

TRI-CITY
MENTAL HEALTH


Mental Health Services Act

Three-Year Program and
Expenditure Plan
FY 2020-21 – FY 2022-23


Celebrating 60 Years of Service
1960 -2020

TRI·CITY
Mental Health

MENTAL HEALTH SERVICES ACT · PROPOSITION 63 · CALIFORNIA

WELLNESS • RECOVERY • RESILIENCE



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MHSA COUNTY COMPLIANCE CERTIFICATION

County: TRI-CITY MENTAL HEALTH AUTHORITY

Local Mental Health Director Name: TONI (ANTONETTE) NAVARRO Telephone Number: (909) 623-6131 E-mail: anavarro@tricitymhs.org	**Program Lead** Name: RIMMI HUNDAL Telephone Number: (909) 784-3016 E-mail: rhundal@tricitymhs.org
County Mental Health Mailing Address: 1717 N. Indian Hill Boulevard Suite B, Claremont, CA 91711	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and non-supplantation requirements.

This Three-Year Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Plan 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. The annual update and expenditure plan, attached hereto, was adopted by the Tri-City Governing Board on _____, 2020.

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.

All documents in the attached Three-Year Plan are true and correct.

Toni (Antonette) Navarro _____ _____ _____

Local Mental Health Director/Designee (PRINT) Signature Date
County: TRI-CITY MENTAL HEALTH AUTHORITY

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: TRI-CITY MENTAL HEALTH AUTHORITY

_X_ Three-Year Program and Expenditure Plan __ Annual Update __ Annual Revenue and Expenditure Report

Local Mental Health Director	**County Auditor-Controller/ City Financial Officer**
Name: TONI (ANTONETTE) NAVARRO	Name: DIANA ACOSTA
Telephone Number: (909) 623-6131	Telephone Number: (909) 451-6434
E-mail: anavarro@tricitymhs.org	E-mail: dacosta@tricitymhs.org
Local Mental Health Mailing Address: 1717 N. Indian Hill Boulevard Suite B, Claremont, CA 91711	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Toni (Antonette) Navarro_____ _____

Local Mental Health Director Signature Date

I hereby certify that for the fiscal year ended June 30, 2019, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated October 9, 2019 for the fiscal year ended June 30, 2019. I further certify that for the fiscal year ended June 30, 2019, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund. I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Diana Acosta_____ _____

County Auditor Controller/City Financial Officer Signature Date


TRI-CITY MENTAL HEALTH
CELEBRATING 60 YEARS
1960-2020

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EXECUTIVE SUMMARY

Since 1960, Tri-City Mental Health Authority has served as the mental health provider for the Tri-City area. Through a Joint Powers Authority, TCMHA serves in a "county" capacity for the purposes of delivering quality mental health services for the cities of Claremont, La Verne, and Pomona with a combined population which exceeds 220,000.

In FY 2018-19, TCMHA served approximately 2,296 unduplicated clients who were enrolled in formal services. TCMHA currently has 202 full-time and 25 part-time employees and an annual operating budget of 24.5 million dollars.

MHSA Plans and Funding Components

Passed by California voters in November 2004, Proposition 63, also known as the Mental Health Services Act (MHSA), created a dedicated 1% increase in income taxes on personal income over $1 million to be used for community mental health services. To access these funds, local mental health systems like Tri-City Mental Health Authority are required to engage a broad range of stakeholders and prepare five substantive plans:

Community Services and Supports (CSS)

This plan provides funding to support direct services for individuals with severe mental illness.

Community Services and Supports (CSS) receives 76% of the total MHSA funding allocation with a minimum of 51% going to Full Service Partnership (FSP). Full Service Partnerships (FSPs) are for people who experience severe mental illness and at risk of homelessness or other devastating consequences. In FY 2018-19, 581 individuals were served through the FSP programs. During FYs 2016-17 through 2018-19, 1,070 unique individuals were served. This number indicates a 17% increase over the past three years. In addition, the total number of Child and TAY clients served through FSP increased by 28% during this same time period.

In FY 2018-19, 125 **Supplemental Crisis Service** calls were received and triaged for support. During FYs 2016-17 through 2018-19, 289 crisis calls were received. This number indicates a 131% increase over the past three years. In addition, the total number of individuals served through the **Intensive Outreach and Engagement program** was 674. During FYs 2016-17 through 2018-19, 1,358 crisis calls were received. This number indicates a 72% increase over the past three years.

The **Field Capable Clinical Services for Older Adults** program served 34 unique individuals in FY 2018-19 and noted a 55% increase over FYs 2016-17 through 2018-19.

For the **Community Navigator** program, the number served for FY 2018-19 at 2,082 which has remained steady over FYs 2016-17 through 2018-19 with no significant change.

The **Wellness Center** served 2,264 unique individuals in FY 2018-19 which also remains constant with no significant change during FYs 2016-17 through 2018-19.

Permanent Supportive Housing continued with 64 units in FY 2018-19. Additional services included 14 individuals assisted with eviction prevention, 63 individuals were assisted with obtaining housing and 75 individuals were assisted with maintain their housing. During FY 2018-19, the Annual Update for FY 2018-19 was amended to allow the transfer of $1,600,000 within CSS to Housing for future housing projects.

Prevention and Early Intervention (PEI)

This plan provides funding to help recognize the early signs of mental illness and to improve early access to services and programs, including the reduction of stigma and discrimination.

Nineteen percent of MHSA funding received by Counties is allotted for the **Prevention and Early Intervention** plan. At least 51% of the amount received for PEI must be used to serve individuals who are 25 years old or younger.

The **Community Wellbeing** program awarded 9 wellbeing grants in FY 2018-19 representing 2,087 community members. Over the past three years (FYs 2016-17 through 2018-19), 45 wellbeing grants have been awarded representing over 8,753 individuals through this process.

During FY 2018-19, Tri-City conducted 21 **Community Mental Health Trainings** with 330 participants. Also during this period, 3 new trainings were implemented including Adverse Childhood Experiences, Mental Health First Aid for Law Enforcement and Trauma /De-escalation training.

Tri-City's **Peer Mentor program** (TAY and Older Adult Wellbeing) continues to maintain 32 active peer mentors. The number of languages spoken have increase over the past three years to 10. The number of mentees served in FY 2018-19 was 85 with a total increase of 15% over FYs 2016-17 through 2018-19.

The **Stigma Reduction/Suicide Prevention** programs continue to support the community. Fourteen Courageous Minds Speakers share their personal stories during 24 community presentations. Although the number of speakers remained constant over the past three years, the number of presentations increase by 50%.

The **Family Wellbeing** program served 1,230 individuals in FY 2018-19. A total of 2,932 individuals were served over FYs 2016-17 through 2018-19 indicating a 20% increase during this time period.

In FY 2018-19, the **Therapeutic Community Gardening** program served 164 individuals. During FYs 2016-17 through 2018-19, 328 individuals were served representing a 58% increase over this same time period.

The **Housing Stability Program** continued its outreach efforts as staff focused on strengthening relationships with Landlords. Thirty-two new landlord contacts were made with 124 attending the landlord luncheons held in FY 2018-19.

The **Parents and Teachers as Allies (PTAA)** program completed their final presentations in FY 2018-19. Beginning July 1, 2019, **Ending the Silence (ETS)** will replace PTAA under the same terms as PTAA.

Year-one of the **Early Psychosis Program** development phase concludes with the completion of the extensive literature review leading to the preliminary identification of an effective model to be implemented through this program. The review period will continue for one more year and include outreach to schools and other community members to create an awareness and ability to recognize the early warning signs of psychosis in individuals between the ages of 12 and 25.

Innovation (INN)

The Innovation Plan provides funding for short-term projects - one to five years - that explore novel efforts to strengthen aspects of the mental health system. Five percent of MHSA funding received by Counties is allotted for Innovation programming.

The Tech Suite Project, renamed Help@Hand, focuses on increasing access to mental health care by providing a non-traditional system, the use of applications on tablets and smartphones, for individuals who may be reluctant to access services through a more formal clinical setting. As with most Innovation projects, the first year of this five-

year project, was spent building the project's infrastructure: hiring staff and support personnel; developing implementation strategies; determining the role and responsibilities of CalMHSA as well as the individual counties.

Workforce Education and Training (WET)

The Workforce Education and Training (WET) program focuses on improving the effectiveness of people currently providing support and services in the Tri-City area as well as, preparing the community for careers in mental health. Clinical and non-clinical staff, family, community caregivers and volunteers are the primary recipients of the education and training offered through the WET Plan.

The WET plan was funded with one-time dollars for a 10-year period. However, Counties are able to transfer unspent funds from their CSS plan to WET with stakeholder approval. During FY 2018-19, the Annual Update for FY 2018-19 was amended to allow the transfer of $600,000 from CSS to WET to sustain this plan, staff, and trainings until June 30, 2022.

Capital Facilities and Technological Needs (CFTN)

During FY 2018-19, the Annual Update for FY 2018-19 was amended to allow the transfer of $700,000 from CSS to CFTN to expand facility space and technology capabilities. No additional funding or projects were received or completed in FY 2018-19.

Community Planning and Stakeholder Process

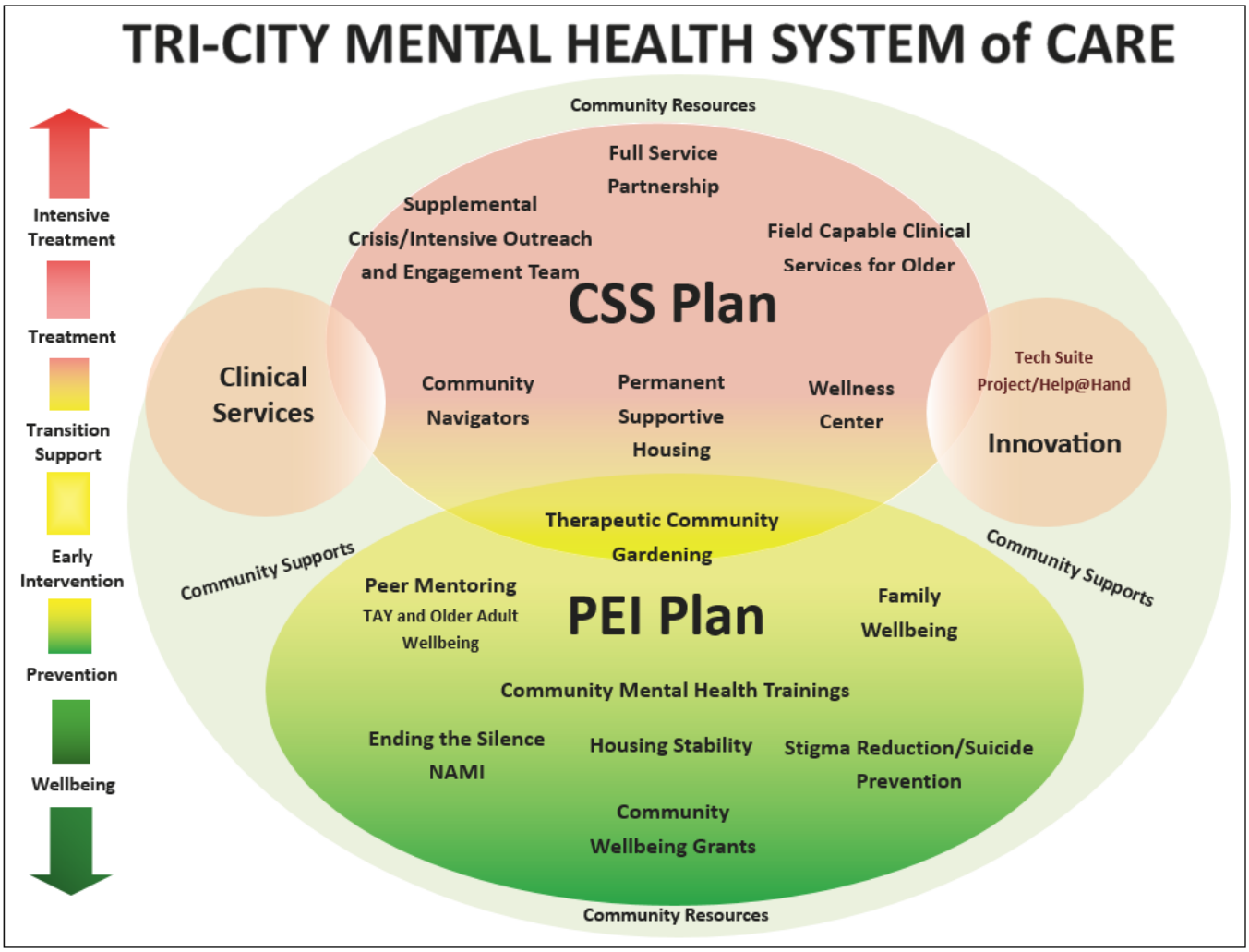
Since 1960, and through a Joint Powers Authority agreement between the cities of Claremont, Pomona, and La Verne, Tri-City Mental Health is the designated mental health provider for this area. For the past 60 years, Tri-City has served these three diverse communities through close and dedicated collaboration resulting in a comprehensive system of care that ensures access and enhances mental and emotional wellbeing.

Stakeholder involvement is a critical component to the decade-long success of the MHSA process for Tri-City and we continue to value and empower these participants throughout the community planning process. Our stakeholders consist of a combination of "seasoned veterans" who have been with us since 2008 and know the history and the trends of our MHSA process, as well as new stakeholders, who bring a fresh perspective to the community planning process. We hold two identical stakeholder meetings-one in the morning and one in the evening- to accommodate participant's schedules. Spanish interpreters are available for each meeting.

In addition, Tri-City presents an annual community planning survey to identify the needs and priorities of the three cities. These results are then presented to workgroups who review current MHSA programming and make recommendations for staff consideration. Workgroups are embedded throughout the three cities for participant convenience and to encourage attendance.

Tri-City's Three-Year Revenue and Expenditure Plan for FY 2020-21 through FY 2022-23 was posted for a 30-day public review and comment period from May 8, 2020 to June 9, 2020. The MHSA Public Hearing is scheduled for June 9, 2020 and will be hosted by Tri-City's Mental Health Commission. At that time, the Mental Health Commission will recommend approval of the MHSA Three-Year Revenue and Expenditure Plan for FY 2020-21 through FY 2022-

23. The Tri-City Governing Board will act on this recommendation and are expected to adopt the Three-Year Revenue and Expenditure Plan on June 17, 2020.



MENTAL HEALTH SERVICES ACT

Passed by California voters in November 2004, Proposition 63, also known as the Mental Health Services Act (MHSA), created a dedicated 1% increase in income taxes on personal income over $1 million to be used for community mental health services. These new tax revenues were the first expansion of funding for mental health services in many years. To access these funds, local mental health systems like Tri-City Mental Health Authority are required to engage a broad range of stakeholders and prepare five substantive plans:

Community Service and Supports (CSS approved in 2009) This plan provides intensive treatment and transition services for people who experience serious and persistent mental illness or severe emotional disturbances or who are at risk of SMI/SED.

Prevention and Early Intervention (PEI approved in 2010) These programs focus on early intervention and prevention services in addition to anti-stigma efforts.

Workforce Education and Training (WET approved in 2012) The WET efforts focus on strengthening and supporting existing staff and caregivers through trainings while also focusing on attracting new staff and volunteers to ensure future mental health personnel.

Innovation (INN approved in 2012) Innovation consists of short–term projects, one to five years, that explore novel efforts to strengthen aspects of the mental health system.

Capital Facilities and Technological Needs (CFTN approved in 2013) This plan focuses on improvements to facilities, infrastructure and technology of the local mental health system.

Tri-City Mental Health Authority's Three-Year Program and Expenditure Plan for FY 2020-21 through FY 2022-23 provides a comprehensive overview of the MHSA projects and programs funded through the Mental Health Services Act, based on data collected during FY 2018-19.

Stakeholder perspectives include individuals who receive services; consumers with serious mental illness and/or serious emotional disturbance; family members; community providers; leaders of community groups in unserved and underserved communities; persons recovering from severe mental illness; seniors, adults, and families with children with serious mental illness; representatives from the three cities of Claremont, La Verne and Pomona; veterans; representatives from the local school districts, colleges, and universities; primary health care providers; law enforcement representatives; mental health, physical health, and drug/alcohol treatment service providers; faith-based community representatives; representatives from the LGBTQ community; representatives from LACDMH and other county agencies; and many others. Stakeholders participate in all aspects of the Mental Health Services Act, including policy development, planning, implementation, monitoring, improvement, evaluation, and budget allocations.

INTRODUCTION TO TRI-CITY MENTAL HEALTH AUTHORITY

Since 1960, Tri-City Mental Health Authority has served as the mental health provider for the Tri-City area. Through a Joint Powers Authority, TCMHA serves in a "county" capacity for the purposes of delivering quality mental health services for the cities of Claremont, La Verne, and Pomona with a combined population which exceeds 220,000. While these three cities are considered integrated into a single "county", there are distinct differences in the demographics and populations of each city.

Demographics

Claremont is located 30 miles east of downtown Los Angeles in the Pomona Valley, at the foot of the San Gabriel Mountains. With an estimated population of 36,478 (2018) Claremont is home to the Claremont Colleges, tree-line streets and numerous historic building. The racial makeup of Claremont (2010 Census) is 70.6% White, 58.9% Non-Hispanic White, 19.8% Hispanic or Latino, 4.7% African American, .5% Native American, 13.1% Asian, .1% Pacific Islander, 5.8% other races, and 5.2% from two or more races.

Located to the west of Claremont is the city of La Verne. Originally named Lordsburg, La Verne was known as the "Heart of the Orange Empire" due to the flourishing citrus trees which dominated the area until World War II. The population was estimated at 32,206 in 2018 and is home to the University of La Verne. The racial makeup of La Verne (2010 Census) is 74.2% White, 55.4% Non-Hispanic White, 31% Hispanic or Latino, 3.4% African American, .9% Native American, 7.7% Asian, .2% Pacific Islander, 9.1% other races, and 4.5% from two or more races.

The largest city to make up the Tri-City area is Pomona, which is located just south of the city of La Verne. With an estimated population of 152,361 (2018) Pomona is home to California State Polytechnic University, Pomona (Cal Poly Pomona) and the site of the Fairplex, which hosts the Los Angeles County Fair. The racial makeup of Pomona (2010 Census) is 48% White, 12.5% Non-Hispanic White, 70.5% Hispanic or Latino, 7.3% African American, 1.2% Native American, 8.5% Asian, .2% Pacific Islander, 30.3 other races, and 4.5% from two or more races.

Living Our Values

Tri-City remains a steadfast community partner, supporting and sustaining an integrated system of care for individuals with mental illness and their families. In the spirit of collaboration and accountability, Tri-City has developed a set of core values that reflects this commitment and provides the guidance necessary to meet the needs of the individuals we serve.

Person and Family Centered

Tri-City Mental Health Services is dedicated to creating a safe and comprehensive approach to care, where individuals and their family members can access a full range of mental health services available through multi-program options based on each person's preferences and goals for recovery.

Recovery Focused

By embracing the belief that recovery is possible, Tri-City staff encourages individuals to identify and build upon their own strengths and abilities as they work to achieve their goals. By demonstrating a strong integrated approach to service, clients and family members are provided access to multiple levels of treatment and support through a collaborative system of care.

Culturally Sensitive

By improving the accessibility of mental health programs for unserved and underserved communities and the diversity represented by quality staff, Tri-City's responsive approach is instrumental in overcoming cultural and economic barriers to service by respecting the values and beliefs embedded in each individual we serve.

Quality Based

Through a commitment to excellence in hiring practices and workforce enrichment, Tri-City staff continues to provide the highest quality care that is evidence-based, research-informed and client-driven. Tri-City staff are valued and supported in a quality work environment that focuses on the mental health needs of our clients and the professional requirements of our employees.

Community Guided

Through engagement and collaboration, Tri-City strives to strengthen relationships with people receiving services, their family members and local partners by evaluating and continuing to transform our integrated system of care. By systematically addressing stigma and community wellness, Tri-City is committed to providing educational opportunities and trainings in an effort to support this transformation.

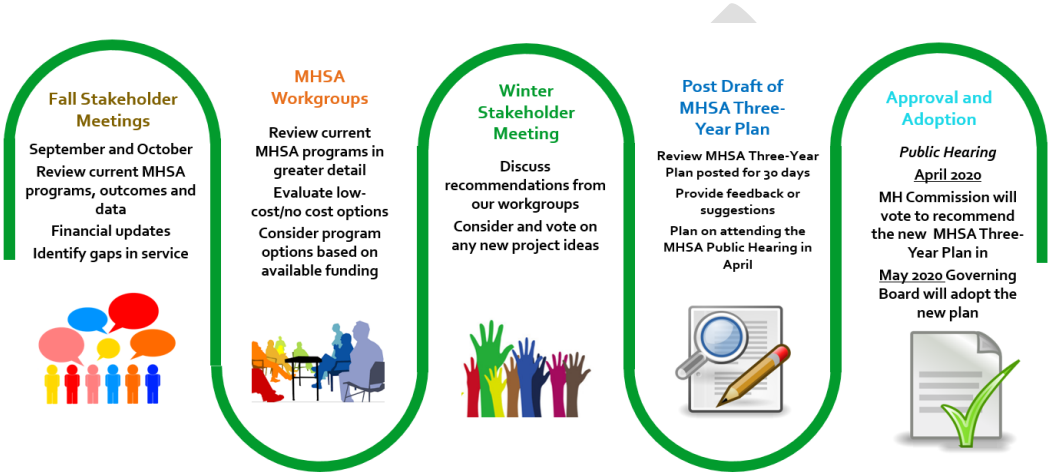
Accountability Driven

Tri-City remains committed to the continuing and evolving needs of the community and the people we serve by practicing financial stewardship and accountability for the funding entrusted to us. Beginning with an internal commitment to excellence, Tri-City employees are offered a unique opportunity to serve with one of the leading agencies in community mental health.

COMMUNITY PLANNING PROCESS

To encourage attendance and accommodate the schedules of participants, Tri-City offers two stakeholder meetings-one in the morning and a second duplicate presentation in the evening. This attitude of flexibility by Tri-City has proven to be effective in allowing for as many attendees as possible. During the September and October 2019, stakeholder meetings, participants were provided with an orientation to the Mental Health Services Act as well as an overview of the stakeholder process. In addition, participants were invited to complete the MHSA Planning Process Survey. The results are indicated on the following page.

The following diagram reflects the Community Planning Process for Tri-City Mental Health.

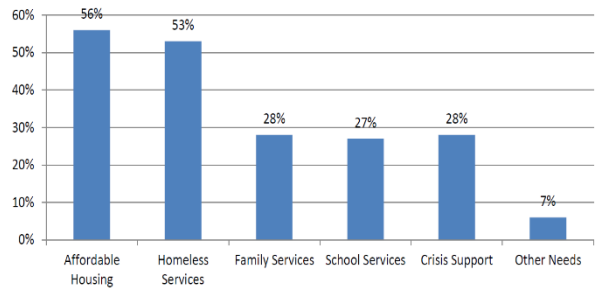


MHSA Planning Process Survey Results: *N = 146*

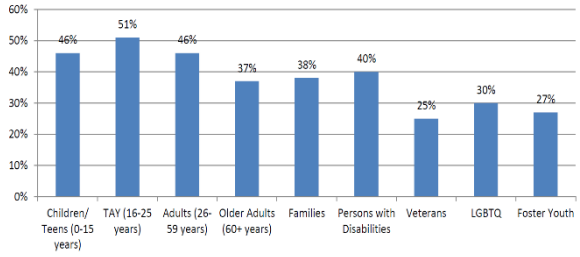
The MHSA Planning Process Survey was presented to participants during the September stakeholder meetings where attendees were encouraged to share their thoughts and concerns regarding the availability of support services. In addition, this survey was presented to several community groups including the Community Wellbeing grantees, Cultural Competency Committee, and Peer Mentor program where multiple demographic categories were represented within these groups.

The survey included questions regarding the needs of the community, perceived barriers to services and suggestions or recommendations for future services or programs that may not currently be offered. One hundred forty- six individuals completed this survey and the results were presented to the MHSA workgroups for consideration during the planning process. Survey results continue to indicate the need for housing and homeless support and school services. Groups identified as a priority include older adults, individuals with disabilities, children, teens and TAY.

What are the unmet needs of your community? (Check all that apply)



Considering your community's unmet needs, which of the following groups are most important to you? (Check all that apply)



STAKEHOLDERS

Individuals, agencies and organizations represented at stakeholder meetings:

African American Museum of Beginnings
American Lung Association
Bonita Unified School District
Casa Colina Hospital/Healthcare Center
Citrus Community College
City of Chino
City of Claremont
City of Knowledge
City of La Verne
City of La Verne Fire Department
City of La Verne Police Department
City of Pomona
City of Pomona Police Department
Claremont Commission on Aging
Claremont Residents
Compassionate Cities (Pomona)
Foothill Aids Project
Gente Organization
Kaiser Healthcare
Kennedy Austin Foundation
La Verne Residents
Los Angeles Continuum of Care Board
National Alliance of Mental Illness (NAMI)
Pomona Fellowship/Church of the Brethren
Pomona Residents
Pomona Unified School District
Pomona Valley Hospital
Purpose Church (Pomona)
Restorative Practice of Pomona
Sky Program
Sowing Seeds Food Bank
Thaddeus Foundation
The New Mind-Claremont
Tri-City Mental Health Services Interns
Tri-City Mental Health Services Staff
Unity Church of Pomona
University of La Verne
Urban Mission Community Partners
Volunteers of America

Community Stakeholder Meetings

September 10 and 12, 2019
October 9 and 10, 2019
January 8, 2020
January 28 and 30, 2020
April 29, 2020

INN Workgroups

Help@Hand/Tech Suite:
November 5, 2019
November 18, 2019

New Innovation Project

November 7, 2019
November 14, 2019
November 22, 2019
December 2, 2019

MHSA WORKGROUPS PEI Workgroup:

November 19, 2019

CSS Workgroup:

November 21, 2019

Public Hearing

June 9, 2020

COVID-19 Impact on the Three-Year Program and Expenditure Plan

In March of 2020, Tri-City Mental Health was well into the final stages of the MHSA community planning process. A draft of the Three-Year Program and Expenditure Plan for FY 2020-21 through FY 2022-23 was posted on March 13 for a 30-day public comment period and the Public Hearing was scheduled for April 14. By the end of March, it became clear that the outbreak of the COVID -19 pandemic would dramatically change the course and method of how mental health services would be delivered in the cities of Claremont, La Verne and Pomona.

With this pending impact in mind, several county behavioral health agencies across the state began to reconsider how their Three-Year Program and Expenditure plans were originally conceived. After intense consultation with statewide partners, Tri-City's Executive Team also determined it was critical to reevaluate the possible fiscal impact of COVID-19 on our programs and services as well as the yet-to-be determined needs of the community.

On April 29, acting under Executive Order (N-29-20), Tri-City conducted its first virtual stakeholder meeting. Fifty-four individuals participated in this temporary approach to stakeholder engagement. During the presentation, participants were provided with a comprehensive review of Tri-City's response to the COVID- 19 pandemic and the many resources and support services put in place to support our three cities. In addition, participants were informed of concerns related to the possible impact of COVID-19 on new project proposals originally included in Tri-City's Three-Year Program and Expenditure Plan. After providing an extensive overview of recent events and the uncertainty of post COVID-19 on the community, stakeholders expressed agreement to revise the draft of the Three-Year Program and Expenditure Plan to reflect these substantive changes:

1) A one-time reallocation of $500,000 in unspent Community Services and Supports (CSS) dollars, originally scheduled for transfer to Workforce Education and Training (WET) and Capital Facilities and Technological Needs (CFTN), will remain in CSS in order to ensure adequate funding is available to serve clients and community members with the highest level of need in a post COVID-19 environment.

2) Two new Innovation projects, Cultural Outreach and Resource Exchange (CORE) and Achieving a Restorative Community (ARC), originally scheduled for approval and implementation, are highly interactive and rely heavily on community engagement and one-to-one interactions. Given the current requirements for isolation, quarantine and maintaining physical distancing, these projects will be paused until a full assessment of the post COVID-19 environment can be made.

The new draft of the Three-Year Program and Expenditure Plan for FY 2020-21 through FY 2022-23 was posted on May 8 for a 30-day public comment period. Staff circulated a draft of the Three-Year Plan by making electronic copies available on TCMH 's website and providing printed copies at various public locations that remained open during the COVID-19 pandemic. Several methods of collecting feedback were available including phone, fax, email, mail, and comment cards.

MHSA Workgroup Recommendations

During the recent MHSA workgroup deliberations, participants were invited to review the current Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) projects and identify gaps in services as well as recommendations for general improvements and/or potential new projects to be funded through CSS dollars and/or by revising current PEI budgets. In addition, a community workgroup was convened to review new Innovation project concepts for future implementation.

The stakeholders endorsed the proposed recommendations which are included in this MHSA Three-Year Program and Expenditure Plan. Based on feedback provided by these participants, the following is a brief summary of the recommendations made and endorsed through the stakeholder process:

Community Services and Supports (CSS) – This plan provides funding to support direct services for individuals with severe mental illness.

Full Services Partnership (FSP): Full Service Partnerships are for people who experience severe mental illness and at risk of homelessness or other devastating consequences. The program uses a "whatever it takes" approach to help people recover. The plan can include all needed services, including but not limited to traditional mental health services and safe housing.

Adults and Older Adults FSP

1. Continue the Full Service Partnership programs as stated.
2. Restructuring FSP with a focus on increasing staffing to better meet client needs, reduce staff burnout, and increase staff retention.
3. Determine the optimal number of FSP clients that can be served by the Adult FSP department.
4. Consider increasing the number of Hope4Homes beds based on program needs.
5. Adapting the Strength Based model of assessment and treatment.

Child and TAY FSP

1. Child and TAY FSP will become a part of the Early Psychosis Program using the PIER model. Staff and supervisors will be trained in the model and identifying which clients may benefit from this program.
2. Identify housing for families with children ages 12 and over.

Community Navigators (CN): Community Navigators assist individuals in the Tri-City area connect to local resources, including informal community supports and available formal services. Navigators also provide education and stigma reduction services to local communities and organizations.

1. Continue the Community Navigator Program as stated.
2. With the award of Measure H funds, the Community Navigator program will hire 4 additional Navigators to be embedded in each city to assist with outreach to Individuals and families who are homeless, and need further support.

Wellness Center (WC): The Wellness Center is a community hub for activities that promote recovery, resiliency and wellness for residents of the Tri-City area. The Wellness Center is open to people of all ages, focusing especially on

people in recovery and their families. The Wellness Center sponsors support groups, and provides an array of holistic services through collaboration with other community partners.

1. Continue the Wellness Center as stated.
2. Conduct a "needs assessment" to determine whether the programming and operations of the Center are still meeting the needs of the community.
3. TAY Center's operations are currently under review and the operational procedures will be modified based on the ongoing needs assessment of the community.

Supplemental Crisis Services/Intensive Outreach and Engagement Team (SCS and IOET): The Supplemental Crisis Services program provides after-hours and weekend phone support to individuals who are experiencing a crisis and who currently are not receiving TCMH services. Crisis walk-in services are also available during business hour at Tri-City's clinic location. The Intensive Outreach and Engagement Team (IOET) serves as the conduit to individuals who are unable to access mental health services on their own. The IOET also connects with individuals upon discharge from local emergency rooms to reassess them for longer term treatment and services, as needed.

1. Continue the Supplemental Crisis Services (SCS) and Intensive Outreach and Engagement Team (IOET) as stated.
2. IOET staff will target all applicable businesses, establishments and agencies with information regarding the team and services provided.
3. Change the name of the department to better reflect the services provided and reduce stigma related to the term "crisis". The tentative renaming of the department is: Supplemental Assistance for Engagement and Recovery (S.A.F.E.R.)
4. Increased collaboration with community partners including the Hope4Home Service Center and specialty groups which will serve as a safe avenue for parents to reach out and speak to professionals and allow for follow up after hours.

Field Capable Clinical Services for Older Adults (FCCS): Through this program, TCMH staff members provide mental health services to older adults where they are, such as in their homes, senior centers, and medical facilities.

1. Continue the Field Capable Clinical Services for Older Adults program as stated.
2. Implement group-based services for FCCS clients and provide transportation.
3. Continue the use of internal Tri-City resources (substance use counselors, Community Wellness Advocates) and continue to lend support to clients in dealing with medical issues.
4. Increase staff training regarding support for clients with medical issues.
5. Collaborate with senior focused organizations such as Meals on Wheels, to increase support services for older adults.

Permanent Supportive Housing (PSH): Permanent supportive housing units are short-term living spaces where people who are homeless or at risk of homelessness, and who suffer from one or more mental illnesses, can receive an array of services designed to support their recovery.

1. Continue the Permanent Supportive Housing program as stated.
2. Through Measure H funding, Tri-City will consider expanding the number of MHSA Housing units available to Tri-City clients.
3. Current proposals under consideration include expanding on the current Baseline property to provide additional permanent supportive housing units for older adults.

Prevention and Early Intervention (PEI) – This plan provides funding to help recognize the early signs of mental illness and to improve early access to services and programs, including the reduction of stigma and discrimination.

Community Wellbeing Program (CWB): This program provides small grants and technical assistance to help communities build their capacity to strengthen the wellbeing of their members and the community as a whole.

1. Continue the Community Wellbeing Program as stated.
2. Strengthen community relationships in an effort to create a reciprocal partnership between Tri-City and participating community grantees.
3. Increase capacity for communities to open up participation opportunities to more members, including other Tri-City partners.
4. Continue to assist communities to improve their capacity to achieve their mission.

Community Mental Health Training (CMHT): Community Mental Health Trainers offer community trainings including Mental Health First Aid and workshops based on the Recovery Model, Non-Suicidal Self-Harm and parenting classes.

1. Continue Community Mental Health Trainings as stated.
2. Continue to offer the current training curriculums.
3. Expand training catalog with one or two new trainings that focus on trauma informed care and suicide prevention.
4. Work with school districts and higher education institutions to coordinate training for their staff, faculty, support staff, students, and parents.
5. Assess the feedback from surveys to determine what additional trainings or support community partners need with regard to prevention and early intervention resources.
6. Add a fulltime bilingual trainer position to this program.

Stigma Reduction/Suicide Prevention: Tri-City's stigma reduction efforts consist of three main components: Room4Everyone, Courageous Minds/Creative Minds, and Green Ribbon Week. Suicide prevention efforts include offering the safeTALK alertness training which provides participants with the skills needed to recognize the signs of suicide in an individual and connect them quickly and safely with the appropriate resources and support services.

1. Continue the Stigma Reduction/Suicide Prevention program as stated.
2. The Room4Everyone website will be updated to reflect current messaging, resources and speaker's stories.
3. Suicide prevention-continue to explore options for a suicide prevention training program that will be no-cost/low-cost and available in multiple languages relevant to the communities.
4. Creative Minds- Host an all-inclusive showcase with all participants-past and present. Engage the college art programs in a way that is less stigmatized.
5. Courageous Minds- Add all of the active speaker's stories who are currently not recorded and hosted on www.Room4Everyone, to the site.

Older Adult Wellbeing/Transition Age Youth Wellbeing (Peer Mentor and Wellness Center Programs): The Peer Mentor program trains volunteers from the Tri-City area who want to learn how to provide support to peers (mentees) who are in emotional distress. Individuals attending the TAY and Older Adult programming located at the Wellness Center benefit from specialized support groups and activities targeting their specific needs.

1. Continue the Peer Mentor/TAY and Older Adult Welling program as stated.
2. Increase engagement of TAY population participation in both face to face and mental wellbeing group
3. Mosaic Gardens: Provide mental wellbeing activities to residence residing there who may be struggling with both mental and medical symptoms.
4. Incorporate Peer Mentors into the Pathway for Peers; an employment pathway for those interested in future employment and maintain ongoing daily life functioning and stability.
5. Continue to enhance the Peer Lead position for those participants (with 2 or more years' experience) to develop their skills, run groups and provide mentorship to both mentors and community mentees.
6. Increase TAY participation in the community, including increasing wellbeing groups and groups on college campuses.
7. Increase participation with older adults; more wellbeing activities throughout the year specifically focused on older adults.
8. Increase outreach to the city of La Verne to implement wellbeing activities and/or mental wellbeing groups.
9. Identifying and Increase the number of older adult mentors.

Family Wellbeing (FWB): In this prevention program, staff and volunteers build trusting relationships and provide support to family members and caregivers of people who experience mental illness.

1. Continue the Family Wellbeing program as stated.
2. Create and implement more support groups that target ages 0 to 15.
3. Create new community partnerships as well as continue to strengthen existing partnerships.

Parents and Teachers as Allies (NAMI): Parents and Teachers as Allies provides in-service trainings for school professionals and families to help participants better understand the early warning signs of mental illnesses in children and adolescents.

1. Replace the Parents and Teachers as Allies program with the Ending the Silence program beginning July 2019.

Housing Stability Program (HSP): The Housing Stability Program is a prevention program designed to help people with mental illness maintain their current housing or find more appropriate housing.

1. Continue the Housing Stability Program as stated.
2. Host housing fairs where sober livings, transitional housing, senior complexes, property managers, and private renters can share vacancies, and begin the application process to fill any vacant units.

Therapeutic Community Gardening (TCG): The Therapeutic Community Gardening program helps participants decrease their isolation and experience mental health benefits through participation in horticulture/gardening activities and group therapy exercises.

1. Continue the Therapeutic Community Garden program as stated.
2. Develop new groups which will target community needs, underserved or unserved populations.
3. Increase external and internal outreach to strengthen the Holt Family Apartments group and the Cedar Springs group.

Early Psychosis Program (EPP):

1. Develop and train a team of Tri-City staff to implement the Portland Identification and Early Referral (PIER) model beginning July 2020.
2. On January 28 and 30, 2020, stakeholders approved expending PEI funding in the amount of $1,828,831.90, to create and train a new clinical team comprised of Tri-City staff who will implement the ***Portland Identification and Early Referral (PIER)*** model beginning July 1, 2020.

Innovation (INN) – This plan provides funding for short-term projects, one to five years, that explore novel efforts to strengthen aspects of the mental health system.

Help@Hand/Tech Suite: This project hopes to increase access to mental health care by providing a non-traditional system through the use of computers, tablets and smartphones, targeting individuals who may be reluctant to access services through a more formal clinical setting.

1. Continue the Help@Hand/Tech Suite Project as previously approved with the revised project dates of January 1, 2019 to January 1, 2024.
2. Participate in a pilot program scheduled to begin February 2020 to review one or more Help@Hand applications.
3. Continue to encourage and promote peer involvement in decisions and implementation of the Help@Hand project.

Other Proposals Approved by Stakeholders:

Expenditure of Funds for Electrical Upgrade, Office Remodel and Capital Improvements for Therapeutic Community Garden location.

On January 8, 2020, community stakeholders gathered to review a Capital Facilities and Technological Needs (CFTN) project proposal requesting approval of the expenditure of combined CFTN funds totaling $970,968.00 as follows: $509,208.00 for electrical upgrade and an office space remodel on the property located at 2001 N. Garey Ave, Pomona; and of $461,760.00 for capital improvements to the Therapeutic Community Garden located at 2008 N. Garey Ave., Pomona. This plan was posted on Tri-City's website and social media outlets on January 31, 2020 through February 29, 2020 for a 30-day public comment period. Copies of this proposal were also distributed to local venues including city government locations, libraries and community centers located throughout the cities of Claremont, Pomona, and La Verne. This plan was presented to the local Mental Health Commission on March 10, 2020 for recommendation to the Tri-City Governing Board who is expected to approve and adopt it on March 18, 2020.

MHSA PROGRAMS

The following pages contain descriptions of each MHSA-funded program. The descriptions include updates to the program's development; performance outcomes; and cost per participant calculations for programs that provide direct services. The services provided for Fiscal Year 2018-19 are highlighted in each program summary by age group, number of clients served, and average cost per person.

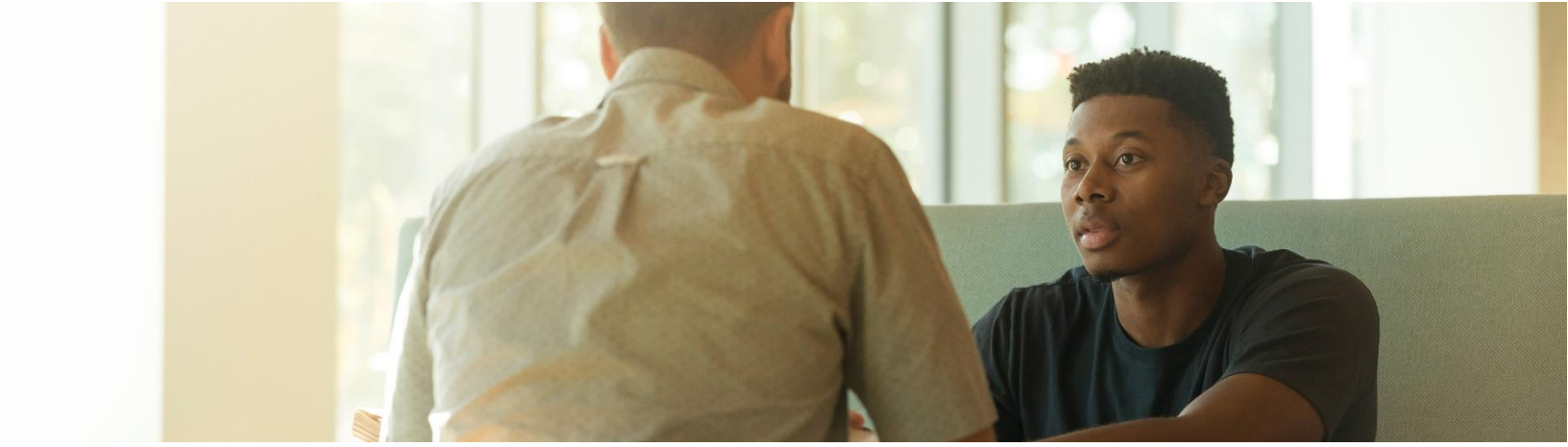


Community Services and Supports




The Community Services and Supports (CSS) Plan provides intensive treatment and transition services for people who suffer with serious and persistent mental illness or severe emotional disturbances, or who are at risk of SMI/SED.

- Full-Service Partnerships
- Community Navigators
- Wellness Center
- Supplemental Crisis Services & Intensive Outreach and Engagement Team
- Field-Capable Clinical Services for Older Adults
- Permanent Supportive Housing



FULL-SERVICE PARTNERSHIPS

Status of Program:	___ New _X_ Continuing ___ Modified ___ Discontinued
Target Population:	_X_ 0-15 _X_ 16-25 _X_ 26-59 _X_ 60+ Other:

Program Description: Full Service Partnerships (FSPs) are for people who are experiencing severe mental illness and at risk of homelessness or other devastating consequences. The program uses a "whatever it takes" approach to help people recover. The plan can include all needed services, including but not limited to traditional mental health services and safe housing.

Target Population: Unserved and underserved individuals targeting four groups: Children ages 0-15, Transition Age Youth ages 16-25, Adults ages 26-59 and Older Adults ages 60 and over, with severe and persistent mental illness.

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+
Number Served FY 2018-19	113	142	281	45
Cost Per Person	$11,071	$9,524	$10,238	$8,087

Full Service Partnerships (FSP) represents a strong foundation for support provided under the Community Services and Support Plan. Services offered through the FSP programs promotes a "whatever it takes" philosophy and focuses on individuals in specific age groups who are severely ill and at risk of homelessness or other devastating consequences.

Tri-City Mental Health has long understood that without adequate supportive services, the process for recovery from mental illness can be overwhelming, if not insurmountable. Therefore, based on the increasing need for wrap-around support, Tri-City continues its commitment to providing the most appropriate level of care for individuals who meet the criteria for FSP services.

The Child/TAY, Adult, and Older Adult FSP programs serve individuals with mental health, co-occurring medical conditions and substance use disorders. This program works with a multidisciplinary team to help stabilize high-risk cases as efficiently as possible so that clients can begin the process of recovery. This is possible through intensive individual and family therapy, skill building, case management, medication support services, and collaboration with inter and intra agency resources. This program strives to help consumers access their natural supports (i.e. family) as well as build community support systems (i.e. attending groups). The process of recovery is challenging to walk through independently and connecting with a community that can support consumers' success is a priority.

Program Update:

In FY 2018-19, Tri-City noticed an increase in child referrals for FSP services, notably for 0-4 year-olds. In addition, staff noted an increase in the level of intensity of TAY referrals with co-occurring disorders, many of whom struggle with accepting services. Through the collaboration of the substance use counselor and treatment team, several of these clients were able to participate in and complete impatient substance abuse programs.

Another positive achievement this past year included an increase in the level of collaboration between FSP supervisors and community partners. This increase alliance has resulted in streamlining the process for clients to access resources. Due to an internal collaborative effort with Tri-City's housing staff, several persistently homeless clients have been linked to housing opportunities, including one placement and several in the application process.

For the Adult and Older Adult FSP program, notable events during FY 2018-2019 include the opening of the Hope4Home service center in December of 2018 with 28 beds being purchased by Tri-City utilizing flex funds. The opening of Hope4Home allowed for Tri-City to house and stabilize 45 FSP adult/elder adult, TAY and AOP clients and work towards the process of permanent housing. Other noteworthy events include an increase in overall enrollment in FSP and increase in clients entering services with more medically based needs.

Challenges Experienced:

Challenges experienced during this time frame included limited housing opportunities for TAY clients in large families due to income and the total number of family members. Local resources do not have openings in family shelters for a group with 4 or 5 members.

Other resource shortages include limited substance use treatment options that are available and appropriate for a child and/or TAY client. Staff report ongoing challenges in locating substance use treatment resources and consider this the most concerning resource as there is a statewide lack of detoxification services and inpatient treatment. Tri-City supervisors are collaborating with other entities, internally and externally, to identify how FSP staff can better assist clients with locating appropriate housing and substance use treatment while identifying ways to create quick and easy resources and references/protocol to streamline this process.

Hiring and maintaining FSP staff continues to be a challenge. Common concerns identified include managing client caseloads the need to increase staff to better support both employee retention and client needs. This issue was addressed in the CSS workgroup which convened in October of 2020, who recommended restructuring FSP with a focus on increasing staffing to better meet client needs, reduce staff burnout, and increase staff retention.

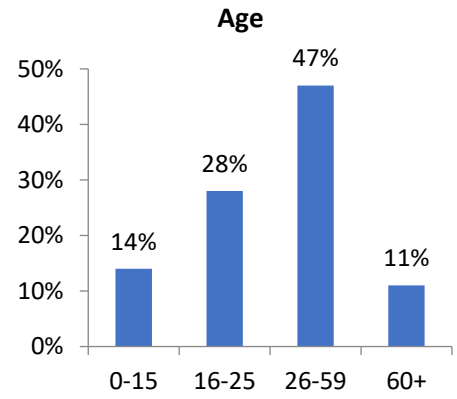
PROGRAM: Full Service Partnerships (FSP)

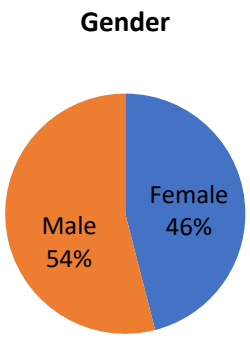
HOW MUCH DID WE DO?

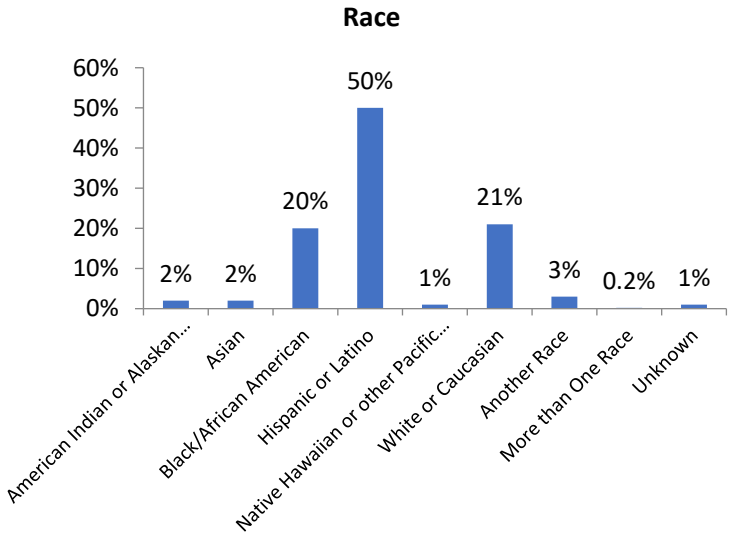
581

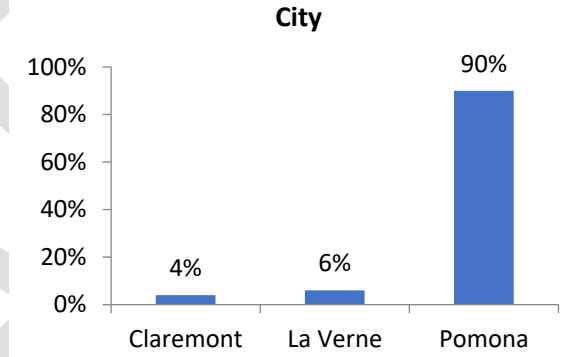
Individuals Served

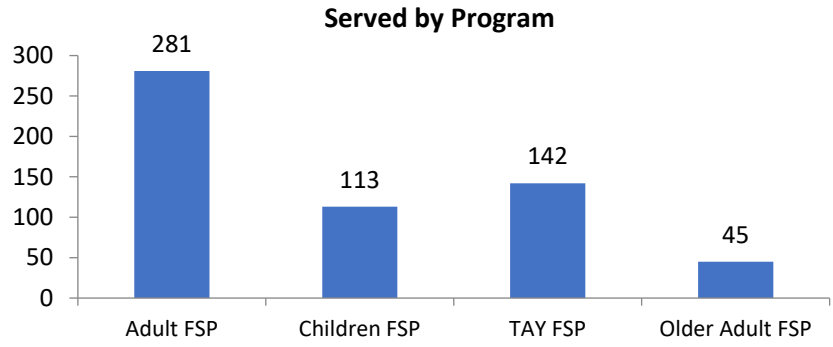
1,070 unique individuals served though FSP programs from FY 2016 to FY 2018
17% increase from FY 2016 to FY 2018









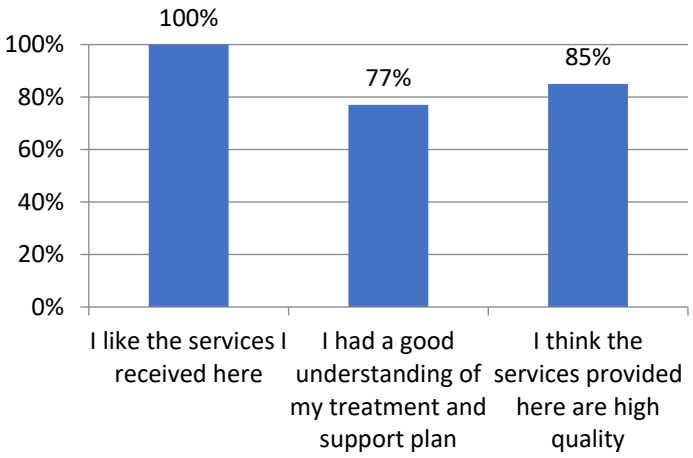


FSP Children and TAY increased significantly the most in individuals served 28% increase from FY 2016 to FY 2018

HOW WELL DID WE DO IT?

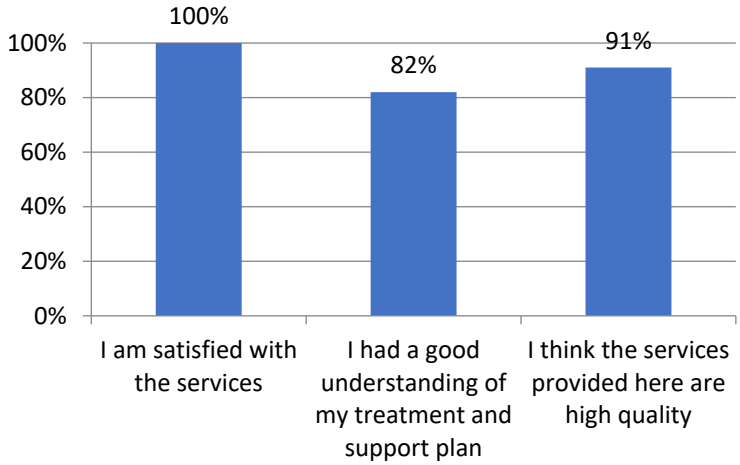
FSP-Adult

Percent of clients (Strongly Agree/Agree) to the following statements



FSP-CTAY

Percent of clients and parents (Strongly Agree/Agree) to the following statements

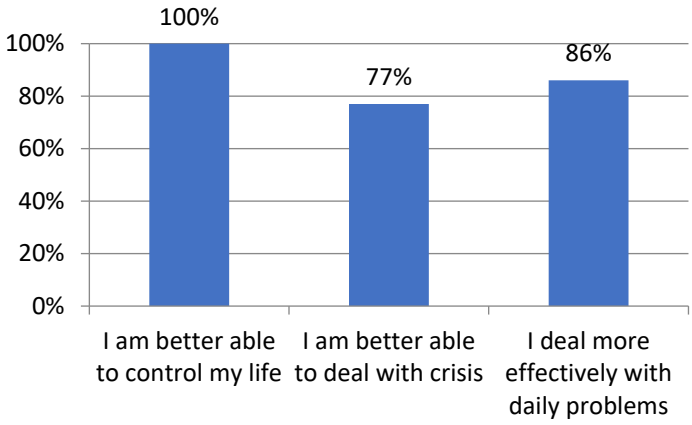


IS ANYONE BETTER OFF?

As a direct result of the services I received:

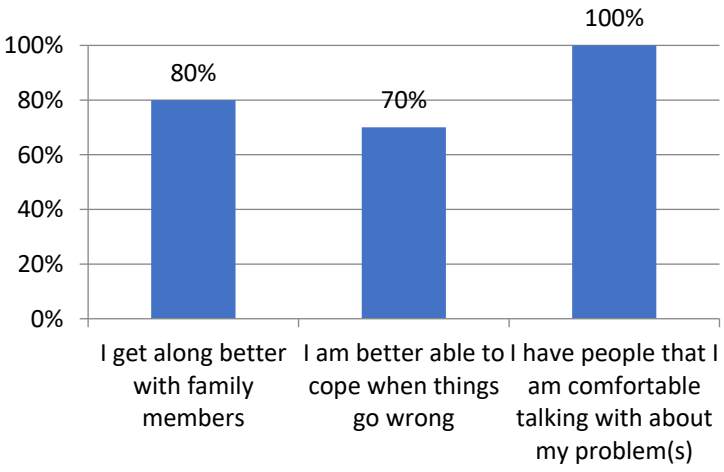
FSP-Adult

Percent of clients (Strongly Agree/Agree) to the following statements



FSP-CTAY

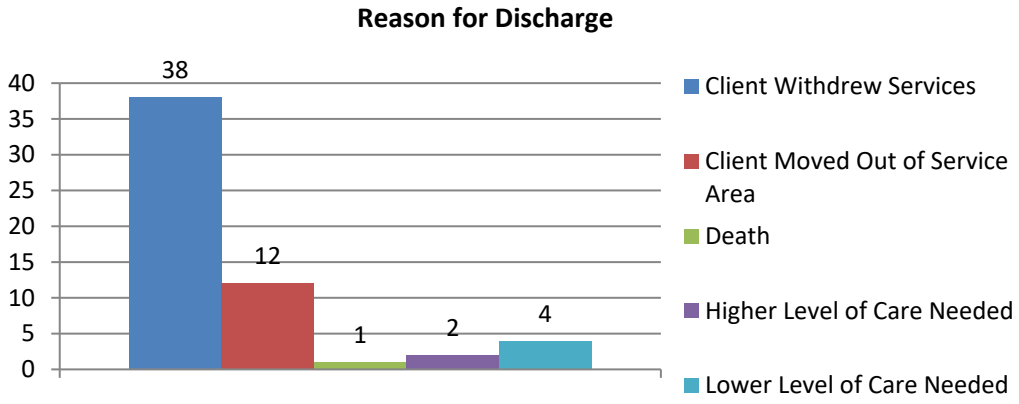
Percent of clients and parents (Strongly Agree/Agree) to the following statements



FSP-Adult & Older Adult

57 (36%)

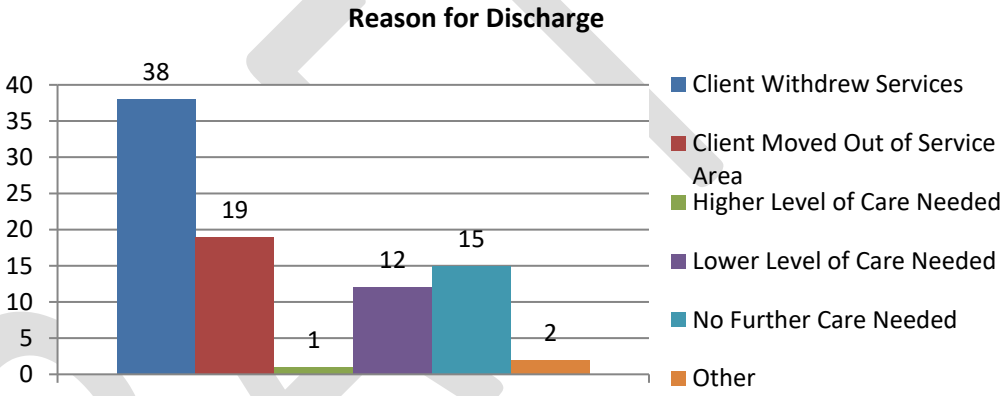
Discharges from 154 Intakes during FY 18-19



FSP-CTAY

87 (56%)

Discharges from 155 Intakes during FY 18-19



COMMUNITY NAVIGATORS

Status of Program:	___ New _X_ Continuing ___ Modified ___ Discontinued
Target Population:	_X_ 0-15 _X_ 16-25 _X_ 26-59 _X_ 60+ Other:

Program Description: Community Navigators provide a connection to local resources, including informal community supports and available formal services. Navigators also provide education and stigma reduction services to local communities and organizations.

Target Population: Tri-City clients, staff, community members and local organizations who request referrals and linkage to clinically and culturally appropriate resources and services.

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+
Number Served FY 2018-19	82	188	1,574	238
Cost Per Person	$203	$203	$203	$203

Community Navigators are a crucial component of Tri-City's structure of support. These bilingual and bicultural individuals engage with people in need of services to quickly identify available resources, including formal and informal supports that are tailored to culture, ethnicity, age, and gender identity. They also provide education and stigma reduction services to local communities and organizations. By building strong collaborative relationships, the Community Navigators are able to provide resources and support to community members as well as community partners including mental health service providers, law enforcement agencies, schools, courts, residential facilities, NAMI programs, self-help groups, client advocacy groups, homeless shelters, and others.

Program Update

In FY 2018-19, the Community Navigators noted an increase in the number of homeless individuals in the area. This was due in part to the opening of the new Hope4Home Service Center in November of 2018. In response to this, the Community Navigators continue to collaborate with the community partners to identify and access critical resources such as local food banks, WIC and by working closely with La Verne's Homeless Outreach Support Team (HOST) when outreaching to the homeless.

In addition, the CN's are embedded within the community at strategic locations where they can be a visible presence for individuals in need of services. In addition to city locations, CN's can also be seen at local medical facilities offering classes including Stopping Diabetes in its Tracks (**SDIT**) which provides diabetes screenings. Once an individual is screened, they may require additional resources and the CN is offer this support.

Challenges Experienced:

Housing options continue to be a challenge for the Community Navigators. The lack of affordable housing has been a barrier to individuals on a fixed income or with no income at all. The cost of rents in the three cities, as with other areas in California, are outside of the range of affordability. In addition, the CN's have noted difficulty locating emergency family shelters near or in the Tri-City services area and there is a limited supply of motel vouchers available through other non-profit agencies and Faith based organizations.

To meet this challenge, the CN's continue to partner with other homeless agencies as well as monitor all local housing options. With the anticipated training in the use of the Homeless Management Information System (HMIS), Community Navigators will be able to enter homeless families or individuals into the Coordinated Entry System which the goal of identifying additional housing options along with the additional resources Measure H is hoping to generate.

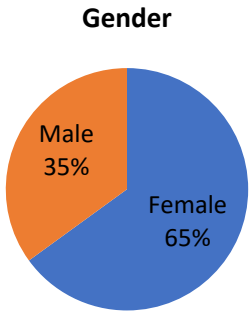
PROGRAM: Community Navigators

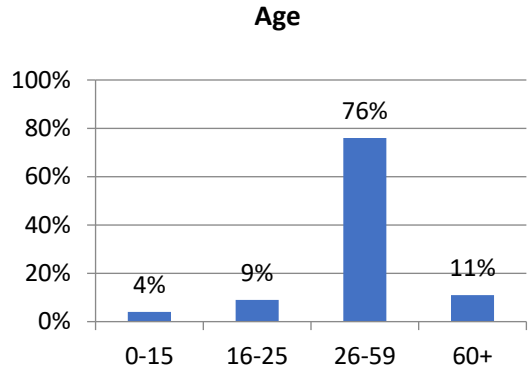
HOW MUCH DID WE DO?

