www.tricitymhs.org

Tri-City Mental Health Services
Administration Office
1717 North Indian Hill Boulevard, Suite B,
Claremont, CA 91711-2788
909.623.6131 *p* / 909.623.4073 *f*

Founded by Pomona, Claremont, and La Verne in 1960

AGENDA

GOVERNING BOARD / MENTAL HEALTH COMMISSION
REGULAR JOINT MEETING

WEDNESDAY, MAY 20, 2020
AT 5:00 P.M.

MEETING LOCATION

Pursuant to California Governor's Executive Order N-29-20 (Paragraph 3), adopted as a response to mitigating the spread of Coronavirus (COVID-19), the Governing Board is authorized to hold its public meetings via teleconference and the public seeking to observe and to address the Governing Board may participate telephonically or otherwise electronically.

Therefore, this meeting will be held via teleconference. The locations from where the Board Members are participating are not listed on the agenda and are not accessible to the public.

To join the Governing Board meeting click on the following link:

https://webinar.ringcentral.com/webinar/register/WN_9MGr7QoAQ_630yVSZo9c_g

Public Participation. Section 54954.3 of the Brown Act provides an opportunity for members of the public to address the Governing Board and or the Mental Health Commission on any item of interest to the public, before or during the consideration of the item, that is within the subject matter jurisdiction of the Governing Board and/or Mental Health Commission.

The public can make a comment during general public comments or on a specified agenda item by leaving a voice mail message at (909) 451-6421 or by writing an email to molmos@tricitymhs.org. All voice mail messages and emails received by 3:30 p.m. will be read into the record at the appropriate time. No action shall be taken on any item not appearing on the Agenda. The Chair reserves the right to place limits on duration of comments.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by Tri-City Mental Health Authority to all or a majority of the Tri-City Governing Board and Mental Health Commission less than 72 hours prior to this meeting are available for public inspection at http://www.tricitymhs.org

CALL TO ORDER

Chair Carder calls the meeting to Order.

GOVERNING BOARD ROLL CALL

Board Member Cockrell, Board Member Gonzalez, Board Member Ontiveros-Cole, Board Member Vera; Vice-Chair Leano; and Chair Carder.

MENTAL HEALTH COMMISSION ROLL CALL

Commissioner Ethel Gardner, Commissioner Joan M. Reyes, Commissioner Daniel Rodriguez, Commissioner Wray Ryback, Commissioner Twila Stephens, Commissioner Alfonso Villanueva, Commissioner David Weldon, Commissioner Davetta Williams; Vice-Chair Anne Henderson; and Chair Toni L Watson.

POSTING OF AGENDA

The Agenda is posted 72 hours prior to each meeting on the Tri-City's website: http://www.tricitymhs.org

PRESENTATION

1. PROPOSED MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2020-21, 2021-22, & 2022-23

Recommendation: "Staff recommends that the Governing Board and the Mental Health Commission review the Proposed MHSA 3-Year Program and Expenditure Plan."

MENTAL HEALTH COMMISSION

2. APPROVAL OF MINUTES – MENTAL HEALTH COMMISSION REGULAR MEETING OF MARCH 10, 2020

Recommendation: "A motion to approve the Mental Health Commission Minutes of its Regular Meeting of March 10, 2020."

CONSENT CALENDAR - GOVERNING BOARD

3. APPROVAL OF MINUTES - GOVERNING BOARD REGULAR MEETING OF APRIL 15, 2020

Recommendation: "A motion to approve the Governing Board Minutes its Regular Meeting of April 15, 2020."

4. APPROVAL OF RESOLUTION NO. 529 ESTABLISHING THE AEROSOL TRANSMISSIBLE DISEASES POLICY AND PROCEDURE NO. I.16 EFFECTIVE MAY 20, 2020

Recommendation: "A motion to adopt Resolution No. 529 establishing the Aerosol Transmissible Diseases Policy and Procedure No. I.16, Effective May 20, 2020."

NEW BUSINESS – GOVERNING BOARD

5. APPROVAL OF RESOLUTION NO. 530 AUTHORIZING AN AMENDMENT TO ITS FISCAL YEAR 2019-20 BUDGET OF AN ADDITIONAL $49,000 FOR AN EMERGENCY SEWER LINE REPAIR & CONNECTION PROJECT AT ITS PERMANENT SUPPORTIVE HOUSING PROPERTY LOCATED AT 956 W. BASELINE ROAD IN CLAREMONT, CA; AND RATIFYING THE ACTION OF THE EXECUTIVE DIRECTOR OF SIGNING ON BEHALF OF TRI-CITY AN AGREEMENT WITH CALIFORNIA PUMPING & SANITATION (CPS), INC.

Recommendation: "A motion to adopt Resolution No. 530 ratifying the action of the Executive Director of signing on behalf of Tri-City an Agreement with CPS for sewer line emergency repair and connection at Permanent Supportive Housing property located at 956 W. Baseline Road in Claremont; and authorizing an Amendment to the FY 2019-20 budget of an additional $49,000 to cover all related costs for this project and to comply with all City sewer connection requirements."

6. APPROVAL OF RESOLUTION NO. 531 AUTHORIZING THE EXECUTIVE DIRECTOR TO SIGN THE REQUIRED DOCUMENTS TO ANNEX ITS PERMANENT SUPPORTIVE HOUSING PROPERTY LOCATED AT 956 W. BASELINE ROAD IN CLAREMONT, CA TO COUNTY SANITATION DISTRICT NO. 21 OF LOS ANGELES COUNTY FOR SEWERAGE SERVICES

Recommendation: "A motion to adopt Resolution No. 531 authorizing the Executive Director to complete and execute any and all documents required or deemed necessary or appropriate to complete the Annexation of its Permanent Supportive Housing located at 956 W. Baseline Road in Claremont, CA to County Sanitation District No. 21 of Los Angeles County for sewerage services."

MONTHLY STAFF REPORTS

7. TONI NAVARRO, EXECUTIVE DIRECTOR REPORT

8. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

9. NANCY GILL, CHIEF OPERATIONS OFFICER REPORT

10. ANGELA IGRISAN, CHIEF CLINICAL OFFICER REPORT

11. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

12. RIMMI HUNDAL, DIRECTOR OF MHSA & ETHNIC SERVICES REPORT

13. NATALIE MAJORS, CHIEF COMPLIANCE OFFICER REPORT

Recommendation: "A motion to receive and file the month of May staff reports."

GOVERNING BOARD / MENTAL HEALTH COMMISSION COMMENTS

Members of the Governing Board or Mental Health Commission may make brief comments or request information about mental health needs, services, facilities, or special problems that may need to be placed on a future Governing Board or Mental Health Commission Agenda.

PUBLIC COMMENT

The public can make a comment during general public comments or on a specified agenda item by leaving a voice mail message at (909) 451-6421 or by writing an email to molmos@tricitymhs.org. All voice mail messages and emails received by 3:30 p.m. on meeting date, will be read into the record at the appropriate time. No action shall be taken on any item not appearing on the Agenda. The Chair reserves the right to place limits on duration of comments.

ADJOURNMENT

The next Regular Meeting of the **Mental Health Commission** will be held on **Tuesday, June 8, 2020 at 3:30 p.m.** via teleconference due to the COVID 19 pandemic.

The next Regular Meeting of the **Governing Board** will be held on **Wednesday, June 17, 2020 at 5:00 p.m.**, via teleconference due to the COVID 19 pandemic.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **May 20, 2020**

TO: **Governing Board of Tri-City Mental Health Authority**

FROM: **Toni Navarro, LMFT, Executive Director**

BY: **Rimmi Hundal, Director of MHSA and Ethnic Services**
Dana Barford, Manager of MHSA

SUBJECT: **Presentation of Proposed Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for Fiscal Years 2020-21, 2021-22 & 2022-23**

Summary:

The Welfare and Institutions Code Section (WIC) 5847 states that county mental health programs shall prepare and submit a Three Year Program and Expenditure Plan followed by Annual Updates for all Mental Health Services Act (MHSA) programs and expenditures. The MHSA Projects Manager will present an overview of the revised Three-Year Program and Expenditure Plan for the Tri-City Mental Health Commission and Governing Board.

Background:

On 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 14th. 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 29th, 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 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 and Capital Facilities and Technological Needs, 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 revised draft of the Three-Year Program and Expenditure Plan for Fiscal Years 2020-21, 2021-22, and 2022-23 was posted on May 8, 2020 for a 30-day public comment period ending on June 9, 2020.

Fiscal Impact:

The Three-Year Program and Expenditure Plan utilizes MHSA funds.

Recommendation:

Staff recommends that the Governing Board and the Mental Health Commission review the Proposed MHSA 3-Year Program and Expenditure Plan.

Attachments:

Attachment 1-A: Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for FY 2020-21 through FY 2022-23 -DRAFT



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	**Program Lead**
Name: TONI (ANTONETTE) NAVARRO	Name: RIMMI HUNDAL
Telephone Number: (909) 623-6131	Telephone Number: (909) 784-3016
E-mail: anavarro@tricitymhs.org	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

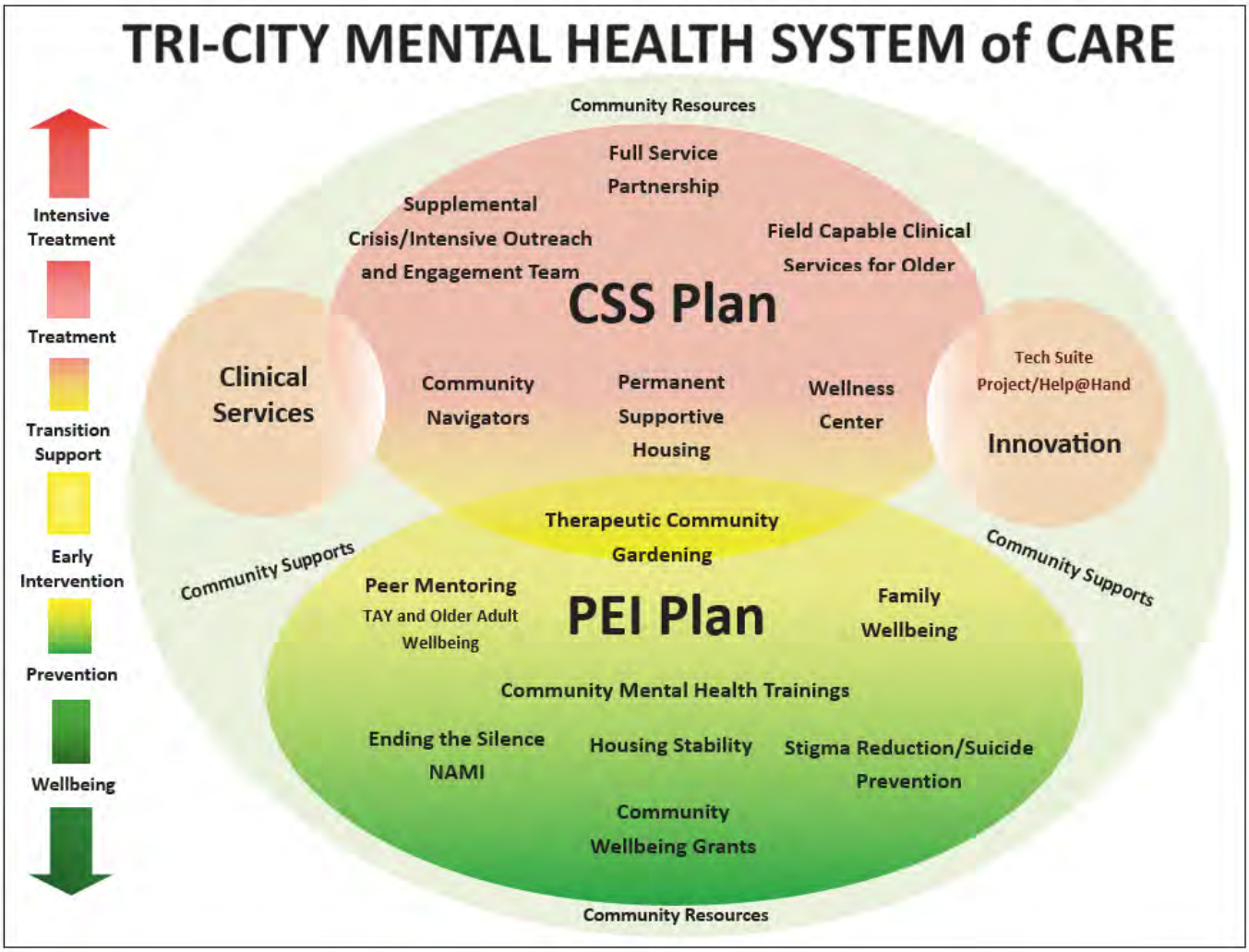
Since 1960, and through a Joint Powers Authority agreement between the cities of Claremont, Pomona, and La Verne, Tri-City Mental Health is the designated mental health provider for this area. For the past 60 years, Tri-City has served these three diverse communities through close and dedicated collaboration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

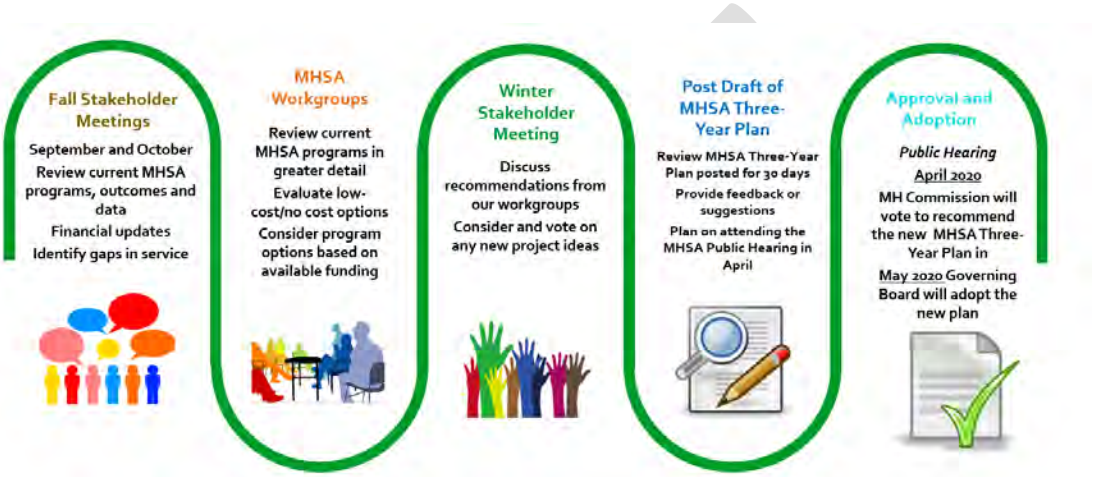
Accountability Driven

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.

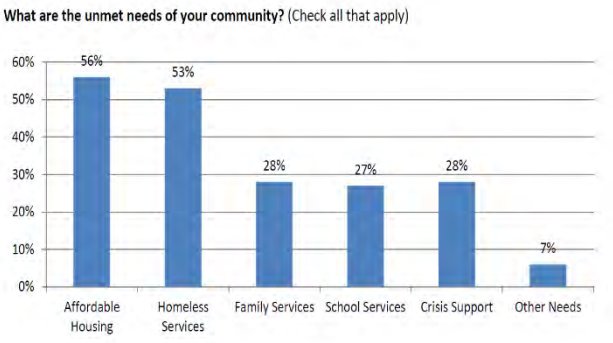
The following diagram reflects the Community Planning Process for Tri-City Mental Health.

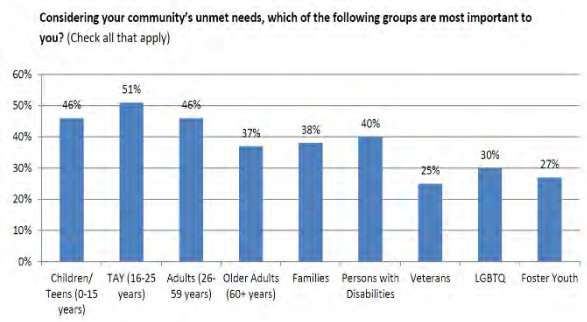


MHSA Planning Process Survey Results: *N = 146*

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.





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.

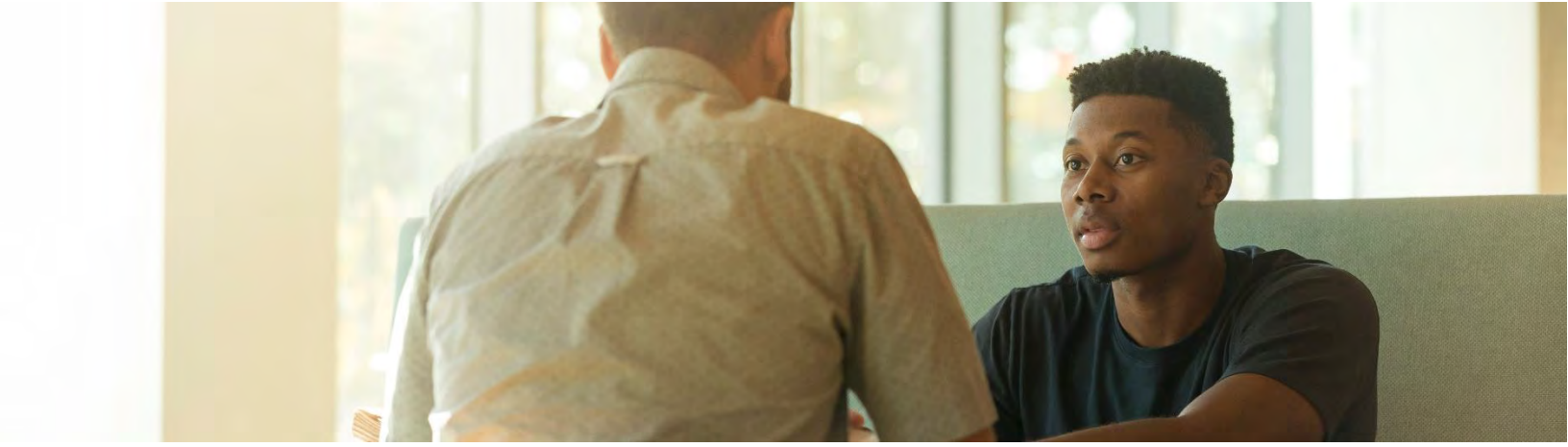


Community Services and Supports




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.

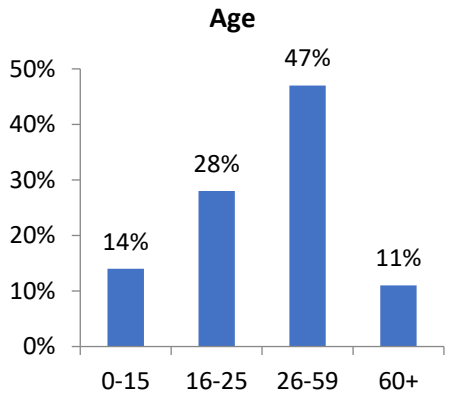
PROGRAM: Full Service Partnerships (FSP)

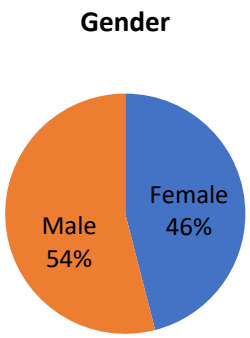
HOW MUCH DID WE DO?

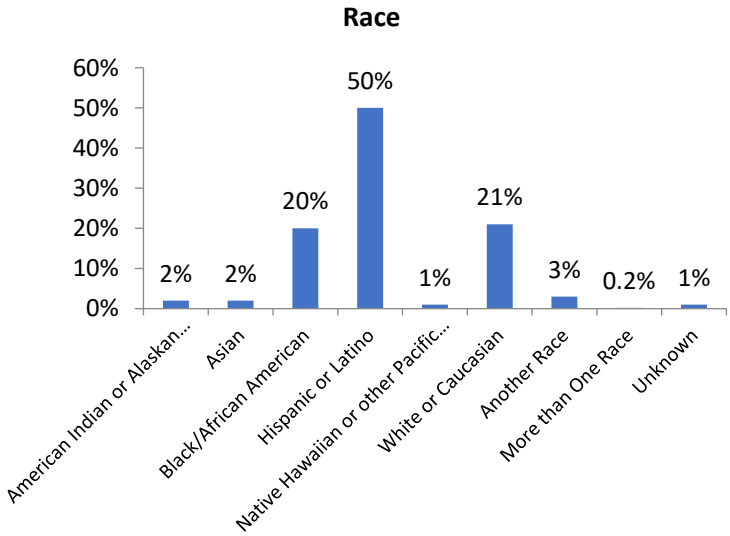
581

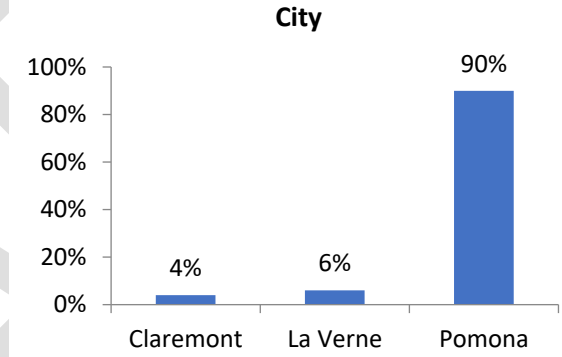
Individuals Served

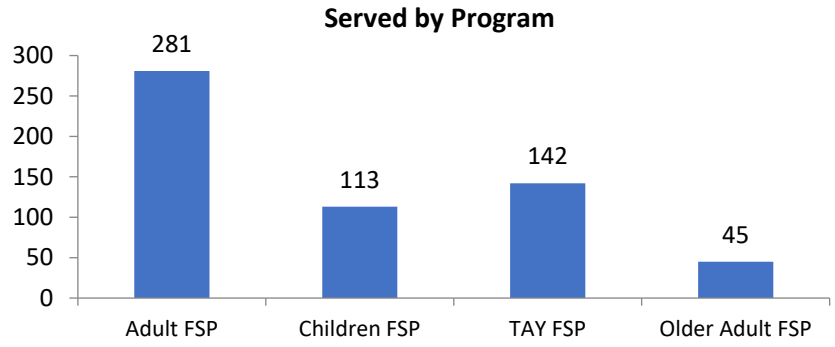
1,070 unique individuals served though FSP programs from FY 2016 to FY 2018
17% increase from FY 2016 to FY 2018









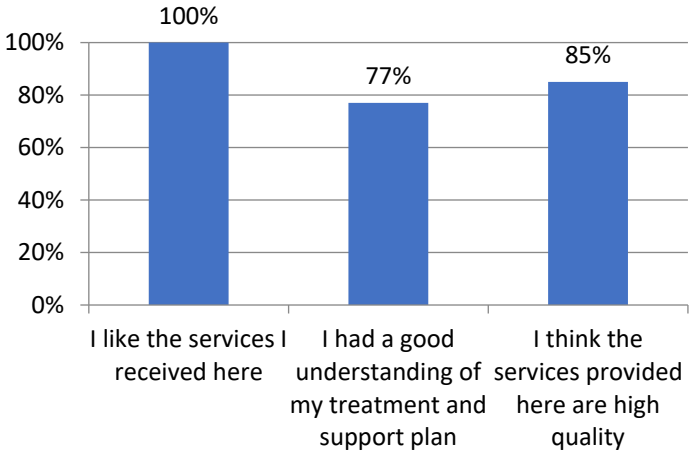


FSP Children and TAY increased significantly the most in individuals served 28% increase from FY 2016 to FY 2018

HOW WELL DID WE DO IT?

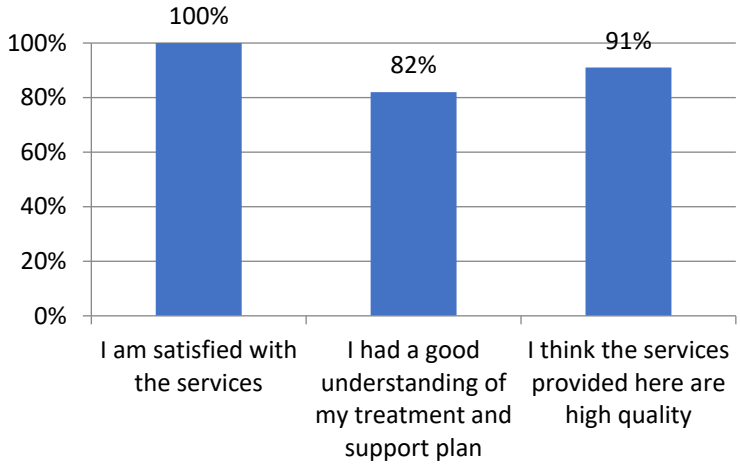
FSP-Adult

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



FSP-CTAY

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

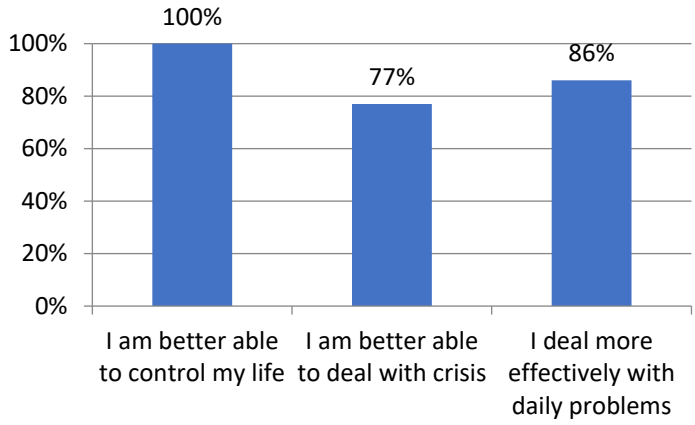


IS ANYONE BETTER OFF?

As a direct result of the services I received:

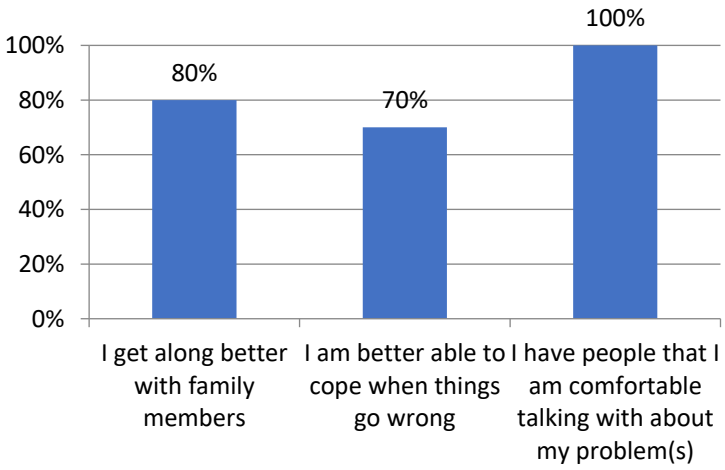
FSP-Adult

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



FSP-CTAY

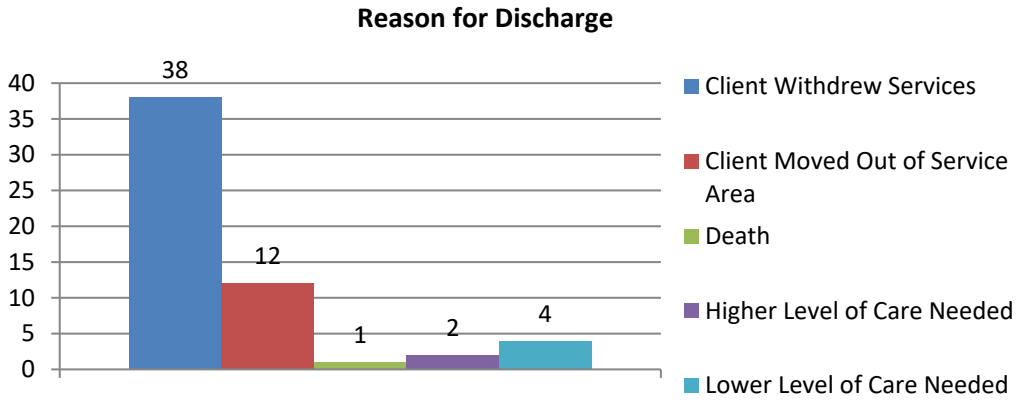
Percent of clients and parents (Strongly Agree/Agree) to the following statements



FSP-Adult & Older Adult

57 (36%)

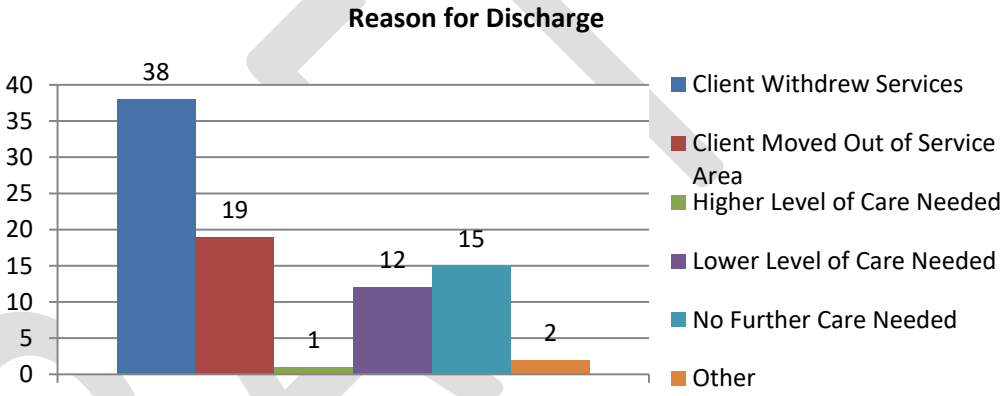
Discharges from 154 Intakes during FY 18-19



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.

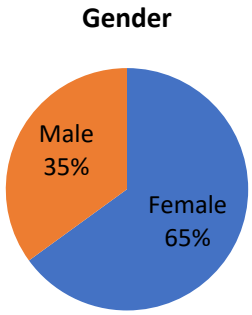
PROGRAM: Community Navigators

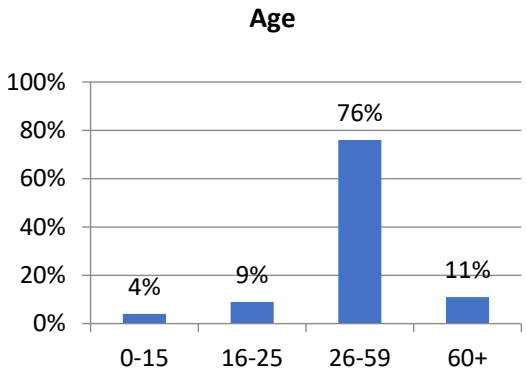
HOW MUCH DID WE DO?

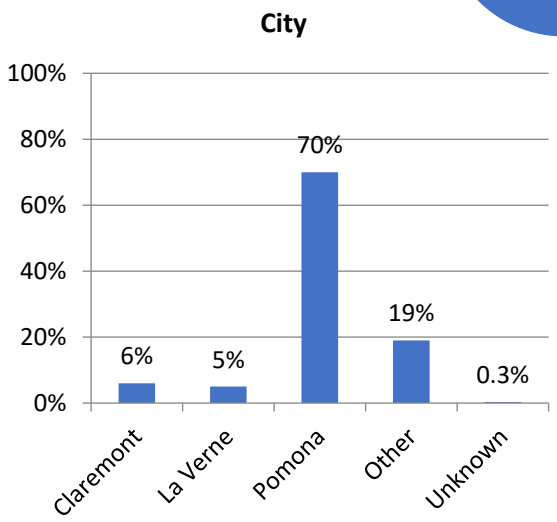
2,082

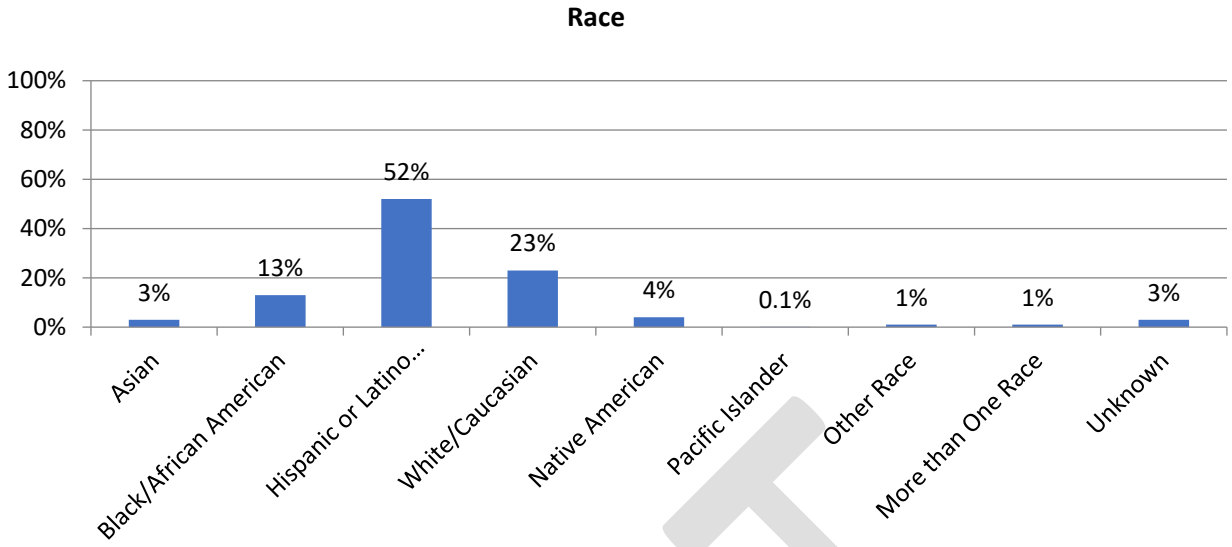
Unique Individuals Served

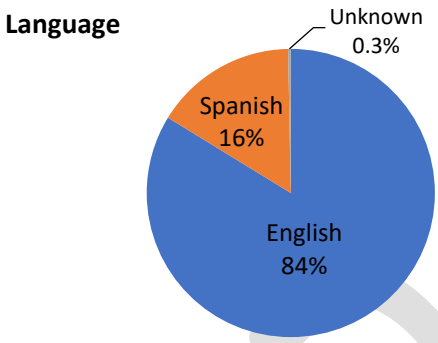
Individuals served remained constant from FY 16 to FY 18





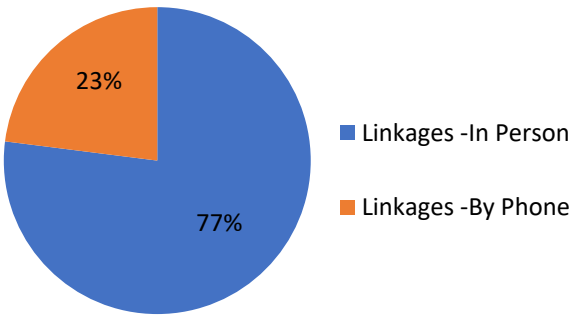


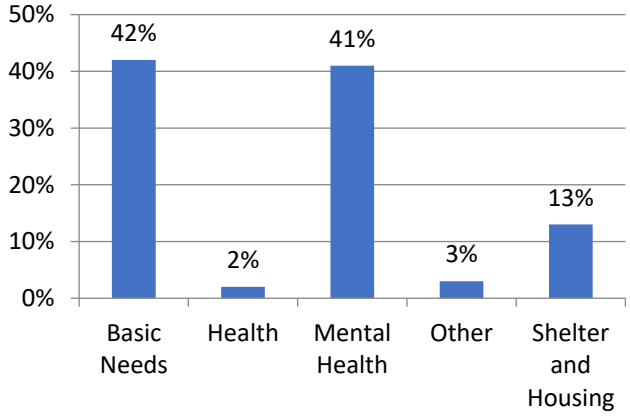




421

Unique Homeless Individuals served/linked at Pomona Shelter





Linkages remained constant from FY 2016 to FY 2018

4,900

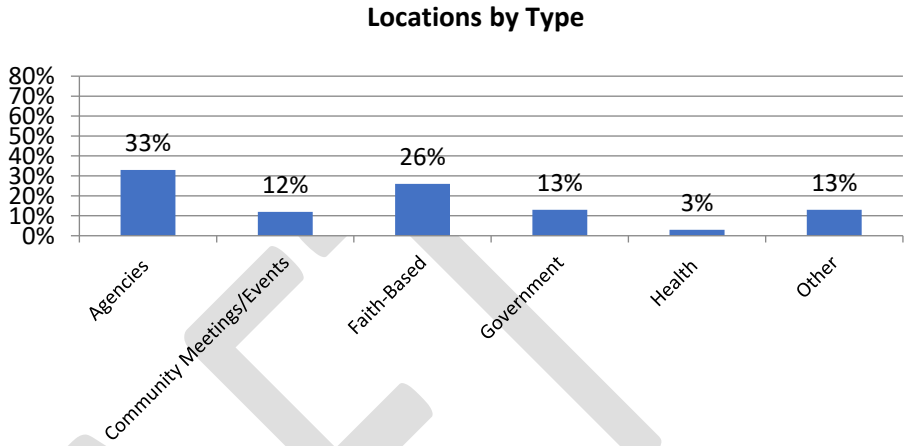
Contacts made to Community Navigators

3,644

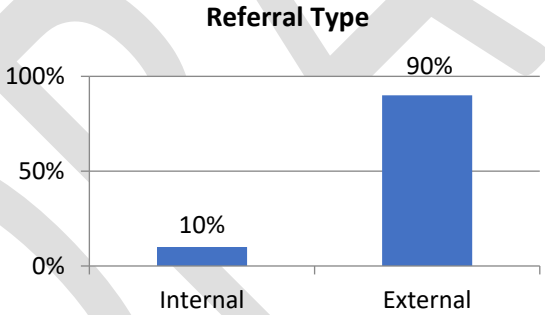
Total Community Members engaged by Navigators through Outreach

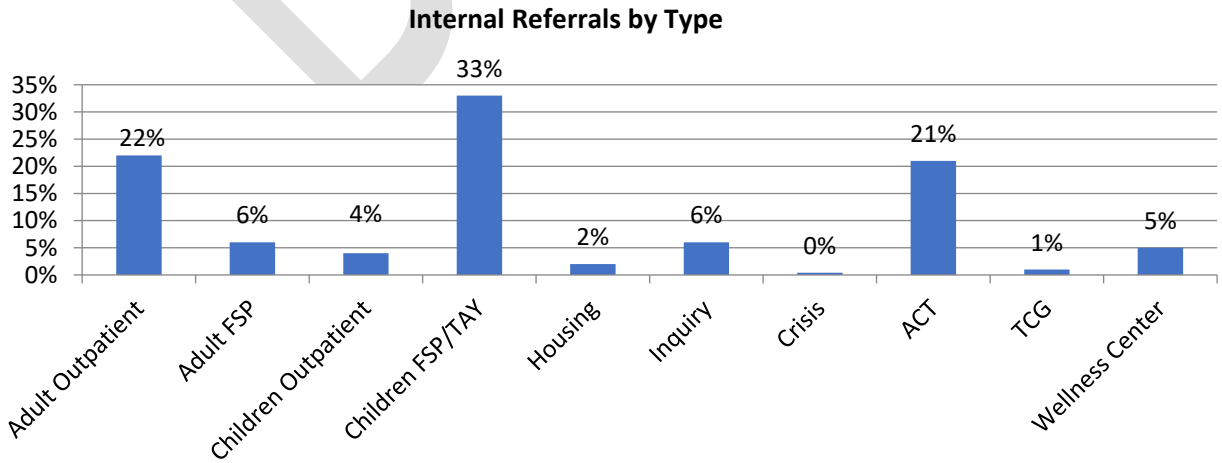
191

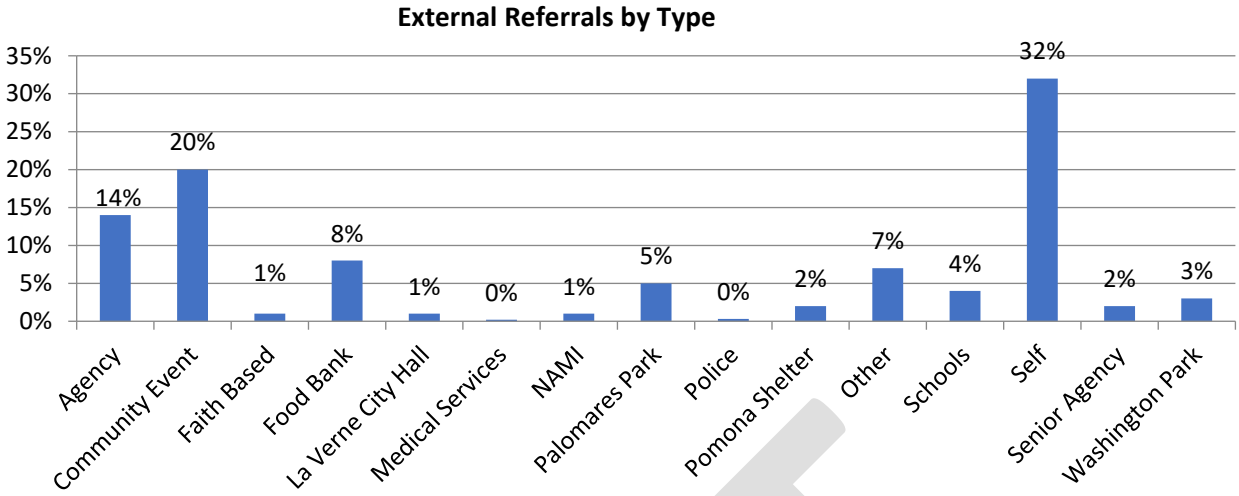
Locations Outreached by Navigators



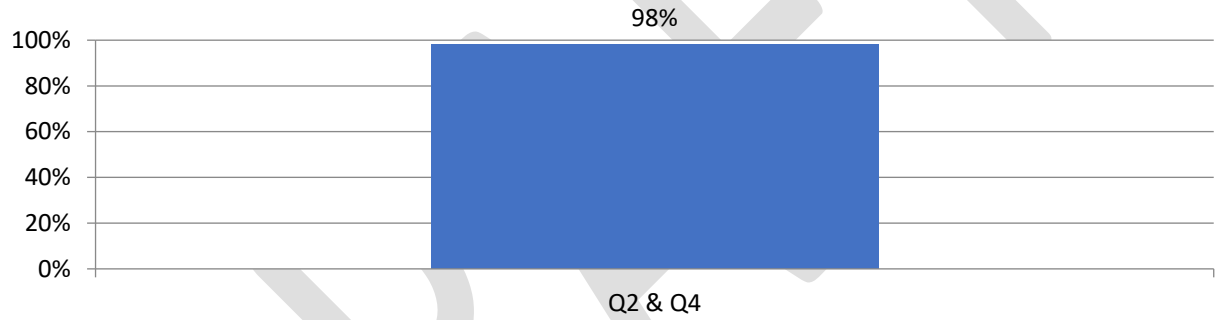
HOW WELL DID WE DO IT?





