100** Full Service Partnerships

**195** System Development

**480** Outreach & Engagement

# Mental Health Services Act–Work Plan Description (EXHIBIT D)

County Name

**Tulare County**

Work Plan Title

**Transitional Supportive Housing / TAY**

Population to Be Served

The priority population for this program consists of Transitional Age Youth (TAY), 18-24 years old, with Severe Mental Illness (SMI) and/or Serious Emotional Disorder (SED), who may be:

- Leaving placement
- Currently or previously involved with the juvenile justice or child welfare systems
- Alternative school students
- Unemployed
- Homeless or at risk of homelessness

The program is carried out in a culturally appropriate and linguistically competent manner, focusing on the unserved and underserved communities.

Work Plan Description

In response to the community need for access to supportive housing options for youth in Tulare County, as identified throughout the MHSA Stakeholder process, **Transitional Supportive Housing** was created for Transitional Age Youth (TAY). This program fosters youths' transition to community life via on-site case management, linkage to employment training, life skills training (including budget management), and linkages to vocational and post-secondary education.

The Tulare County TAY program houses consumers in one-bedroom units. The program is designed to:

- Improve self-confidence
- Improve life skills through independent living
- Provide a clean, well-maintained environment for TAY in recovery to achieve positive, lasting outcomes
- Enable TAY to face complex challenges through a supportive living environment and continue linkage to wrap services at the One-Stop Center
- Offer a direct link/transportation and support network for transitional age youth with co-occurring disorders
- Eliminate drug/alcohol use through on-site case management
- Reduce emergency room and homeless service expenses

The TAY program works closely with the providers of mental health services (One-Stops, Child Welfare Services, and Probation) that are the major sources of referrals to this program.

In addition, in collaboration with the Happy Trails Riding Academy, the program will offer the Therapeutic Animal Program, which consists of a six-week series of therapeutic horsemanship sessions. Therapeutic horsemanship provides a unique opportunity for participants in Tulare County MHSA programs to participate in self-improvement activities consistent with their wellness and recovery action plans (WRAP), or consumer wellness plan (CWP). Areas of improvement targeted in the series would be increased self-confidence, improved communication skills, and physical fitness.

## COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

20 Total

Number of Clients by Funding Category

20 Full Service Partnerships

System Development

Outreach & Engagement

# Mental Health Services Act–Work Plan Description (EXHIBIT D)

County Name

**Tulare County**

Work Plan Title

**Transitional Living Center**

Population to Be Served

The priority population for this program is adults with severe and persistent mental illness, who are:

- Homeless or at risk of homelessness
- At risk of institutionalization, including hospitalization
- At risk of criminal justice involvement
- Diagnosed with co-occurring disorders

Work Plan Description

The Transitional Living Center (TLC) is a licensed adult residential care facility operated by the Tulare County Department of Mental Health to provide a transitional housing program for adults with severe and persistent mental illness and includes intensive support services that assist residents in transitioning to independent living in the community.

The TLC program employs the Wellness and Recovery Action Plan (WRAP). The goals of WRAP are to teach participants recovery and self-management skills and strategies that:

- promote higher levels of wellness, stability and quality of life
- decrease the need for costly, invasive therapies
- decrease the incidence of serious mental health challenges
- decrease traumatic life events
- increase understanding of these mental health challenges and decrease stigma
- raise participants' level of hope and encourages their actively working toward wellness
- increase participants' sense of personal responsibility and empowerment

Program outcomes reduce hospitalizations and/or jail recidivism.

Consistent with the Tulare County CSS Plan goal of providing permanent, supportive, affordable housing for homeless adults with persistent severe mental illness, Tulare County is anticipating the acquisition of permanent housing units that will be developed as a Full Service Partnership to provide housing subsidies. This facility will support consumers in their wellness goals, allowing for re-integration into the community, reducing hospitalizations, reducing incarcerations, and increasing employment. Relevant supportive services will be designed to promote the tenants' recovery and wellness by maximizing the individual's strengths. Services will be delivered in the community, on-site in the client's apartment, and at program services sites, thereby increasing access to needed services.