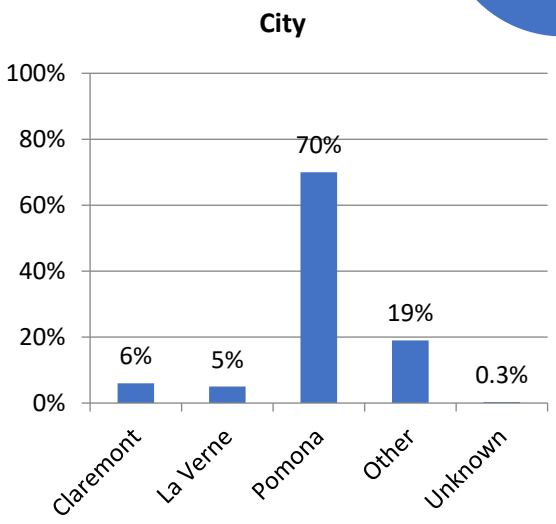
2,082

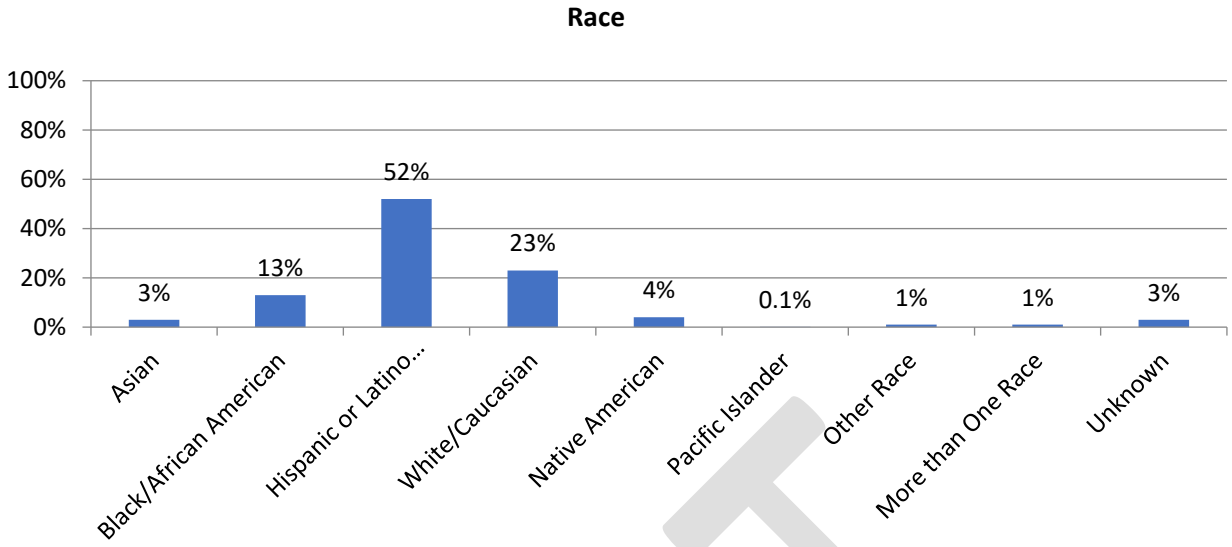
Unique Individuals Served

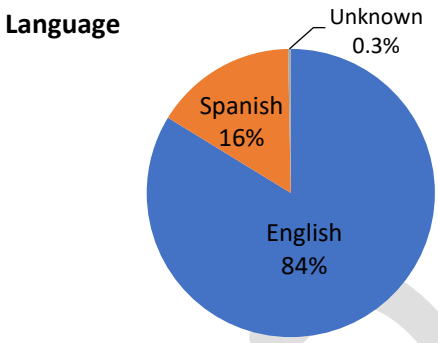
Individuals served remained constant from FY 16 to FY 18





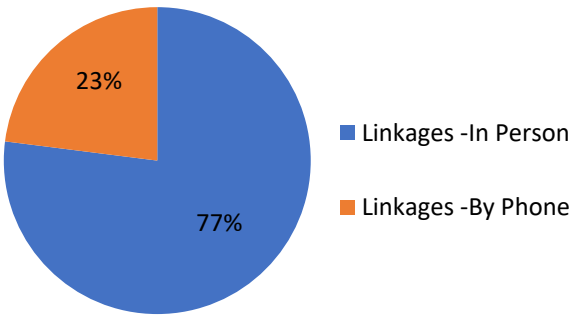


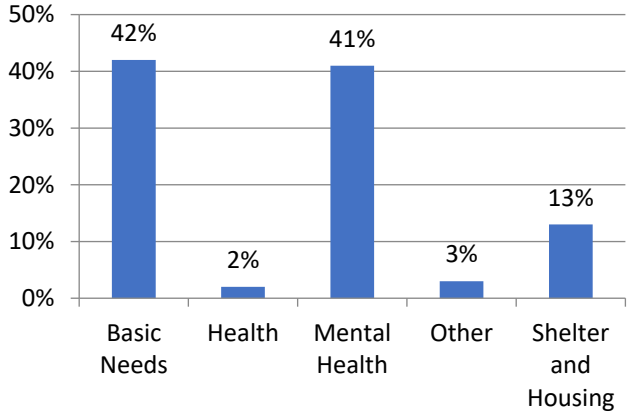




421

Unique Homeless Individuals served/linked at Pomona Shelter





Linkages remained constant from FY 2016 to FY 2018

4,900

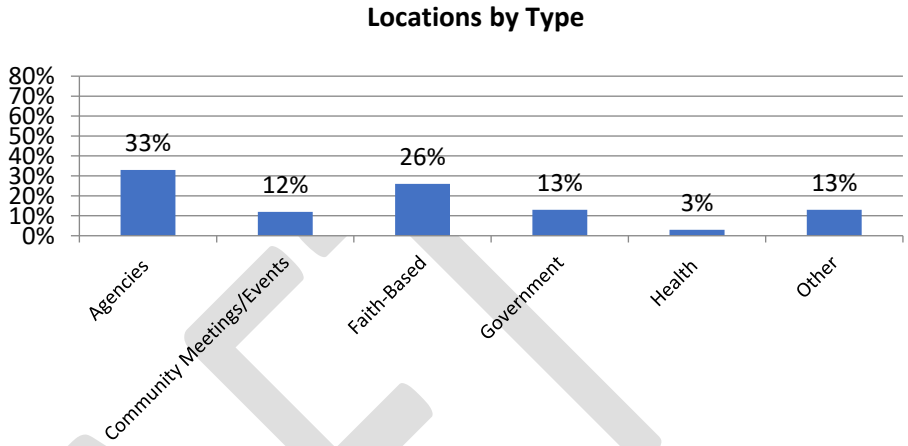
Contacts made to Community Navigators

3,644

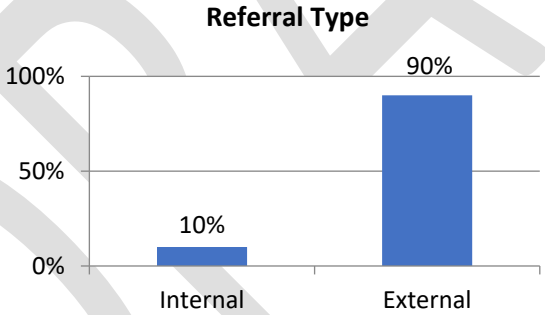
Total Community Members engaged by Navigators through Outreach

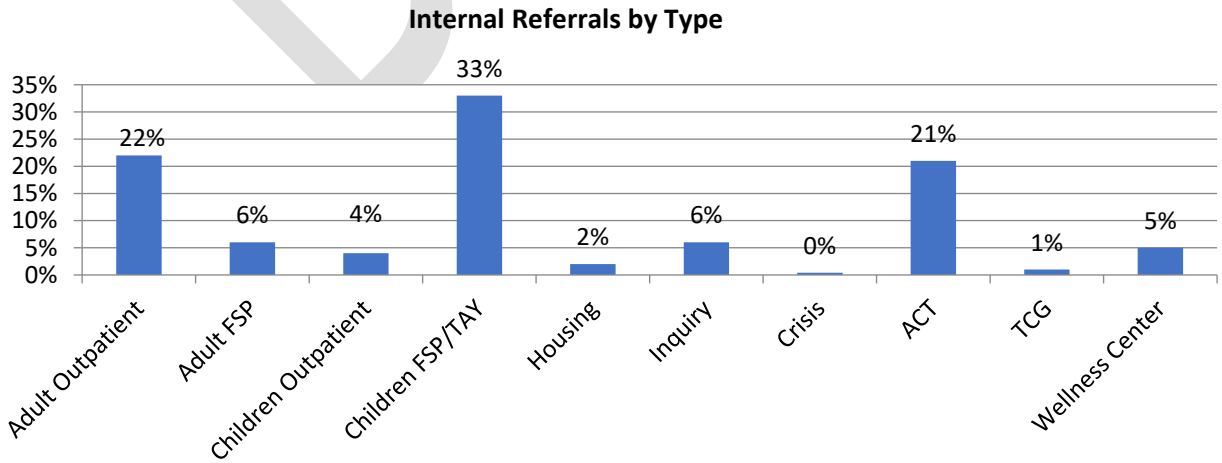
191

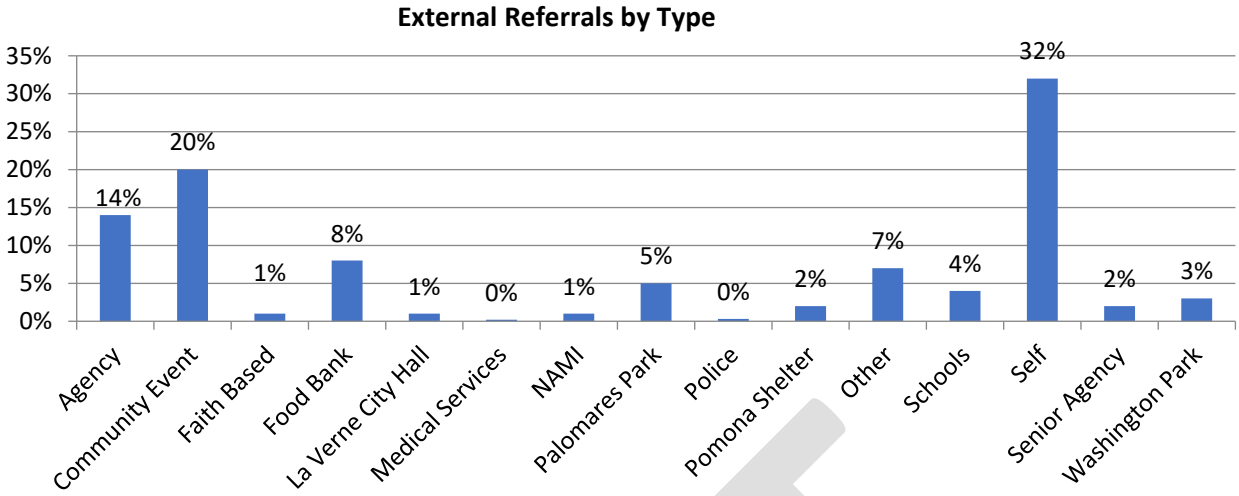
Locations Outreached by Navigators



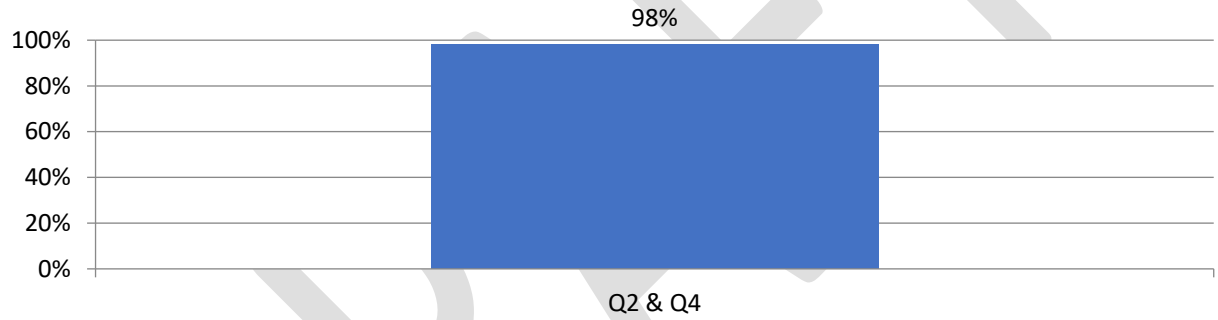
HOW WELL DID WE DO IT?





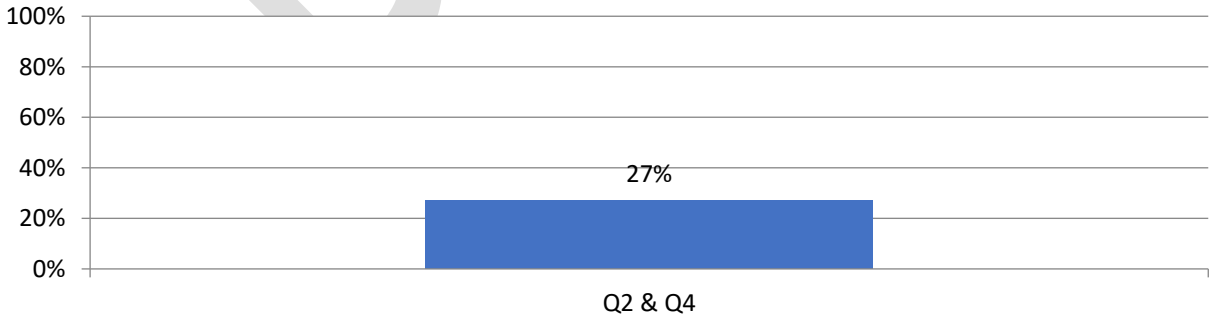


Percentage of Participants Reporting <u>Satisfaction</u> with Services Provided



IS ANYONE BETTER OFF?

Percentage of Community Partners Reporting <u>Finding it Easy to Identify/Use Resources</u> in the Community on their own



WELLNESS CENTER

Status of Program:	___ New _X_ Continuing ___ Modified ___ Discontinued
(CSS) Target Population:	_X_ 0-15 _X_ 16-25 _X_ 26-59 _X_ 60+ Other:
(PEI) Target Population:	___ 0-15 _X_ 16-25 ___ 26-59 _X_ 60+ Other:

Program Description: The Wellness Center sponsors support groups, and provides an array of holistic services through collaboration with other community partners. Specialized services include activities focused on TAY, older adults and employment support.

Target Population: The Wellness Center promotes recovery, resiliency and wellness for residents of the Tri-City area. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families.

WELLNESS CENTER CSS PROGRAMS					
Age Groups	Children 0-15	TAY 16-25 *[1]	Adults 26-59	Older Adults 60+ *[2]	Unknown
Number Served FY 2018-19	88	570	1,374	178	54
Cost Per Person	$472	$472	$472	$472	N/A

The Wellness Center (WC) was conceived as a place of support for people who struggle with mental health issues so that they could accelerate their movement toward independence, recovery and wellness. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families. The Wellness Center provides self-help groups, peer and family support services, educational resources, recreational and cultural activities, assessment and linkage services, and other services to promote increasing independence. It also provides specialized services for transition age youth (TAY).

[1] See TAY/Older Adult Wellbeing under PEI/Peer Mentor
[2] See TAY/Older Adult Wellbeing under PEI/Peer Mentor

Acting as a “dynamic hub” for activities for the three cities of Pomona, Claremont, and La Verne, staff members at this site include peer advocates, family members, clinical staff, and others. They provide a range of culturally competent, person and family-centered services and supports designed to promote independence and increase wellness.

Program Update:

Employment services continue to be in high demand for Wellness Center participants. Tri-City’s Employment Specialist and other staff have continued to maintain a high success rates for placements with seventy-six individuals securing employment. The WC team will now focus streamlining the peer employment pipeline to support individuals who are seeking assistance with vocational goals.

The Center continues to partner and collaborate with various Tri-City departments as well as the community at large. Critical internal resources include the Community Navigators for resources, the Intensive Outreach and Engagement Team for outreach and follow-up for participants, and housing for homeless individuals who can be entered into the Coordinated Entry System. External partners include community based organizations who serve and support the same target population such as group homes, county probation, Department of Child and Family Services, faith-based organizations and local school districts.

As the Center approaches its ten-year anniversary, plans include conducting a comprehensive needs assessment within the community to assess current programming and operations of the Center and generate feedback that may be applied in future program and planning development.

Challenges Experienced:

The homeless population has increased dramatically in the Pomona area, leading to many individuals visiting the Center who are struggling with mental health issues and substance abuse, exacerbating their housing instability. By training staff to use Motivational Interviewing to engage these individuals, staff hope to elicit “change talk” that will assist with setting goals for recovery. In additional, staff will increase the number of dual recovery groups as well as work with Tri-City’s housing team and community resources.

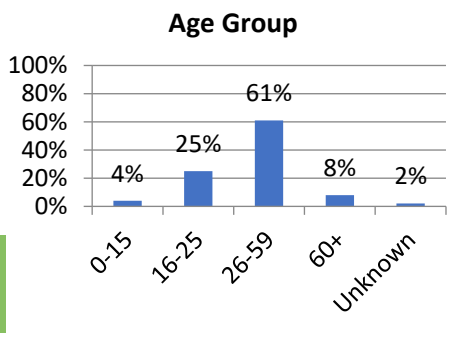
PROGRAM: Wellness Center – CSS

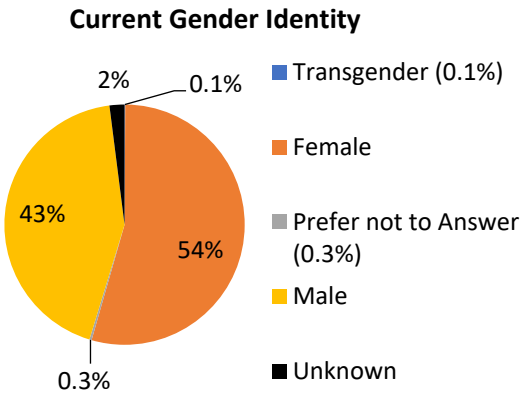
HOW MUCH DID WE DO?

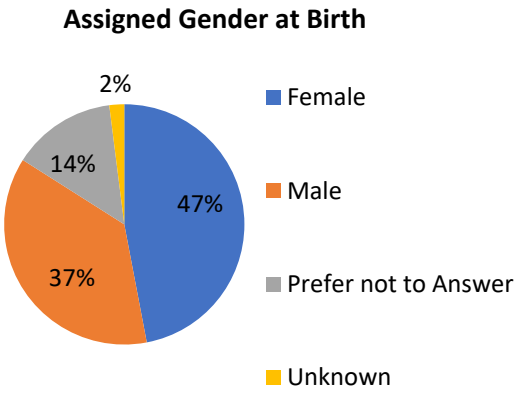
2,264

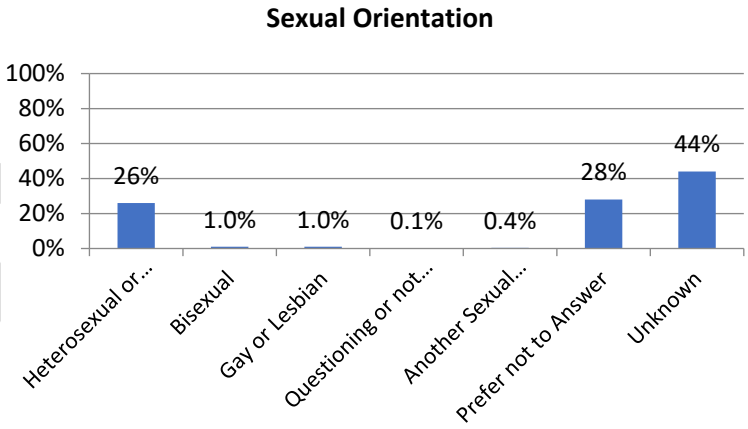
Unique Individuals Served

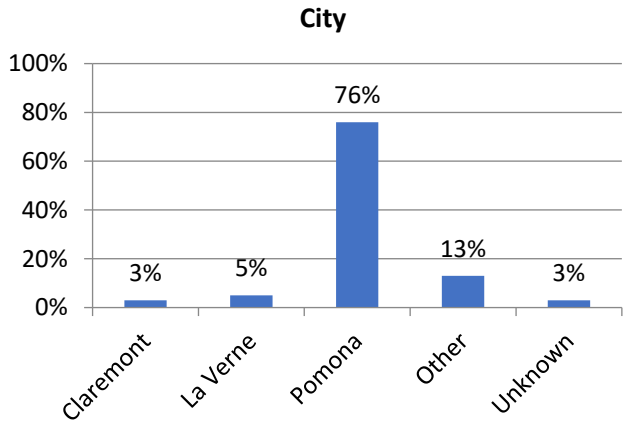
Individuals served has remained constant from FY 2016 to FY 2018

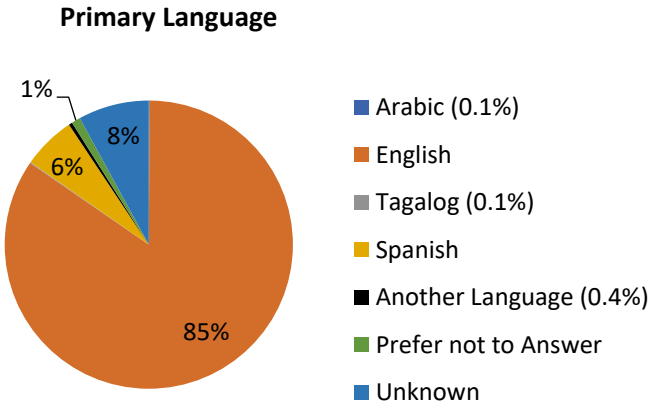


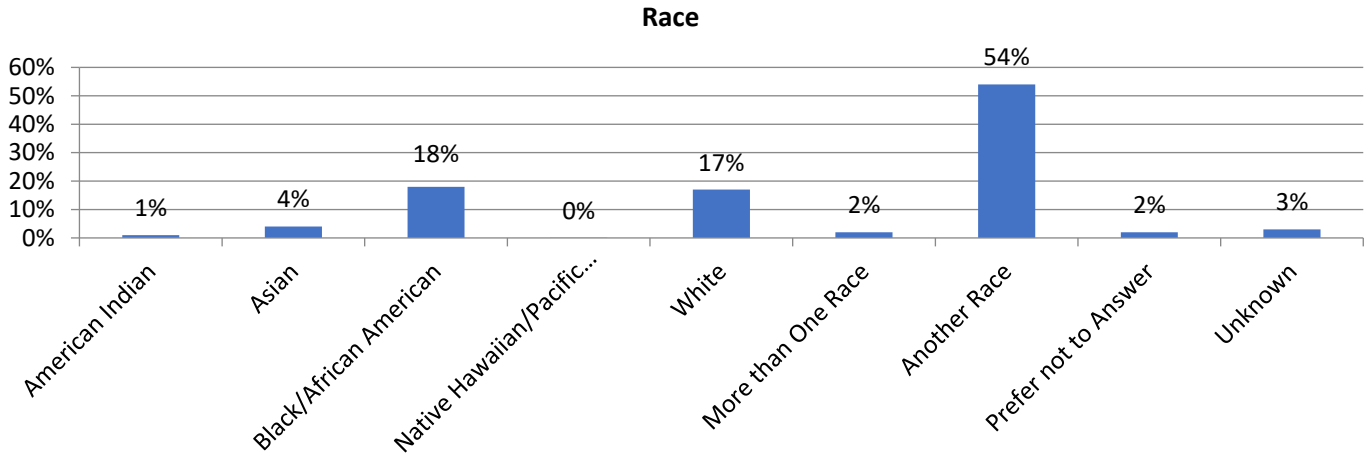


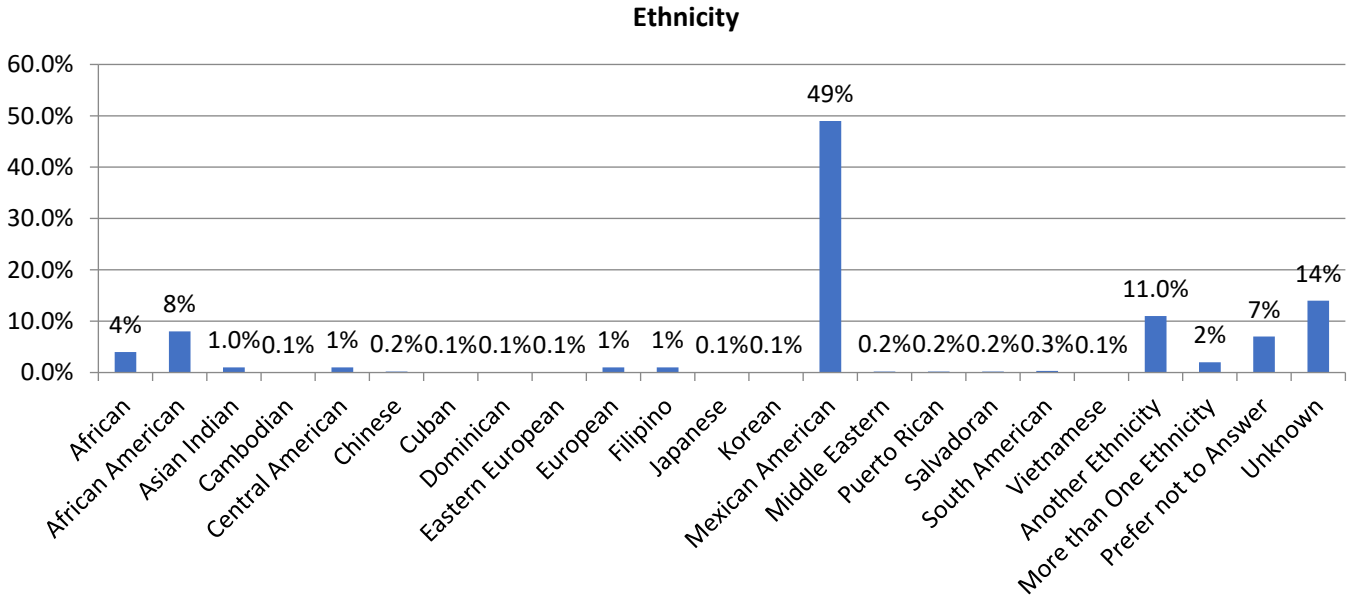









Race
60%
50%
40%
30%
20%
10%
0%
1%
4%
18%
0%
17%
2%
54%
2%
3%
American Indian
Asian
Black/African American
Native Hawaiian/Pacific...
White
More than One Race
Another Race
Prefer not to Answer
Unknown


Ethnicity
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
4%
8%
1.0%
0.1%
1%
0.2%
0.1%
0.1%
0.1%
1%
1%
0.1%
0.1%
49%
0.2%
0.2%
0.2%
0.3%
0.1%
11.0%
2%
7%
14%
African
African American
Asian Indian
Cambodian
Central American
Chinese
Cuban
Dominican
Eastern European
European
Filipino
Japanese
Korean
Mexican American
Middle Eastern
Puerto Rican
Salvadoran
South American
Vietnamese
Another Ethnicity
More than One Ethnicity
Prefer not to Answer
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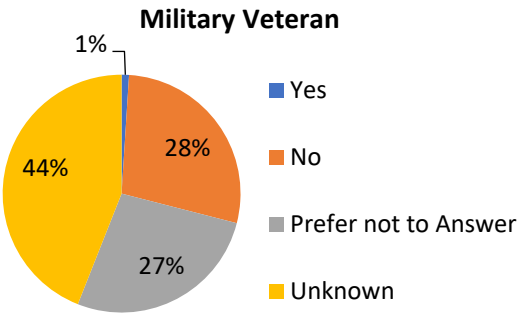
Military Veteran
1%
28%
44%
27%
Yes
No
Prefer not to Answer
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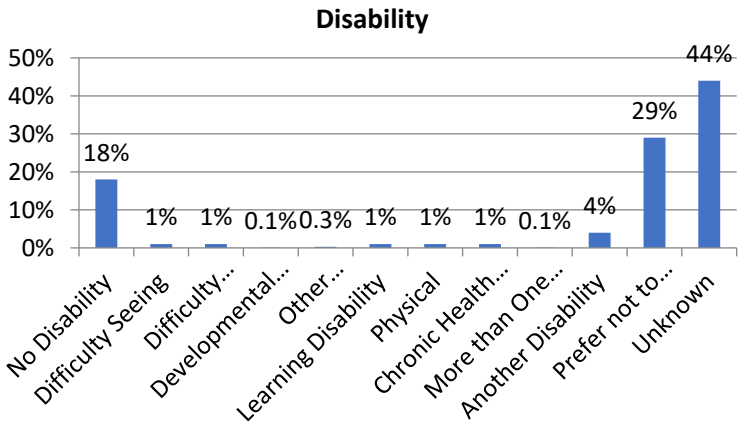

Disability
50%
40%
30%
20%
10%
0%
18%
1%
1%
0.1%
0.3%
1%
1%
1%
0.1%
4%
29%
44%
No Disability
Difficulty Seeing
Difficulty...
Developmental...
Other...
Learning Disability
Physical
Chronic Health...
More than One...
Another Disability
Prefer not to...
Unknown

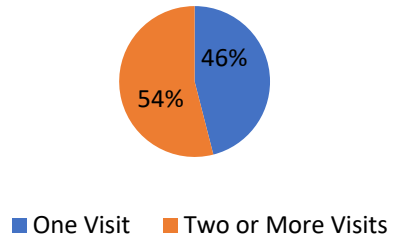
HOW WELL DID WE DO IT?

19,970

Number of Attendees at Wellness Center Events

(Duplicated Individuals)

Number of Times People Visited



Group Name	Number of Times Group Was Held	The Fewest Number of Attendees at a Group	The Highest Number of Attendees at a Group	Average Number of Attendees at a Group
Blank Events	60	1	4	1
Community Meetings	1	4	4	4
Group – Adult Orientation	12	1	3	1
Group – Anger Management	101	1	14	9
Group – Anxiety Relief	96	1	15	11
Group – Attendance Letter	29	1	4	2
Group – Brief Check In	2	1	1	1
Group – Dual Recovery Anonymous	150	1	11	5
Group – Freedom Through Reality	48	1	9	4
Group – Lose the Blues	51	1	15	10
Group – Men's Depression	63	1	7	3
Group – One-On-One	21	1	3	1
Group – Positive Direction	47	1	8	4
Group – Socialization	55	1	12	5
Group – Strong Women	50	1	16	11
Group – Tranquility	49	1	7	3
Group – Women's Self-Esteem	49	3	13	8
Group – Yoga	2	6	8	7
Group (Español) – Direccion Positiva	52	1	9	4

Group Name	Number of Times Group Was Held	The Fewest Number of Attendees at a Group	The Highest Number of Attendees at a Group	Average Number of Attendees at a Group
Group (Español) – Restaurando Almas	1	1	1	1
Group (Español) – Sobrellevando La Ansiedad	53	1	10	4
Group (Español) – Socialization	49	1	10	5
Other – Group	189	1	25	3
Other – Meeting	2	2	4	3
Other – PC Lab	252	1	50	25
Other – Tour	201	1	8	3
Other – Volunteer	1	1	1	1
TAY – RealTalk	2	1	2	2
TAY – Anger Management	64	1	10	5
TAY – Anxiety	44	1	6	3
TAY – Attendance Letter	32	1	4	1
TAY – Brief Check In	96	1	7	2
TAY – DRA	50	1	7	4
TAY – Hope	45	1	6	3
TAY – One-On-One	36	1	3	1
Vocational – Attendance Letter	19	1	2	1
Vocational – Clase de Manejo	6	1	1	1
Vocational – Computer Classes (Advanced)	9	1	3	2
Vocational – Computer Classes (Intermediate)	25	1	10	4
Vocational – Computer Classes (Beginner)	68	1	23	3
Vocational – Educational/School	64	1	3	1
Vocational – Employment Workshop	143	1	13	6
Vocational – ESL	1	1	1	1
Vocational – Financial Aid	1	1	1	1

Group Name	Number of Times Group Was Held	The Fewest Number of Attendees at a Group	The Highest Number of Attendees at a Group	Average Number of Attendees at a Group
Vocational – GED Prep	43	1	4	2
Vocational – Hiring Event	8	1	19	4
Vocational – IRS Tax Credit	20	1	2	1
Vocational – Job Search	254	1	28	13
Vocational – Literacy Group	31	1	5	2
Vocational – Money Management	13	1	7	4
Vocational – One-On-One	100	1	3	1
Vocational – Phone Call	102	1	7	2
Vocational – Resume/Interview	56	1	2	1
Vocational – Work Maintenance	31	1	3	1
Vocational – Yarn Skills	1	1	1	1

76

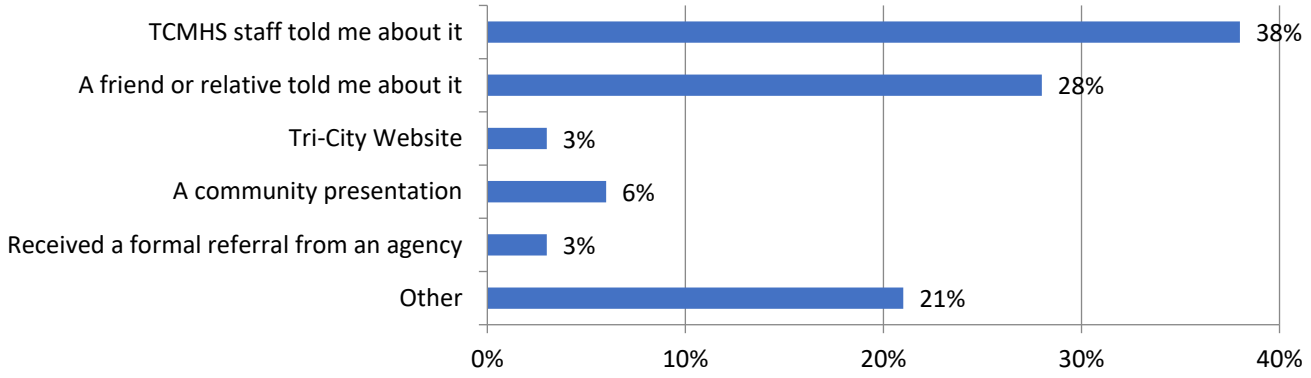
Individuals Secured Employment

302 individuals secured employment from FY 16 to FY 18

Percent of Participants who Maintain Employment at 30 Days · 60 Days · 90 Days

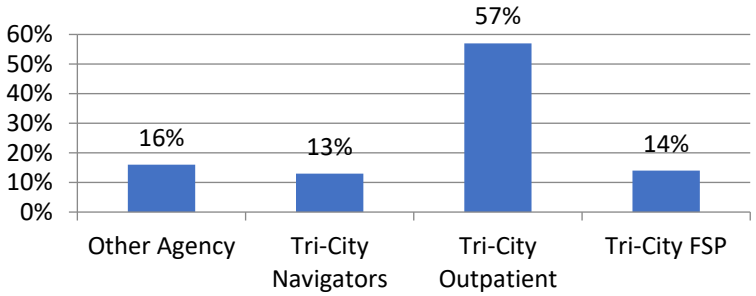
60 days and 90 days data will be included in September

How Did You Learn About the Wellness Center Programs?
(Choose All that Apply)



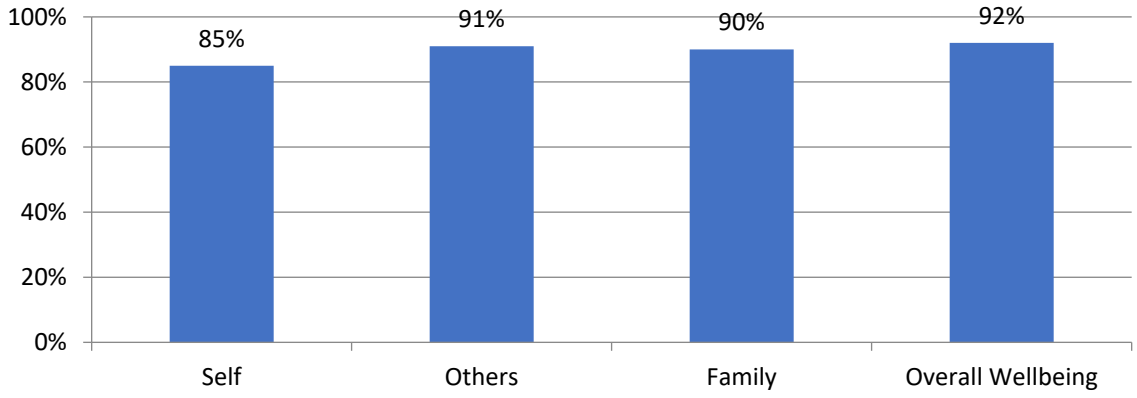
97% Satisfied with the Wellness Center Programs

Referral Source



IS ANYONE BETTER OFF?

Percent of people who report improved relationships with the following because of the help they get from the Wellness Center Programs:



SUPPLEMENTAL CRISIS SERVICES

Status of Program: ___ New _X_ Continuing ___ Modified ___ Discontinued	
MHSA Plan: _X_ CSS ___ PEI ___INN ___ WET ___ CFTN **PEI Service Category:** N/A	
Target Population: _X_ 0-15 _X_ 16-25 _X_ 26-59 _X_ 60+ Other:	

Program Description: The Supplemental Crisis Services (SCS) program provides after-hours and weekend phone support to individuals who are experiencing a crisis and who currently are not receiving TCMHC services. Crisis walk-in services are also available during business hours at Tri-City's clinic location. Through follow-up efforts by the Intensive Outreach and Engagement Team (IOET), individuals located in the community who are having difficulty connecting with and maintaining mental health support are able to receive services in an effort to help reduce the number of repeat hospitalizations and guide these individuals to the most appropriate care.

Target Population: Individuals in crisis and currently not enrolled in Tri-City for services, who are seeking mental health support after-hours. Individuals located in the community who are having difficulty connecting with and maintaining mental health support.

Supplemental Crisis Services

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown
Number Served FY 2018-19	40	123	539	106	78
Cost Per Person	$723	$723	$723	$723	$723

The Supplemental Crisis Services (SCS) program provides after-hours and weekend phone support to individuals who are suffering a crisis and who currently are not receiving TCMHA services. Support is provided over the phone or at the crisis location. Tri-City staff also assists individuals on a walk-in basis during regular business hours, as well as support for police personnel and others, as appropriate.

The SCS program serves individuals both inside and outside of the Tri-City catchment area. Calls are received from a broad spectrum of individuals. The uniqueness of the Supplemental Crisis Services team is the engagement of not only individuals in need, but also their family members, law enforcement, hospitals, health care providers, and in general, any collateral support system.

The Intensive Outreach and Engagement Team (IOET) remains an essential part of the Supplemental Crisis Services (SCS) program. The IOET serves as the conduit to the population at large in the communities we serve who are unable to access services-mental health and other services, on their own.

Through efficient coordination with other departments within Tri-City's system of care, the IOET's support begins when an individual calls or comes into the agency in crisis and are assessed and hospitalized, if needed. The IOET connects with the individual after discharge and reassesses them for services, proactively working with them over a period of time until they are ready to enroll in treatment. Through the follow-up efforts of IOET, the SCS program is also able to help prevent early discharge of individuals.

Program Update:

The Intensive Outreach and Engagement Team (IOET) is comprised of a diverse multidisciplinary team which encompasses mental health therapists, health rehabilitation specialists, and licensed psychiatrist technicians; all of whom are trained and employ service applications directly related to removing barriers which individuals face while trying to access systems of care. With a focus on "whole person system of care", in 2019, the team added a second psychiatric technician which has allowed the team to address individuals' medical needs, which are often times untreated and require a higher of care. This includes linkage to individuals' accessing medication and medical care.

Another focus has been strengthening relationships with community chemical dependency partners, to assist with linkage, when applicable, to detox and residential services and outpatient services. Other community partnerships include integrating with the Hope4Home Service Center and joining Pomona Police Department as a ride-along participant with their Homeless Outreach Service Team (HOST). Finally, first-year residents from Pomona Valley Hospital Medical Center have the opportunity to ride with Tri-City's psychiatric technicians on a semi-weekly basis to bolster the relationships with chronically ill individuals, to provide basic triage and recommendations for follow-up care.

Challenges Experienced:

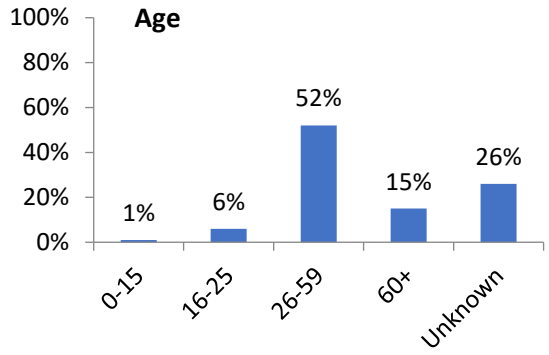
With the expansion of the Intensive Outreach and Engagement Team and Tri-City's goal to be a "whole person system of care", staff are finding it a challenge to meet the needs of a population suffering from a multitude of mental health issues and various co-morbidity conditions (i.e. diagnosis such as heart disease, hypertension, diabetes, obesity, and hepatitis amongst many other chronic health issues; which have often been untreated for years). To address this concern, the additional vehicles will be considered which will allow the IOE team to further expand their service provision to even larger untreated segments of the population, in particular, transportation to and from the clinic and other community based locations such as Department of Public Social Services, Social Security, Medical Clinics and various other community based locations for follow up.

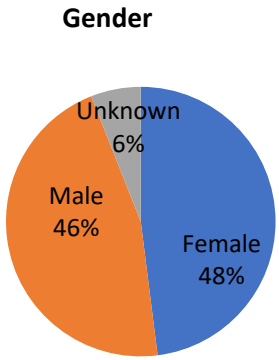
Another challenge under consideration is the name of this program, Supplemental Crisis Services, and the use of the term "crisis", which can carry a negative implication with community members. The IOET is considering revising the name of this program in the future to be Supplemental Assistance for Engagement and Recovery (S.A.F.E.R.).

PROGRAM: Supplemental Crisis Services

HOW MUCH DID WE DO? Supplemental Crisis Calls

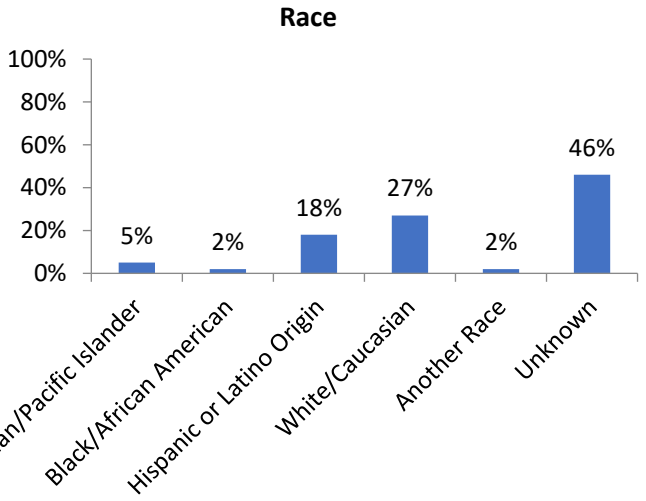
125 Supplemental Crisis Calls

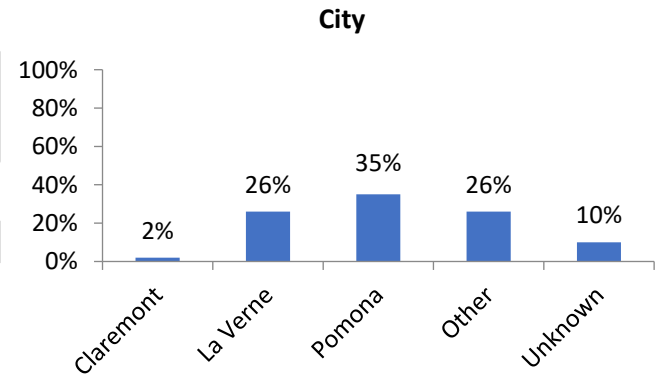


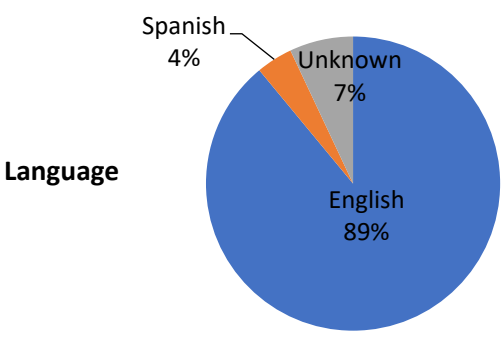


289 crisis calls received from FY 16 to FY 18

- 131% increase from FY 16 to FY 18

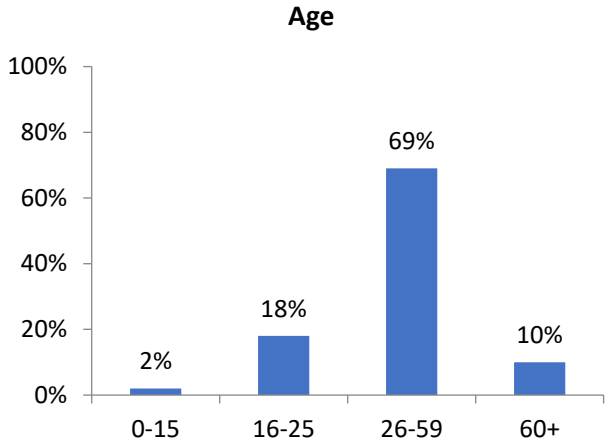


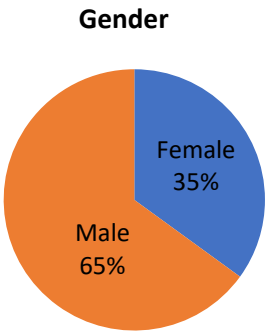


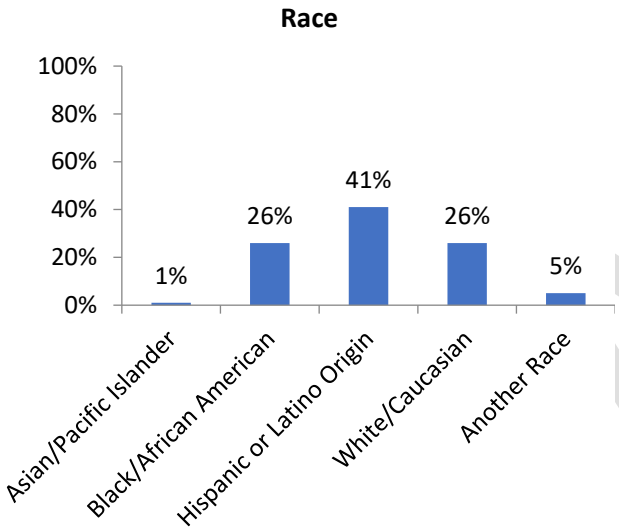


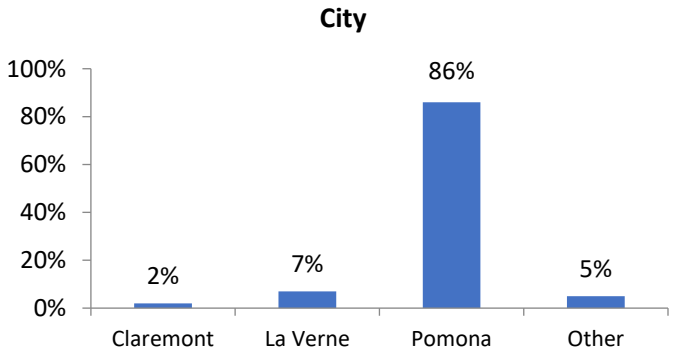
Crisis Walk-In

87 Individuals Served









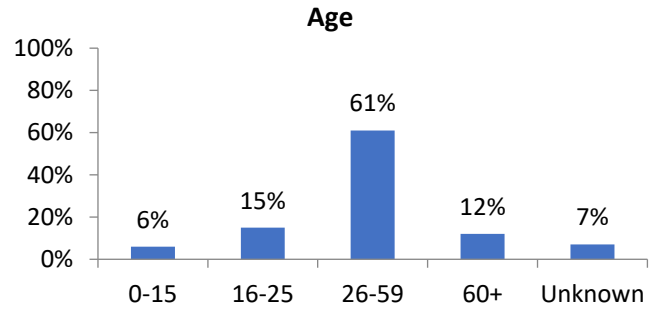
79%
Crisis walk-ins also outreached by the Intensive Outreach and Engagement Team

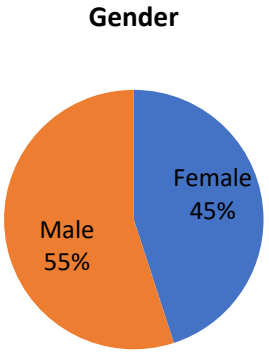
PROGRAM: Intensive Outreach and Engagement (IOET)

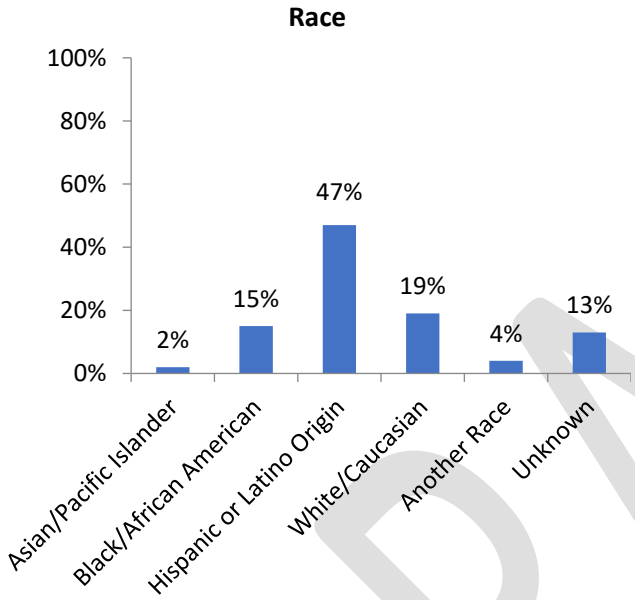
674 Individuals Served

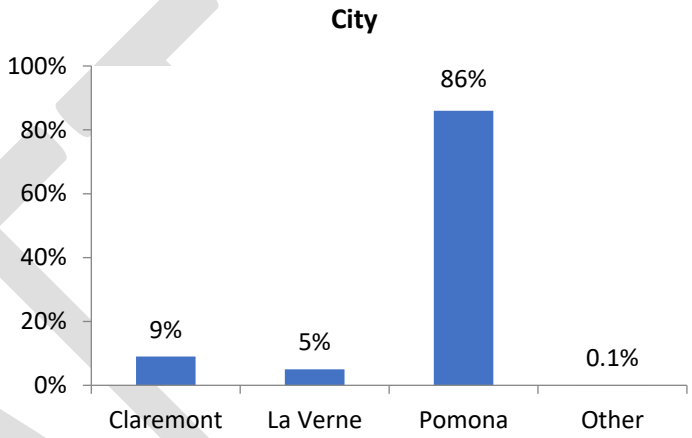
1,358 unique individuals served by IOET from FY 16 to FY 18

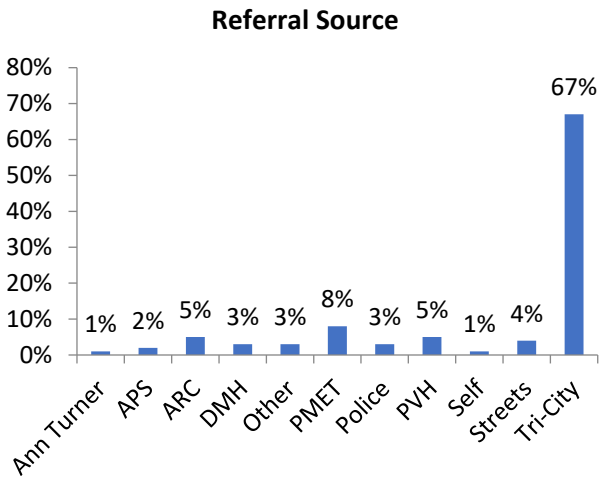
- 72% increase from FY 16 to FY 18


Age
100%
80%
60%
40%
20%
0%
6%
15%
61%
12%
7%
0-15
16-25
26-59
60+
Unknown


Gender
Female
45%
Male
55%


Race
100%
80%
60%
40%
20%
0%
2%
15%
47%
19%
4%
13%
Asian/Pacific Islander
Black/African American
Hispanic or Latino Origin
White/Caucasian
Another Race
Unknown


City
100%
80%
60%
40%
20%
0%
9%
5%
86%
0.1%
Claremont
La Verne
Pomona
Other


Referral Source
80%
70%
60%
50%
40%
30%
20%
10%
0%
1%
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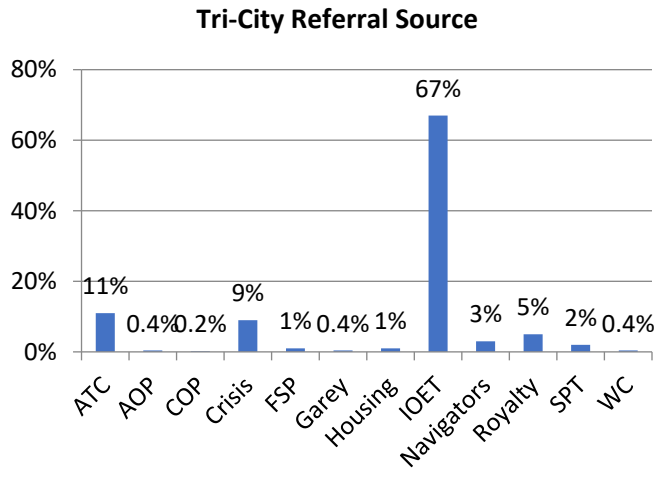
5%
3%
3%
8%
3%
5%
1%
4%
67%
Ann Turner
APS
ARC
DMH
Other
PMET
Police
PVH
Self
Streets
Tri-City

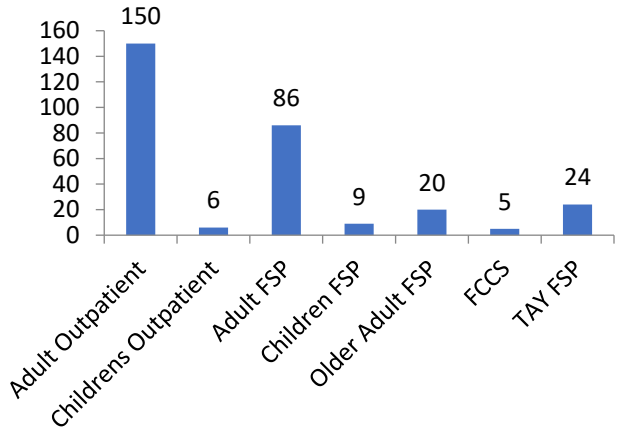

Tri-City Referral Source
80%
60%
40%
20%
0%
11%
0.4%
0.2%
9%
1%
0.4%
1%
67%
3%
5%
2%
0.4%
ATC
AOP
COP
Crisis
FSP
Garey
Housing
IOET
Navigators
Royalty
SPT
WC

HOW WELL DID WE DO IT?

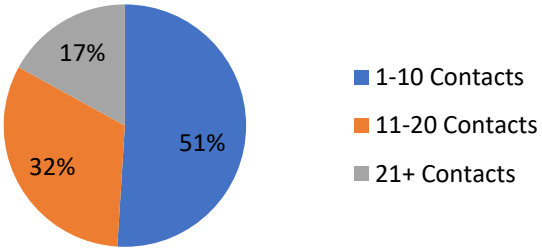
300

Individuals were Opened for Services at Tri-City through the Intensive Outreach and Engagement Team

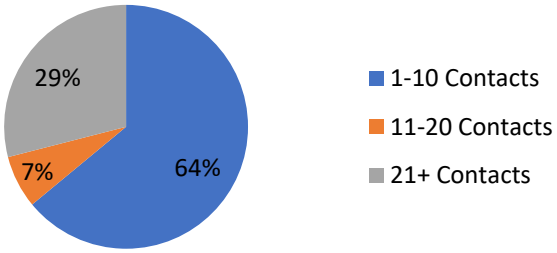
Opened for Services



Percent of IOET Contacts for Closed Cases



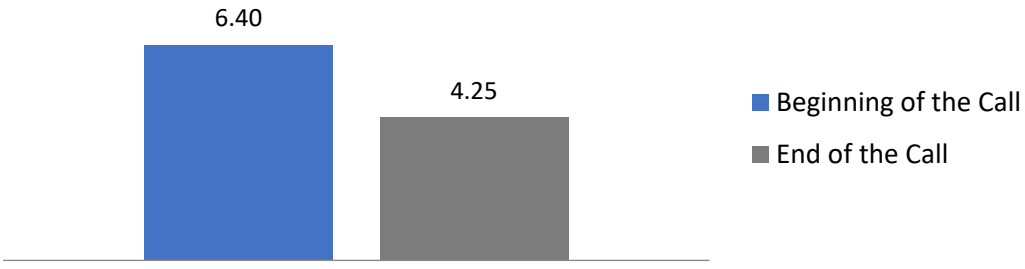
Percent of IOET Contacts for Currently Open Cases



IS ANYONE BETTER OFF?

Level of Distress for Crisis Callers

Callers rated their level of distress at the beginning of the phone call and at the end on a 1 to 10 scale where 1 = mild and 10 = severe (higher rating means greater level of distress).



FIELD CAPABLE CLINICAL SERVICES FOR OLDER ADULTS

Status of Program: ___ New _X_ Continuing ___ Modified ___ Discontinued	
MHSA Plan: _X_ CSS ___ PEI ___INN ___ WET ___ CFTN **PEI Service Category:** N/A	
Target Population: ___ 0-15 ___16-25 ___26-59 _X_ 60+ Other:	

Program Description: Through the Field Capable Clinical Services for Older Adults (FCCS) program, TCMH staff members provide mental health services to older adults at their location including their home, senior centers, and medical facilities.

Target Population: Older adults, ages 60 and over, who are experiencing barriers to mental health service due to a variety of issues including lack of transportation, stigma or isolation.

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+
Number Served FY 2018-19	N/A	N/A	N/A	34
Cost Per Person	N/A	N/A	N/A	$3,126

Older adults are the fastest growing demographic population in Claremont and La Verne. According to 2010 Census data, individuals aged 60 years and older comprise 23.5% of La Verne's population, 22.3% of Claremont's and 11.3% of Pomona's. 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, often have a difficult time accessing services in traditional venues and therefore need mental health services provided in locations convenient to them.

Program Update:

The Field Capable Clinical Services for Older Adults (FCCS) program has maintained a consistent enrollment of clients for FY 2018-19 ranging between sixteen and seventeen clients at one time. The FCCS staff are comprised of a culturally diverse staff who utilize relevant community resources that support specific client needs. Staff continue to partner with internal staff for support with substance use and peer involvement. There is also an increase in the need to support clients who are also dealing with medial issues. Future plans include developing group-based services, prioritizing training related to special needs within the elder community, African American community, and developing outreach efforts to hire multicultural staff.

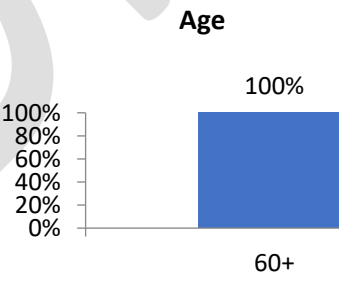
Challenges Experienced:

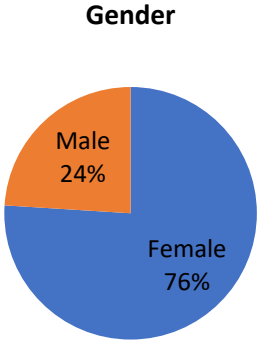
An ongoing challenge in working with elder clients within the FCCS program, is that elder clients often struggle in establishing and maintaining social supports. A goal of the program is to support clients in establishing/re-establishing essential social supports. FCCS staff collaborate with other programs that host senior groups or events including the Wellness Center, Therapeutic Community Garden as well as local senior centers.

Substance use and corresponding treatment options stand as perhaps the most concerning issues for this population. There is a statewide lack of detoxification services and inpatient treatment where clients must navigate a complex assessment process to access the treatment they need. Tri-City has engaged a Substance Abuse Supervisor and provided multiple trainings regarding the effective treatment of co-occurring disorders. This new Substance Abuse Supervisor has focused on building solid relationships with local treatment providers while advocating for clients when they need residential/outpatient treatment.
Although staff assist clients with overcoming these barriers to service, there remains a larger policy and community development needs which can only be addressed at the state or county level.

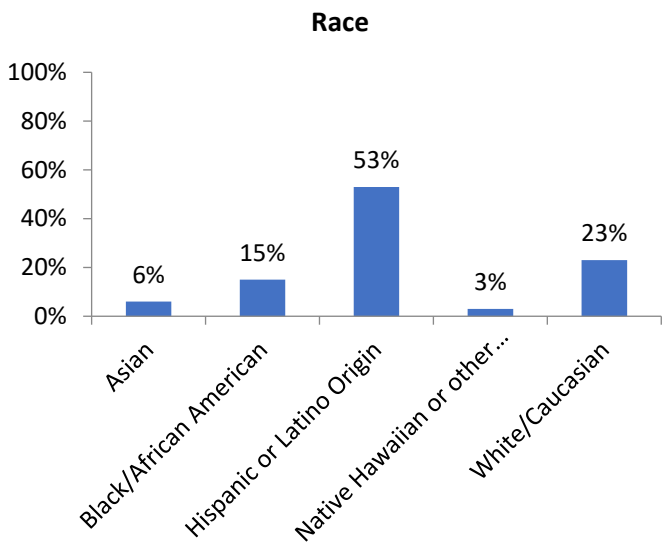
PROGRAM: Field Capable Clinical Services for Older Adults (FCCS)
HOW MUCH DID WE DO?

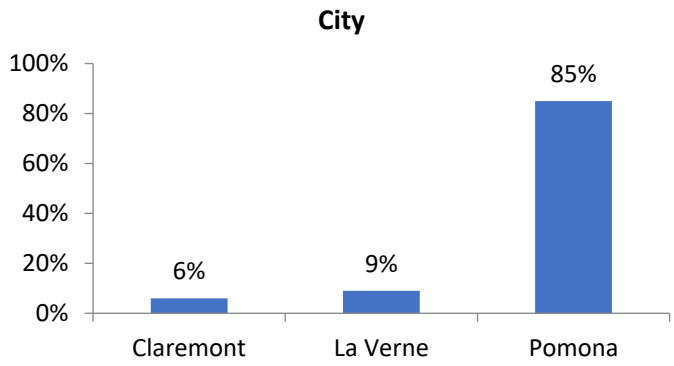
34
Unique Individuals Served





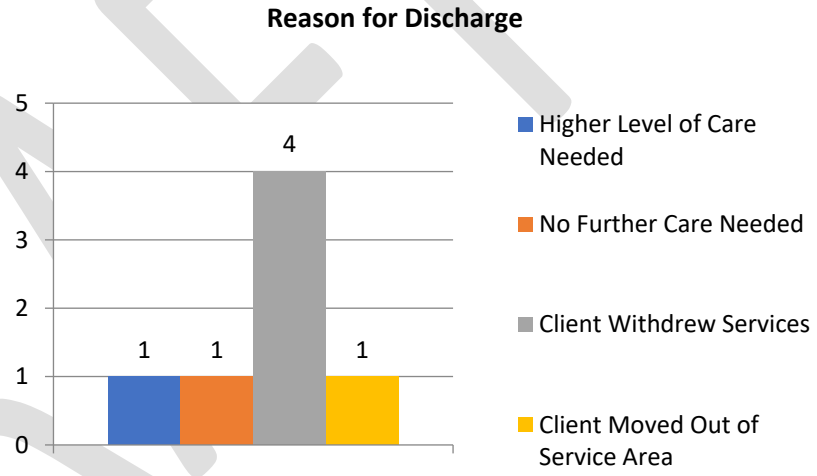
53 unique individuals served from FY 16 to FY 18
- 55% increase from FY 16 to FY 19





7 (39%)

Discharge from 18 Intakes during FY 18-19



PERMANENT SUPPORTIVE HOUSING

Status of Program: ___ New _X_ Continuing ___ Modified ___ Discontinued
MHSA Plan: _X_ CSS ___ PEI ___INN ___ WET ___ CFTN **PEI Service Category:** N/A
Target Population: _X_ 0-15 _X_ 16-25 _X_ 26-59 _X_ 60+ Other:

Program Description: Permanent supportive housing units are short-term living spaces where individuals who are homeless or at risk of homelessness and suffer from one or more mental illness, can receive an array of services designed to support their recovery. Permanent supportive housing has proven to be a significant part of successful recovery plans for many people with serious mental illness. Such housing enables successful pathways to recovery and, ultimately, can reduce the cost of other services such as emergency room visits and incarceration.

Target Population: Tri-City clients living with severe and persistent mental illness and their family members.