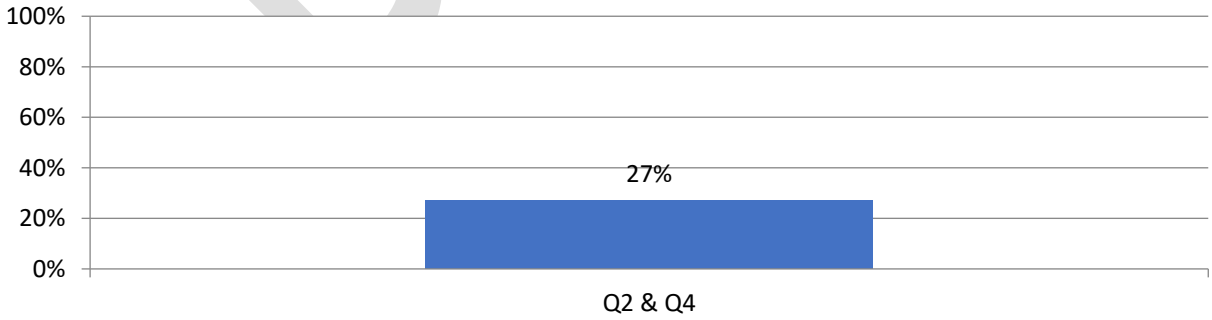


Percentage of Participants Reporting <u>Satisfaction</u> with Services Provided



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.

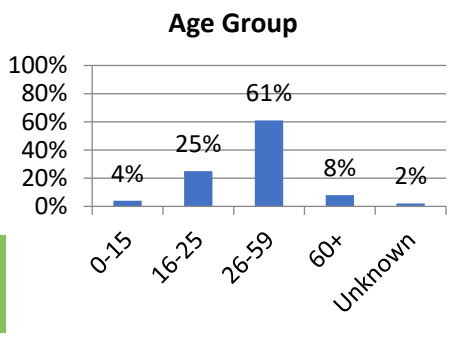
PROGRAM: Wellness Center – CSS

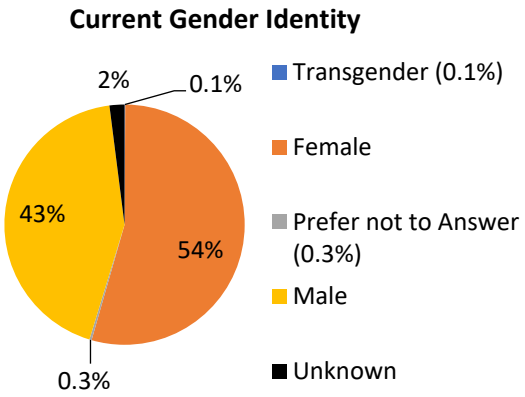
HOW MUCH DID WE DO?

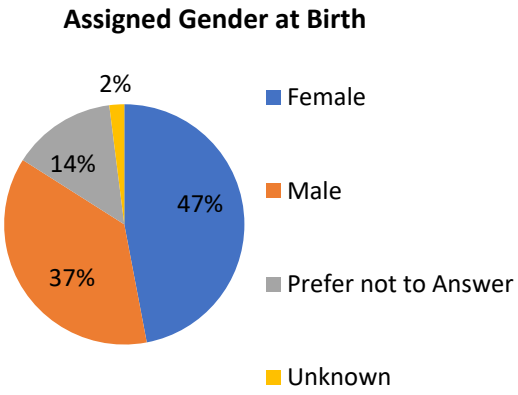
2,264

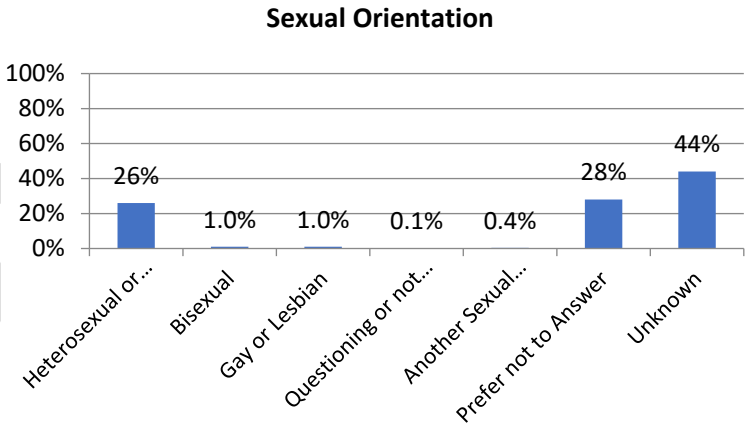
Unique Individuals Served

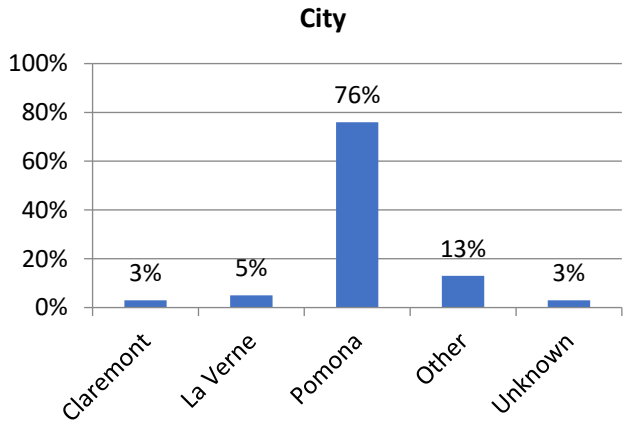
Individuals served has remained constant from FY 2016 to FY 2018

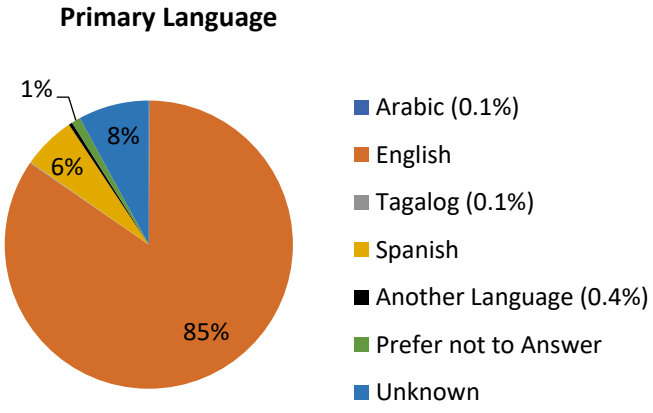


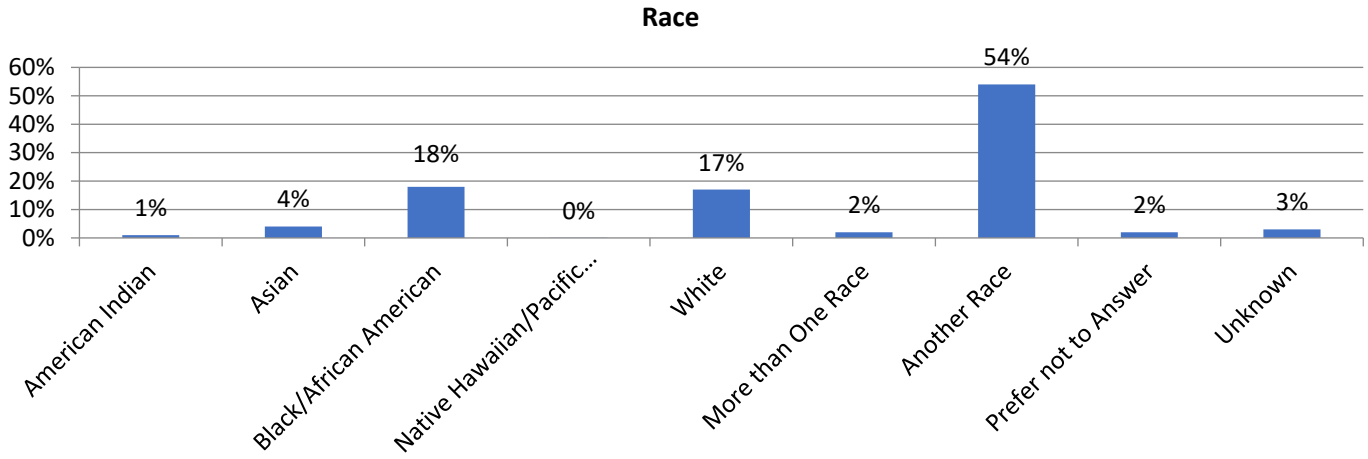


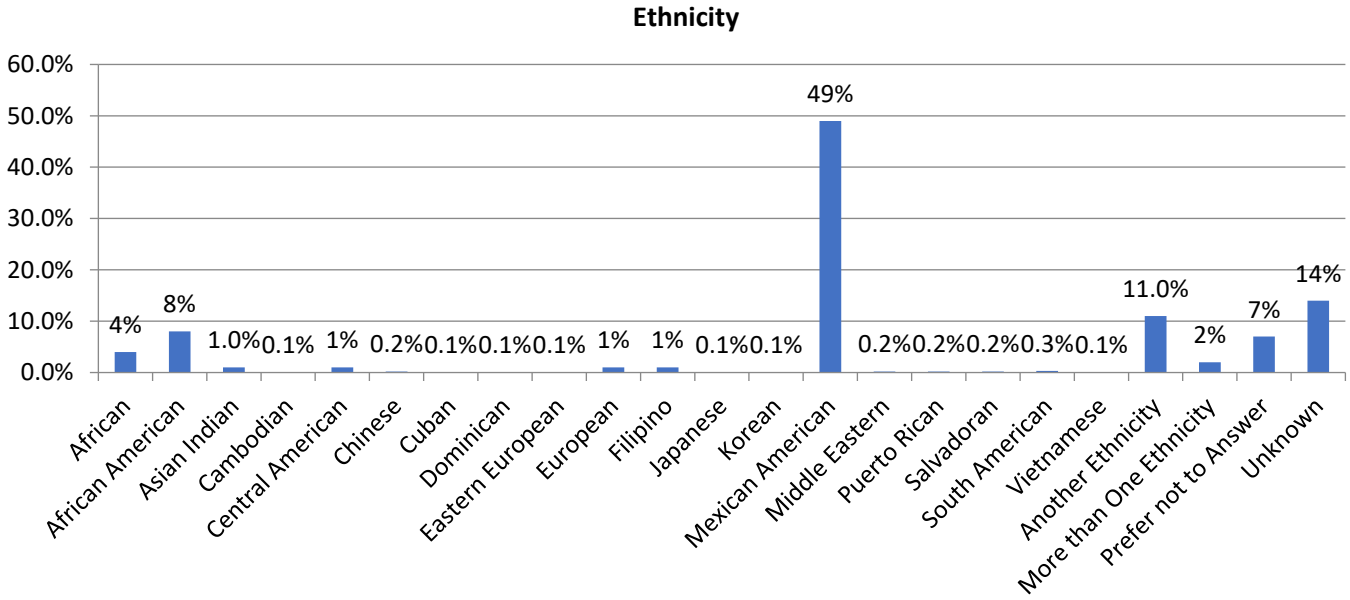


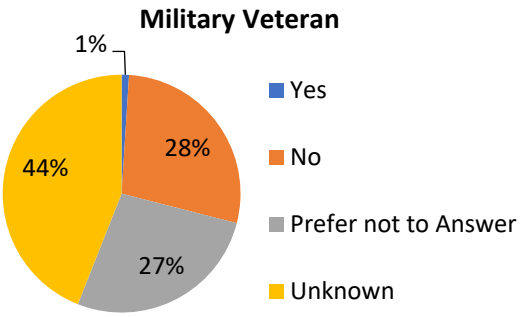


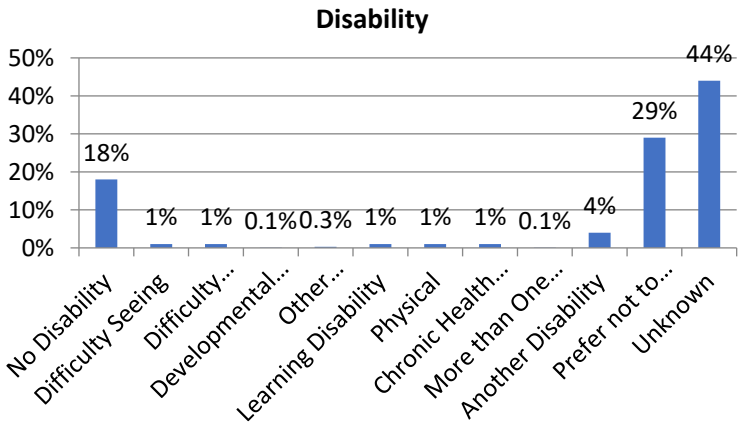





Race
60%
50%
40%
30%
20%
10%
0%
1%
4%
18%
0%
17%
2%
54%
2%
3%
American Indian
Asian
Black/African American
Native Hawaiian/Pacific...
White
More than One Race
Another Race
Prefer not to Answer
Unknown


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
Unknown


Military Veteran
1%
28%
44%
27%
Yes
No
Prefer not to Answer
Unknown


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

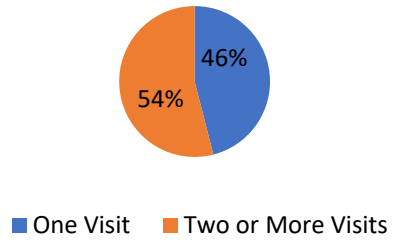
HOW WELL DID WE DO IT?

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

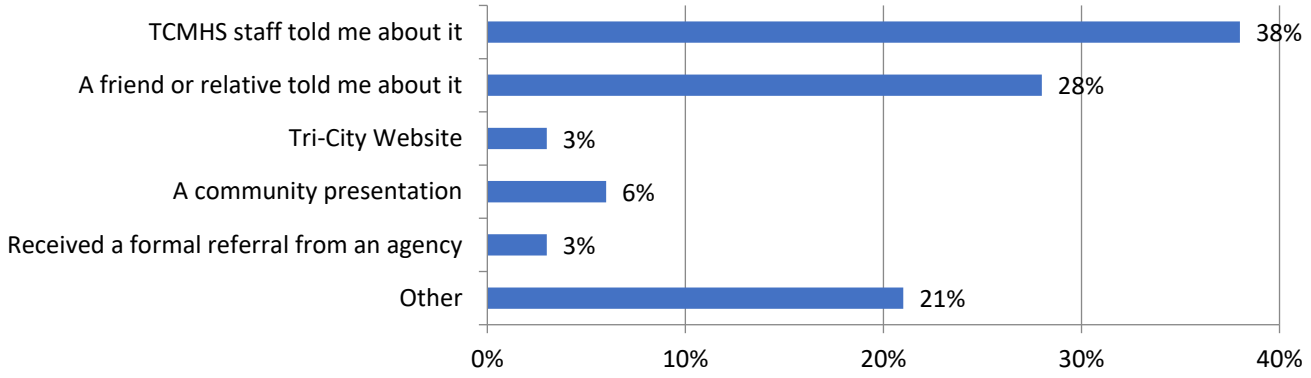
Individuals Secured Employment

302 individuals secured employment from FY 16 to FY 18

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

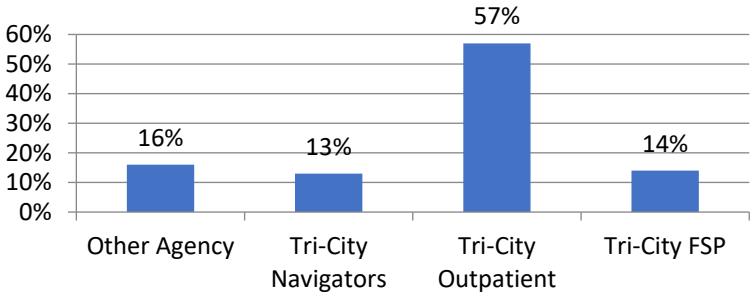
60 days and 90 days data will be included in September

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



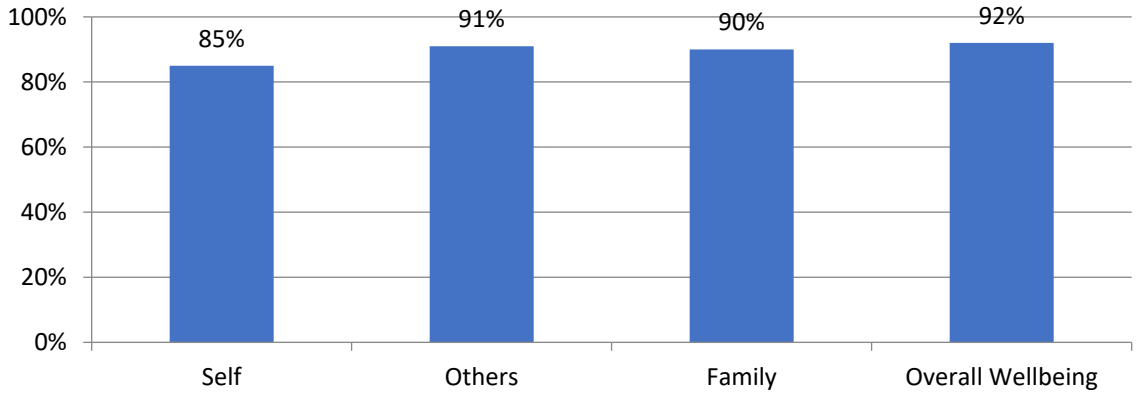
97% Satisfied with the Wellness Center Programs

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:

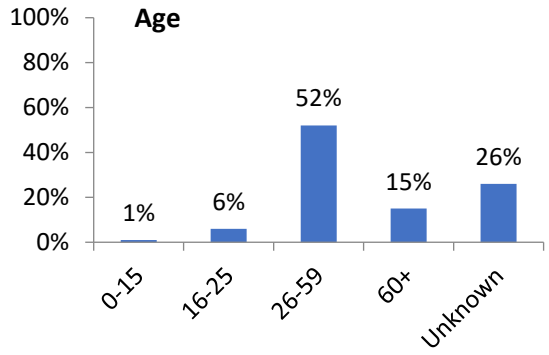
With the expansion of the Intensive Outreach and Engagement Team and Tri-City's goal to be a "whole person system of care", staff are finding it a challenge to meet the needs of a population suffering from a multitude of mental health issues and various co-morbidity conditions (i.e. diagnosis such as 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.

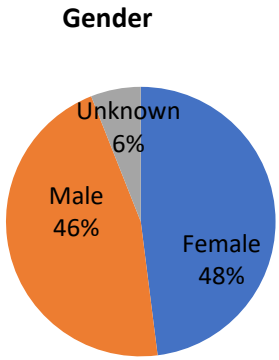
Another challenge under consideration is the name of this program, Supplemental Crisis Services, and the use of the term "crisis", which can carry a negative implication with community members. The IOET is considering revising the name of this program in the future to be Supplemental Assistance for Engagement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

PROGRAM: Supplemental Crisis Services

HOW MUCH DID WE DO? Supplemental Crisis Calls

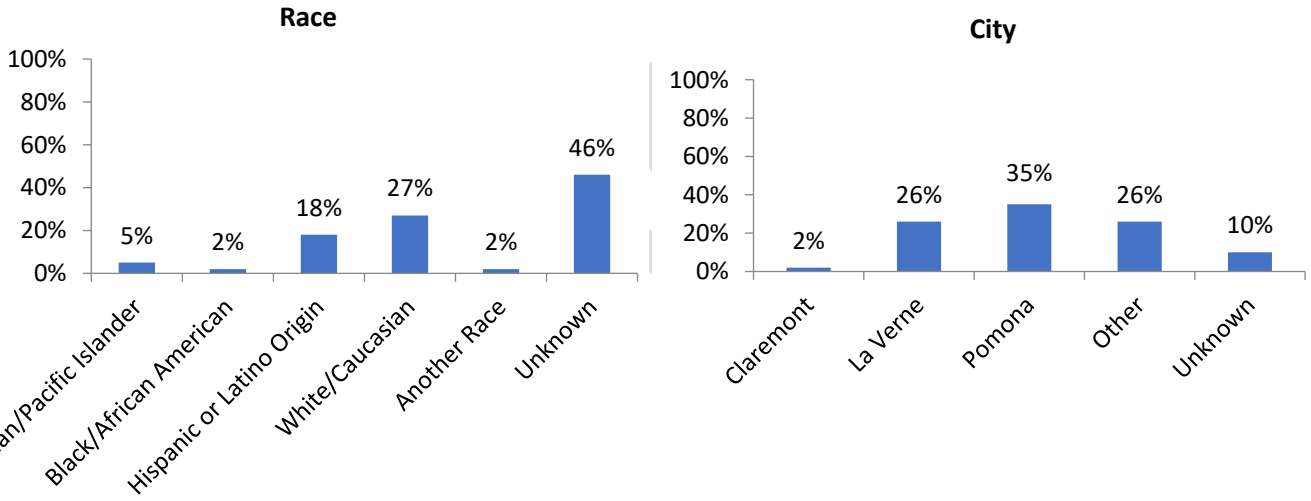
125 Supplemental Crisis Calls

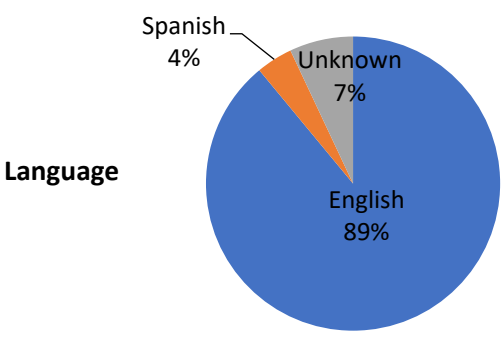




289 crisis calls received from FY 16 to FY 18

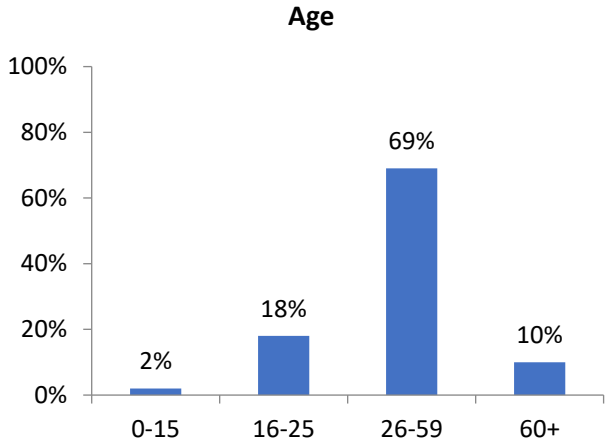
- 131% increase from FY 16 to FY 18

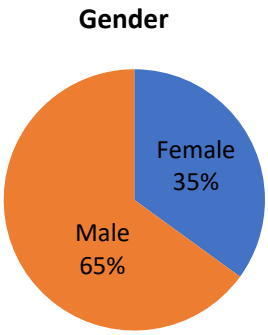


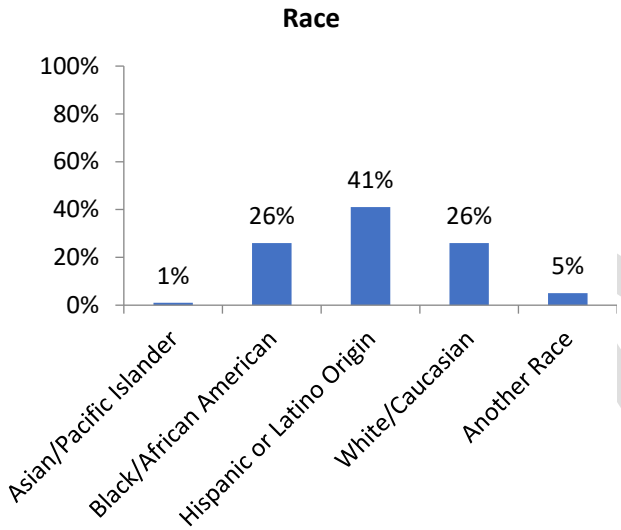


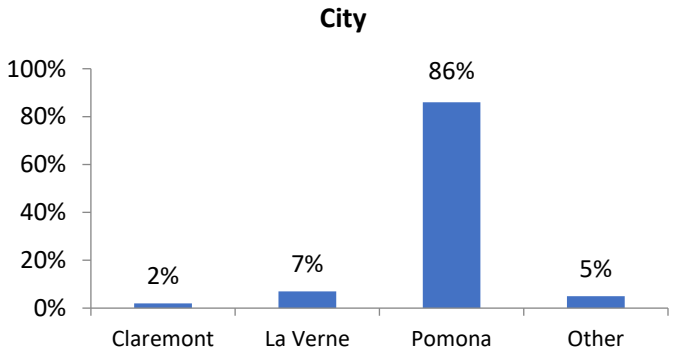
Crisis Walk-In

87 Individuals Served









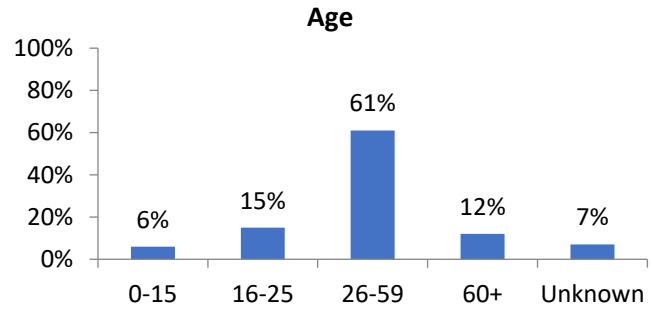
79%
Crisis walk-ins also outreached by the Intensive Outreach and Engagement Team

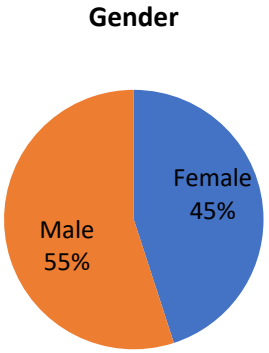
PROGRAM: Intensive Outreach and Engagement (IOET)

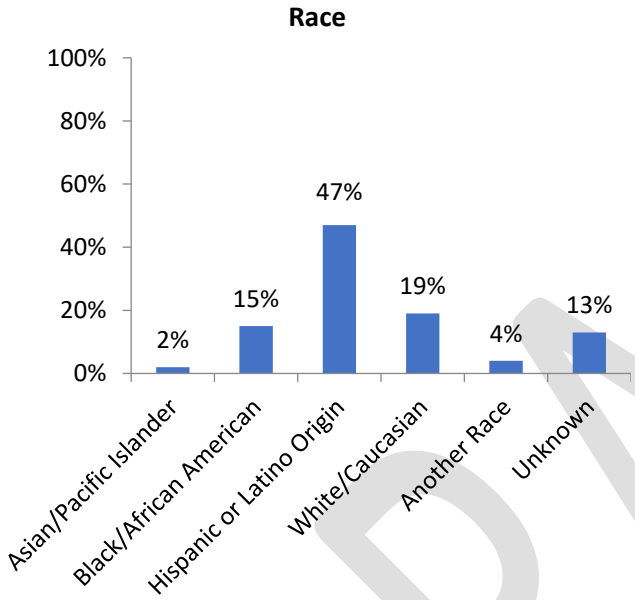
674 Individuals Served

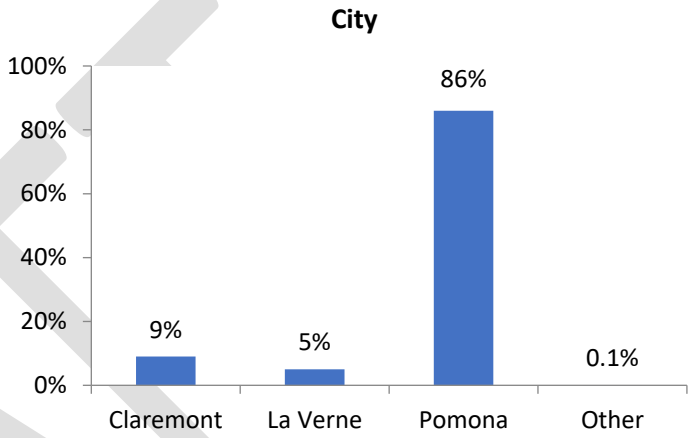
1,358 unique individuals served by IOET from FY 16 to FY 18

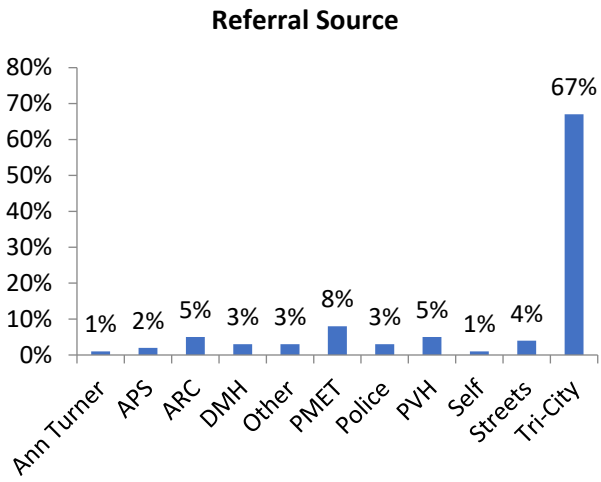
- 72% increase from FY 16 to FY 18

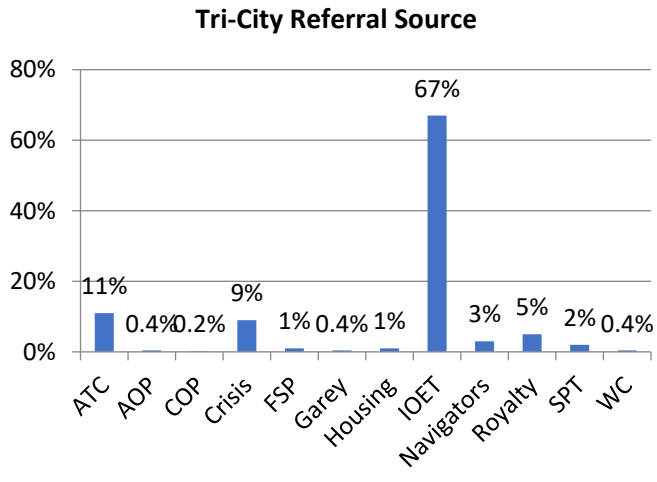

Age
100%
80%
60%
40%
20%
0%
6%
15%
61%
12%
7%
0-15
16-25
26-59
60+
Unknown


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%
2%
5%
3%
3%
8%
3%
5%
1%
4%
67%
Ann Turner
APS
ARC
DMH
Other
PMET
Police
PVH
Self
Streets
Tri-City

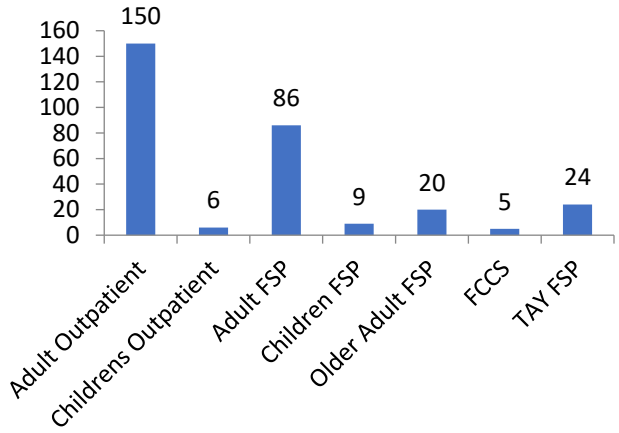

Tri-City Referral Source
80%
60%
40%
20%
0%
11%
0.4%
0.2%
9%
1%
0.4%
1%
67%
3%
5%
2%
0.4%
ATC
AOP
COP
Crisis
FSP
Garey
Housing
IOET
Navigators
Royalty
SPT
WC

HOW WELL DID WE DO IT?

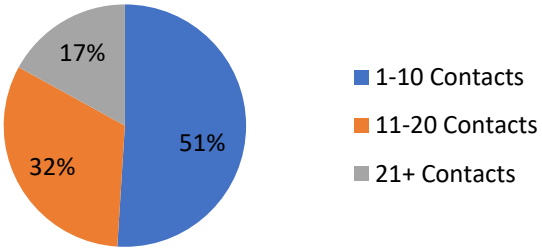
300

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

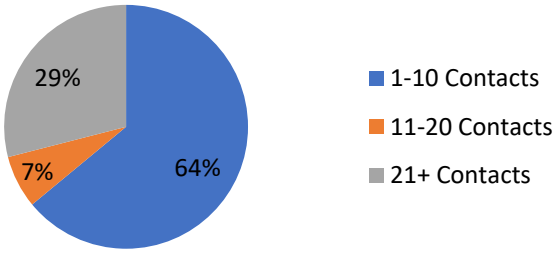
Opened for Services



Percent of IOET Contacts for Closed Cases



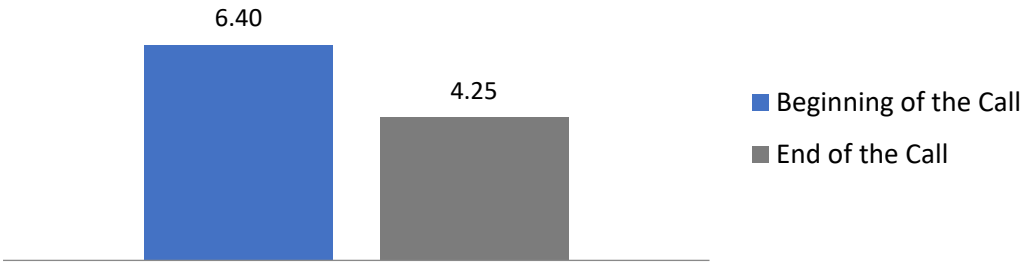
Percent of IOET Contacts for Currently Open Cases



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.

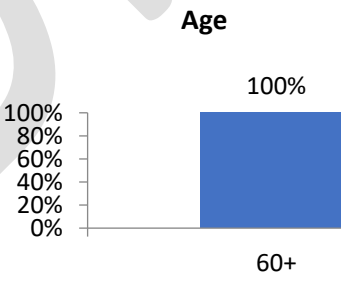
Challenges Experienced:

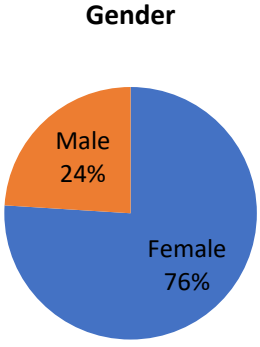
An ongoing challenge in working with elder clients within the FCCS program, is that elder clients often struggle in establishing and maintaining social supports. A goal of the program is to support clients in establishing/re-establishing essential social supports. FCCS staff collaborate with other programs 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.

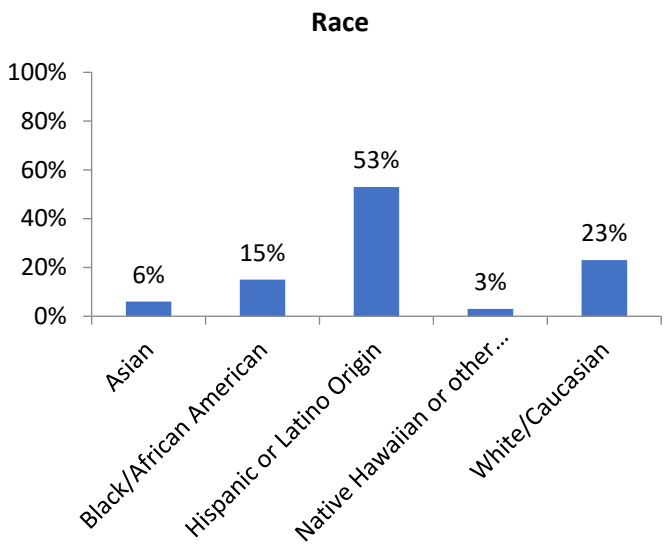
PROGRAM: Field Capable Clinical Services for Older Adults (FCCS)
HOW MUCH DID WE DO?

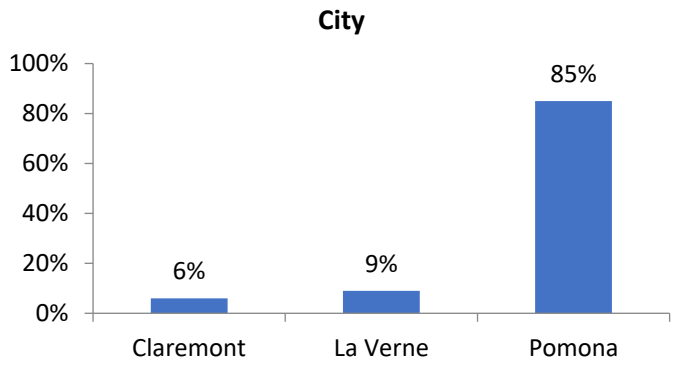
34 Unique Individuals Served





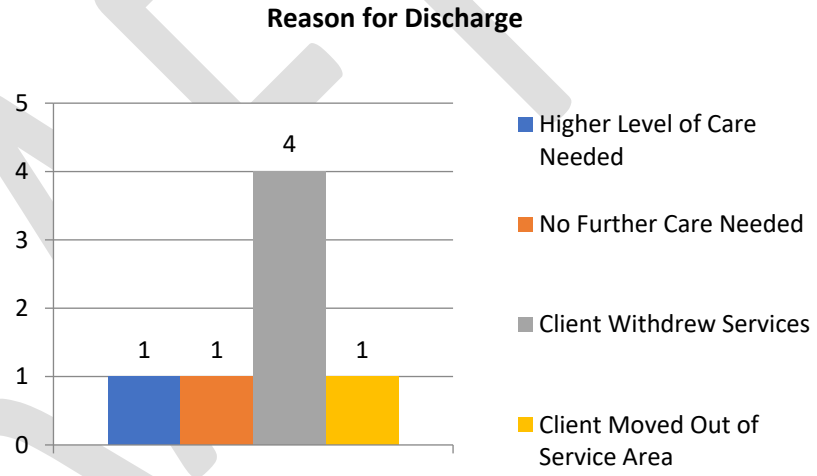
53 unique individuals served from FY 16 to FY 18
- 55% increase from FY 16 to FY 19





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:

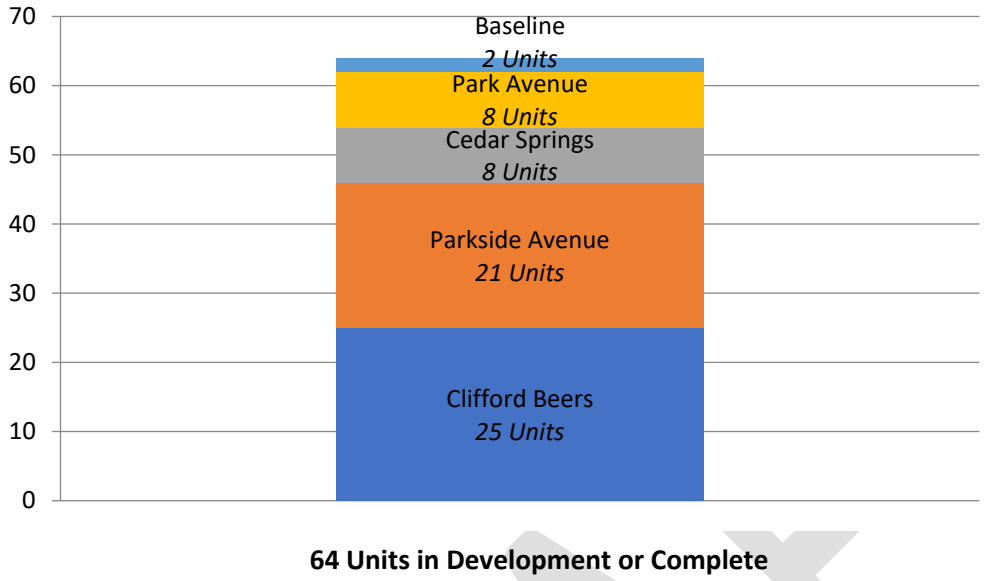
Challenges for the Housing Division included addressing obstacles encountered with homeless individuals' background checks when the process is prolonged or the application halted when applying for permanent supportive housing. Clients who are working towards stabilizing their lives were being denied 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?