The TLC program, in collaboration with the Happy Trails Riding Academy, will offer the Therapeutic Animal Program, which consists of a six-week series of therapeutic horsemanship sessions. Therapeutic horsemanship provides a unique opportunity for participants in Tulare County MHSAs programs to participate in self-improvement activities consistent with their wellness and recovery action plans (WRAP), or consumer wellness plan (CWP). Areas of improvement targeted in the series would be increased self-confidence, improved communication skills, and physical fitness.

In addition, in FY 2009/10, Tulare County MHSAs staff will utilize non-recurring funding to hire a consultant to review the Transitional Living program for efficacy and to evaluate outcomes.

## COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

44 Total

Number of Clients by Funding Category:

44 Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

County Name

**Tulare County**

Work Plan Title

**Jail Transition and Linkages Team**

Population to Be Served

Identified priority populations include children (ages 12 – 18) and youth (ages 18 – 24) who have a severe and persistent mental illness or serious emotional disturbance and are:

- Underserved/Unerved
- At risk of out-of-home placement or leaving placement
- Currently involved or at risk of involvement with the justice system
- Experiencing co-occurring disorders

Work Plan Description

Tulare County’s Jail Transition and Linkages Team is designed to provide outreach to incarcerated individuals receiving services from Criminal Justice Mental Health Services and to ensure their return to appropriate levels of mental health services and supports (e.g., housing and employment services) prior to their release from jail. The goal of these services is to prevent direct release to the streets, thus alleviating the revolving door of incarceration and unnecessary emergency/acute psychiatric inpatient services.

Under this program, the Linkages Team identifies those individuals who meet the criteria for FSP programs and coordinates the referral and linkage to same. The Team interviews and assesses referred clients to determine the level and type of need, develops a release plan, and coordinates with outpatient clinical services. All Linkage services will take place while the client is incarcerated, thus ensuring a seamless transition from criminal justice mental health services to community-based services.

In FY 2009/10, Tulare County MHSA staff will utilize non-recurring funding to hire a consultant to review the Jail Transition and Linkages Team program for efficacy and to evaluate outcomes.

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served

**1500** Total

Number of Clients by Funding Category

\_\_\_\_\_ Full Service Partnerships

\_\_\_\_\_ System Development

**1500** Outreach & Engagement

# Mental Health Services Act—Work Plan Description (EXHIBIT D)

County Name

**Tulare County**

Work Plan Title

**Mental Health Court**

Population to Be Served

Identified priority populations include children (ages 12 – 18) and youth (ages 18 – 24) who have a severe and persistent mental illness or serious emotional disturbance and are:

- Underserved/Unserved
- At risk of out-of-home placement or leaving placement
- Current / at risk of involvement with the justice system
- Experiencing co-occurring disorders

Work Plan Description

The Mental Health Court Program uses a multi-disciplinary team approach to assess, treat, and monitor cases. The team consists of representatives from Mental Health, Probation, the District Attorney’s Office, and the Public Defender’s Office. The Team meets prior to the weekly Mental Health Court Hearings to discuss cases.

The goal of Tulare County’s Mental Health Court is to decrease the frequency of contact with the criminal justice system for clients with persistent and chronic mental illness. The program provides courts with resources to improve clients’ social functioning and link them to employment, housing, treatment, and support services, emphasizing:

- Continuing judicial supervision—including periodic review—over preliminarily qualified offenders with mental illness or co-occurring mental illness and substance abuse disorders who are charged with misdemeanors and/or nonviolent offenses.
- The coordinated delivery of services, which includes:
  - Specialized training of criminal justice personnel to identify and address the unique needs of offenders who are mentally ill.
  - Voluntary outpatient mental health treatment, in the least restrictive manner appropriate as determined by the Court, that carries with it the possibility of dismissal of charges or reduced sentencing on successful completion of treatment.
  - Centralized case management involving the consolidation of cases that involve mentally ill defendants (including probation violations) and the coordination of all mental health treatment plans and social services, including life skills training, placement, health care, and relapse prevention for each participant who requires such services.
  - Continuing supervision of treatment plan compliance for a term not to exceed the maximum allowable sentence or probation for the charged or relevant offense and, to the extent practicable, continuity of psychiatric care at the end of the supervised period.