MHSA Housing Projects						
Location	**Studio**	**One Bedroom**	**Two Bedroom**	**Three Bedroom**	**Notes/Amenities**	**Total Units**
Parkside Apartments	0	16	5	0	Computer stations, lounge area and kitchen	21
Cedar Springs Apartments	0	5	3	0	TAY (16-25) with Family	8
Holt Family Apartments	0	11	11	3	Opening April 30	25
Claremont/Baseline Project (Home)	0	0	2	0	Two separate wings with large living room and kitchen. Two bedrooms on each side.	2
Park Ave Apartments	2	6	0	0	Programs provided on site	8
Total Units	2	38	21	3		64

Permanent supportive housing units are living spaces where people who are homeless or at risk of homelessness, and who suffer from one or more mental illnesses, can receive an array of services designed to support their recovery. Sustaining recovery from mental illness is profoundly difficult if the person receiving services does not have the security of stable, safe and sanitary housing. Permanent supportive housing has proven to be a significant part of successful recovery plans for many people with serious mental illness. Such housing enables successful pathways to recovery and, ultimately, can reduce the cost of other services such as emergency room visits and incarceration.

The Housing Division (HD) primarily serves individuals with mental health disabilities, which typically contributes to difficulty in obtaining or maintaining housing. In addition to serving Tri-City clients who are currently homeless or are at risk of homelessness, HD staff also offer resources to family members in an effort to improve and expand the clients' support system.

Secondly, HD staff serve the property staff at the housing sites where residential services are provided. Residential Services Coordinators (RSCs) step in to provide support by acting as a liaison between tenants and property staff. The RSCs demonstrate to tenants that property staff are approachable and teach them how to address issues instead of worrying about voicing their concerns.

The Housing Division (HD) focuses its efforts on improving tenant/property staff relationships at the Tri-City properties in order to help individuals obtain and maintain their housing. Staff look to bridge communication gaps with clients and property managers so that they can successfully transition to stable housing. In addition, the HD assists Tri-City's clinical staff who are then better able to focus on helping clients decrease their symptoms after securing stable housing.

Finally, the HD staff serve the general population in the three cities along with enrolled clients through the Good Tenant Curriculum, a course designed to manage the expectations of both tenants and property staff and how they can work together to sustain housing successfully.

We collaborate with Volunteers of America, Union Station Homeless Services, Prototypes, American Recovery Services, various sober livings in the three cities, Pomona Housing Authority, Los Angeles Housing Authority, John Stewart Property Management, Levine Property Management, Related California, Clifford Beers, A Community of Friends, Home Energy Assistance Program, Catholic Charities, St Vincent de Paul, and various other organizations throughout the three cities. All of these agencies step in when we need assistance with helping clients obtain or maintain their housing by providing emergency funding, furniture, temporary housing, and other resources the clients express as needs.

Program Update:

The Housing Division (HD) focused on improving communication between property managers, tenants, and their supportive teams. With the goal of better understanding each role and how effective collaboration can help to perpetuate the successful housing of clients. By creating a unified front, clients are able to better understand the expectations of property managers while also recognizing their own rights and responsibilities.

Housing referrals have typically been addressed on an individual basis. In an effort to streamline this process and better serve the clients, the HD created a biweekly meeting where all open referrals are presented with current housing options by the Housing Navigator in a group setting. This allows the clients to openly discuss any concerns within the group. Through this collaborative process, clients are able to engage in community discussions and offer their own thoughts and suggestions with the support of the Housing Navigator. As a result of this process, clients were able to connect with each other and consider joint housing options where their combined incomes allowed for more housing opportunities.

Through Measure H (Los Angeles County Plan to Prevent and Combat Homelessness) funding, Tri-City is considering expanding the number of MHSA units available to Tri-City clients. Current propositions include expanding the property located on Baseline to provide 15 additional permanent supportive housing units for seniors.

Challenges Experienced:

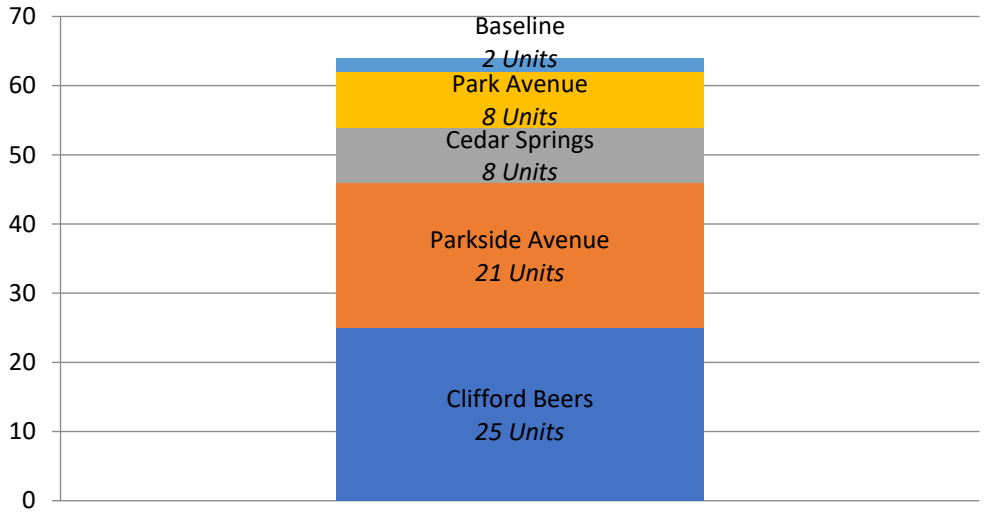
Challenges for the Housing Division included addressing obstacles encountered with homeless individuals' background checks when the process is prolonged or the application halted when applying for permanent supportive housing. Clients who are working towards stabilizing their lives were being denied tenancy due to poor credit, past convictions that were unrelated to tenancy, and lack of rental history. Although clients were able to appeal these decisions by identifying how these difficulties were brought on due to their disabilities, these appeals lengthened the application process and created additional stress for the clients.

Housing staff are engaging in conversation with property managers in regards to Senate Bill 1380 which prohibits rejection on the basis of "poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of "housing readiness."

Additional support will come in the role of the new Housing Wellness Advocates, who will provide consistent and direct assistance to clients in MHSA housing in order to help them maintain successful tenancies.

PROGRAM: Permanent Supportive Housing

HOW MUCH DID WE DO?

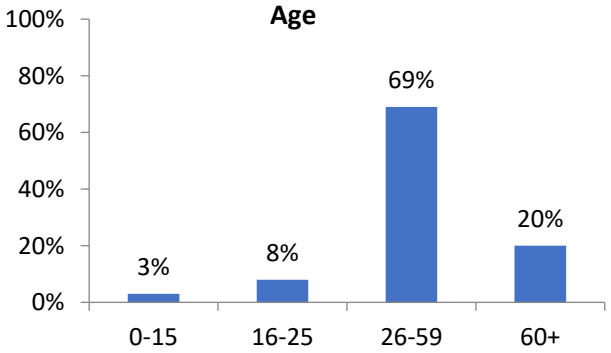


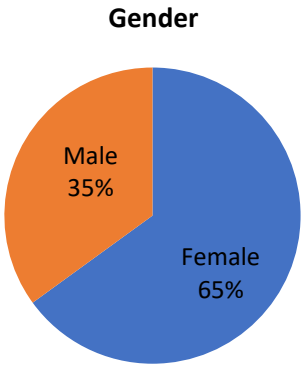
Housing units remained constant from FY 16 to FY 18

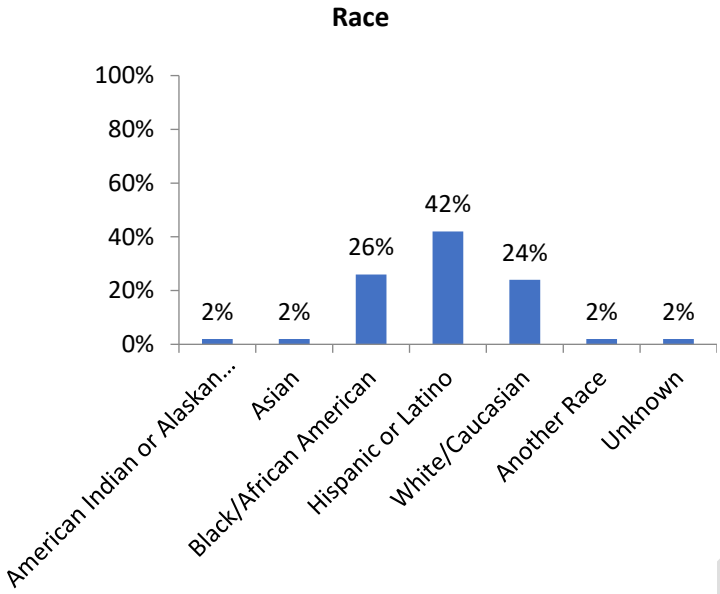
64 Units in Development or Complete

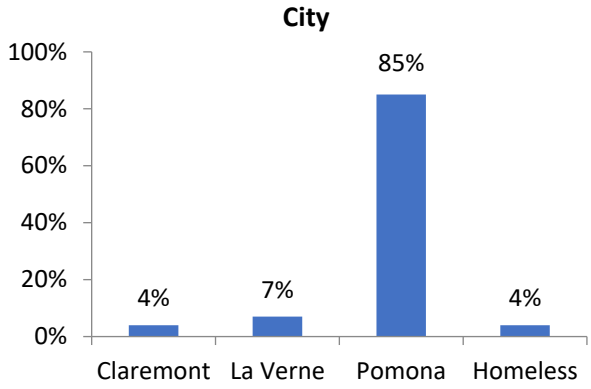
Demographics

246 Individuals

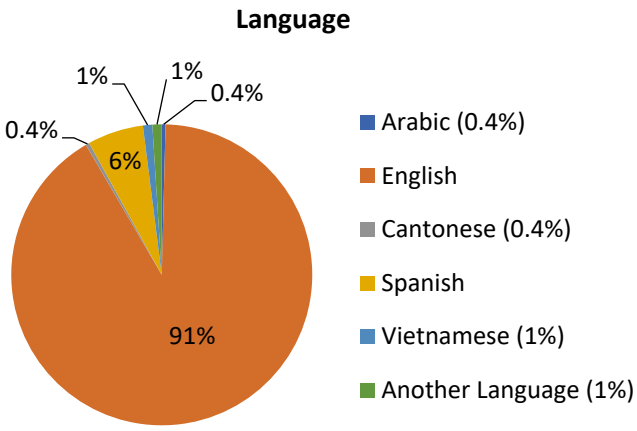








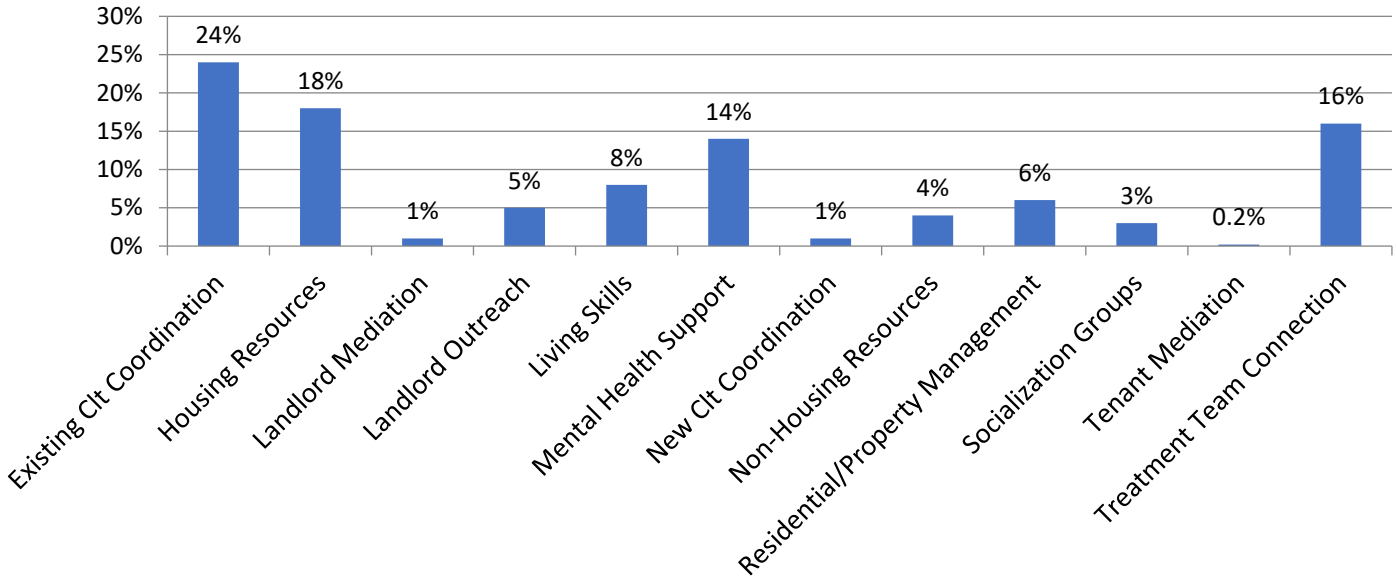
17
New Referrals



HOW WELL DID WE DO IT?

1,609
Housing Actions

Additional Types of Services Provided



IS ANYONE BETTER OFF?

14
Unique Individuals Assisted with Eviction Prevented

119
Unique Individuals Connected to Housing Resources

75
Unique Individuals Assisted with Maintaining their Housing

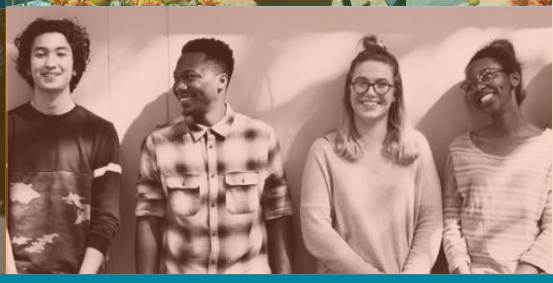
63
Unique Individuals who obtained Housing

Strong efforts were made to provide additional support in helping individuals maintain their housing. 75 unique individuals were assisted with maintaining their housing in FY 18-19



Prevention and Early Intervention Programs



The Prevention and Early Intervention (PEI) Plan focuses on early intervention and prevention services, in addition to anti-stigma and suicide prevention efforts.

- Community Wellbeing Program
- Community Mental Health Trainings
- Stigma Reduction and Suicide Prevention
- Older Adult Wellbeing/Peer Mentor
- Transition Age Youth Wellbeing/ Peer Mentor
- Family Wellbeing Program
- NAMI – Parents and Teachers as Allies
- Housing Stability
- Therapeutic Community Gardening
- Early Psychosis Program

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION: MHSA REGULATIONS FOR PREVENTION AND EARLY INTERVENTION AND INNOVATION

Prevention and Early Intervention Regulations/July 1, 2018 (Title 9 California Code of Regulations, Division 1, Chapter 14 MHSA)

"The County shall identify each Program funded with Prevention and Early Intervention funds as a Prevention Program, Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program, Access and Linkage to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations".

Per the Regulations stated above, Counties are required to identify each program funded under their Prevention and Early Intervention Plan by one or more of the following categories.

Prevention and Early Intervention Required Categories/Programs

1. **Prevention Program:**
   - Therapeutic Community Gardening
   - Housing Stability
2. **Early Intervention Program:**
   - TAY and Older Adult Wellbeing (Peer Mentor)
   - Therapeutic Community Gardening
   - Early Psychosis
3. **Access and Linkage to Treatment Program:**
   - Family Wellbeing
   - Housing Stability
   - TAY and Older Adult Wellbeing (Peer Mentor)
   - Therapeutic Community Gardening
   - Wellness Center (TAY and Older Adults)
   - Early Psychosis
4. **Stigma and Discrimination Reduction Program:**
   - Community Wellbeing
   - Community Mental Health Trainings
   - TAY and Older Adult Wellbeing (Peer Mentor)
   - Family Wellbeing
   - Housing Stability
   - Therapeutic Community Gardening
   - Wellness Center (TAY and Older Adults)
   - Early Psychosis
5. **Outreach for Increasing Recognition for Early Signs of Mental Illness Program:**
   - Community Wellbeing
   - Community Mental Health Trainings
   - TAY and Older Adult Wellbeing (Peer Mentor)
   - Family Wellbeing
   - Housing Stability
   - Therapeutic Community Gardening
   - Wellness Center (TAY and Older Adults)
   - Early Psychosis
6. **Suicide Prevention:**
   - Stigma Reduction/Suicide Prevention
   - NAMI: Ending the Silence (See Parents and Teachers as Allies)
   - TAY and Older Adult Wellbeing (Peer Mentor)

TRI-CITY PREVENTION AND EARLY INTERVENTION PRIORITIES BASED ON SENATE BILL 1004 AND WIC SECTION 5840.7(A)

Senate Bill 1004 states that Counties must focus use of their PEI funds on priorities established by the Mental Health Services Oversight and Accountability Commission. The following priorities were established under WIC Section 5840.7(a). The corresponding Tri-City programs are listed below.

PEI Priorities:

- **Childhood trauma prevention and early intervention as defined in Section 5840.6(d) to deal with the early origins of mental health needs:**

  Community Wellbeing, Community Mental Health Trainings, Family Wellbeing, Therapeutic Community Gardening, Early Psychosis Program

- **Early psychosis and mood disorder detection and intervention as defined in Section 5840.6(e), and mood disorder and suicide prevention programming that occurs across the lifespan:**

  Stigma Reduction/Suicide Prevention (SAFE Talk trainings), Early Psychosis Program and Ending the Silence

- **Youth outreach and engagement strategies as defined in Section 5840.6(f) that target secondary school and transition age youth, with a priority on partnership with college mental health programs:**

  Community Mental Health Trainings, TAY Wellbeing ((Peer Mentor), TAY Wellbeing (Wellness Center), Family Wellbeing, and Therapeutic Community Gardening

- **Culturally competent and linguistically appropriate prevention and early intervention as defined in Section 5840.6(g):**

  Community Wellbeing, TAY Wellbeing (Peer Mentor), Older Adult Wellbeing (Peer Mentor), TAY Wellbeing (Wellness Center), Older Adult Wellbeing (Wellness Center) and Stigma Reduction/Suicide Prevention

- **Strategies targeting the mental health needs of older adults as defined in Section 5840(h):**

  Community Wellbeing, TAY Wellbeing (Peer Mentor), Older Adult Wellbeing (Peer Mentor), TAY Wellbeing (Wellness Center) and Older Adult Wellbeing (Wellness Center)

- **Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis:**

Community Mental Health Trainings, TAY Wellbeing (Peer Mentor), Older Adult Wellbeing (Peer Mentor), Family Wellbeing, Therapeutic Community Gardening, and Early Psychosis Program

- **Other: Counties may choose to focus on other priorities based on stakeholder feedback and supporting outcomes:**

  Housing Stability Program:

  The Housing Stability Program (formerly known as Building Bridges between Landlords. Mental Health Providers and Clients), was approved by stakeholders and Tri-City's Governing Board in February 2012 and continues to receive stakeholder approval year after year.

  The high cost of housing in the cities of Claremont, La Verne and Pomona, continues to be a challenge for individuals suffering with mental illness in the Tri-City catchment area. A lack of continuity between the rapid increase in local rents and the sluggish growth in financial support for low-income residents continues to exacerbate the current homeless situation. According to the Los Angeles Homeless Services Authority (LAHSA), there are over 750 homeless individuals across the cities of Claremont, La Verne and Pomona. From July 2019 to January 2020, Tri-City's adult clinic call center reported an average of 33% of individuals who called seeking mental health services reported being homeless. With this in mind, maintaining strong relationships with community landlords and property managers is more crucial than ever.

  Every year, the U.S. Department of Housing and Urban Development (HUD) determines the fair market rents (FMR) (i.e. gross rent estimates) throughout the country. Los Angeles County's FMR for a studio apartment, in 2018 was identified as $1,067. In 2020, the FMR for a studio in LA County went up to $1,279. This is an increase of 19.87%. In contrast, the Social Security Administration identified that Supplement Security Income (SSI) amounts had only a slight increased in 2020. In California, SSI allowances for seniors and disabled individuals went from $910.72 in 2018 to $943.72 in 2020. This was only an increase of 3.62%.The minimum wage for those that are able to work has inccreased between 15% and 18%, thanks in part to Senate Bill No. 3, in these same two years. However, while these numbers demonstrate a positive trend, housing costs continue to outpace income growth, essentially freezing many low- income individuals out of the rental housing market.

  These numbers reflect the difficult reality that Tri-City clients face when trying to obtain or maintain appropriate housing. Tri-City stakeholders have long been aware of the importance of housing and the impact safe and affordable housing can have for clients who are focus on stabilizing their lives and moving towards recovery. The Housing Stability Program provides the support needed to sustain housing and support this important component by working diligently with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, train both landlords and tenants and strengthen their relationships. This program is critical because it allows landlords and mental health providers to work together to prevent and ultimately end homelessness in the lives of individuals with mental illness.

COMMUNITY CAPACITY BUILDING PROGRAMS

Three projects make up the Community Capacity Building program: Community Wellbeing Program, Community Mental Health Trainings and Stigma Reduction/Suicide Prevention Program.

COMMUNITY WELLBEING PROGRAM

Status of Program:	___ New _X_Continuing ___ Modified ___ Discontinued
Target Population:	_X_ 0-15 _X_ 16-25 ___26-59 ___ 60+ Other:
Type of Program:	_X_ Prevention ___ Early Intervention ___ Prevention and Early Intervention

Program Description: The program provides small grants up to $10,000 and technical assistance to help communities build their capacity to strengthen the wellbeing of their members and the community as a whole. The program focuses on providing support to communities at greater risk for mental illness.

Target Population: Local communities (defined as a group of individuals who rely on each other for support and can act together) who are interested in building their own capacity to strengthen the wellbeing of their members.

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+
Number Served FY 2018-19	2,606	2,444	687	338

The Community Wellbeing (CWB) program typically supports unserved and underserved populations in the cities of Claremont, La Verne and Pomona. These diverse communities include children, adults, older adults and families of various ethnicities, socioeconomic backgrounds, religious affiliations, and experiences. In addition, the CWB program partners with and supports various non-profits, community organizations, and grass roots projects in the Tri-City area.

To qualify for a Community Wellbeing Grant, community groups located within the three cities go through a rigorous application process and interview. The amount funded is determined through the selection process and each applicant must have a fiscal sponsor or be a 501c3.

The specific goals of each community are addressed in the CWB application and clarified through one-on-one interviews. Some "universal" goals that are consistent through the majority of grantees include:

- Improved relationships between members of the community
- Increased capacity to meet the goals of the community
- Improved wellbeing - typically in the form of reduced stress, and overcoming challenges that the community faces

Program Update:

Communities participating in the Community Wellbeing (CWB) grant program reported and significant improvement in the wellbeing and cohesion both within communities and between communities. Nine communities were selected in FY 2018-19 to receive a grant, representing 2,087 members directly and benefiting over 8,000 indirectly as a result of the activities generated through these grants.

In FY 2018-19, the focus for this program was on children and TAY ages 0-25. By narrowing the focus, participants were able to support this highly vulnerable population. One example of this support included children participating in an after-school program who were able to improve their skills in writing and presenting. Administrators of the program report that the children developed the ability to develop and share a story while developing a greater appreciation for the people who had a positive impact in their lives.

Challenges Experienced:

Managing these community projects can be stressful for the community leaders. Although sustainability is a requirement for applying for these grants, in some cases, the communities may become dependent on the grant funding and not able to identify additional resources to continue their efforts. There is sometimes push-back from established community leaders when feedback is offered by Tri-City staff.

In order to address these issues, the Community Capacity Organizer for TCMHS has identified several options that are designed to reduce the stress and also offer support with sustainability. These options include incorporating more wellness themes in the leadership gatherings, improve communication by offering more frequent tele-conferencing to share challenges and successes. Offer meetings in a webinar forum for convenience and create an email chair for community leaders to support one another.

When considering the concern of funding and sustainability, TC staff are working with community leadership to increase their capacity to meet the needs of their members. By going back to the "original vision of the community" members are able to find value that can be obtain through low-cost/no-cost methods.

One additional challenge identified is that due to the current structure of this program, the Community Capacity Organizer (Tri-City staff) has limited interaction with community members beyond the leadership team. In order to mitigate the issues and provide a more hands-on support, the CCO has adjusted their role by increasing the presence of Tri-City staff at community sponsored events and reducing the role of "advisor" and assuming more of a

supportive role thereby empowering the community leadership to look beyond the length of the grant and to the future of the project.

PROGRAM: Community Wellbeing Project (CWB)

HOW MUCH DID WE DO?

9

Community Grantees Chosen

2,087

Community Members Represented in the 9 Grantees

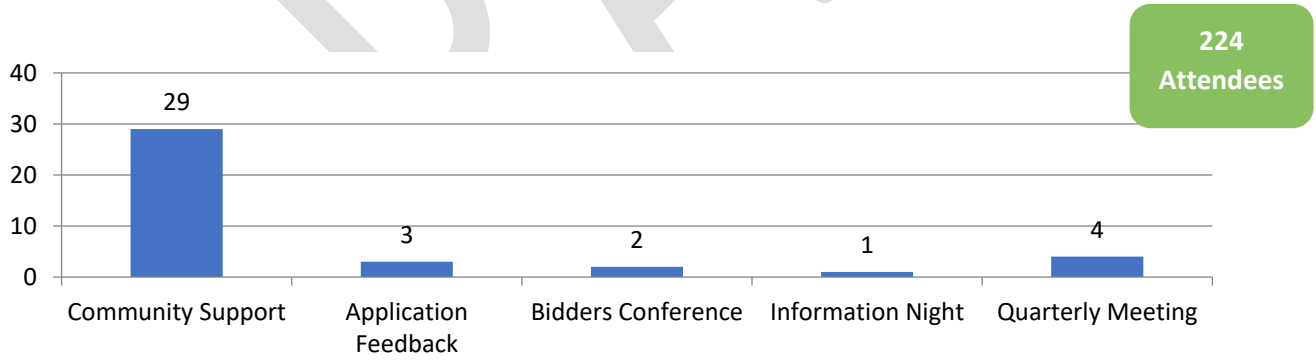
45 community grantees chosen from FY 16 to FY 18 to help communities improve the wellbeing of their members.

8,753 people represented in the 45 grantee communities

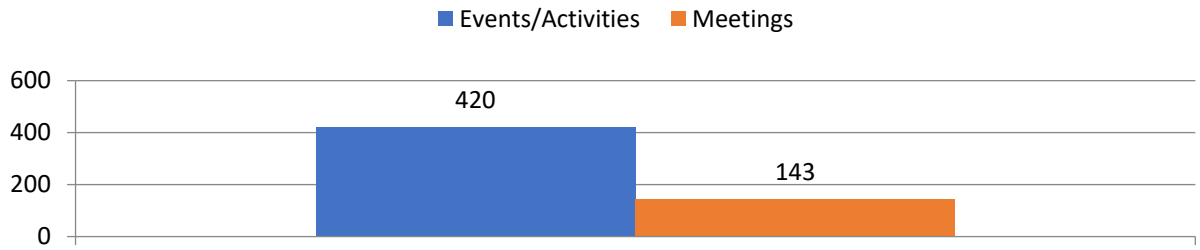
8,017

Number of People who Benefited from Grantee Activities

Number of Events Held by Community Capacity Organizer

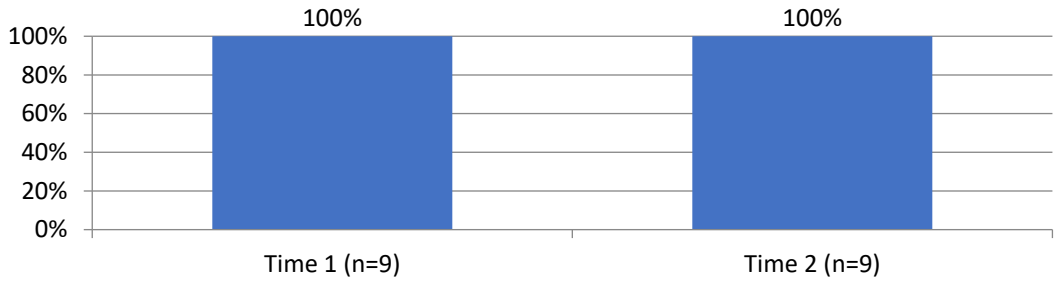


Number of Community Events/Activities and Meetings



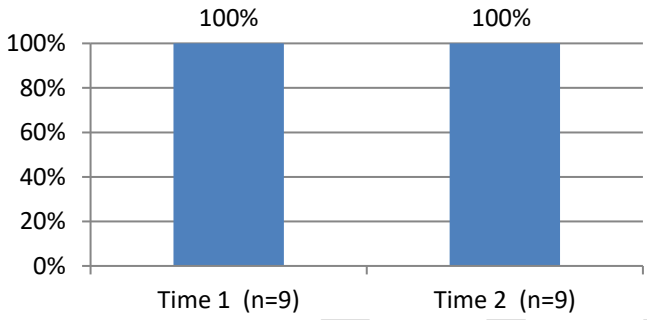
HOW WELL DID WE DO IT?

Percentage of Grantees who Report How Successful their Community's Activities were:

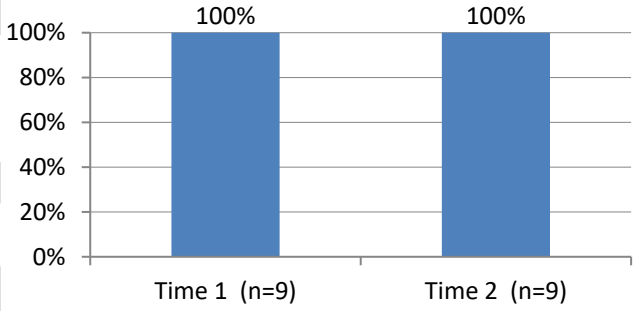


IS ANYONE BETTER OFF?

Percentage of Grantees who Report Improvement in Supporting Each Other

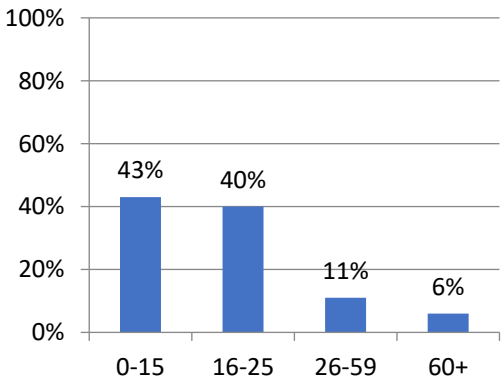


Percentage of Grantees who Report Improvement in Their Ability to Effectively Act Together

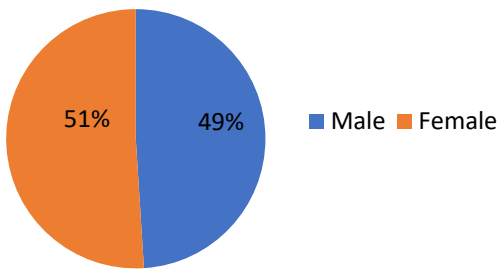


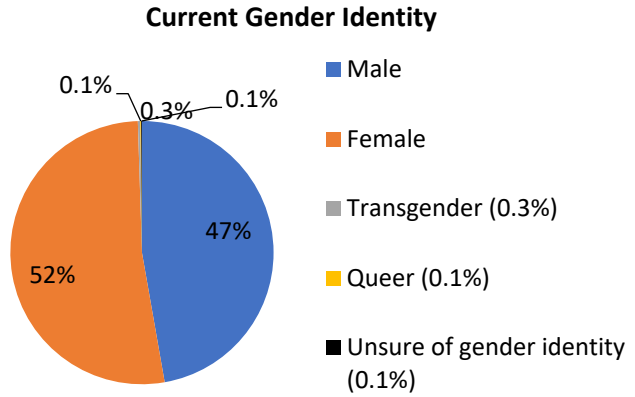
PEI Demographics

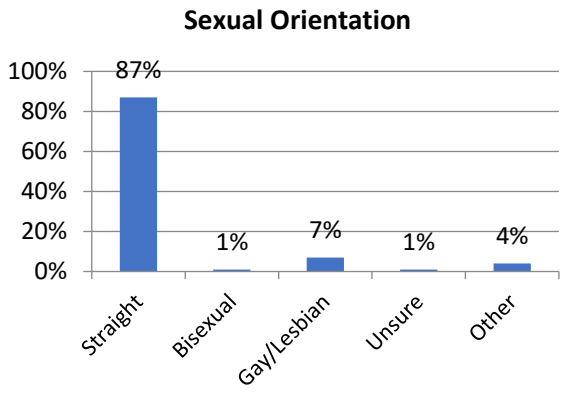
Age Group

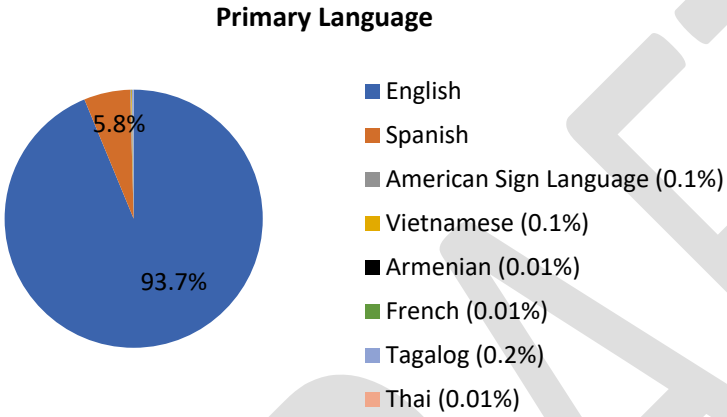


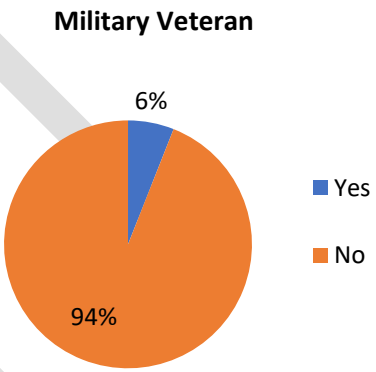
Assigned Gender at Birth

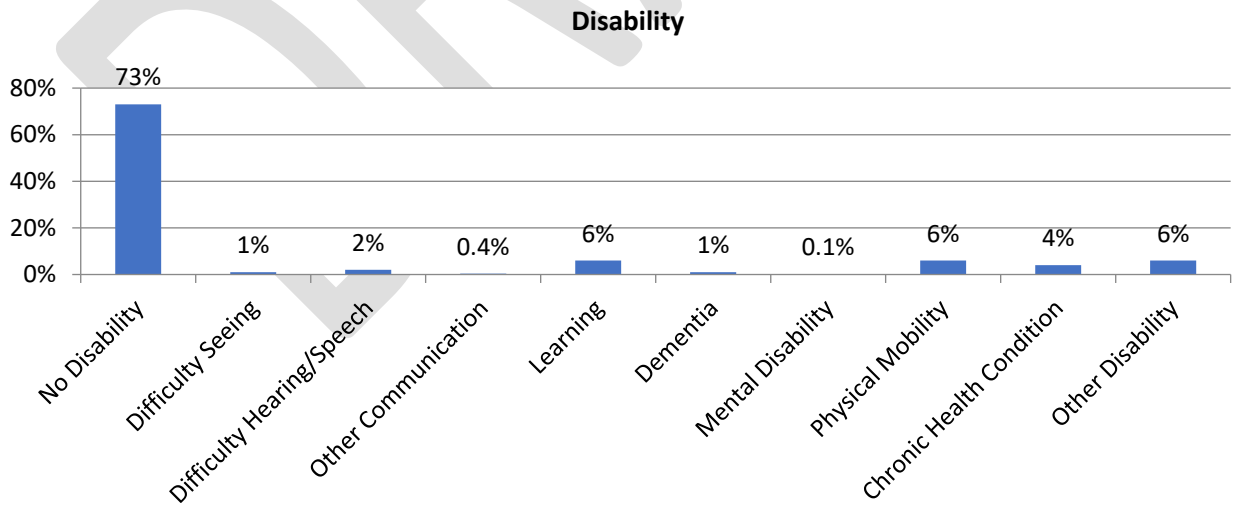


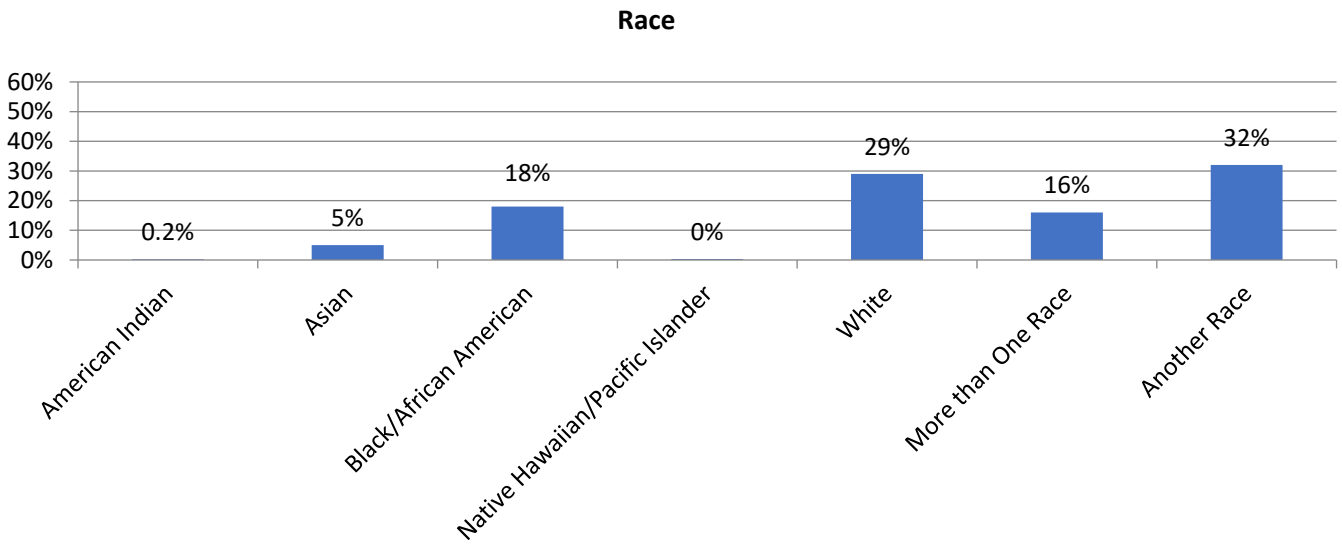

Current Gender Identity
0.1%
0.3%
0.1%
47%
52%
Male
Female
Transgender (0.3%)
Queer (0.1%)
Unsure of gender identity (0.1%)

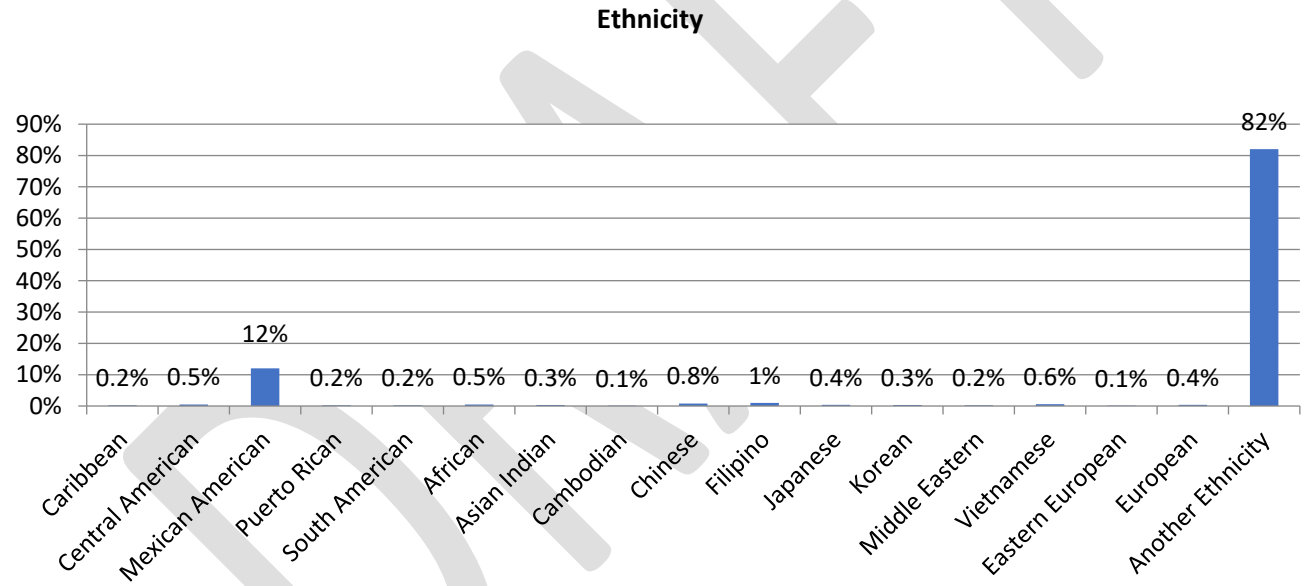

Sexual Orientation
100%
80%
60%
40%
20%
0%
87%
1%
7%
1%
4%
Straight
Bisexual
Gay/Lesbian
Unsure
Other


Primary Language
5.8%
93.7%
English
Spanish
American Sign Language (0.1%)
Vietnamese (0.1%)
Armenian (0.01%)
French (0.01%)
Tagalog (0.2%)
Thai (0.01%)


Military Veteran
6%
94%
Yes
No


Disability
80%
60%
40%
20%
0%
73%
1%
2%
0.4%
6%
1%
0.1%
6%
4%
6%
No Disability
Difficulty Seeing
Difficulty Hearing/Speech
Other Communication
Learning
Dementia
Mental Disability
Physical Mobility
Chronic Health Condition
Other Disability





Number of Potential Responders: 2,087
Setting in which responders were engaged: Community, schools, health Centers, workplace, and outdoors.
Type of Responders Engaged: TAYs, teachers, LGTBQ, families, religious leaders, and those with lived experience.

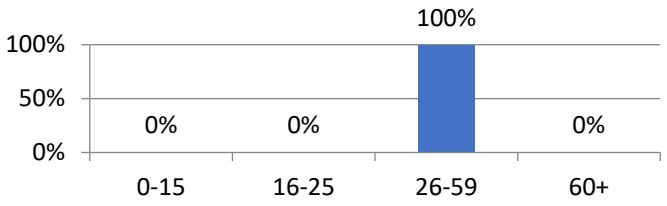
Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

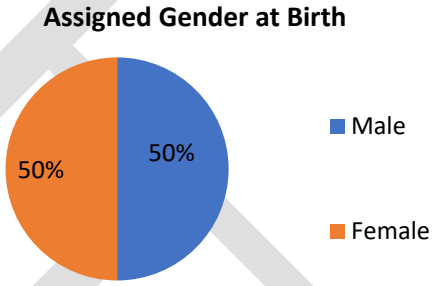
Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

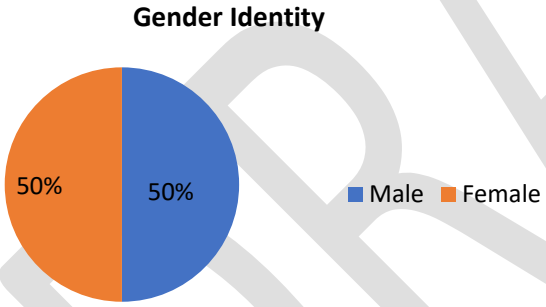
Timely Access to Services for Underserved Populations Strategy:

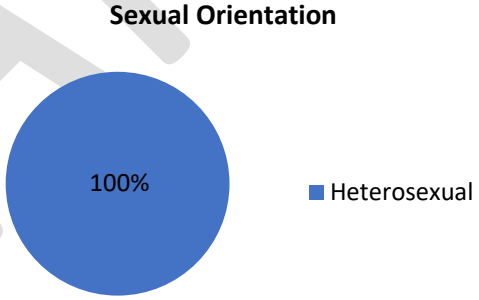
There were four referrals to Community Wellbeing.

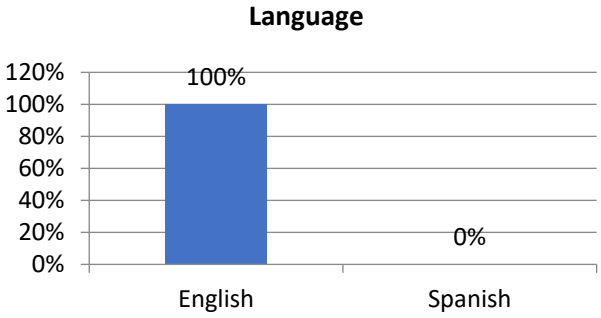
PEI Demographics based on referrals (n=4)

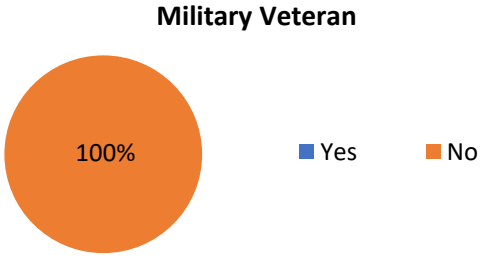


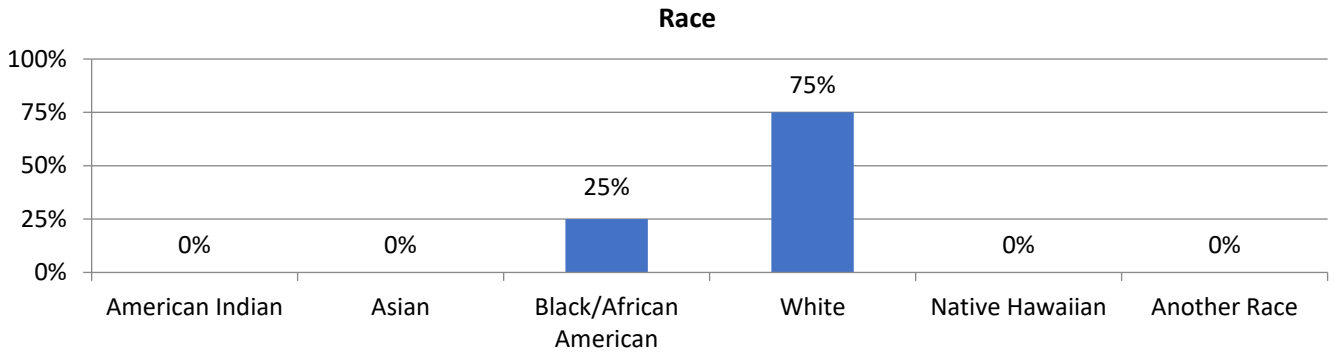


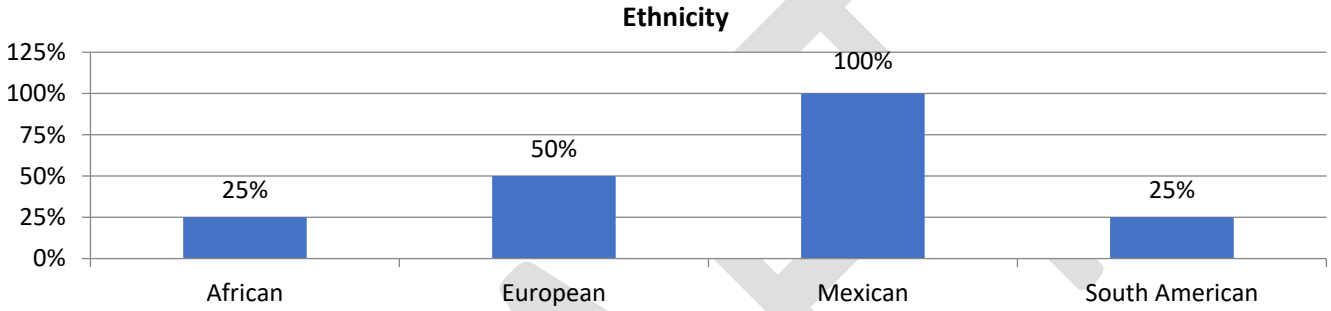


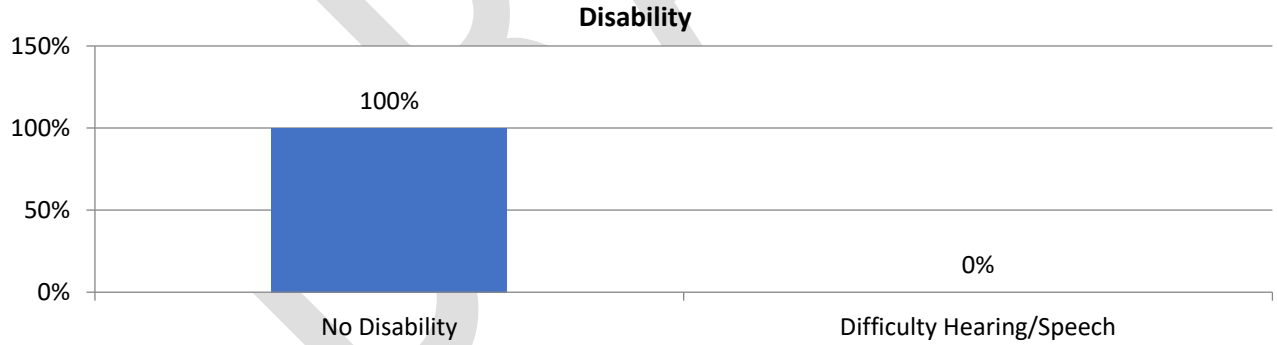







Race
100%
75%
50%
25%
0%
0%
0%
25%
75%
0%
0%
American Indian
Asian
Black/African American
White
Native Hawaiian
Another Race


Ethnicity
125%
100%
75%
50%
25%
0%
25%
50%
100%
25%
African
European
Mexican
South American


Disability
150%
100%
50%
0%
100%
0%
No Disability
Difficulty Hearing/Speech

COMMUNITY MENTAL HEALTH TRAININGS

Status of Program: ___ New _X_ Continuing ___ Modified ___ Discontinued	
Target Population: ___ 0-15 _X_ 16-25 _X_ 26-59 _X_ 60+ Other:	
Type of Program: _X_ Prevention ___ Early Intervention ___ Prevention and Early Intervention	

Program Description: Community Mental Health Trainers offer community trainings including Mental Health First Aid and workshops based on the Recovery Model, Non-Suicidal Self-Harm and parenting classes.

Target Populations: Tri-City staff, community members, local schools and agencies who are interested in learning how to recognize the early warning signs of mental illness and appropriately intervene to provide support.

Community Mental Health Trainings FY 2018-19	21
Individuals Trained	330

Community Mental Health Trainers began with Mental Health First Aid (MHFA), a nationally recognized program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone experiencing mental and emotional distress. This evidence-based program begins with a premise that just as people can master basic first aid for physical distress without being doctors (such as the Heimlich maneuver or CPR), they can master basic mental health first aid without being clinicians. TCMHA expanded the program to include additional trainings beyond the core MHFA curriculum, such as workshops on Everyday Mental Health, The Recovery Model, Non-Suicidal Self-Harm and parenting classes.

Program Updates:

In FY 2018-19, Tri-City expanded its training programs with the addition of a new Trauma Training: Adverse Childhood Experiences [ACEs]. This training focuses on childhood experiences and how trauma can impact an individuals' physical and mental health over their lifespan. This training is offered to Tri-City staff and community member/partners in Pomona, La Verne, and Claremont. In addition, Claremont Unified School District has offered seven trainings on Trauma Informed Care for their staff, interns and parents.

Tri-City staff provided a multi-module training to staff and volunteers from a local shelter called Hope for Home. Hope for Home is located in Pomona and staff are faced with many challenges on a daily basis while serving this complex population. This training was created by the request of the shelters manager to increase the skills of their staff and better serve their participants.

Five Mental Health First Aid trainings were completed by both Pomona and La Verne Police Departments. Coordinating training dates has long been a challenge with law enforcement due to competing priorities. However, this training is considered an important addition to law enforcement and additional trainings are expected to take place as time and scheduling allows.

Mental Health First Aid is also offered for staff and service learners (volunteers). After participating in one of our Mental Health First Aid training, a service learner realized that they had been struggling their mental health but did not know what it was, how to explain it, or how to go about getting support for it. Service learner connected with the peer mentor program and started receiving one-on-one support as well as participates in support groups at the Wellness Center. This individual has come a long way since receiving support and has shared that they've notice a change in their mental health and wellness.

Challenges Experienced:

Although Mental Health First Aid, one of the primary trainings, was considered a highly successful program since its inception in 2010, over the past few years staff observed a steady decline in the number of trainings requested by the community as well as the number of trainers available to provide them. In response, at the end of FY 17-18, Tri-City eliminated the two Community Mental Health Trainer Positions where two full time staff provided all the trainings, marketing, outreach, and administrative duties for the position.

Since then, Tri-City has continued to provide trainings conducted by existing staff, even adding new trainings, but currently do not have a designated position/staff person to preform them. To assist in delivering these trainings, Tri-City has trained a number of staff as instructors in the various curriculums, but due to schedules and other job duties staff have limited time.

Many communities like to utilize these free trainings but have limited time to participate in an 8-hour or multi-day training for their staff or volunteers. Tri-City staff have diligently tried to accommodate participants, including modifying some trainings to meet their specific schedules.

Offering these trainings in a language other than English continues to be a challenge. Only two of these trainings are offered in Spanish. Staff will continue to research other trainings that can be offered in various languages and can be accessed through multiple sources such as online, webinar, or other virtual format.

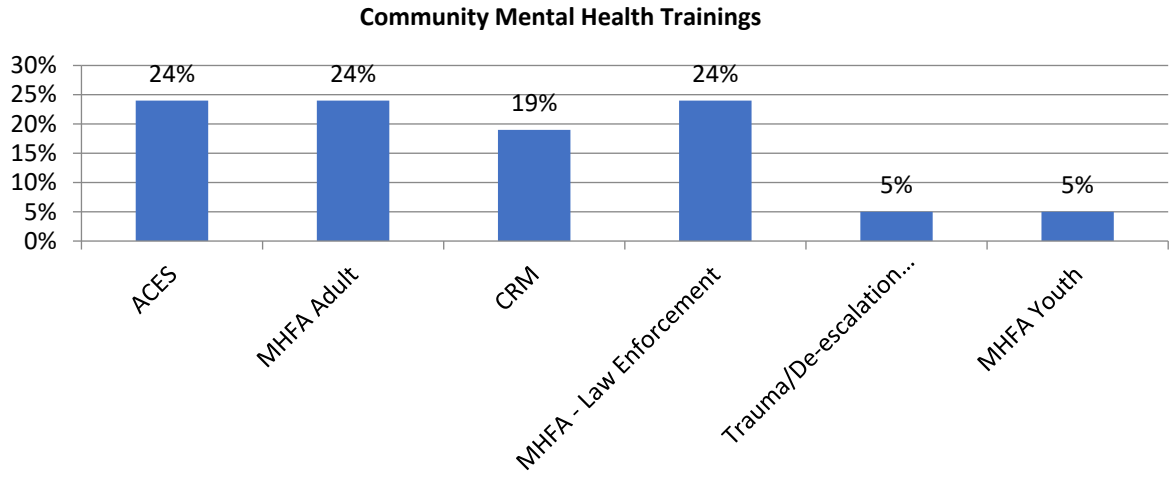
PROGRAM: Community Mental Health Trainings

HOW MUCH DID WE DO?

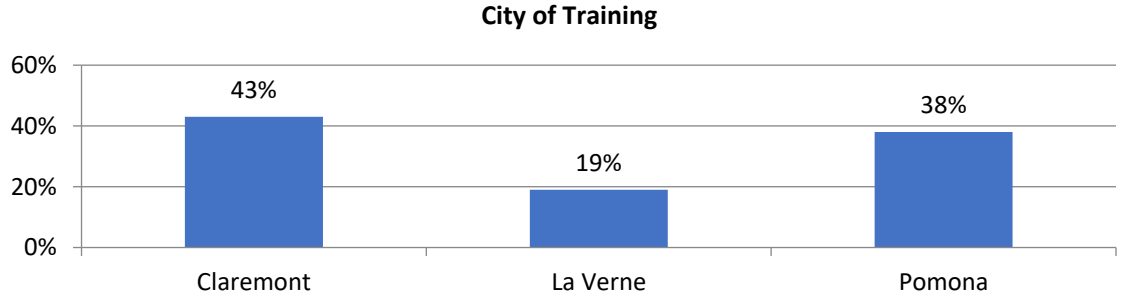
330
Individuals Trained

21
Community Mental Health Trainings

1,236 attendees at trainings from FY 16 to FY 18

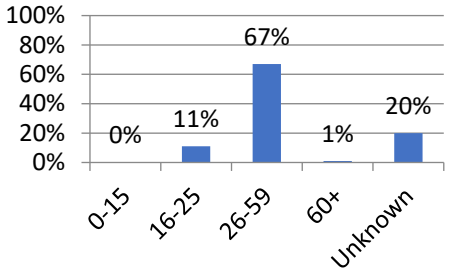


3 new trainings implemented for the community for FY 18-19: ACES, MHFA for Law Enforcements, and Trauma/De-escalation training

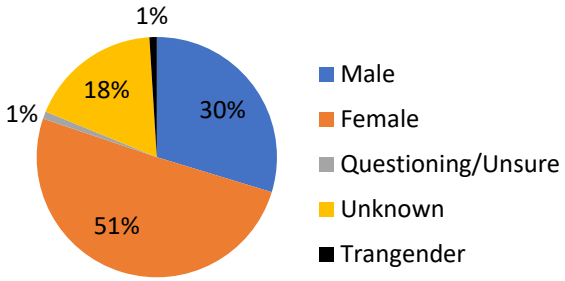


PEI Demographics

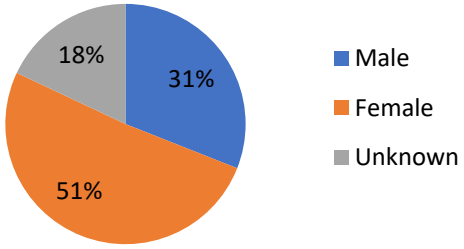
Age Group



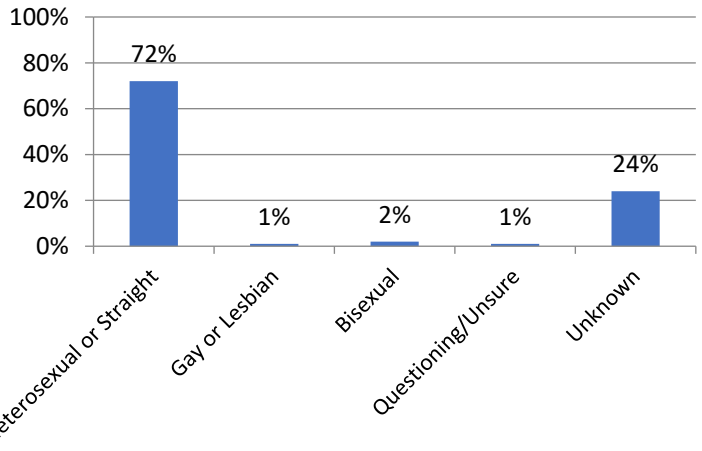
Current Gender Identity



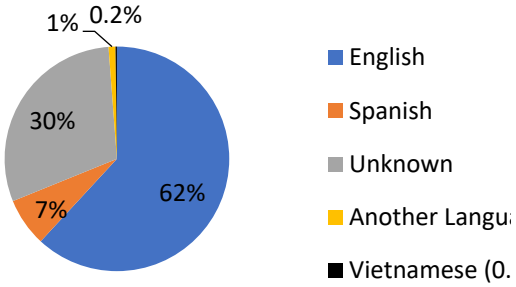
Assigned Gender at Birth



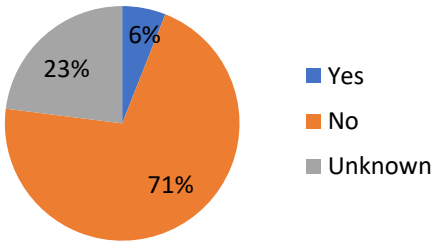
Sexual Orientation



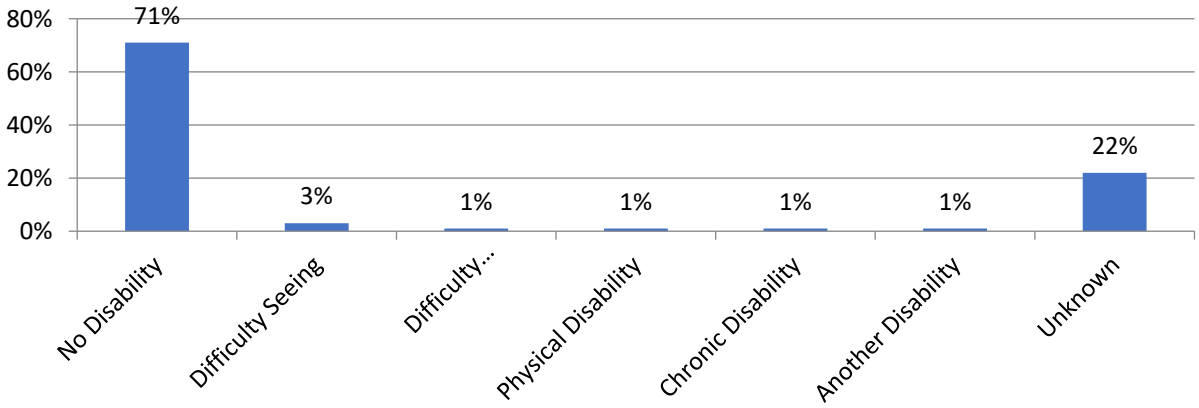
Primary Language

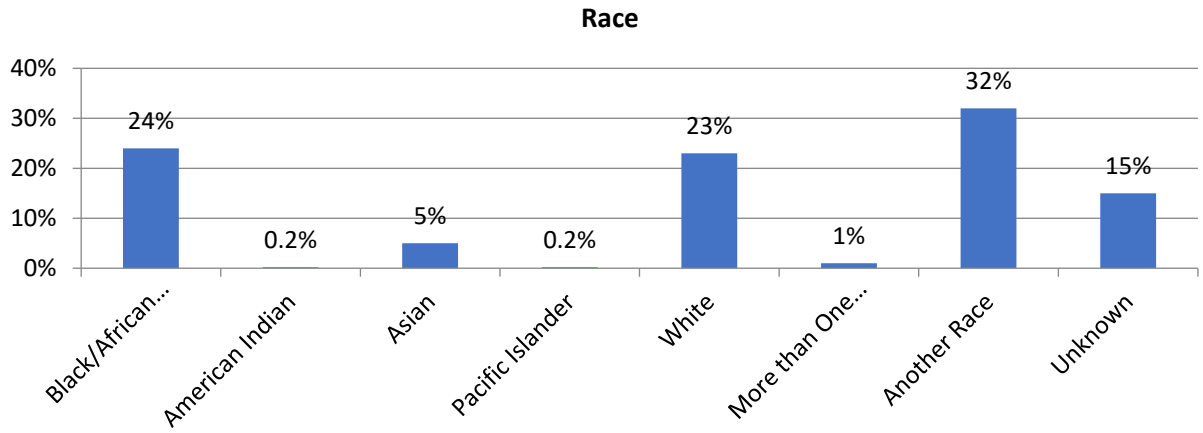


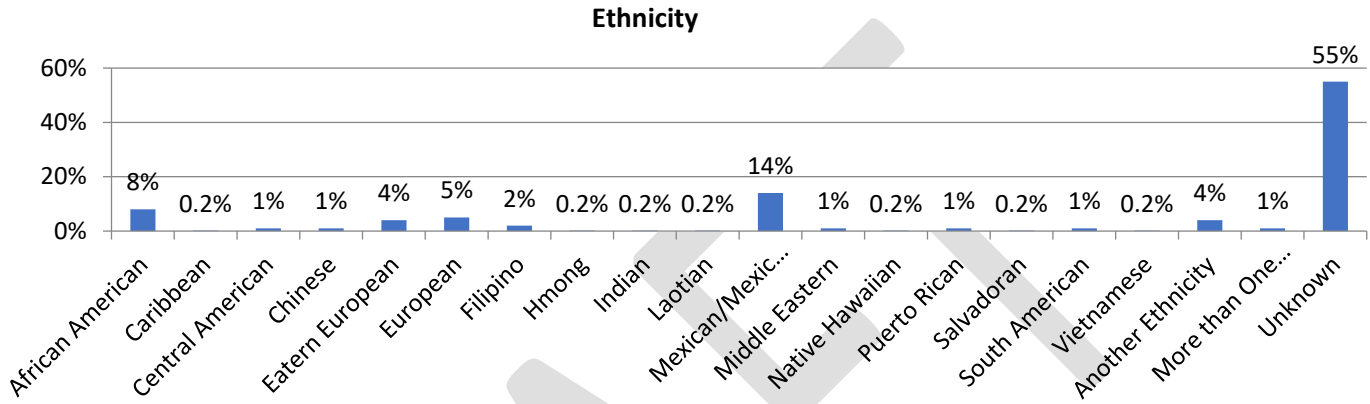
Military Veteran



Disability



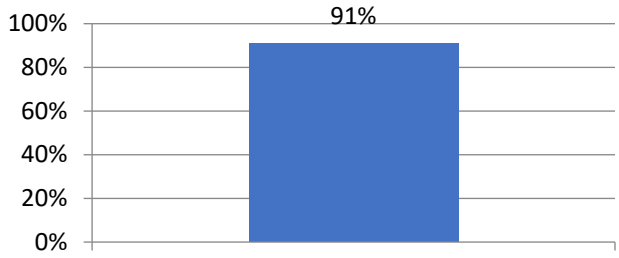




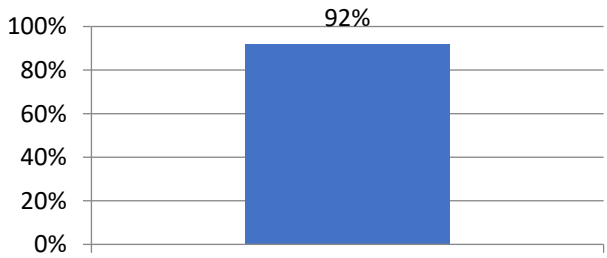
HOW WELL DID WE DO IT?