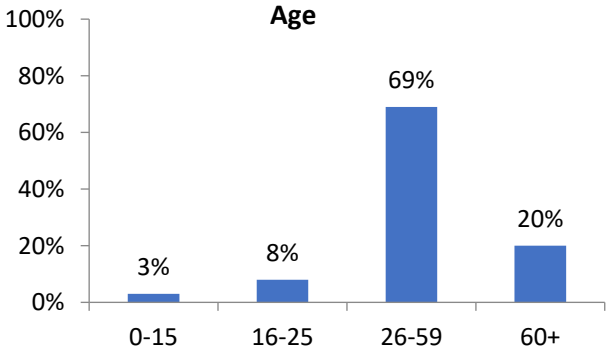


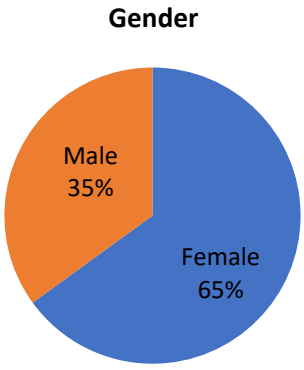
Housing units remained constant from FY 16 to FY 18

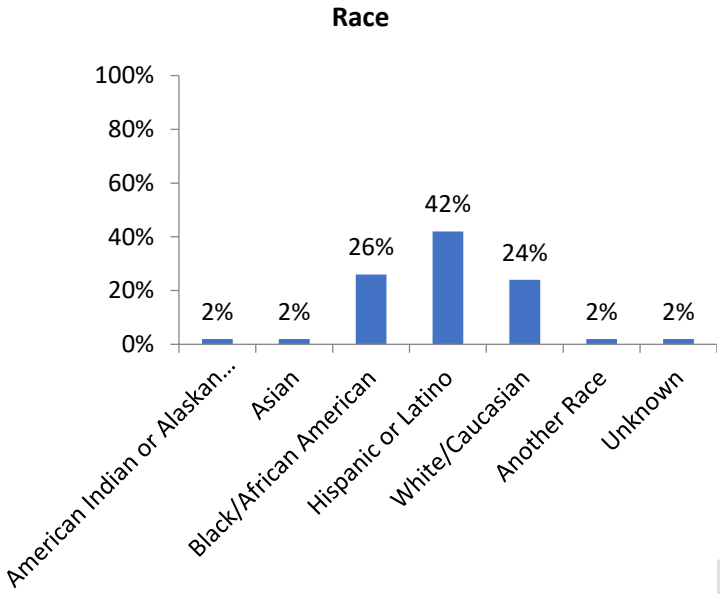
64 Units in Development or Complete

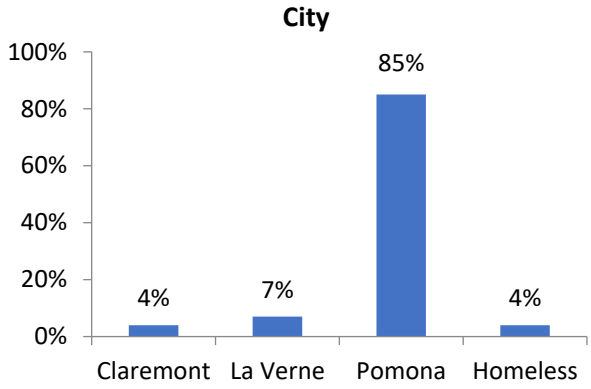
Demographics

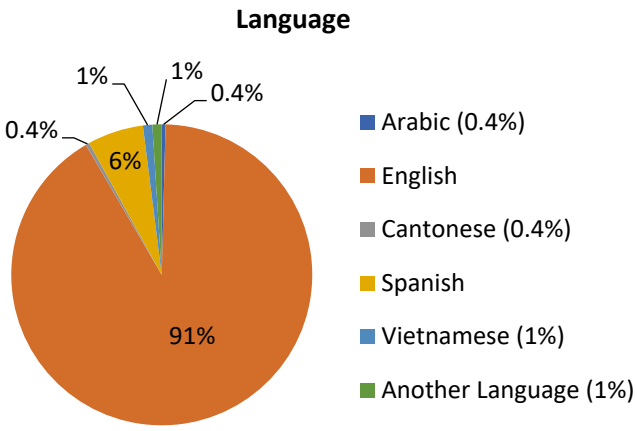
246 Individuals









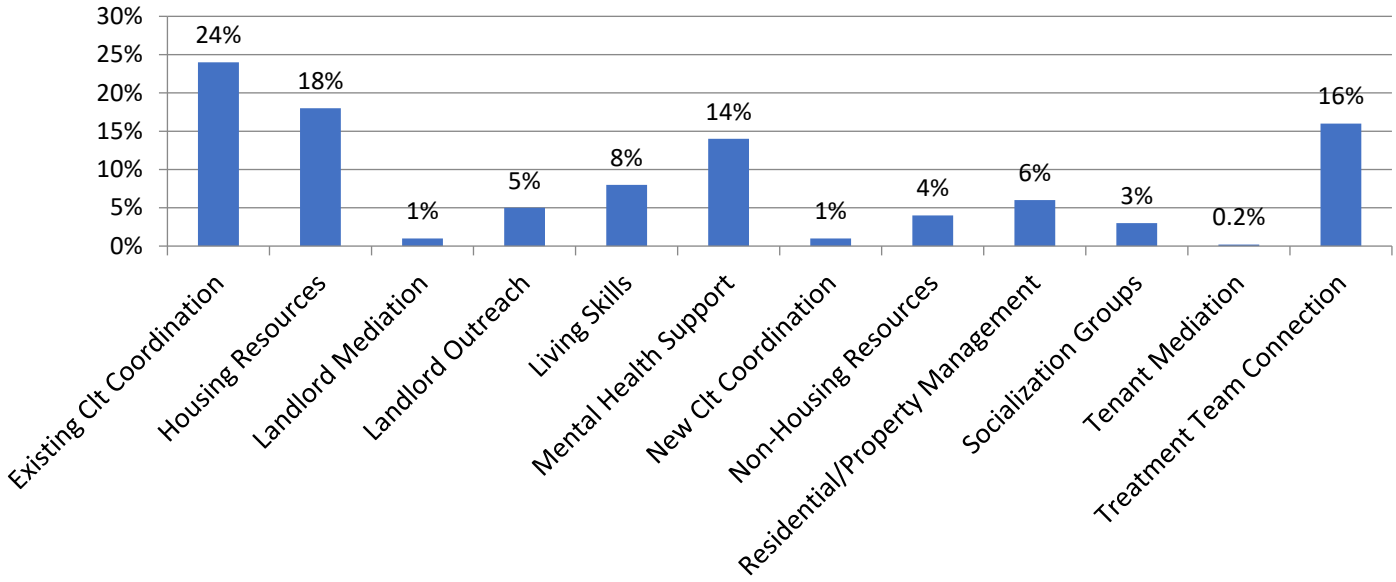


17
New Referrals

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

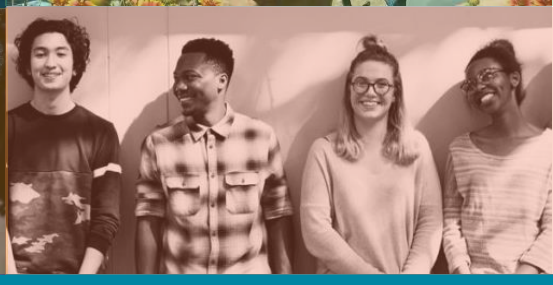
63 Unique Individuals who obtained Housing

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

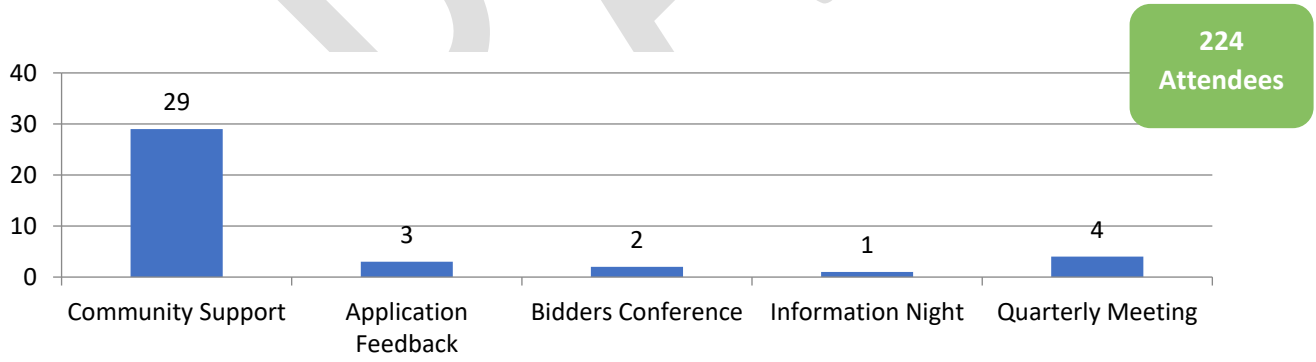
45 community grantees chosen from FY 16 to FY 18 to help communities improve the wellbeing of their members.

8,753 people represented in the 45 grantee communities

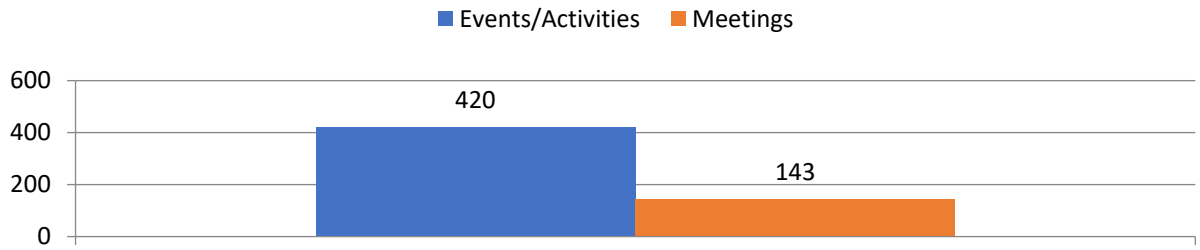
8,017

Number of People who Benefited from Grantee Activities

Number of Events Held by Community Capacity Organizer

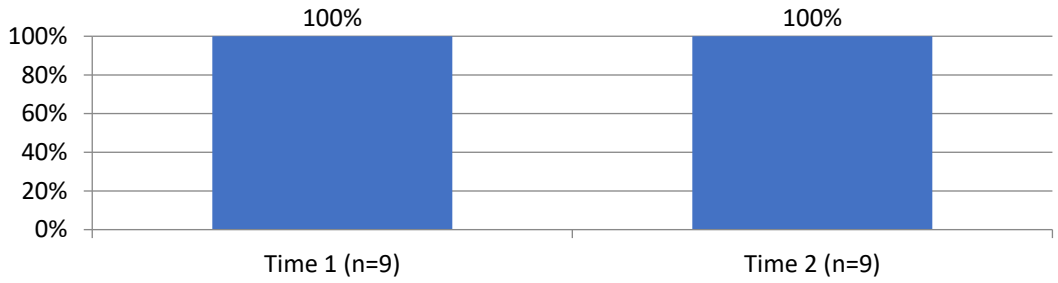


Number of Community Events/Activities and Meetings



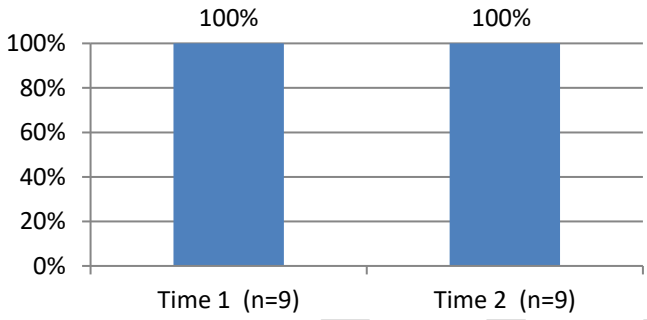
HOW WELL DID WE DO IT?

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

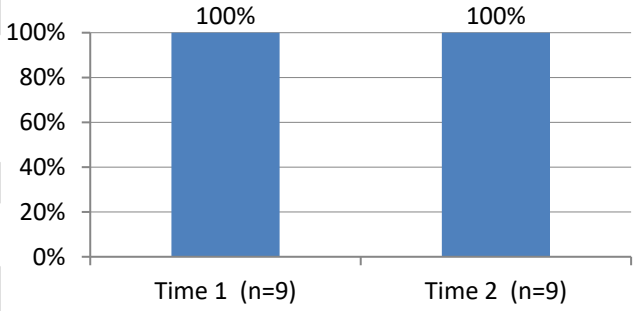


IS ANYONE BETTER OFF?

Percentage of Grantees who Report Improvement in Supporting Each Other

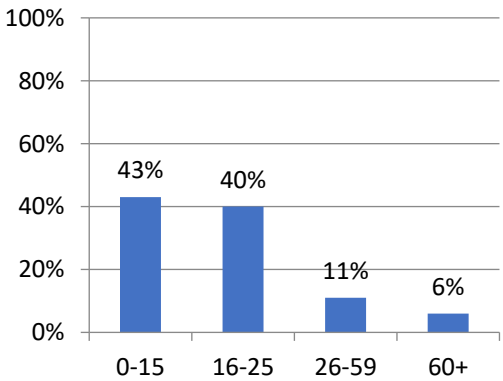


Percentage of Grantees who Report Improvement in Their Ability to Effectively Act Together

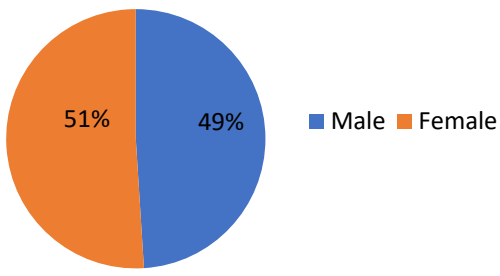


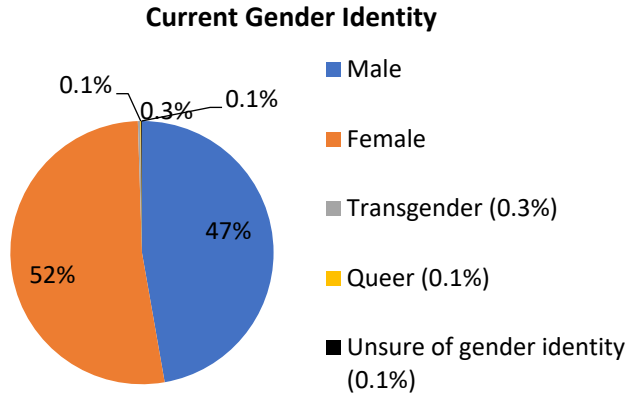
PEI Demographics

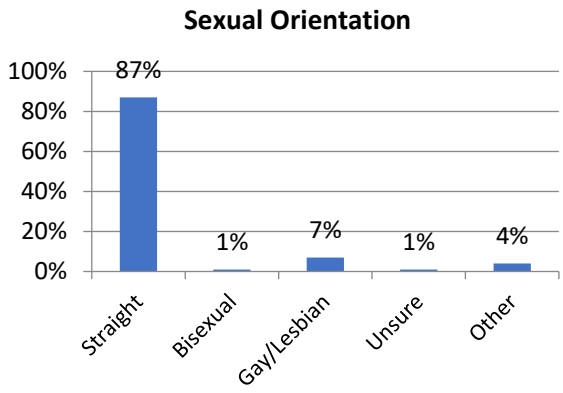
Age Group

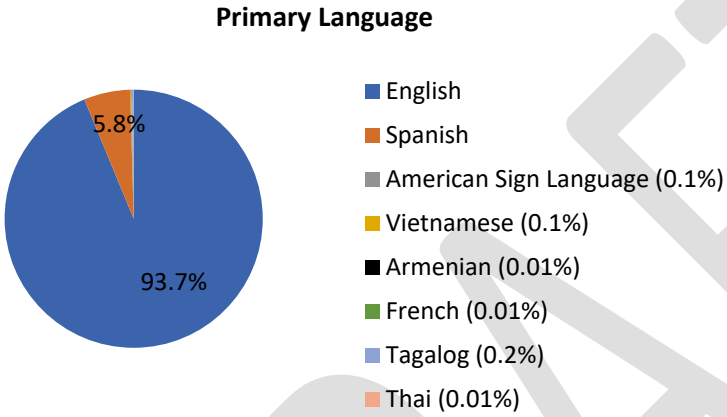


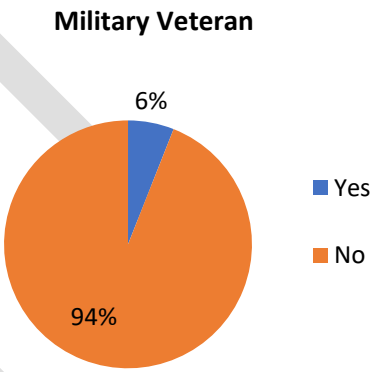
Assigned Gender at Birth

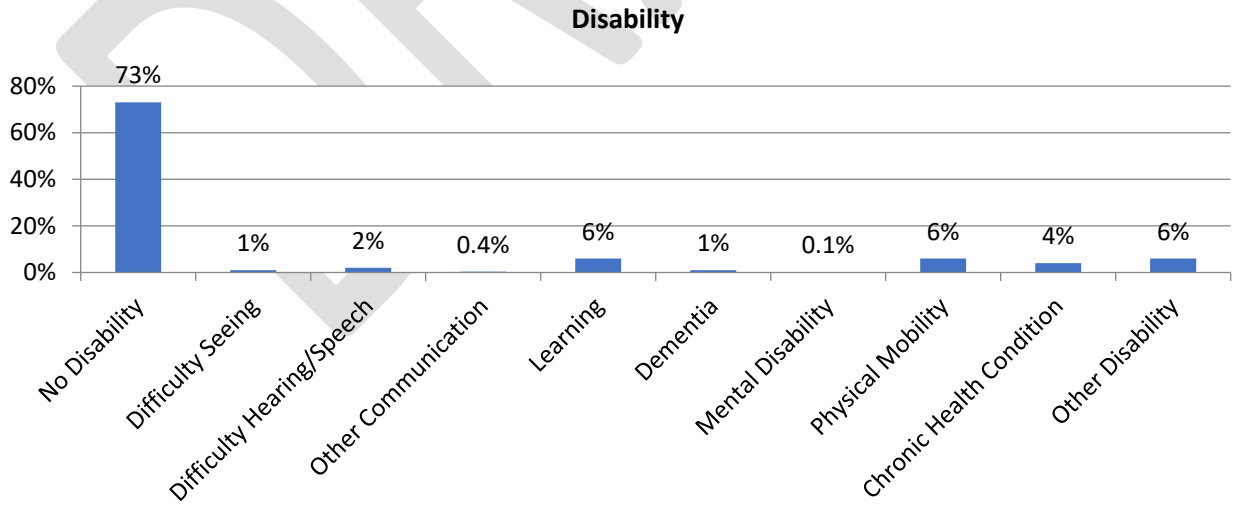


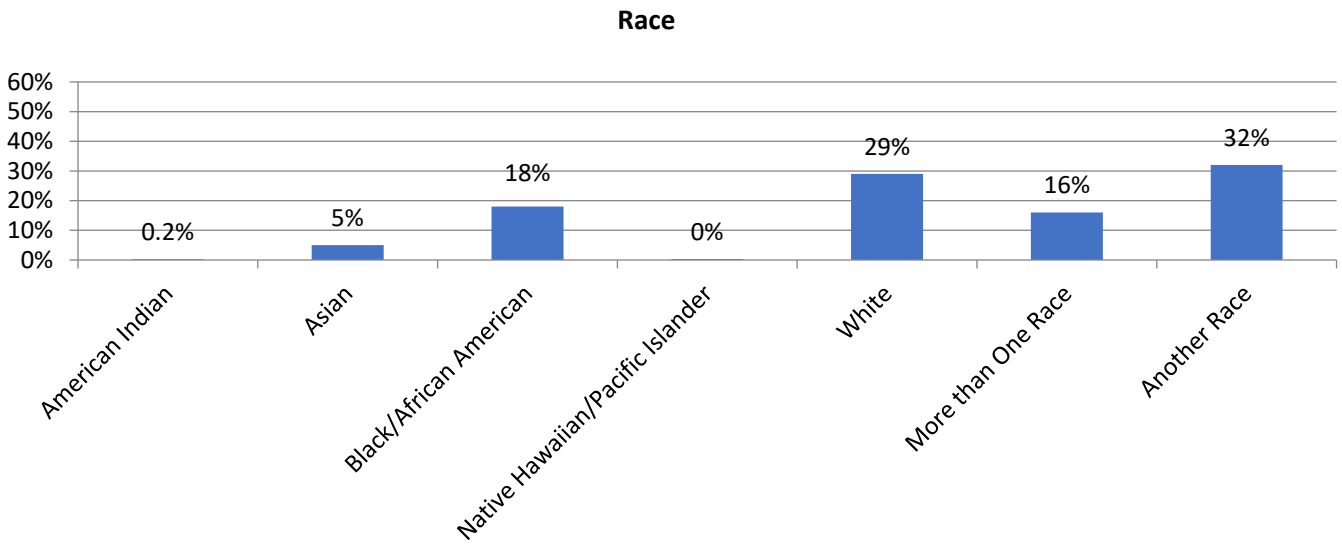

Current Gender Identity
0.1%
0.3%
0.1%
47%
52%
Male
Female
Transgender (0.3%)
Queer (0.1%)
Unsure of gender identity (0.1%)

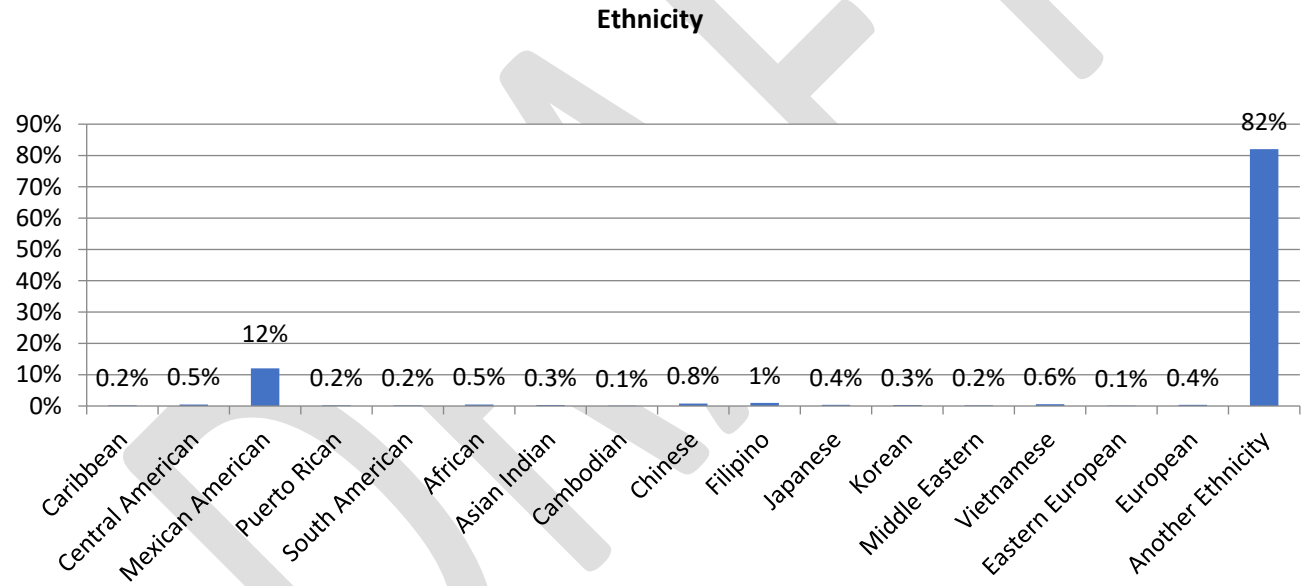

Sexual Orientation
100%
80%
60%
40%
20%
0%
87%
1%
7%
1%
4%
Straight
Bisexual
Gay/Lesbian
Unsure
Other


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.

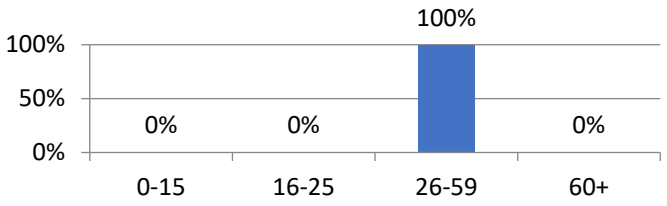
Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

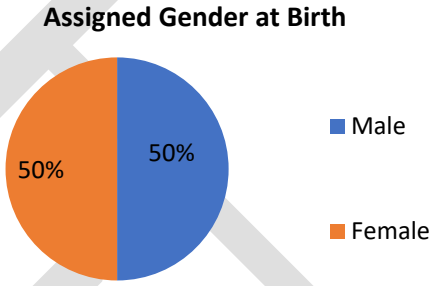
Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

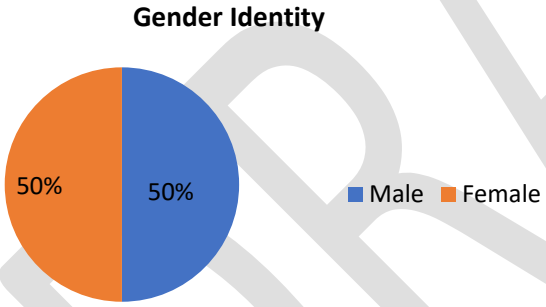
Timely Access to Services for Underserved Populations Strategy:

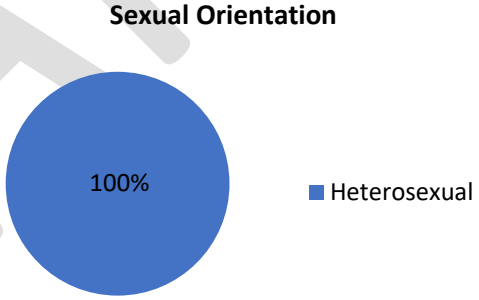
There were four referrals to Community Wellbeing.

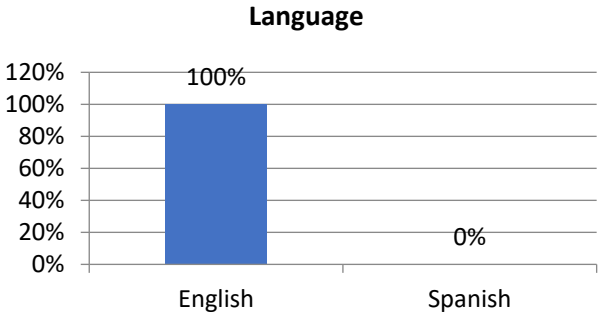
PEI Demographics based on referrals (n=4)

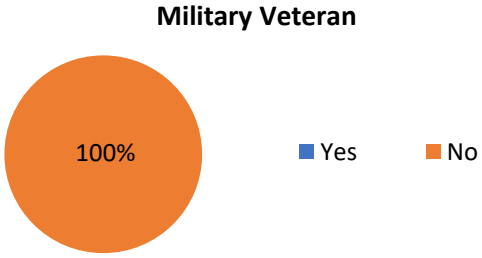


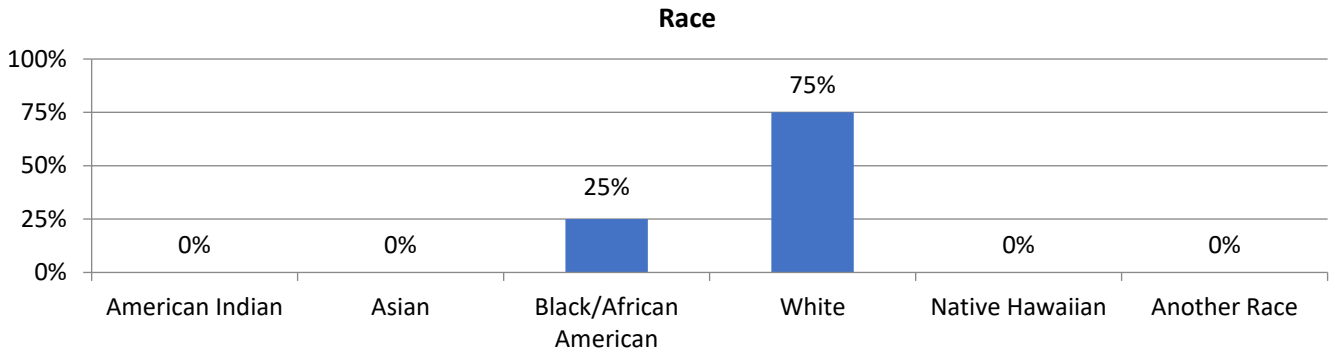


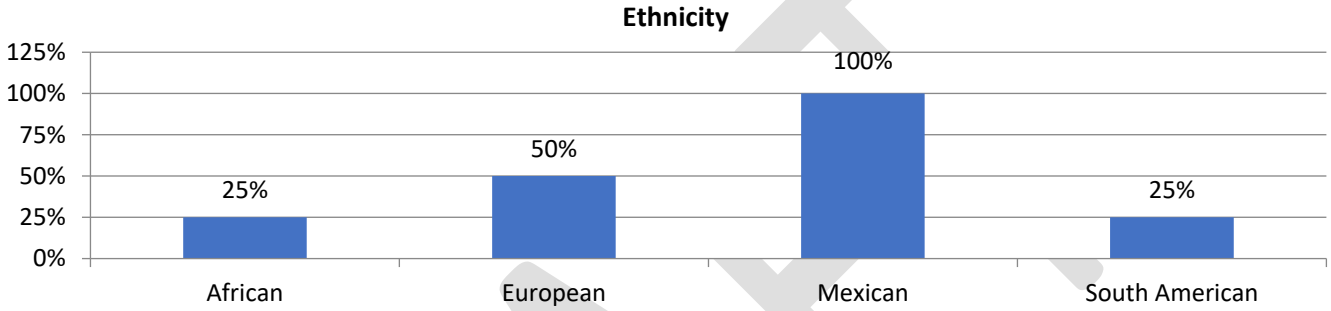









Race
100%
75%
50%
25%
0%
0%
0%
25%
75%
0%
0%
American Indian
Asian
Black/African American
White
Native Hawaiian
Another Race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75%
50%
25%
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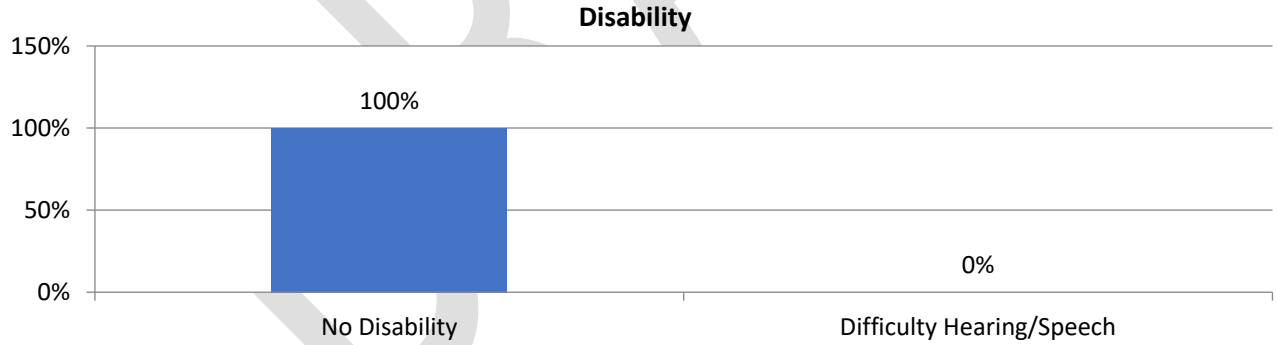
25%
50%
100%
25%
African
European
Mexican
South American


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.

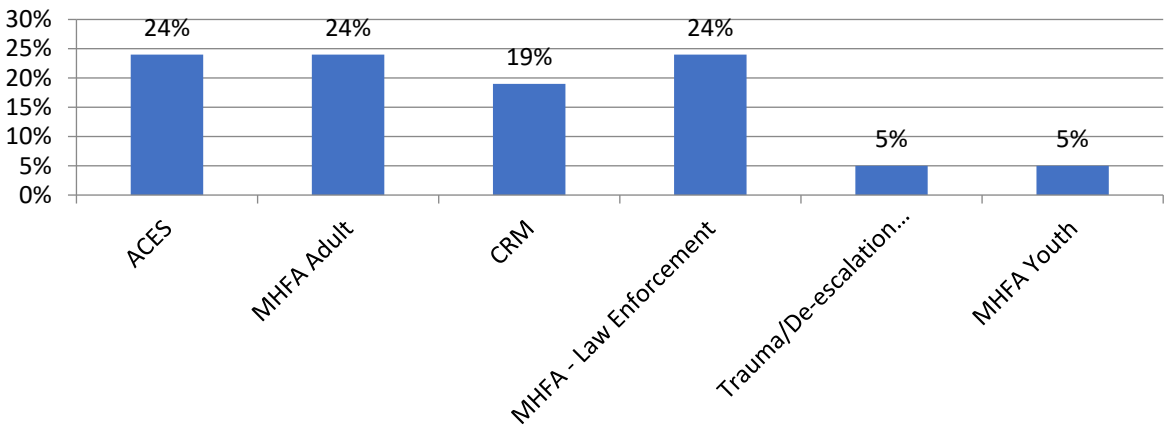
PROGRAM: Community Mental Health Trainings

HOW MUCH DID WE DO?

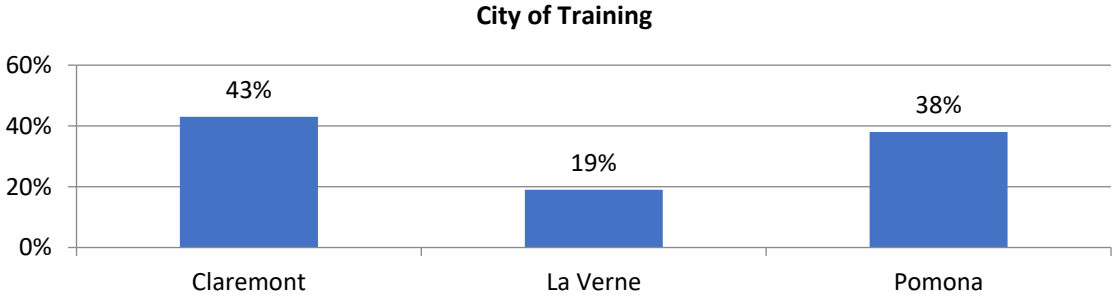
330
Individuals Trained

21
Community Mental Health Trainings

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

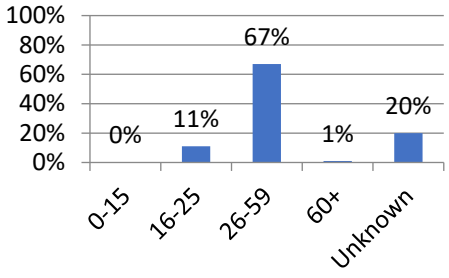


3 new trainings implemented for the community for FY 18-19: ACES, MHFA for Law Enforcements, and Trauma/De-escalation training

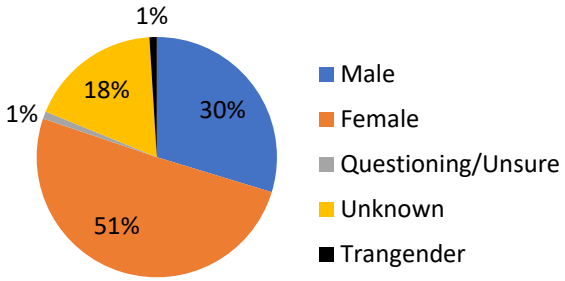


PEI Demographics

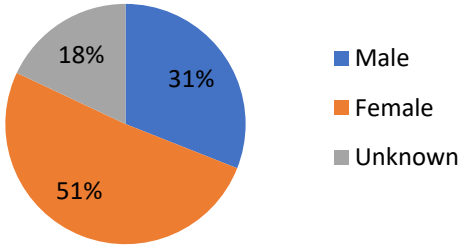
Age Group



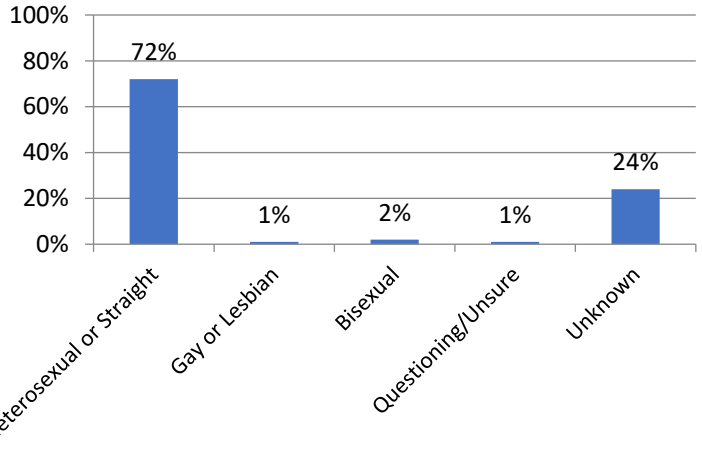
Current Gender Identity



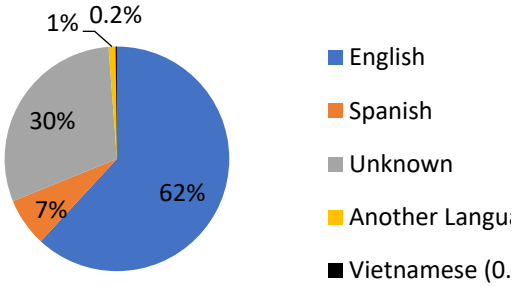
Assigned Gender at Birth



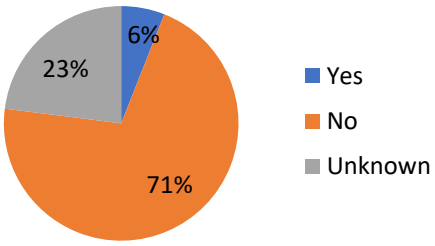
Sexual Orientation



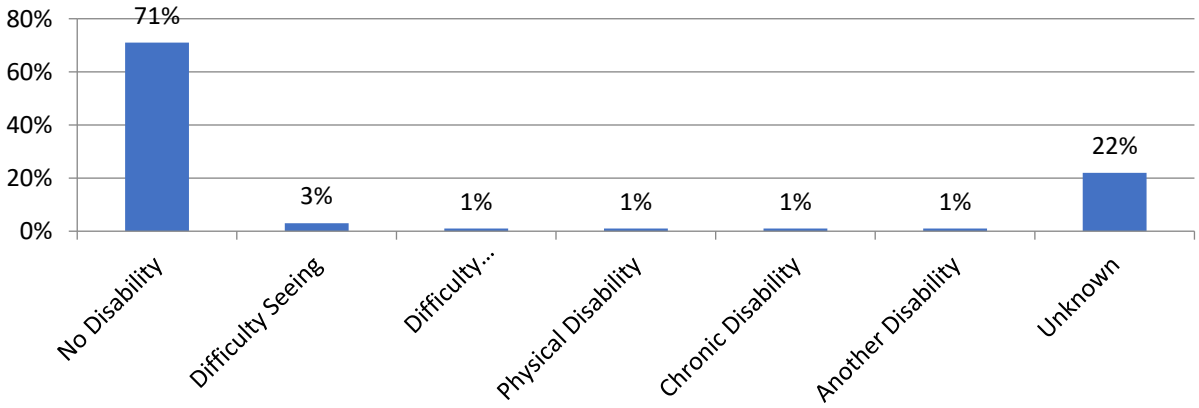
Primary Language

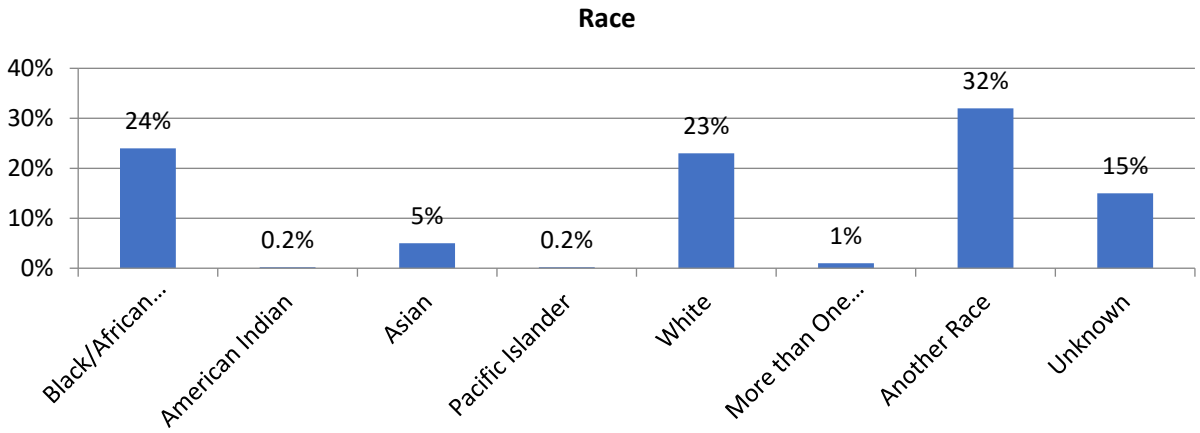


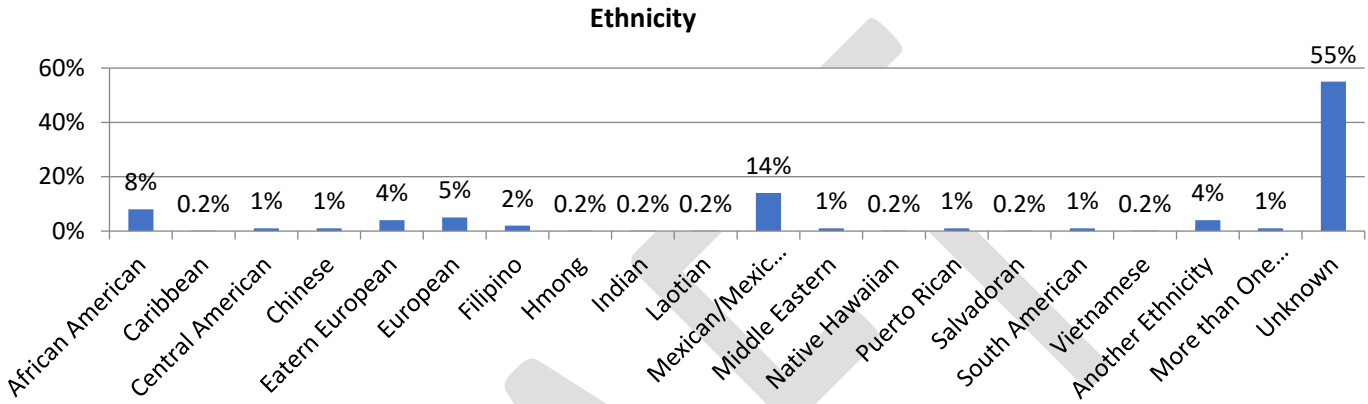
Military Veteran



Disability



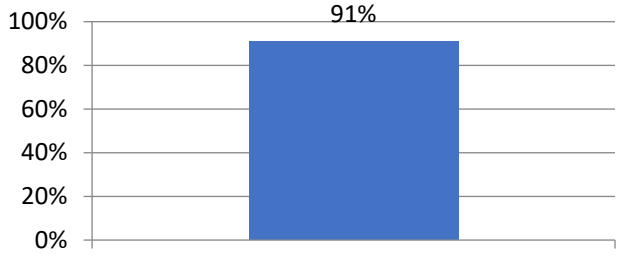




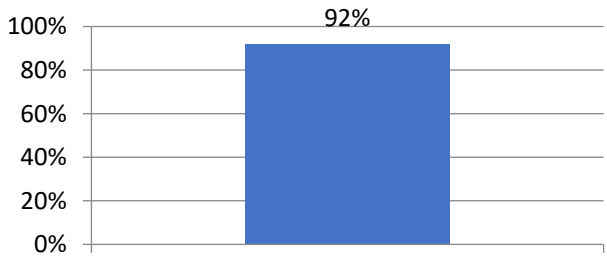
HOW WELL DID WE DO IT?