In FY 2009/10, Tulare County MHSA staff will utilize non-recurring funding to hire a consultant to review the Mental Health Court program for efficacy and to evaluate outcomes.

## COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

25 Total

Number of Clients by Funding Category

25 Full Service Partnerships

\_\_\_\_\_ System Development

\_\_\_\_\_ Outreach & Engagement

# Mental Health Services Act–Work Plan Description (EXHIBIT D)

County Name

**Tulare County**

Work Plan Title

**Unidos Para la Salud / United for Health Mobile Unit Program, North Tulare County and South Tulare County**

Population to Be Served

The priority population for this program is underserved and unserved children, youth, transitional age youth, adults, and older adults with severe and persistent mental illness in rural communities. Additional characteristics include those who are homeless or at risk of homelessness, those with co-occurring disorders, those at risk of criminal justice involvement, those impacted by domestic violence, and individuals who are currently institutionalized or at risk of institutionalization.

Work Plan Description

The Unidos Para La Salud / United for Health (North and South Tulare County Mobile Units) Program provides mental health services and linkages to other services for populations that are currently underserved and unserved in Tulare County. In response to community need for increased access to services in incorporated and unincorporated/rural settings in Tulare County, as identified throughout the MHSA Stakeholder process, two mobile units were established to serve youth, transitional age youth, adults, and older adults. The efficacy of a mobile unit is based on evidence-based practices. Current literature demonstrates proven success of mobile programs that provide services to the consumer in unserved and underserved areas, while also bridging additional services through referral of the consumer to the Tulare County Mental Health Plan Outpatient Clinic System or One-Stop Programs. In addition, the Mobile Units often collaborate with other service providers, health organizations, agencies, and other natural community supports to provide the following services (not necessarily an all-inclusive list):

**Senior Peer Counseling Program:** Provides culturally specific outreach, counseling, mental health treatment, and referral services to older adults suffering from major depression or other mental health disorders.

**Parenting Stress Index:** This program is a partnership between MHSA and the HHS Health Department to provide screening to parents using the Parenting Stress Index tool to help identify the potential for parental behavior problems and child adjustment difficulties within the family, which could lead to child abuse, neglect, and eventual emotional disorders. Referrals are made for mental health intervention, as needed.

**Public Health Nurse on Mobile Units:** Places PHNs on the mobile units, providing comprehensive and coordinated services that improve access to health services and add linkages to available resources. The combination of Health and Mental Health reduces stigma, normalizes a discussion of mental illness, and provides services in the consumer's community, thus reducing disparities in access to care.

**Health Promotion:** In collaboration with the Public Health Division, this program provides outreach and education services to families, employers, primary care health care providers, and others, to recognize the early signs of potentially severe and disabling mental illnesses and to reduce the stigma associated with mental illness or seeking mental health services. Potential clients are linked to necessary services provided by the County mental health programs.

In FY 2009/10, CSS will be funding a non-recurring expense for extraordinary repair and maintenance of the two mobile unit vehicles, in order to continue to provide quality and efficient services to consumers.

## COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served:

**970** Total

Number of Clients by Funding Category:

**110** Full Service Partnerships

**400** System Development

**460** Outreach & Engagement

**Exhibit E  
FY 2009/10 Mental Health Services Act  
Summary Funding Request**

|         |               |       |                  |
|---------|---------------|-------|------------------|
| County: | <b>Tulare</b> | Date: | <b>9/10/2009</b> |
|---------|---------------|-------|------------------|