Throughout the last three years, training ratings have been consistent of 90% or higher.

Percentage of participants who report the training was relevant to their day to day activities:

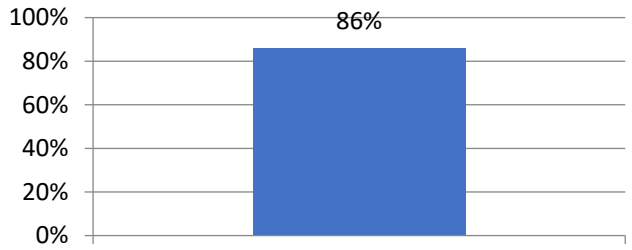


Percentage of participants who rated the training session as good or excellent:

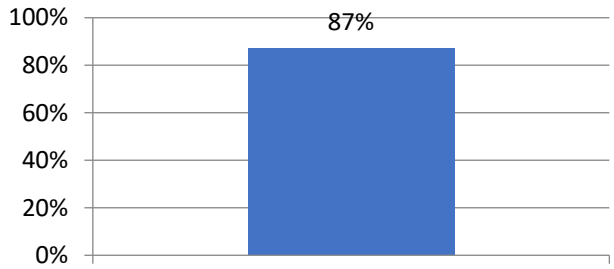


IS ANYONE BETTER OFF?

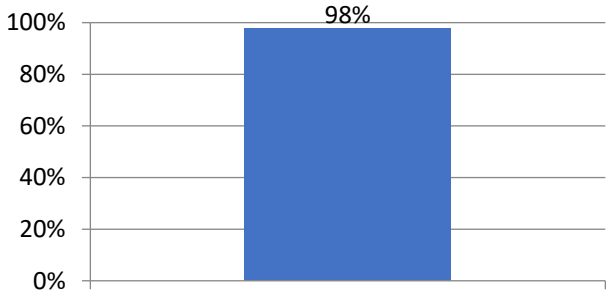
Percentage of participants who report feeling confident in using or applying the skills learned in the training:



Percentage of participants who report feeling more confident reaching out to someone who may be dealing with a mental health challenge or crisis:



Percentage of participants who would recommend training to others:



Number of Potential Responders: 330
Setting in which responders were engaged: Community, schools, and colleges.
Type of Responders Engaged: TAYs, Adults, Seniors, landlords, and students.

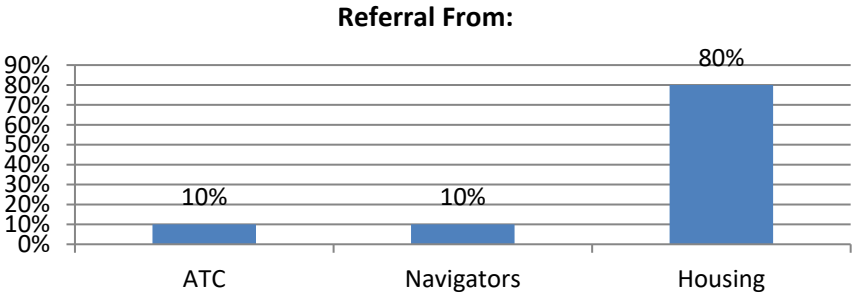
Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

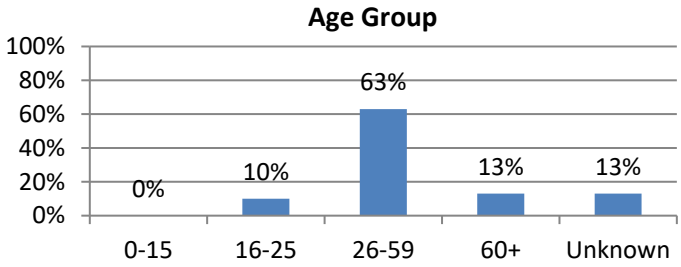
Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

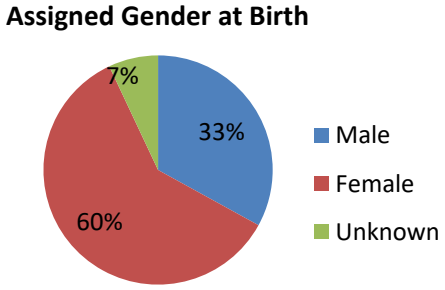
Timely Access to Services for Underserved Populations Strategy:

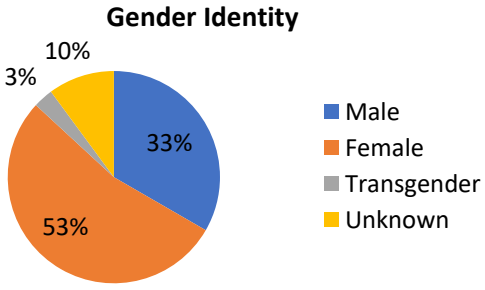
30
Referrals coming into Community Mental Health Trainings

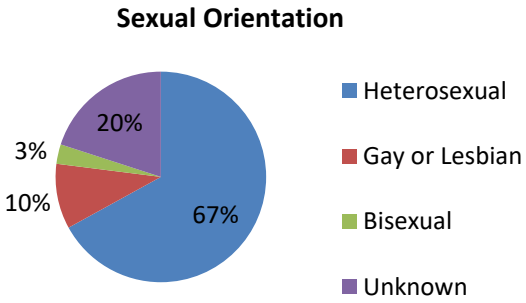


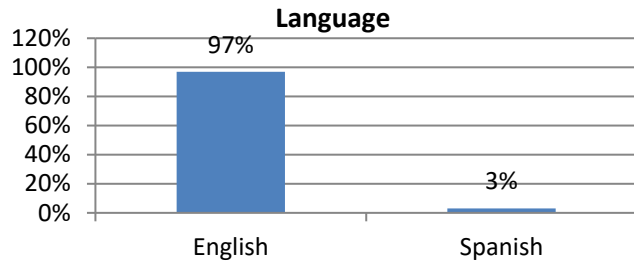
PEI Demographics based on referrals (n=76)

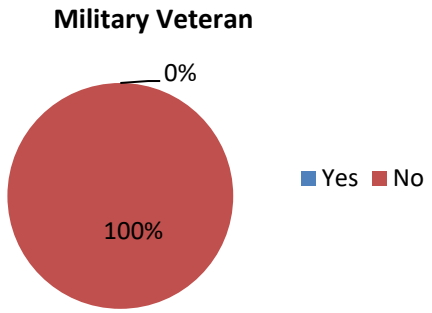


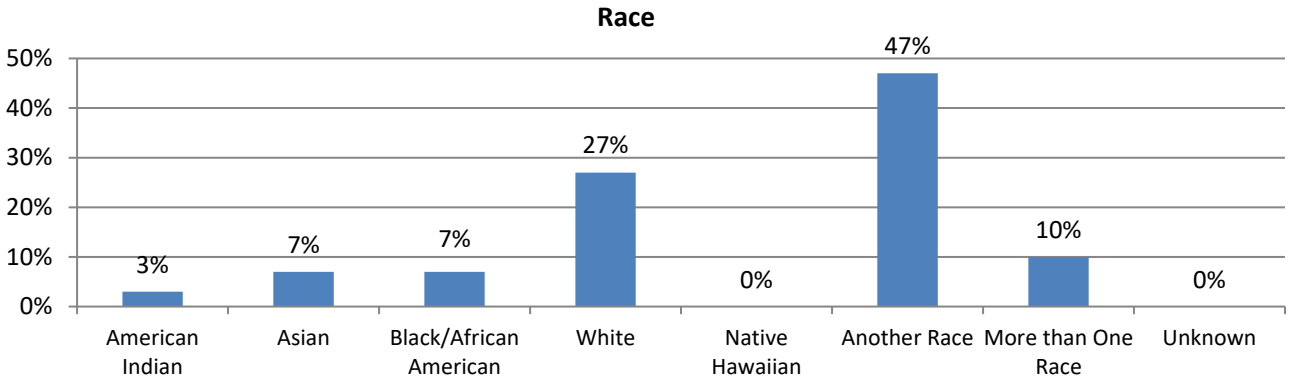







Language
120%
100%
80%
60%
40%
20%
0%
97%
3%
English
Spanish


Military Veteran
0%
100%
Yes
No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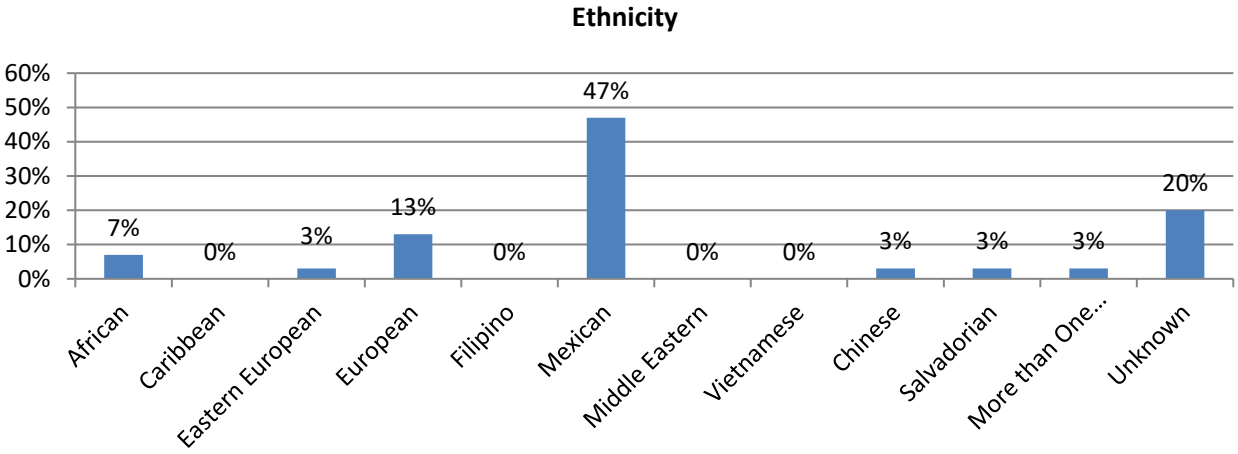
50%
40%
30%
20%
10%
0%
3%
7%
7%
27%
0%
47%
10%
0%
American Indian
Asian
Black/African American
White
Native Hawaiian
Another Race
More than One Race
Unknown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40%
30%
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10%
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7%
0%
3%
13%
0%
47%
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0%
3%
3%
3%
20%
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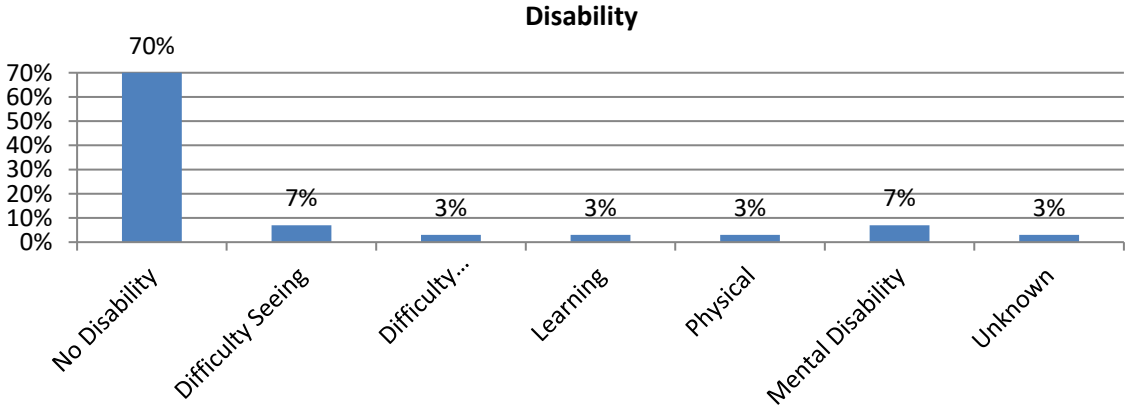
Caribbean
Eastern European
European
Filipino
Mexican
Middle Eastern
Vietnamese
Chinese
Salvadorian
More than One...
Unknown


Disability
70%
60%
50%
40%
30%
20%
10%
0%
70%
7%
3%
3%
3%
7%
3%
No Disability
Difficulty Seeing
Difficulty...
Learning
Physical
Mental Disability
Unknown

STIGMA REDUCTION AND SUICIDE PREVENTION

Status of Program:	___ New _X_ Continuing ___ Modified ___ Discontinued
Target Population:	_X_ 0-15 _X_ 16-25 _X_ 26-59 _X_ 60+ Other:
Type of Program:	_X_ Prevention ___ Early Intervention ___ Prevention and Early Intervention

Program Description: Tri-City's stigma reduction effort is encompassed under Room4Everyone and includes a website focused on stigma reduction, along with several other components designed to empower individuals suffering with mental health challenges and awareness to the stigma related to mental illness. Suicide prevention efforts include offering the safeTALK alertness training which provides participants with the skills needed to recognize the signs of suicide in an individual and connect them quickly and safely with the appropriate resources and support services.

Target Population: Community members, agencies and organizations located in the Tri-City region (cities of Claremont, Pomona, and La Verne).

Number Served FY 2018-19	**668**

Addressing the stigma that surrounds mental illness has long been a focus for Tri-City Mental Health Authority. Tri-City's stigma reduction efforts are consolidated under the primary campaign, Room4Everyone. Room4Everyone, a community wellbeing campaign, includes a website dedicated to providing community members with resources, information, and personal stories about recovery for individuals with mental illness.

Beneath the Room4Everyone umbrella are three components, with each one providing an opportunity for community members to become involved in the fight against stigma in a way that fits for them.

1. **Courageous Minds Speakers Bureau** consists of individuals with lived experience who are leading the charge against stigma by sharing their personal stories and modeling a positive path to recovery.
2. **Creative Minds** is a community art gallery where local artists of every skill level can contribute art displayed on the walls of Tri-City's MHSA building. Artists are recognized for their work and share how their art influenced their life.

3. **National, state and local mental health awareness campaigns,** which includes collaborative campaigns such as May is Mental Health Month, July is Minority Mental Health Month, Suicide Prevention Week, Directing Change (a suicide prevention video contest) and Green Ribbon Week, an original annual Tri-City event held during the month of March.

In addition to stigma reduction, suicide prevention remains high on the list of priorities for Tri-City. By offering a series of trainings for both staff and community members, Tri-City is able to empower the community to recognize the early signs of suicide and how to respond through trainings such as SafeTALK/SuicideTALK, and Know the Signs.

The Room4Everyone Campaign and its components, serves all ages. Specifically, the stigma reduction and Creative Minds project connects with school age children from elementary through college. Younger students celebrate and participate in Green Ribbon events, sponsored through CalMHSA's Each Mind Matters campaign. High school students and faculty participate through a film contest called Directing Change, with Claremont High School winning first place in their region with their suicide prevention film entitled, "There is Hope".

This program also serves adults and older adults community wide by hosting various anti-stigma events and providing opportunities for participation at every age level.

Program Update:

In FY 2018-19, Tri-City's Stigma Reduction Program promoted the annual Directing Change statewide program & film contest. This year 31 films were submitted from schools and organizations located within the tri city area. Over 125 youth, students, and young adults participated in the creation and submission of these films.

Of the 35 films, 5 were selected for state award recognition and 6 more received honorable mention.

- Claremont High School
- Marshall Middle School (Pomona)
- Mountain View Elementary School (Claremont)
- School of Arts and Enterprise (Pomona)
- Tri-City Mental Health Services

Changes were made over the past year to expand the role of the Courageous Minds speakers. Opportunities for community involvement where researched and presented to the group which allowed them to expand their contributions beyond simply telling their story. Members were able to self-select which projects they wanted to participate with more than half of the members utilize skills that went beyond their current role with sharing their stories.

Other volunteers, also known as service learners, were invited to support MHSA programs in a more intentional way. By serving with a strategy for learning, service learners not only enhanced the program but seemed to enrich their own experience as well.

In January two groups of speakers signed up to work together. Each group took on a different project that helped them to developed skills including planning, prioritizing, socialization, leadership, communication, marketing, outreach and problem solving. One of the projects was to plan and facilitate a lunch & learn presentation for staff

and the other was to plan and facilitate a workshop on story telling at a peer conference in Los Angeles. With the guidance of program staff both groups were very successful.

Challenges Experienced:

Suicide Prevention

Getting community groups to host or attend trainings has been a challenge. Within stigma reduction the topic of suicide itself is particularly stigmatized. SafeTALK continues to be provided in only English and French and with only one staff and no community members trained to provide the trainings. Solutions to increase the number of trainings that are provided in the community next year are adding a courageous minds speaker to sharing as often as possible as a way to increase promotion and interest. Also looking into a new opportunity for a suicide prevention program that is no cost and will allow us to potentially put together a T4T. This program hosts all of the materials online and is available in Spanish and other languages.

Courageous Minds

It has been a challenge to keep the number of speakers 'FULL'. Two new cohorts of speakers each year are trained. At present there are not enough referrals made to increase to three cohorts a year. The plan to increase retention and referrals is to create more opportunities for involvement that exceed speaking opportunities. These opportunities will include promoting the speakers bureau at events, planning and hosting more social events, as well as the speakers planning and facilitating more events like workshops and presentations. Getting speakers stories recorded as part of the final session of the training workshops will not only serve as providing website content but it will serve as an appropriate option for an audience should a specific speaker not be available.

Creative Minds

Each showcase hosts up to 45 artists. It is a challenge for participants to turn in their art by the due date; it is also a challenge to get it picked up. When the artists do not pick their art up, it poses a challenge with office space and storage. The proposed solution is to have a signed agreement with the participant indicating when the art work must be picked up.

Statewide Projects through CalMHSA:

In addition to local stigma reduction efforts, Counties are able to join together in a collaborative effort at a statewide. Through this valuable resource, Tri-City has been able to leverage PEI funds to expand their stigma reduction efforts and multiply outreach materials and promotional opportunities. Below is a list of these outreach opportunities including a brief description and how Tri-City has incorporated these options.

Know the Signs is the statewide suicide prevention campaign funded through CalMHSA. It is primarily web based with the website being www.suicideispreventable.org. Tri-City receives campaign material as well as a suicide prevention month toolkit to use and share during the month of September. These materials are posted in visible spaces around Tri-City locations where Suicide Prevention messaging and the National Suicide Prevention Lifeline number can be accessible. We are able to provide these same materials including buttons, pens and wallet cards with the signs on them to our communities at no cost to them. These materials are available in English and Spanish.

The Suicide Prevention Month toolkit is also available electronically. The link to the electronic version is posted on the Room4Everyone website and shared with staff as well as community partners.

Each Mind Matters is the statewide stigma reduction campaign funded through CalMHSA. We receive 1000 ribbons per year at no cost. We purchase approximately an additional 3000 ribbons per year to distribute throughout the communities. A large majority of these ribbons are distributed during Green Ribbon Week in March and again in May is Mental Health Month. We also receive new materials as they are developed by EMM. During May for Mental Health Month a Toolkit is sent out. Based on the utilization and engagement we have with our communities we have been given up to 5 toolkits. We are able to share these toolkits with our community partners and use the materials in them to post throughout Tri-City locations.

Directing Change is a statewide youth film competition that deals with stigma reduction and suicide prevention messaging. Each year we have more and more students involved from our communities representing classes, campuses and youth serving organizations. The youth from the Tri-City communities submit award winning videos and are recognized at the award ceremony held in Downtown Los Angeles during May Mental Health Month.

PROGRAM: Stigma Reduction & Suicide Prevention

HOW MUCH DID WE DO? Stigma Reduction

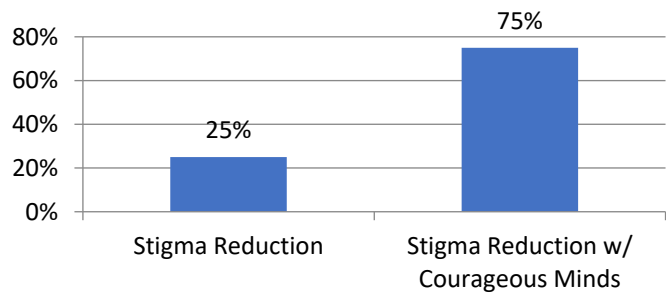
24
Presentations

14
Courageous Minds Speakers Shared

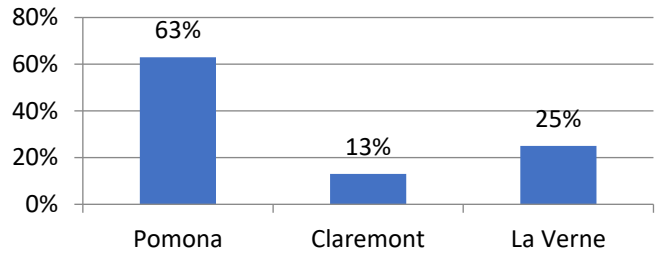
There were 55 stigma reduction presentations from FY 16 to FY 18
- 50% increase from FY 16 to FY 18

The number of Courageous Minds speakers remained constant from FY 16 to FY 18

Type of Presentation



Presentations by City

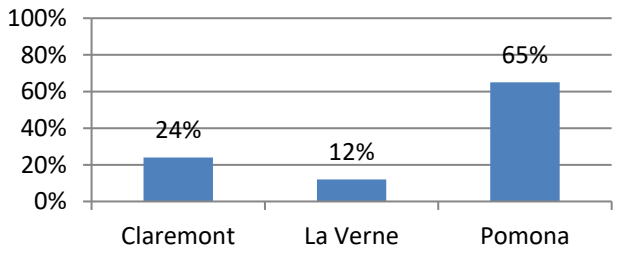


Promotional Activities

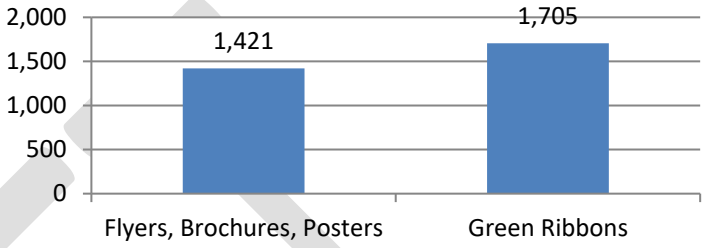
3,126

Promotional Materials

City of Promotional Materials

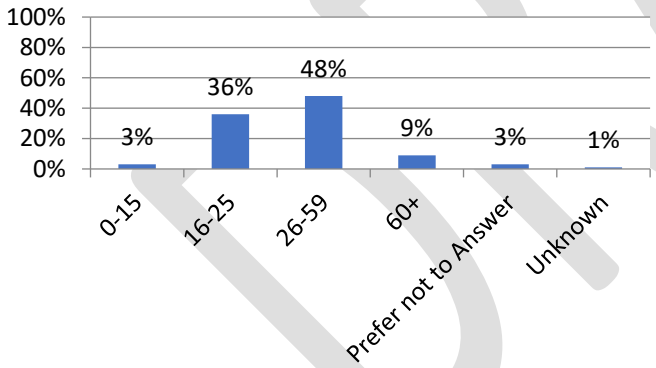


Type of Promotional Materials

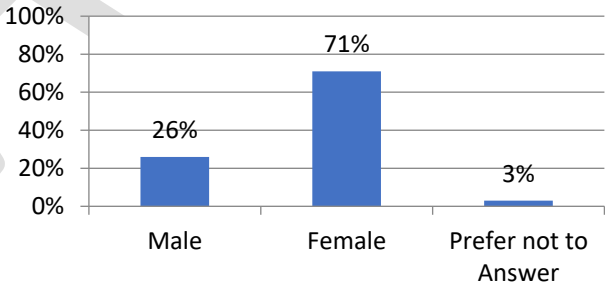


Demographics based on Participants who Completed Stigma Reduction surveys (n=319)

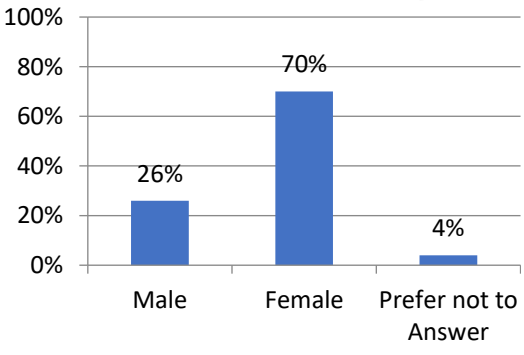
Age Group



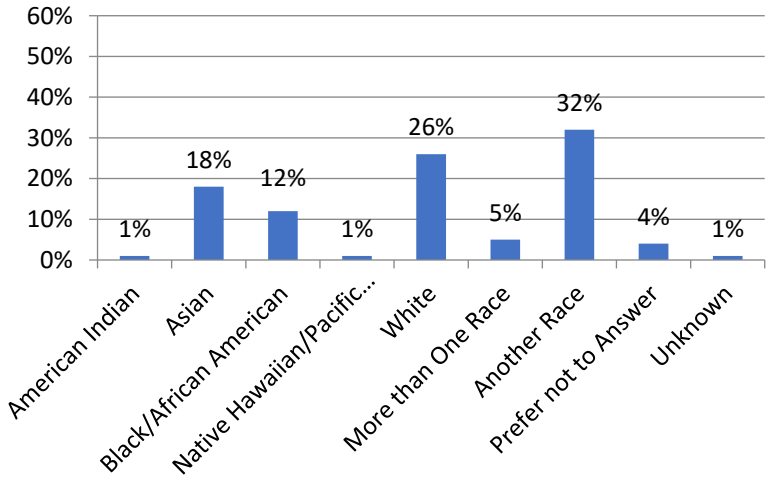
Assigned Gender at Birth

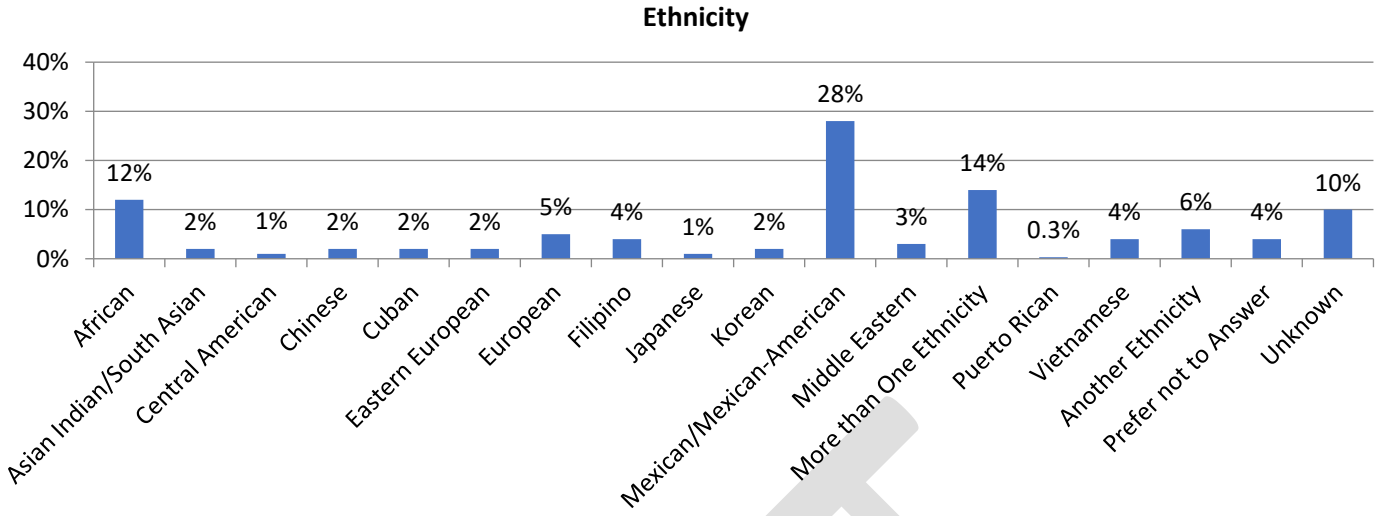


Current Gender Identity



Race

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20%
10%
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12%
2%
1%
2%
2%
2%
5%
4%
1%
2%
28%
3%
14%
0.3%
4%
6%
4%
10%
African
Asian Indian/South Asian
Central American
Chinese
Cuban
Eastern European
European
Filipino
Japanese
Korean
Mexican/Mexican-American
Middle Eastern
More than One Ethnicity
Puerto Rican
Vietnamese
Another Ethnicity
Prefer not to Answer
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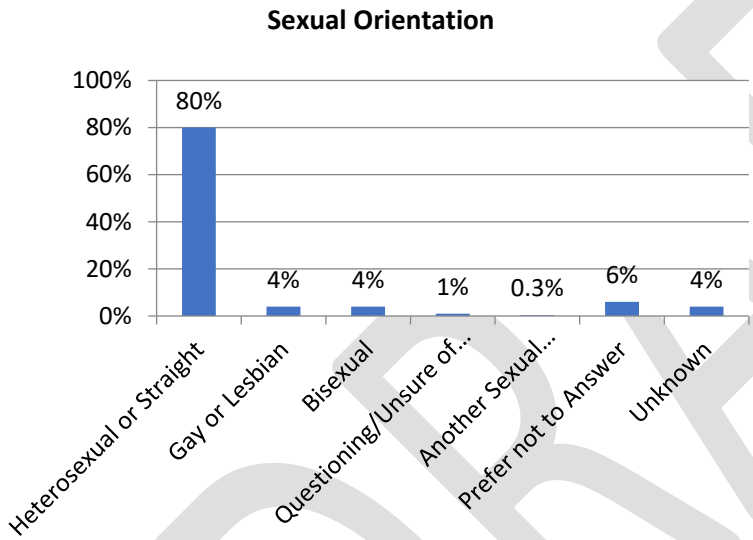
Sexual Orientation
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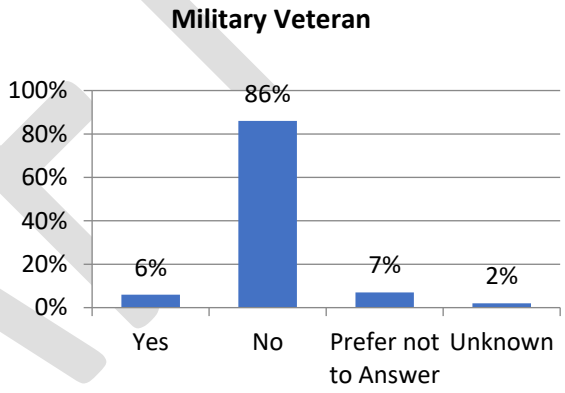
80%
60%
40%
20%
0%
80%
4%
4%
1%
0.3%
6%
4%
Heterosexual or Straight
Gay or Lesbian
Bisexual
Questioning/Unsure of...
Another Sexual...
Prefer not to Answer
Unknown


Military Veteran
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40%
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0%
6%
86%
7%
2%
Yes
No
Prefer not to Answer
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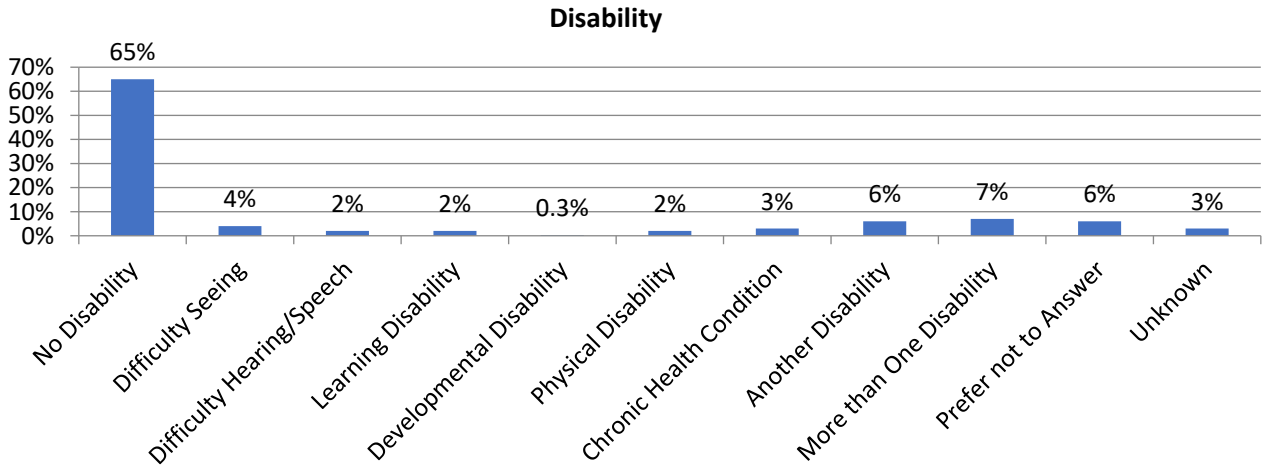
Disability
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40%
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10%
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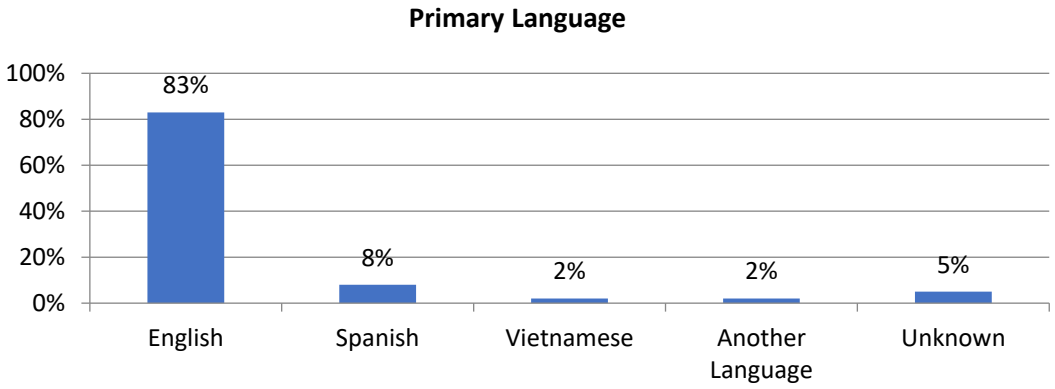
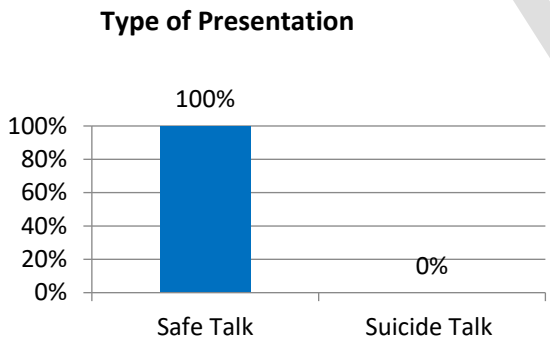
4%
2%
2%
0.3%
2%
3%
6%
7%
6%
3%
No Disability
Difficulty Seeing
Difficulty Hearing/Speech
Learning Disability
Developmental Disability
Physical Disability
Chronic Health Condition
Another Disability
More than One Disability
Prefer not to Answer
Unknown

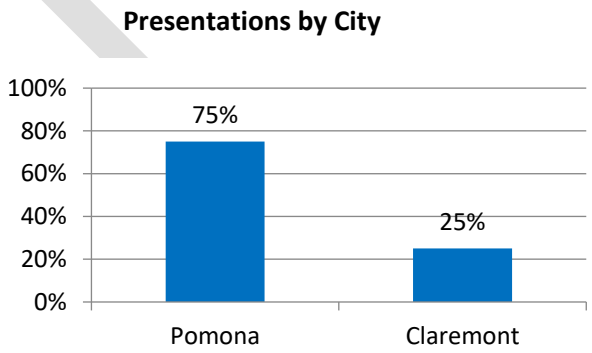


HOW MUCH DID WE DO? Suicide Prevention

4

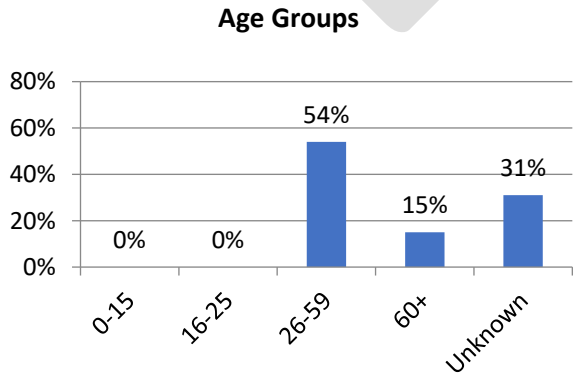
Trainings

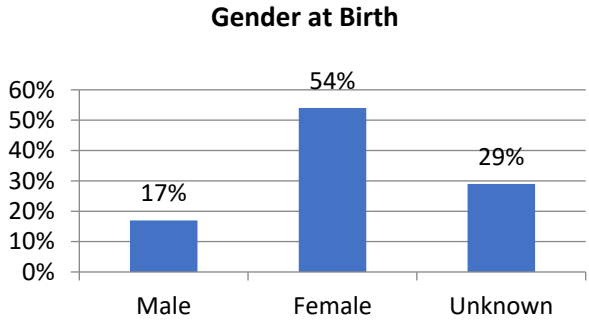




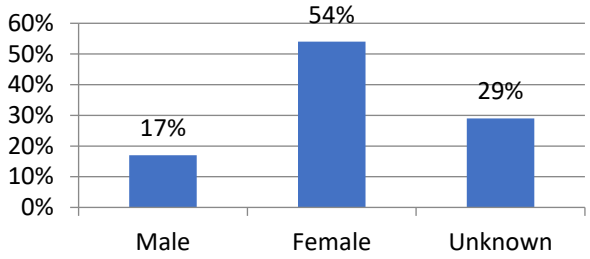
Demographics based on Participants who Completed Safe Talk surveys (n=52)

Older version survey was used for first six months of FY Safe Talk presentations

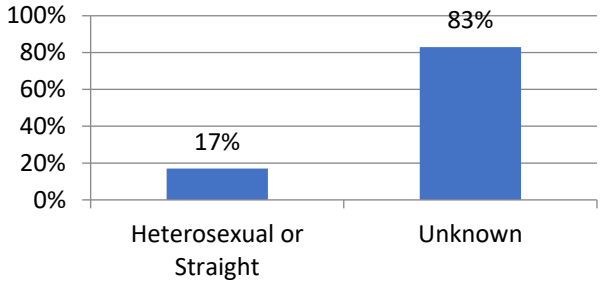




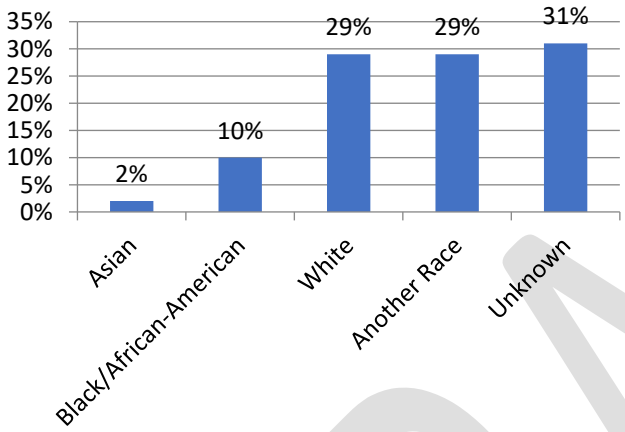
Gender Identity



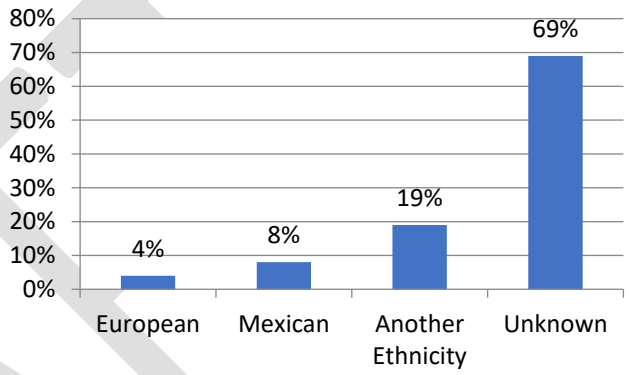
Sexual Orientation



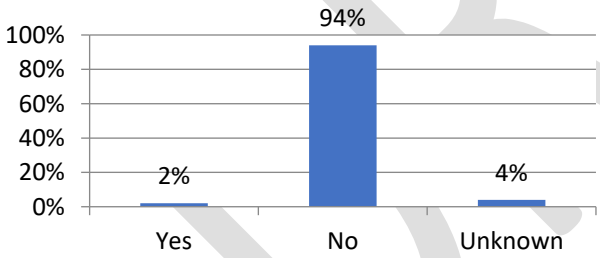
Race



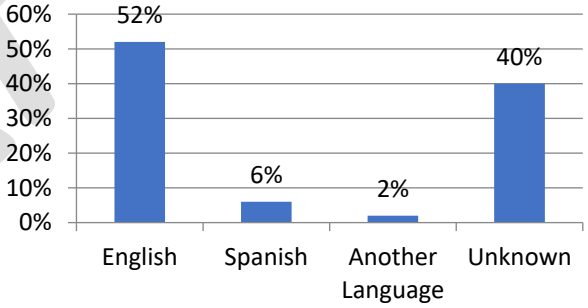
Ethnicity



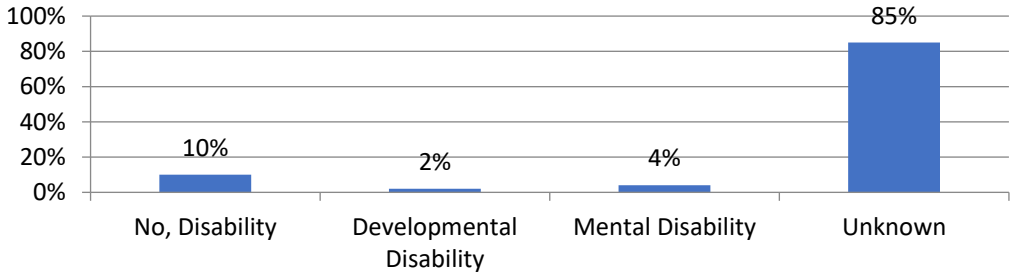
Military Veteran



Primary Language



Disability



HOW MUCH DID WE DO? Creative Minds

6
Art Events Held

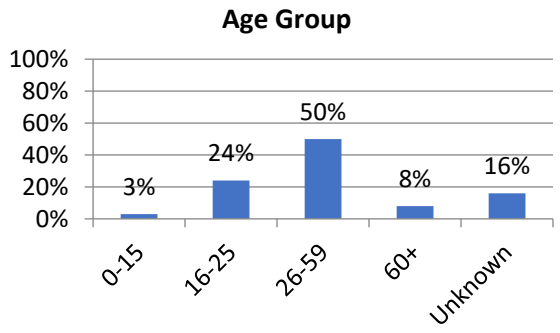
152 Participated in Workshop & Gallery

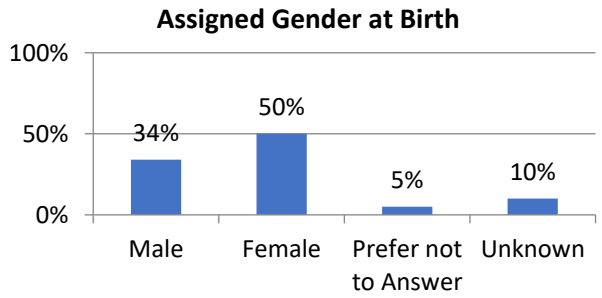
113
Art Pieces Submitted

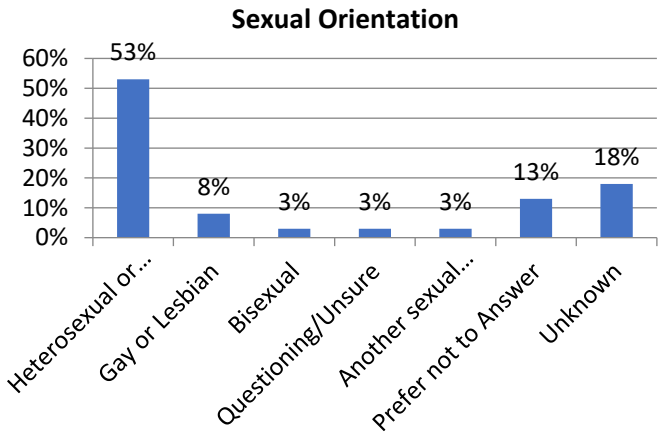
265 artists participated in workshops and/or galleries from FY 16 to FY 18

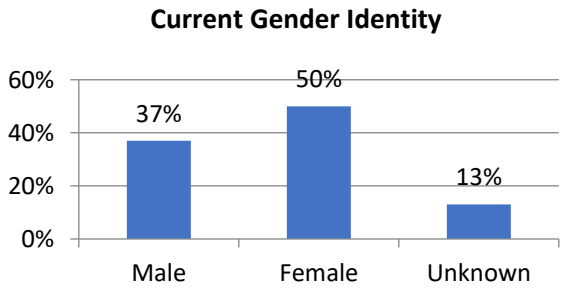
- 280% increase from FY 16 to FY 18

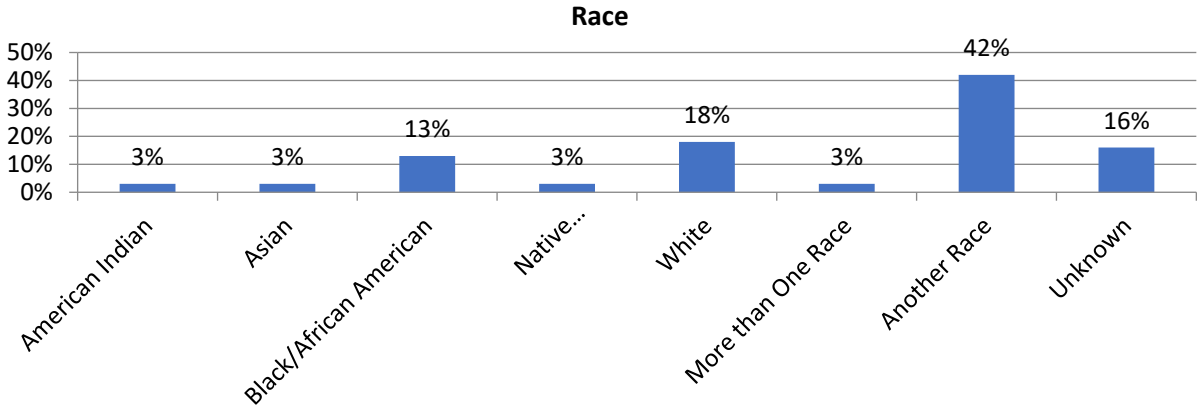
Demographics based on Participants who Completed Workshop surveys

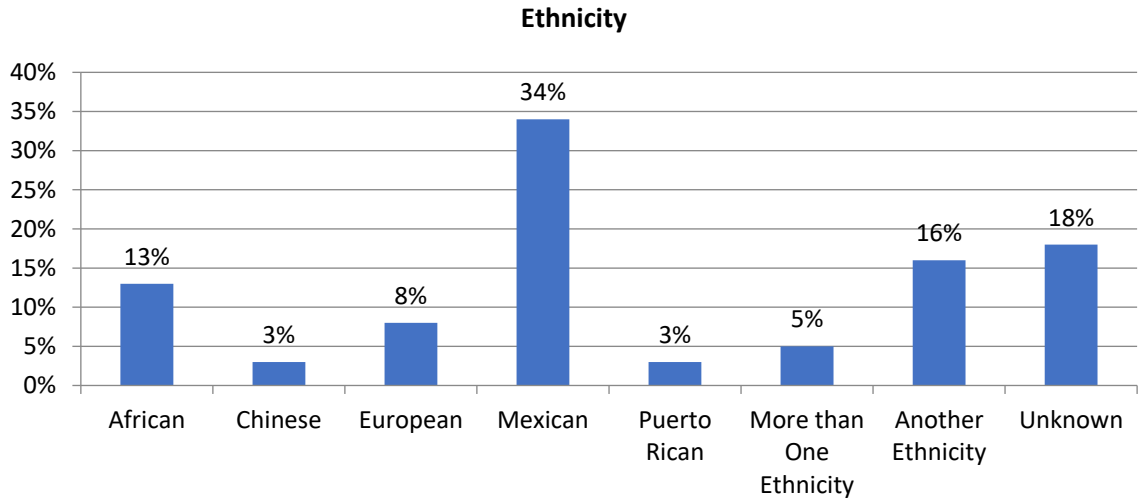








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3%
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16%
18%
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Chinese
European
Mexican
Puerto Rican
More than One Ethnicity
Another Ethnicity
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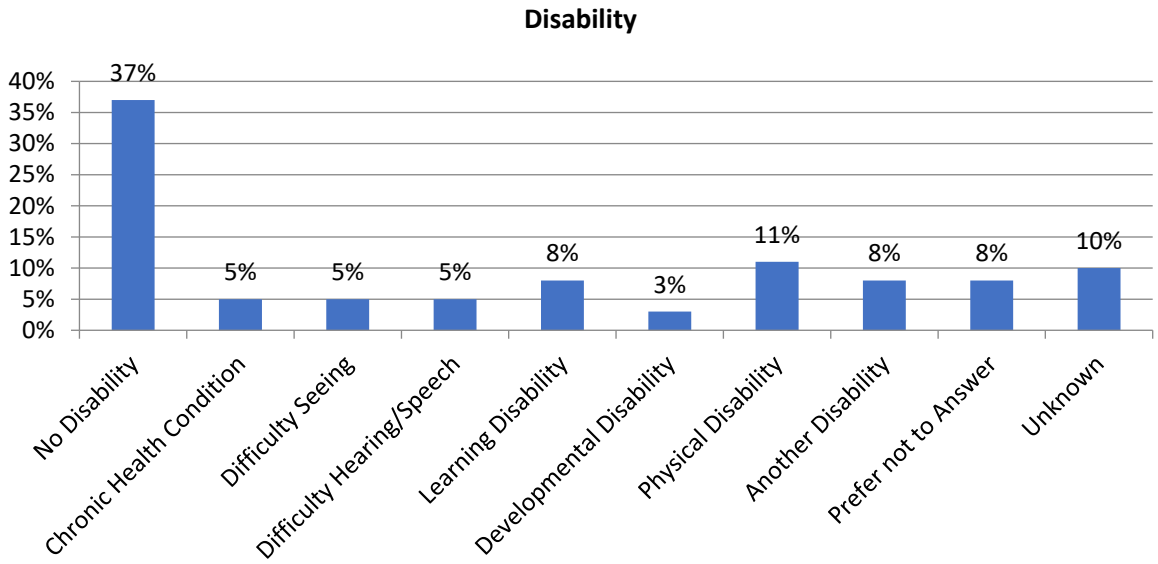
Disability
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20%
15%
10%
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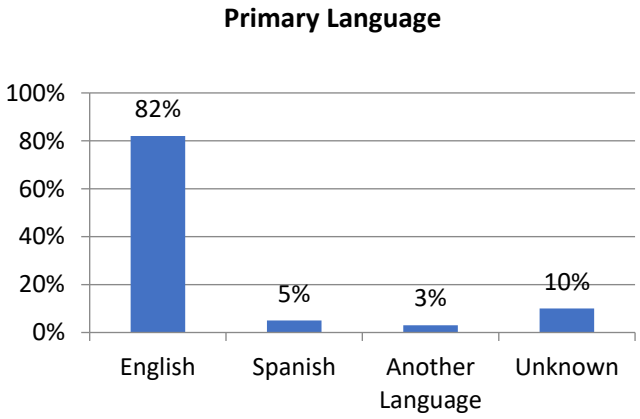
0%
37%
5%
5%
5%
8%
3%
11%
8%
8%
10%
No Disability
Chronic Health Condition
Difficulty Seeing
Difficulty Hearing/Speech
Learning Disability
Developmental Disability
Physical Disability
Another Disability
Prefer not to Answer
Unknown


Primary Language
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60%
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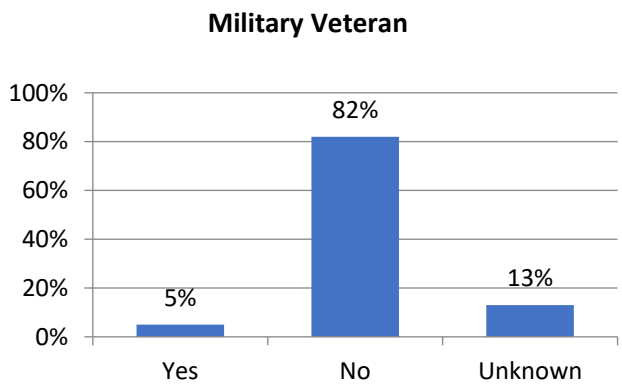
0%
82%
5%
3%
10%
English
Spanish
Another Language
Unknown


Military Veteran
100%
80%
60%
40%
20%
0%
5%
82%
13%
Yes
No
Unknown

HOW WELL DID WE DO IT?

540
Attendees for Stigma Reduction Presentations

56
Attendees for Safe Talk Presentations

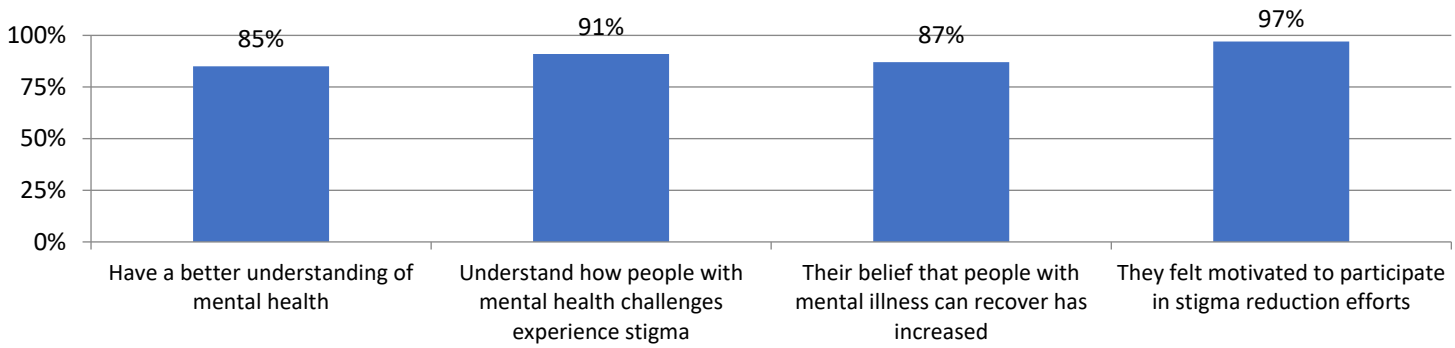
89
Attendees for Art Gallery Receptions

58,693
Number of Website Hits for the "Room4Everyone" Website

19,787
Number of Unique Website Hits for the "Room4Everyone" Website

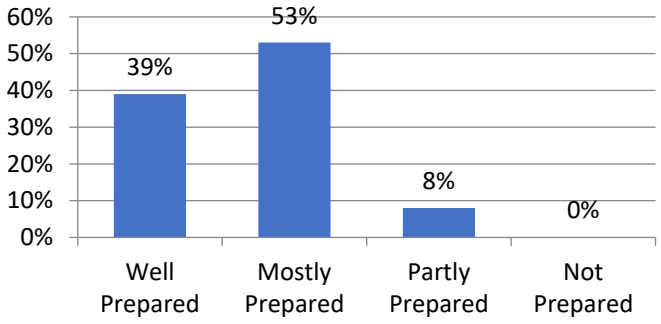
IS ANYONE BETTER OFF? Stigma Reduction

Percentage of Stigma Reduction Attendees who reported that as a result of the trainings:

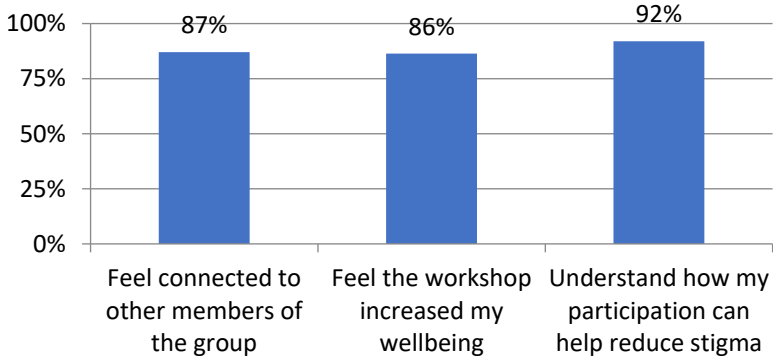


Suicide Prevention

Percentage of how prepared Safe Talk attendees feel to talk directly and openly to a person about their thoughts of suicide:



Percentage Workshop Participants who:



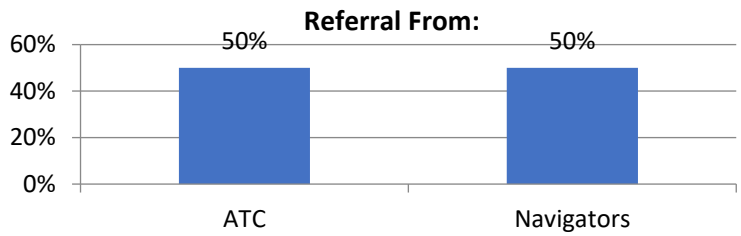
Number of Potential Responders: 371
Setting in which responders were engaged: Community, colleges, schools, health Centers, workplace, shelters, online, and outdoors.
Type of Responders Engaged: TAYs, Adults, Seniors, teachers, LGTBQ, families, suicide attempters/survivors, religious leaders, and those with lived experience.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

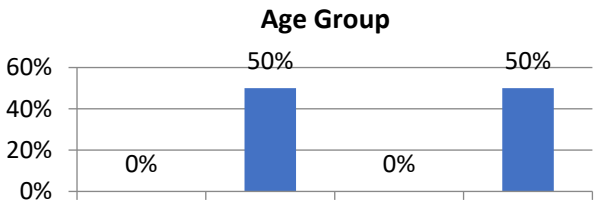
Timely Access to Services for Underserved Populations Strategy:

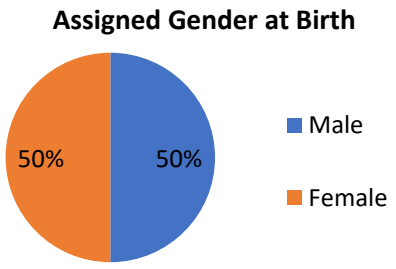
2
Referrals coming into SR/SP Program

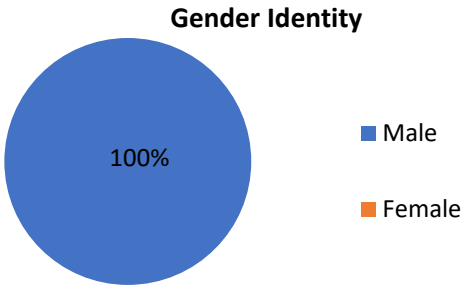


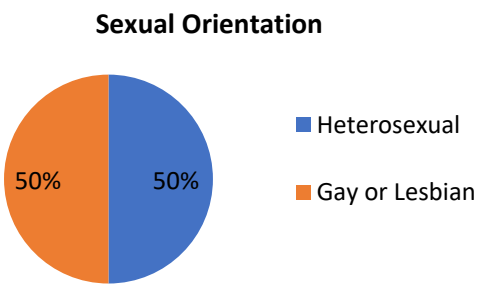
0 out of 2 Referrals Participated in SR/SP Program

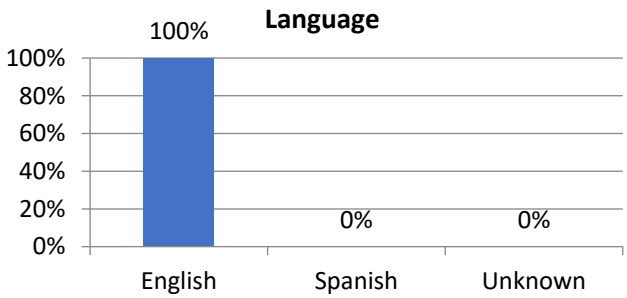
PEI Demographics based on Referrals (n=2)

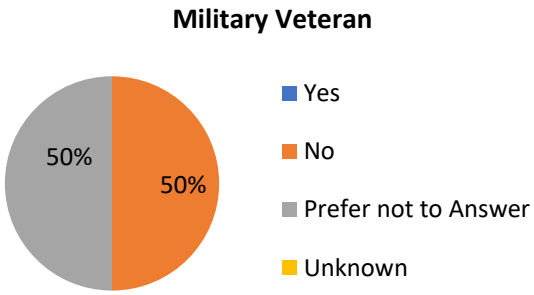


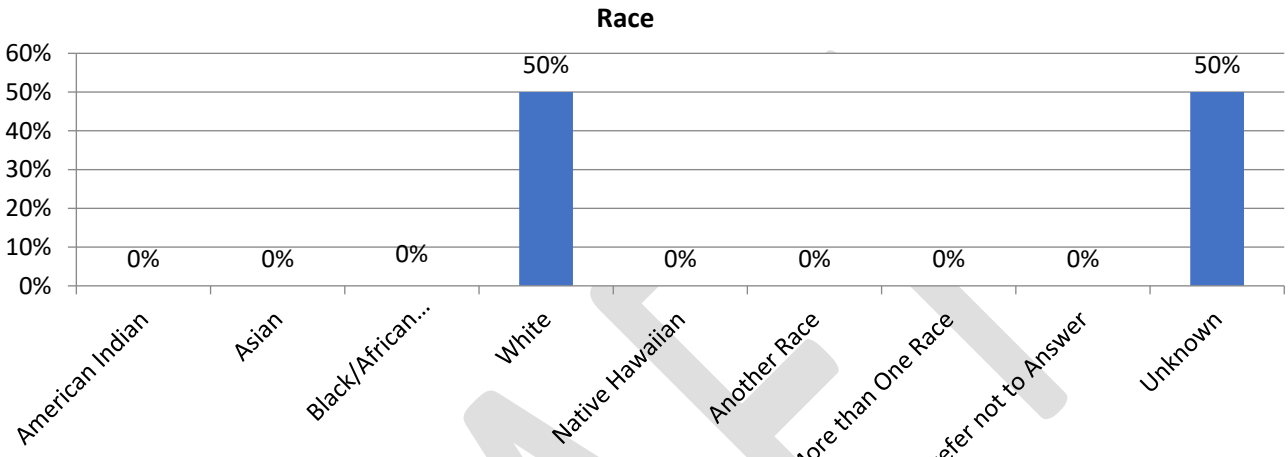


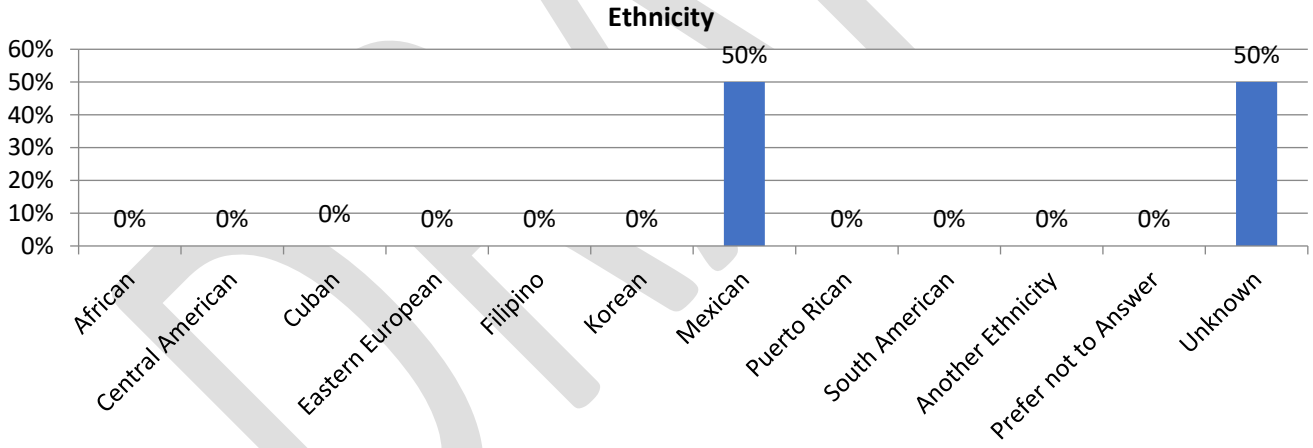


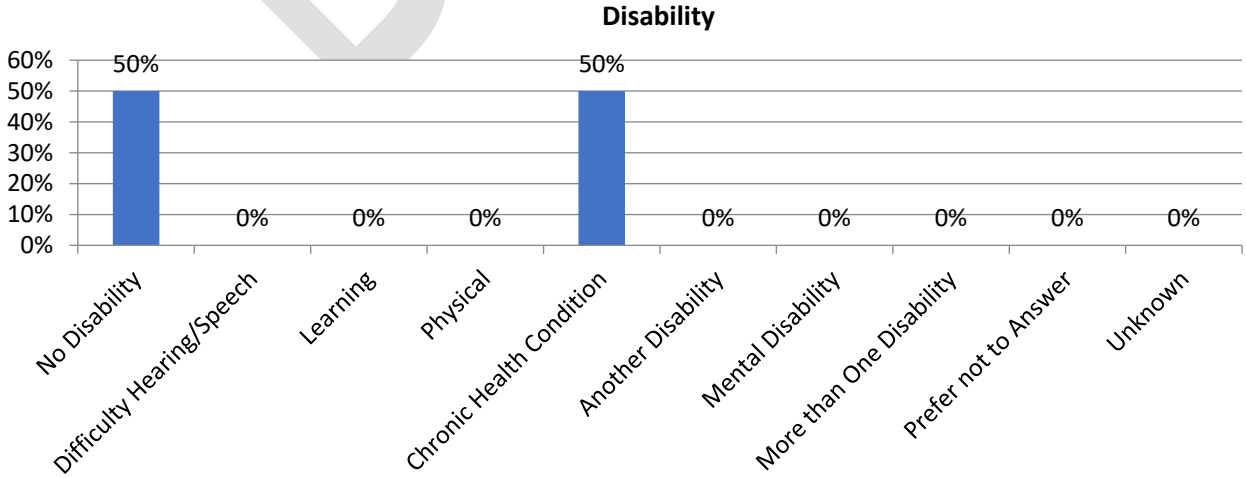



Language
100%
100%
80%
60%
40%
20%
0%
0%
0%
English
Spanish
Unknown


Military Veteran
50%
50%
Yes
No
Prefer not to Answer
Unknown


Race
60%
50%
40%
30%
20%
10%
0%
0%
0%
0%
50%
0%
0%
0%
0%
50%
American Indian
Asian
Black/African...
White
Native Hawaiian
Another Race
More than One Race
Prefer not to Answer
Unknown


Ethnicity
60%
50%
40%
30%
20%
10%
0%
0%
0%
0%
0%
0%
0%
50%
0%
0%
0%
0%
50%
African
Central American
Cuban
Eastern European
Filipino
Korean
Mexican
Puerto Rican
South American
Another Ethnicity
Prefer not to Answer
Unknown


Disability
60%
50%
40%
30%
20%
10%
0%
50%
0%
0%
0%
50%
0%
0%
0%
0%
0%
No Disability
Difficulty Hearing/Speech
Learning
Physical
Chronic Health Condition
Another Disability
Mental Disability
More than One Disability
Prefer not to Answer
Unknown

OLDER ADULT AND TRANSITION AGE YOUTH WELLBEING

Both the Older Adult Wellbeing and the Transition Age Youth Wellbeing programs are comprised of two projects: Peer mentoring and specialty groups/programing offered at the Wellness Center specific to TAY and older adults needs.