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:

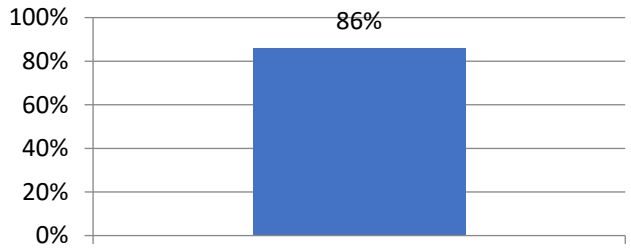


Percentage of participants who rated the training session as good or excellent:

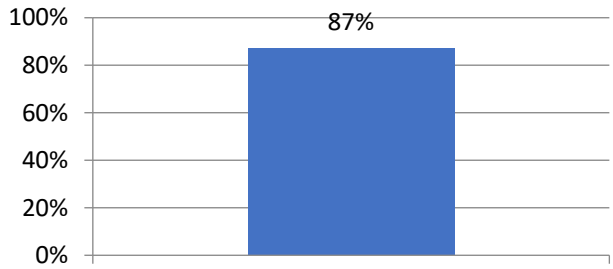


IS ANYONE BETTER OFF?

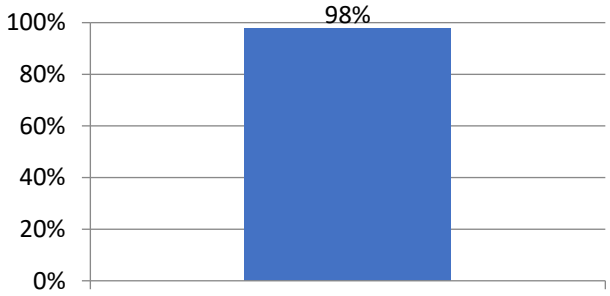
Percentage of participants who report feeling confident in using or applying the skills learned in the training:



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.

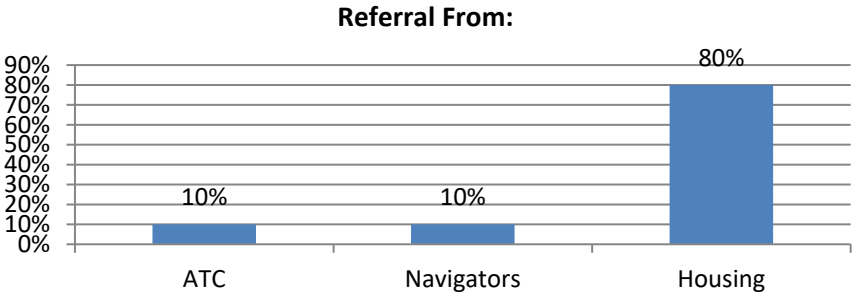
Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

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

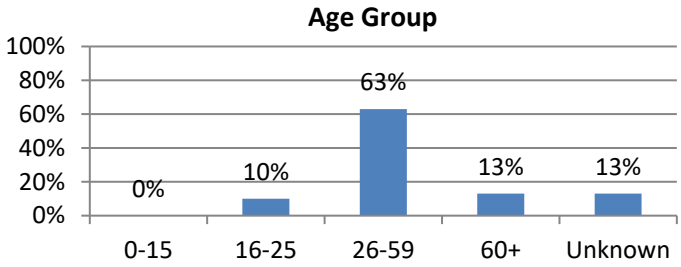
Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

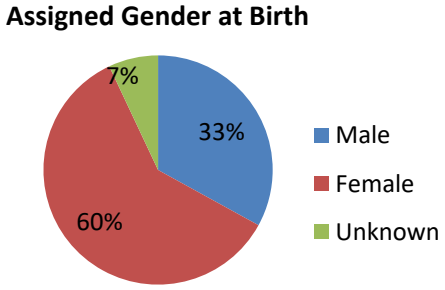
Timely Access to Services for Underserved Populations Strategy:

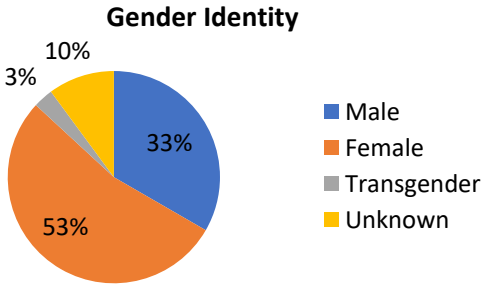
30
Referrals coming into Community Mental Health Trainings

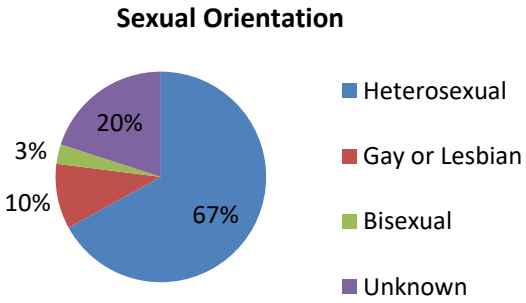


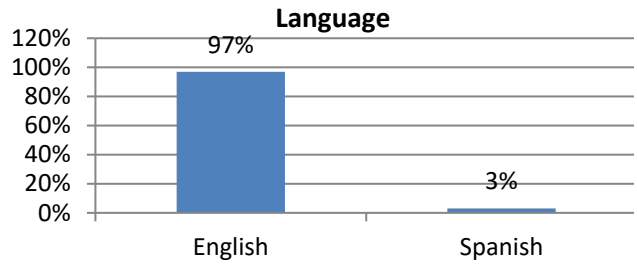
PEI Demographics based on referrals (n=76)

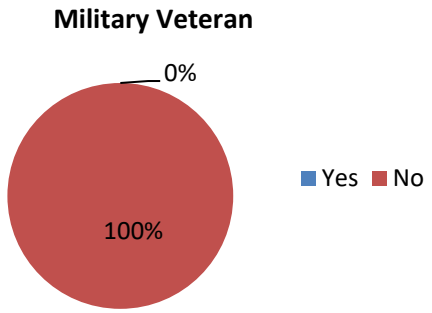


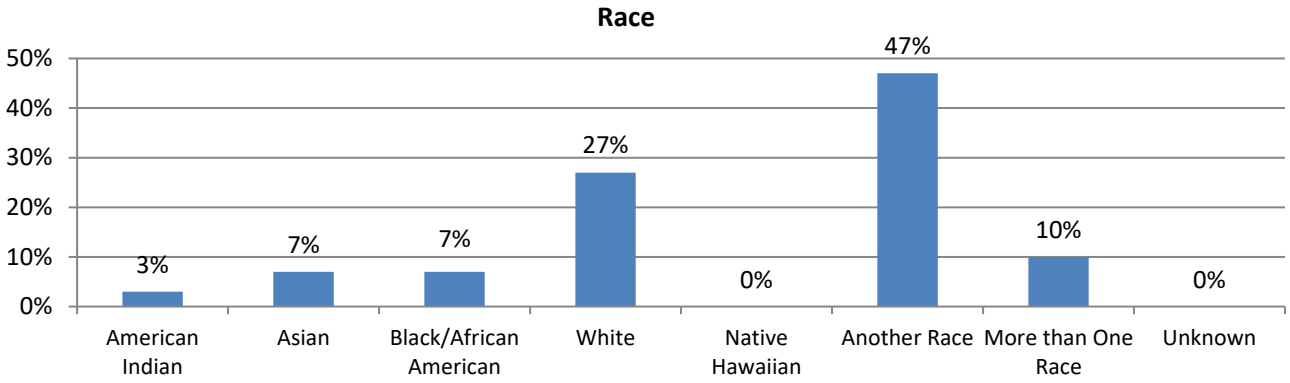







Language
120%
100%
80%
60%
40%
20%
0%
97%
3%
English
Spanish


Military Veteran
0%
100%
Yes
No


Race
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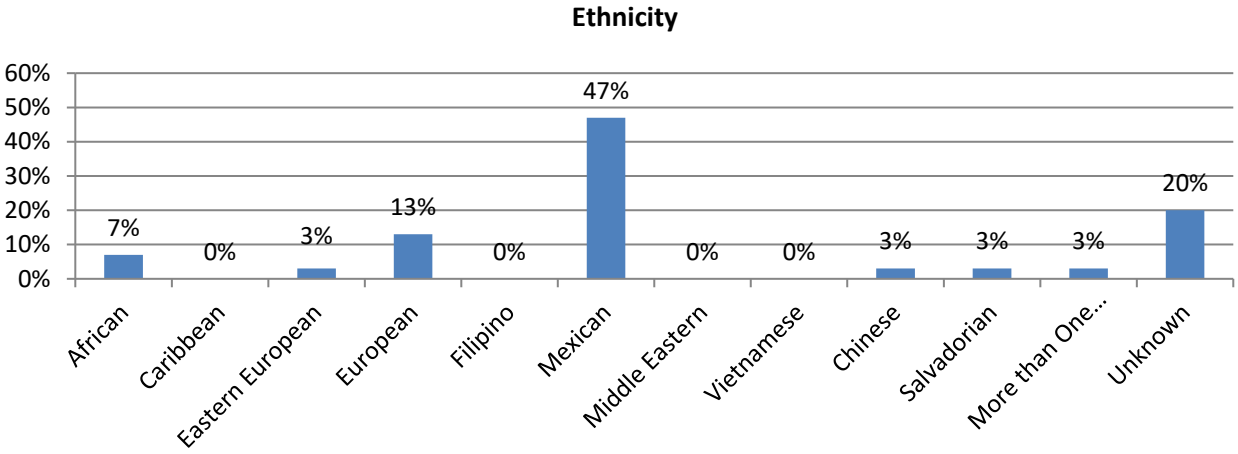
30%
20%
10%
0%
3%
7%
7%
27%
0%
47%
10%
0%
American Indian
Asian
Black/African American
White
Native Hawaiian
Another Race
More than One Race
Unknown


Ethnicity
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30%
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10%
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7%
0%
3%
13%
0%
47%
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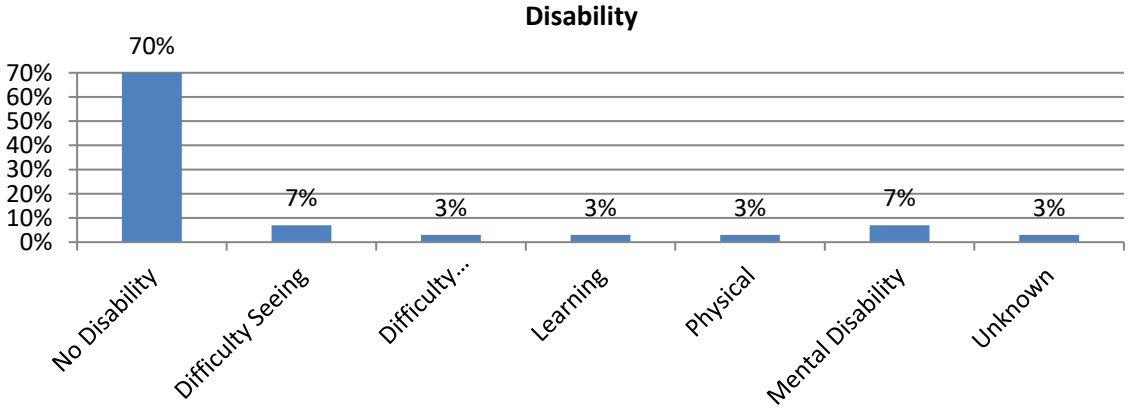
0%
3%
3%
3%
20%
African
Caribbean
Eastern European
European
Filipino
Mexican
Middle Eastern
Vietnamese
Chinese
Salvadorian
More than One...
Unknown


Disability
70%
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

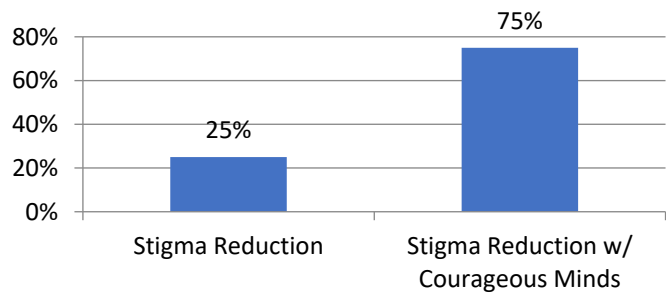
24
Presentations

14
Courageous Minds Speakers Shared

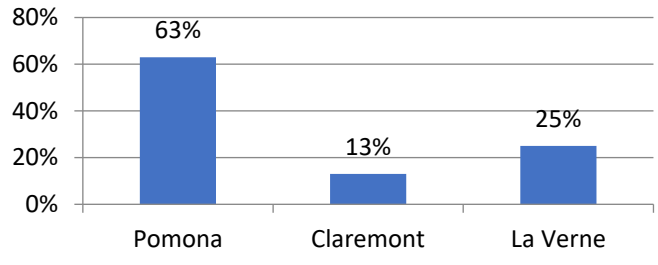
There were 55 stigma reduction presentations from FY 16 to FY 18
- 50% increase from FY 16 to FY 18

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

Type of Presentation



Presentations by City

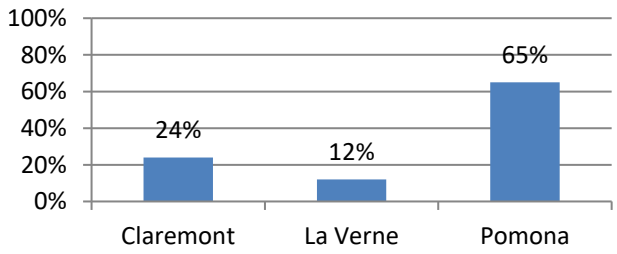


Promotional Activities

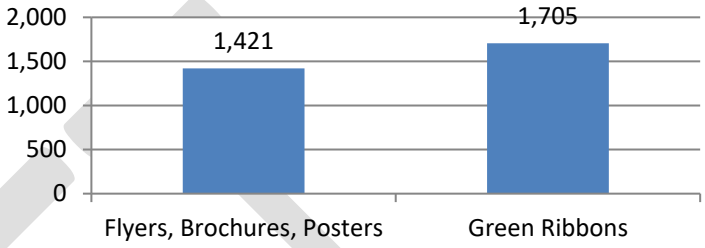
3,126

Promotional Materials

City of Promotional Materials

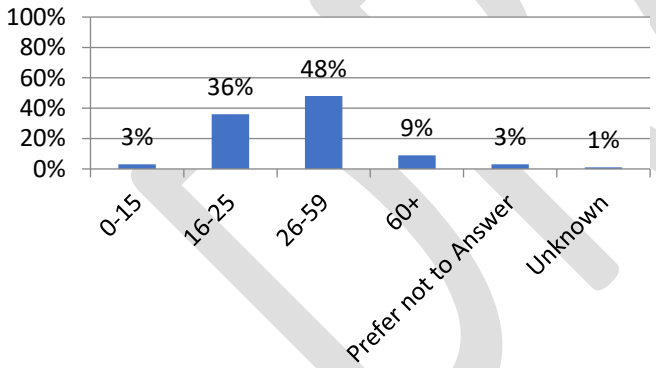


Type of Promotional Materials

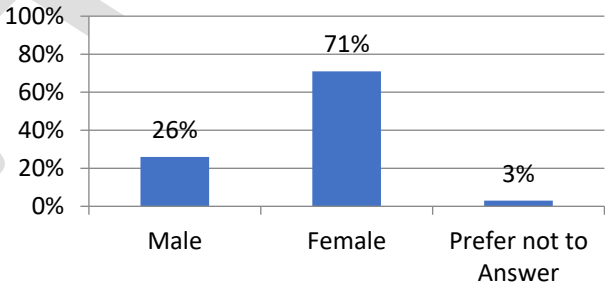


Demographics based on Participants who Completed Stigma Reduction surveys (n=319)

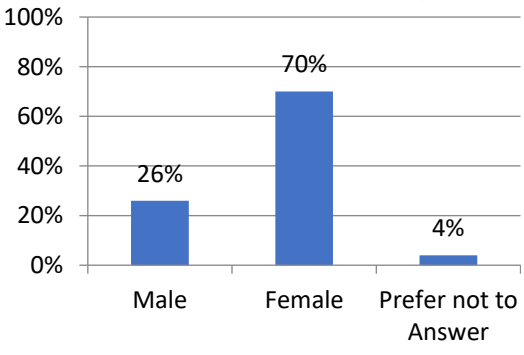
Age Group



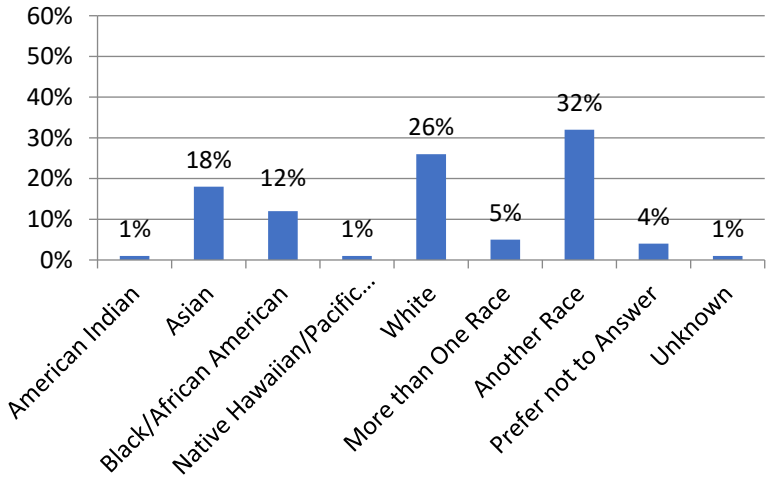
Assigned Gender at Birth

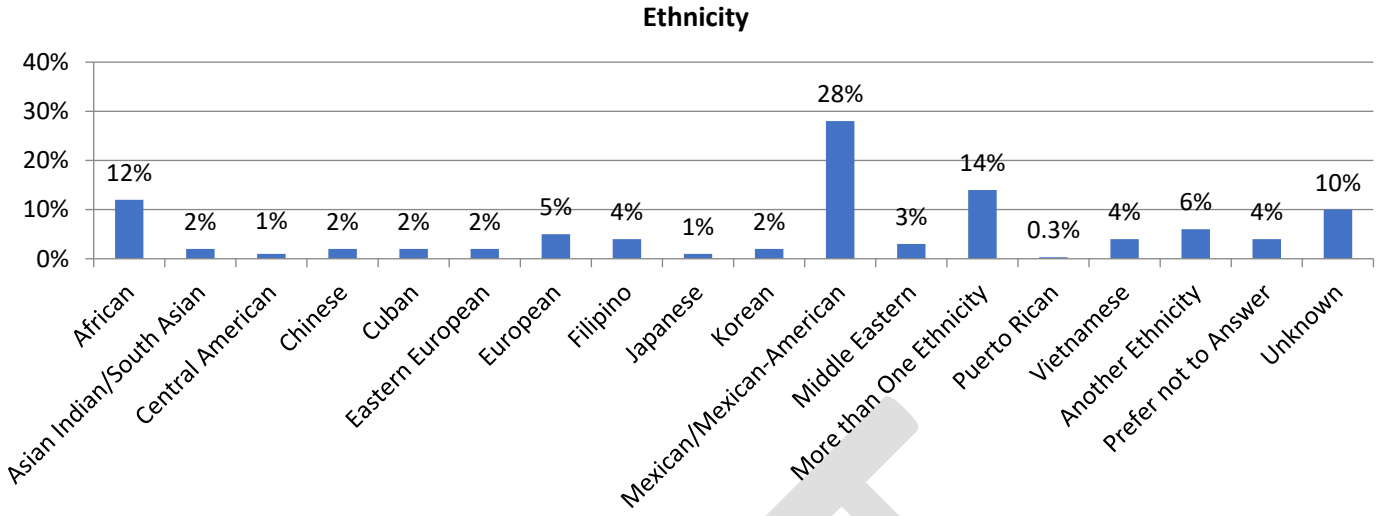


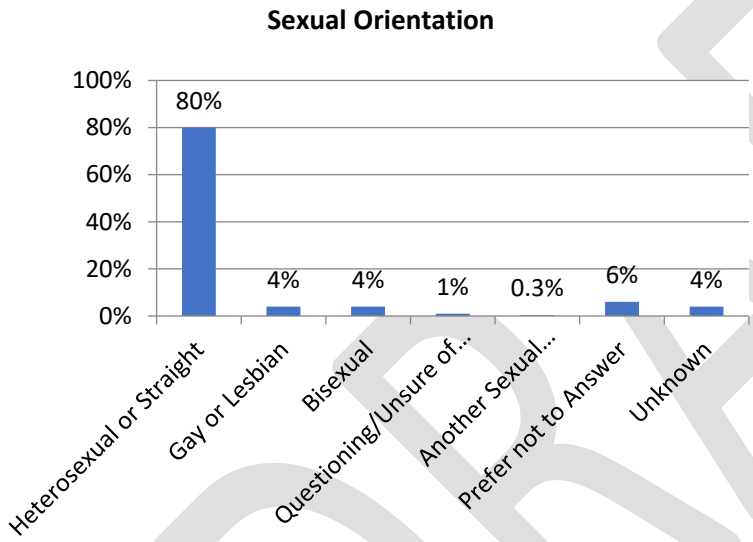
Current Gender Identity

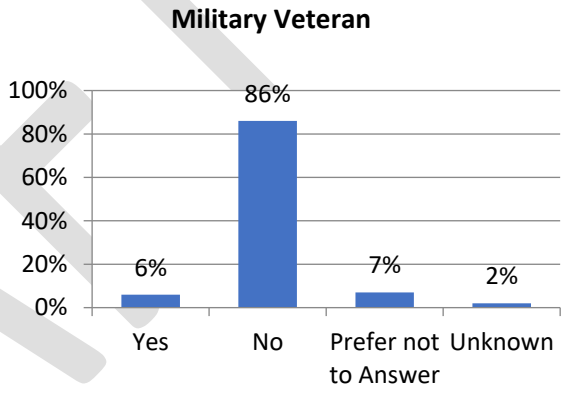


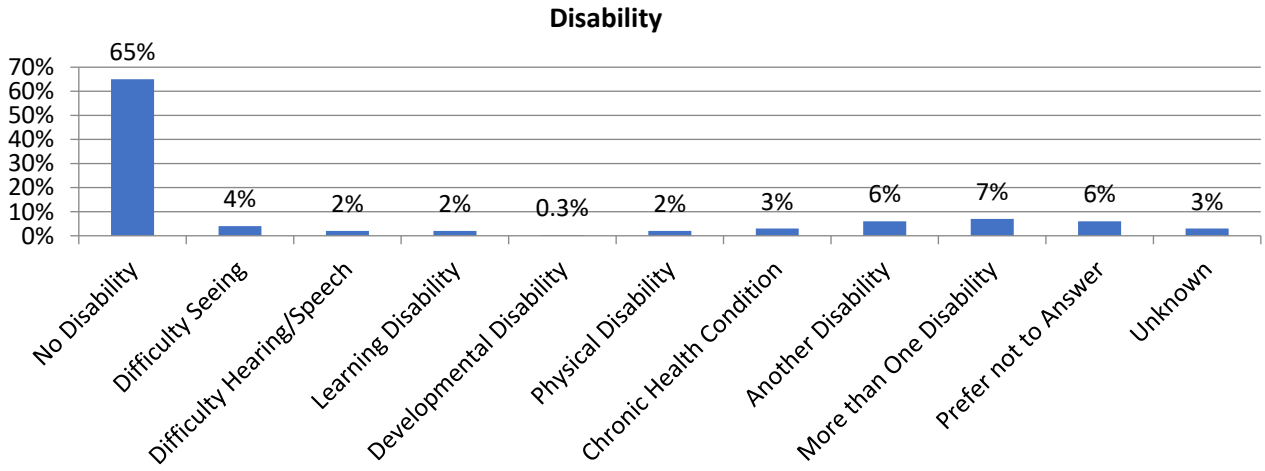
Race

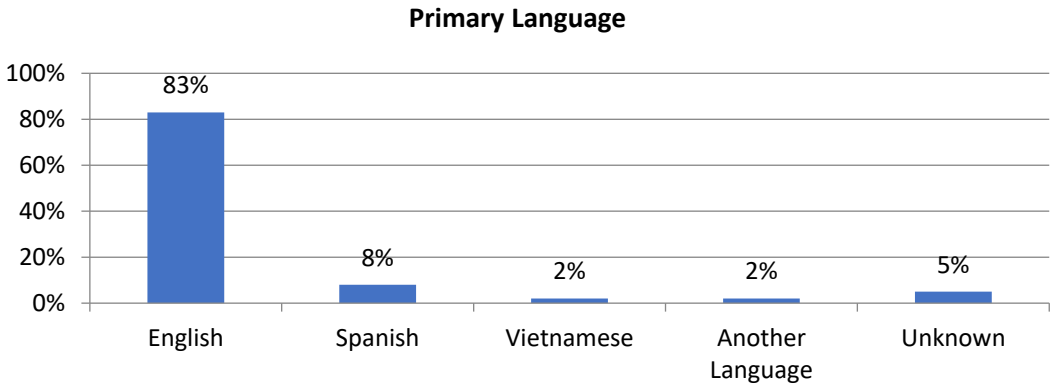



Ethnicity
40%
30%
20%
10%
0%
12%
2%
1%
2%
2%
2%
5%
4%
1%
2%
28%
3%
14%
0.3%
4%
6%
4%
10%
African
Asian Indian/South Asian
Central American
Chinese
Cuban
Eastern European
European
Filipino
Japanese
Korean
Mexican/Mexican-American
Middle Eastern
More than One Ethnicity
Puerto Rican
Vietnamese
Another Ethnicity
Prefer not to Answer
Unknown


Sexual Orientation
100%
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
100%
80%
60%
40%
20%
0%
6%
86%
7%
2%
Yes
No
Prefer not to Answer
Unknown

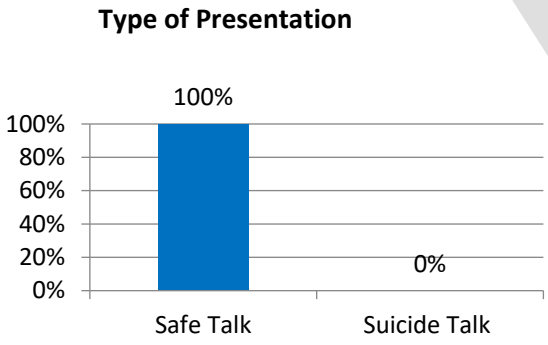

Disability
70%
60%
50%
40%
30%
20%
10%
0%
65%
4%
2%
2%
0.3%
2%
3%
6%
7%
6%
3%
No Disability
Difficulty Seeing
Difficulty Hearing/Speech
Learning Disability
Developmental Disability
Physical Disability
Chronic Health Condition
Another Disability
More than One Disability
Prefer not to Answer
Unknown

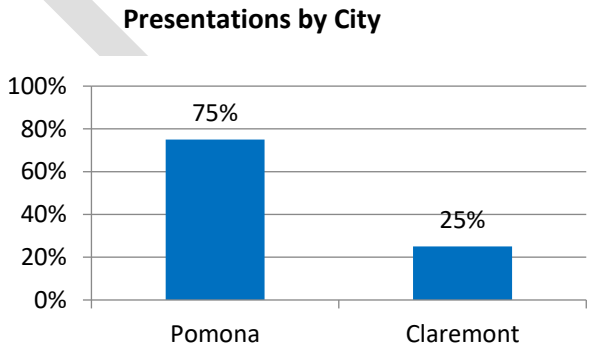


HOW MUCH DID WE DO? Suicide Prevention

4

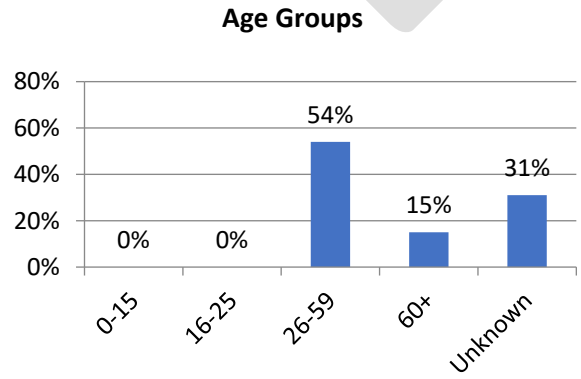
Trainings

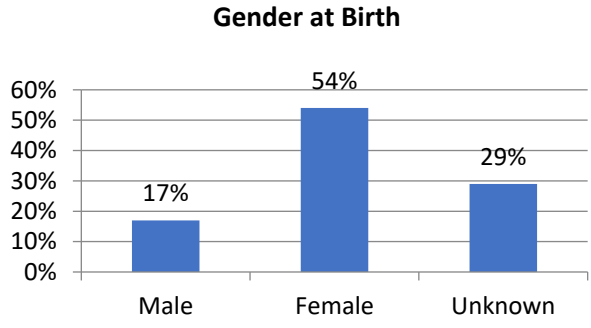




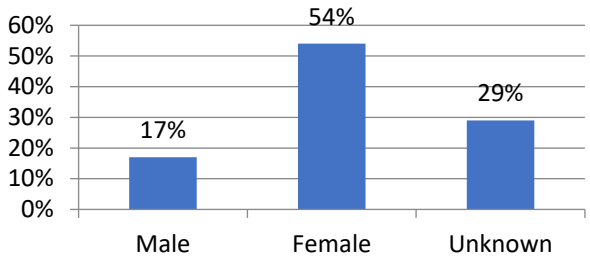
Demographics based on Participants who Completed Safe Talk surveys (n=52)

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

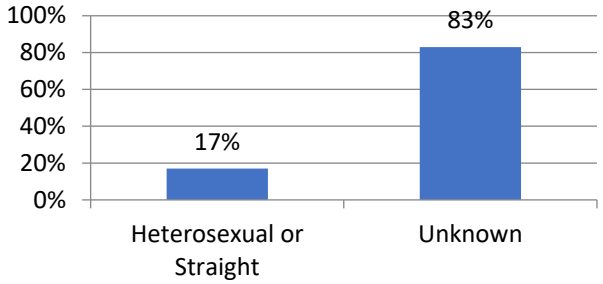




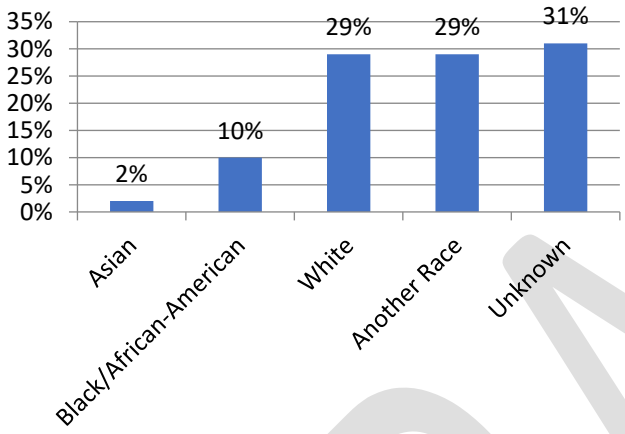
Gender Identity



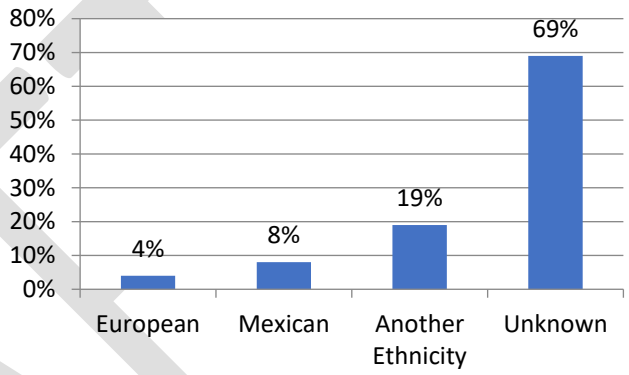
Sexual Orientation



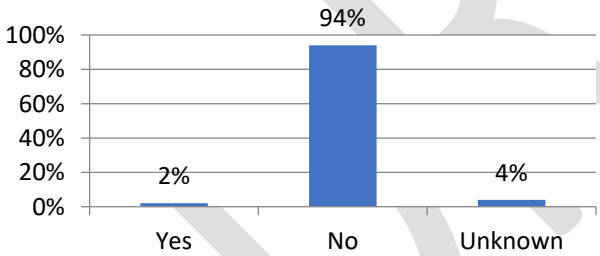
Race



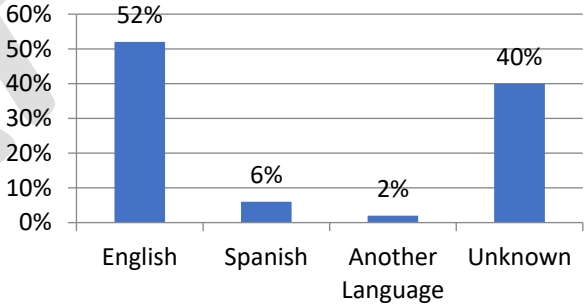
Ethnicity



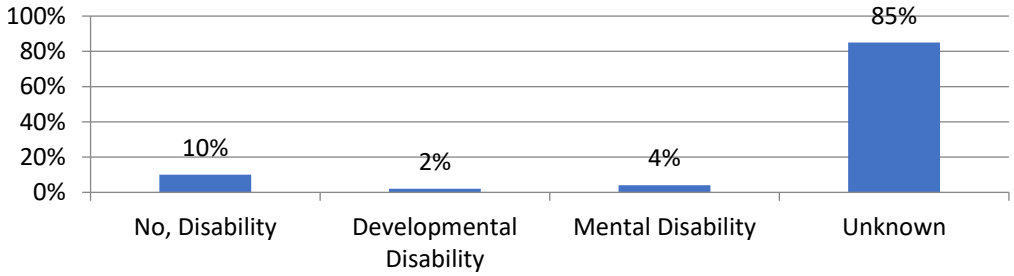
Military Veteran



Primary Language



Disability



HOW MUCH DID WE DO? Creative Minds

6
Art Events Held

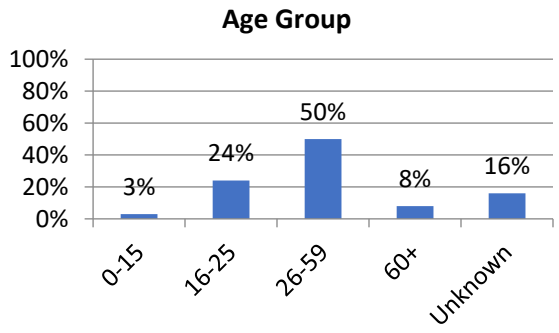
152 Participated in Workshop & Gallery

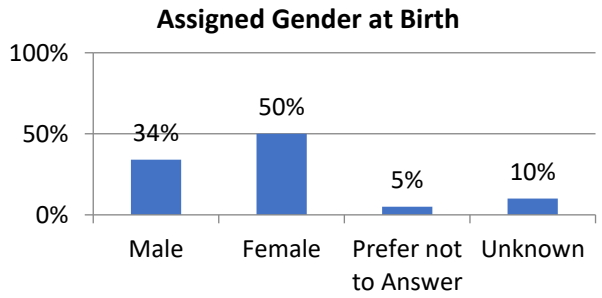
113
Art Pieces Submitted

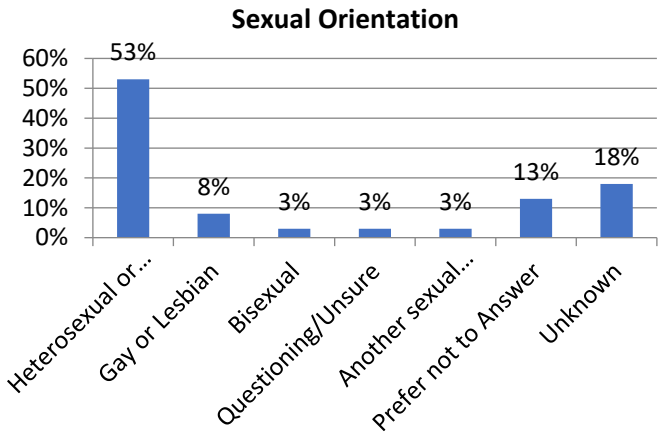
265 artists participated in workshops and/or galleries from FY 16 to FY 18

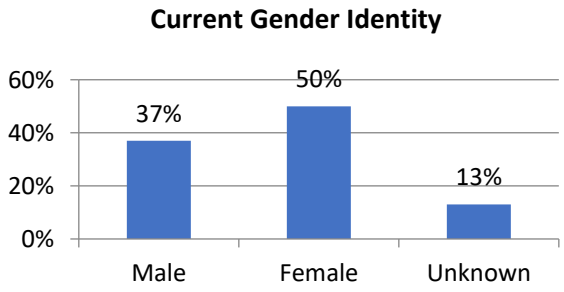
- 280% increase from FY 16 to FY 18

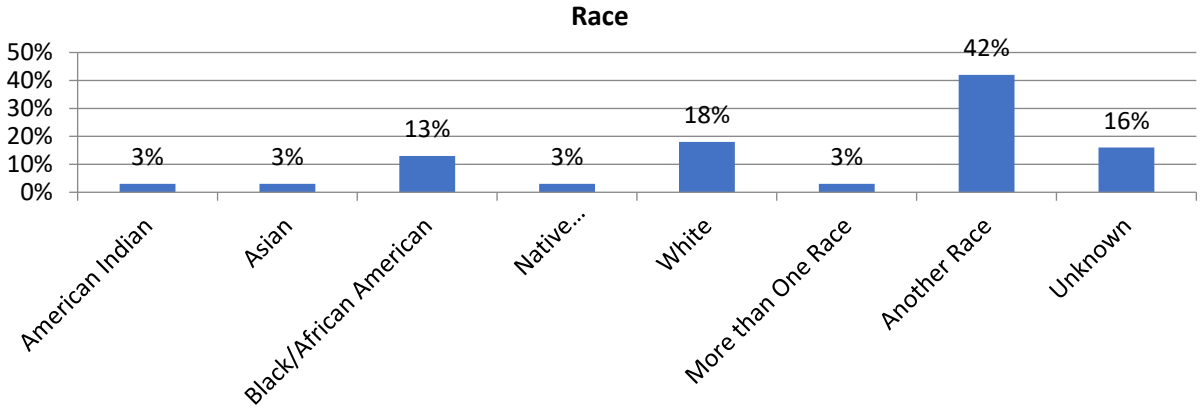
Demographics based on Participants who Completed Workshop surveys



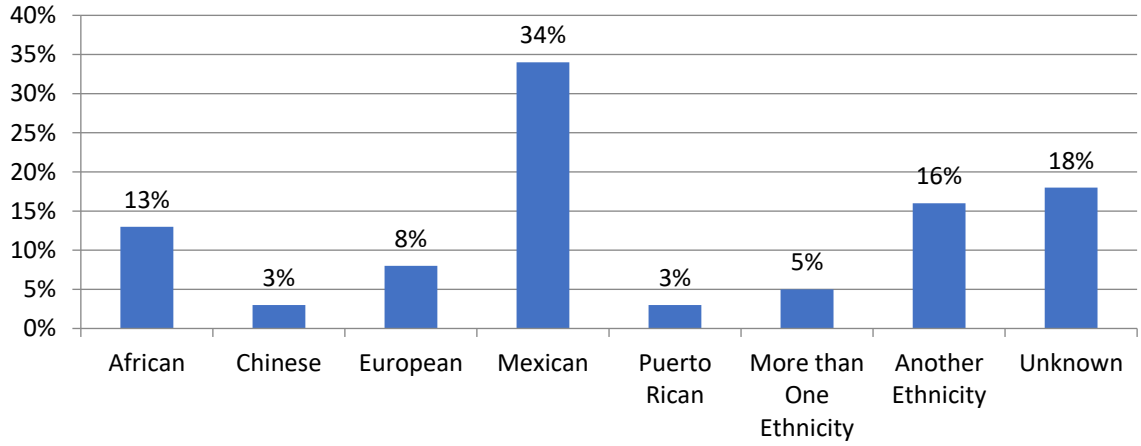




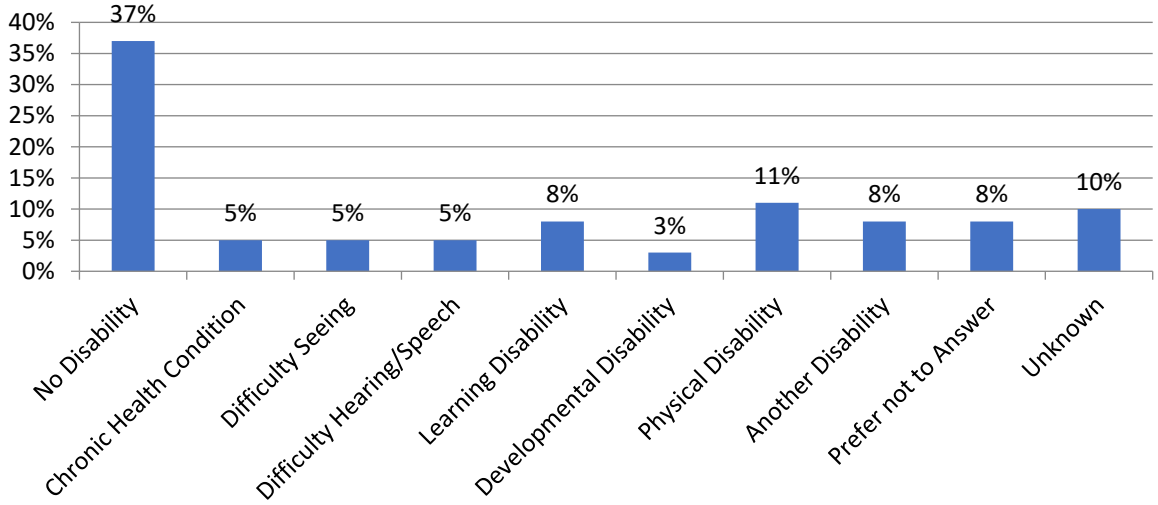




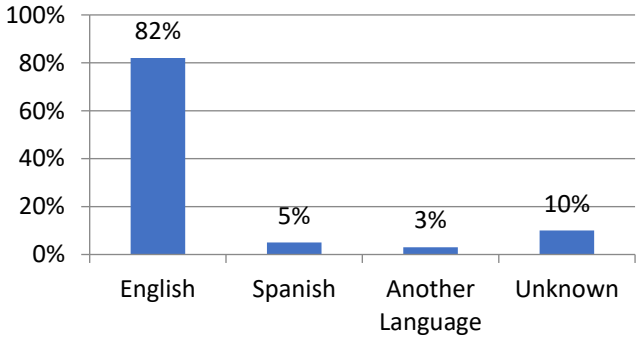
Ethnicity



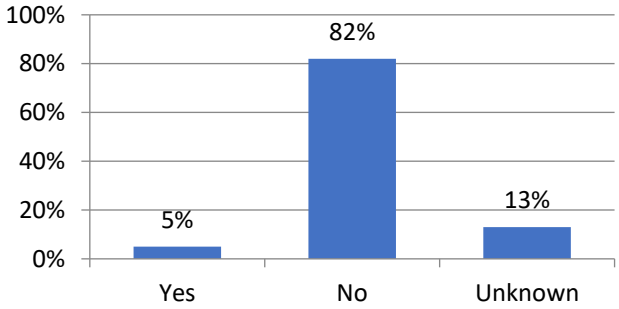
Disability



Primary Language



Military Veteran



HOW WELL DID WE DO IT?