|   |   | MHSA Component      |            |            |            |            |
|---|---|---------------------|------------|------------|------------|------------|
|   |   | CSS                 | CFTN       | WET        | PEI        | Inn        |
| <b>A. FY 2009/10 Planning Estimates</b> |   |                     |            |            |            |            |
|   | 1. Published Planning Estimate <sup>a/</sup>    | \$11,085,300        |            |            |            |            |
|   | 2. Transfers <sup>b/</sup>                      |                     |            |            |            |            |
|   | 3. Adjusted Planning Estimates                  | \$11,085,300        | \$0        | \$0        | \$0        | \$0        |
| <b>B. FY 2009/10 Funding Request</b>    |   |                     |            |            |            |            |
|   | 1. Required Funding in FY 2009/10 <sup>c/</sup> | \$12,953,017        |            |            |            |            |
|   | 2. Net Available Unspent Funds                  |                     |            |            |            |            |
|   | a. Unspent FY 2007/08 Funds <sup>d/</sup>       | \$3,301,812         |            |            |            |            |
|   | b. Adjustment for FY 2008/09 <sup>e/</sup>      | \$1,160,589         |            |            |            |            |
|   | c. Total Net Available Unspent Funds            | \$2,141,223         | \$0        | \$0        | \$0        | \$0        |
|   | <b>3. Total FY 2009/10 Funding Request</b>      | <b>\$10,811,794</b> | <b>\$0</b> | <b>\$0</b> | <b>\$0</b> | <b>\$0</b> |
| <b>C. Funding</b>                       |   |                     |            |            |            |            |
|   | 1. Unapproved FY 06/07 Planning Estimates       |                     |            |            |            |            |
|   | 2. Unapproved FY 07/08 Planning Estimates       | \$0                 |            |            |            |            |
|   | 3. Unapproved FY 08/09 Planning Estimates       | \$0                 |            |            |            |            |
|   | 4. Unapproved FY 09/10 Planning Estimates       | \$10,811,794        |            |            |            |            |
|   | <b>5. Total Funding<sup>f/</sup></b>            | <b>\$10,811,794</b> | <b>\$0</b> | <b>\$0</b> | <b>\$0</b> | <b>\$0</b> |

a/ Published in DMH Information Notices

b/ CSS funds may be transferred to CFTN, WET and Prudent Reserve up to the limits specified in WIC 5892b.

c/ From Total Required Funding line of Exhibit E for each component

d/ From FY 2007/08 MHSA Revenue and Expenditure Report

e/ Adjustments for FY 2008/09 additional expenditures and/or lower revenues than budgeted

f/ Must equal line B.3., Total FY 2009/10 Funding Request, for each component

**Exhibit E-1  
FY 2009/10 Mental Health Services Act**

|         |               |  |  |  |  |  |  |       |           |  |  |
|---------|---------------|--|--|--|--|--|--|-------|-----------|--|--|
| County: | <b>Tulare</b> |  |  |  |  |  |  | Date: | 9/10/2009 |  |  |
|---------|---------------|--|--|--|--|--|--|-------|-----------|--|--|