PEER MENTOR AND WELLNESS CENTER PEI PROGRAMS

Status of Program:	___ New _X_ Continuing ___ Modified ___ Discontinued
Target Population:	___ 0-15 _X_ 16-25 _X_ 26-59 _X_ 60+ Other:
Type of Program:	___ Prevention ___ Early Intervention _X_ Prevention and Early Intervention

Program Description: Trained volunteers (peer mentors) from the Tri-City area provide support to peers (mentees) who are in emotional distress. Peer mentors offer both individual and group support, and additional assistance through linkage to community resources that are both age and culturally matched to each individual mentee. Individuals attending the TAY and Older Adult programming located at the Wellness Center benefit from specialized support groups and activities targeting their specific needs.

Target Population: Transition Age Youth (TAY ages 18-25) and Older Adults (ages 60 and over)

Peer Mentors/Mentees

Age Groups	TAY 18-25	Adults 26-59	Older Adults 60+	Unknown
Mentors FY 2018-19	19	7	6	0
Mentees FY 2018-19	17	45	23	0
Groups FY 2018-19	6	76	6	3
Cost Per Person	$839	$417	$417	0

Wellness Center (PEI TAY and Older Adults)

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown
Number Served FY 2018-19	95	147	57	110	10
Cost Per Person	$472	$472	$472	$472	$472

The Peer Mentor (PM) Program provides free services to individuals, who may not be ready to receive mental health services, do not meet criteria for formal services or are transitioning out of formal services. This program provides a safe environment for individuals to work on their life stressors while focusing on improving their mental wellbeing. By offering individual and group mentoring, the peer mentors help individuals who have identified with lived experience to continue to grow in their journey while helping others who may be going through similar circumstances.

The program addresses language barriers by offering support by mentors who are fluent in Mandarin, Cantonese, American Sign Language, Vietnamese, Korean, Hindi, Arabic, Spanish as well as English.

Program Update

Peer Mentor Program: Transitional Age Youth and Older Adults

Expanding the role of the Peer Mentors has been a goal for this program. During FY 2018-19 five Peer Leads were identified who will now play an important role in the selection of topics to be discussed in weekly meetings as well as providing support for new mentors.

Collaboration between Peer Mentors and Tri-City's outpatient services was also an important component for this past fiscal year. A Life Skills group, focusing on mental wellbeing, was created for the Adult Outpatient Department and Full Service Partnerships, facilitated by two mentors who identify with lived experience.

Language is often times identified as a barrier to services. With this in mind, the Peer Mentoring program has worked diligently to recruit individuals who have multilingual skills. This group has seen a 6% increase in mentors who identify as bilingual English/Spanish speaking. Other languages utilized during this fiscal year include Cantonese and Vietnamese. With the addition of these languages, the peer mentors were able to provide culturally appropriate services to an older adult Cantonese speaker who previously had limited support.

Special presentations focused on underserved populations were facilitated by Peer Mentors. These critical communities include LGBTQ, Transgender, and Veterans. This has been accomplished in part because 3% of the peer mentors identify as transgender male and can make a connection through their own personal experience.

In addition to providing one-on-one support, mentors are trained to facilitate groups based on the needs of the community. *Proud to Be Me*, a support group for LGBTQ participants, provides a safe and supportive environment for individuals struggling with their identity. One participant who identifies as a Trans woman, disclosed having a limited support system due to coming out. Through this support group, she was able to socialize and connect with others and increase her own self-awareness, it was through this group that she learned to regain her voice, advocate for herself and reconnect with her family.

Wellness Center Programs: Transition Age Youth and Older Adults

Notable highlights for the Wellness Center includes the increase engagement of older adults from the city of Claremont. The program supervisor for this group is a member of the Claremont Committee on Aging and facilitated a month-long support group at a local senior center. Older adult support services at the Wellness Center includes groups that focus on the needs and experiences of this fragile population. During the holidays, the senior programing facilitated a support group entitled “Beating the Holidays Blues” at a local senior center.

Challenges Experienced:

One of the important accomplishments for the Peer Mentor program was the expansion of peer mentors who identify with lived experience. Of the 32 active peer mentors, 19 individuals identify with lived experience. Although this milestone has many benefits for both the mentor and mentee, it can also present challenges. One challenge that was recognized this FY is that multiple mentors experience life changing experiences or events that occurred during the program year that impacted the group. There was a large number of mentors experiencing a transition in their life resulting in an increase in their own mental health concerns, including the unexpected passing of one of the mentors. In response to this need, staff will be increasing their trainings on positive self-care, grief and loss and other life transitions.

Older adults continue to be a priority population for the Peer Mentor program and one of continuing concern. Retaining older adults (ages 60 and over) as mentors can be difficult as they continue to age and encounter barriers such as driving restrictions due to poor eye sight and other physical health complications including limited mobility.

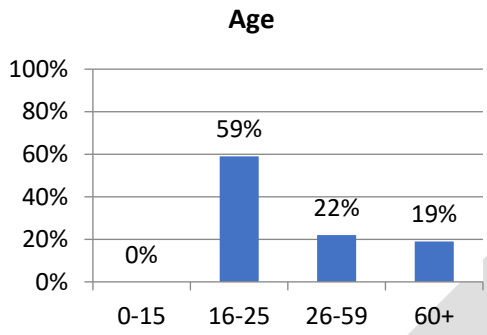
In addition, providing effective support to the homeless population has been problematic due to the lack of consistent contact. Most mentees who are homeless lack a physical address or working phone.

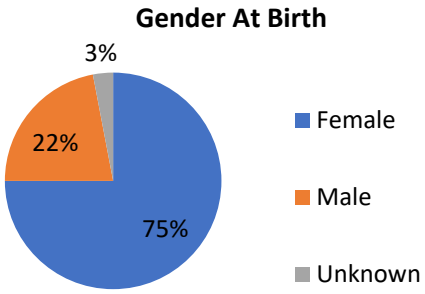
Challenges for the Wellness Center (WC) location for programming includes engaging Transition Age Youth (TAY). Although the WC has a dedicated TAY space and activities targeting this important population, attendance continues to be low. However, efforts to engage continue and new strategies are planned for increasing attendance this next fiscal year. These efforts include promoting the benefits of continuing education and employment along with the support needed to sustain these goals.

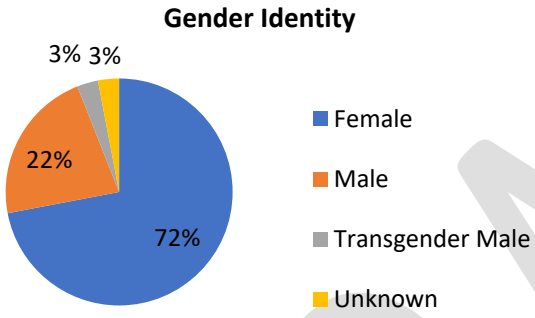
PROGRAM: Peer Mentor

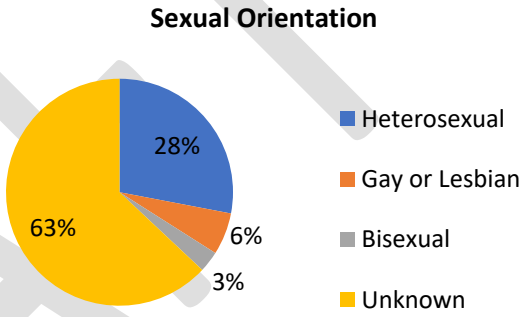
HOW MUCH DID WE DO?

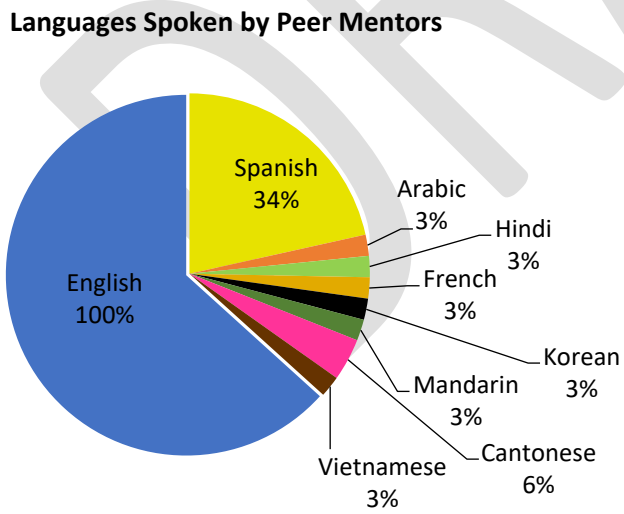
32 Active Peer Mentors

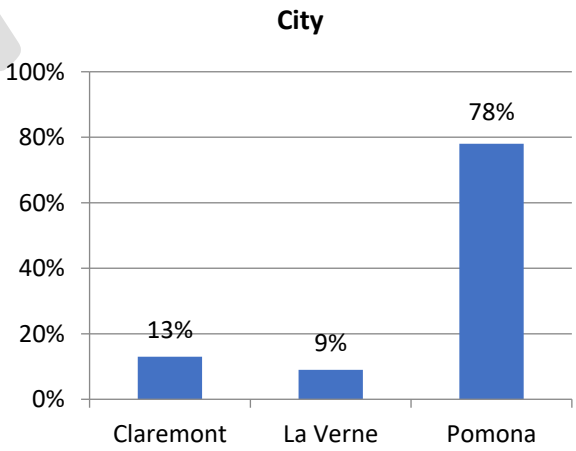




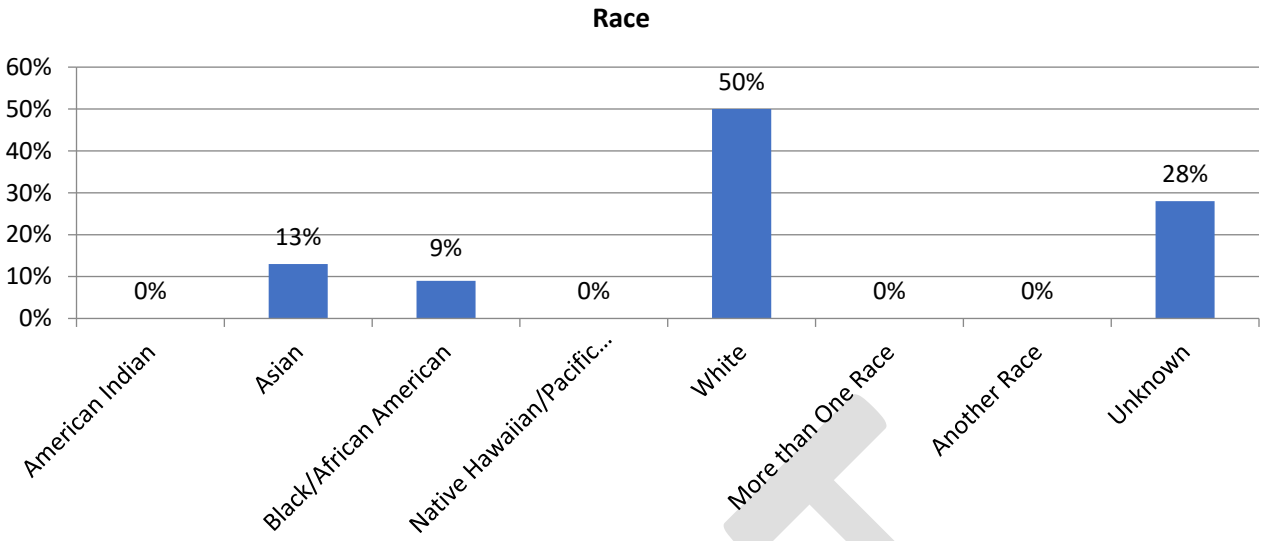


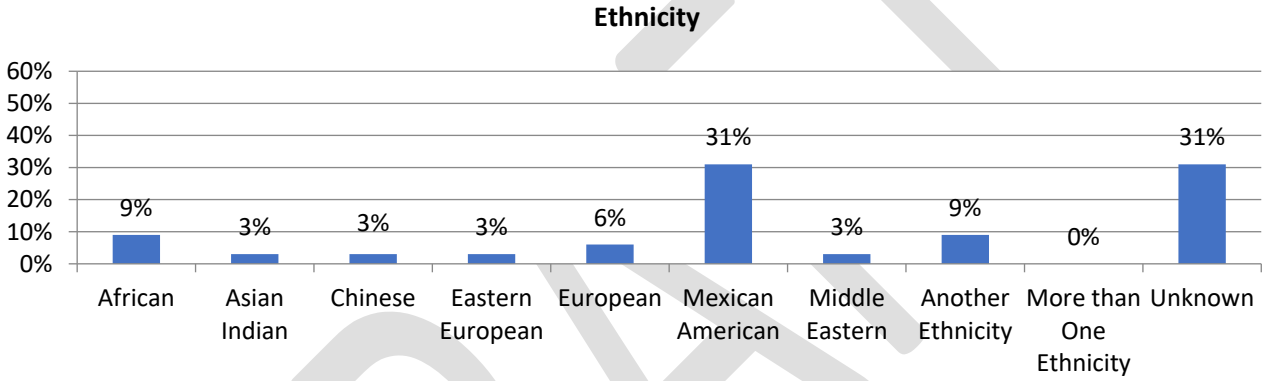


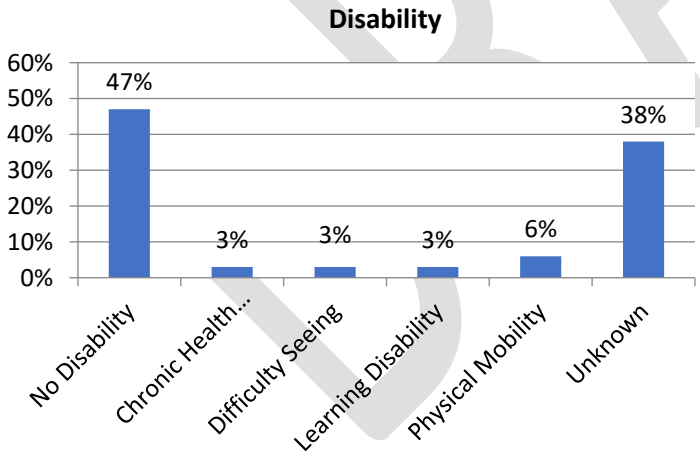


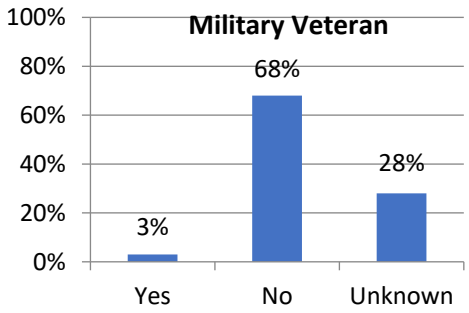


The number of languages provided by mentors increased from eight languages in FY 16 to ten languages in FY 18





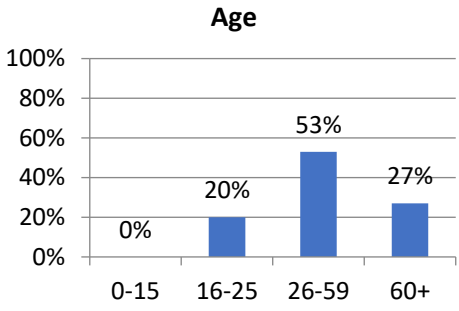


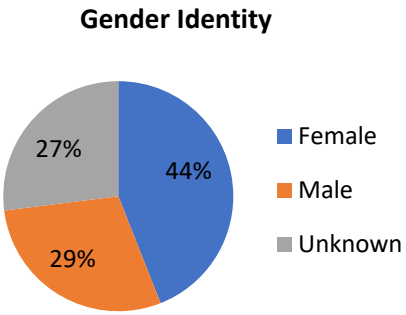


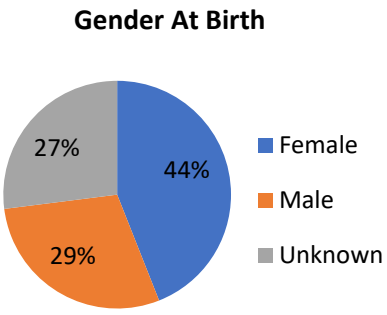
85 Mentees Served

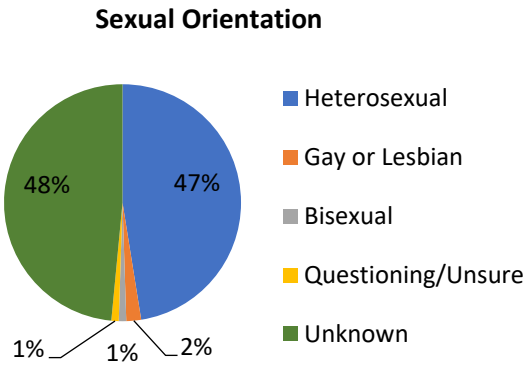
Peer mentors provided support for 164 unique mentees during the last three fiscal years (FY 16-18).

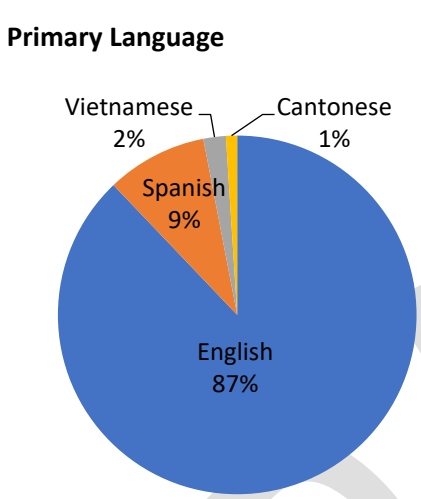
- 15% increase from FY 16 to FY 18

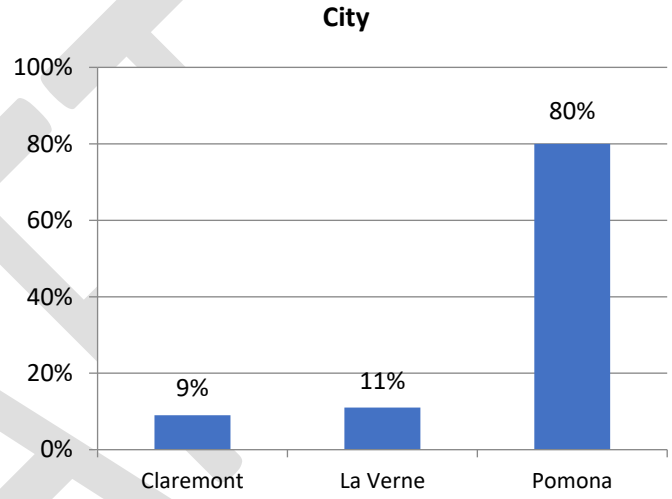


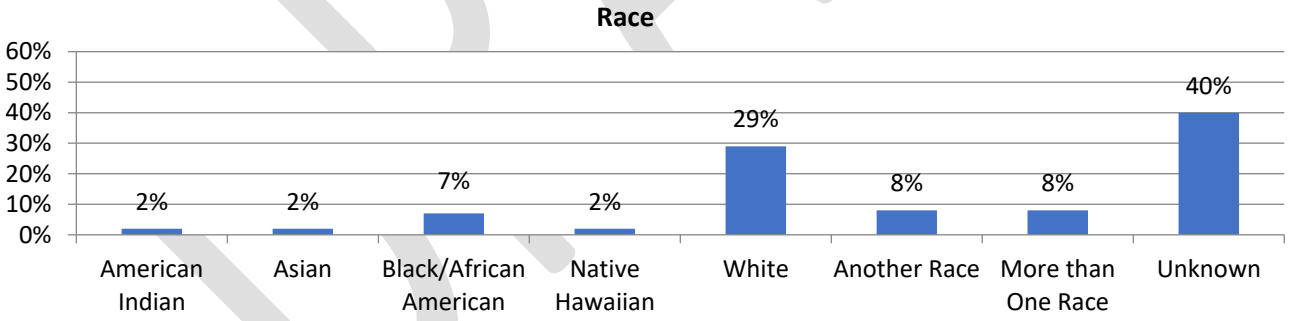

Gender Identity
27%
44%
29%
Female
Male
Unknown

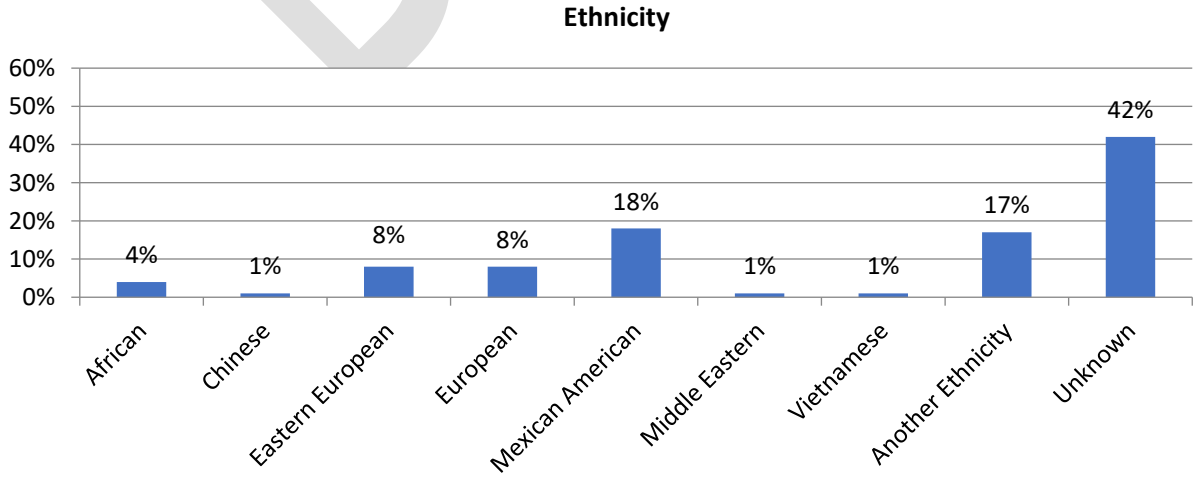

Gender At Birth
27%
44%
29%
Female
Male
Unknown

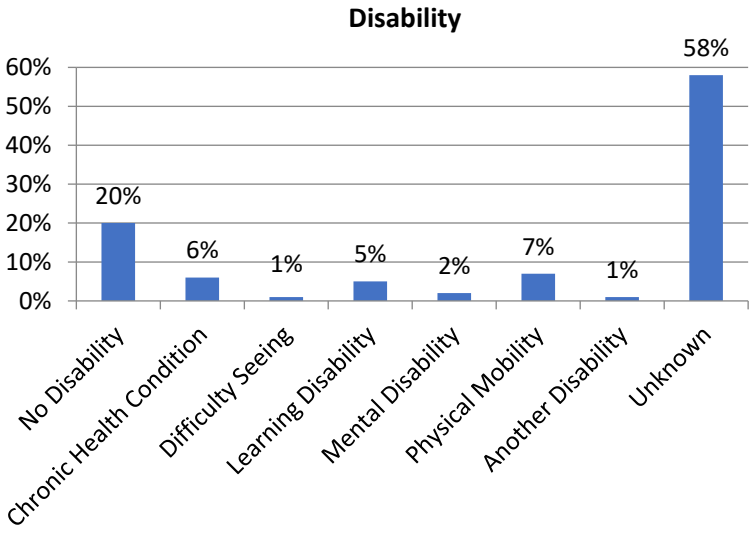

Sexual Orientation
48%
47%
1%
1%
2%
Heterosexual
Gay or Lesbian
Bisexual
Questioning/Unsure
Unknown

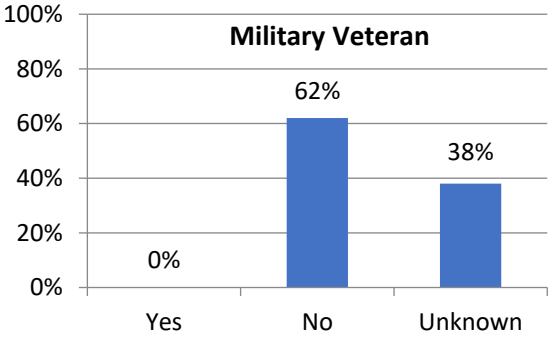

Primary Language
Vietnamese
2%
Cantonese
1%
Spanish
9%
English
87%


City
100%
80%
60%
40%
20%
0%
9%
11%
80%
Claremont
La Verne
Pomona


Race
60%
50%
40%
30%
20%
10%
0%
2%
2%
7%
2%
29%
8%
8%
40%
American Indian
Asian
Black/African American
Native Hawaiian
White
Another Race
More than One Race
Unknown

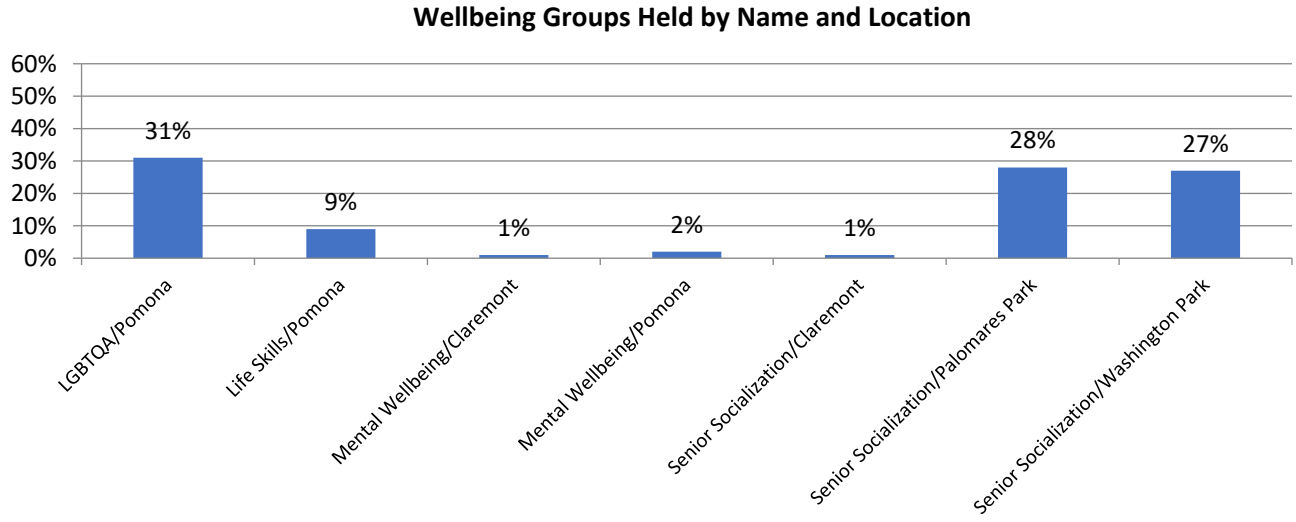

Ethnicity
60%
50%
40%
30%
20%
10%
0%
4%
1%
8%
8%
18%
1%
1%
17%
42%
African
Chinese
Eastern European
European
Mexican American
Middle Eastern
Vietnamese
Another Ethnicity
Unknown



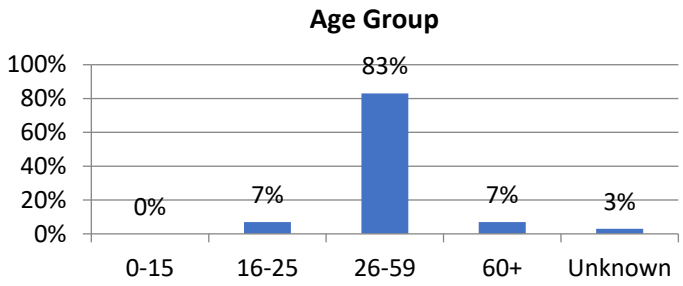


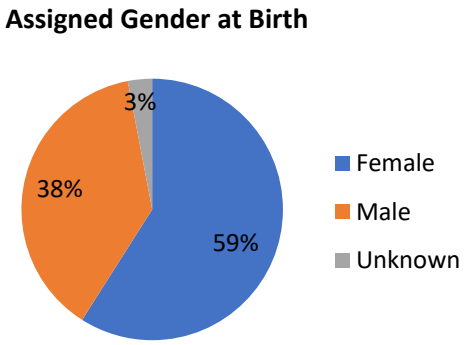
235
Unique Participants at Peer Mentor Wellbeing Groups

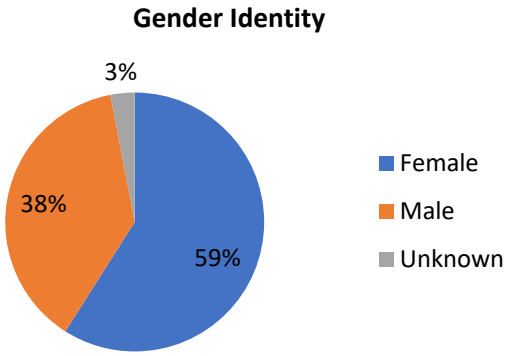
1,238
Duplicated Participants at Peer Mentor Wellbeing Groups

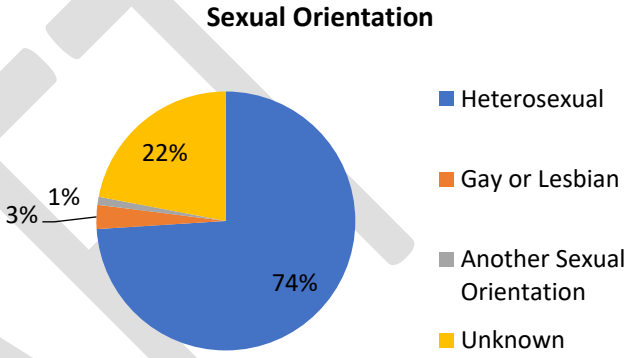


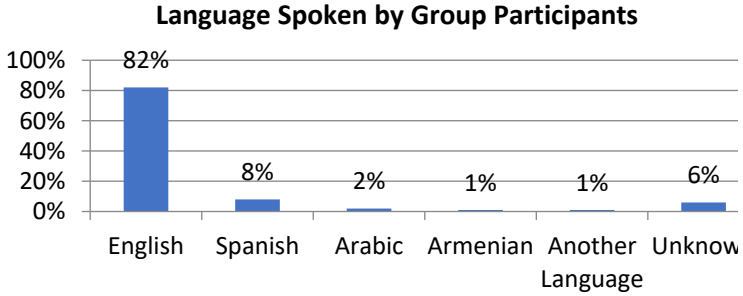
PEI Demographics based on Group Participants who Completed Group Mentor Surveys (n=91)

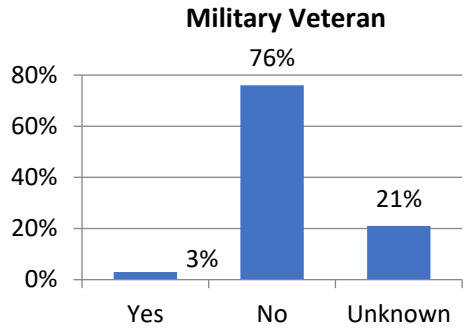


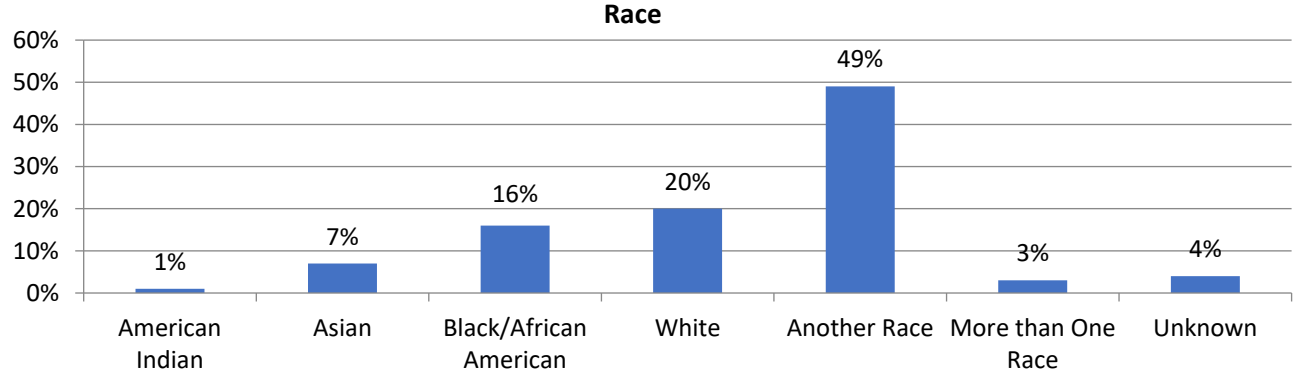


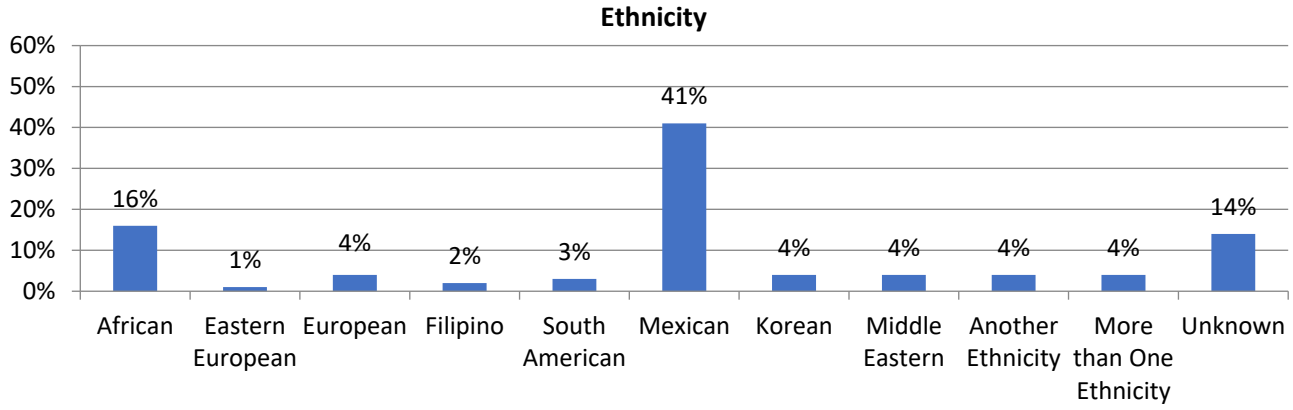


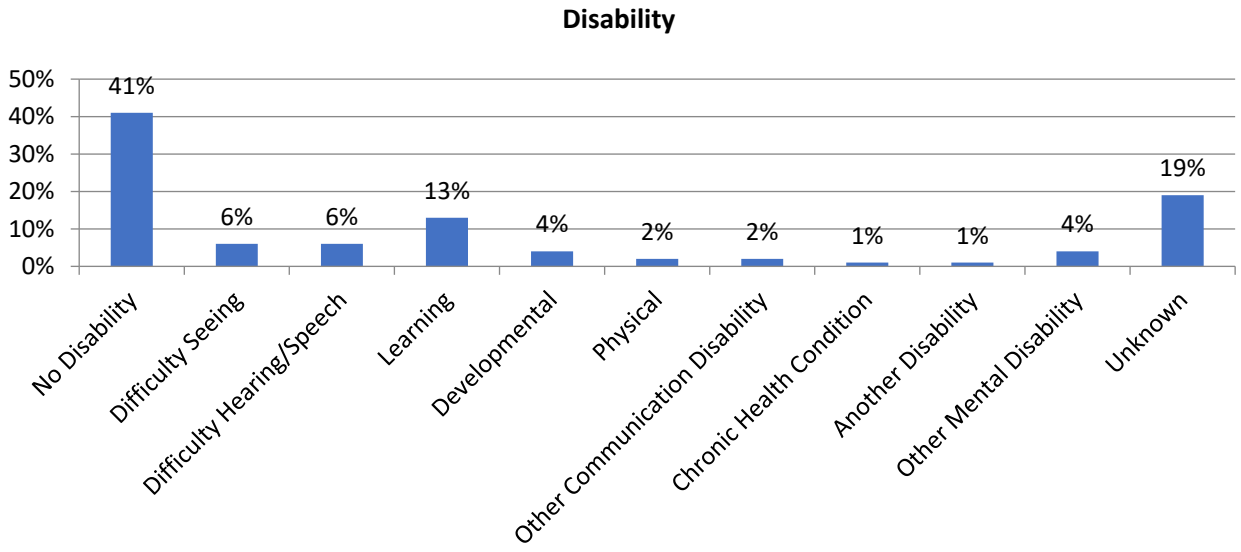












HOW WELL DID WE DO IT?

57 out of 77 (74%)
Referrals Became Mentees

100%
Peer Mentees reported feeling comfortable with their Peer Mentor

1,867
Service Learner Hours Completed by Peer Mentors

19
Peer Mentors Self-Identify with Lived Experience

There were over 4,900 service learner hours by mentors on providing 1:1 support and linkages to individuals from FY 16 to FY 18.

92%
Enjoy participating in Peer Mentor groups

IS ANYONE BETTER OFF?

100%
Peer Mentors reported becoming a Peer Mentor has made a positive impact in their lives

100%
Mentees agreed Peer Mentor provided helpful support in their first session

87%
Feel more confident from the skills learned in Peer Mentor groups

Number of Potential Responders: 352
Setting in which responders were engaged: Community
Type of Responders Engaged: TAYs, Adults, Seniors, and those with lived experience.

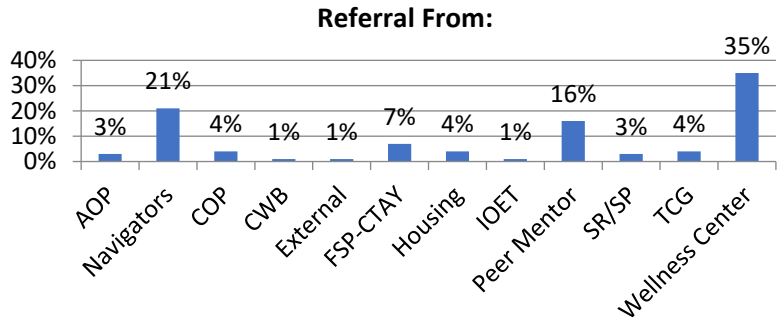
Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy:

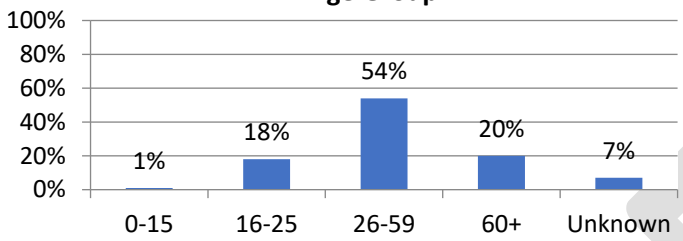
76
Referrals coming into Peer Mentor Program

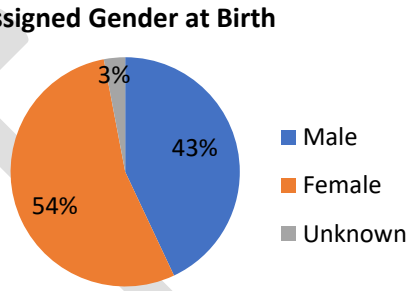


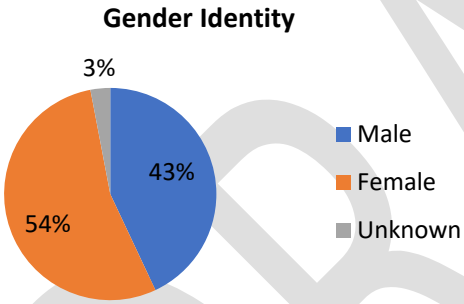
46 out of 76 Referrals Participated in Peer Mentor Program

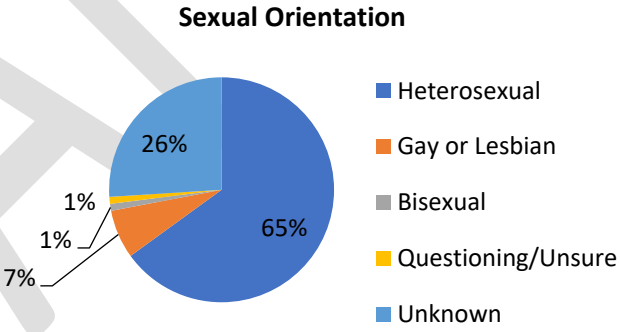
3 Days Average Time between Referral and Participation in Peer Mentor Program

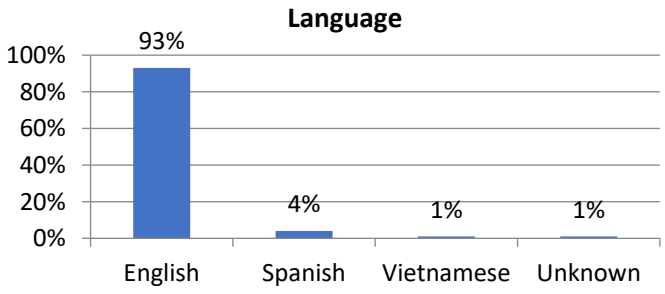
PEI Demographics based on Referrals (n=76)

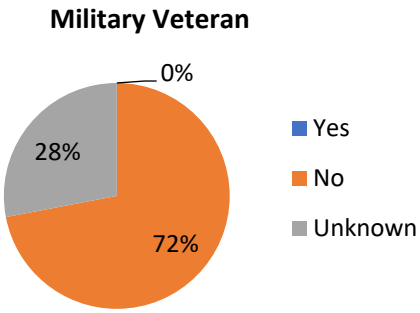


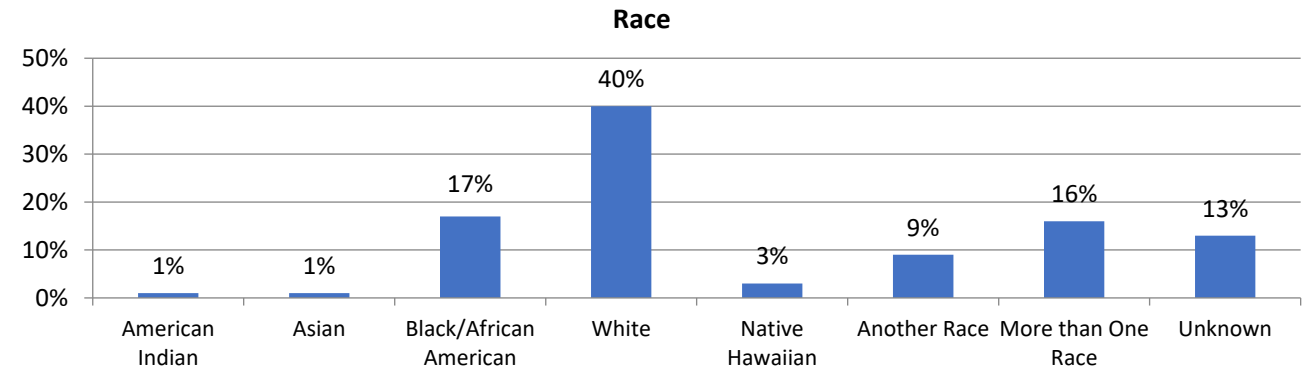


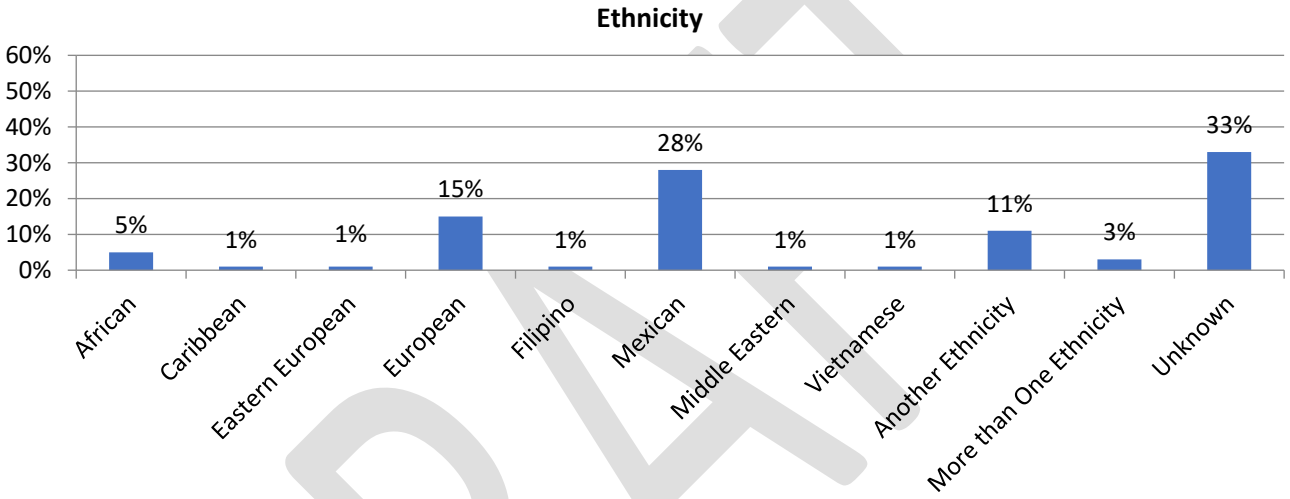


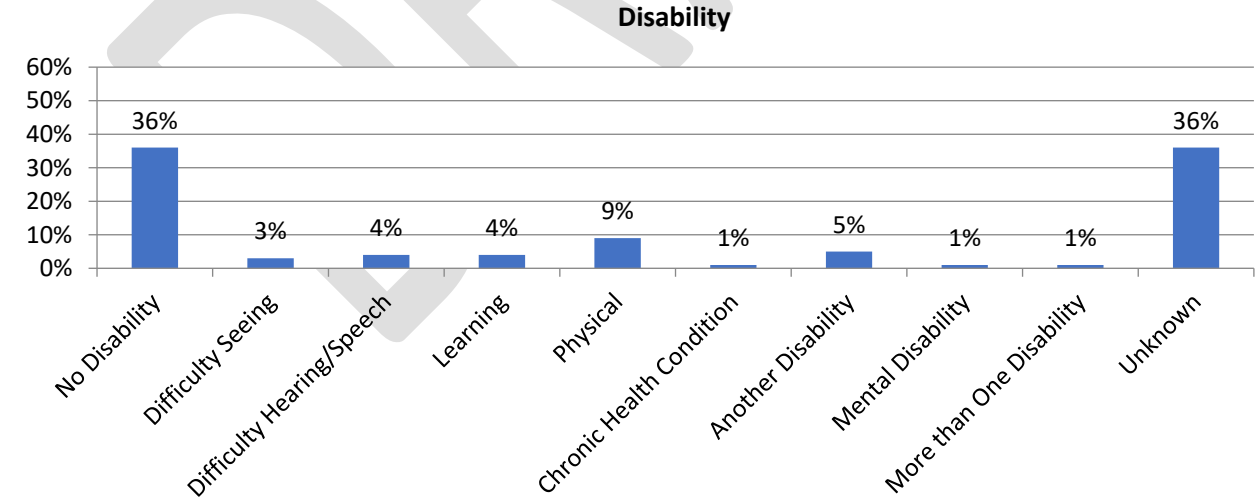







Race
50%
40%
30%
20%
10%
0%
1%
1%
17%
40%
3%
9%
16%
13%
American Indian
Asian
Black/African American
White
Native Hawaiian
Another Race
More than One Race
Unknown

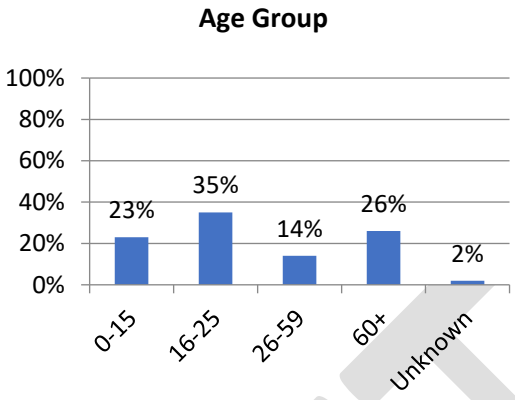

Ethnicity
60%
50%
40%
30%
20%
10%
0%
5%
1%
1%
15%
1%
28%
1%
1%
11%
3%
33%
African
Caribbean
Eastern European
European
Filipino
Mexican
Middle Eastern
Vietnamese
Another Ethnicity
More than One Ethnicity
Unknown

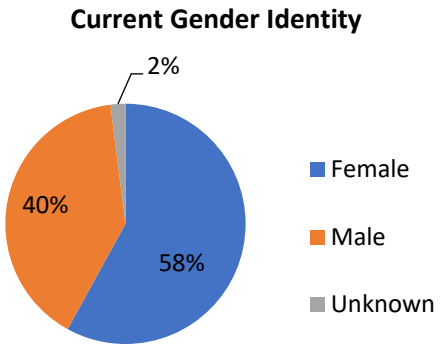

Disability
60%
50%
40%
30%
20%
10%
0%
36%
3%
4%
4%
9%
1%
5%
1%
1%
36%
No Disability
Difficulty Seeing
Difficulty Hearing/Speech
Learning
Physical
Chronic Health Condition
Another Disability
Mental Disability
More than One Disability
Unknown

PROGRAM: Wellness Center - PEI

HOW MUCH DID WE DO?

419 Unique Individuals Served

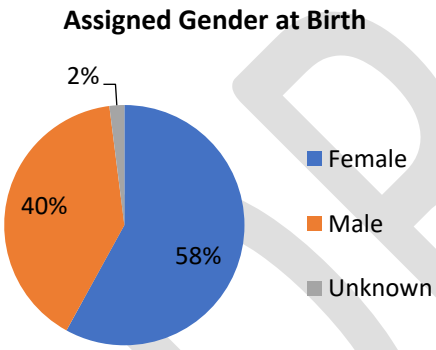


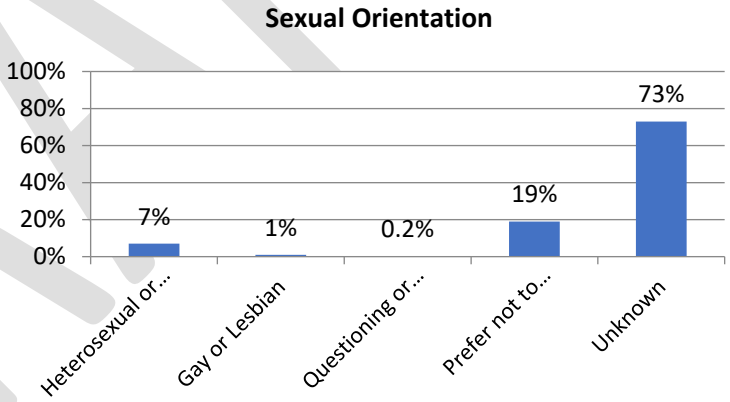


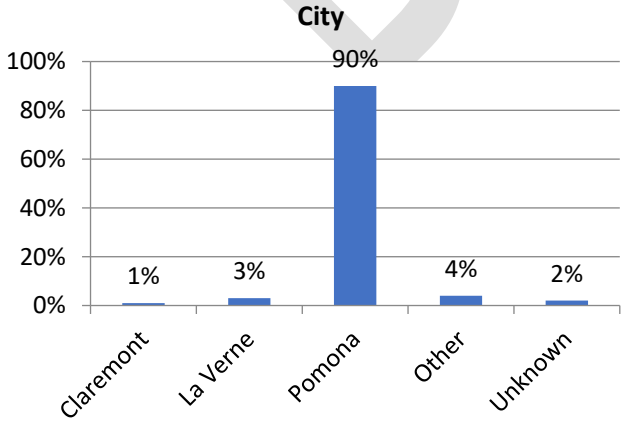
Individuals served has remained constant from FY 16 to FY 18

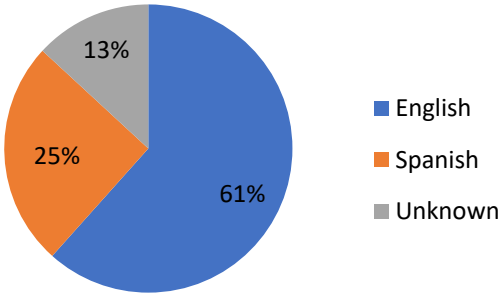
174 individuals 60 years or older were served from FY 16 to FY 18

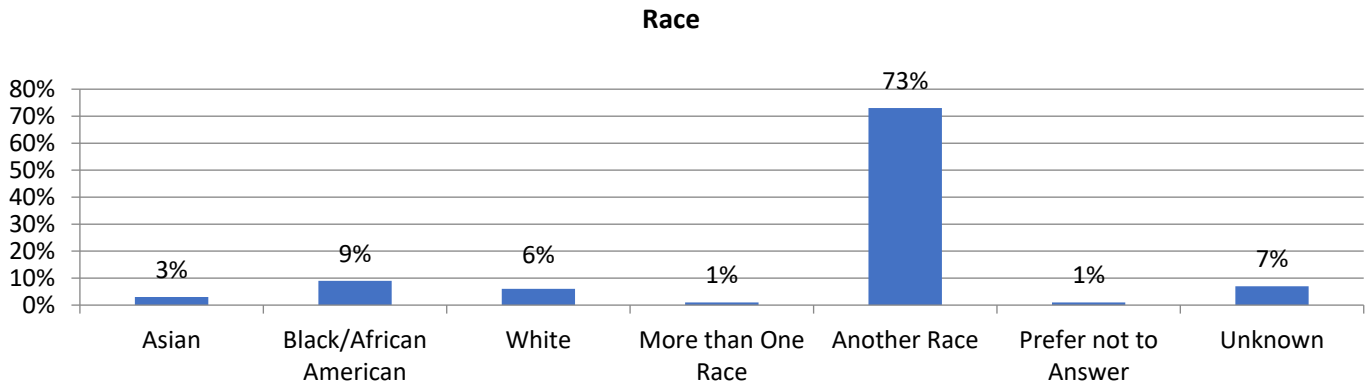
- 12% increase from FY 16 to FY 18

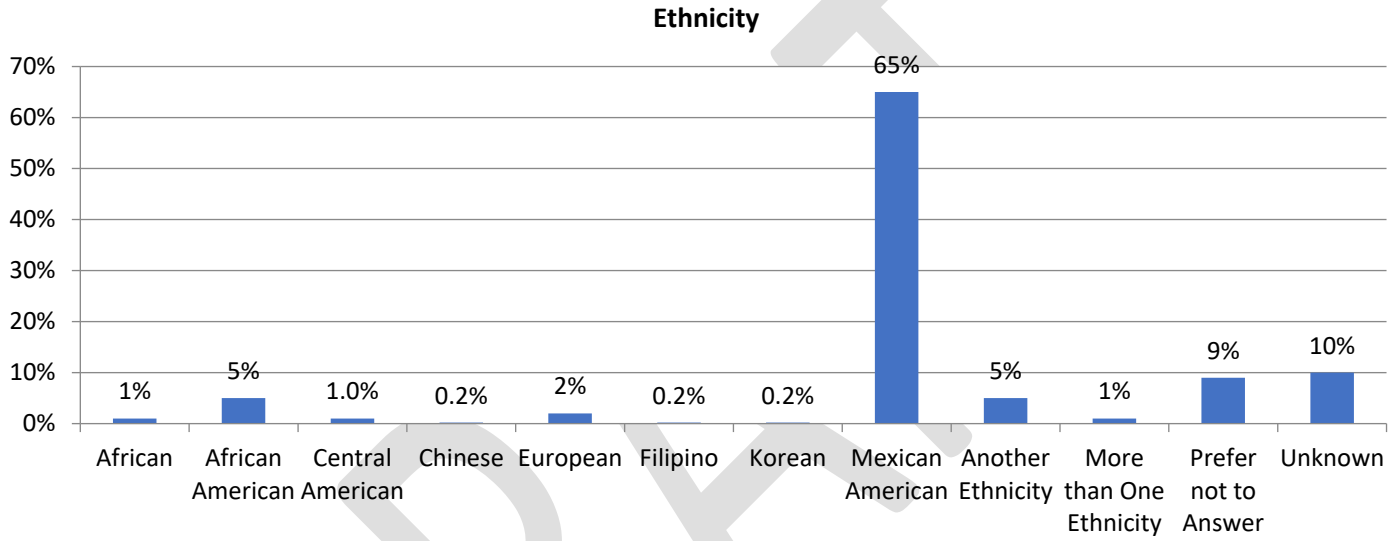


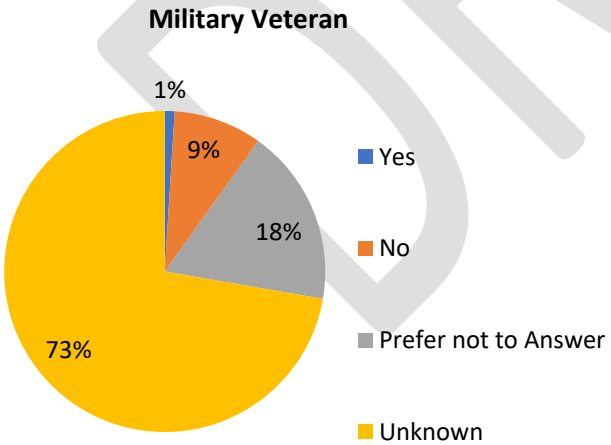


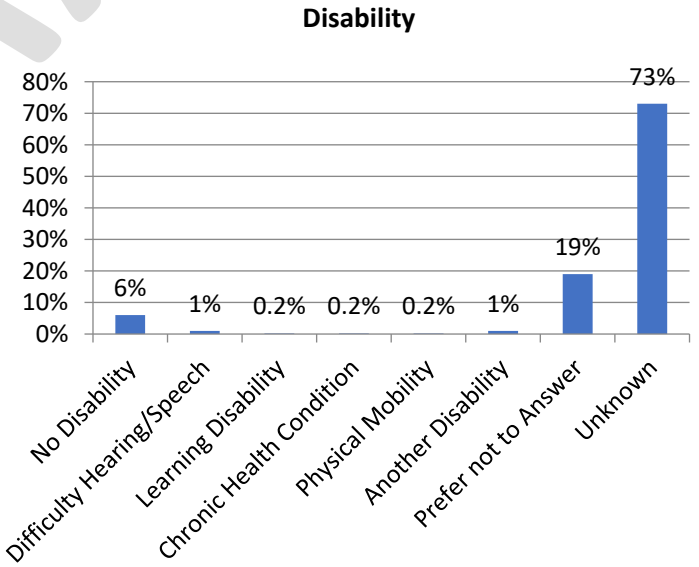





Race
80%
70%
60%
50%
40%
30%
20%
10%
0%
3%
9%
6%
1%
73%
1%
7%
Asian
Black/African American
White
More than One Race
Another Race
Prefer not to Answer
Unknown


Ethnicity
70%
60%
50%
40%
30%
20%
10%
0%
1%
5%
1.0%
0.2%
2%
0.2%
0.2%
65%
5%
1%
9%
10%
African
African American
Central American
Chinese
European
Filipino
Korean
Mexican American
Another Ethnicity
More than One Ethnicity
Prefer not to Answer
Unknown


Military Veteran
1%
9%
18%
73%
Yes
No
Prefer not to Answer
Unknown

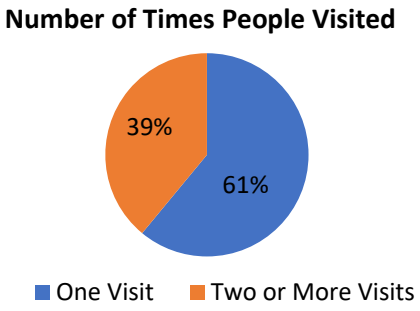

Disability
80%
70%
60%
50%
40%
30%
20%
10%
0%
6%
1%
0.2%
0.2%
0.2%
1%
19%
73%
No Disability
Difficulty Hearing/Speech
Learning Disability
Chronic Health Condition
Physical Mobility
Another Disability
Prefer not to Answer
Unknown

HOW WELL DID WE DO IT?