540
Attendees for Stigma Reduction Presentations

56
Attendees for Safe Talk Presentations

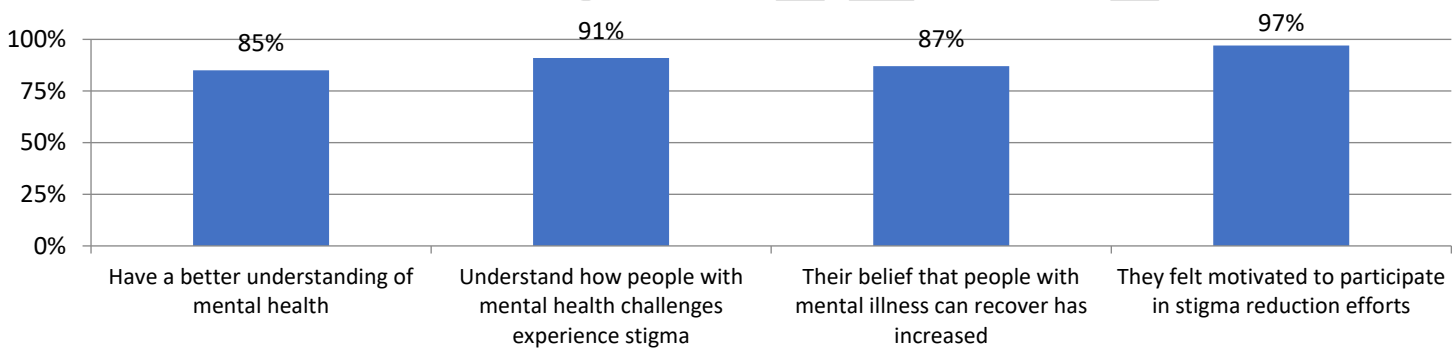
89
Attendees for Art Gallery Receptions

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

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

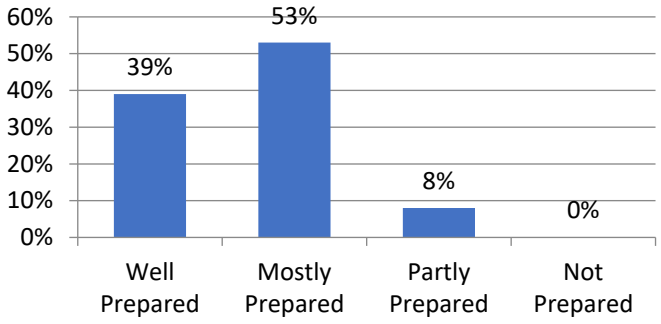
IS ANYONE BETTER OFF? Stigma Reduction

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

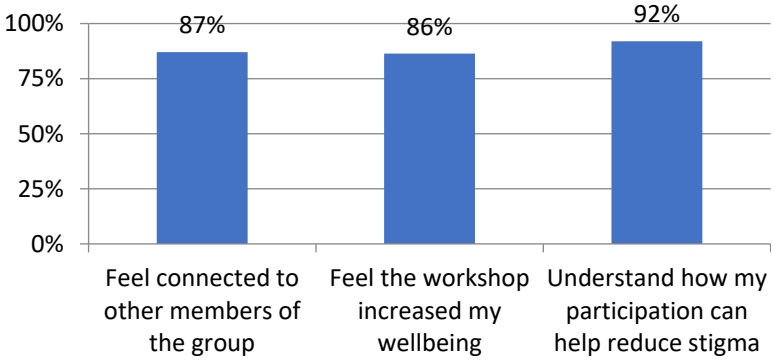


Suicide Prevention

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:



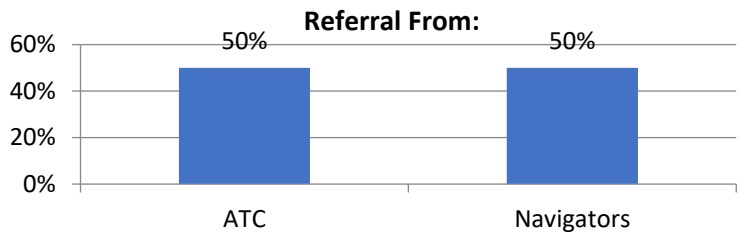
Number of Potential Responders: 371
Setting in which responders were engaged: Community, colleges, schools, health Centers, workplace, shelters, online, and outdoors.
Type of Responders Engaged: TAYs, Adults, Seniors, teachers, LGTBQ, families, suicide attempters/survivors, religious leaders, and those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

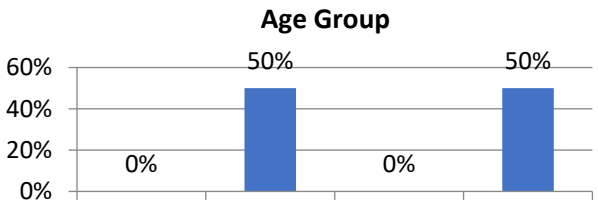
Timely Access to Services for Underserved Populations Strategy:

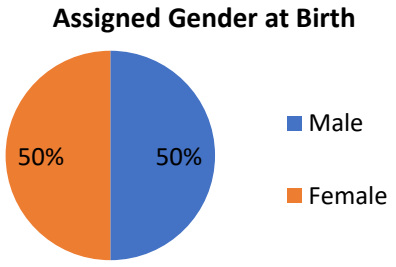
2
Referrals coming into SR/SP Program

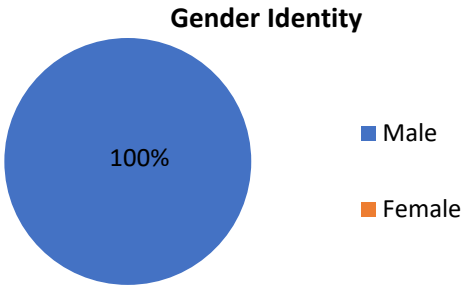


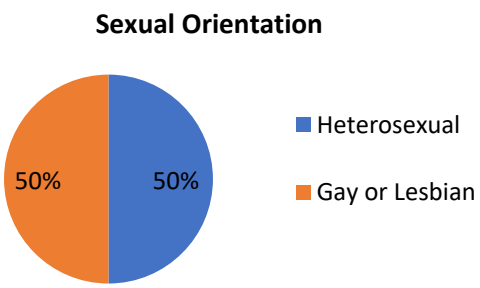
0 out of 2 Referrals Participated in SR/SP Program

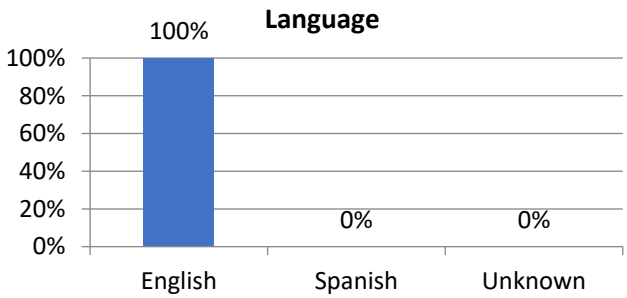
PEI Demographics based on Referrals (n=2)

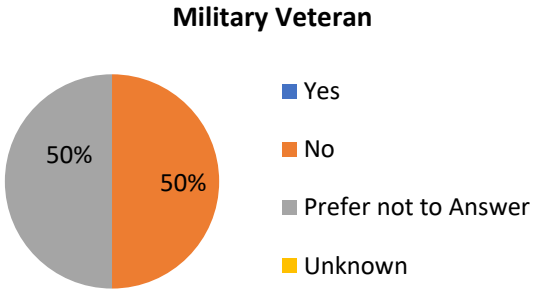


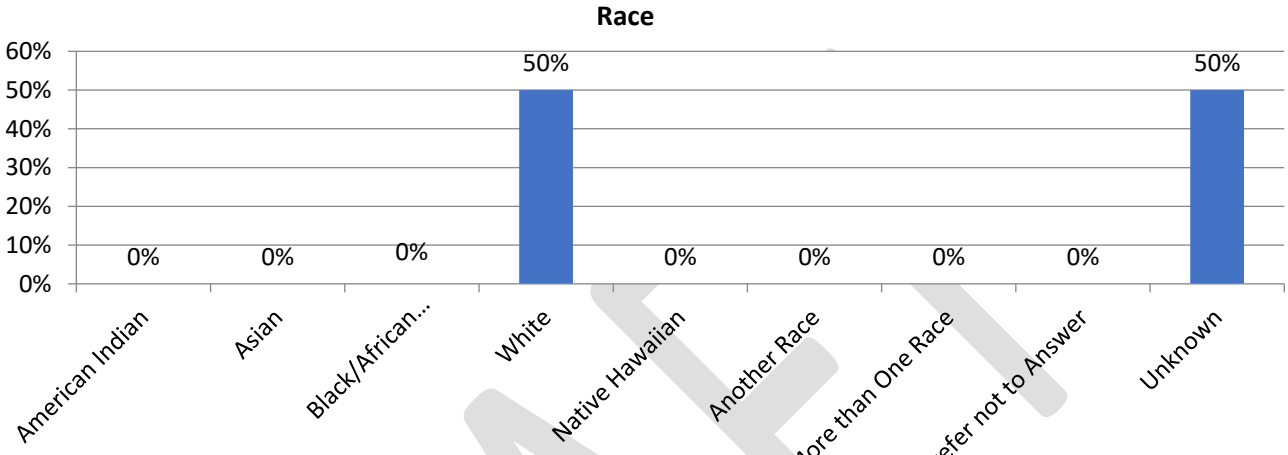


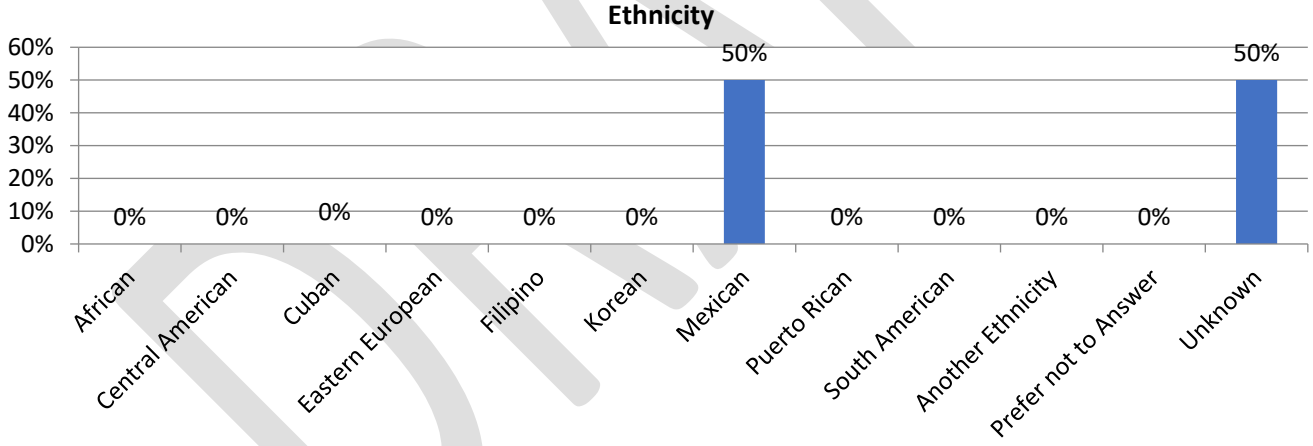





Language
100%
100%
80%
60%
40%
20%
0%
0%
0%
English
Spanish
Unknown


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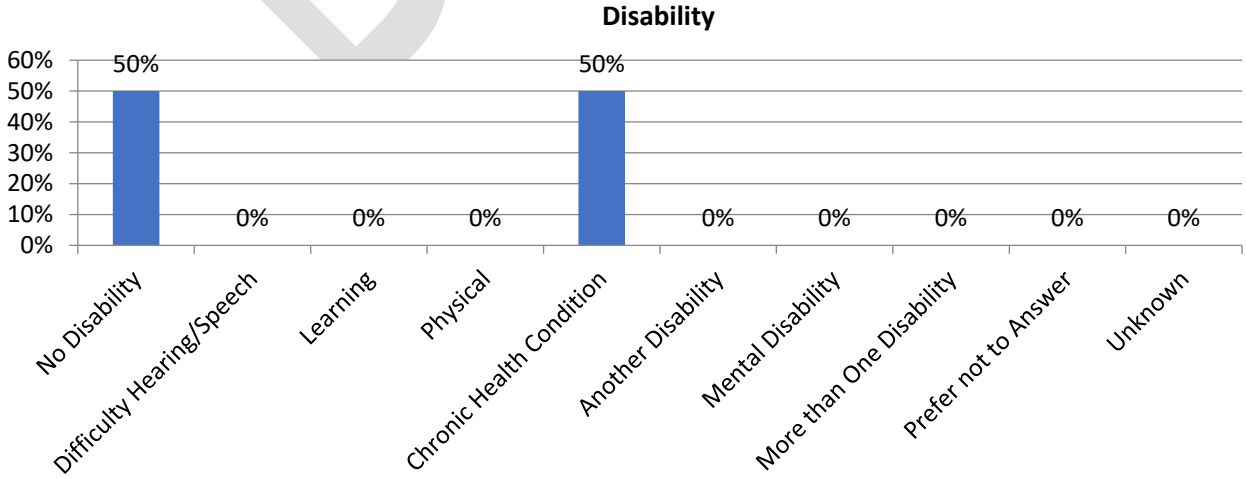
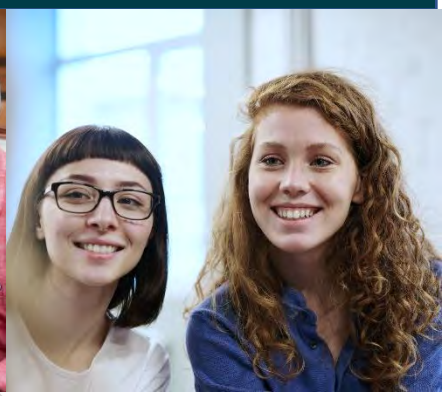
Central American
Cuban
Eastern European
Filipino
Korean
Mexican
Puerto Rican
South American
Another Ethnicity
Prefer not to Answer
Unknown


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.

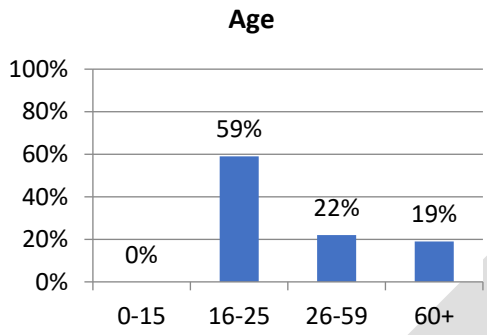
In addition, providing effective support to the homeless population has been problematic due to the lack of consistent contact. Most mentees who are homeless lack a physical address or working phone.

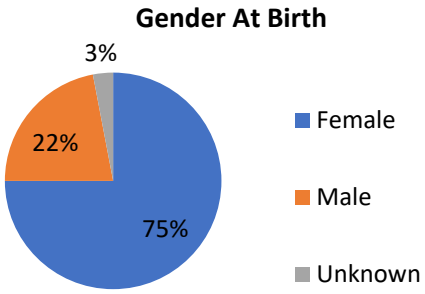
Challenges for the Wellness Center (WC) location for programming includes engaging Transition Age Youth (TAY). Although the WC has a dedicated TAY space and activities targeting this important population, attendance continues to be low. However, efforts to engage continue and new strategies are planned 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.

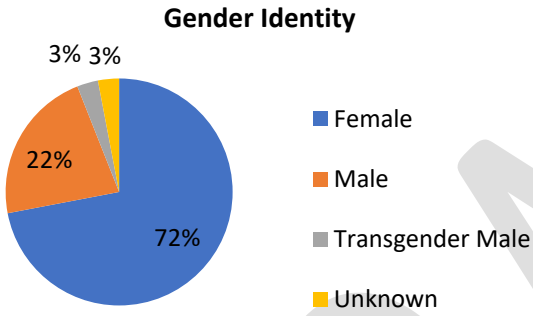
PROGRAM: Peer Mentor

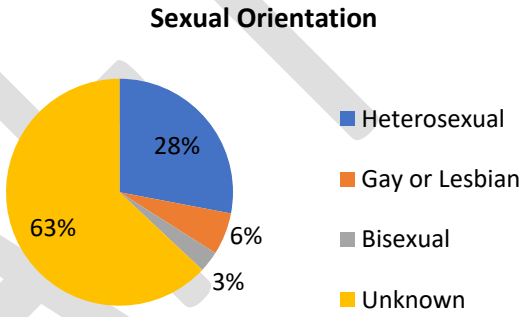
HOW MUCH DID WE DO?

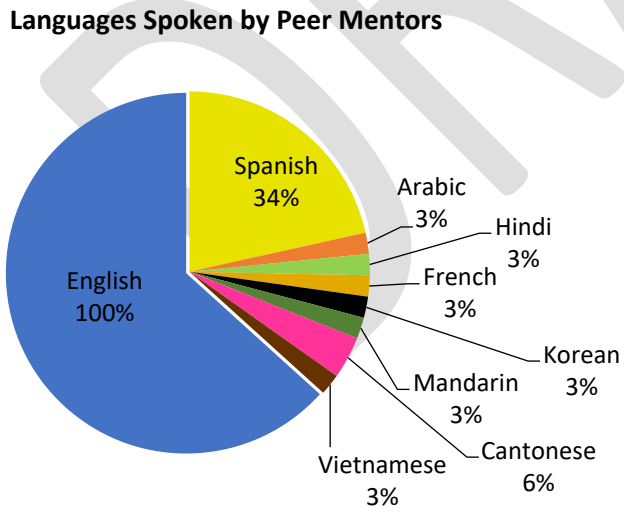
32 Active Peer Mentors

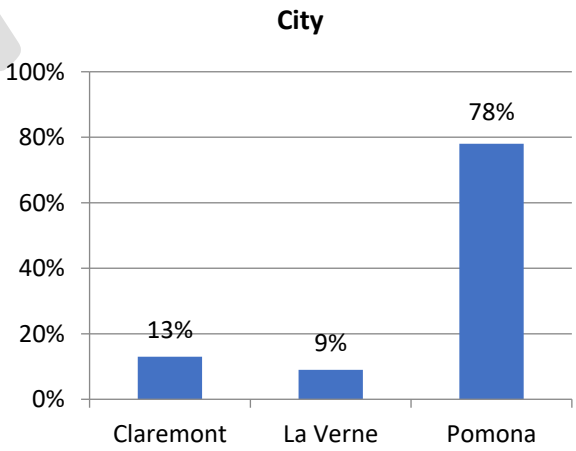




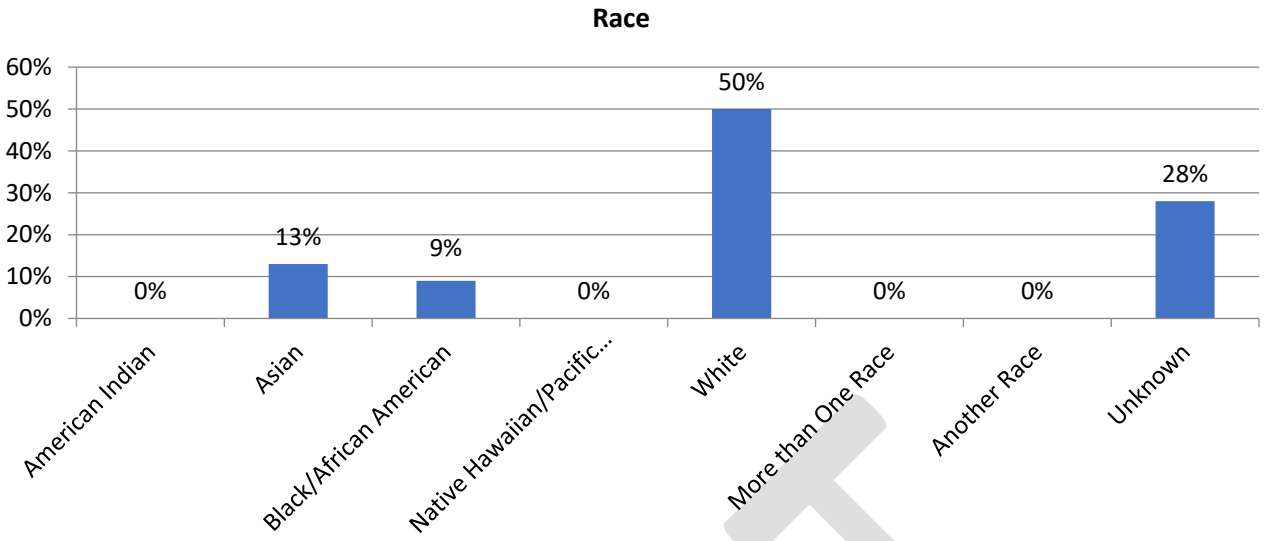


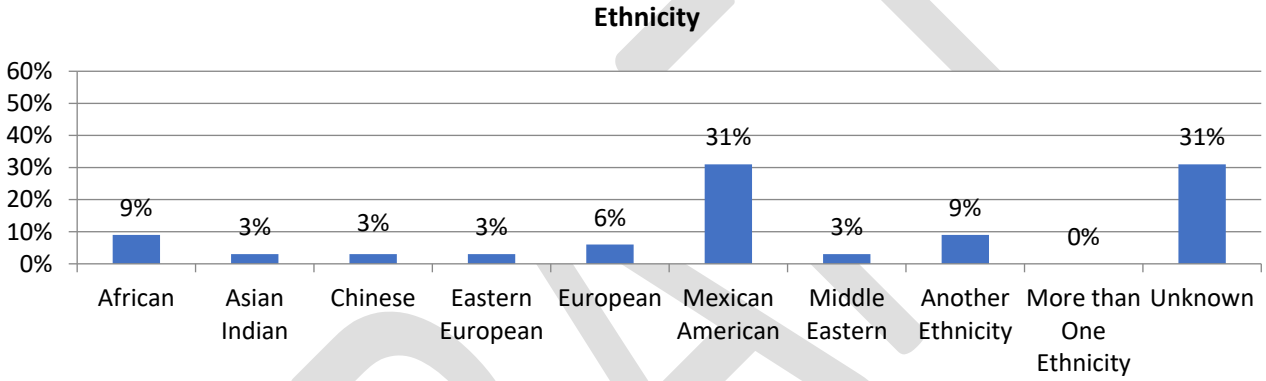


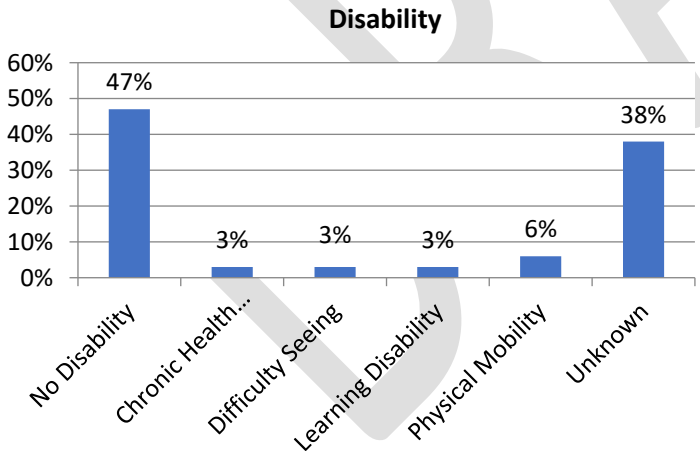


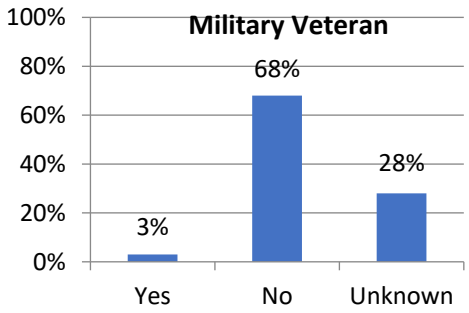


The number of languages provided by mentors increased from eight languages in FY 16 to ten languages in FY 18





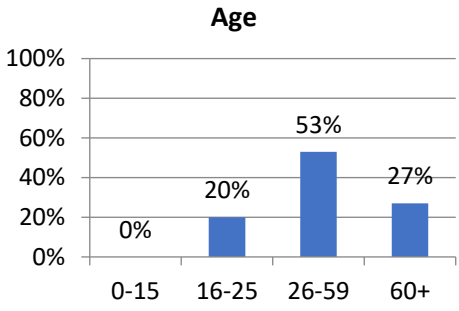


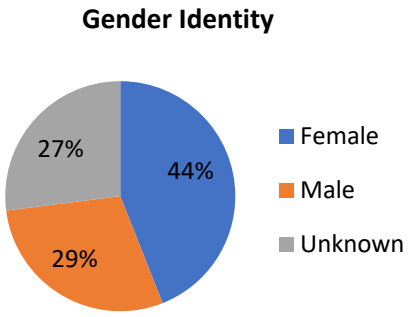


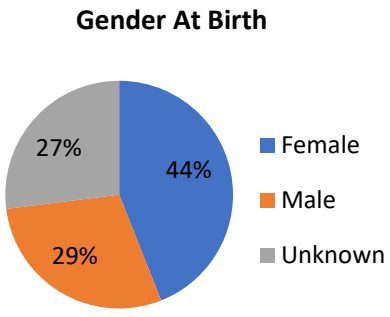
85 Mentees Served

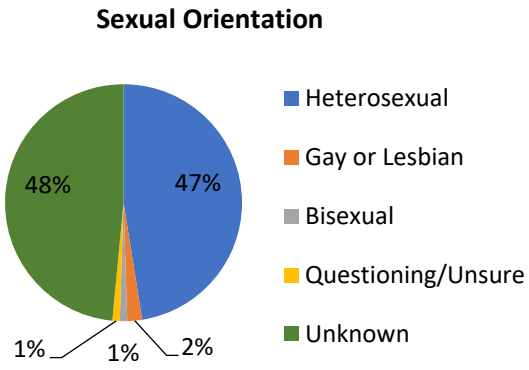
Peer mentors provided support for 164 unique mentees during the last three fiscal years (FY 16-18).

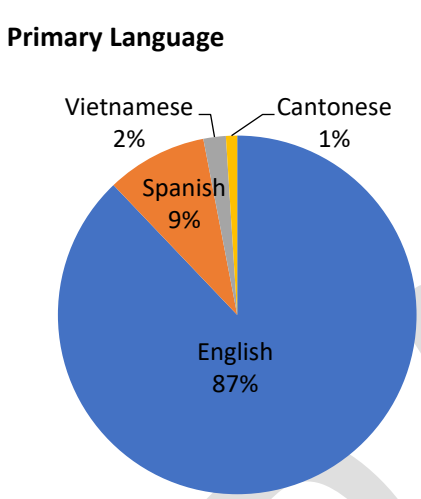
- 15% increase from FY 16 to FY 18

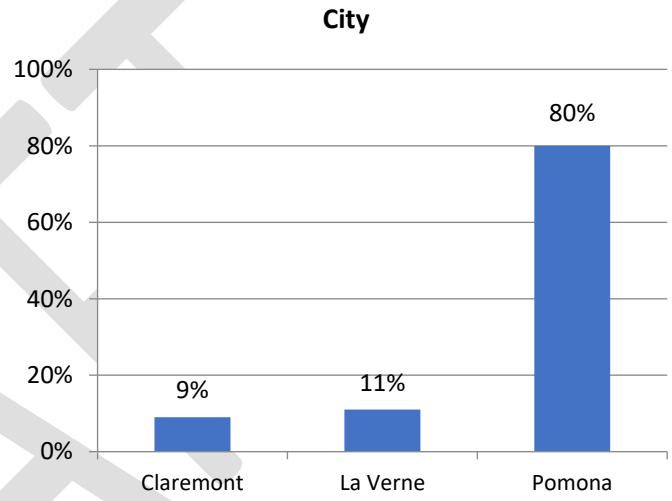


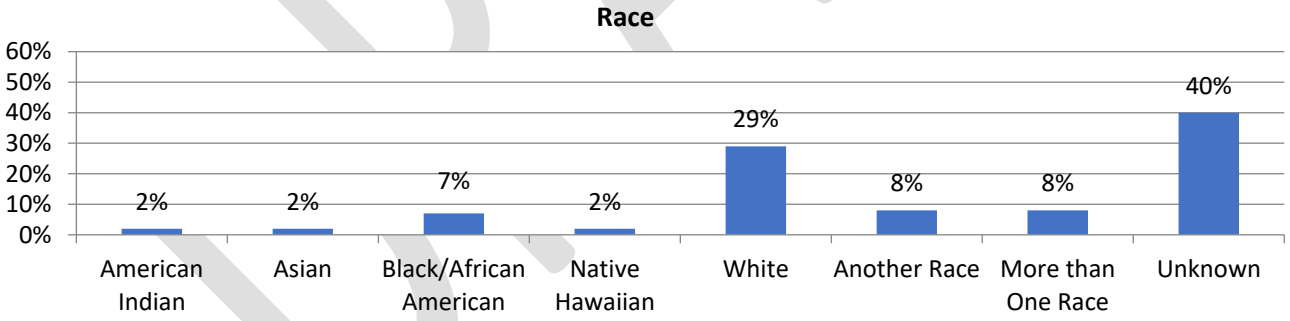

Gender Identity
27%
44%
29%
Female
Male
Unknown

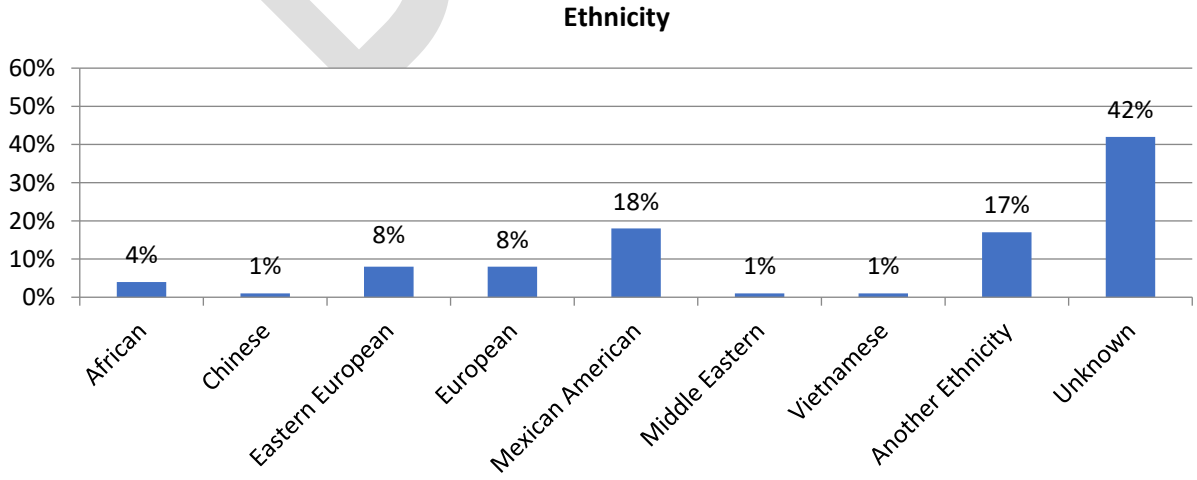

Gender At Birth
27%
44%
29%
Female
Male
Unknown

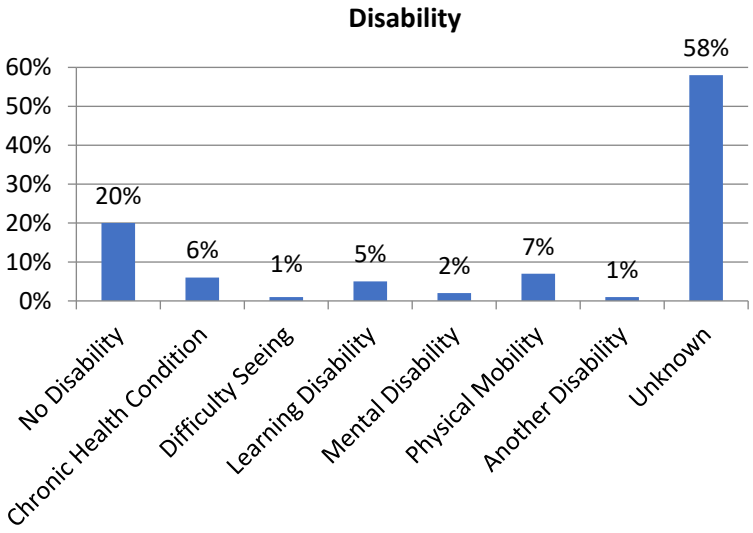

Sexual Orientation
48%
47%
1%
1%
2%
Heterosexual
Gay or Lesbian
Bisexual
Questioning/Unsure
Unknown

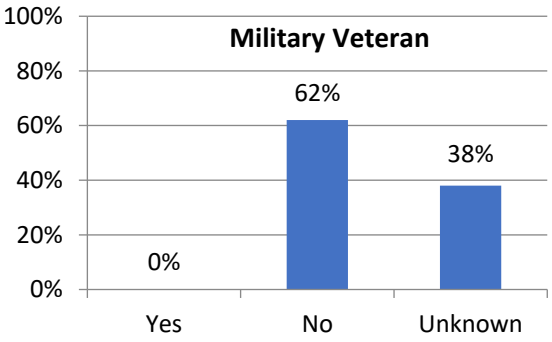

Primary Language
Vietnamese
2%
Cantonese
1%
Spanish
9%
English
87%


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

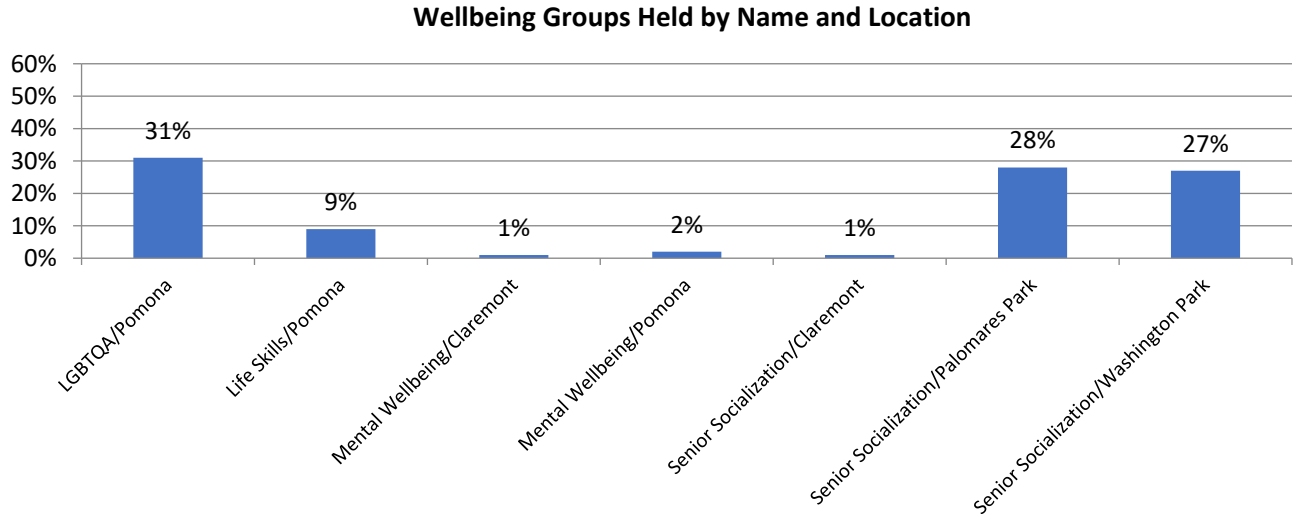

Ethnicity
60%
50%
40%
30%
20%
10%
0%
4%
1%
8%
8%
18%
1%
1%
17%
42%
African
Chinese
Eastern European
European
Mexican American
Middle Eastern
Vietnamese
Another Ethnicity
Unknown



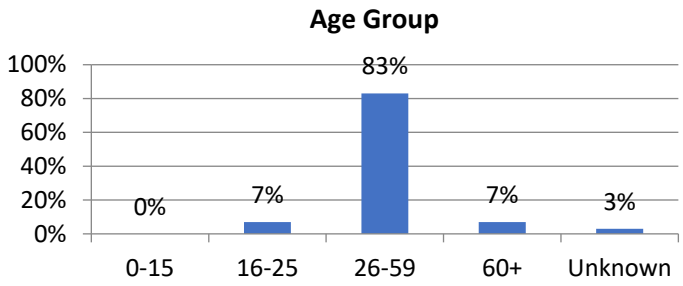


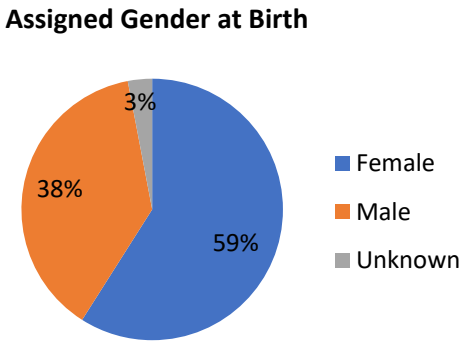
235
Unique Participants at Peer Mentor Wellbeing Groups

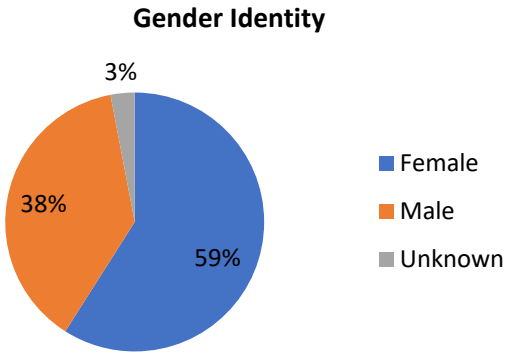
1,238
Duplicated Participants at Peer Mentor Wellbeing Groups

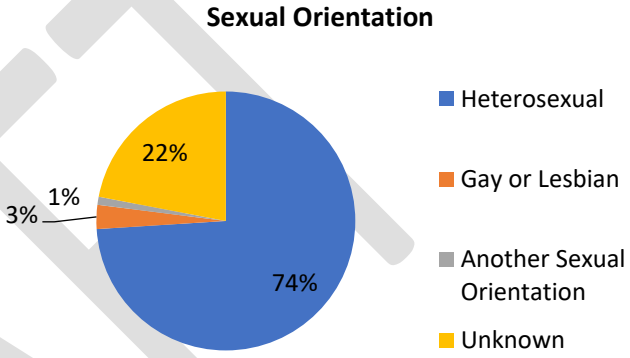


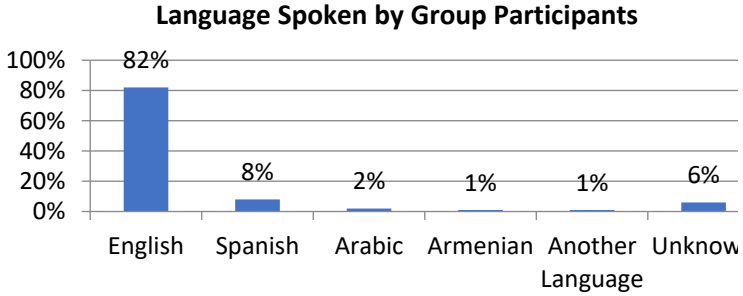
PEI Demographics based on Group Participants who Completed Group Mentor Surveys (n=91)