| CSS Work Plans  |  |                                      |   | FY 09/10<br>Required<br>MHSA<br>Funding | Estimated MHSA Funds by Service Category |                       |                            |                            | Estimated MHSA Funds by Age Group         |                         |             |             |
|---|--|--------------------------------------|---|---|--|-----------------------|----------------------------|----------------------------|---|-------------------------|-------------|-------------|
| No.   | Name                                   | New (N)/<br>Approved<br>Existing (E) |   |   | Full Service<br>Partnerships<br>(FSP)    | System<br>Development | Outreach and<br>Engagement | MHSA<br>Housing<br>Program | Children,<br>Youth, and<br>Their Families | Transition Age<br>Youth | Adult       | Older Adult |
| 1.  | 1a                                     | OneStop Center-North                 | E | \$1,346,285                             | \$1,023,177                              | \$175,017             | \$148,091                  |                            | \$875,085                                 | \$471,200               |             |             |
| 2.  | 1b                                     | OneStop Center-Central               | E | \$1,444,608                             | \$1,097,902                              | \$187,799             | \$158,907                  |                            | \$938,995                                 | \$505,613               |             |             |
| 3.  | 1c                                     | OneStop Center-South                 | E | \$1,254,474                             | \$953,400                                | \$163,082             | \$137,992                  |                            | \$815,408                                 | \$439,066               |             |             |
| 4.  | 2                                      | TAY Housing                          | E | \$532,209                               | \$532,209                                |                       |                            |                            | \$532,209                                 |                         |             |             |
| 5.  | 3                                      | Mobile North                         | E | \$1,045,637                             | \$794,684                                | \$135,933             | \$115,020                  |                            | \$219,584                                 | \$554,188               | \$271,866   |             |
| 6.  | 4                                      | Mobile South                         | E | \$1,256,074                             | \$954,616                                | \$163,290             | \$138,168                  |                            | \$263,776                                 | \$665,719               | \$326,579   |             |
| 7.  | 5                                      | TLC/CLC                              | E | \$1,321,666                             | \$1,321,666                              |                       |                            |                            |   | \$1,321,666             |             |             |
| 8.  | 6                                      | MH Court/Justice                     | E | \$225,307                               |  |                       | \$225,307                  |                            |   | \$225,307               |             |             |
| 9.  | 7                                      | Jails/Linkages                       | E | \$385,446                               |  |                       | \$385,446                  |                            |   | \$385,446               |             |             |
| 10.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 11.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 12.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 13.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 14.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 15.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 16.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 17.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 18.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 19.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 20.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 21.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 22.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 23.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 24.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 25.   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
| 26.   | Subtotal: Work Plans <sup>a/</sup>     |                                      |   | \$8,811,706                             | \$6,677,654                              | \$825,120             | \$1,308,932                | \$0                        | \$3,112,848                               | \$1,948,087             | \$3,152,326 | \$598,445   |
| 27.   | Plus County Administration             |                                      |   | \$1,321,756                             |  |                       |                            |                            |   |                         |             |             |
| 28.   | Plus Optional 10% Operating Reserve    |                                      |   | \$1,013,346                             |  |                       |                            |                            |   |                         |             |             |
| 29.   | Plus CSS Prudent Reserve <sup>b/</sup> |                                      |   | \$1,806,209                             |  |                       |                            |                            |   |                         |             |             |
| 30.   | Total MHSA Funds Required for CSS      |                                      |   | \$12,953,017                            |  |                       |                            |                            |   |                         |             |             |
| a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=     |  |                                      |   |   |  |                       |                            |                            | 75.78%                                    |                         |             |             |
| b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b. |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
|   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
|   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |
|   |  |                                      |   |   |  |                       |                            |                            |   |                         |             |             |

**EXHIBIT G**

**Community Services and Supports Prudent Reserve Plan  
FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT**

**County** Tulare

**Date** 09/10/09

**Instructions:** Utilizing the following format, please provide a plan for achieving and maintaining a prudent reserve.

|  |                    |
|--|--------------------|
| <b>1. Requested FY 2009/10 CSS Services Funding</b>  | <b>\$8,811,706</b> |
| Enter the total funds requested from Exhibit E1 – CSS line 26.   |                    |
| <b>2. Less: Non-Recurring Expenditures</b>   | <b>- 0</b>         |
| Subtract any identified CSS non-recurring expenditures included in #1 above.   |                    |
| <b>3. Plus: CSS Administration</b>   | <b>+1,321,756</b>  |
| Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.  |                    |
| <b>4. Sub-total</b>  | <b>10,133,462</b>  |
| <b>5. Maximum Prudent Reserve (50%)</b>  | <b>5,066,731</b>   |
| Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.   |                    |
| <b>6. Prudent Reserve Balance from Prior Approvals</b>   | <b>3,260,522</b>   |
| Enter the total amounts previously approved through Plan Updates for the local prudent reserve.  |                    |
| <b>7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update</b>   | <b>+1,806,209</b>  |
| Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29.  |                    |
| <b>8. Prudent Reserve Balance</b>  | <b>5,066,731</b>   |
| Add lines 6 and 7.   |                    |
| <b>9. Prudent Reserve Shortfall to Achieving 50%</b>   | <b>\$ 0</b>        |
| Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion. |                    |

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**Note:** If subtracting line 8 from line 5 results in a negative amount – this indicates that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.