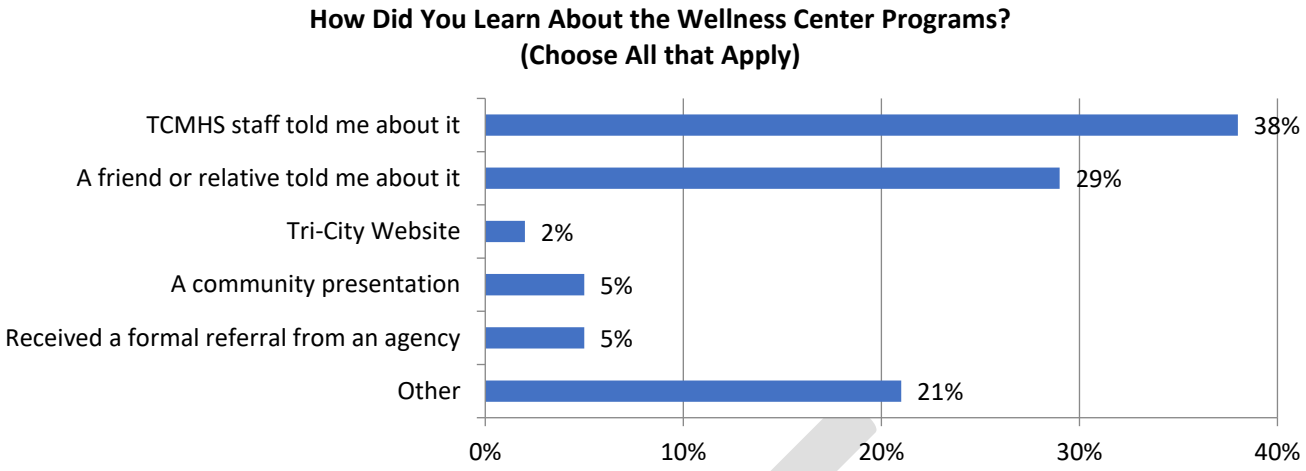
2,154

Number of Attendees at Wellness Center Events

(Duplicated Individuals)

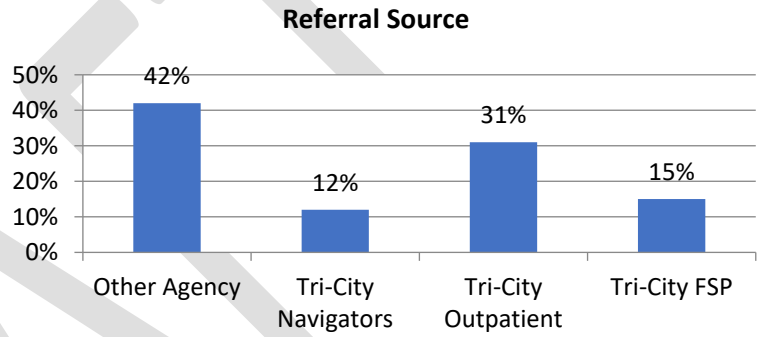


Group Name	Number of Times Group Was Held	The Fewest Number of Attendees at a Group	The Highest Number of Attendees at a Group	Average Number of Attendees at a Group
Group – Senior Socialization	53	2	12	6
Group (Español) – Comadres y Compadres	61	1	35	8
TAY – Cooking Class	12	3	9	5
TAY – Creative Writing	1	1	1	1
TAY – Dance Music	1	1	1	1
TAY – Friendship Circle	8	1	5	3
TAY – Gaming Circle	12	1	5	2
TAY – Karaoke	14	1	5	3
TAY – Literacy Alliance	11	1	4	2
TAY – Money Management	29	1	5	2
TAY – Outing	7	2	7	4
TAY – PC Lab	211	1	5	2
TAY – Phone Call	31	1	37	5
TAY – Positive Painting	13	1	6	3
TAY – PPL	12	1	5	3
TAY- Pride	25	1	5	2
TAY – Sacred Heart	6	6	16	12
TAY – Socialization	44	1	4	1
TAY – TAY Leadership	2	1	3	2
TAY – TCB	37	1	6	2
TAY – Volunteer	17	1	2	1
TAY – Walking Group	44	1	6	3
TAY – YCES	2	1	1	1



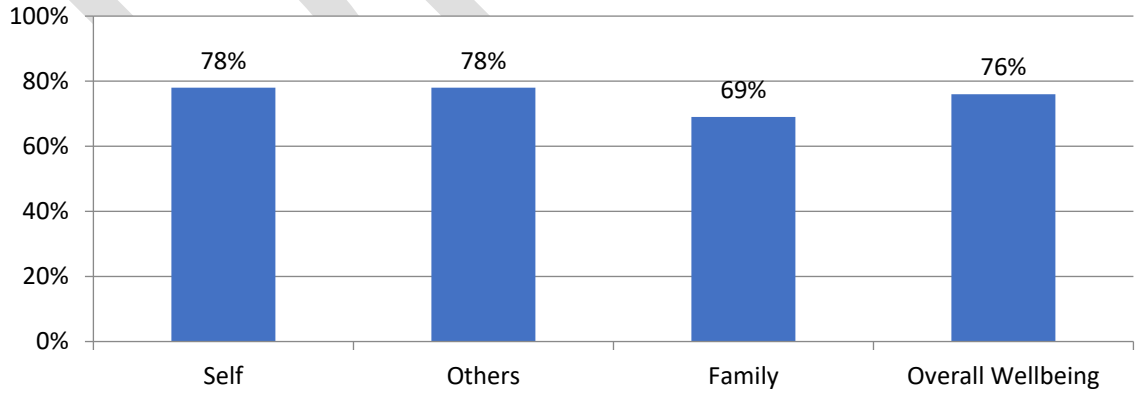
86%

Satisfied with the Wellness Center Programs



IS ANYONE BETTER OFF?

Percent of people who report improved relationships with the following because of the help they get from the Wellness Center Programs:



Number of Potential Responders: 419
Setting in which responders were engaged: Community, Wellness Center
Type of Responders Engaged: TAYs, Adults, and Seniors

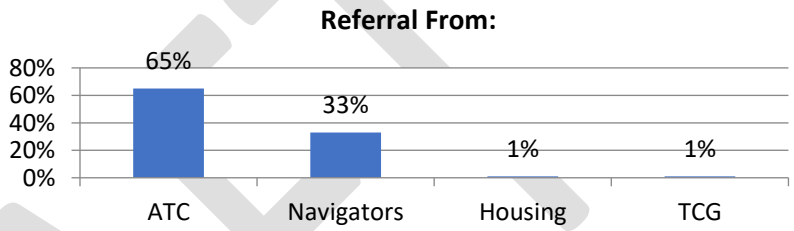
Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy:

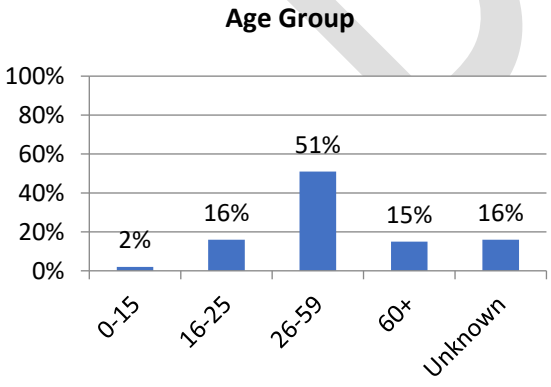
87
Referrals coming into Wellness Center

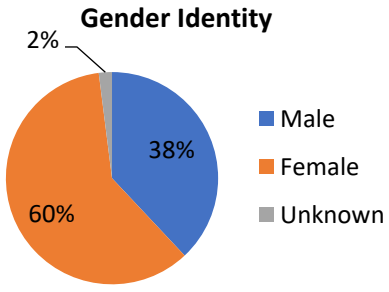


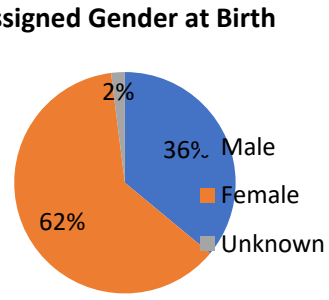
7 out of 87 Referrals Participated in Wellness Center

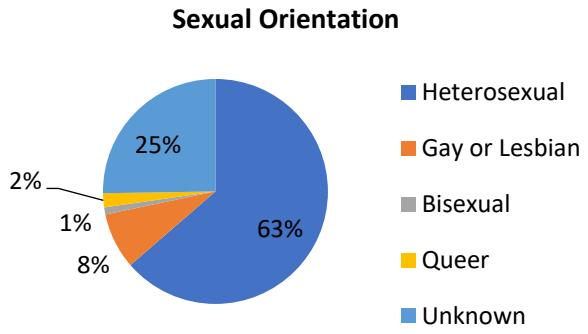
4 Days
Average Time between Referral and Participation in Wellness Center

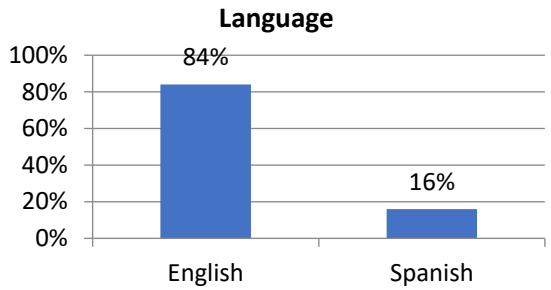
PEI Demographics based on Referrals (n=87)

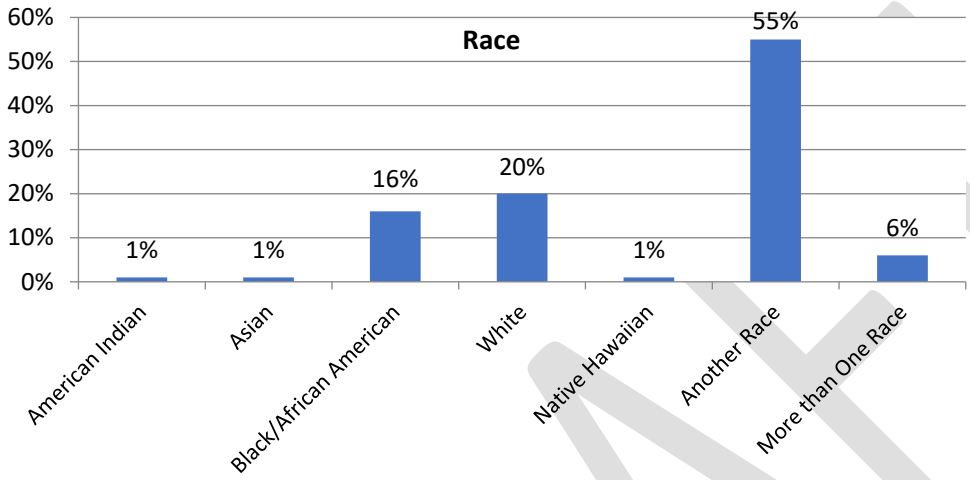


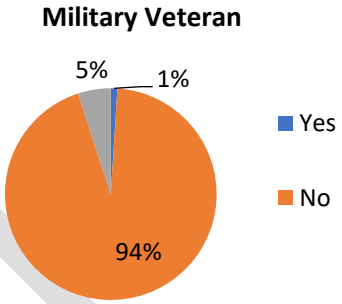


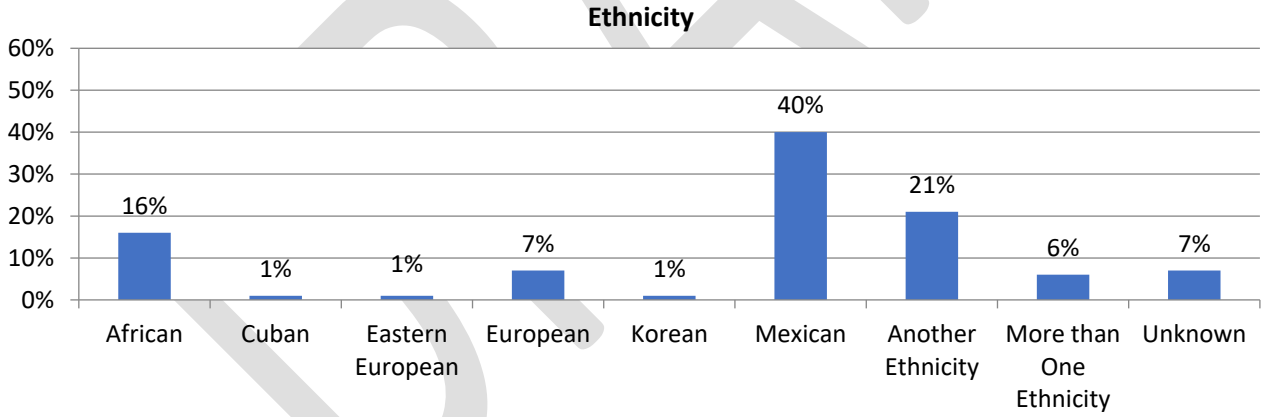


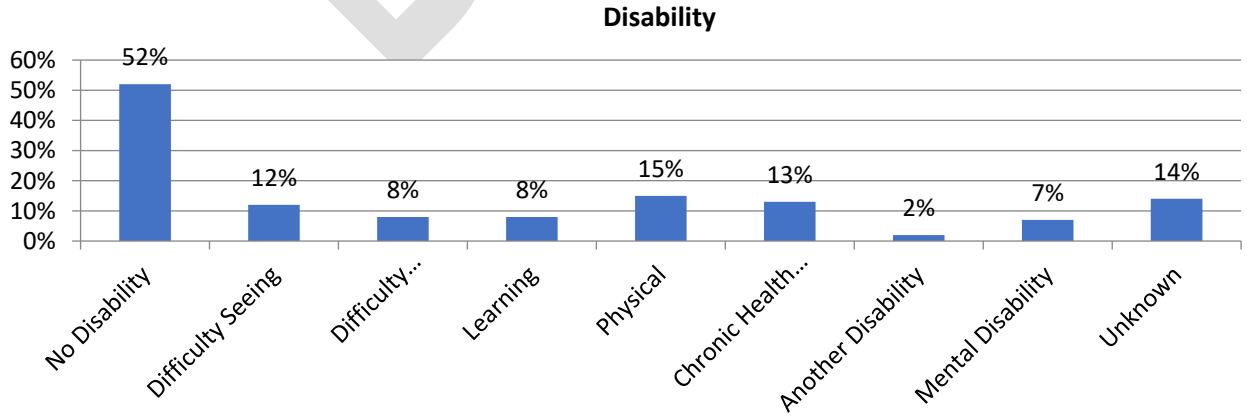

Sexual Orientation
25%
2%
1%
8%
63%
Heterosexual
Gay or Lesbian
Bisexual
Queer
Unknown


Language
100%
80%
60%
40%
20%
0%
84%
16%
English
Spanish


Race
60%
50%
40%
30%
20%
10%
0%
1%
1%
16%
20%
1%
55%
6%
American Indian
Asian
Black/African American
White
Native Hawaiian
Another Race
More than One Race


Military Veteran
5%
1%
94%
Yes
No


Ethnicity
60%
50%
40%
30%
20%
10%
0%
16%
1%
1%
7%
1%
40%
21%
6%
7%
African
Cuban
Eastern European
European
Korean
Mexican
Another Ethnicity
More than One Ethnicity
Unknown


Disability
60%
50%
40%
30%
20%
10%
0%
52%
12%
8%
8%
15%
13%
2%
7%
14%
No Disability
Difficulty Seeing
Difficulty...
Learning
Physical
Chronic Health...
Another Disability
Mental Disability
Unknown

FAMILY WELLBEING PROGRAM

Status of Program:	___ New _X_ Continuing ___ Modified ___ Discontinued
Target Population:	_X_ 0-15 _X_ 16-25 _X_ 26-59 ___ 60+ Other:
Type of Program:	_X_ Prevention ___ Early Intervention ___ Prevention and Early Intervention

Program Description: Staff and volunteers build trusting relationships and provide support to family members and caregivers of people experiencing a mental illness.

Target Population: Family members and caregivers of people who struggle with mental illness from unserved and under-served communities.

Age Groups	Children 0-15	TAY 6-25	Adults 26-59	Older Adults 60+	Unknown
Number Served FY 2018-19	424	173	527	69	37
Cost Per Person	$52	$52	$52	$52	$52

The Family Wellbeing Program (FWP) is located at the Wellness Center, which serves as a community hub and place of support for participants from the cities of Claremont, La Verne and Pomona. The focus is particularly on family members from unserved and under-served communities.

The Family Wellbeing program consists of a dynamic set of programing focused on addressing the needs of the family. Programming includes support groups, 1-1 support, and an array of culturally appropriate activities focused on wellness (e.g. exercise, cooking) and other interests that can attract family members and caregivers from vulnerable communities into peer-supported experiences.

Although not a clinical-based program, the Family Wellbeing team is able to assess an individual who is in crisis, and through collaborative efforts with Tri-City's Intensive Outreach and Engagement Team or local law enforcement,

connect the individual with the appropriate level of care including the Tri-City clinic or hospital emergency room. Additional resources may be provided through the Community Navigators or Tri-City's Housing Department.

In addition to supporting family members and caregivers, the FWP oversees the social- work interns who are placed with Tri-City for clinical supervision as part of their Masters of Social Work program. From September through May, these highly trained and supportive graduate students offer an invaluable service to the school counseling program that Tri-City facilitates on Bonita Unified School District (BUSD) campuses.

Program Update:

During the fiscal year 2018-19, the FWB program implemented new services, hired new staff, and enhanced already existing programs. Two new support groups, Creative Writing Kids and Teen Anger Management, targeting ages 7-15 were implemented in response to community input. Creative Writing Kids Group was created in partnership with Project Return. The Teen Anger Management group was created based on feedback from community members who expressed difficulty in locating anger management groups for youth ages 13-15 years old.

Existing groups were enhanced by creating new opportunities within the groups to expand the skills of current and previous participants. An example of this includes the annual Summer Camp program where a past participant applied to become a camp leader. However, the age of this applicant prohibited them from attending camp-too old- but not able to be a volunteer-too young. In response to this, staff created a new programming under the Summer Camp umbrella- Summer Camp Leader. As a Summer Camp Leader, the participant was able to learn new skills, and build leadership experience preparing her to enter Tri-City's Service Learner Program.

Tri-City's annual Summer Camp was at full capacity with 20 campers attending from the cities of Pomona, Claremont and La Verne with a significant number of these campers being new to the Wellness Center and Tri-City. The FWB staff applied two new components to the Summer Camp program; 1) Implementation of Summer Camp Leaders (previous campers that exceed the age limit of 12, and who want to begin building leadership or volunteer experience); 2) Welcoming Tri-City Masters in Social Work Interns to extend their internship to include assisting with planning and execution of summer camp. Both components were highly successful and contributed to the positive growth of this program.

The Family Wellbeing program strives to assist participants and continue to support them throughout their lifespan. An example of this success includes the story of a past participant who attended the Kids Hour Support Group for children ages 7 to 12 and consistently attending until the age of 13. Enjoying the support of fellow groups members, the participant then transitioned into the Teen Hour Support Group, where she thrived and was able to have a safe space to share her struggles and successes. The participant continued to expand their participation by becoming a Summer Camp leader where she stated that these experiences not only helped her to come out of her comfort zone, but helped her with high school credits and guiding her future as a social worker.

Challenges Experienced:

A challenge that we have encountered is outreaching to specific populations, transportation issues, and filling open staff positions. When outreaching to children, families, and Spanish speaking populations we are finding that both transportation and stigma are an issue. In the future we look forward to making new community connections, and possibly facilitating support groups at locations where said populations gather in an effort to both combat stigma as well as transportation issues.

We are also looking forward to creating a support group for children ages 7 to 12, as we are finding that the community has been inquiring about serving the school-aged child population.

This past fiscal year we have filled a new MHSA Program Coordinator position for the program, two Mental Health Specialist positions, and a Wellness Advocate position. A challenge has been to get staff trained and acclimated to Family Wellbeing programing and services; a solution to address this issue is that once positions are filled, experience in support groups, summer camp, and engaging with families will assist staff in being familiarized with support services. Another solution might include having new staff attend trainings specific to Family Wellbeing in the hopes that staff will feel equipped to provide services.

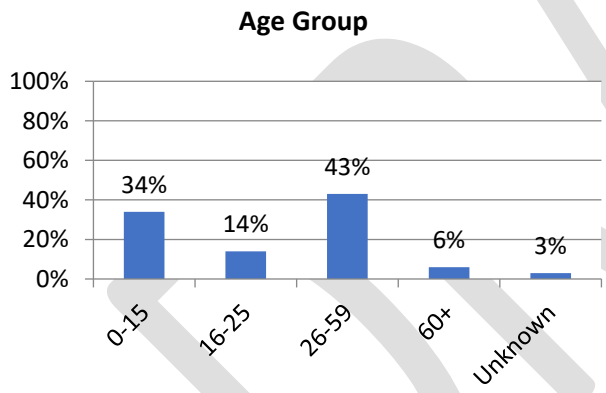
PROGRAM: Family Wellbeing

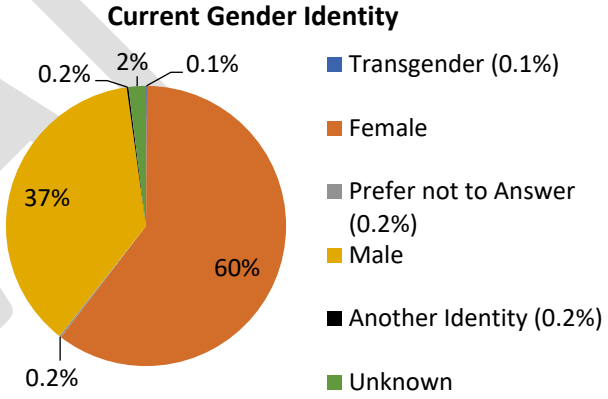
HOW MUCH DID WE DO?

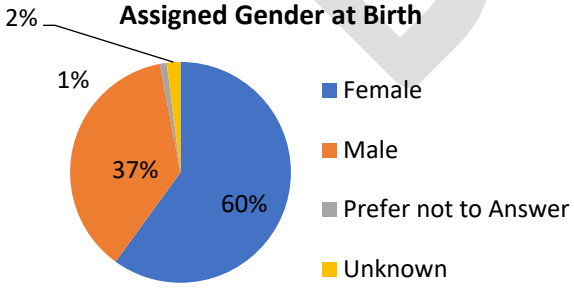
1,230 Unique Individuals Served

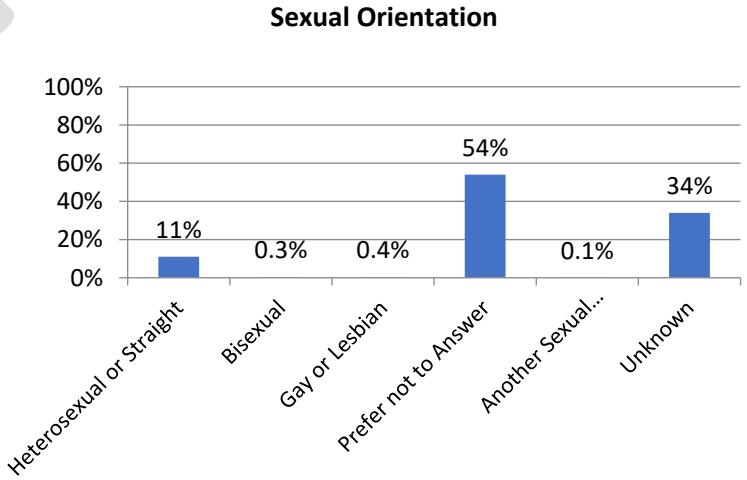
Served 2,932 unique individuals from FY 16 to FY 18

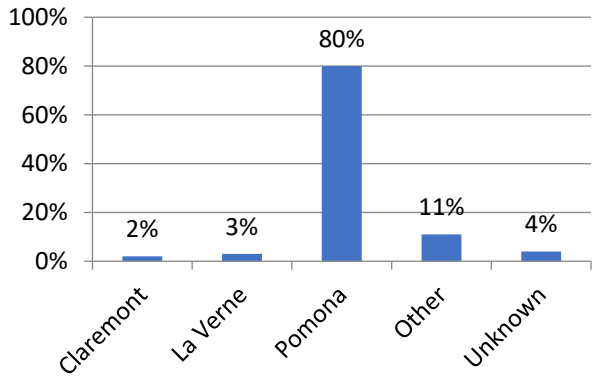
- 20% increase from FY 16 to FY 18







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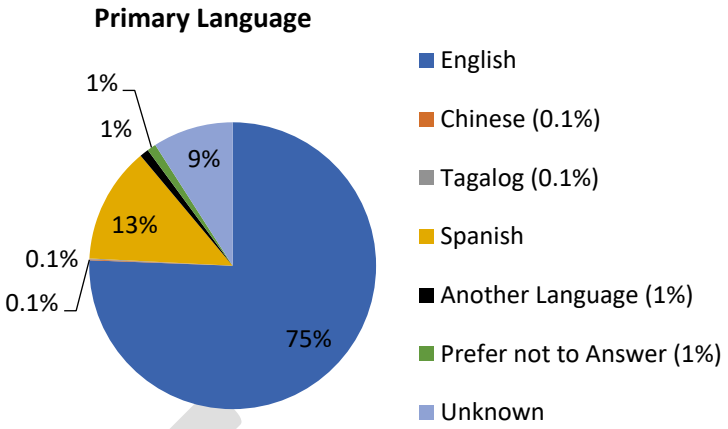
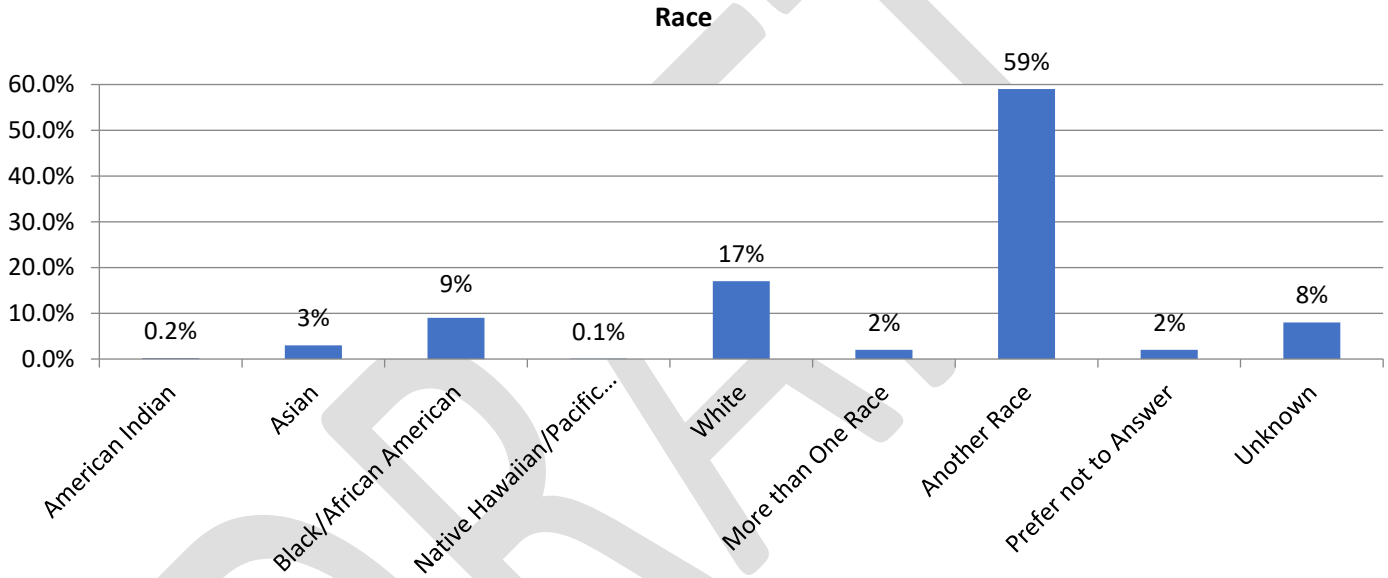
100%
80%
60%
40%
20%
0%
2%
3%
80%
11%
4%
Claremont
La Verne
Pomona
Other
Unknown


Primary Language
1%
1%
9%
13%
0.1%
0.1%
75%
English
Chinese (0.1%)
Tagalog (0.1%)
Spanish
Another Language (1%)
Prefer not to Answer (1%)
Unknown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0.0%
0.2%
3%
9%
0.1%
17%
2%
59%
2%
8%
American Indian
Asian
Black/African American
Native Hawaiian/Pacific...
White
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Another Race
Prefer not to Answer
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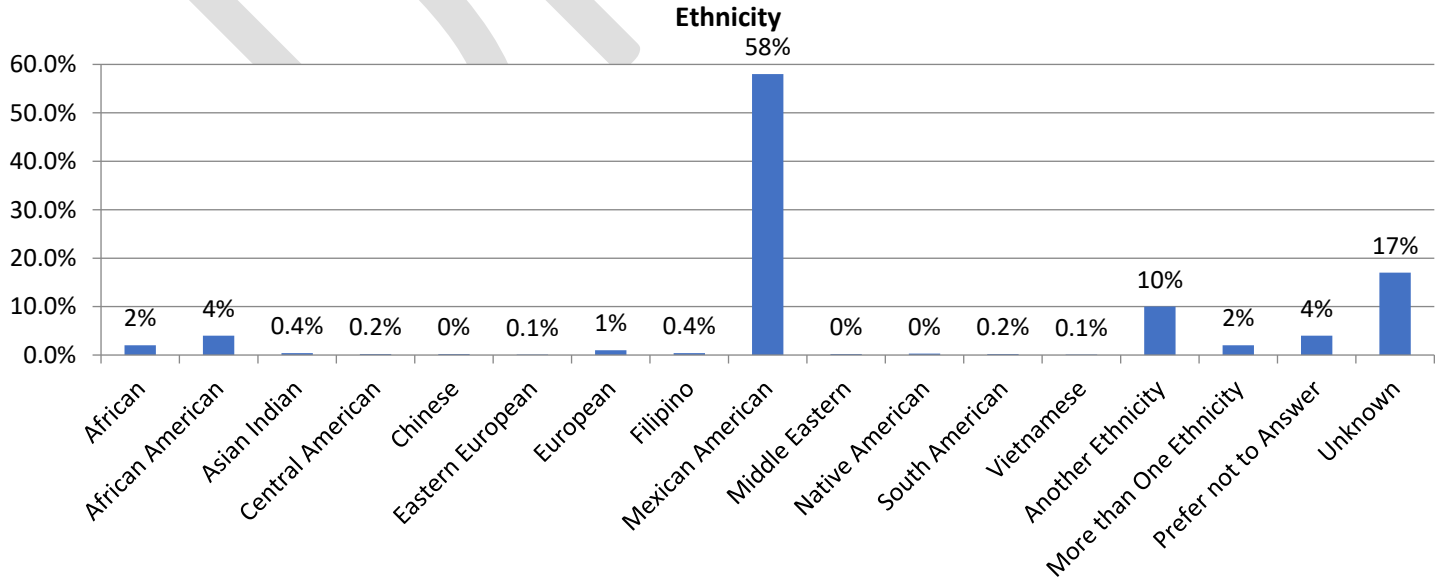
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30.0%
20.0%
10.0%
0.0%
2%
4%
0.4%
0.2%
0%
0.1%
1%
0.4%
58%
0%
0%
0.2%
0.1%
10%
2%
4%
17%
African
African American
Asian Indian
Central American
Chinese
Eastern European
European
Filipino
Mexican American
Middle Eastern
Native American
South American
Vietnamese
Another Ethnicity
More than One Ethnicity
Prefer not to Answer
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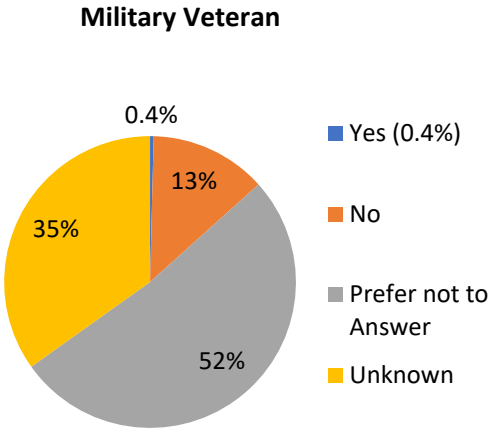
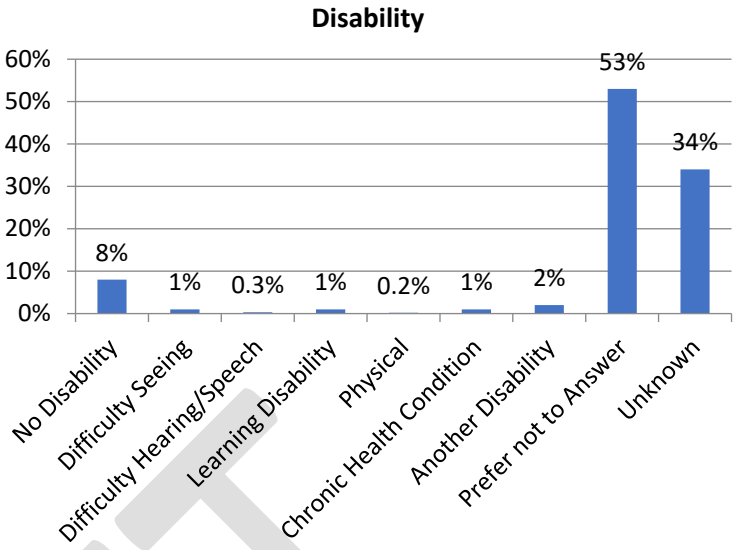


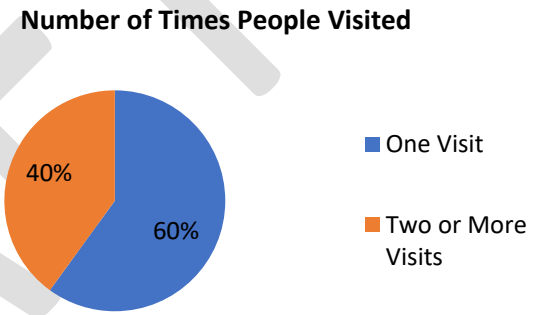


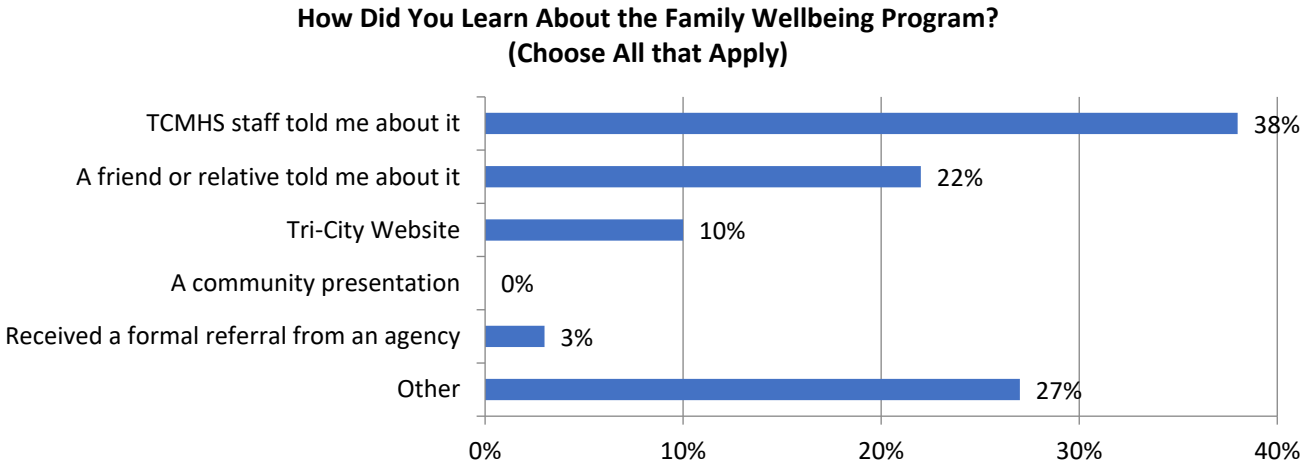
HOW WELL DID WE DO IT?

5,541

Number of Attendees at Family Wellbeing Events

(Duplicated Individuals)



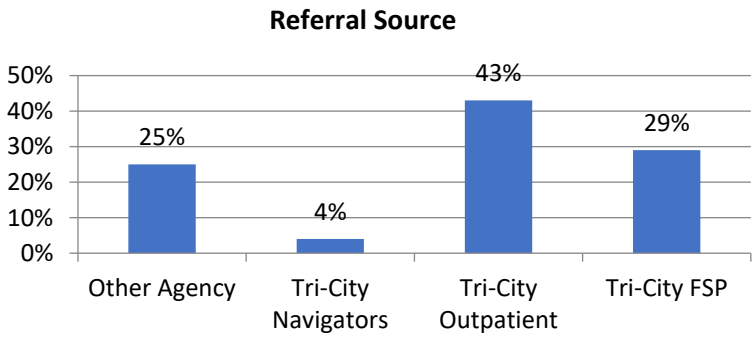


Group Name	Number of Times Group Was Held	The Fewest Number of Attendees at a Group	The Highest Number of Attendees at a Group	Average Number of Attendees at a Group
FWS – Arts & Crafts	27	1	11	5
FWS – Cooking Class	6	1	15	8
FWS – Creating Writing	26	1	11	5
FWS – Crisis	8	1	4	2
FWS – Grief & Loss	46	1	12	5
FWS – Phone Call	90	1	11	2
FWS – Limited to Limitless	50	1	11	6
FWS – Mommy & Me	38	1	17	7
FWS – Movie Night	51	1	33	10
FWS – Music	58	1	15	9
FWS – One-on-One	112	1	11	2
FWS – Sacred Heart	8	1	30	12
FWS – Spirituality	51	2	11	6
FWS – Teen Hour	46	1	9	3
FWS – United Family	58	1	34	18
FWS – Walking Adventure	51	1	14	7
FWS – Writing to Heal	51	1	12	5
FWS – Attendance Letter	49	1	5	2
FWS – Brief Check In	134	1	9	3
FWS – Bore no More	1	1	1	1
FWS – Kid's Hour	1	1	1	1
FWS – Summer Camp	16	1	31	17
FWS – Teen DRA	5	1	5	2

The number of family wellbeing groups has remained constant from FY 16 to FY 18

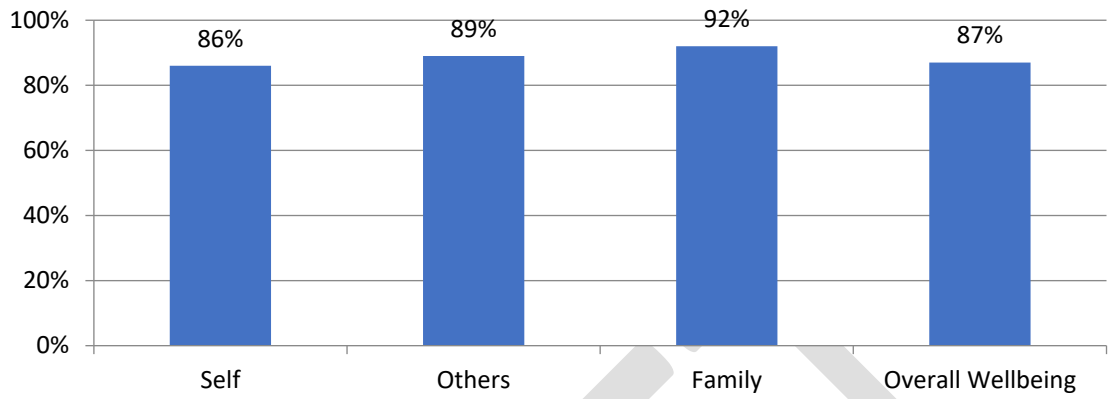
92%

Satisfied with the Family Wellbeing Program



IS ANYONE BETTER OFF?

Percent of people who report improved relationships with the following because of the help they get from the Family Wellbeing Program:



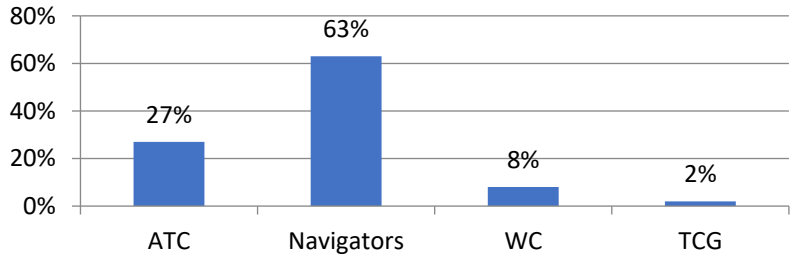
Number of Potential Responders: 1,230
Setting in which responders were engaged: Community
Type of Responders Engaged: Parents and children

Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.
Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

52
Referrals coming into Family Wellbeing

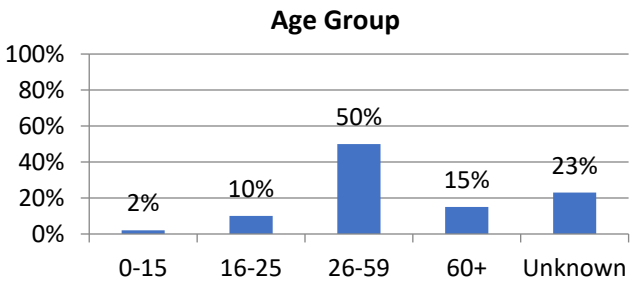
Referral From:

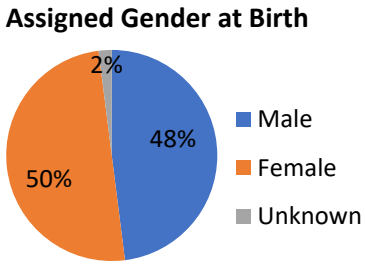


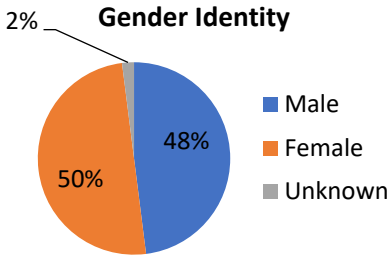
11 out of 53 Referrals Participated in Family Wellbeing Program

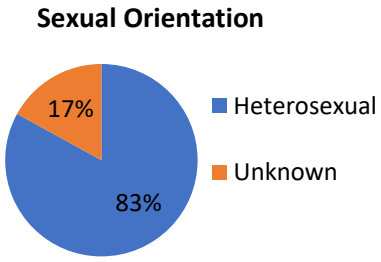
11 Days
Average Time between Referral and Participation in Family Wellbeing Program

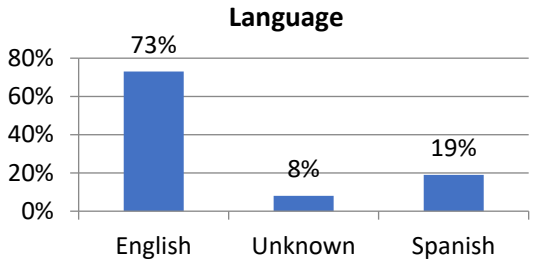
PEI Demographics Based on Referrals (n=52)

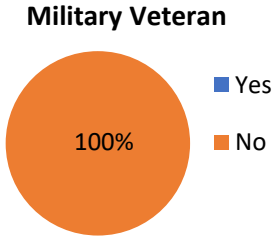


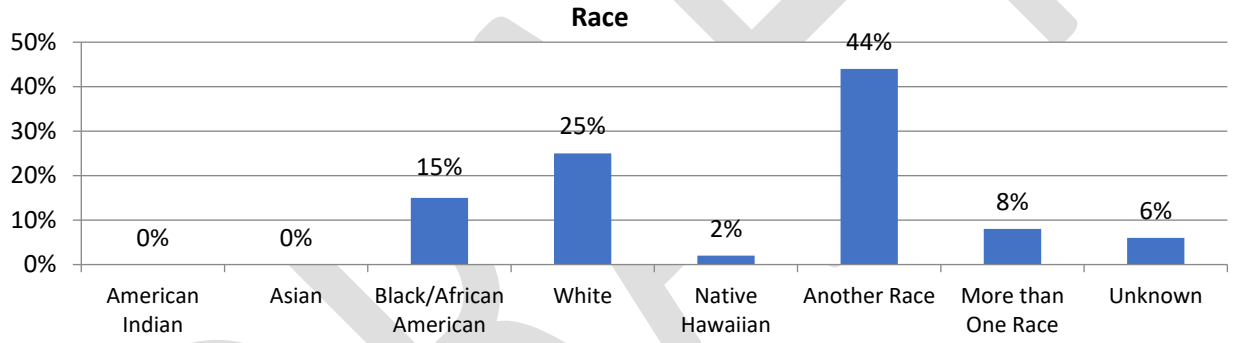


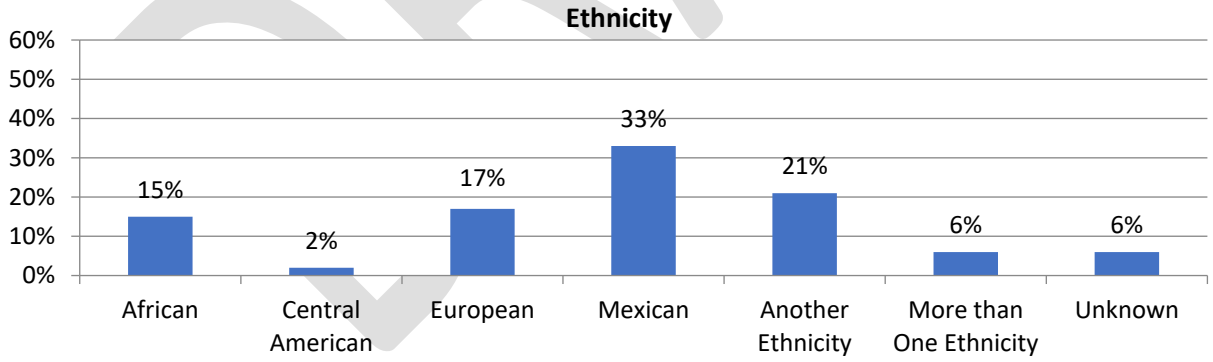


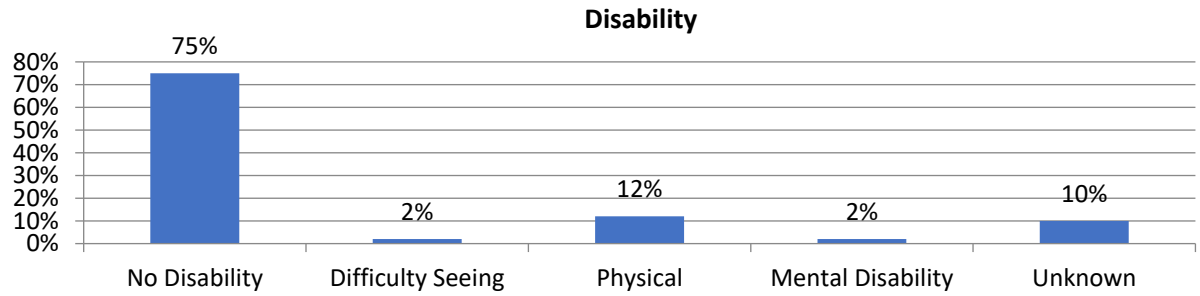












NAMI: PARENTS AND TEACHERS AS ALLIES

Status of Program: ___ New ___ Continuing ___ Modified _X_ Discontinued	
Target Population: _X_ 0-15 _X_ 16-25 _X_ 26-59 ___ 60+ Other:	
Type of Program: _X_ Prevention ___ Early Intervention ___ Prevention and Early Intervention	

Program Description: Parents and Teachers as Allies provides in-service trainings for school professionals and parents to help participants better understand the early warning signs of mental illnesses in children and adolescents.

Target Population: Parents and school personnel for Claremont (CUSD), Bonita (La Verne) (BUSD) and Pomona (PUSD) unified school districts.

Number of Trainings for FY 2018-19	8	Attendees	94

The NAMI program, Parents & Teachers as Allies (PTAA), serves as both outreach and education program for schools throughout Claremont (CUSD), Bonita (La Verne) (BUSD) and Pomona (PUSD) Unified School Districts. PTAA provides an overview of emotional disorders and mental illnesses commonly encountered among children and adolescents. The purpose of PTAA is to increase awareness among teachers, staff and parents regarding the prevention and early intervention of mental disorders, to decrease stigma and increase compassion for those who show symptoms of early onset mental illness.

PTAA typically takes the form of a 90-minute presentation by individuals with both nationally standardized presentation training and lived experience with the program content. The program features an overview of:

- The latest research on brain disorders in children and adolescents.
- Signs of early onset mental illnesses in children and adolescents as seen at home and at school.
- Family reactions to mental illnesses.
- Early intervention and treatment, which lead to better educational outcomes for students.

Additionally, PTAA has proven to be an invaluable vehicle of introduction for NAMI Pomona Valley to the schools and districts served. Subsequent to PTAA presentations, NAMI Pomona Valley has been able to extend support in the form of other NAMI programs, presentations and services such as *NAMI On Campus, In Our Own Voice*, *Ending*

the Silence, NAMI Support Groups and NAMI information tables as well as targeted education and support for underserved groups.

Program Update:

In FY 2018-2019, there was a notable increase in request for presentations, particularly those involving components of suicide awareness. These requests support the need for this critical training which is a primary component in the replacement project NAMI Ending the Silence which began on July 1, 2019.

In the fall of 2018, NAMI, a national organization, made the decision to replace PTAA (Parents and Teachers as Allies) with a program called ETS (Ending the Silence). The significance of this change, in addition to the name, included enhancement of presentation of graphics and video portrayals, along with the addition of components of that specifically address suicide awareness and prevention.

NAMI enjoyed significant collaborative efforts from the Pomona Valley Unified School District and, to a lesser extent, from the Claremont Unified School District. This collaboration takes the form of disseminating information about NAMI programs to parents and teachers in conjunction with other materials. at the same time, they receive long with materials that are disseminated in the normal course of the districts parental education efforts. Additionally, the districts are consistently willing to provide space as well as publicity

After a presentation to Parents in the Tri-City area, a group of parents the parents were motivated to move forward with plans to form their own advocacy group in order to focus on mental health awareness and training for students, teachers, and parents within their own school district.

Challenges Experienced:

The biggest challenges this year was meeting the increased demand for presentations and informational participation. The request for presentations outpaced the staff resources.

In preparation for Ending the Silence, NAMI will increase their efforts to develop additional resources in the form of staff and volunteers to meet the increase demand for presentations.

Program Change:

Effective July 1, 2019, the Parents and Teachers as Allies program was replaced with NAMI Ending the Silence for School Staff and Ending the Silence for Families. The current NAMI funding/allocation of $35,500.00 annually shall remain the same and transfer to the replacement program.

Program Features	Parents and Teachers as Allies	Ending the Silence
Cost for program	Free to schools and participants	Free to schools and participants
Target Audience	School Personnel and Parents	Students, School Personnel and Families

Number of presentations	2-Parents and School Personnel	3-Students, School Personnel and Families
Focus:	Early warning signs of MI Create supportive learning environment Voice concerns in a safe environment Personal testimony from TAY living with MI	Early warning signs of MI Students: Provide ideas to help themselves, friends and family members Families: How to approach your child and how to work with school staff Teachers: how to approach students and work with families Personal testimony from TAY living with MI

HOW MUCH DID WE DO? Parents and Teachers as Allies

8
Presentations

94
Attendees

HOW WELL DID WE DO IT?

94%

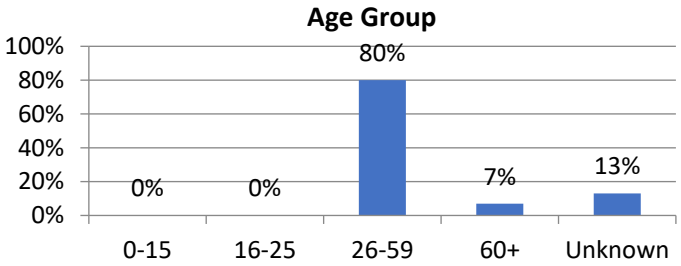
Agreed or strongly agreed that *Parents and Teachers as Allies* increased their understanding of the symptoms of childhood and adolescent mental illness

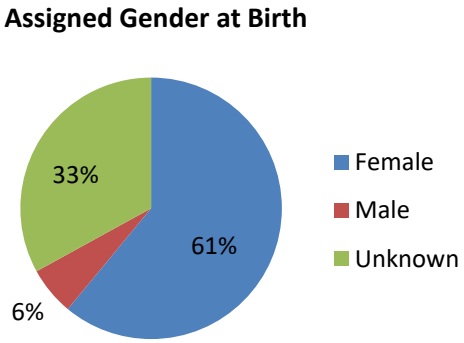
IS ANYONE BETTER OFF?

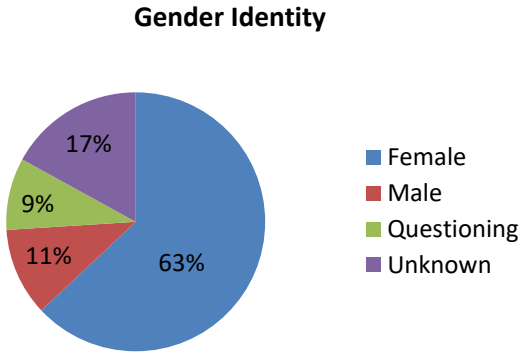
96%

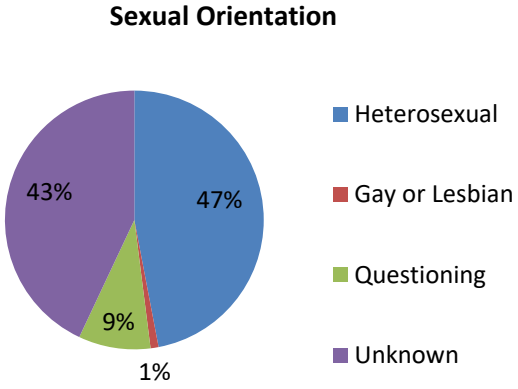
Agreed or strongly agreed that *Parents and Teachers as Allies* will help them recognize early warning signs of mental illness in children and adolescents

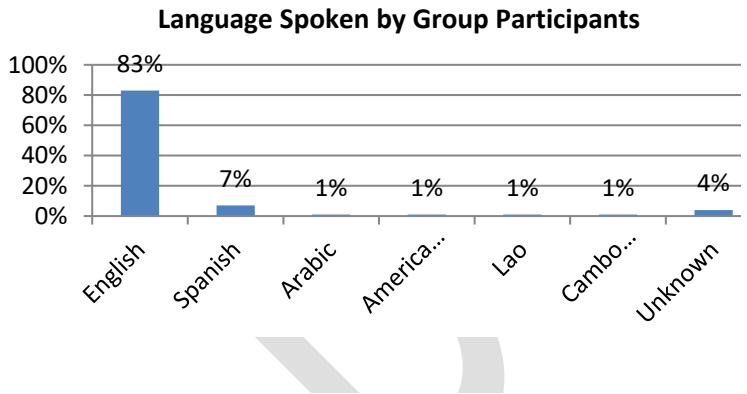
Demographics

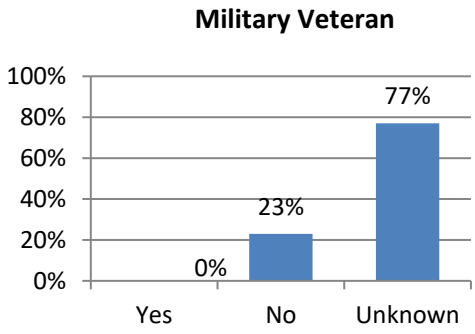


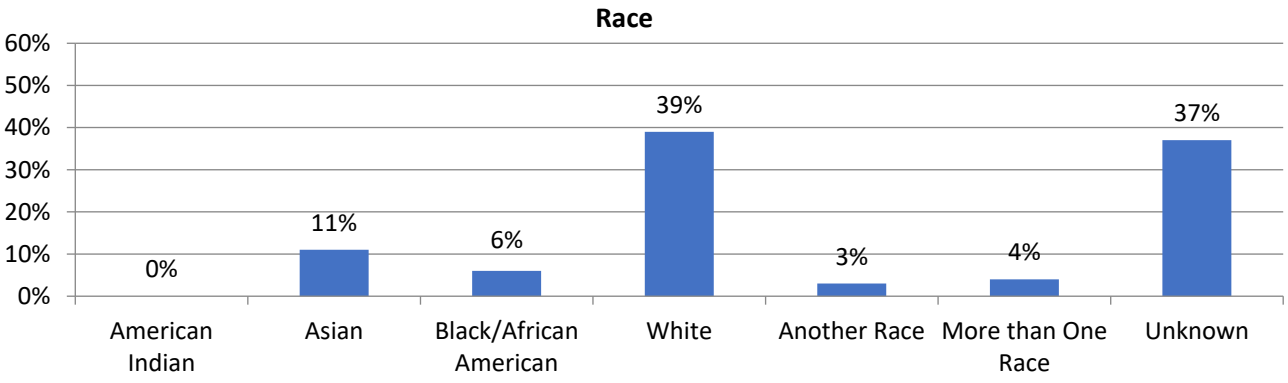


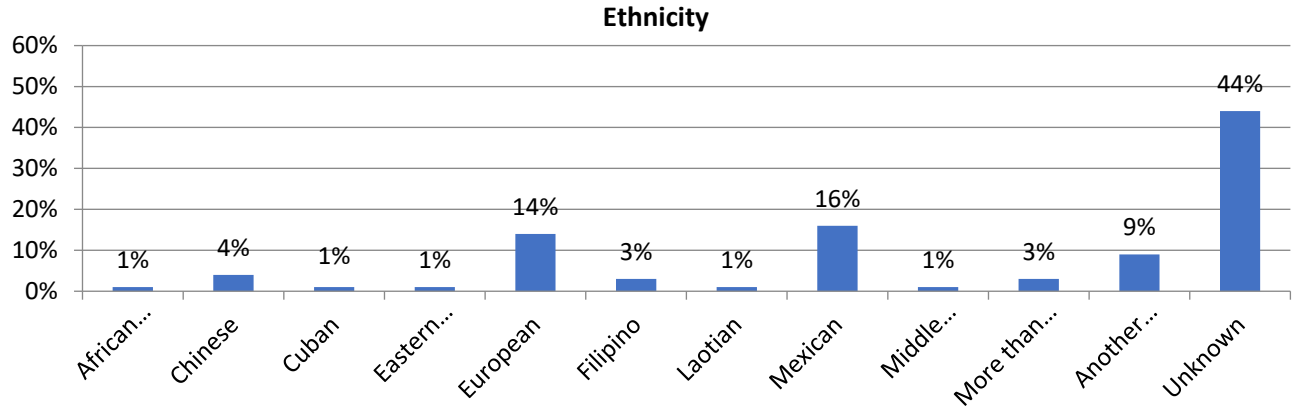


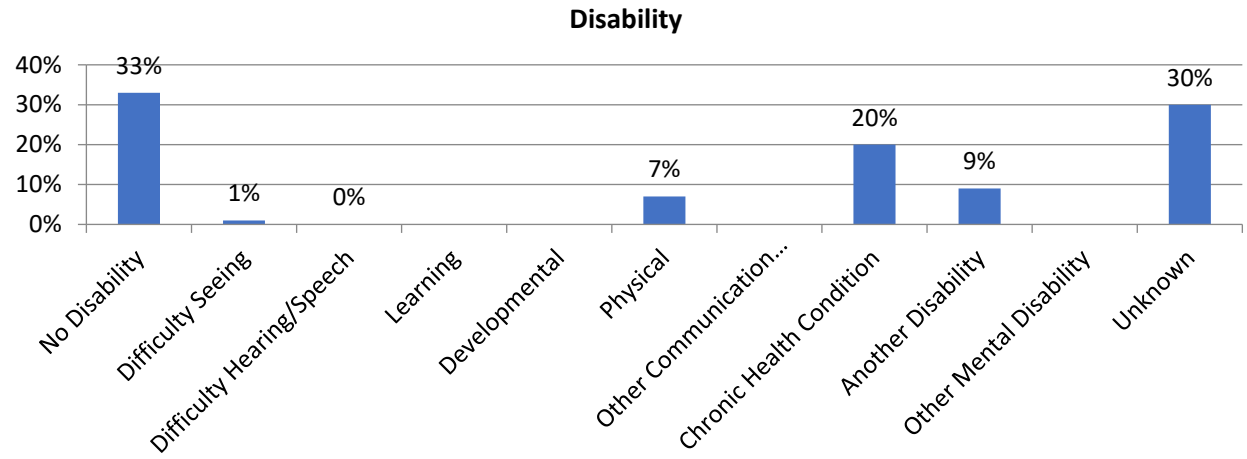












Number of Potential Responders: 94
Setting in which responders were engaged: Schools
Type of Responders Engaged: Parents and Teachers

Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

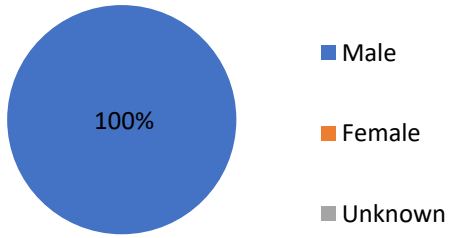
Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy:

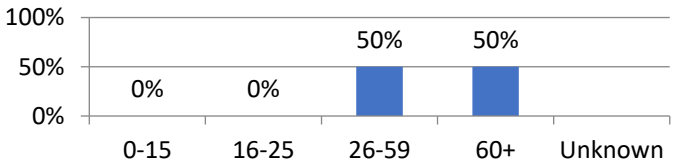
There were two referrals to NAMI.