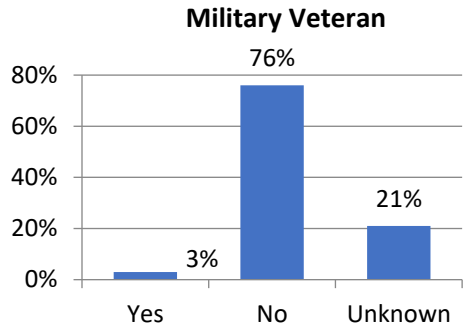


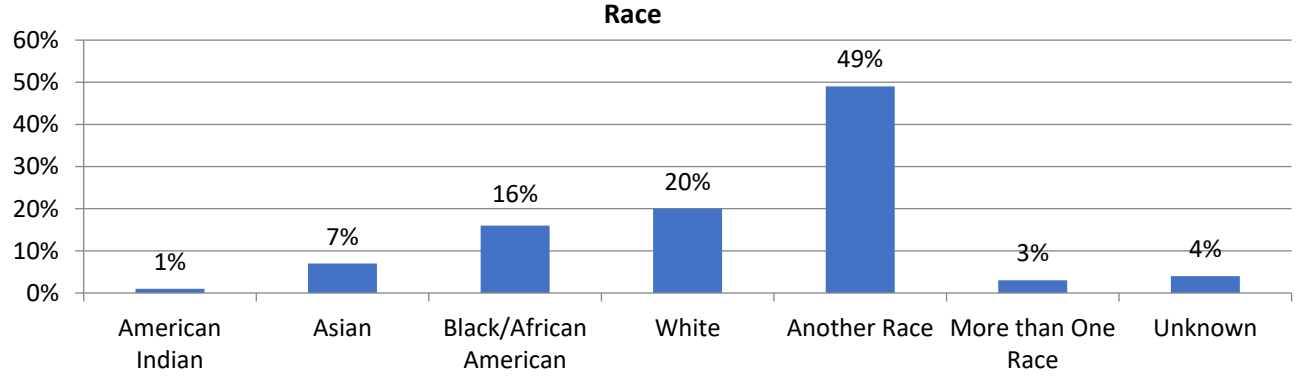


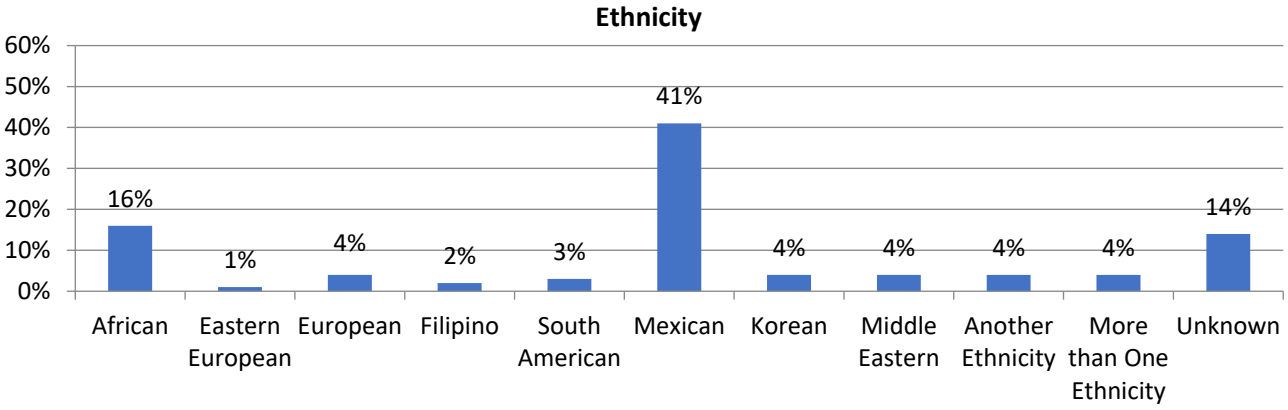


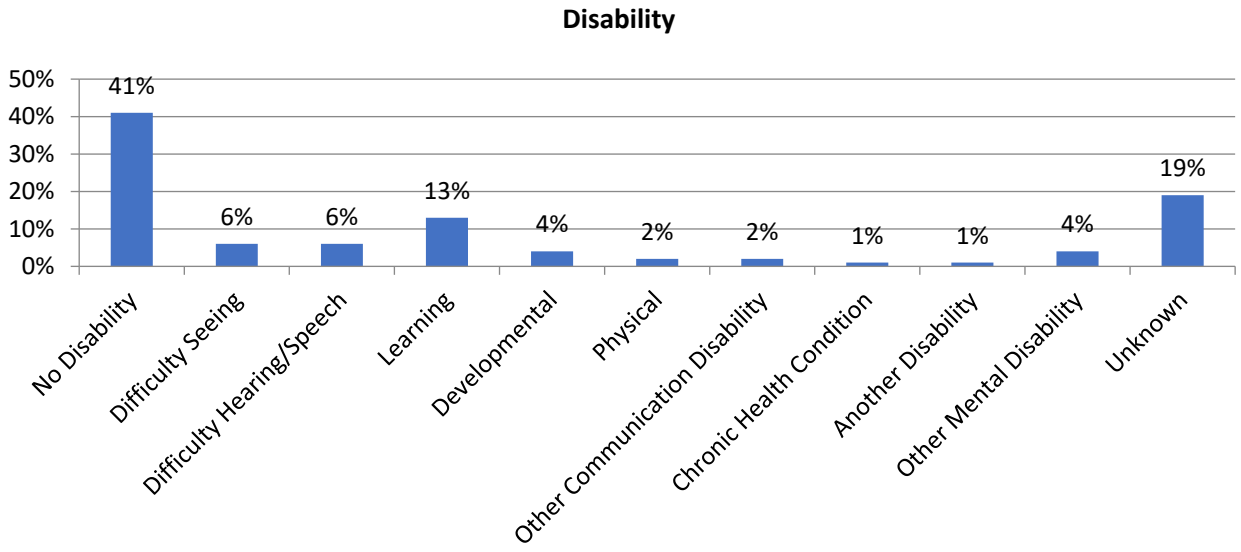












HOW WELL DID WE DO IT?

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.

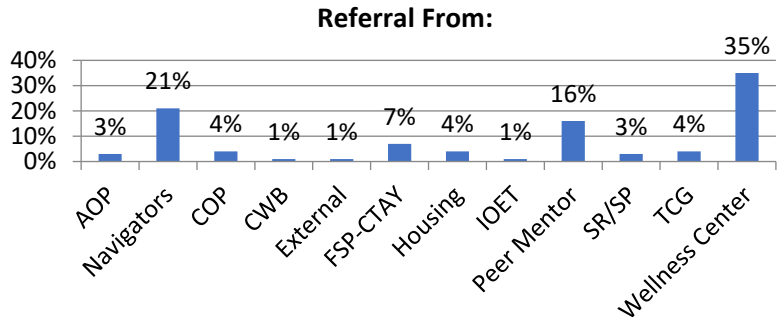
Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

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:

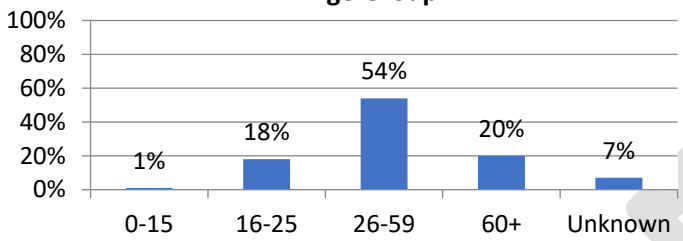
76
Referrals coming into Peer Mentor Program

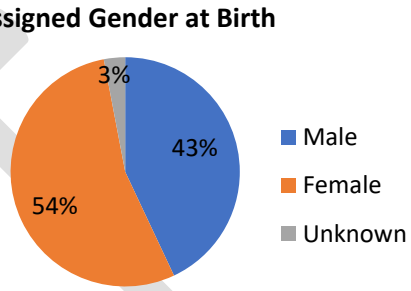


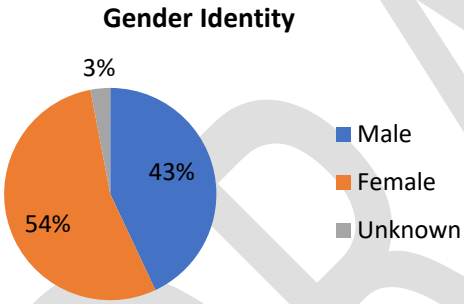
46 out of 76 Referrals Participated in Peer Mentor Program

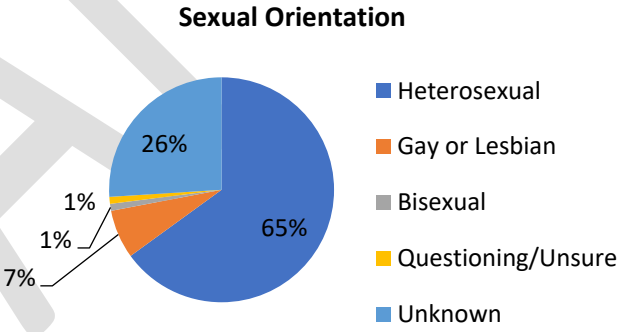
3 Days Average Time between Referral and Participation in Peer Mentor Program

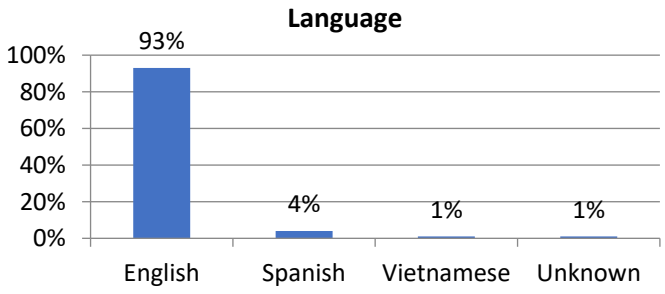
PEI Demographics based on Referrals (n=76)

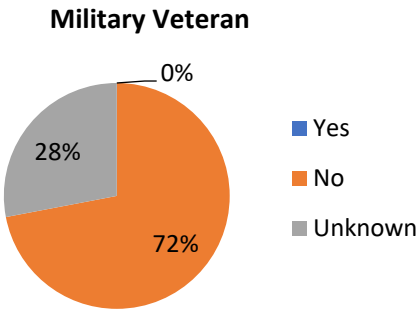


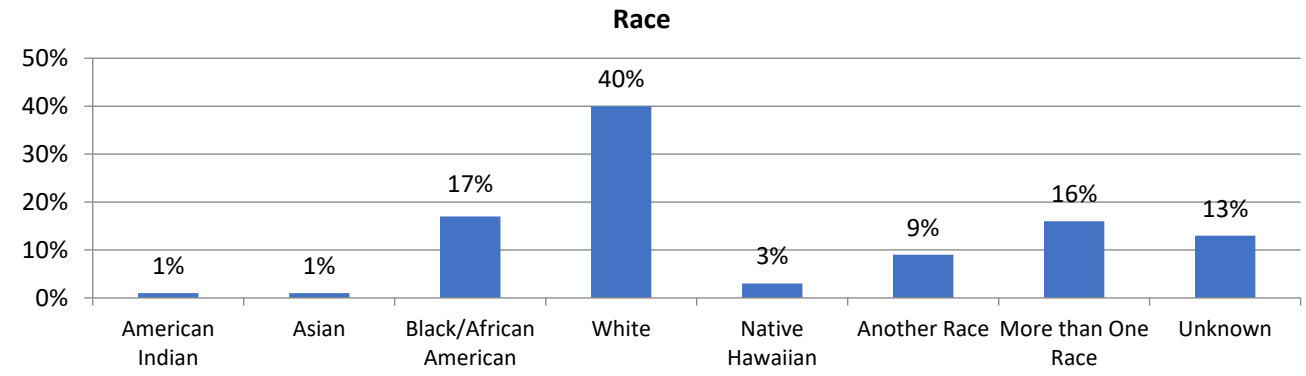


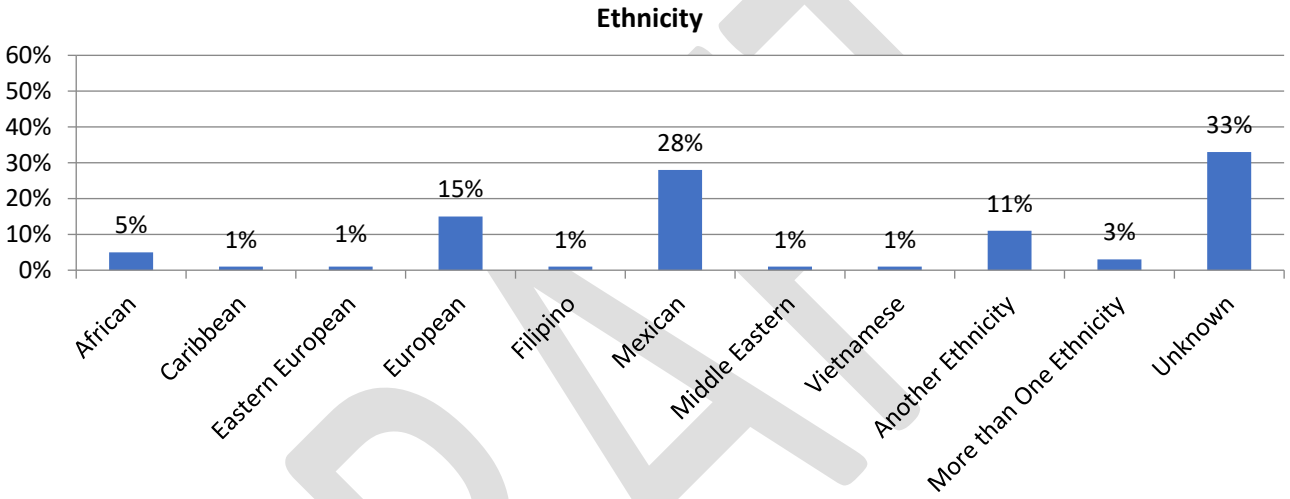


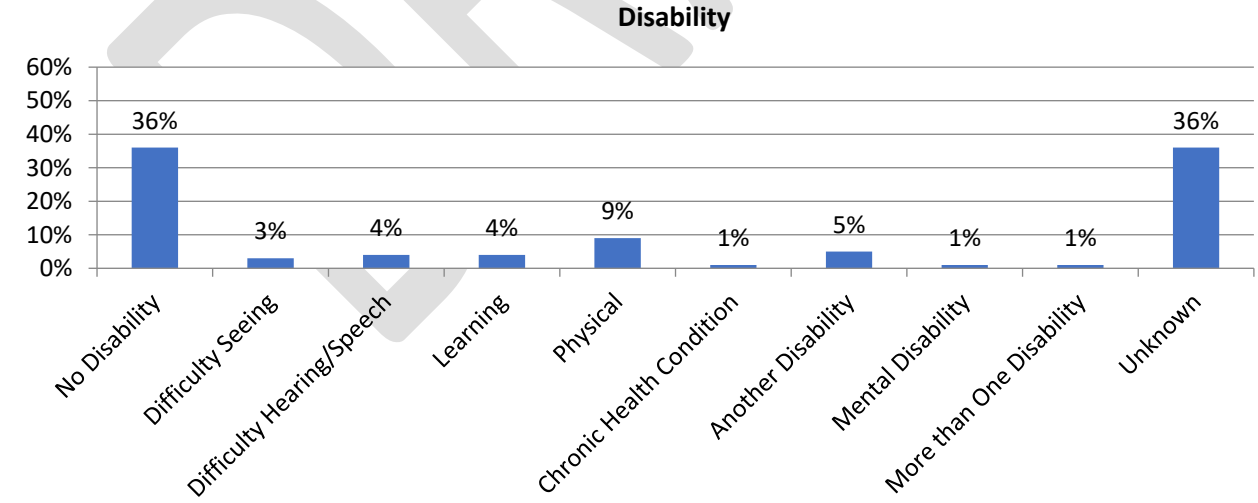







Race
50%
40%
30%
20%
10%
0%
1%
1%
17%
40%
3%
9%
16%
13%
American Indian
Asian
Black/African American
White
Native Hawaiian
Another Race
More than One Race
Unknown

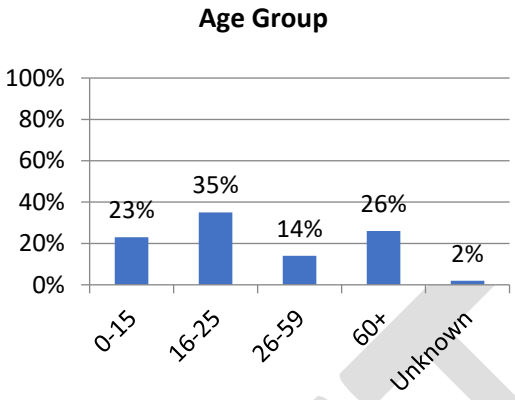

Ethnicity
60%
50%
40%
30%
20%
10%
0%
5%
1%
1%
15%
1%
28%
1%
1%
11%
3%
33%
African
Caribbean
Eastern European
European
Filipino
Mexican
Middle Eastern
Vietnamese
Another Ethnicity
More than One Ethnicity
Unknown

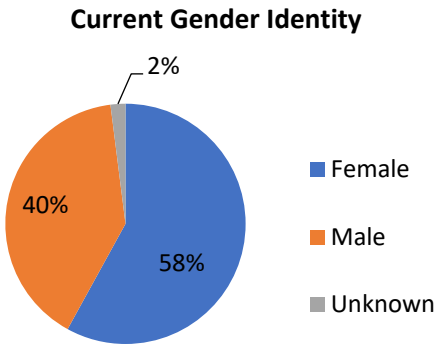

Disability
60%
50%
40%
30%
20%
10%
0%
36%
3%
4%
4%
9%
1%
5%
1%
1%
36%
No Disability
Difficulty Seeing
Difficulty Hearing/Speech
Learning
Physical
Chronic Health Condition
Another Disability
Mental Disability
More than One Disability
Unknown

PROGRAM: Wellness Center - PEI

HOW MUCH DID WE DO?

419 Unique Individuals Served

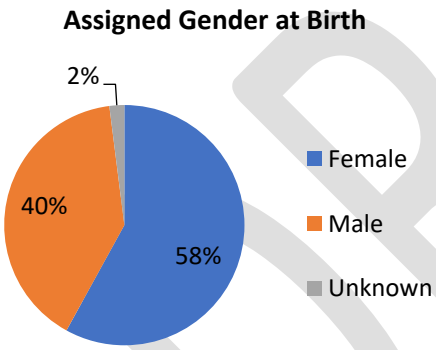


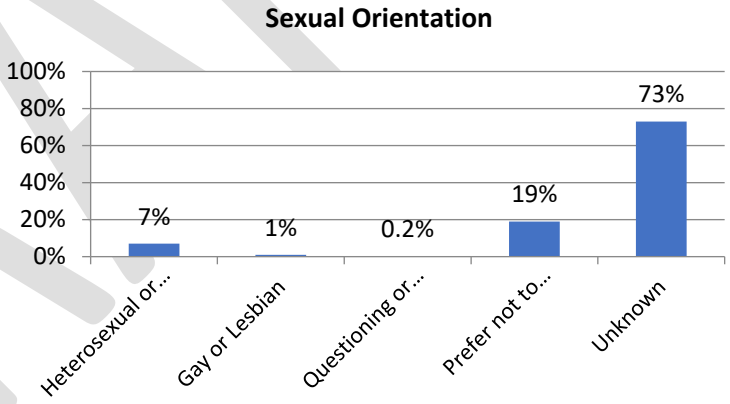


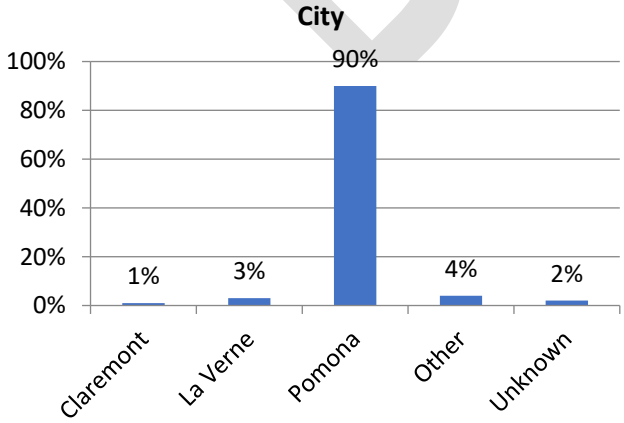
Individuals served has remained constant from FY 16 to FY 18

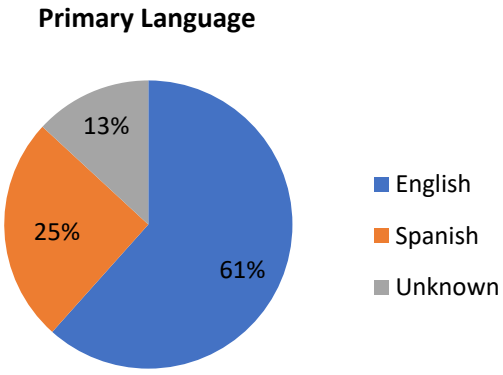
174 individuals 60 years or older were served from FY 16 to FY 18

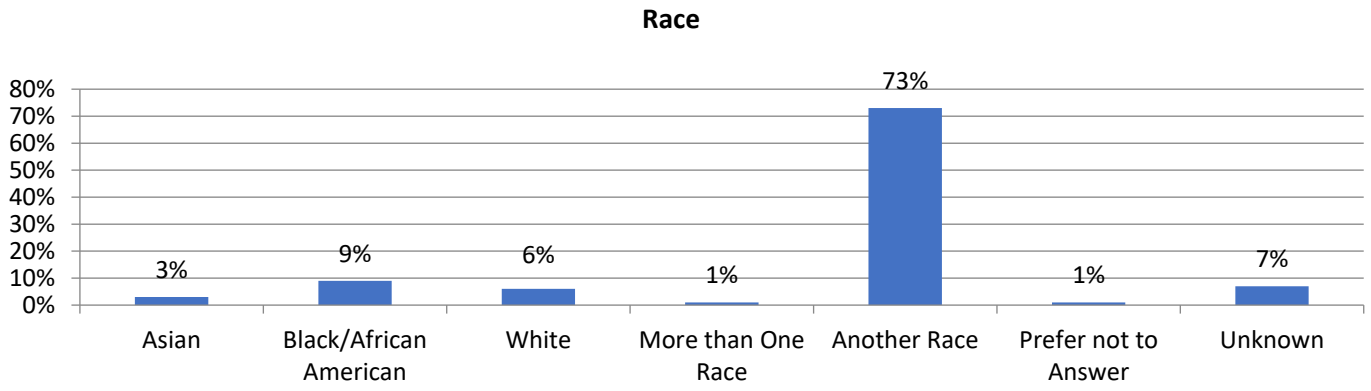
- 12% increase from FY 16 to FY 18

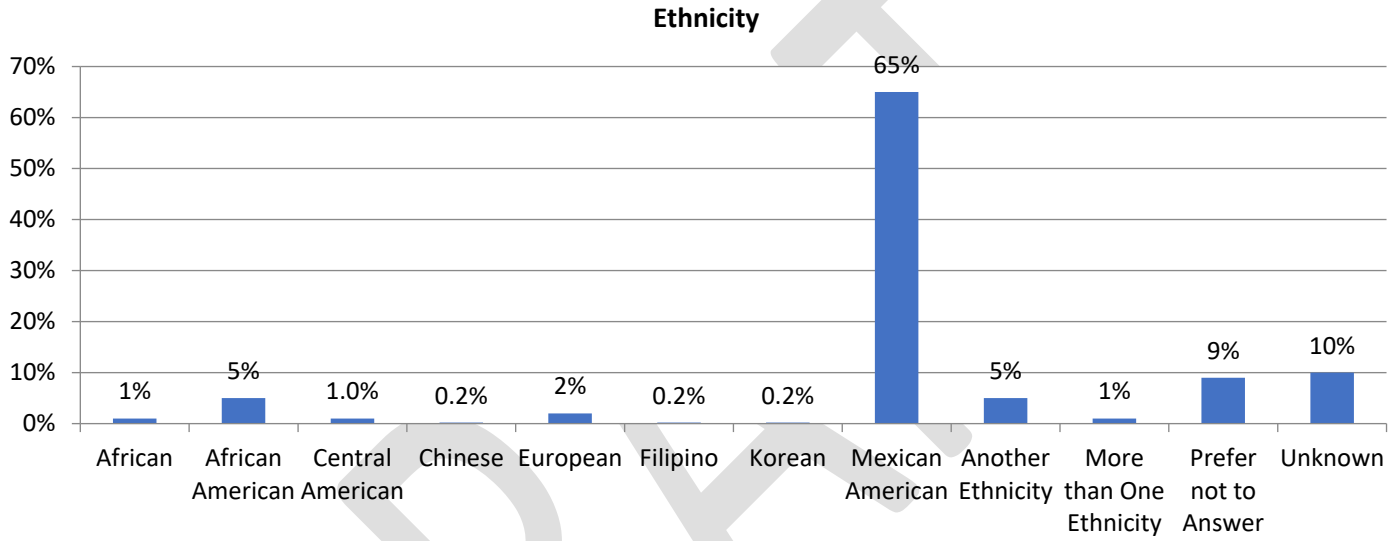


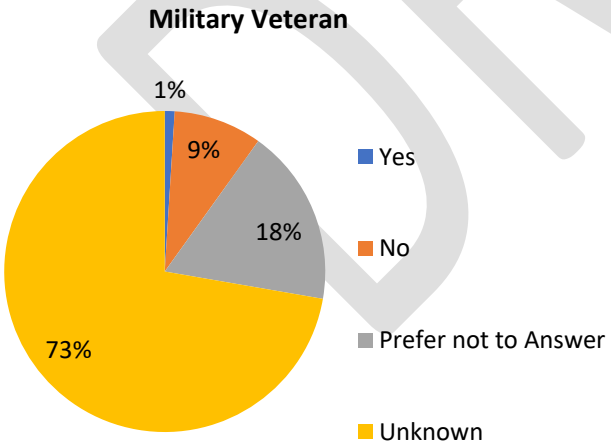


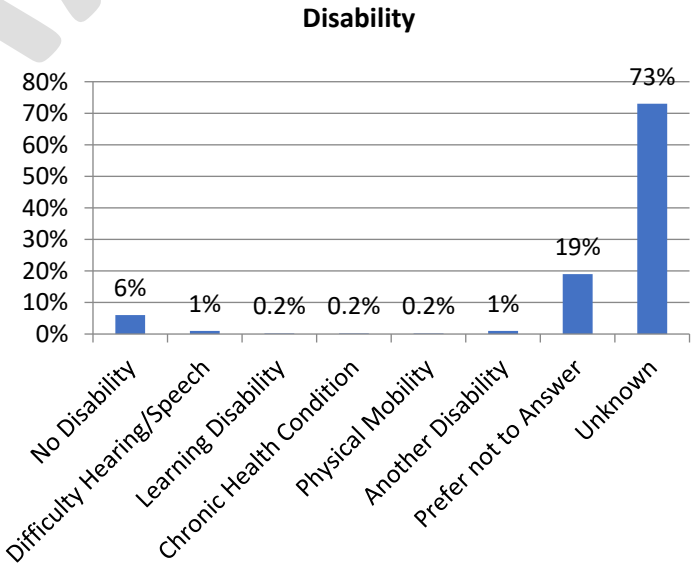





Race
80%
70%
60%
50%
40%
30%
20%
10%
0%
3%
9%
6%
1%
73%
1%
7%
Asian
Black/African American
White
More than One Race
Another Race
Prefer not to Answer
Unknown


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

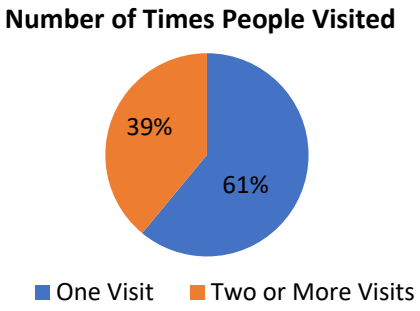

Disability
80%
70%
60%
50%
40%
30%
20%
10%
0%
6%
1%
0.2%
0.2%
0.2%
1%
19%
73%
No Disability
Difficulty Hearing/Speech
Learning Disability
Chronic Health Condition
Physical Mobility
Another Disability
Prefer not to Answer
Unknown

HOW WELL DID WE DO IT?

2,154

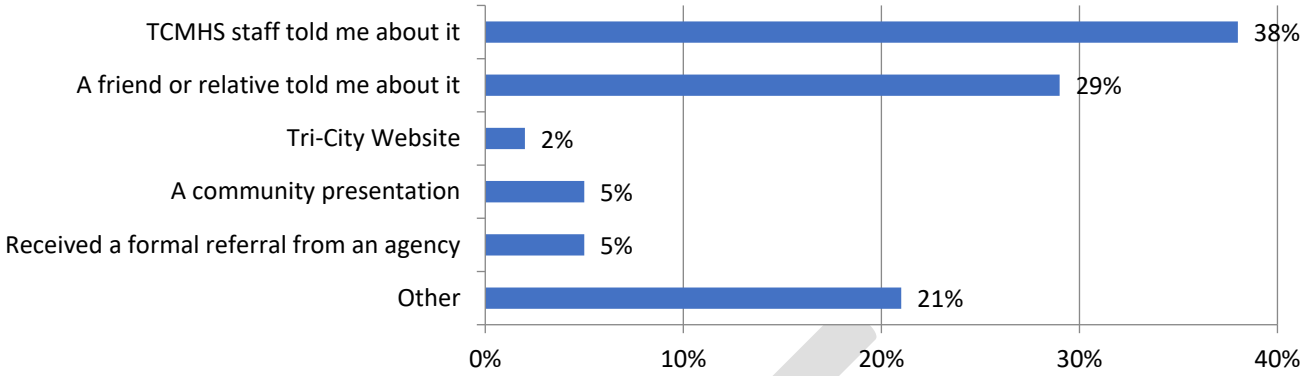
Number of Attendees at Wellness Center Events

(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

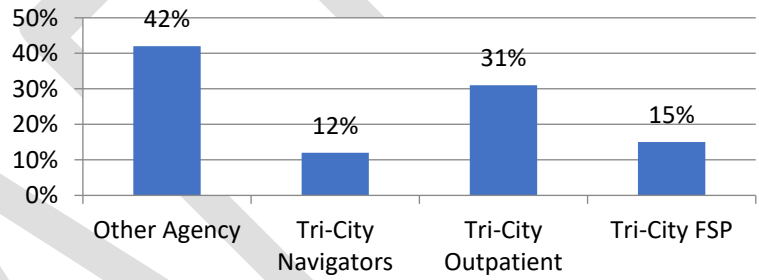
How Did You Learn About the Wellness Center Programs?
(Choose All that Apply)



86%

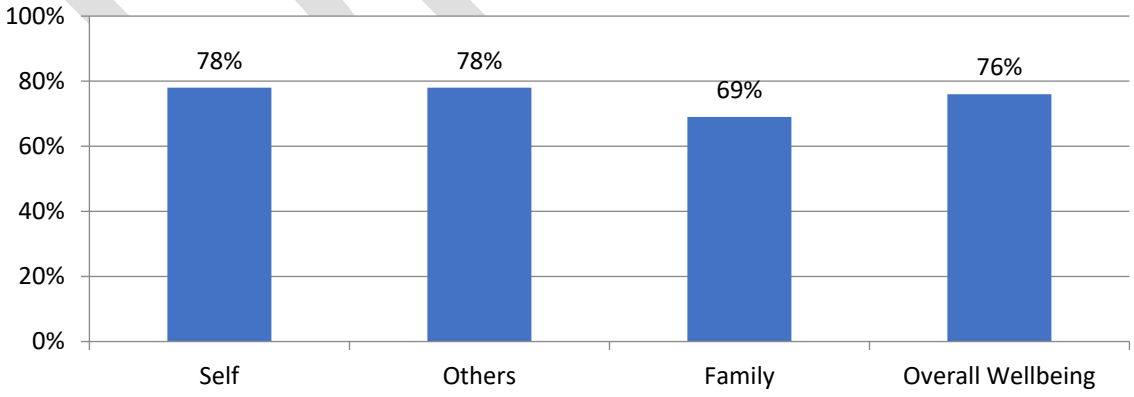
Satisfied with the Wellness Center Programs

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:



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

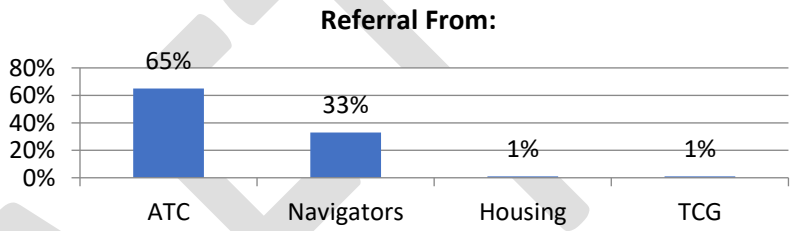
Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

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:

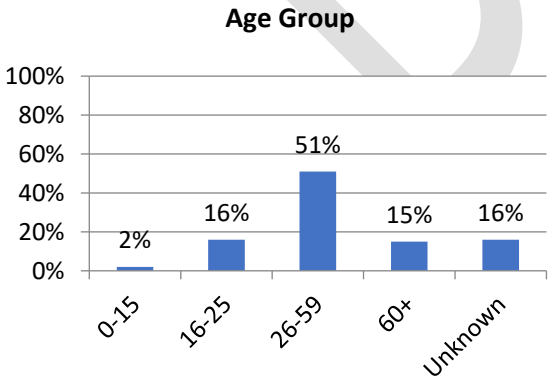
87
Referrals coming into Wellness Center

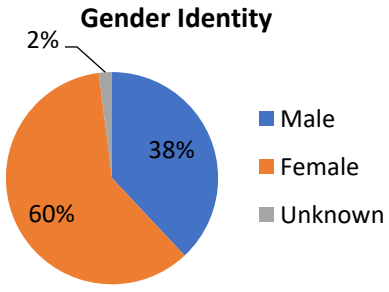


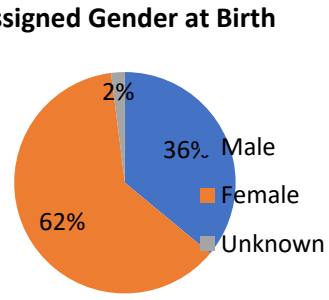
7 out of 87 Referrals Participated in Wellness Center

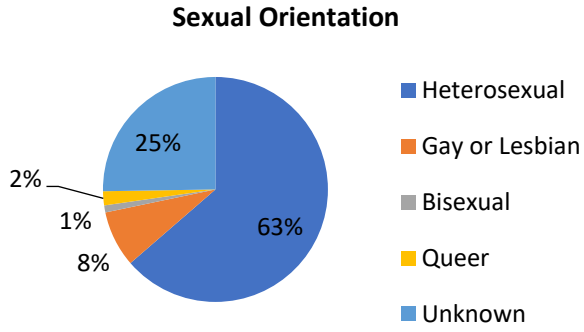
4 Days
Average Time between Referral and Participation in Wellness Center

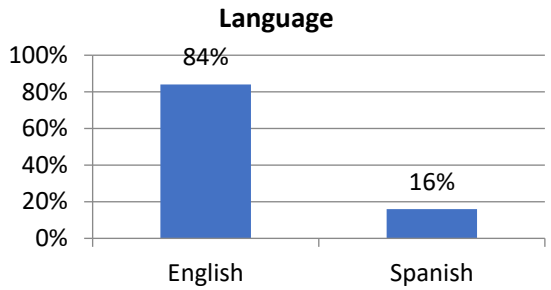
PEI Demographics based on Referrals (n=87)

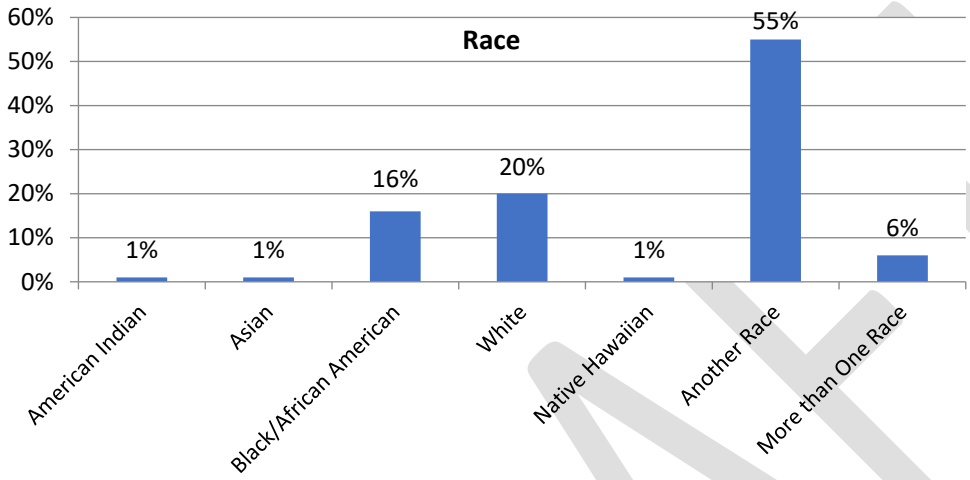


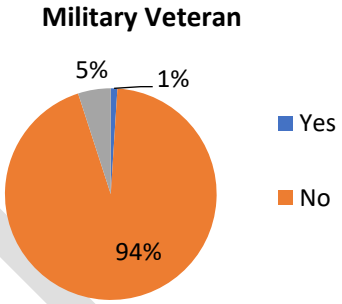


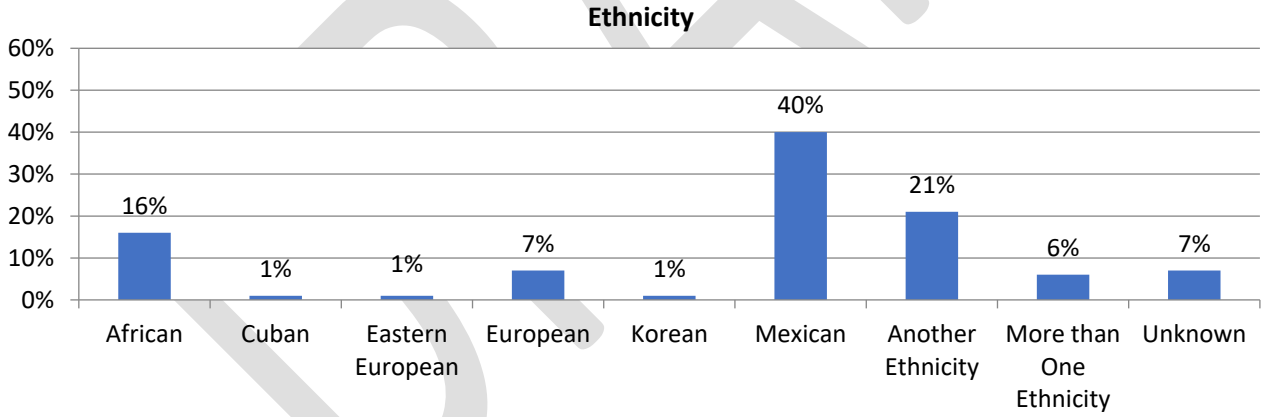


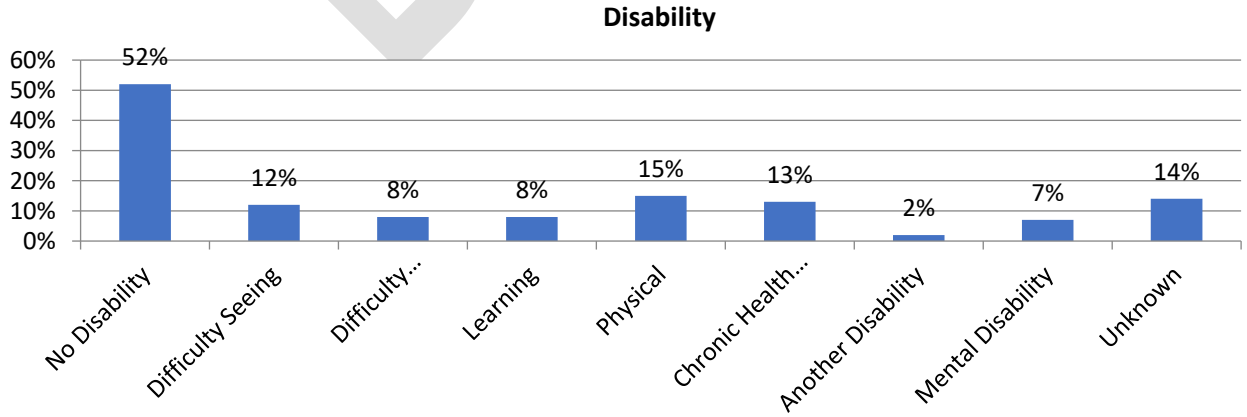

Sexual Orientation
25%
2%
1%
8%
63%
Heterosexual
Gay or Lesbian
Bisexual
Queer
Unknown


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.

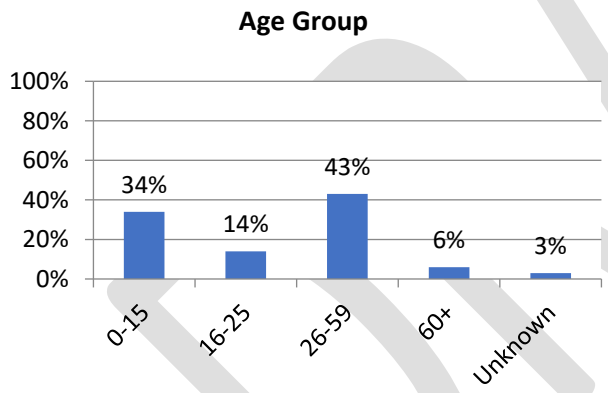
PROGRAM: Family Wellbeing

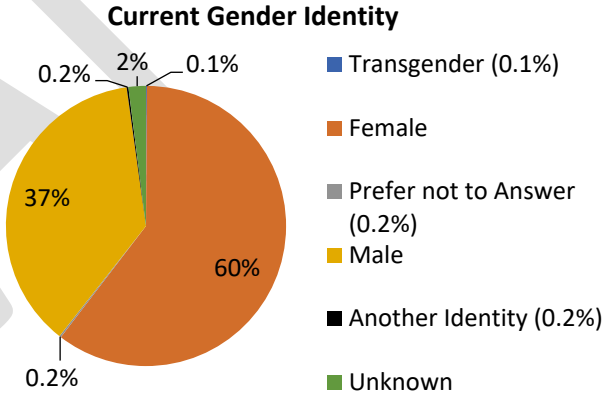
HOW MUCH DID WE DO?

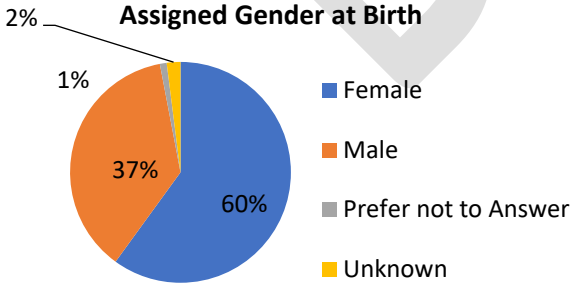
1,230 Unique Individuals Served

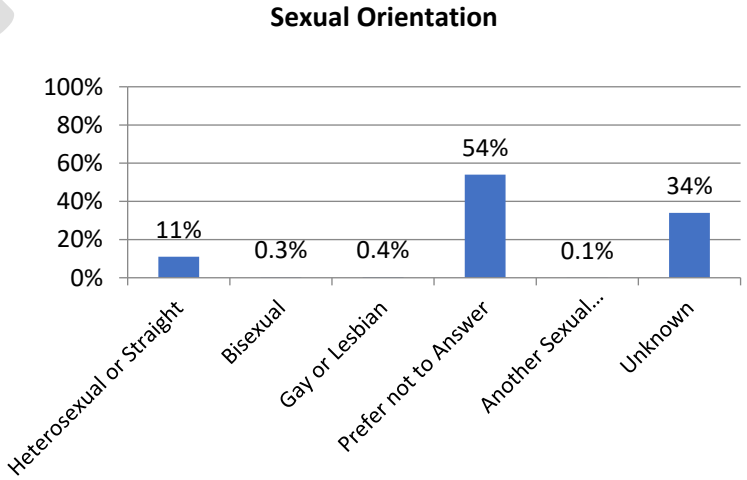
Served 2,932 unique individuals from FY 16 to FY 18

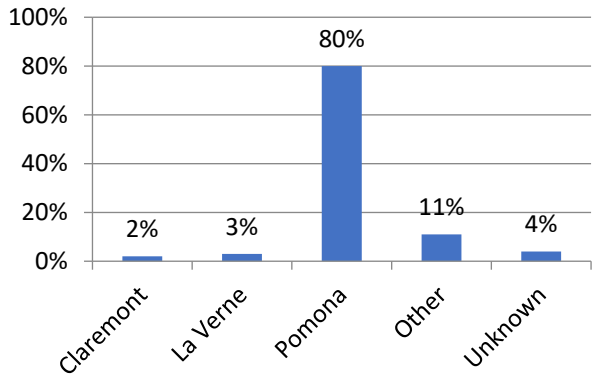
- 20% increase from FY 16 to FY 18

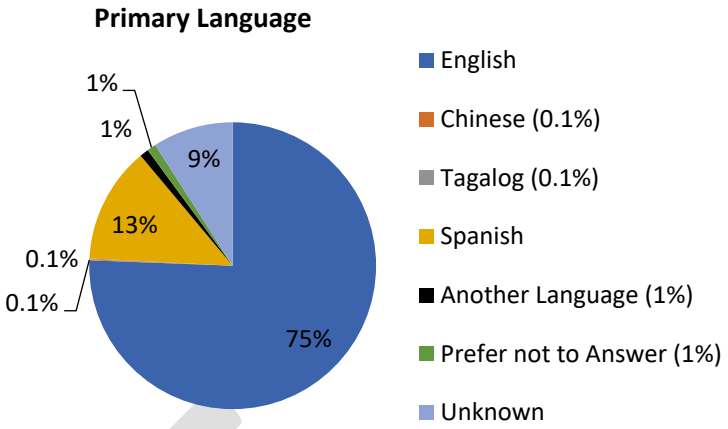


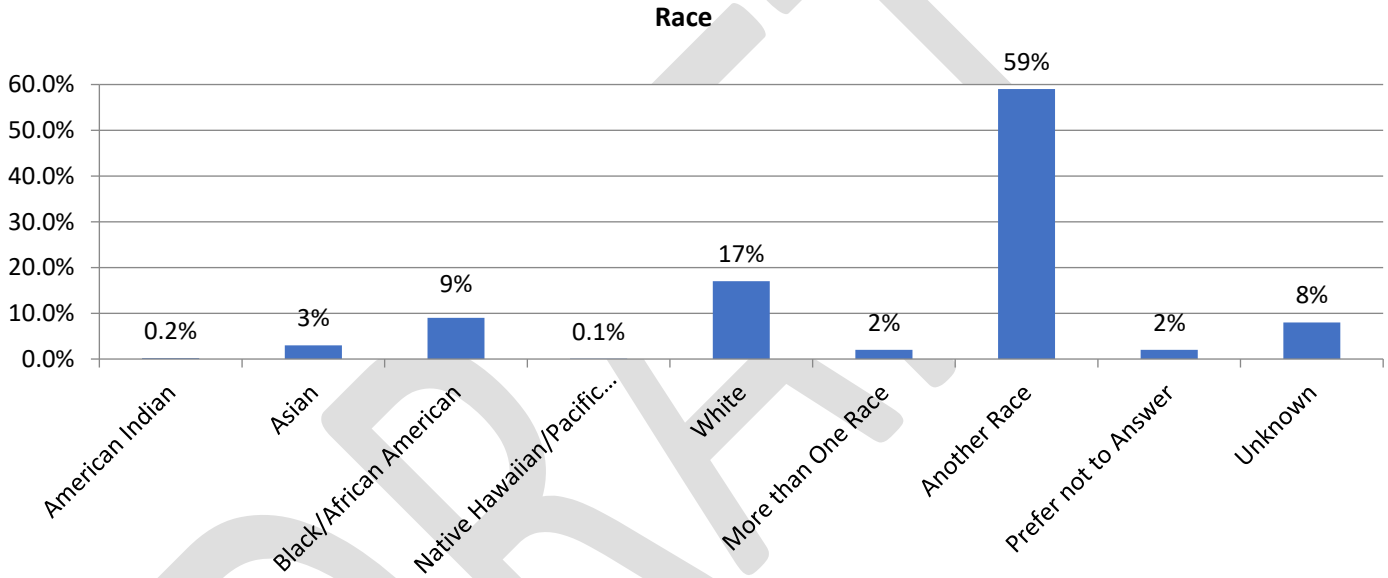







City
100%
80%
60%
40%
20%
0%
2%
3%
80%
11%
4%
Claremont
La Verne
Pomona
Other
Unknown


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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50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
0.2%
3%
9%
0.1%
17%
2%
59%
2%
8%
American Indian
Asian
Black/African American
Native Hawaiian/Pacific...
White
More than One Race
Another Race
Prefer not to Answer
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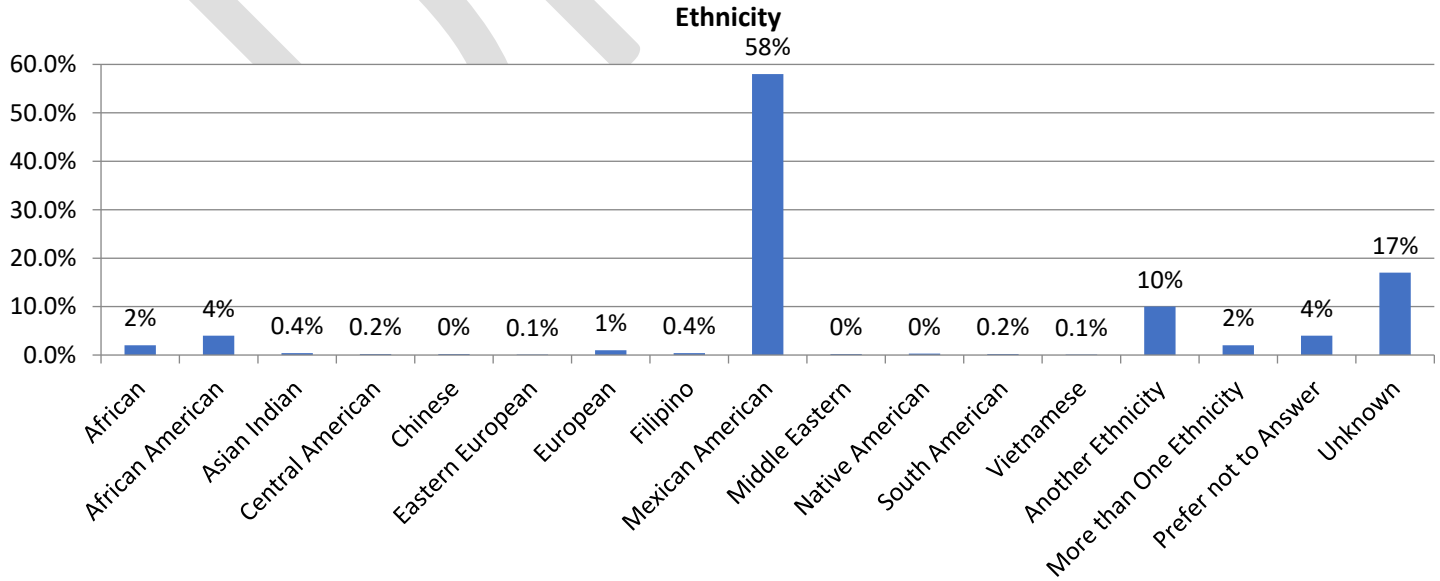
Ethnicity
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30.0%
20.0%
10.0%
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2%
4%
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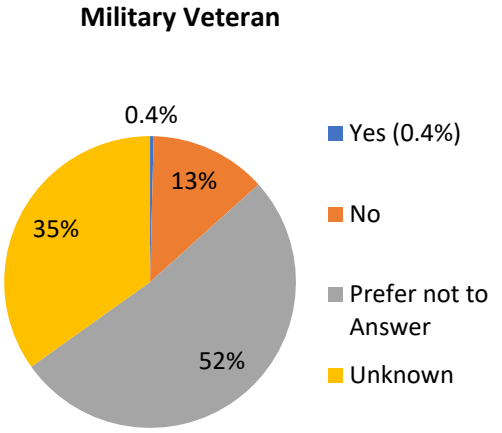
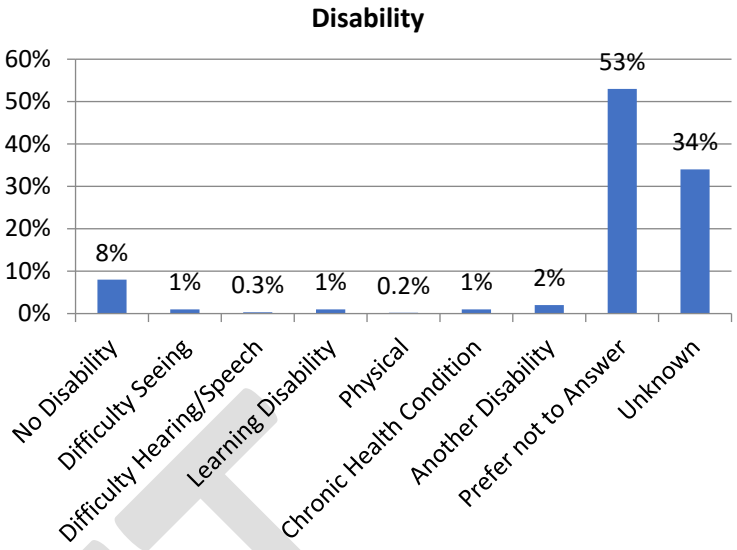
0.2%
0%
0.1%
1%
0.4%
58%
0%
0%
0.2%
0.1%
10%
2%
4%
17%
African
African American
Asian Indian
Central American
Chinese
Eastern European
European
Filipino
Mexican American
Middle Eastern
Native American
South American
Vietnamese
Another Ethnicity
More than One Ethnicity
Prefer not to Answer
Unknown



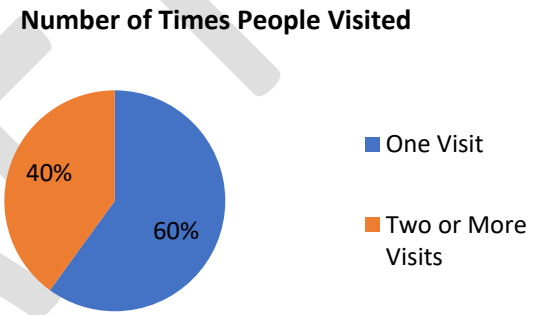


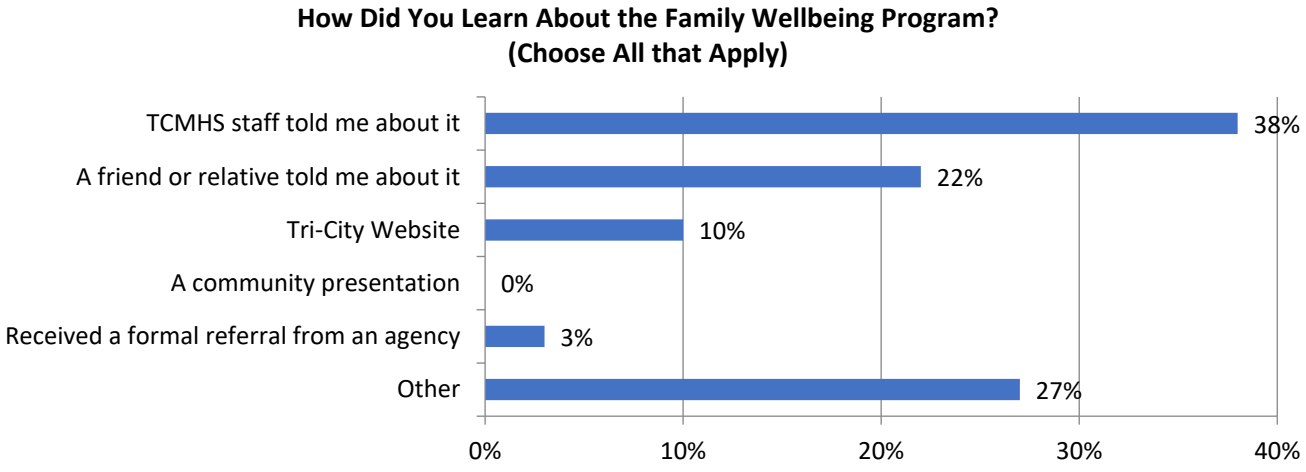
HOW WELL DID WE DO IT?

5,541

Number of Attendees at Family Wellbeing Events

(Duplicated Individuals)



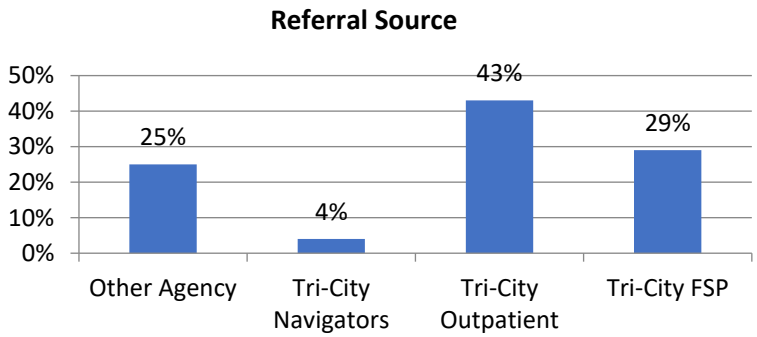


Group Name	Number of Times Group Was Held	The Fewest Number of Attendees at a Group	The Highest Number of Attendees at a Group	Average Number of Attendees at a Group
FWS – Arts & Crafts	27	1	11	5
FWS – Cooking Class	6	1	15	8
FWS – Creating Writing	26	1	11	5
FWS – Crisis	8	1	4	2
FWS – Grief & Loss	46	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

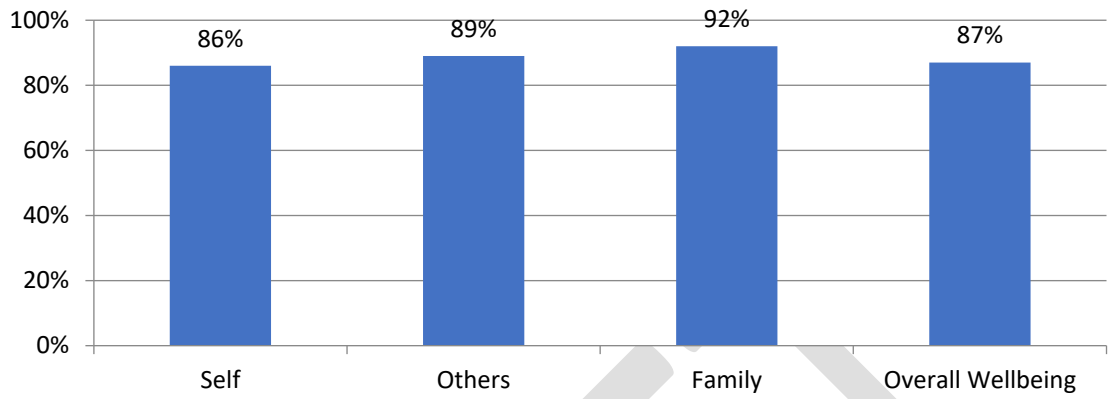
92%

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:



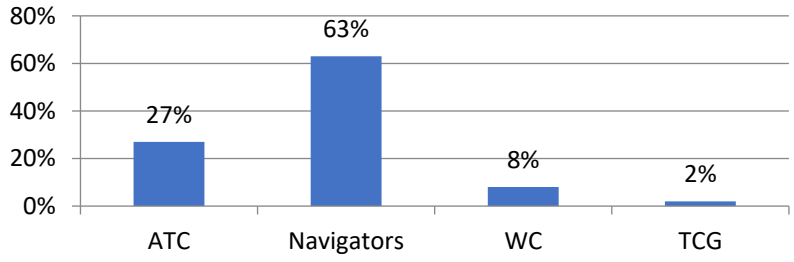
Number of Potential Responders: 1,230
Setting in which responders were engaged: Community
Type of Responders Engaged: Parents and children

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

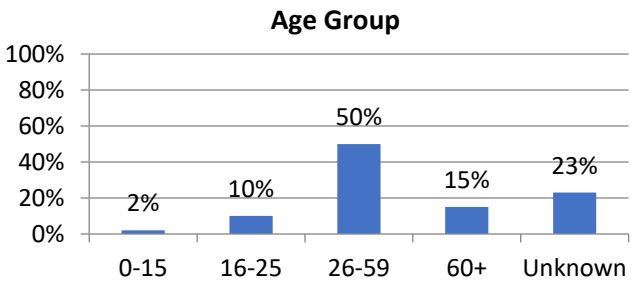
Referral From:

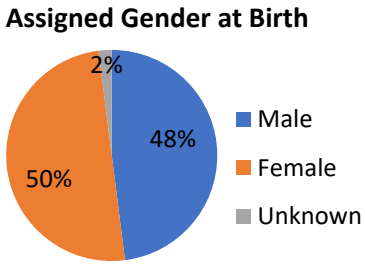


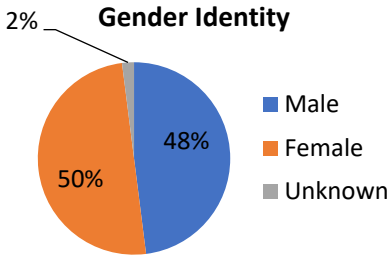
11 out of 53 Referrals Participated in Family Wellbeing Program

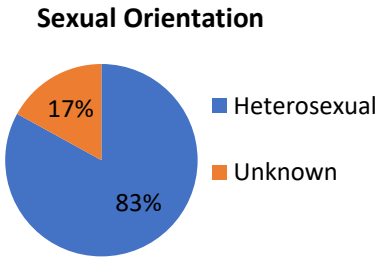
11 Days
Average Time between Referral and Participation in Family Wellbeing Program

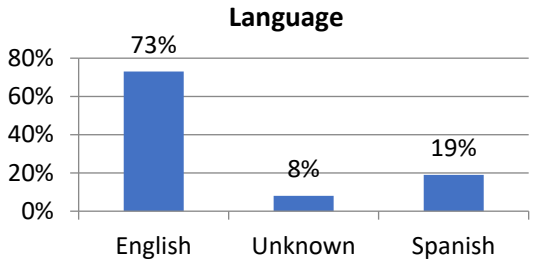
PEI Demographics Based on Referrals (n=52)

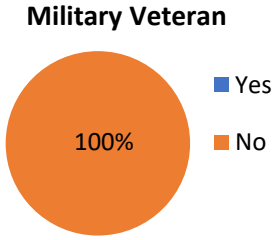


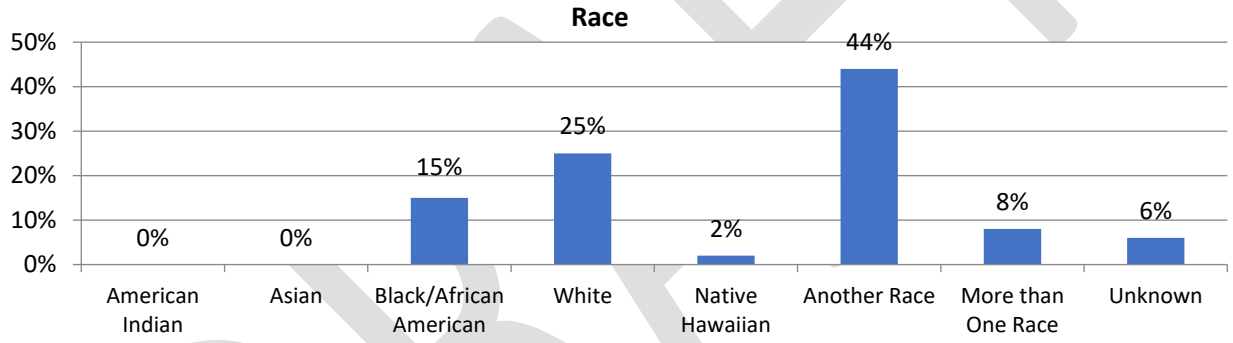


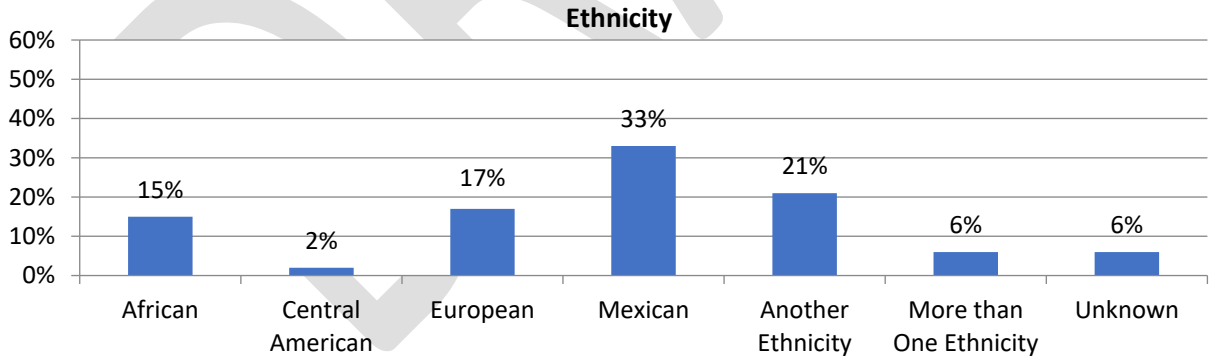


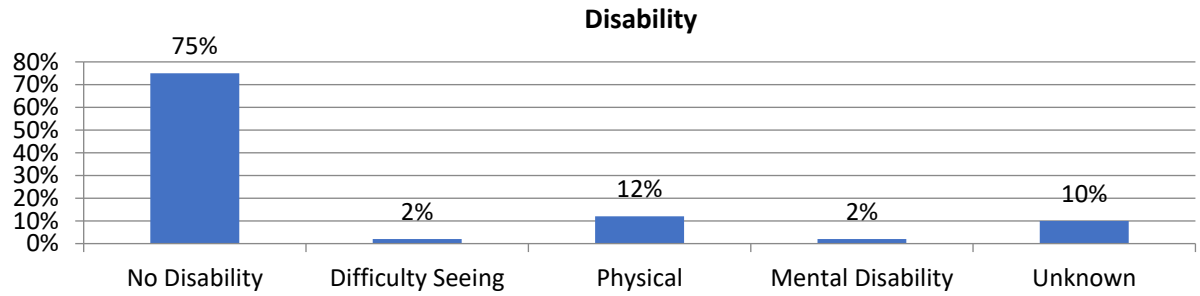












NAMI: PARENTS AND TEACHERS AS ALLIES

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%

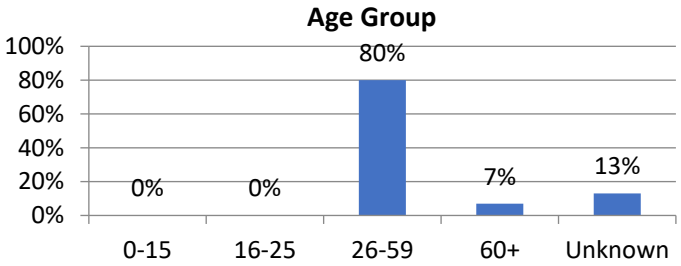
Agreed or strongly agreed that *Parents and Teachers as Allies* increased their understanding of the symptoms of childhood and adolescent mental illness

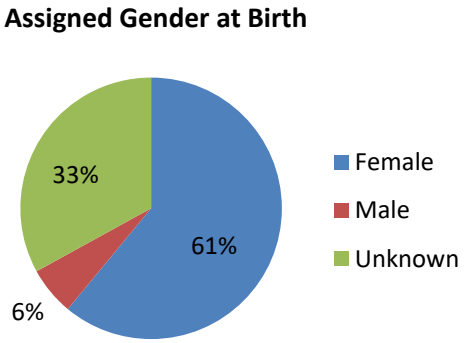
IS ANYONE BETTER OFF?

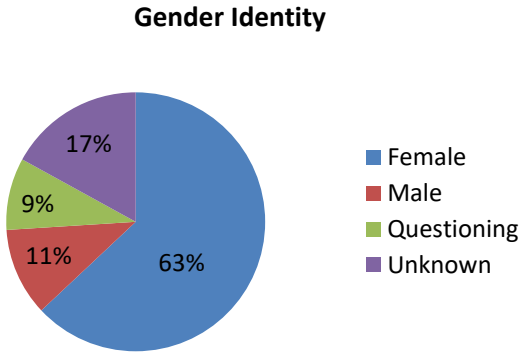
96%

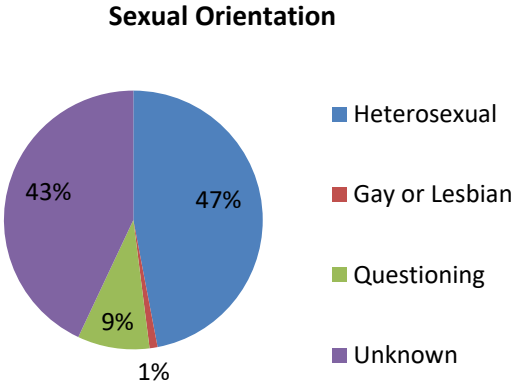
Agreed or strongly agreed that *Parents and Teachers as Allies* will help them recognize early warning signs of mental illness in children and adolescents

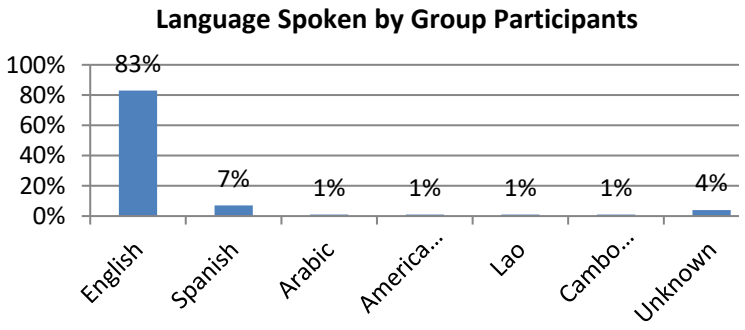
Demographics

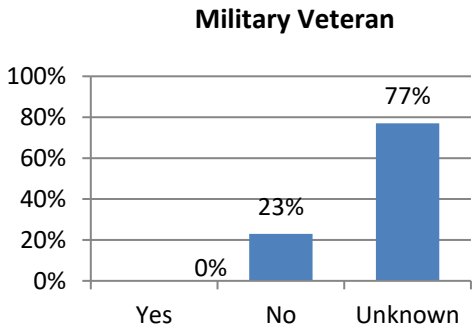


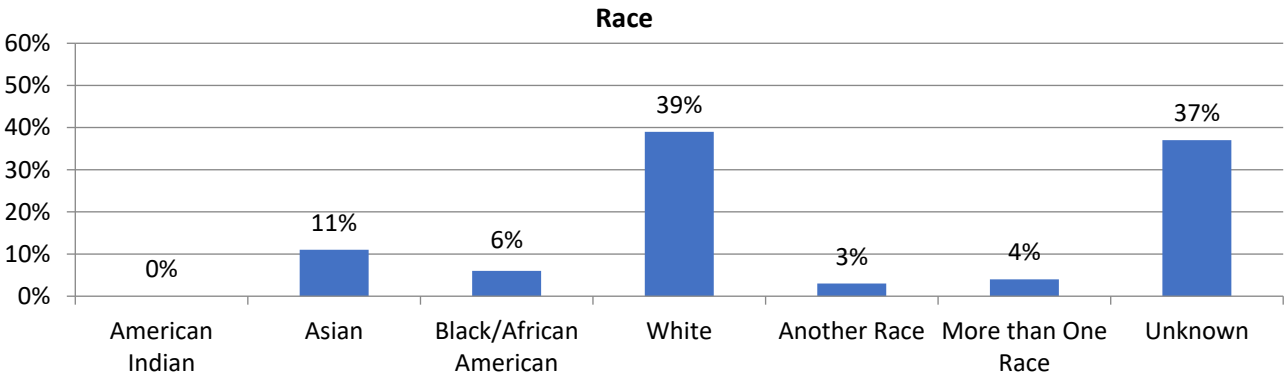


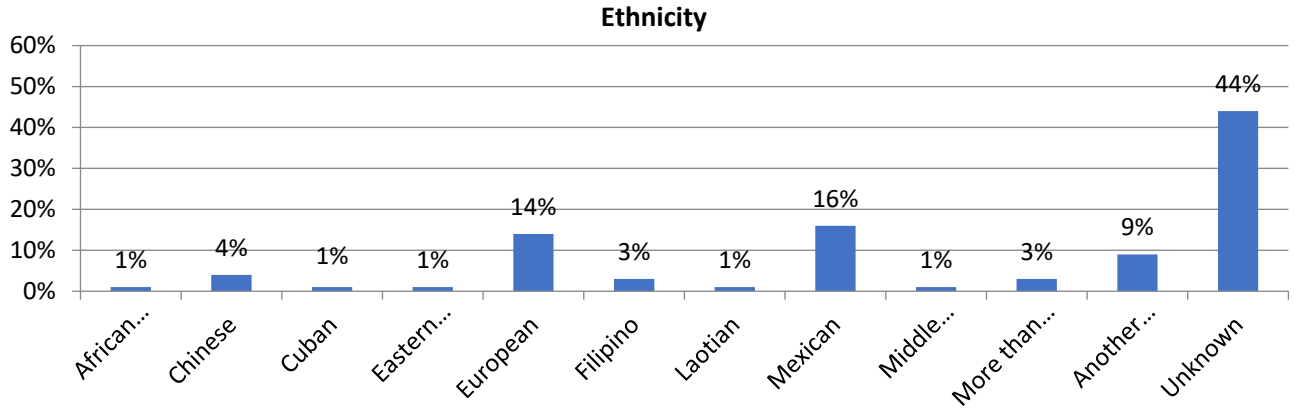


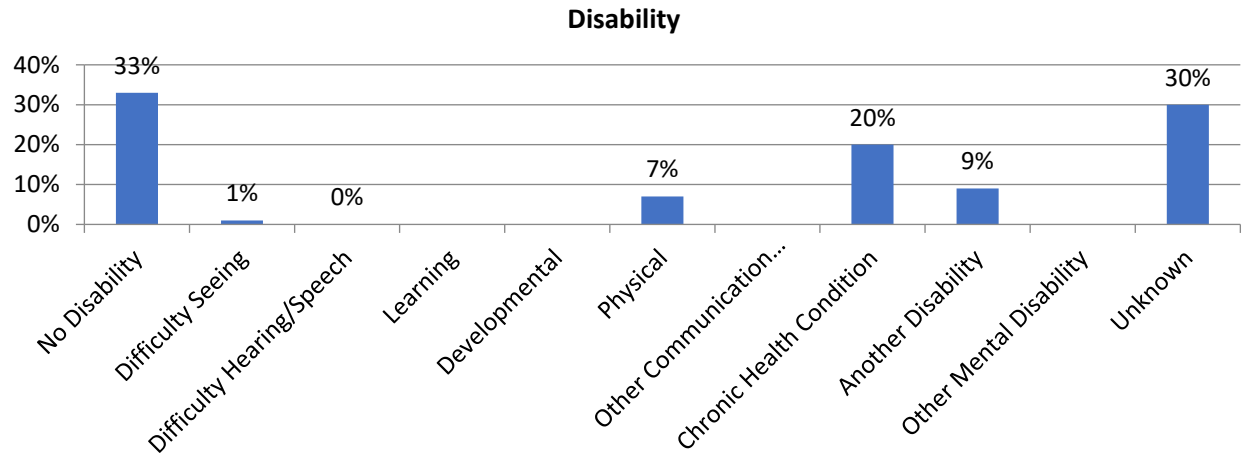












Number of Potential Responders: 94
Setting in which responders were engaged: Schools
Type of Responders Engaged: Parents and Teachers

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.

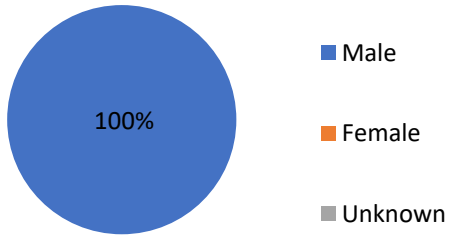
Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy:

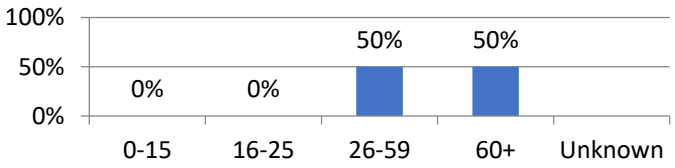
There were two referrals to NAMI.