PEI Demographics based on Referrals (n=2)

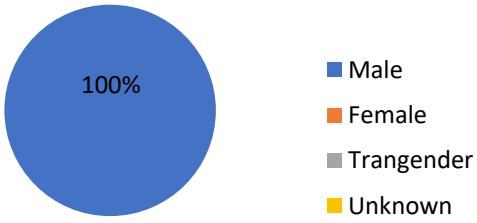
Assigned Gender at Birth



Age Group



Gender Identity



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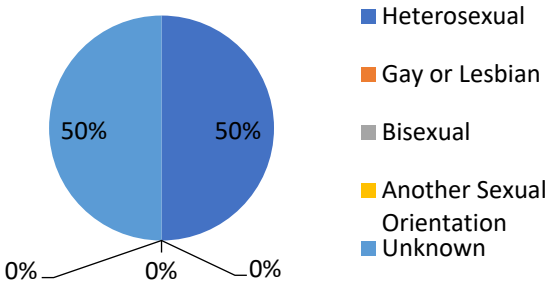

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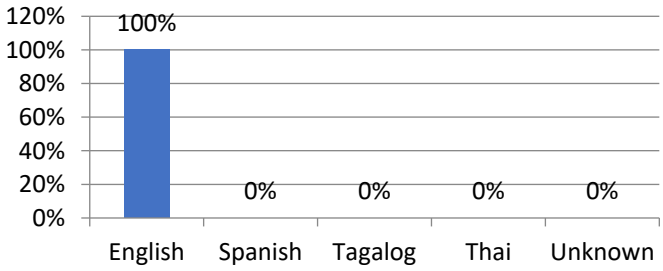

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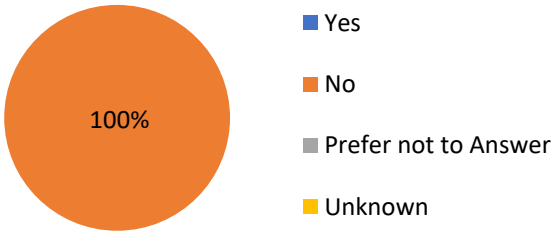

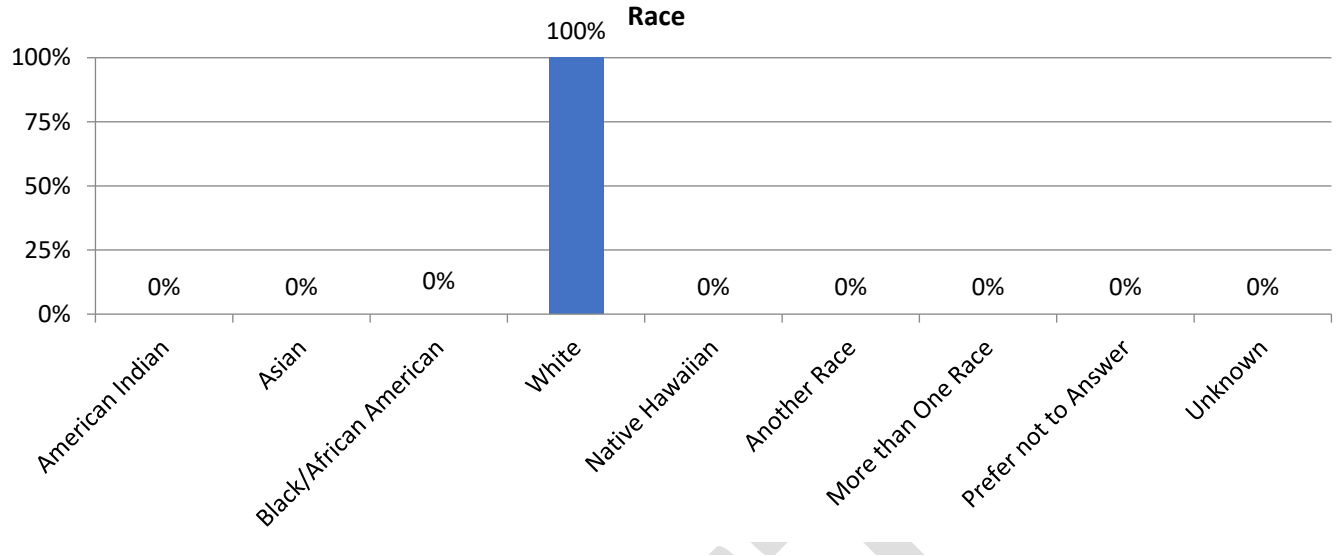
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0%
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Asian
Black/African American
White
Native Hawaiian
Another Race
More than One Race
Prefer not to Answer
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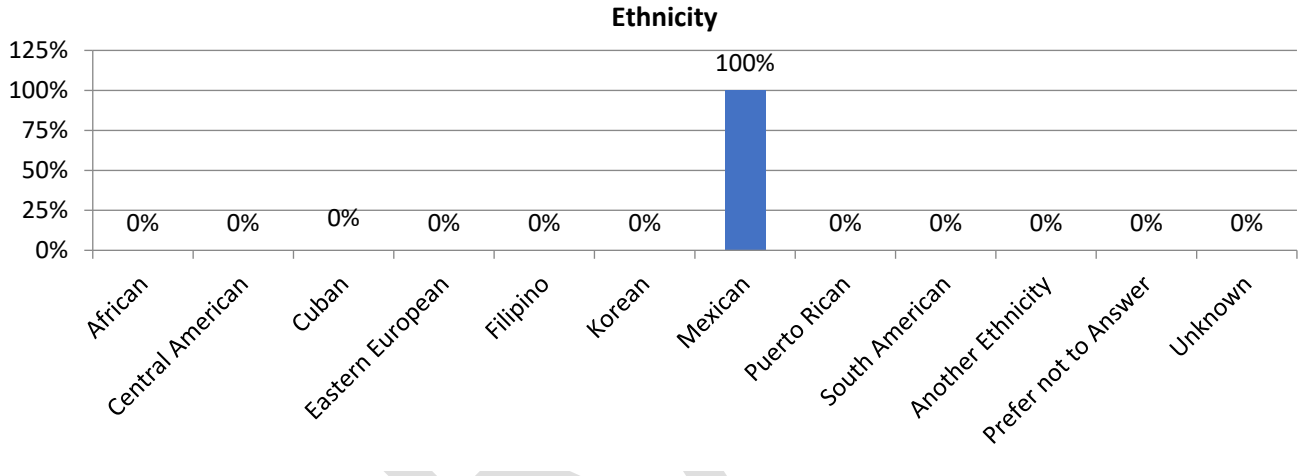
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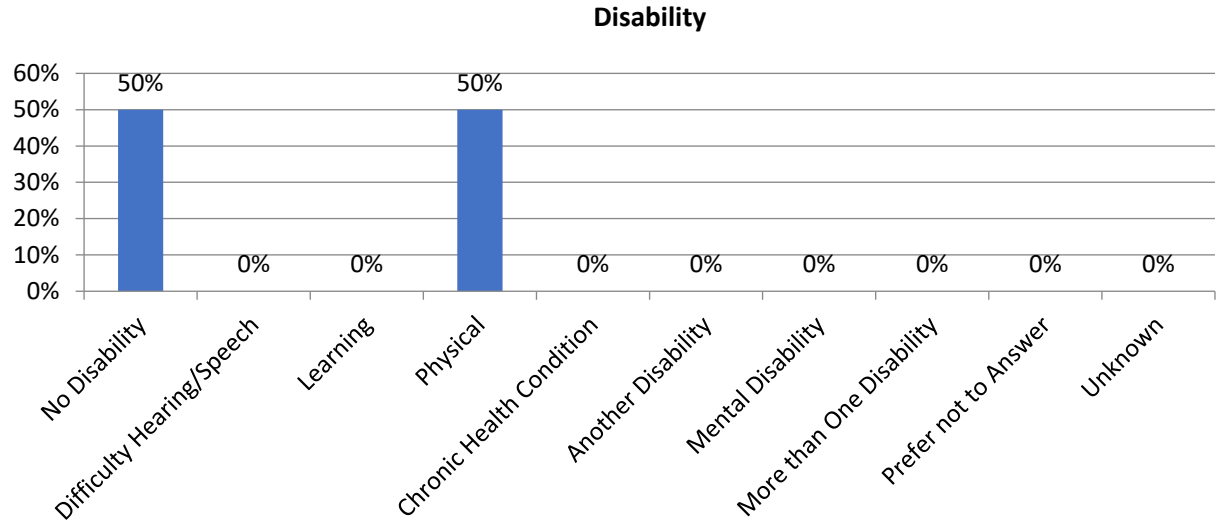
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0%
0%
0%
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0%
0%
0%
0%
No Disability
Difficulty Hearing/Speech
Learning
Physical
Chronic Health Condition
Another Disability
Mental Disability
More than One Disability
Prefer not to Answer
Unknown

HOUSING STABILITY PROGRAM

Status of Program:	___ New _X_ Continuing ___ Modified ___ Discontinued
Target Population:	___ 0-15 _X_ 16-25 _X_ 26-59 _X_ 60+ Other:
Type of Program:	_X_ Prevention ___ Early Intervention ___ Prevention and Early Intervention

Program Description: Stable housing is a necessary foundation to be able to create wellbeing and support a person's mental health. Tri-City Housing staff work diligently with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. The Housing Stability Program is a prevention program designed to help people with mental illness maintain their current housing or find more appropriate housing. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships.

Target Population: Individuals experiencing mental illness who need support to maintain their current housing or find a more appropriate place of residence.

Landlords Engaged	Landlord Luncheons Held	Attendees (Unique)	Repeat Attendees (Duplicates)
32	14	123	240

Stable housing is a necessary foundation to be able to create wellbeing and support a person's mental health. Tri-City Housing staff work diligently with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. TCMHA works to prevent

homelessness by going where the housing is (landlords and property management companies) and addressing the needs and concerns of housing providers, in addition to consumers. As part of this project, TCMH developed a Good Tenant Curriculum that addresses both landlord and tenant expectations, rights and responsibilities.

Relationships and collaboration are key to the sustainability of the Housing Stability Program. This hybrid program is critical in responding to the increasing cost of rents and stigma. Most clients are on a limited income such as social security or families living on a dual minimum wage income. However, through these connections, Tri-City staff are better able to assist consumers in overcoming barriers that have kept them from accessing and maintaining stable housing. The Housing Stability Program allows landlords and mental health providers to work together to prevent and ultimately end homelessness in the lives of individuals with mental illness.

Program Update:

The Housing Stability Program gained interest from various resources, such as Inland Fair Housing, to be able to present their services in our monthly Landlord Luncheons. These additional connections help increase the reach throughout the three cities.

Mental Health First Aid Trainings were held targeting landlords, property managers, and property owners in the three cities with forty individuals in attendance.

The Good Tenant Curriculum became a regular group at the Wellness Center, as well as at Parkside Family Apartments, Holt Family Apartments, and Cedar Springs Apartments. The goal is to continue to provide education on understanding one's rights and responsibilities in order to maintain successful tenancies. During this fiscal year, twelve individuals finished all nine weeks of the course.

Challenges Experienced:

Landlords that are not open to housing individuals with vouchers due to negative past experiences.

Members of the community express questions regarding what housing is available and have misinformation about what Tri-City is able to provide.

Due to Pomona Housing Authority starting their own Homeless Incentive Program where there are monetary perks and securities to landlords that rent to individuals with vouchers, we are able to promote this program among those that have presented reservations.

Landlord Liaison will be identifying that Housing would be able to assist with requests when it comes to attempting to mediate with tenants whether or not they are in services at Tri-City. The Landlord Liaison would look to connect with IOET to begin engagement with those individuals and determine what additional resources they can be connected to.

Housing will be adding a Support Group at the Wellness Center where members of the community can come to get answers to questions they have regarding housing, or resource information about where they can obtain the support they need.

PROGRAM: Housing Stability Program

HOW MUCH DID WE DO?

32
New Landlord Contacts

76
Landlord Follow-Ups

Strong efforts were made in strengthening relationships during FY 18-19

- 32 new landlords contacts were made in the 3 cities

14
Landlord Luncheons Held

240
Attendees (Duplicated)

124
Attendees (Unique)

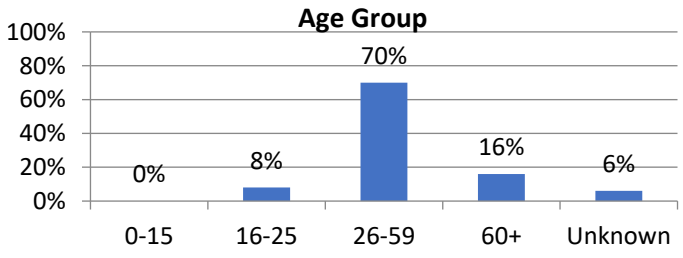
Strong efforts were made to during FY 18-19

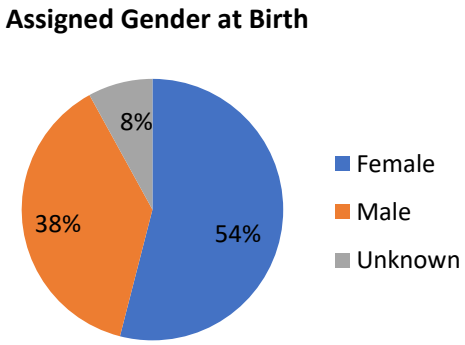
- 124 unique attendees at landlord luncheons during FY 18-19

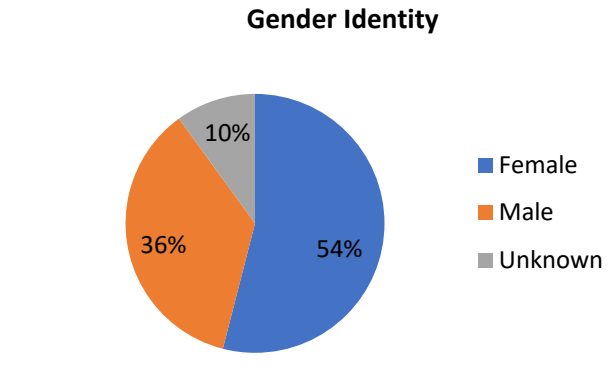
72
Landlord Tenant Curriculum Events

136
Attendees (Duplicated)

33
New Attendees



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54%
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Male
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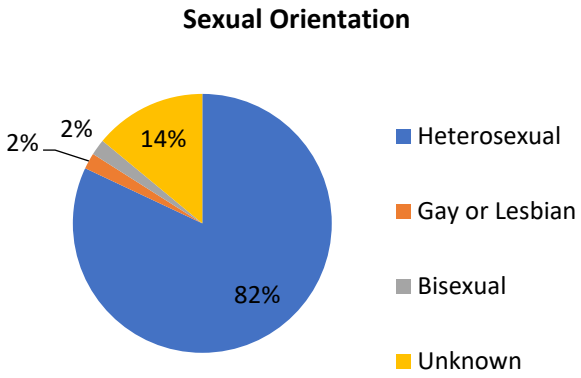
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2%
14%
82%
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Gay or Lesbian
Bisexual
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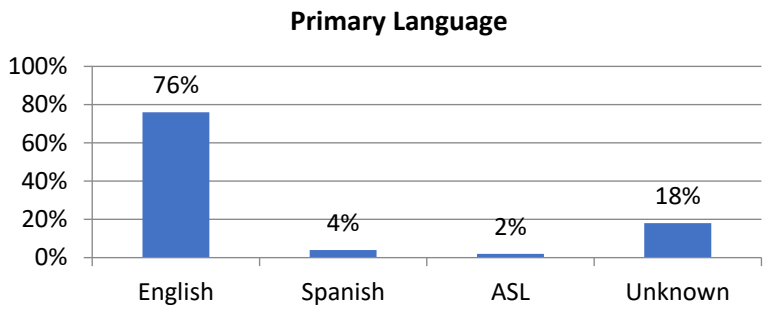
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0%
76%
4%
2%
18%
English
Spanish
ASL
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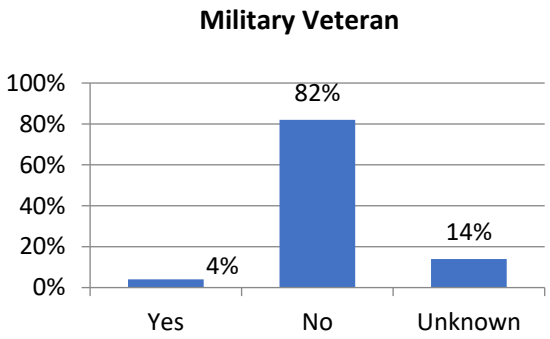
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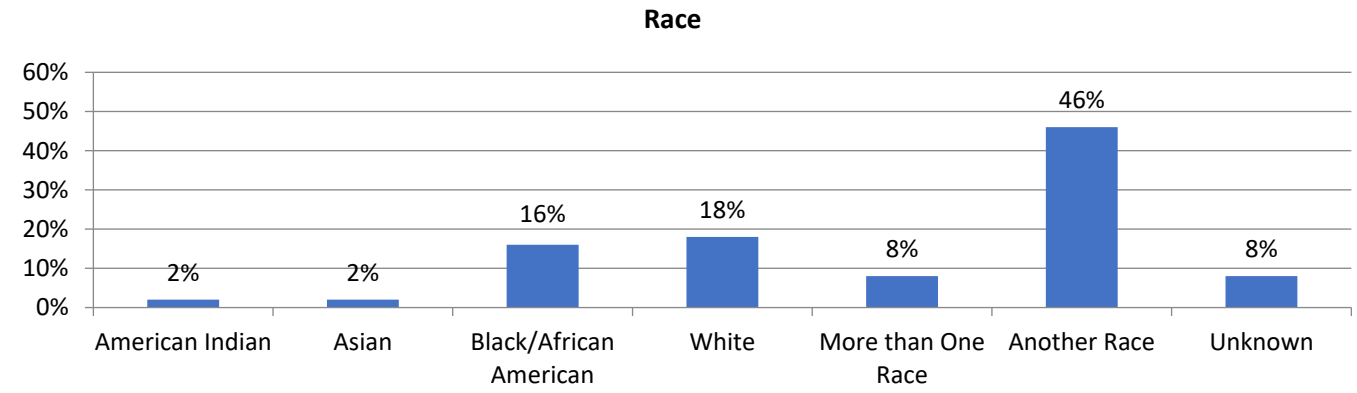
60%
40%
20%
0%
4%
82%
14%
Yes
No
Unknown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8%
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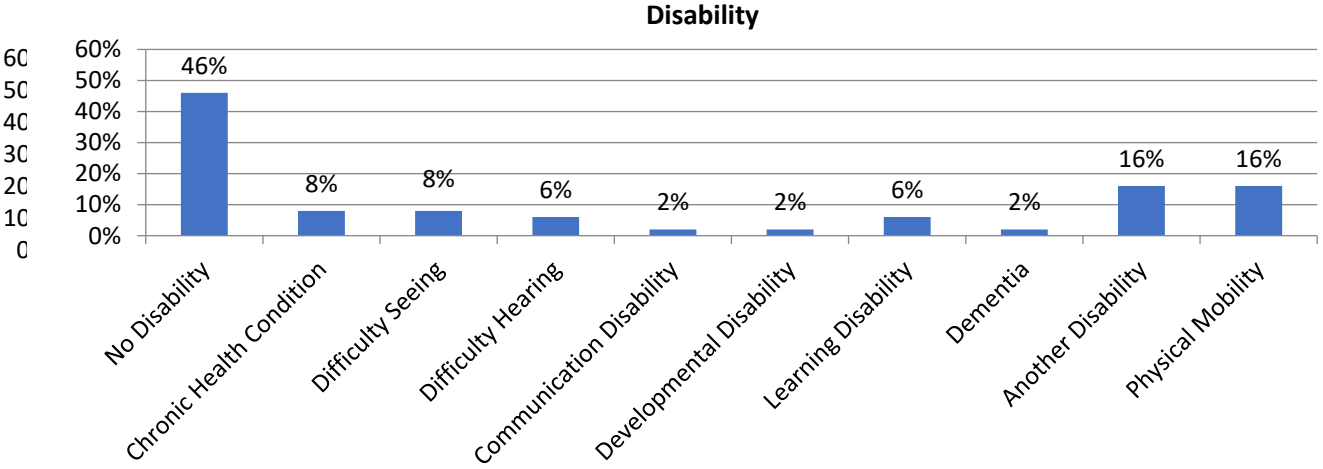
Asian
Black/African American
White
More than One Race
Another Race
Unknown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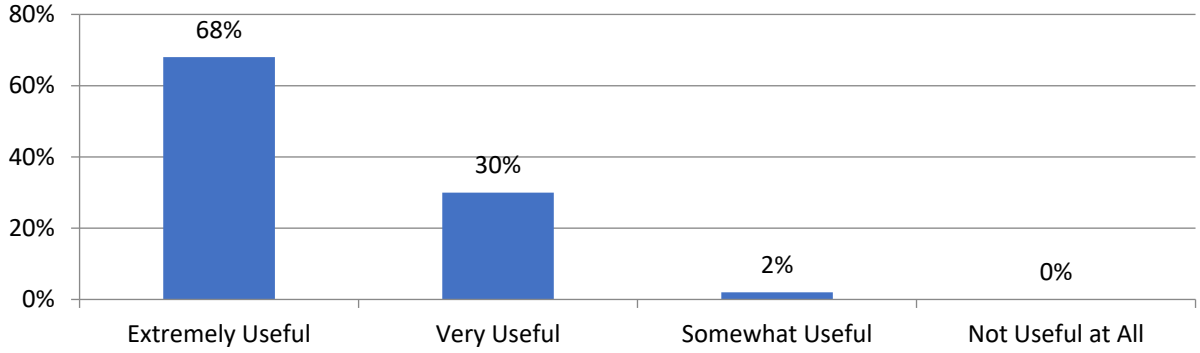
30%
20%
10%
0%
46%
8%
8%
6%
2%
2%
6%
2%
16%
16%
No Disability
Chronic Health Condition
Difficulty Seeing
Difficulty Hearing
Communication Disability
Developmental Disability
Learning Disability
Dementia
Another Disability
Physical Mobility

HOW WELL DID WE DO IT?

Landlord Luncheon attendees ratings of how useful the information was from the event:



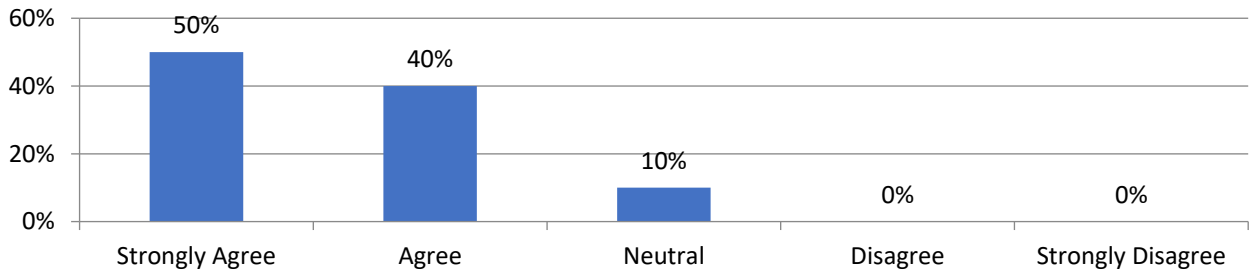
98%
Good Tenant Curriculum participants reported the presenter was engaging and approachable

91%
Good Tenant Curriculum participants would recommend this curriculum to others

Throughout the last three years, the training ratings have been higher than 90% satisfactory

IS ANYONE BETTER OFF?

Landlord Luncheon attendees level of agreement that the topics covered were relevant to their setting:



Number of Potential Responders: 189
Setting in which responders were engaged: Community
Type of Responders Engaged: Landlords, and community members

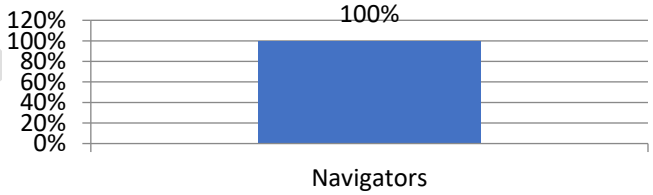
Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.
Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy:

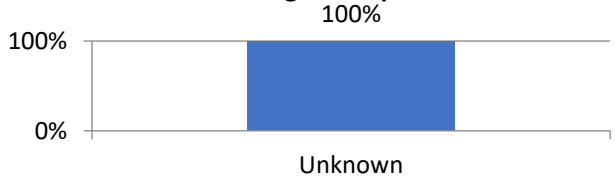
There was one referral to Housing Stability

Referral From:

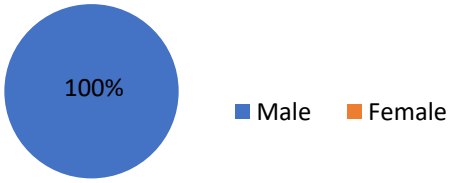


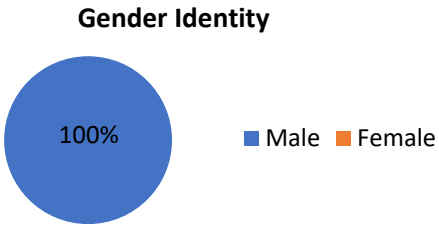
PEI Demographics based on Referrals (n=1)

Age Group



Assigned Gender at Birth

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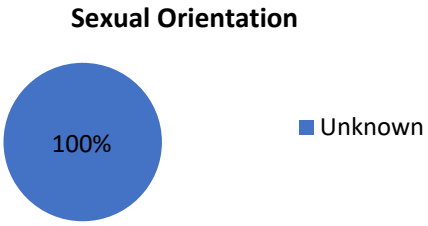
Female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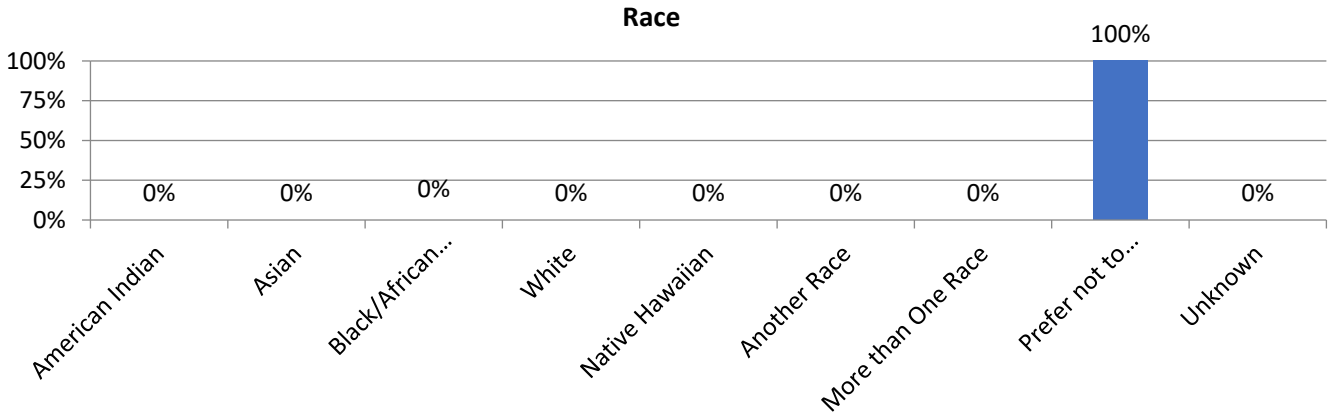
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More than One Race
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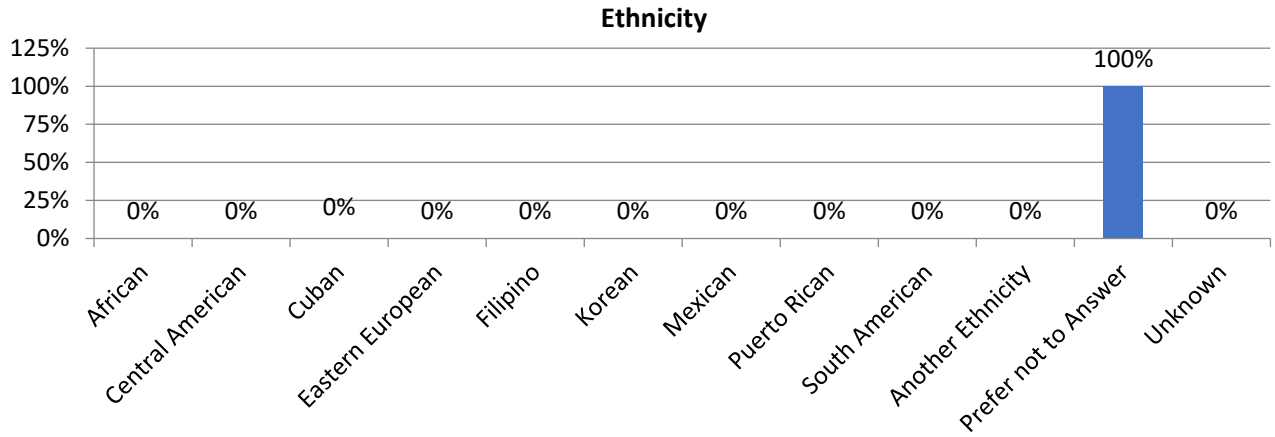
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South American
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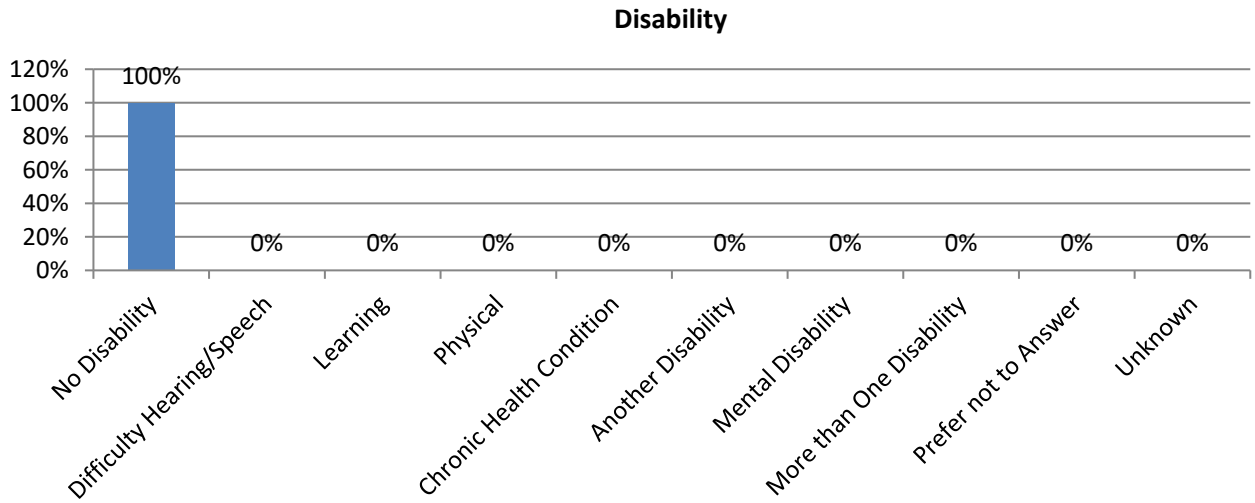
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0%
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No Disability
Difficulty Hearing/Speech
Learning
Physical
Chronic Health Condition
Another Disability
Mental Disability
More than One Disability
Prefer not to Answer
Unknown

THERAPEUTIC COMMUNITY GARDENING

Status of Program: ___ New _X_ Continuing ___ Modified ___ Discontinued	
Target Population: _X_ 0-15 _X_ 16-25 _X_ 26-59 _X_ 60+ Other:	
Type of Program: ___Prevention _X_ Early Intervention ___ Prevention and Early Intervention	

Program Description: The Therapeutic Community Gardening program helps participants decrease their isolation and experience mental health benefits through participation in horticulture/gardening activities and group therapy exercises.

Target Population: Unserved and underserved populations including adults, youth ages 16-25, families with children, older adults, and veterans.

Age Groups	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown
Number Served FY 2018-19	20	27	67	19	31
Cost Per Person	$1,934	$1,934	$1,934	$1,934	$1,934

The Therapeutic Community Gardening (TCG) Program was created by stakeholders to serve Tri-City clients and community members that live, work or attend school in the Tri-City service area. Designed as a prevention and early intervention program, this program serves clients and community members of all ages, including children, their families, transition age youth (ages 16-25), adults (ages 26-59), and older adults (ages 60 and older). Participants are encouraged to join before, during or after they have graduated from clinical treatment.

TCG is unique in its ability to utilize the innate relationship humans have with nature to assist participants in acquiring skills that can move them towards wellness, help to process change or mourn a loss, and effectively applying these techniques to situations outside of the garden. TCG clinicians utilize various modalities and techniques during group therapy, including but not limited to mindfulness and horticulture therapy. TCG

participants identify the Garden as a safe place to discuss thoughts, feelings and behaviors that are impacting their lives while receiving social support from group members and feedback from TCG clinicians.

Focusing on early intervention, this program provides services to people who are in the early stages of their treatment and do not yet meet medical necessity. The community garden is a setting where otherwise isolated people come together to work, learn, and share. Extra-curricular activities such as cooking classes and workshops also promote augmentation of gardener skills while allowing them the chance to enjoy other dimensions of their work.

Program Updates:

Maintaining and Strengthening our Relationship with the Cal Poly Veteran Resource Center: TCG staff partnered with student veterans from the Cal Poly Pomona Resource Center (VRC) to prepare the garden for fall planting. A total of 18 student veterans and VRC staff experienced mindfulness, wellness and goal accomplishment by assisting with some beautification tasks in the garden space.

TCG staff took part in the 2nd annual Veteran Agriculture Day where clinicians engaged with 23 student veterans, faculty and community members and participated on the panel to address questions veterans had about services and resources available to them in the community.

Culture and Diversity through Food: TCG continued to host monthly events throughout 2018 where different cultures were highlighted through food and stories from staff. Clinicians facilitated a mindfulness exercise with the use of themes revolving around the garden and the different types of cultural groups.

Pomona Valley Hospital Medical Center (PVHMC): Residents Mindfulness Group: The Family Medicine Residency Program and 16 residents from PVHMC returned to TCG for a wellness session. The goal of the session was to decrease stress in individuals by enhancing the participant's awareness of the present through grounding techniques and mindfulness.

TCG Hosts a workshop at the 2nd Annual Transition Age Youth Conference: TCG staff presented at the 2019 TAY Conference on the areas of focus were physical, mental, and social wellbeing. TCG promotes all three pillars.

Green Teens: TCG staff began a group for 12-15-year-old children and pre-teens.

English Speaking Older Adult Group: TCG implemented the first older adult group for English speakers and it continues to be a successful group with excellent retention.

Mindfulness through Gardening at Holt Family Apartments: TCG began an indoor groups utilize horticultural therapy, metaphor therapy, mindfulness, cognitive behavioral therapy and several other modalities in order to meet the client where they are and support them in reaching their personal goals.

Challenges Experienced:

Mindfulness through Gardening at Holt Family Apartments: TCG began a group at Holt Family Apartments in October, 2018. The lack of tenant participation in the group has been an ongoing barrier since the formulation of this group. At this time, TCG is being solution focused in regards to increasing group participation as well as participant retention in groups over time.

Cedar Springs: The Cedar Springs group is held the 1st Tuesday of every month from 3:00pm-4:00pm. This group is led by the community farmer to assist and coach residents to take care of the garden independently. Historically, the attendance for this group has been low. It appears that maintaining a consistent participant base at both of our housing locations has proven difficult.

Parking lot expansion: Parking lot construction commenced on April 8th, 2019. Although TCG has known for some time that this plan was in place, the recent news confirming the changes has impacted TCG groups. One of the more practical changes was that TCG groups were run indoors for the length of the construction. Of course, as with any major change, this time was and is difficult for some of our group participants.

Reduction in staff: The latter part of the fiscal year brought staff departures and reduced the size of the TCG department to one TCG clinician. Losing half of the clinical support as well as the knowledge of the farmer has been challenging. The garden space is difficult to maintain without a farmer and in order to prioritize quality client care, at times the garden does not get the attention it requires.

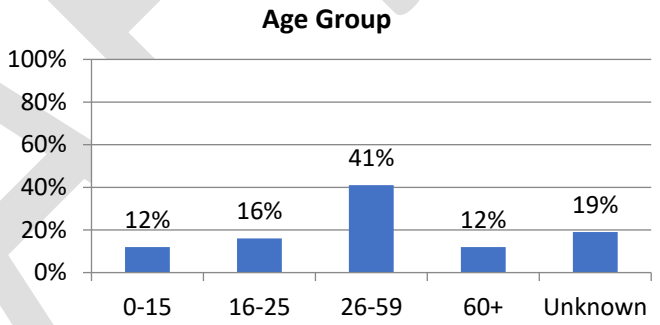
PROGRAM: Therapeutic Community Gardening (TCG)

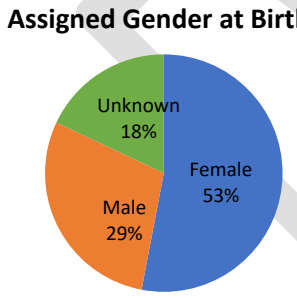
HOW MUCH DID WE DO?

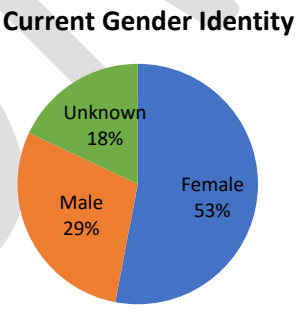
164
Individuals Served

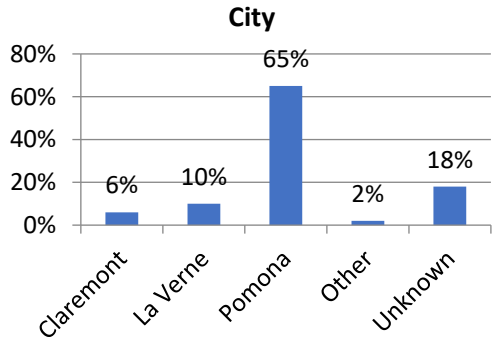
There were 328 unique individuals served, from FY 16 to FY 18

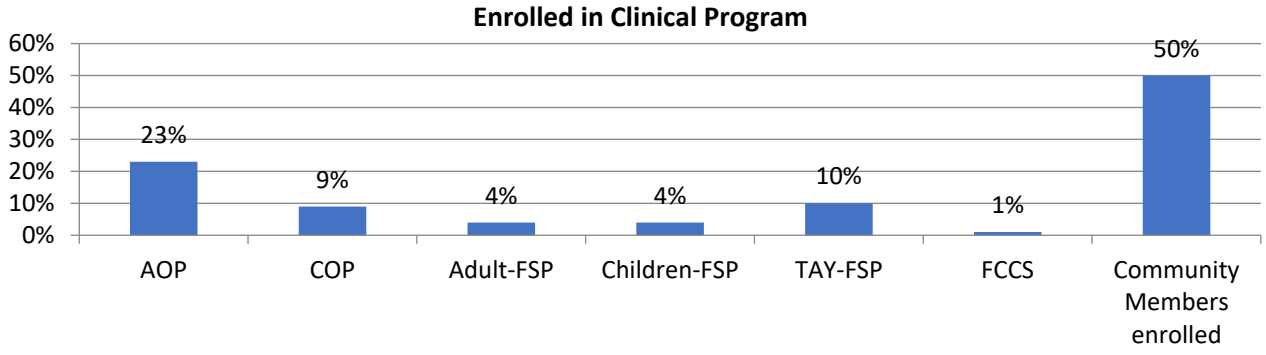
- 58% increase from FY 16 to FY 18

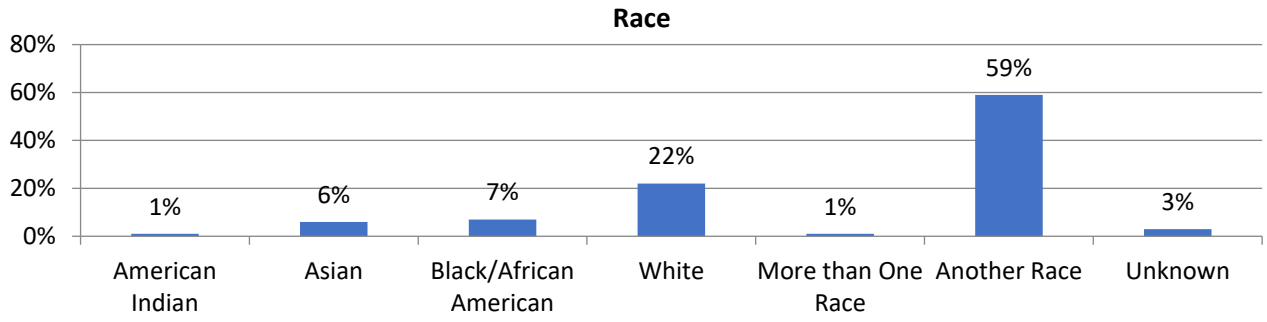


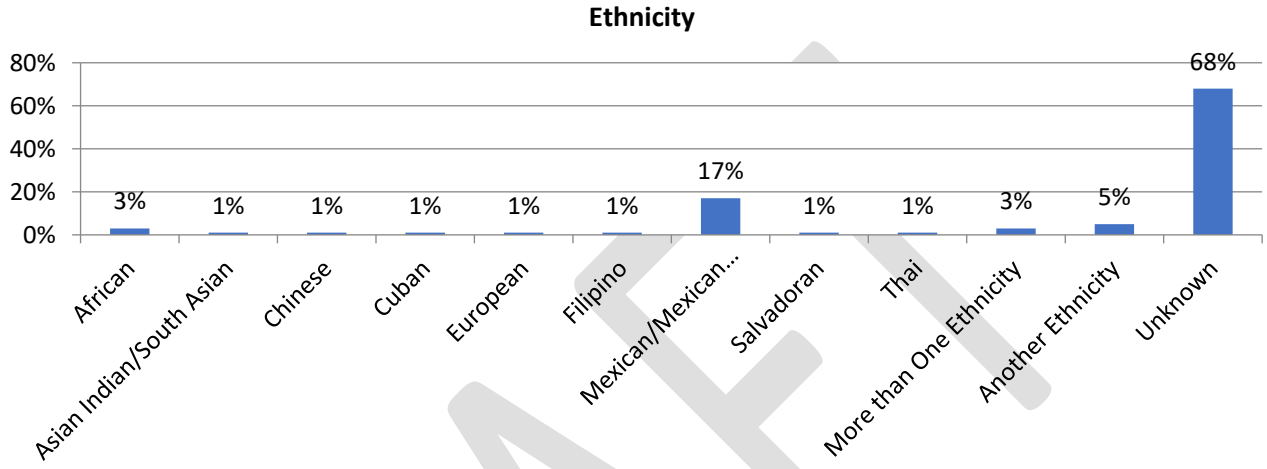


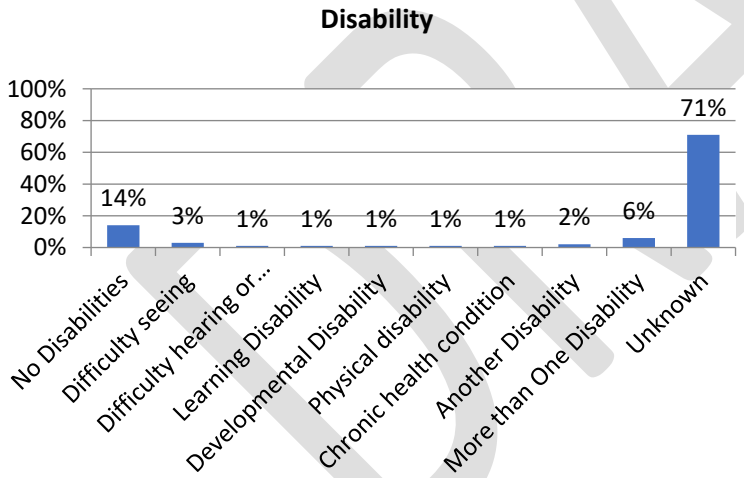


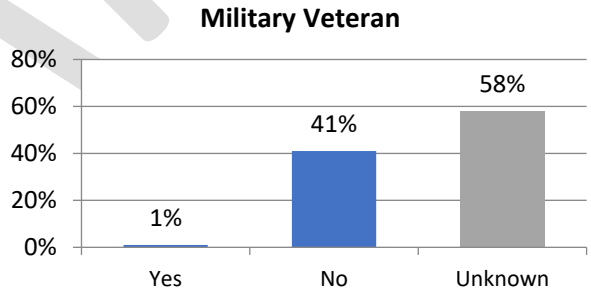


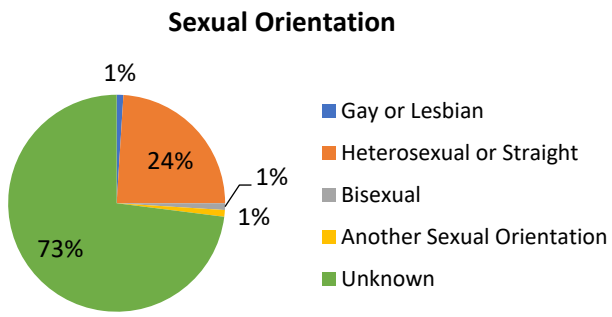


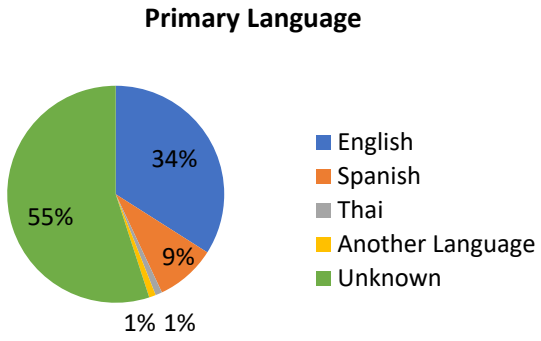

Race
80%
60%
40%
20%
0%
1%
6%
7%
22%
1%
59%
3%
American Indian
Asian
Black/African American
White
More than One Race
Another Race
Unknown


Ethnicity
80%
60%
40%
20%
0%
3%
1%
1%
1%
1%
1%
17%
1%
1%
3%
5%
68%
African
Asian Indian/South Asian
Chinese
Cuban
European
Filipino
Mexican/Mexican...
Salvadoran
Thai
More than One Ethnicity
Another Ethnicity
Unknown


Disability
100%
80%
60%
40%
20%
0%
14%
3%
1%
1%
1%
1%
1%
2%
6%
71%
No Disabilities
Difficulty seeing
Difficulty hearing or...
Learning Disability
Developmental Disability
Physical disability
Chronic health condition
Another Disability
More than One Disability
Unknown


Military Veteran
80%
60%
40%
20%
0%
1%
41%
58%
Yes
No
Unknown


Sexual Orientation
1%
24%
1%
1%
73%
Gay or Lesbian
Heterosexual or Straight
Bisexual
Another Sexual Orientation
Unknown


Primary Language
34%
55%
9%
1%
1%
English
Spanish
Thai
Another Language
Unknown

HOW WELL DID WE DO IT?

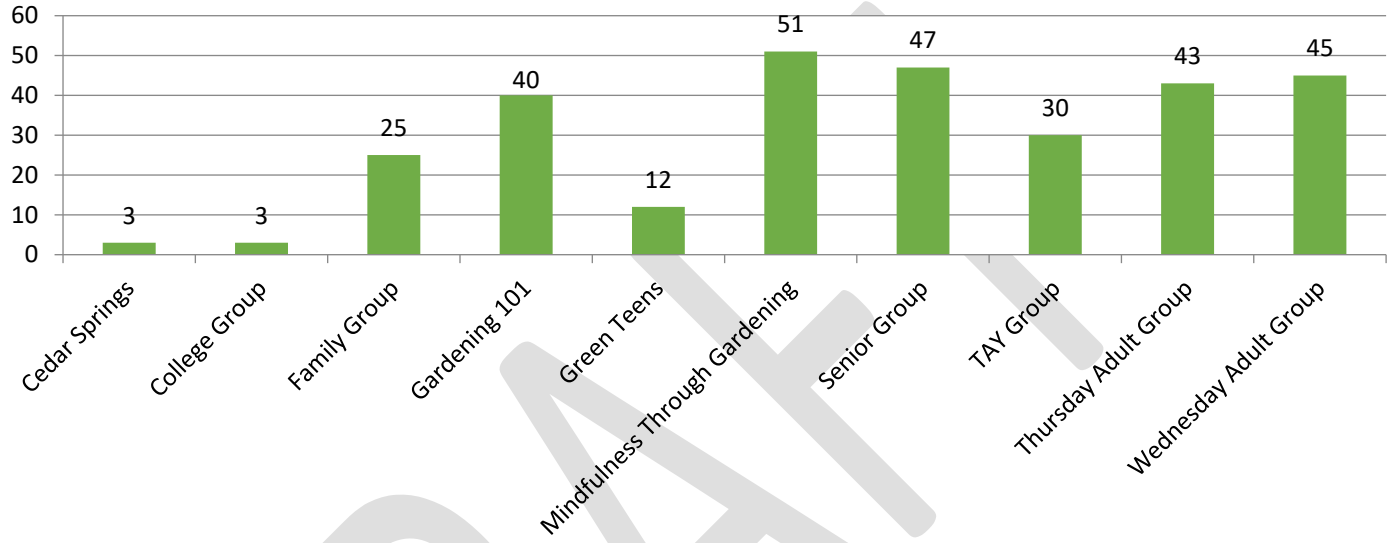
299 out of 410
Number of Groups Held Out of Scheduled Groups

There were 714 groups held from FY 16 to FY 18

- 169% increase from FY 16 to FY 18

1,027
Number of Duplicated Individuals Attended Groups

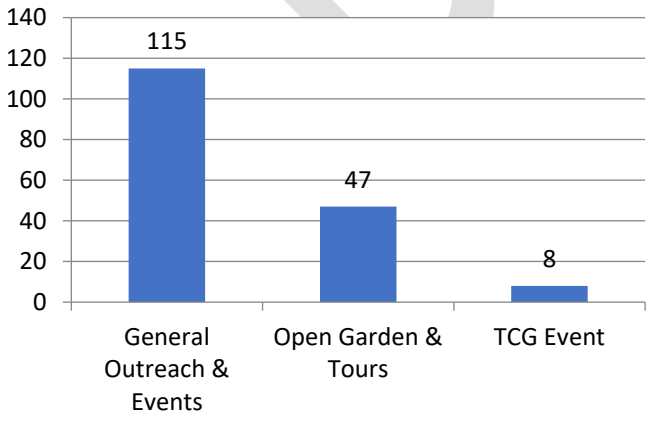
Type of Groups Held n=299



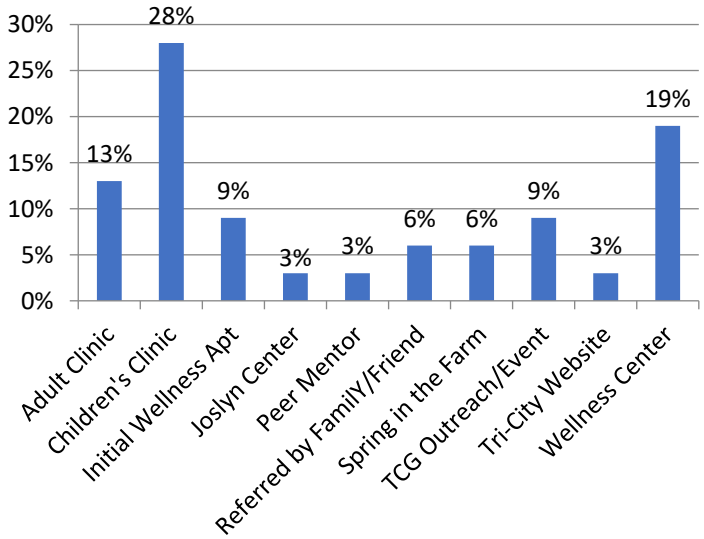
170
Outreach Events

1,430
Individuals Outreached

Type of Outreach



Referral Source



IS ANYONE BETTER OFF?

100%
TCG participants enjoy participating TCG groups

94%
TCG participants feel more connected to others (peers, family, etc.) because of TCG groups

88%
TCG participants feel their symptoms have improved because of their work at the garden

88%
TCG participants feel more confident from the skills learned in TCG

69%
TCG participants have better communication with others because of TCG

TCG Participant Feedback

"It takes my pain away and it helps me care more"

"It helps calm me"

"Improved coping skills"

"I have learned more about fruits and veggies"

"I look forward to coming back each time! I feel good about gardening"

"I enjoy the activities"

"Yes, made me closer to my family, they make me happy"

"I really enjoy coming; it helps me stay grounded"

"Garden group always makes me feel better, emotionally, physically, and mentally" "It helped me with my life, it's good to have"

"It's therapeutic, calming and at the same time you get fruits & veggies off the work you put in"

"It helps calm me"

"TCG makes me happy to come every week because you can talk about your feelings"

"Made me more confident, relaxed and more open to others"

"I feel that I have learned something about myself, my family and my daughters"

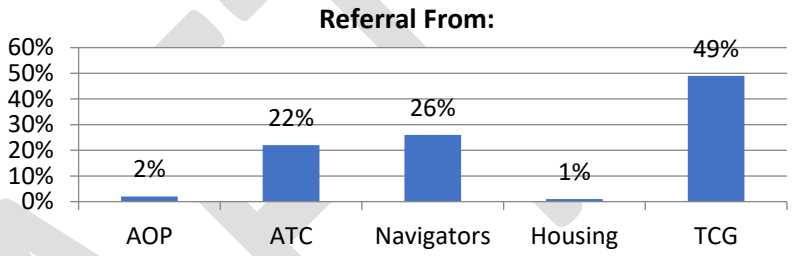
Number of Potential Responders: 164
Setting in which responders were engaged: Community, schools, health Centers, workplace, and outdoors.
Type of Responders Engaged: TAYs, teachers, LGTBQ, families, religious leaders, and those with lived experience.

Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy:

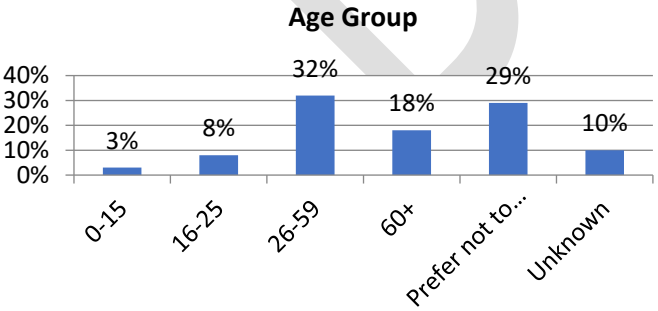
166
Referrals coming into TCG Program

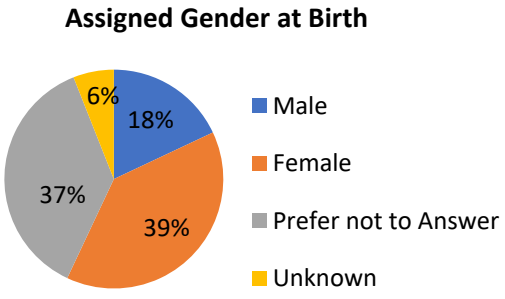


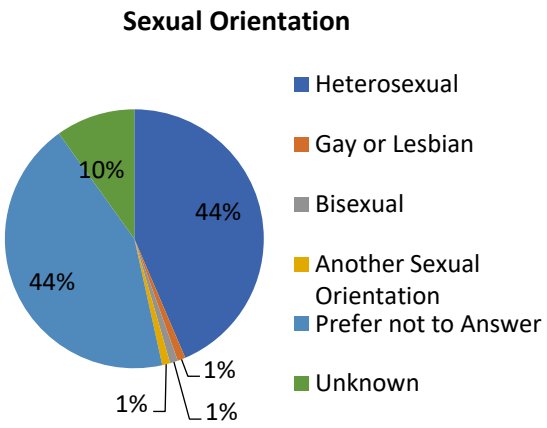
13 out of 166 Referrals Participated in TCG Program

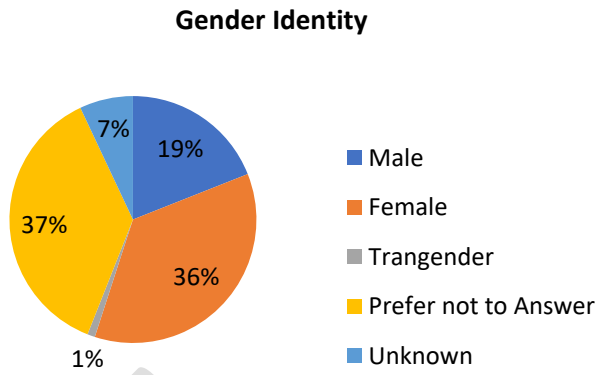
17 Days
Average Time between Referral and Participation in TCG Program

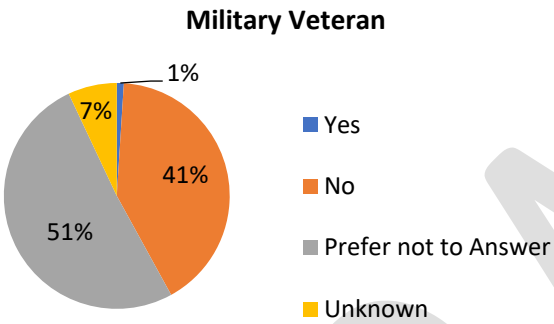
PEI Demographics based on Referrals (n=166)

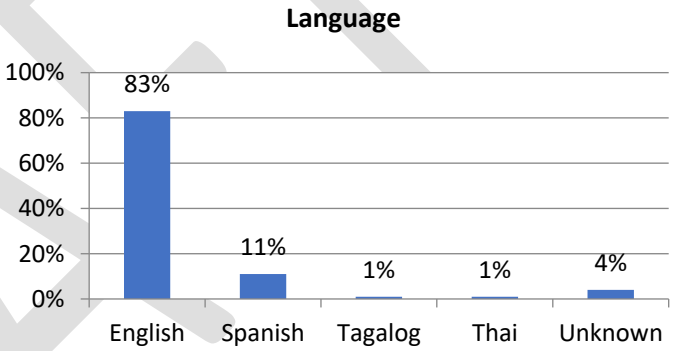





Sexual Orientation
Heterosexual
Gay or Lesbian
Bisexual
Another Sexual Orientation
Prefer not to Answer
Unknown
44%
44%
10%
1%
1%
1%


Gender Identity
Male
Female
Trangender
Prefer not to Answer
Unknown
19%
36%
1%
37%
7%


Military Veteran
Yes
No
Prefer not to Answer
Unknown
1%
41%
51%
7%


Language
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83%
11%
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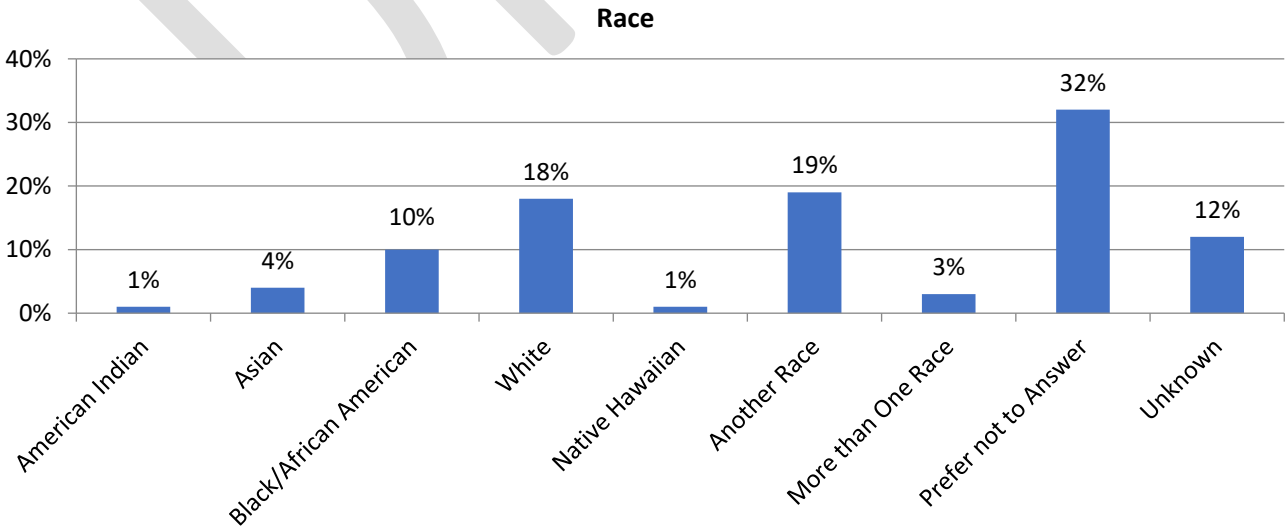
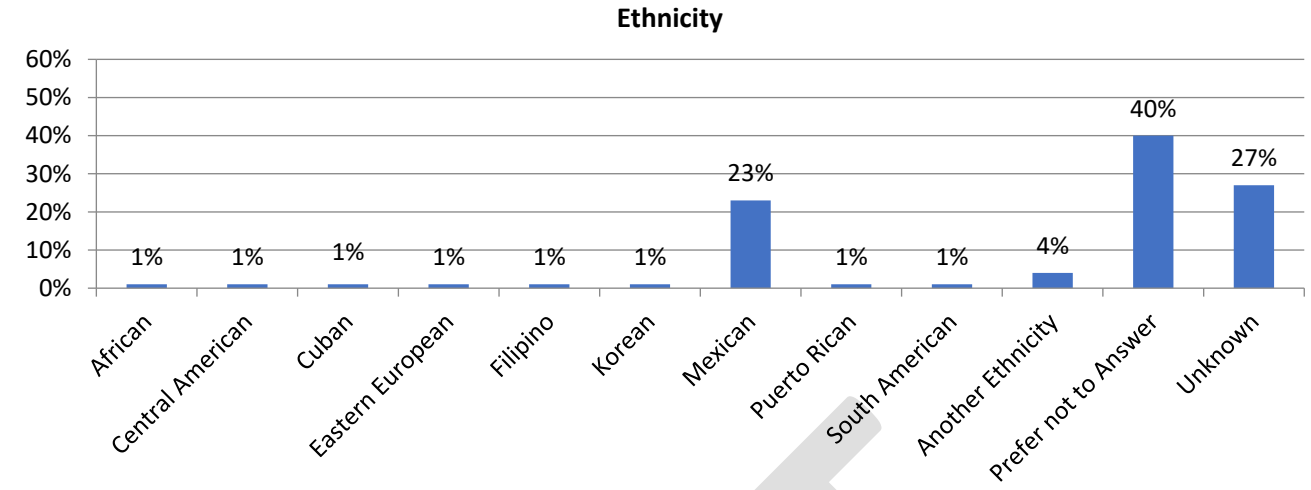
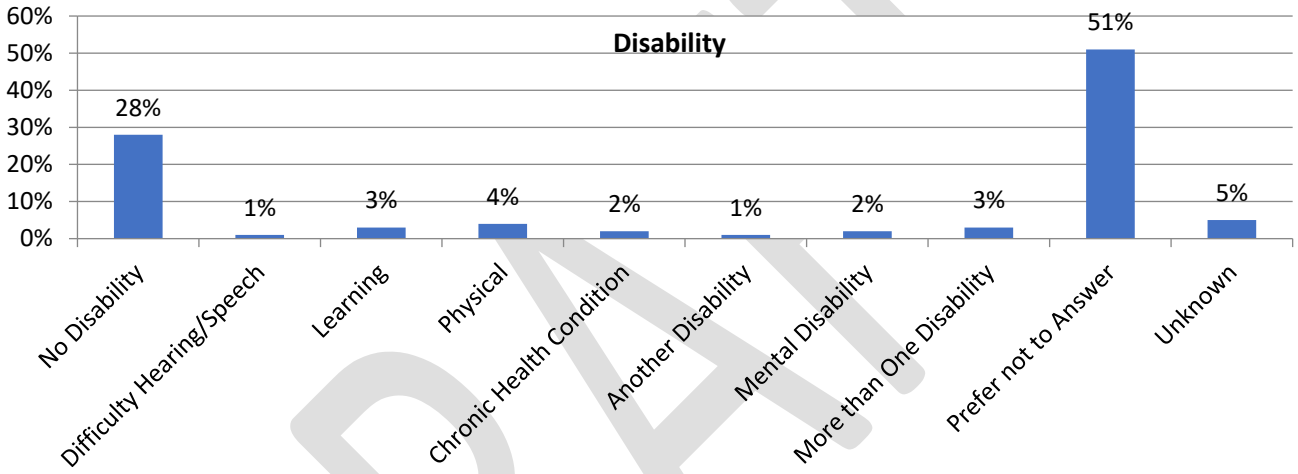
1%
4%
English
Spanish
Tagalog
Thai
Unknown


Race
40%
30%
20%
10%
0%
1%
4%
10%
18%
1%
19%
3%
32%
12%
American Indian
Asian
Black/African American
White
Native Hawaiian
Another Race
More than One Race
Prefer not to Answer
Unknown


Ethnicity
60%
50%
40%
30%
20%
10%
0%
1%
1%
1%
1%
1%
1%
23%
1%
1%
4%
40%
27%
African
Central American
Cuban
Eastern European
Filipino
Korean
Mexican
Puerto Rican
South American
Another Ethnicity
Prefer not to Answer
Unknown


Disability
60%
50%
40%
30%
20%
10%
0%
28%
1%
3%
4%
2%
1%
2%
3%
51%
5%
No Disability
Difficulty Hearing/Speech
Learning
Physical
Chronic Health Condition
Another Disability
Mental Disability
More than One Disability
Prefer not to Answer
Unknown

EARLY PSYCHOSIS PROGRAM

Status of Program:	___ New _X_ Continuing ___ Modified ___ Discontinued
Target Population:	___ 0-15 _X_ 16-25 ___ 26-59 ___ 60+ Other:
Type of Program:	__ Prevention _X_ Early Intervention ___ Prevention and Early Intervention

With the passing of Proposition 63, California counties have been strongly encouraged to prioritize the development of an early psychosis program to meet the needs of the younger individuals they serve. According to the National Alliance on Mental Illness (NAMI), 75% of all mental illness begins before the age of 24. In 2018, stakeholders approved funding for the development of an early psychosis program to address the identification and diagnosis of individuals ages 16 to 25, who are suffering from psychosis and are not currently enrolled in mental health services.

This two-year program utilized one-time PEI dollars in the amount of $240,000 to hire a master's level clinical therapist or psychologist to research, review and develop a robust early psychosis program which will focus on improving the identification and access to mental health services for individual suffering with psychosis thereby reducing the duration of untreated psychosis.

Program Updates:

After an exhaustive review of literature and program related to the identification and treatment of early psychosis, Tri-City staff identified the PIER (Prevention, Intervention, Enforcement and Reentry) model as the most comprehensive and effective to meet the needs of Tri-City clients and community members. The model targets adolescents and young adults between the ages of 12 and 25 and focuses on treating the earliest symptoms of mental illness. This evidence-based treatment used three key components- community outreach, assessment and treatment to reduce symptoms, improved function and decrease relapse. See appendix for complete PIER project proposal.

Challenges Experienced:

Engaging with community partners to provide free trainings on this early psychosis program was found to be a challenge in FY 2018-19. As this project continues to develop, Tri-City staff will focus on hosting early psychosis trainings with the goal of informing community partners of this opportunity and hopefully increasing interest in attendance.

Innovation Programs

The Innovation (INN) Plan provides funding for short-term projects, one to five years, that explore novel efforts to strengthen aspects of the mental health system.

- Help@Hand/Tech Suite Project

HELP@HAND/TECH SUITE PROJECT

Status of Program:	___ New _X_ Continuing ___ Modified ___ Discontinued
Target Population:	___ 0-15 _X_ 16-25 ___26-59 _X_ 60+ Other: Monolingual Speakers

Program Description: The primary purpose of this project is to increase access to mental health care by providing a non-traditional system for individuals who may be reluctant to access services through a more formal clinical setting. Through the use of computers, tablets and smartphones, community members will be able to access a suite of technology-based mental health services focused on prevention, early intervention, and family and social support with the intent to: decrease emergency care services; reduce psychiatric hospitalizations; and reduce the duration of untreated mental illness.

Project Funding Amount: $1,674,700.00

Project Dates: Sept 28, 2018 to June 30, 2021

Revised Project Dates: Jan 1, 2019 to Jan 1, 2024 – Originally designed to be a three-year project, the Collaborative as a whole voted to extend the project to five years to allow adequate time to complete the implementation phase and learning goals for this project. No additional funds are requested or required at this time.

Target Population:

- Transition age youth and college students (up to age 25) who are seeking peer support or who are interested in offering their support as trained peer listeners.
- Older adults (ages 60+) who lack transportation or are unable to access traditional services.
- Non-English speaking clients and community members who may be facing stigma and language barriers.

Program Updates:

Tri-City's participation in this project was approved by the Mental Health Oversight and Accountability Commission on September 28, 2018. At that time, TCMHS joined 13 other California counties in a Tech Suite "Collaborative" renamed Help@Hand. Through a Joint Powers Authority agreement with California Mental Health Services Authority (CalMHSA), who acted as project lead, Tri-City worked with other counties to establish a solid foundation on which to build a cohesive group that could act and make decisions as a team while still promoting the specific needs of their individual counties.

As with most Innovation projects, the first year was spent building the project infrastructure: hiring staff and support personnel, developing implementation strategies, determining the role and responsibilities of CalMHSA as well as the individual counties.

Milestones for FY 2018-19 include:

- Cohort 1 began to pilot the 7 Cups and Mindstrong Health applications.
- Cohort 2 was established which added 9 new counties to the Collaborative bringing the total number of county participants to 14.
- A Statewide Peer Manger was hired to begin the process of engaging Peer Leads from the Counties in a collective effort to standardize peer involvement in the Help@Hand project.

- Adoption of an initial branding concept developed by RSE, the marketing firm engaged by the Collaborative to assist with developing marketing and outreach materials.
- A draft evaluation plan prepared by the University of California Irvine (UCI) to assess the Help@Hand at a Collaborative level was adopted.
- Cambria Solutions was engaged to oversee the infrastructure and implementation of the Help@Hand project.

Challenges Experienced:

The Peer Chat application, 7 Cups, was not as "turn-key" as originally presented. Several issues came to light which required intensive modifications to the application. Although the majority of the cost for these modifications were allocated to Cohort 1, it became increasing clear that taking a commercial application from the private sector and trying to adapt it to the privacy and risk protections required by a public mental health agency could make it cost prohibitive.

Mindstrong Health also experienced issues with implementation due to competing commitments with other projects and this application was placed on pause until January 2020.

During the initial implementation phase of this project, CalMHSA experienced a turn-over in staff and lost the original project manager. Attempts to create a solid infrastructure for this project required contracting with additional vendors to fill various roles, including a professional project **management company to** take over the lead. Supplemental support staff were added including vendors with expertise in legal, financial and mental health applications. Although critical to the success of this collaborative project, these additions and clarification of roles contributed to the delay in implementation.

Tri-City experienced the loss of the Innovations Coordinator during this period. However, the project continued under the supervision of the MHSA Project Manager and kept pace with the other counties in Cohort 2.

Projections:

The Collaborative will continue to procure additional technology to increase options which will ultimately create a "suite" of technology available to counties. By January 2020, the project anticipates piloting up to five qualified applications. It is Tri-City's goal to be one of the initial "testing" Counties. By June 2020, the goal is to have between 8 to 12 applications added to the "Suite" and available for use by Counties.

Once the pilot phase is complete, and qualified applications are available for use, Tri-City will continue to offer virtual services with modifications, as needed, based on feedback and input from users and the Peer Advisory Committee.

Continue to expand the role of Peers as they provide input that helps to shape: 1) branding, outreach, and engagement; 2) testing & feedback for applications; and 3) evaluation that helps to inform the project work.

Workforce Education and Training

The Workforce Education and Training (WET) Plan focuses on strengthening existing staff and caregivers through trainings while also focusing on attracting new staff and volunteers to ensure future mental health professionals.

WORKFORCE EDUCATION AND TRAINING

Status of Program: ___ New _X_ Continuing ___ Modified ___ Discontinued	
MHSA Plan: ___ CSS ___ PEI ___INN _X_ WET ___ CFTN	
Target Population: ___ 0-15 _X_ 16-25 _X_ 26-59 _X_ 60+ Other:	

Program Description: The WET program is providing a learning environment for staff to take and facilitate trainings for their personal and professional development. Also, the program serves as a learning hub for students, peers and the community by providing service learning opportunities to gain experience in the mental health field.

Target Population: The population served is TAY through older Adults. Our service-learner program is focused on high school and college students, peers, veterans, retirees and anyone who is interested in gaining experience in the mental health field.

Relias online courses completed by TCMHA staff	1,102
Number of Service-Learner hours logged for FY 2018-19	4,181
Number of Service –Learners hired by TCMHA as staff for FY 2018-19	1

The activities undertaken through the Workforce Education and Training (WET) plan develop a mental health workforce that is based in the Recovery Model and can fulfill the promise of MHSA. TCMHA considers the public mental health workforce to include professional clinical staff providing treatment services, staff that provide wellbeing supports, and volunteers and caregivers, both with and without compensation.

Program Update:

Training and cultural competency are critical components to the Workforce Education and Training (WET) plan. In FY 2018-19, Tri-City staff attended a "Implicit Bias" training facilitated by Bryant T. Marks, Sr. PHD. In this training, staff learned about the causes, consequences and measurement of implicit bias as well as potential solutions for minimizing its impact on mental health services. In addition, staff attended a workshop on Cultural Humility sponsored through Southern Counties Regional Partnership (SCRP). Staff participate in these cultural competency trainings to increase their understanding of barriers to mental health services and develop strategies to improve access for individuals who feel challenged or reluctant to seek mental health services.

Tri-City's continues to expand its outreach efforts in support of individuals interested in a career in the community mental health field. The Service-Learning (volunteers) program is designed to support individuals of all ages, ethnicities, backgrounds and experiences, including:

- TAY high school and college students who are evaluating careers in mental health and participate in the program to gain hands-on experience in community mental health and explore the range of services and supports that are offered to the community.
- Individuals with lived experience who want to give back to the community and participate in programs that support their recovery, such as Stigma Reduction and co-facilitating groups at the Wellness Center.

In addition, service-learners have supported Tri-City's Cultural Inclusion and Diversity Committee by researching and designing internal newsletters and infographics to promote cultural competency. One example includes an infographic on Asian American and Pacific Islander (AA/PI) Month, where they shared information on barriers AA/PI community encounters in accessing mental health services, cultural values and resources for those working with AA/PI communities.

The *Working Independence Skills Helping* program (W.I.S.H), is designed to prepare clients for volunteering within the agency, as well as supporting their future goals such as employment or education. To accomplish this, monthly trainings were offered for Tri-City's lobby-room greeters, individuals with 'lived experience" who provide a welcoming smile and companionship for clients who are waiting for their appointment. As people recover from a mental health condition, they also face varied challenges and barriers in relation to work. The W.I.S.H. Program supports clients in their path to recovery by improving their employment and professional skills and creating a stepping stone towards volunteering and employment. Lobby-room greeting provides WISH participants a meaningful activity and means to re-enter the workforce gradually and to build their experience for their vocation/employment goals. These individuals are bilingual and provide a valuable service for non-English speaking clients by offering support in several languages including Spanish, Korean and Mandarin/Cantonese.

The Relias online training courses continue to offer a wide range of topics utilizing a convenient platform specifically for Tri-City staff who want to increase their knowledge and education. In FY 2018-19, 1,012 courses were complete through Relias, many of which were accessed based on the personal interests and goals of staff.

Challenges Experienced:

There were no significant challenges experienced by this program in FY 2018-19. Over the past three years, the number of service-learners has remained steady with a total of 11,221 service hours for this same time period. In FY 2018-10, Tri-City staff completed 1,012 online courses through Relias (online training course) and attended 23 trainings, conference and other educational opportunities provided through the WET program.

PROGRAM: Workforce Education and Training (WET)

HOW MUCH DID WE DO?

4,181
Service Learner Hours

42
Service Learner Applications

23
Trainings, Conferences, and Educational Opportunities for Staff

11,221 service learner hours from FY 16 to FY 18
- 35% increase from FY 16 to FY 18

HOW WELL DID WE DO IT?

39
Applicants became Service Learners

1
Service Learner Was Hired at Tri-City

1,012
Courses Completed through the New Online Training Program

Applicants that became volunteers has remained constant from FY 16 to FY 18

Capital Facilities and Technological Needs

The Capital Facilities and Technological Needs (CFTN) Plan focuses on improvements to the facilities, infrastructure and technology of the local mental health system.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

Status of Program:	___ New _X_ Continuing ___ Modified ___ Discontinued
MHSA Plan:	___ CSS ___ PEI ___INN ___ WET _X_ CFTN
Target Population:	_X_ 0-15 _X_ 16-25 _X_ 26-59 _X_ 60+ Other:

In keeping with key goals of MHSA to modernize and transform the mental health service system, Tri-City's Capital Facilities and Technology Needs (CFTN) Plan launched two strategic phases:

1) Supporting and empowering mental health service recipients and providers by creating greater access to technology, and establishing a higher level of program monitoring and outcome analysis. The technology portion of this plan launched an integrated information system with increased and upgraded systems infrastructure and modernized administrative and clinical processes such as clinical charts and billing systems.
2) Providing suitable space to accommodate Tri-City's growing MHSA workforce. Tri-City purchased an existing building consisting of multiple staff offices, a conference room and oversized meeting space. This refurbished building now provides a permanent location for Tri-City's expanding MHSA staff as well as a convenient place for hosting community stakeholder meetings.

Program Updates:

Tri-City continues to focus on the growth and expansion of its services and the staff needed to support this endeavor. To accomplish this, two projects were identified as priorities; 1) updating and reconfiguring the MHSA building and 2) finalizing the design for the Therapeutic Community Garden.

Beginning with the property located at 2001 N. Garey Avenue, Pomona, Tri-City is aware of the need to update this building which currently houses all MHSA staff. Originally purchased in July 2015, this building offers office space and a large meeting space accommodating as many as 145 individuals where community meetings and staff trainings are held. However, with the continuing expansion of Agency personnel, it has been determined that additional office space may be created by reconfiguring the larger space. In addition, the electrical panel requires updating so that the building can safely accommodate increased staffing, appliances, emergency generator and separate air conditioning panel.

In August of 2018, Tri-City engaged the services of Tom Vitoorakorn, President of Kreative Engineering, Inc. to provide electrical engineering design service for this upgrade which have received approval from the City of Pomona Community Development Department Building & Safety Division. Once the electrical upgrade is complete, Tri-City will employ RKA Consulting Group to oversee the bidding process and construction management for the first phase of this project.

The second project is the completion of the Therapeutic Community Garden located adjacent to Tri-City's adult clinic. In June of 2016, community stakeholders and the local Mental Health Commission recommended to Tri-City's Governing Board, who in turn approved, the transfer of $500,000 from Community Services and Supports (CSS) to

Capital Facilities and Technology Needs to enhance the Therapeutic Community Gardening (TCG) program.

This request was made to establish a permanent garden site consisting of planting beds and construction of an outdoor structure/room designed to accommodate year-round garden activities and support groups. In addition to serving individuals participating in the Therapeutic Community Garden program, this space will be used for the benefit of clients participating in other MHSA programs including Full Service Partnerships and the Peer Mentoring program.

Tri-City has engaged the services of Lacey Withers of Withers & Sandgren, Ltd. to design a Therapeutic Community Garden and walkway on Tri-City property located at 2018 N. Garey Avenue. This garden will include concrete walkways, raised planting beds, complete ADA access, fencing, entry gate located on Garey Avenue, benches, vegetable garden beds, planting, irrigation and a shade pavilion with a sink and washing station and will also include a storage shed.

Although this project received approval for funding in 2016, the final plans and implementation of the garden redesign was delayed due to an easement issue with the city of Pomona. After an exhaustive process, this issue was finally resolved in 2019 and renovation can now move forward.

No additional funding or projects were received or completed in FY 2018-19.

Next Steps

Tri-City Mental Health Authority (TCMHA) intends to expend existing MHSA funds assigned to Capital Facilities and Technology Needs to make improvements for two TCHMA locations. Beginning with the MHSA building located at 2001 N. Garey Avenue, improvements will focus on upgrading the electrical infrastructure and will address the current outdated electrical system. In addition, this proposal will include redesigning and re-purposing existing meeting space to accommodate new offices to support the continued growth and expansion of MHSA personnel. Current office space in the MHSA building is at maximum capacity with no available space to house the increase in staff needed to implement future MHSA programs and services.

Cultural Competence Plan Update

The Cultural Inclusion and Diversity Committee offers guidance and support to ensure culturally and linguistically appropriate services and programs are available.

CULTURAL COMPETENCE PLAN UPDATE

Cultural Inclusion and Diversity Committee

Mission Statement:

Tri-City Mental Health's (Tri-City) Cultural Inclusion and Diversity Committee (CIDC) is committed to the advancement of quality mental health services that are culturally compatible and respectful of the diverse healthcare beliefs of the people we serve. It is the mission of this Cultural Inclusion and Diversity Committee to guide and support the staff of Tri-City to ensure cultural and linguistically appropriate programs and services are available for community members residing in the cities of Claremont, Pomona and La Verne. By building strong and collaborative relationships through partnerships and community engagement, the CIDC will effectively review and evaluate the policies, practices and programs provided by Tri-City to ensure the highest standard of care is accessible to all regardless of race, religion, disability, gender, language and ethnicity.

Plan Description:

In July, 2010, Tri-City Mental Health Authority (TCMHA) developed a comprehensive Cultural Competence Plan based on criteria provided by the Office of Multicultural Services/Department of Mental Health. This plan provided TCMHA an opportunity to describe in great detail this agency's commitment to support the growth and development of racially and ethnically focused services with an emphasis on attempting to close the cultural disparity gap in mental health care offered within the three cities of Claremont, Pomona, and La Verne.

Committee Meetings and Events for FY 2018-19	
Number of Committee Members	20
Number of Committee Meetings	6
Number of Community Events	6
Number of Agency Trainings	4

Plan Update:

In FY 2018-19, the committee was made up of 20 Tri-City staff members, many who identify with having "lived experience", representing different departments with the goal of engaging in open dialogue to connect their personal knowledge and experience with the Agency's vision of culture and inclusion. In addition, these individuals act as a liaison and share information and learnings with their team members and departments.

Activities hosted or sponsored by this committee included culturally relevant, informative and educational trainings/activities or events focused on specific communities and populations that served by this Agency. In order to achieve this, subcommittees were formed to help plan, research and develop informative material and trainings for Tri-City staff. This includes:

- Plan cultural education programs for TC staff. Research outside cultural trainings available for staff and community members.

- Review current training programs from Relias and identify trainings that support and enhance employee cultural competency

- Plan and develop creative ways to promote cultural awareness months and to host cultural awareness events

Next Steps

A primary goal for FY 2019-20 is to create a joint alliance with community partners focusing on the diverse populations that we serve. Through this cooperative action, the committee will expand the membership to include community participants who can provide another perspective for Tri-City staff as we continue to increase our consumer representation, bridge gaps in service, improve current services and increase the diversity of our workforce and system of care.

MHSA Expenditure Plan

Cost Per Participant Summary

The services provided in Fiscal Year 2018-19 by age group, number of clients served, and average cost per person are summarized in the table below per the guidelines for this Annual Update:

Summary of MHSA Programs Serving Children, Including TAY			
Program Name	Type of Program	Unique Clients Served	Cost Per Person
Full Service Partnership - Child	CSS	113	$11,071
Full Service Partnership - TAY	CSS	142	$9,524
Community Navigators	CSS	270	$203**
Wellness Center	CSS	773	$472**
Supplemental Crisis Services	CSS	179	$723**
Family Wellbeing	Prevention	615	$52**
Housing Stability	Prevention	4	$2,760**
Peer Mentoring (TAY Wellbeing)	Prevention/Early Intervention	4	$2,760**
Therapeutic Community Garden	Early Intervention	137	$839

Summary of MHSA Programs Serving Adults and Older Adults, Including TAY			
Program Name	Type of Program	Unique Clients Served	Cost Per Person
Full Service Partnership - TAY	CSS	123	$9,524
Full Service Partnership - Adult	CSS	281	$10,238
Full Service Partnership - Older Adult	CSS	45	$8,087
Community Navigators	CSS	2,000	$203**
Wellness Center	CSS	2,238	$472**
Supplemental Crisis Services	CSS	842	$723**
Field Capable Clinical Services for Older Adults	CSS	34	$3,126
Family Wellbeing	Prevention	791	$52**
Housing Stability	Prevention	50	$2,760**
Peer Mentoring (Older Adult Wellbeing)	Prevention/Early Intervention	413	$417
Therapeutic Community Gardening	Early Intervention	136	$1,934**

*** These programs do not collect costs by client age group; therefore, these cost amounts reflect the average cost per client served for all age groups combined.*

In FY 2018-19, TCMHA served approximately 2,296 unduplicated clients who were enrolled in formal services. TCMHA currently has 202 full-time and 25 part-time employees and an annual operating budget of $24.5 million

dollars. TCMHA strives to reflect the diversity of its communities through it hiring, language spoken, and cultural competencies.

Regarding shortages in personnel, the most difficult to fill positions are Clinical Therapists, Clinical Supervisors and Occupational Therapists. The most difficult to retain position is Clinical Therapist. Below is a list of current open positions.

Position	Full-Time Equivalent (FTE)	Department
Accountant	1	Finance
Clinical Supervisor I	1	COP
Clinical Therapist I/II	4	Adult FSP
Clinical Therapist I/II	1	TAY FSP
Clinical Therapist I/II	2	COP
Clinical Therapist I/II	1	COP SPT
Clinical Wellness Advocate	1.5	Adult FSP & TAY FSP
Community Garden Farmer	0.5	TCG
Community Navigator I/II	2	MHSA & Measure H
Facilities Maintenance Technician II	1	Administration
Program Support Assistant I	0.5	COP
Program Support Assistant II	1	Medical Records
Program Support Assistant III	1	Crisis Support
Psychiatric Technician I/II/III	2	Crisis Support

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years 6/30/20	16,061,856	1,545,701	1,236,161	550,071	1,247,427	
2. Estimated New FY2020/21 Funding	8,387,228	2,096,807	551,791			
3. Transfer in FY2020/21[a/]	0					
4. Access Local Prudent Reserve in FY2020/21						0
5. Estimated Available Funding for FY2020/21	24,449,084	3,642,508	1,787,952	550,071	1,247,427	
B. Estimated FY2020/21 MHSA Expenditures	10,712,194	2,217,534	316,438	353,544	970,968	
C. Estimated FY2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	13,736,890	1,424,974	1,471,514	196,527	276,459	
2. Estimated New FY2021/22 Funding	7,129,144	1,782,286	469,023			
3. Transfer in FY2021/22[a/]						
4. Access Local Prudent Reserve in FY2021/22						0
5. Estimated Available Funding for FY2021/22	20,866,034	3,207,260	1,940,537	196,527	276,459	
D. Estimated FY2021/22 Expenditures	10,814,060	2,250,167	316,438	214,083	0	
E. Estimated FY2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	10,051,974	957,093	1,624,099	(17,556)	276,459	
2. Estimated New FY2022/23 Funding	6,290,421	1,572,605	413,843			
3. Transfer in FY2022/23[a/]						
4. Access Local Prudent Reserve in FY2022/23						0
5. Estimated Available Funding for FY2022/23	16,342,395	2,529,698	2,037,942	(17,556)	276,459	
F. Estimated FY2022/23 Expenditures	11,092,594	2,283,290	316,438	217,294	0	
G. Estimated FY2022/23 Unspent Fund Balance	5,249,801	246,408	1,721,504	(234,851)	276,459	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	2,335,934
2. Contributions/interest to the Local Prudent Reserve in FY 2020/21	35,000
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	2,370,934
5. Contributions/interest to the Local Prudent Reserve in FY 2021/22	30,000
6. Distributions from the Local Prudent Reserve in FY 2021/22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	2,400,934
8. Contributions/interest to the Local Prudent Reserve in FY 2022/23	30,000
9. Distributions from the Local Prudent Reserve in FY 2022/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	2,430,934

a/ Pursuant to 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.

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. 1a-Child FSP	1,348,460	754,842	296,809		296,809	
2. 1b-TAY FSP	2,037,893	1,258,429	513,928		265,536	
3. 1c-Adult FSP	4,413,443	2,681,050	1,732,393			
4. 1d-Older Adult FSP	610,869	401,260	209,609			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Navigators	472,562	472,562				
2. Wellness Center	1,322,434	1,322,434				
3. Supplemental Crisis Services	740,196	740,196				
4. Field Capable Clinical Services for Older Adults	106,651	106,651				
5. Permanent Supportive Housing	405,825	330,825				75,000
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	3,207,959	2,622,945	485,777		99,237	
CSS MHSA Housing Program Assigned Funds	21,000	21,000				
Total CSS Program Estimated Expenditures	14,687,292	10,712,194	3,238,516	0	661,582	75,000
FSP Programs as Percent of Total	78.5%					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. 1a-Child FSP	1,368,687	757,260	305,713		305,713	
2. 1b-TAY FSP	2,068,461	1,265,613	529,346		273,502	
3. 1c-Adult FSP	4,479,645	2,695,280	1,784,365			
4. 1d-Older Adult FSP	620,032	404,135	215,897			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Navigators	479,650	479,650				
2. Wellness Center	1,342,271	1,342,271				
3. Supplemental Crisis Services	751,299	751,299				
4. Field Capable Clinical Services for Older Adults	108,251	108,251				
5. Permanent Supportive Housing	410,787	335,787				75,000
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	3,256,078	2,653,514	500,350		102,214	
CSS MHSA Housing Program Assigned Funds	21,000	21,000				
Total CSS Program Estimated Expenditures	14,906,161	10,814,060	3,335,671	0	681,429	75,000
FSP Programs as Percent of Total	78.9%					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. 1a-Child FSP	1,409,748	779,978	314,885		314,885	
2. 1b-TAY FSP	2,130,515	1,303,582	545,226		281,707	
3. 1c-Adult FSP	4,614,034	2,776,138	1,837,896			
4. 1d-Older Adult FSP	638,633	416,259	222,374			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Navigators	486,845	486,845				
2. Wellness Center	1,362,405	1,362,405				
3. Supplemental Crisis Services	762,568	762,568				
4. Field Capable Clinical Services for Older Adults	109,875	109,875				
5. Permanent Supportive Housing	415,824	340,824				75,000
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	3,353,761	2,733,120	515,361		105,281	
CSS MHSA Housing Program Assigned Funds	21,000	21,000				
Total CSS Program Estimated Expenditures	15,305,208	11,092,594	3,435,742	0	701,872	75,000
FSP Programs as Percent of Total	79.3%					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Wellbeing	90,504	90,504				
2. Older Adult Wellbeing (Peer Mentor)	75,353	75,353				
3. Transition-Age Youth Wellbeing (Peer Mentor)	70,914	70,914				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	494,874	494,874				
5. NAMI Community Capacity Building Program (Ending the Silence)	35,500	35,500				
6. Housing Stability Program	196,546	196,546				
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Older Adult Wellbeing (Peer Mentor)	75,353	75,353				
12. Transition-Age Youth Wellbeing (Peer Mentor)	70,914	70,914				
13. Therapeutic Community Gardening	316,515	316,515				
14. Early Psychosis	157,180	157,180				
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Programs - Other						
21.	0					
22.	0					
23.	0					
24.	0					
25.	0					
PEI Administration	591,881	591,881				
PEI Assigned Funds	42,000	42,000				
Total PEI Program Estimated Expenditures	2,217,534	2,217,534	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Wellbeing	91,862	91,862				
2. Older Adult Wellbeing (Peer Mentor)	76,483	76,483				
3. Transition-Age Youth Wellbeing (Peer Mentor)	71,978	71,978				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	502,297	502,297				
5. NAMI Community Capacity Building Program (Ending the Silence)	36,033	36,033				
6. Housing Stability Program	199,494	199,494				
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Older Adult Wellbeing (Peer Mentor)	76,483	76,483				
12. Transition-Age Youth Wellbeing (Peer Mentor)	71,978	71,978				
13. Therapeutic Community Gardening	321,263	321,263				
14. Early Psychosis	159,538	159,538				
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Programs - Other						
21.	0					
22.	0					
23.	0					
24.	0					
25.	0					
PEI Administration	600,759	600,759				
PEI Assigned Funds	42,000	42,000				
Total PEI Program Estimated Expenditures	2,250,167	2,250,167	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Wellbeing	93,239	93,239				
2. Older Adult Wellbeing (Peer Mentor)	77,631	77,631				
3. Transition-Age Youth Wellbeing (Peer Mentor)	73,057	73,057				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	509,832	509,832				
5. NAMI Community Capacity Building Program (Ending the Silence)	36,573	36,573				
6. Housing Stability Program	202,487	202,487				
7.	0					
8.	0					
9.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Older Adult Wellbeing (Peer Mentor)	77,631	77,631				
12. Transition-Age Youth Wellbeing (Peer Mentor)	73,057	73,057				
13. Therapeutic Community Gardening	326,082	326,082				
14. Early Psychosis	161,931	161,931				
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Programs - Other						
21.	0					
22.	0					
23.	0					
24.	0					
25.	0					
PEI Administration	609,771	609,771				
PEI Assigned Funds	42,000	42,000				
Total PEI Program Estimated Expenditures	2,283,290	2,283,290	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. #05 Help @ Hand	249,981	249,981				
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.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	66,457	66,457				
Total INN Program Estimated Expenditures	316,438	316,438	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. #05 Help @ Hand	248,984	248,984				
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.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	67,454	67,454				
Total INN Program Estimated Expenditures	316,438	316,438	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. #05 Help @ Hand	247,972	247,972				
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.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	68,466	68,466				
Total INN Program Estimated Expenditures	316,438	316,438	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A Systematic Approach to Learning & Improvement	250,934	250,934				
2. Engaging Volunteers and Future Employees	34,321	34,321				
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.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	68,289	68,289				
Total WET Program Estimated Expenditures	353,544	353,544	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A Systematic Approach to Learning & Improvement	109,934	109,934				
2. Engaging Volunteers and Future Employees	34,836	34,836				
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.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	69,313	69,313				
Total WET Program Estimated Expenditures	214,083	214,083	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A Systematic Approach to Learning & Improvement	111,583	111,583				
2. Engaging Volunteers and Future Employees	35,358	35,358				
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.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	70,353	70,353				
Total WET Program Estimated Expenditures	217,294	217,294	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Electrical Upgrade & Office Space Remodel	509,208	509,208				
2. Capital Improvements to Therapeutic	461,760	461,760				
Community Garden	0					
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	970,968	970,968	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Public Hearing
Agenda/Minutes/Public Comments

Early Psychosis Program
Description

Mental Health Services Act
Prevention and Early Intervention

Early Psychosis Program Proposal

Request:

Utilizing Prevention and Early Intervention dollars in the amount of $1.828,831.90, Tri-City Mental Health Authority is requesting approval to create and train a new clinical team comprised of Tri-City staff who will implement the ***Portland Identification and Early Referral (PIER)*** model.

Summary:

With the passing of Proposition 63, also known as the Mental Health Services Act (MHSA), California counties have been strongly encouraged to prioritize the development of an early psychosis program to meet the needs of the younger individuals they serve. This project intends to address the identification and diagnosis of individuals ages 12 to 25, who are suffering from psychosis and are not currently enrolled in mental health services.

Background:

California has undertaken a statewide focus on early psychosis and the impact early intervention plays in long term effects. Recent studies have shown that early intervention can significantly reduce the deterioration in persons suffering with schizophrenia, thereby providing hope for these individuals and a path to recovery. By reducing the length of time before a person receives mental health services, Tri-City is better able to improve their chances for a significant recovery.

July 2018 - June 2020

In May of 2018, with stakeholder's endorsement and Governing Board approval, Tri-City engaged a psychologist in a two-year project to research, review and identify a robust early psychosis program which focused on improving the identification and access to mental health services for individual suffering with psychosis. In addition, this clinician participated in numerous trainings focusing on early psychosis, treatment, and programming, including the state-wide Early Psychosis implementation conference addressing the State's Early Psychosis programs.

During this same period, local trainings on the topic of "Building Resiliency in the Midst of Psychosis" were conducted for community partners, parent groups, and school district personnel highlighting objectives such as 1) how to understand psychosis; 2) causes and onset; 3) effective interventions and 4) where to find help and support.

After reviewing extensive literature and vetting multiple models on this topic for efficacy and feasibility, Tri-City staff collaborate with four neighboring counties: Los Angeles, San Bernardino, Orange and Ventura, regarding the development and implementation of their early psychosis programs. In addition, staff visited the UCLA Center for the Assessment and Prevention of Prodromal States (CAPPS) program to collaborate on trainings and resources for teens and youth that are presenting with high risk for psychosis. Based on this comprehensive and thorough search process, Tri-City staff identified the ***Portland Identification and Early Referral (PIER)*** model as the most viable and effective program to support the needs of the clients we serve.

In January 2020, Tri-City will begin training their Adult Outpatient clinicians in the PIER model. Additional trainings will be conducted for Master of Social Work (MSW) interns who support local schools within the Tri-City catchment area. Finally, Pomona Unified School District (PUSD) Mental Health Team and student interns will also be trained in the PIER model.

Early Psychosis Plan Overview

Beginning in July 2020, Tri-City staff will implement the Portland Identification and Early Referral (PIER) model as the basis for their Early Psychosis program. This model utilizes a team-based system of early detection and intervention in psychosis. Training for staff is conducted by the PIER Training Institute and includes certification as a PIER Model Program and two years of monitoring and consultation.

Goals for the Early Psychosis Program:

Early detection and intervention is key to prevention and improved outcome for young people. With this in mind, the following goals were identified:

- To increase awareness among community members in recognizing the signs and symptoms of early psychosis and how to connect individuals to services.
- To reduce the time of untreated psychosis and severe mental illness.
- To provide effective treatment to those experiencing psychosis.
- To reduce the negative impact of psychosis on someone's overall functioning. (i.e. reduce homelessness and incarcertation with those with psychosis)
- To reduce hospitlization and Emergency Room visits for those with psychosis
- To improve and maintain functioning forr those experiencing psychosis (i.e. graduation/employment/social & family connections)
- To reduce mortality rate and increase life expectancy of those with psychosis

PEI category(s) addressed through this program:

Early Intervention Program

Treatment and other services and interventions, including relapse prevention to address and promote recovery and related functional outcomes for mental illness early in its emergence.

Access and Linkage to Treatment Program

Set of related activities to connect children, adults and seniors with severe mental illness to medically necessary care and treatment including mental health and others.

Criteria/Eligibility for Early Psychosis Program :

- Residents of the Tri-City area, ages 12-25, who are experiencing early signs of psychosis or experiencing a first psychotic episode not caused by the effects of substance use or a known medical condition.
- All insurance options (MediCal, private insurance) including individuals without insurance.
- IQ>70

Tri-City recognizes that not everyone who experiences psychosis will meet this criteria. In an effort to continue to provide the best care for individuals, Tri-City clinical staff will participate in a series of trainings offered by the UCLA Center for the Assessment and Prevention of Prodormal States (CAPPS) designed to enhance clinical staff knowledge and treatment for individuals who do not meet criteria for EPP. (i.e. individuals who may return for services at an older age or have experienced multiple episodes)

Community Outreach:

One of the main components of any early psychosis program is to educate the community about the early signs and symptoms of psychosis in an effort to provide appropriate intervention and support to those in need. Outreach to communities within the three cities is crucial to create opportunities for trainings that inform, educate, and highlight hope and recovery that can be obtained through early detection and intervention.

Appropriate Intervention : Screening, Assesment, & Treatment

When working with individuals experiencing psychosis it is important to identify symptoms early and provide appropriate treatment as quickly as possible. This requires developing an effective pathway for young people and their families to inquire and access the Early Psychosis Program. To accomplish this, highly trained and skilled staff will provide specialized screenings, assesments, and treatment options for qualifying participants.

Clinicians will begin by conducting specialized screenings on the phone or in person, based on the availability of the client, to assess his or her immediate needs. This screening will allow the clinician to gather the necessary information to determine if the individual is a candidate for the Early Psychosis Program. This is critical since some indicators of psychosis are similar and attributed to other forms of mental illness. For example, a decline in academic or job performance can be an indicator that is often seen in a variety of mental illnesses, not just psychosis. Therefore, adequate screening and specialized assesment is needed to identify psychosis and differentiate from other possible mental illnesses.

Tools and Approach:

Throughout the various trainings and researched conducted over the past two years, the Structured Interview for Psychosis-risk Syndromes (SIPS) was identified as the assessment tool that seemed to be the most promising and held in the hightest regard. The SIPS is a semi- structured interview for diagnosing a *clinical high risk (CHR) syndrome* for psychosis and cases of first episode psychosis. The SIPS is a validated diagnostic instrument of choice for CHR throughout the world. It is valid for persons 12- 45 years of age and will be the assessment tool utilized for Tri-City's Early Psychosis Program.

The Portland Identification and Early Referral (PIER) model, another highly regarded program, is the recommended approach that will be implemented with this project. The PIER model is composed of the

following five main components, community outreach and education about early identification and treamtment of severe mental illness, appropriate assessments of individuals utilizing the SIPS, family psychoeducation, supported education, and medication services. Utilizing this comprehensive and integrated approach,an individual will have a specialized team dedicated to assist them in their recovery.

Early Psychosis Program Team:

Participants will have access to the follow team of specialists based on their individual needs and treatment plan:

- Psychologist
- Bilingual clinician
- Occupational Therapist
- Case Manager
- Clinical Wellness Advocate
- Employment Specialist
- Psychiatrist
- Nurse/Psychiatric Technician
- Substance Use Counselor

Early Psychosis Program Budget Narritative:

The EPP will serve community members residing in the Tri-City catchment area who present with psychosis, meets criteria and are considered underserved; including those individuals without insurance or have private insurance. This expansion of services for these individuals with private insurance experiencing this severe mental illness will access to Prevention and Early Intervention funding. Based on estimates from previous PIER progarms, Tri-City estimates treating between 7 to 12 individuals the first year with a possible 1/3 of these individuals to be privately insured.

Trainings	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
CAPPS Workshops	4,200.00	2,100.00	4,200.00
Consultations	5,760.00	8,640.00	5,760.00
Conferences	5,000.00	3,000.00	2,000.00
Professional Memberships	1,000.00	1,000.00	1,000.00
	15,960.00	**14,740.00**	**12,960.00**
Program Staff	**FY 2020-21**	**FY 2021-22**	**FY 2022-23**
Psychologist	93,301.51	**93,301.51**	**93,301.51**
Bilingual Clinician	42,148.57	42,148.57	42,148.57
Occupational Therapist	120,709.18	120,709,18	120,709,18
Case Manager	82,934.74	82,934.74	82,934.74
Clinical Wellness Advocate	22,557.53	45,115.06	45,115.06
Employment Specialist	14,986.40	29,972.80	29,972.80
Psychiatrist	26,316.58	65,791.45	65,791.45
Nurse/Psy Tech	15,012.15	30,024.30	30,024.30

Substance Use Counselor	18,750.57	37,501.15	37,501.15
	436,717.24	**547,498.76**	**547,498.76**
Subtotal	452,677.24	562,238.76	560,458.76
Overhead	65,507.59	82,124.81	82,124.81
Stipends for Participants	3,000.00	3,000.00	3,000.00
Refreshments	2,400.00	2,400.00	2,400.00
Supplies and Training Materials	1,000.00	1,000.00	1,500.00
Marketing Materials	1,500.00	1,500.00	1,500.00
	7,900.00	**7,900.00**	**7,900.00**
Grand Total	**526,084.82**	**652,263.58**	**650,483.58**

Stakeholder Involvement:

In response to California's focus on early psychosis, stakeholders approved the creation of a new clinical position under the Prevention and Early Intervention Plan, dedicated to the research and development of an Early Psychosis Program. This position utilized one-time Prevention and Early Intervention dollars in the amount of $240,000, which were identified as unspent funds and subject to reversion. During FY 2018-19 and FY 2019-20, this position resulted in the selection of the Portland Identification and Early Referral (PIER) model.

On January 28 and 30, 2020, community stakeholders were presented with an overview of this model and the proposed Early Psychosis Program. Participants unanimously endorsed the PIER project to begin on July 1, 2020.

30-Day Public Notification:

This plan was included in Tri-City's Three-Year Revenue and Expenditure Plan for FY 2020-21 through FY 2022-23 and posted on Tri-City's website and social media outlets beginning May 8, 2020 through June 9, 2020 for a 30-day public comment period. Copies of this proposal were also distributed to local venues including city government locations, libraries and community centers located throughout the cities of Claremont, Pomona, and La Verne. All comments received during this public comment period will be documented and incorporated, if appropriate and feasible.

The MHSA Public Hearing will be held on June 9, 2020 and hosted by Tri-City's Mental Health Commission. At that time, the Mental Health Commission will recommend approval of the MHSA Three-Year Revenue and Expenditure Plan for FY 2020-21 through FY 2022-23. The Tri-City Governing Board will act on this recommendation and is expected to adopt the Three-Year Revenue and Expenditure Plan on June 17, 2020.

Innovation Annual Report

FY 2018-19

MHSA Innovation Annual Report June 2020

TRI·CITY Mental Health

TABLE OF CONTENTS

To: Mental Health Services Oversight and Accountability Commission

Subject: Innovation Project

This report is prepared in compliance with California Code of Regulations, Title 9, Section 3580, Innovation Project Report.

Tri-City Mental Health Authority (TCMHA) was created in 1960 as a result of a Joint Powers Authority adopted by the cities of Claremont, La Verne, and Pomona. TCMHA and the city of Berkley are the only cities in California considered a "county" and serve as the mental health authority, although not the mental health plan, for a specific area.

Tri-City Mental Health engaged in a robust stakeholder and community planning process beginning in September of 2019. A total of seven stakeholder meetings were held in addition to two stakeholder workgroups dedicated to the review of this project. During this time, participants received updates regarding the Help@Hand project as well as the opportunity to provide feedback, make suggestions and recommend changes for consideration by staff.

The following report is contained in Tri-City's Three-Year Revenue and Expenditure Plan for FY 2020-21 through FY 2022-23 and was posted for a 30-day public review and comment period from May 8, 2020 to June 9, 2020. The MHSA Public Hearing will be held on June 9, 2020 and hosted by Tri-City's Mental Health Commission. At that time, the Mental Health Commission will recommend approval of the MHSA Three-Year Revenue and Expenditure Plan for FY 2020-21 through FY 2022-23. The Tri-City Governing Board will act on this recommendation and is expected to adopt the Three-Year Revenue and Expenditure Plan on June 17, 2020.

With this timeline in mind, we respectfully submit the following information, vetted through our community planning process, and approved and adopted by TCMHA's Governing Board.

- Innovation project information and data for FY 2018-19
- Expenditure reports for INN program
- Innovation Technology Suite Status Report-CalMHSA

Please feel free to contact me with any questions.
Regards,
Rimmi Hundal
Director of MHSA and Ethnic Services
Tri-City Mental Health
(909) 326-4626
rhundal@tricitymhs.org

Community Stakeholder Meetings

September 10 and 12, 2019
October 9 and 10, 2019
January 8, 2020
January 28 and 30, 2020
April 29, 2020

INN Workgroups

Help@Hand/Tech Suite:
November 5, 2019
November 18, 2019

Innovation Project

Help@Hand

Originally named “Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions (Tech Suite)”

Help@Hand/Tech Suite

Status of Program:	___ New _X__ Continuing ___ Modified ___ Discontinued
Target Population:	___ 0-15 _X__16-25 ___26-59 __X_ 60+ Other: Monolingual Speakers

Program Description:

The primary purpose of this project is to increase access to mental health care by providing a non-traditional system for individuals who may be reluctant to access services through a more formal clinical setting. Through the use of computers, tablets and smartphones, community members will be able to access a suite of technology-based mental health services focused on prevention, early intervention, and family and social support with the intent to: decrease emergency care services; reduce psychiatric hospitalizations; and reduce the duration of untreated mental illness.

Project Funding Amount: $1,674,700.00
Project Dates: Sept 28, 2018 to June 30, 2021
Revised Project Dates: Jan 1, 2019 to Jan 1, 2024 – Originally designed to be a three-year project, the Collaborative as a whole voted to extend the project to five years to allow adequate time to complete the implementation phase and learning goals for this project. No additional funds are requested or required at this time.

Target Population:

- Transition age youth and college students (up to age 25) who are seeking peer support or who are interested in offering their support as trained peer listeners.
- Older adults (ages 60+) who lack transportation or are unable to access traditional services.
- Non-English speaking clients and community members who may be facing stigma and language barriers.

Program Updates:

Tri-City's participation in this project was approved by the Mental Health Oversight and Accountability Commission on September 28, 2018. At that time, TCMHS joined 13 other California counties in a Tech Suite "Collaborative" renamed Help@Hand. Through a Joint Powers Authority agreement with California Mental Health Services Authority (CalMHSA), who acted as project lead, Tri-City worked with other counties to establish a solid foundation on which to build a cohesive group that could act and make decisions as a team while still promoting the specific needs of their individual counties.
As with most Innovation projects, the first year was spent building the project infrastructure: hiring staff and support personnel, developing implementation strategies, determining the role and responsibilities of CalMHSA as well as the individual counties.

Milestones for FY 2018-19 include:

- Cohort 1 began to pilot the 7 Cups and Mindstrong Health applications.
- Cohort 2 was established which added 9 new counties to the Collaborative bringing the total number of county participants to 14.
- A Statewide Peer Manger was hired to begin the process of engaging Peer Leads from the Counties in a collective effort to standardize peer involvement in the Help@Hand project.
- Adoption of an initial branding concept developed by RSE, the marketing firm engaged by the Collaborative to assist with developing marketing and outreach materials.
- A draft evaluation plan prepared by the University of California Irvine (UCI) to assess the Help@Hand at a Collaborative level was adopted.
- Cambria Solutions was engaged to oversee the infrastructure and implementation of the Help@Hand project.

Challenges Experienced:

The Peer Chat application, 7 Cups, was not as "turn-key" as originally presented. Several issues came to light which required intensive modifications to the application. Although the majority of the cost for these modifications were allocated to Cohort 1, it became increasing clear that taking a commercial application from the private sector and trying to adapt it to the privacy and risk protections required by a public mental health agency could make it cost prohibitive.

Mindstrong Health also experienced issues with implementation due to competing commitments with other projects and this application was placed on pause until January 2020.

During the initial implementation phase of this project, CalMHSA experienced a turn-over in staff and lost the original project manager. Attempts to create a solid infrastructure for this project required contracting with additional vendors to fill various roles, including a professional project **management company to** take over the lead. Supplemental support staff were added including vendors with expertise in legal, financial and mental health applications. Although critical to the success of this collaborative project, these additions and clarification of roles contributed to the delay in implementation.

Tri-City experienced the loss of the Innovations Coordinator during this period. However, the project continued under the supervision of the MHSA Project Manager and kept pace with the other counties in Cohort 2.

Projections:

1. The Collaborative will continue to procure additional technology to increase options which will ultimately create a "suite" of technology available to counties. By January 2020, the project anticipates piloting up to five qualified applications. It is Tri-City's goal to be one of the initial "testing" Counties. By June 2020, the goal is to have between 8 to 12 applications added to the "Suite" and available for use by Counties. Once the pilot phase is complete, and qualified applications are available for use, Tri-City will

continue to offer virtual services with modifications, as needed, based on feedback and input from users and the Peer Advisory Committee.

2. Continue to expand the role of Peers as they provide input that helps to shape: 1) branding, outreach, and engagement; 2) testing & feedback for applications; and 3) evaluation that helps to inform the project work.

INNOVATION
REVENUE AND EXPENDITURE REPORT

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. #05 Help @ Hand	249,981	249,981				
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.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	66,457	66,457				
Total INN Program Estimated Expenditures	316,438	316,438	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. #05 Help @ Hand	248,984	248,984				
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.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	67,454	67,454				
Total INN Program Estimated Expenditures	316,438	316,438	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 3/13/20

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. #05 Help @ Hand	247,972	247,972				
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.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	68,466	68,466				
Total INN Program Estimated Expenditures	316,438	316,438	0	0	0	0

APPENDEX

INNOVATION TECHNOLOGY SUITE STATUS REPORT

THE FOLLOWING STATUS REPORT WAS PREPARED BY THE CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CALMHSA) FOR THE MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION (MHSOAC) AND PROVIDES A DETAILED OVERVIEW OF THE PROJECT FROM A COLLABORATIVE PERSPECTIVE.

Innovation Technology Suite
Status Report for the
Innovation and Technology Subcommittee of the MHSOAC
May 31, 2019

Innovation Technology Suite

INTRODUCTION

California is leading the way in finding innovative solutions to bring technology into our behavioral health system of care. Consistent with the pioneering spirit California is known for, this collaborative is an exciting opportunity to help shape the future and improve accessibility and outcomes to meet the needs of people across the state.

The Innovation Technology Suite project leverages innovative digital applications on smartphones and other mobile devices to empower consumers by engaging them as full partners in their behavioral health care, supporting self-care, and offering access to people who face barriers in engaging with a face-to-face provider.

Beyond the stated learning outcomes, the 15 participating cities/counties are at the forefront of innovation to understand how technology is introduced and works, within the public behavioral health system of care. Every aspect of this project has a learning component. The last eight months have focused the cities/counties and the Tech Suite team on developing a sound and sustainable infrastructure to address gaps and unforeseen challenges.

"Implementing digital health technology can be complicated and time-consuming.
On average, it takes hospitals **23 months** to go from identifying a digital innovation need to scaling a digital solution to meet that need."

American Medical Association Digital Literacy Playbook

With the OAC's approval for Cohort 2 counties to join the Tech Suite, the Commission provided additional support and opportunity for this important work. The Commission also identified several thoughtful considerations which the Tech Suite project has considered.

Progress Made

LEARNINGS

The Innovation Tech Suite has focused the last few months on developing a more robust infrastructure to support the sustainability of the Tech Suite. The most significant lesson learned to date is that moving private sector technology into the public sector behavioral health system is a challenge to the project, and a substantial change to the overall behavioral health system of care.

EXHIBIT 1 – Lessons Learned - Key Topics Reported by Counties

City/County	• Set and manage expectations around innovation, more than just that technology is a new modality of care • Thorough understanding of the technology and related barriers is critical • Sponsorship and shared vision among leadership • Dedicate sufficient resources; technology readiness requires more staff time than anticipated • Open dialogue between counties, increase communication • Clearly define county scope and roles • Understand the science behind the technology to help inform future procurements • Consider the limitations of the target population and their access to technology. Eliminate barriers for the client/user • Understand the process of changing and the emotional journey
Project Management	• Criticality of infrastructure (project management, governance, risk management, procurement and contracting) • Proving more time consuming to aggregate and prioritize the wide-variety of opinions from all involved in the implementation of each technology. Takeaway is to work with smaller groups (1-2 counties at a time) on individual projects/technology implementations and share learning with the larger group.
Community/Peer Level	• Steep learning curve to understand digital literacy • Communicate Peer role early
Vendors	• Rigorous contracting and contract management is needed • Establish more protections for counties and CalMHSA

The focus of the project remains on the five shared goals shown below, however change at the scale of this project necessitates a robust readiness and change management approach. The project team has focused on building in activities to address these areas for both the project team and the community.

Five Shared Goals

1. Detect and acknowledge mental health symptoms sooner.

2. Reduce stigma associated with mental illness by promoting mental wellness.
3. Increase access to the appropriate level of support and care.
4. Increase purpose, belonging and social connectedness of individuals served.
5. Analyze and collect data to improve mental health needs assessment and service delivery.

In addition, ongoing learning has occurred as an integrated part of the project. A number of key accomplishments support both the progress and the learning for the cities/counties, the collaborative overall and the larger mental health community.

EXHIBIT 2 – Key Accomplishments

TIME	ACCOMPLISHMENTS
OCT 2018	• Hired a statewide Peer & Community Engagement Manager.
NOV 2018	• Hosted in-person collaborative meeting between Cohort 1 & Cohort 2, providing a demo of Mindstrong and 7 Cups, a message mapping session with marketing and outreach vendor RSE, and evaluation overview with UCI. • Engaged with technology vendor Cambria Solutions for expertise in establishing infrastructure, implementation and project management. • Facilitated workshops with Cohort 1 counties to identify business process integration and user stories to address challenges with the existing technologies.
DEC 2018	• Developed and adopted Collaborative Budget Model. • Implemented Mindstrong with Diary Card at Harbor UCLA DBT Clinic.
JAN 2019	• Facilitated workshops with Cohort 2 counties (SF and Marin) to identify business process integration of the technology with current county/clinic processes, as well as user stories to address challenges with the existing technologies. • Developed and adopted Peer Staffing Model (see attachment). • Developed and adopted Innovation Tech Suite Vision and Purpose Statements to provide unifying guidance to the project.
FEB 2019	• Conducted a collaborative-wide, in-person meeting to introduce key concepts to prepare for implementation including product governance, testing. • Established a project governance framework including a process to submit, review, vet, prioritize and approve/disapprove product change requests. • Trained UCI in the Mental Health Consumer and Recovery Movement and created opportunities for Peers to participate in the evaluation. • Trained Cambria and RSE in the Mental Health Consumer and Recovery Movement to work on language, messaging, and project approach.
MAR 2019	• Developed and approved 7 Cups Product Roadmap and Timeline. • Developed Terms of Use document to support explanation of the technologies and the risks of use.

	• Conducted a collaborative-wide, in-person testing workshop to introduce the testing process and determine if the changes made to 7 Cups would meet the cities/counties needs. • Quarterly report from UCI. • Kern County's first pilot program was completed. UCI conducted interviews of client users. • Developed and adopted Tech Suite branding concept "Help@Hand".
APR 2019	• Trained Mindstrong in the Mental Health Consumer and Recovery Movement. • Developed county-specific implementation plans. • Developed and launched an RFSQ and Proof of Concept approach to identify and introduce additional technologies into the Tech Suite.
MAY 2019	• Facilitated a SoCal Peer Summit to engage in a strategy session to integrate peer perspective to project solutions, build upon foundational knowledge, and define clear avenues to partner in evaluation.

Setting a Vision

Leveraging the collective thinking from multiple workshops the Leadership approved a unifying vision statement to give purpose and context to the long-range goals of the project. This was an important step in applying learning and moving forward. Accompanying the vision is a statement of purpose and guiding principles to give greater context to operational and governance issues such as voting and communication.

> "Save lives and improve the wellbeing of Californians by integrating promising technologies and lived experiences to open doors to mental health support and wellbeing."
>
> Innovation Technology Suite Vision Statement

Building a Brand

Building upon the vision, the collaborative has developed a brand for the Innovation Tech Suite. Help@Hand is a clear and memorable explanation of the Technology Suite which will serve as a foundation for social media handles, slogans, digital media all which can be tailored to individual county needs.

Prioritizing Safety

The project has prioritized expanding access using the Technology Suite while balancing how to keep people safe in an innovative and dynamic learning environment. There has been much learning based on the unique user dynamics which had not been anticipated. For example, how to gather accurate data when a user may not consistently be in possession of their phone, or

how to use the technology suite and minimize the draw on battery life and cell phone data plan so users aren't depleted should a crisis occur.

Additionally, each implementation is unique and county nuances influence selection and implementation beyond budget and stakeholder input, including factors such as individual risk appetite. Initial exploration of the technology brought enthusiasm and excitement to implement. While the enthusiasm and excitement remain, further work to prepare the solutions for implementation yielded varying degrees of comfort with the products and wide-ranging opinions about features and functionality.

Examples of county generated requirements demonstrate some of the various changes needed in order to implement the technology. Some of these variations include language translation, cultural vetting (currently requested in twelve languages), and stakeholder input on translation, individual lists displaying local resources per county for users, removal of drip emails, marketing and therapy ads, improving usefulness for older adults, creation of peer competency training and badges within the application, crisis protocols within the application, user agreement/informed consent documents, develop new features such as diary cards for Dialectical Behavioral Therapy (DBT), and many more.

Engaging Peers

To best align with federal and state authorities and Peer Advocates, the Innovation Tech Suite has adopted the following Peer definition: a person who publicly self-identifies with having a personal lived experience of a mental health/co-occurring issue accompanied by the experience of recovery and is trained to use that experience to support the people we serve. The overall vision of the Peer Role in the Tech Suite Collaborative Innovation is to incorporate Peer input, expertise, knowledge, and lived experience at all levels of the project, and to support the use of the apps through Peer outreach and training.

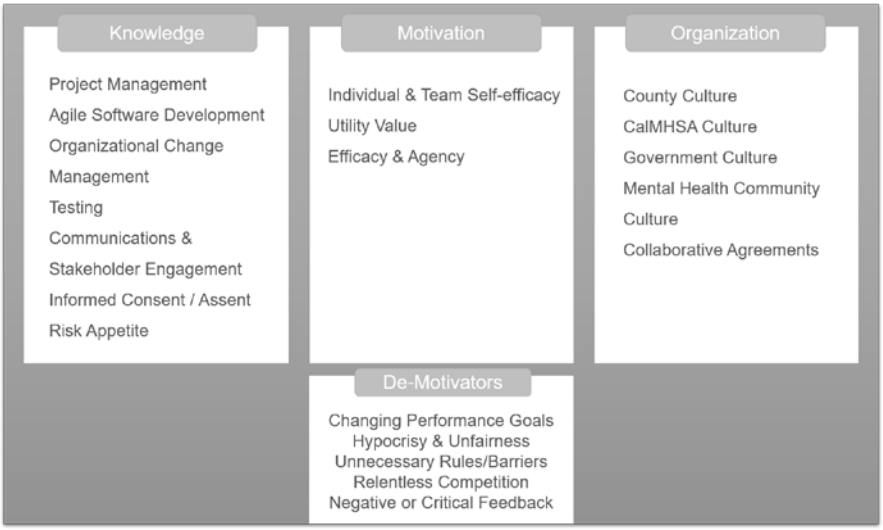
As this is a multi-county effort, there are several partners to support the project from outreach and engagement, development and customization of the technology, project management, and evaluation. The Peer role is central to the project and is being integrated with various project partners through:

- Branding, outreach, and engagement
- Testing & feedback
- Supporting Evaluation
- Helping inform the project work

Supporting Change

Organizational change is foundational to the learning and outcomes of the project. Organizational Change Management (OCM) is a widely recognized discipline that aims to increase adoption and sustainability of a change by preparing, equipping and supporting those who participate in the change. The Innovation Technology Suite has developed a plan, based on best practices from Prosci and Kotter, and includes organizational performance concepts of Knowledge, Motivation and Organizational influence from the work of Clark and Estes (2008).

EXHIBIT 3 – Knowledge, Motivation, Organizational Influences



Learning Technology

Simply learning about the technology solutions procured is not enough. The Tech Suite participants and target audiences must also learn about Technology as a whole.

The term agile describes an approach to software development which focuses on delivering working software in the hands of the customer in iterative cycles, faster than traditional project management methods. Agile development methods are beneficial to supporting and improving efficiency by helping staff manage product requirements, increasing staff knowledge and experience, and obtaining stakeholder feedback quickly and returning that feedback to the product development team faster.

The agile approach differs from traditional project management approaches because it seeks to deliver small pieces of working software consistently every few weeks rather than unveiling a final comprehensive product at the end of a project. The iterative agile process was created, in part, to address rapidly changing business requirements and environments which resulted in software solutions that were outdated even before they were delivered to the customer.

It is important to note the learning from this project is not limited to those in the public sector. Project partners have also been afforded the opportunity to learn more about what it means to bring technology to the public behavioral health system. These learnings will continue to serve as a foundation for future private-public partnerships.

Looking Forward

Lessons Ahead

The Innovation Tech Suite project continues to leverage the learning opportunities within the project including:

- The rapid development process presents the unique challenge of how to keep stakeholders apprised on a rapidly changing project. The project continues to develop communication channels and opportunities for engagement with stakeholders.
- The Innovation Tech Suite is opening a procurement to make additional technology available to participating cities and counties.
- Contribute to the national dialogue around the use of technology in behavioral health by counties working collaboratively with Peers and stakeholders to develop the definitions and processes for the Tech Suite project.
- Strengthen community engagement by building community understanding about digital health literacy through the vehicle of the Innovation Tech Suite.
- Continue to understand how technology applies within the behavioral health system of care to lead the charge on transforming our communities and saving lives.

The work of the Innovation Technology Suite to date has demonstrated introducing technology to the behavioral health system changes how care is delivered, how we protect privacy and security while providing maximum responsiveness and crisis interventions when needed, how digital health literacy is integrated to build awareness and prepare communities and stakeholders for innovation, and how we communicate project changes to the stakeholder community in a rapidly developing project. As the project continues, learning from these, and other areas, will continue to inform and shape the landscape of this new and innovative frontier.