PEI Demographics based on Referrals (n=2)

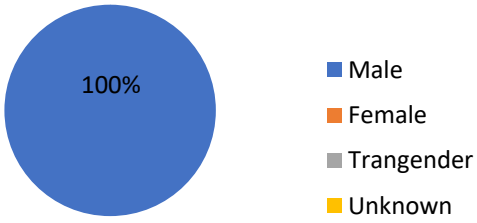
Assigned Gender at Birth



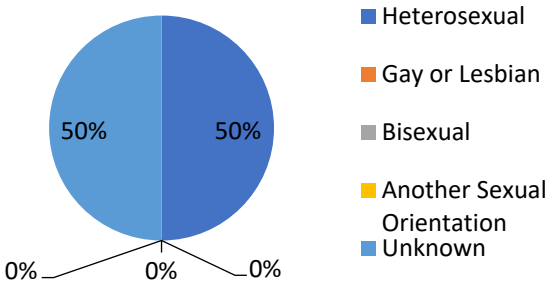
Age Group



Gender Identity



Sexual Orientation



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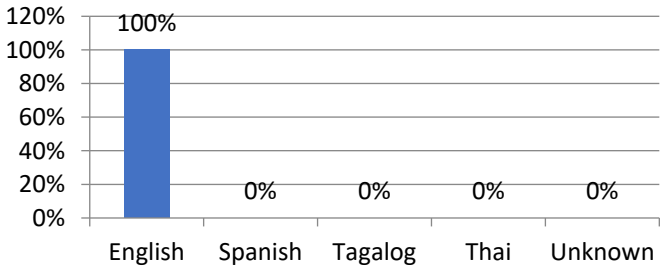
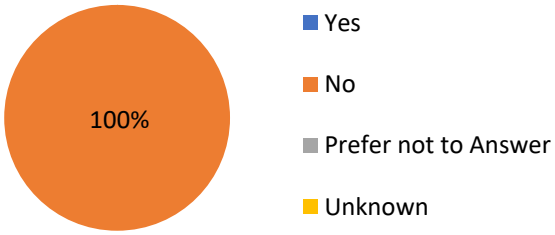
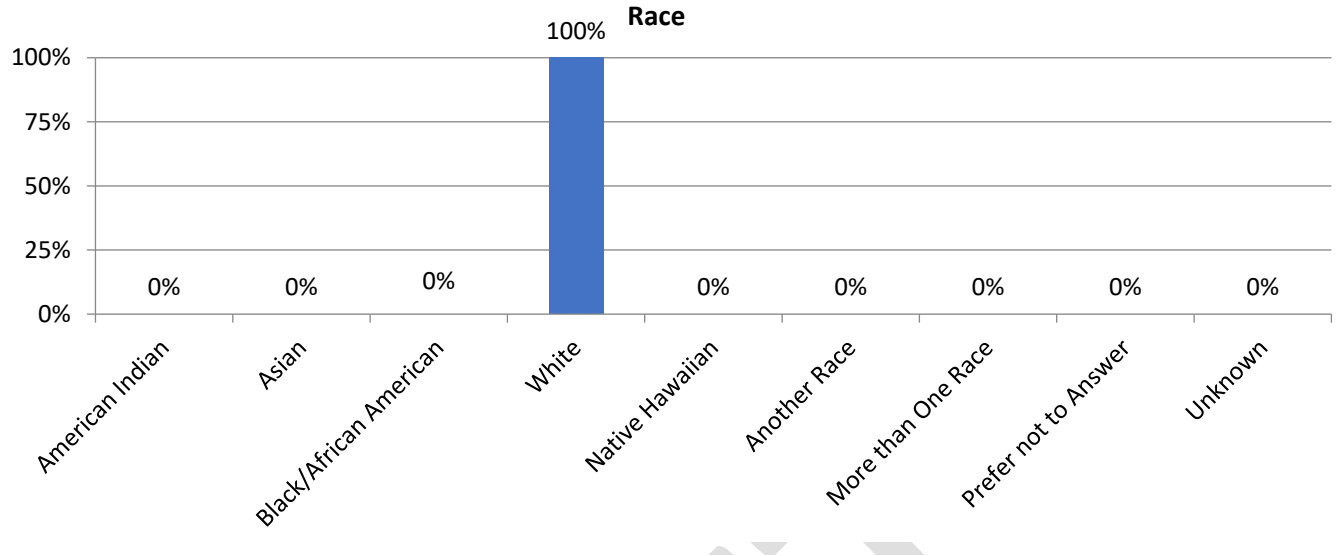


Military Veteran




Race
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100%
75%
50%
25%
0%
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0%
0%
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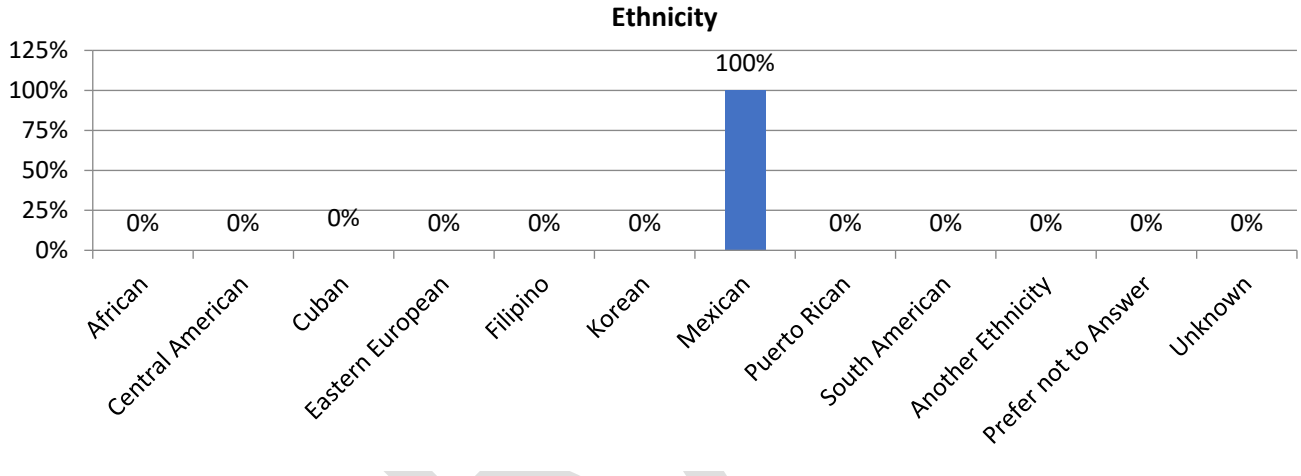
0%
0%
American Indian
Asian
Black/African American
White
Native Hawaiian
Another Race
More than One Race
Prefer not to Answer
Unknown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0%
0%
0%
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Cuban
Eastern European
Filipino
Korean
Mexican
Puerto Rican
South American
Another Ethnicity
Prefer not to Answer
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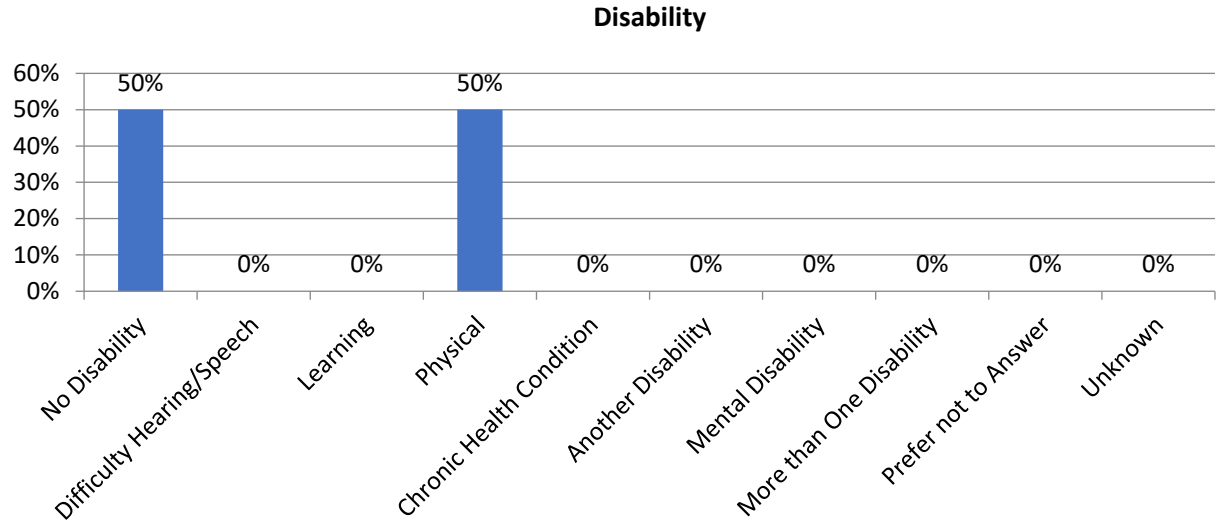
Disability
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30%
20%
10%
0%
50%
50%
0%
0%
0%
0%
0%
0%
0%
0%
0%
No Disability
Difficulty Hearing/Speech
Learning
Physical
Chronic Health Condition
Another Disability
Mental Disability
More than One Disability
Prefer not to Answer
Unknown

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)

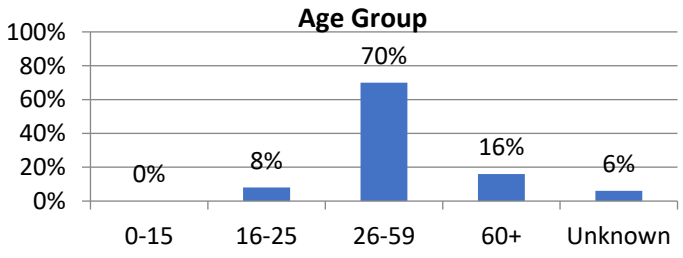
Strong efforts were made to during FY 18-19

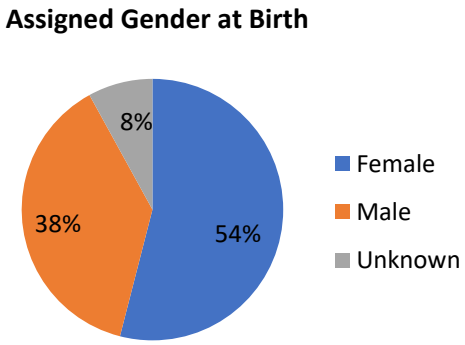
- 124 unique attendees at landlord luncheons during FY 18-19

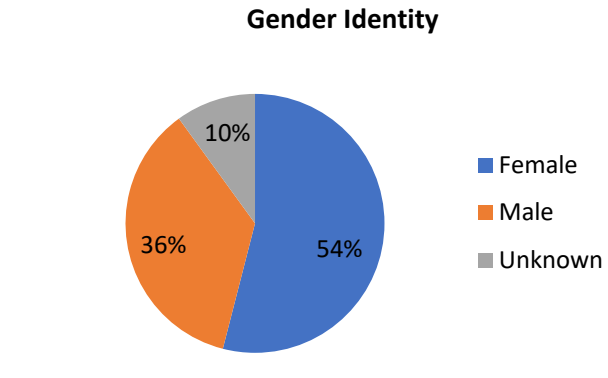
72
Landlord Tenant Curriculum Events

136
Attendees (Duplicated)

33
New Attendees






Gender Identity
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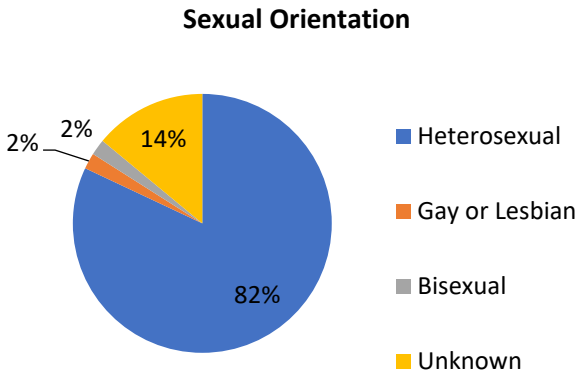
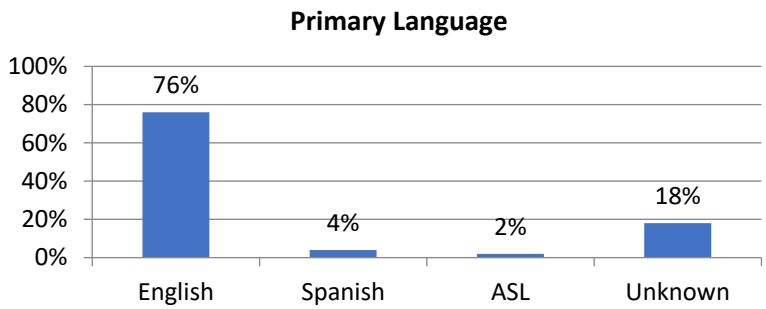
36%
54%
Female
Male
Unknown


Sexual Orientation
2%
2%
14%
82%
Heterosexual
Gay or Lesbian
Bisexual
Unknown


Primary Language
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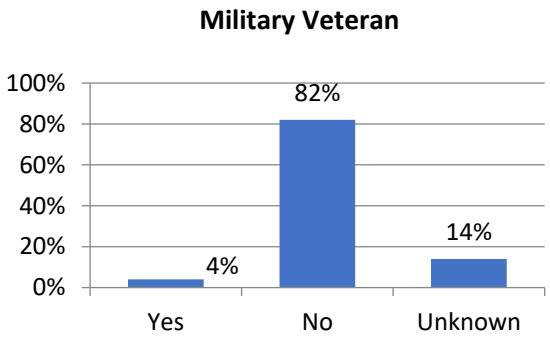
60%
40%
20%
0%
76%
4%
2%
18%
English
Spanish
ASL
Unknown


Military Veteran
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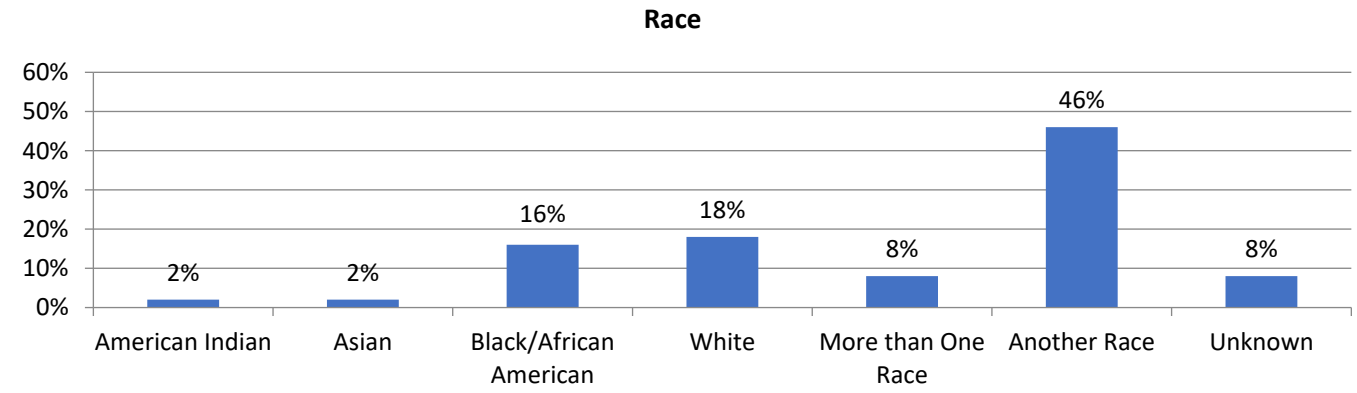
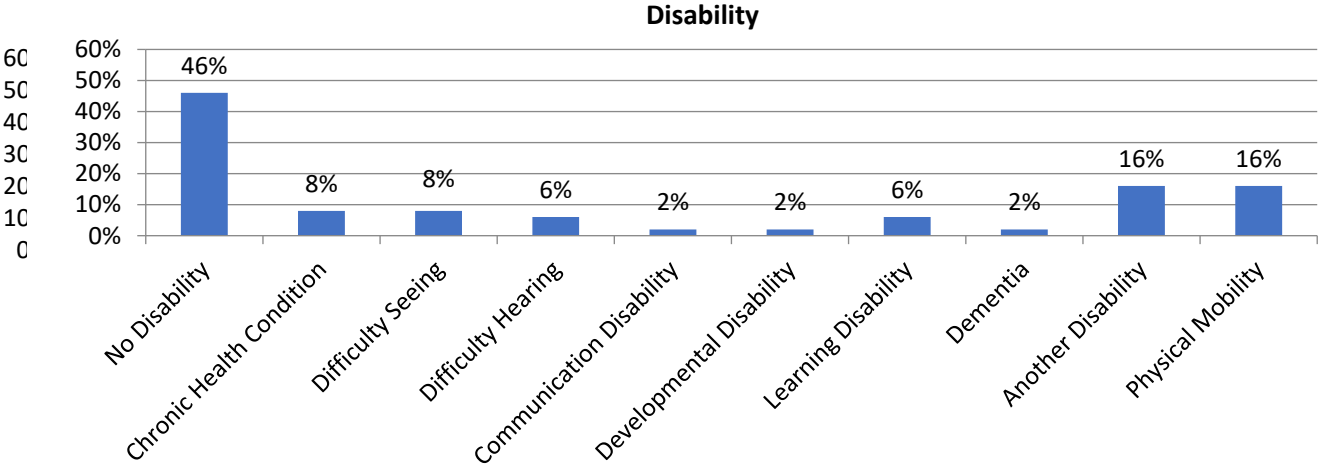
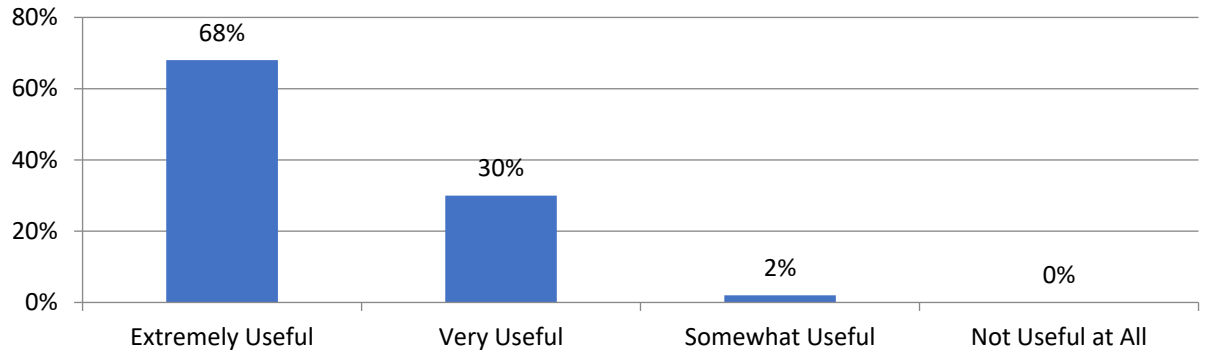
80%
60%
40%
20%
0%
4%
82%
14%
Yes
No
Unknown


Race
60%
50%
40%
30%
20%
10%
0%
2%
2%
16%
18%
8%
46%
8%
American Indian
Asian
Black/African American
White
More than One Race
Another Race
Unknown


Disability
60%
50%
40%
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:



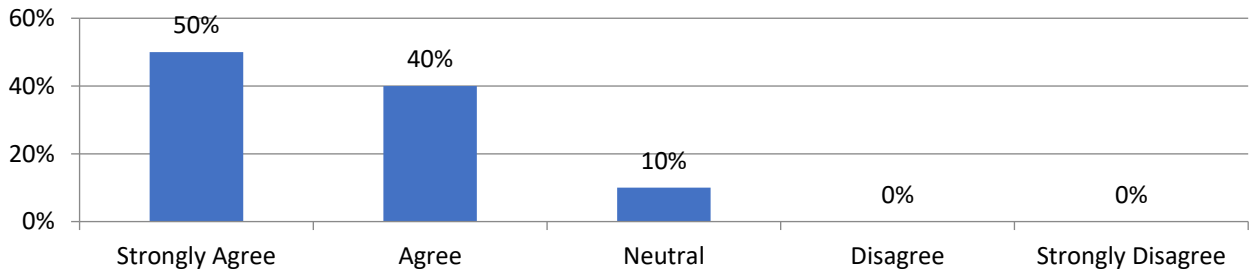
98%
Good Tenant Curriculum participants reported the presenter was engaging and approachable

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

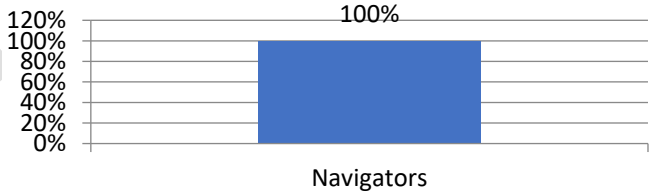
Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

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:

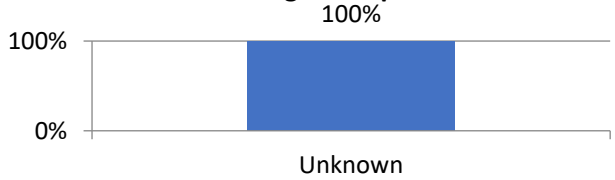
There was one referral to Housing Stability

Referral From:

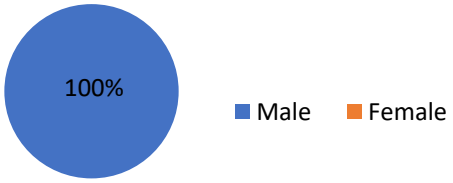


PEI Demographics based on Referrals (n=1)

Age Group

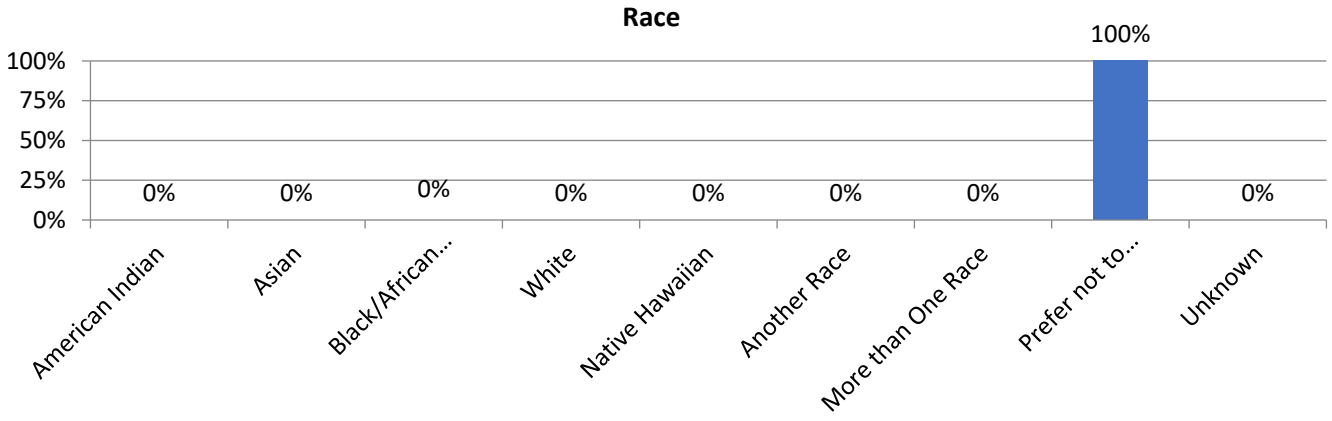


Assigned Gender at Birth




Gender Identity
100%
Male
Female

Sexual Orientation
100%
Unknown


Race
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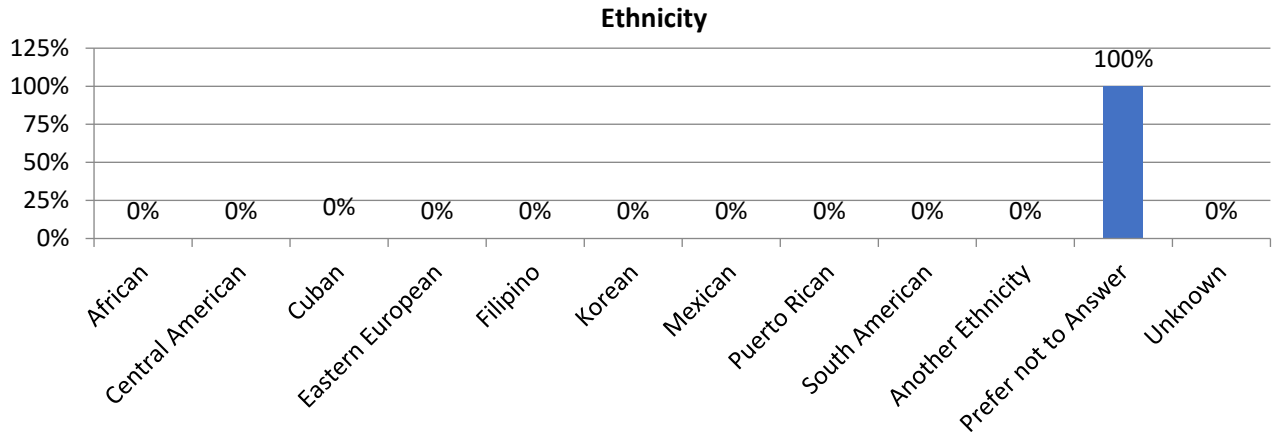
American Indian
Asian
Black/African...
White
Native Hawaiian
Another Race
More than One Race
Prefer not to...
Unknown


Ethnicity
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75%
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Cuban
Eastern European
Filipino
Korean
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Puerto Rican
South American
Another Ethnicity
Prefer not to Answer
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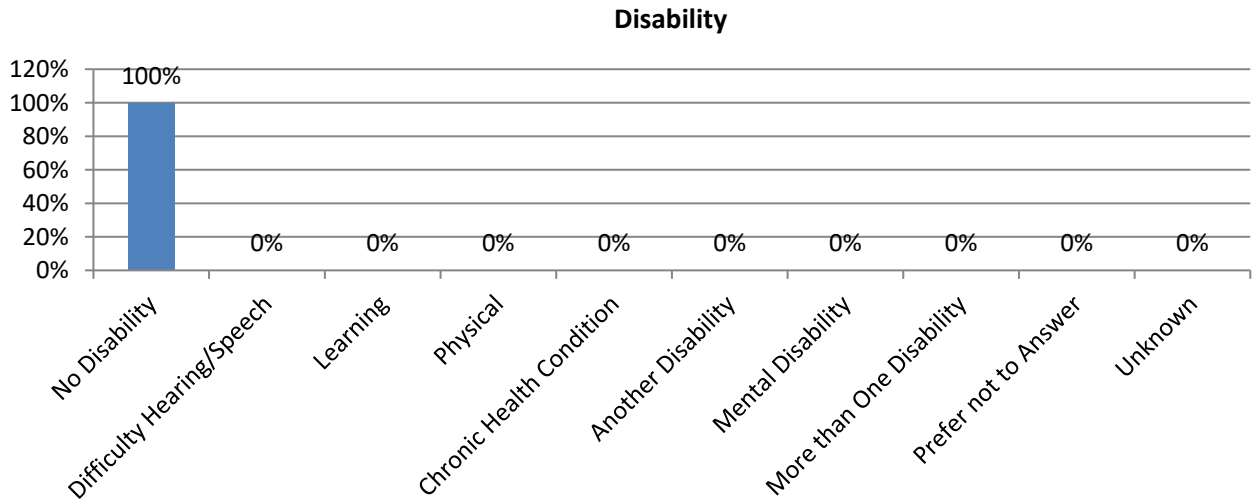
Disability
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80%
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0%
0%
0%
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0%
0%
0%
No Disability
Difficulty Hearing/Speech
Learning
Physical
Chronic Health Condition
Another Disability
Mental Disability
More than One Disability
Prefer not to Answer
Unknown

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.

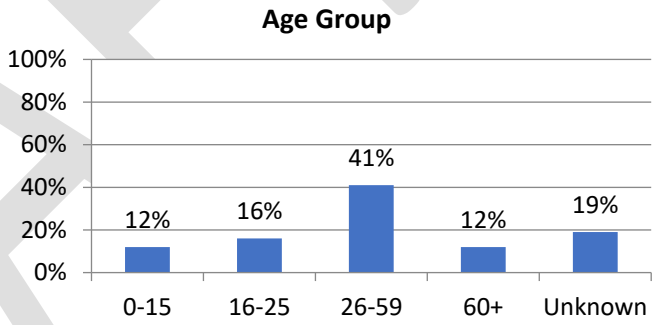
PROGRAM: Therapeutic Community Gardening (TCG)

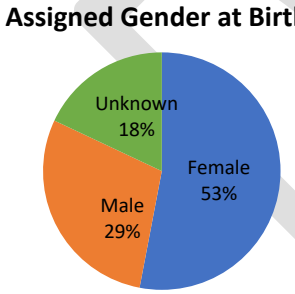
HOW MUCH DID WE DO?

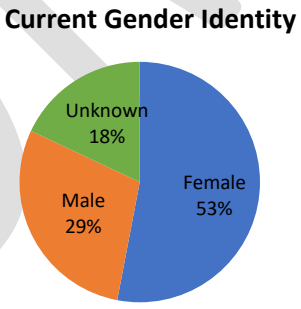
164
Individuals Served

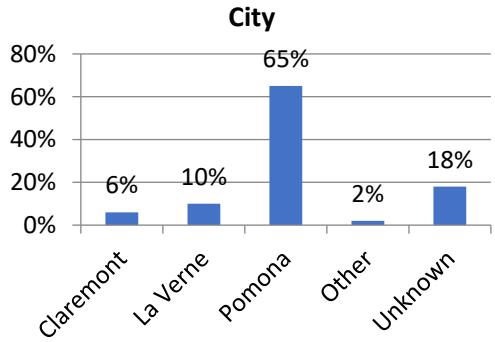
There were 328 unique individuals served, from FY 16 to FY 18

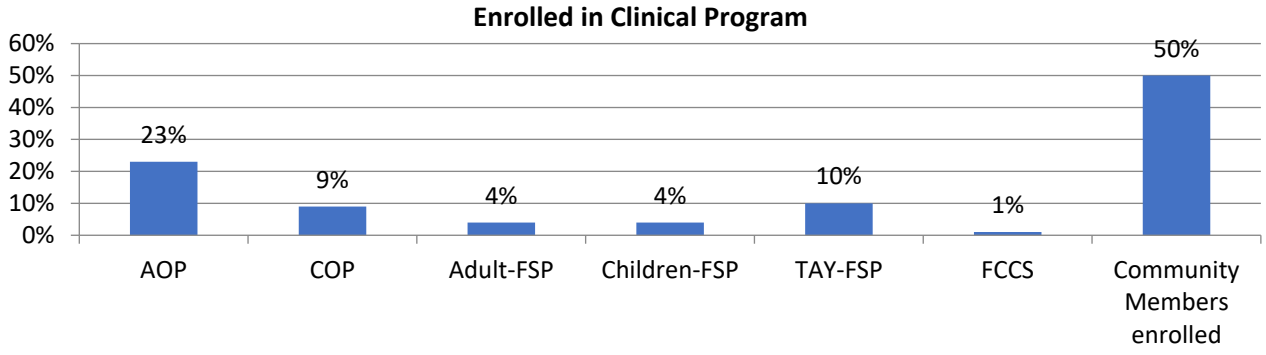
- 58% increase from FY 16 to FY 18

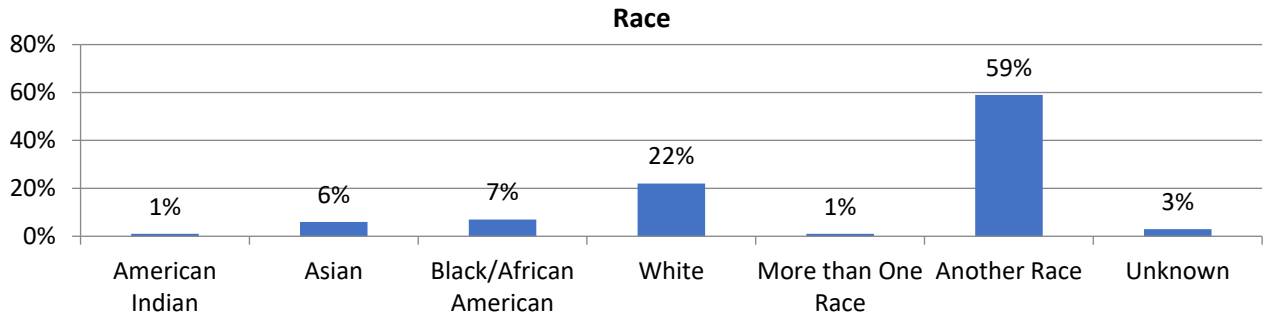


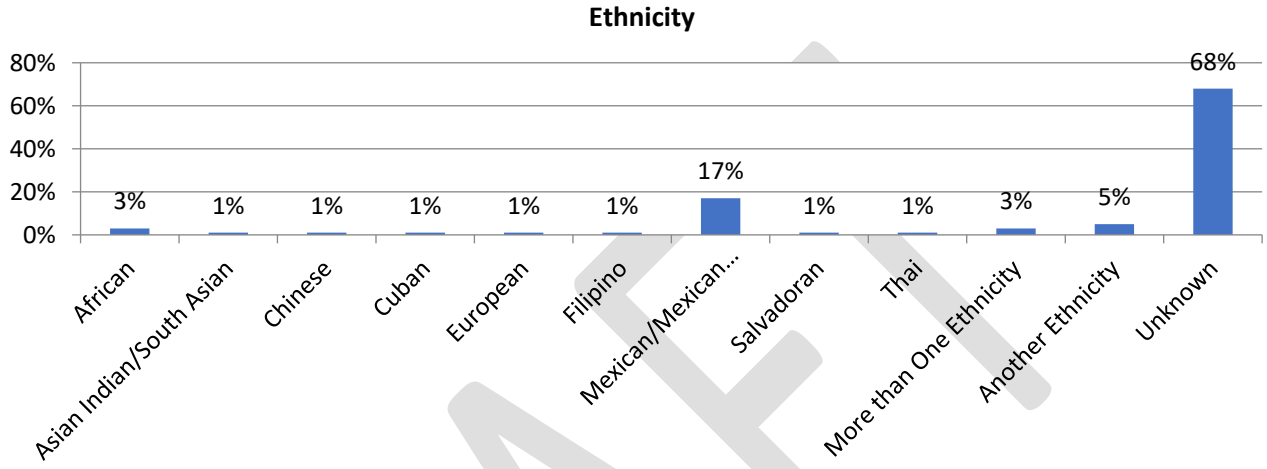









Race
80%
60%
40%
20%
0%
1%
6%
7%
22%
1%
59%
3%
American Indian
Asian
Black/African American
White
More than One Race
Another Race
Unknown


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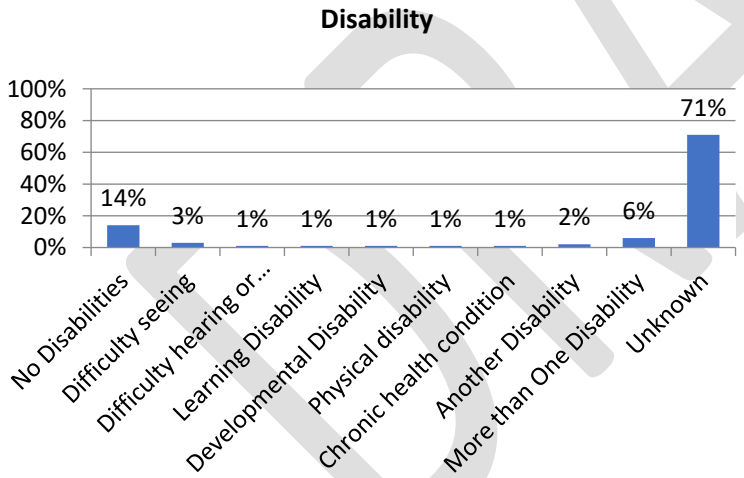
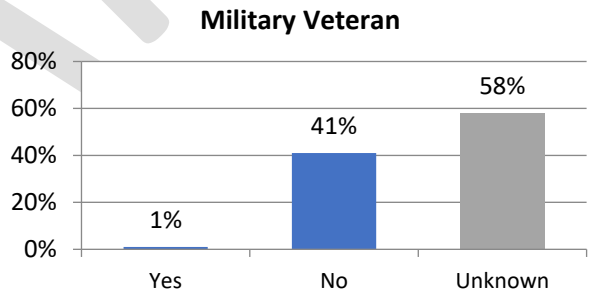
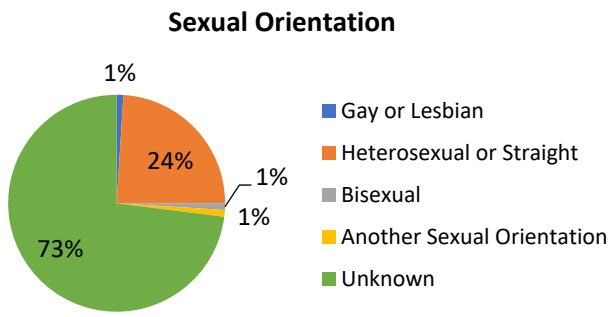
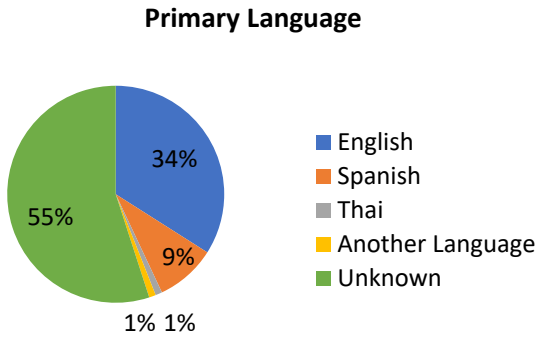

Disability
100%
80%
60%
40%
20%
0%
14%
3%
1%
1%
1%
1%
1%
2%
6%
71%
No Disabilities
Difficulty seeing
Difficulty hearing or...
Learning Disability
Developmental Disability
Physical disability
Chronic health condition
Another Disability
More than One Disability
Unknown


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?

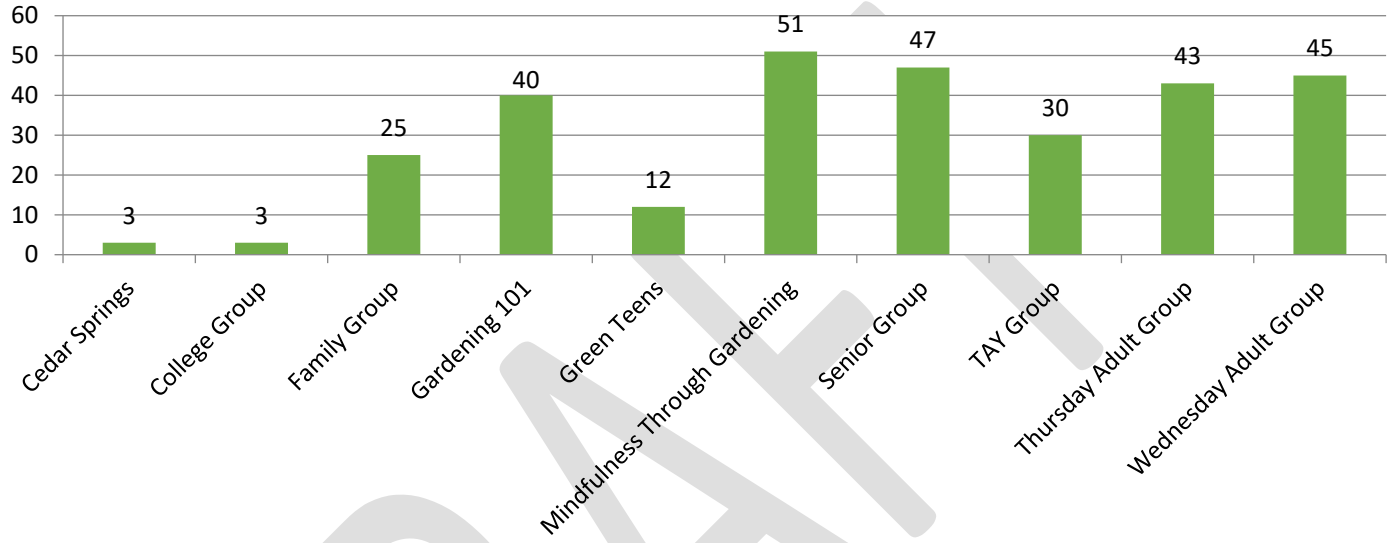
299 out of 410
Number of Groups Held Out of Scheduled Groups

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

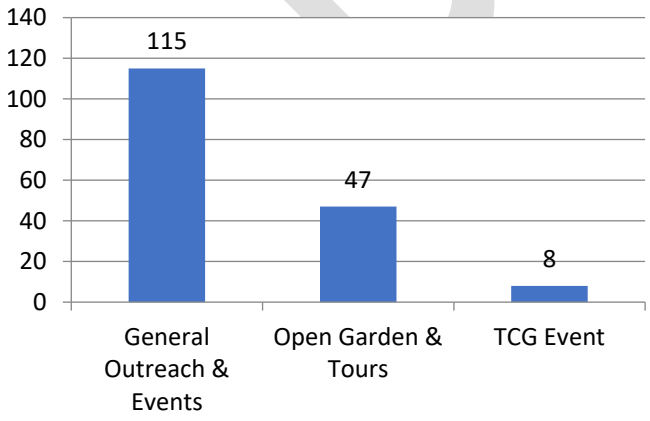
Type of Groups Held n=299



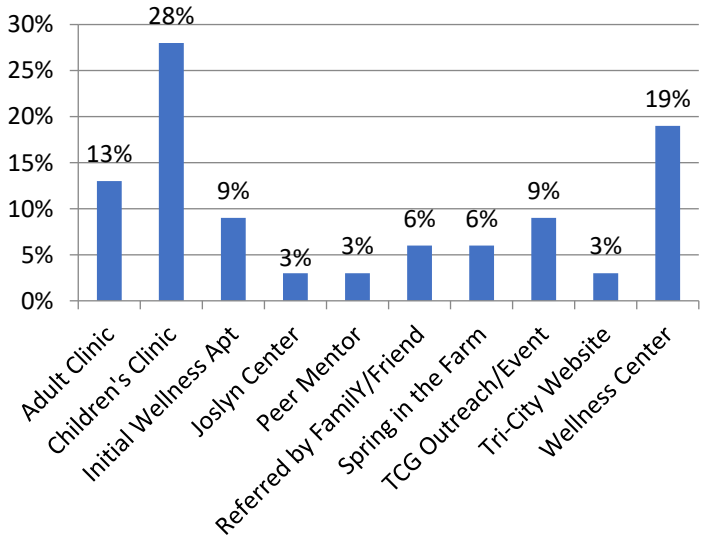
170
Outreach Events

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"

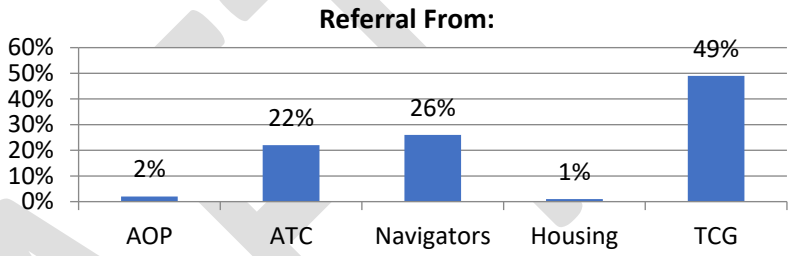
Number of Potential Responders: 164
Setting in which responders were engaged: Community, schools, health Centers, workplace, and outdoors.
Type of Responders Engaged: TAYs, teachers, LGTBQ, families, religious leaders, and those with lived experience.

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:

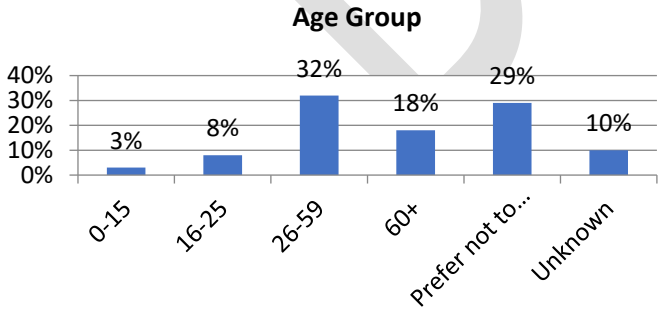
166
Referrals coming into TCG Program

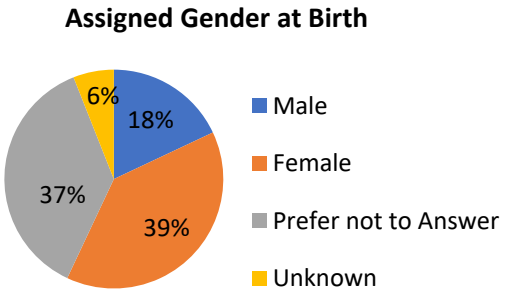


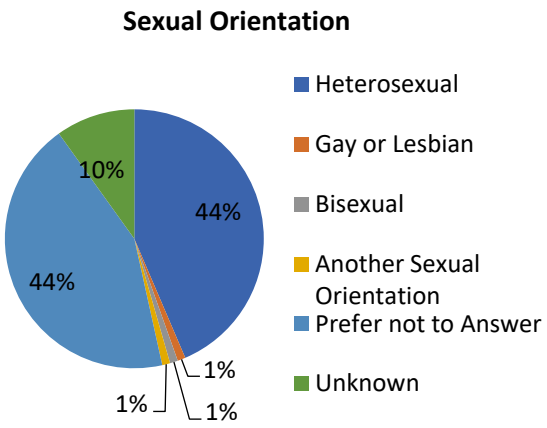
13 out of 166 Referrals Participated in TCG Program

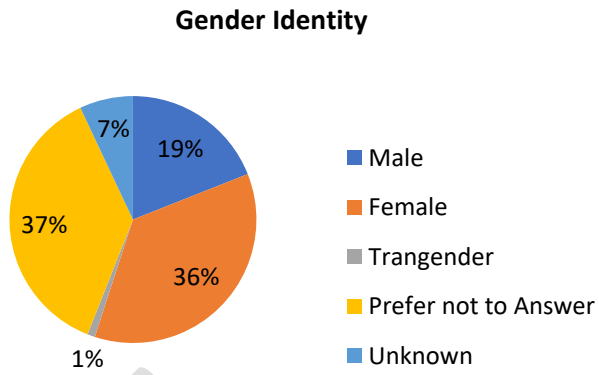
17 Days
Average Time between Referral and Participation in TCG Program

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
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Female
Trangender
Prefer not to Answer
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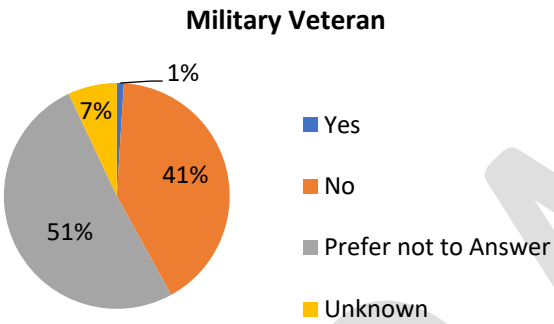
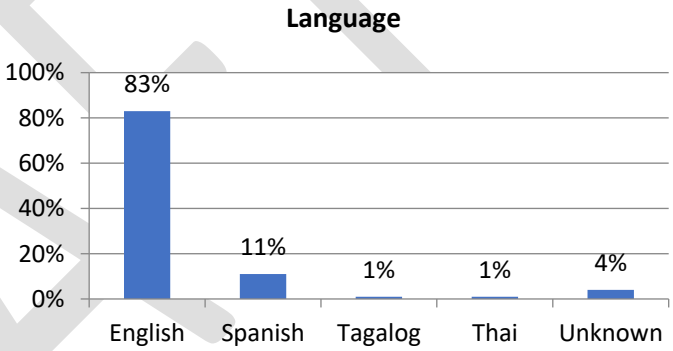
19%
36%
1%
37%
7%


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


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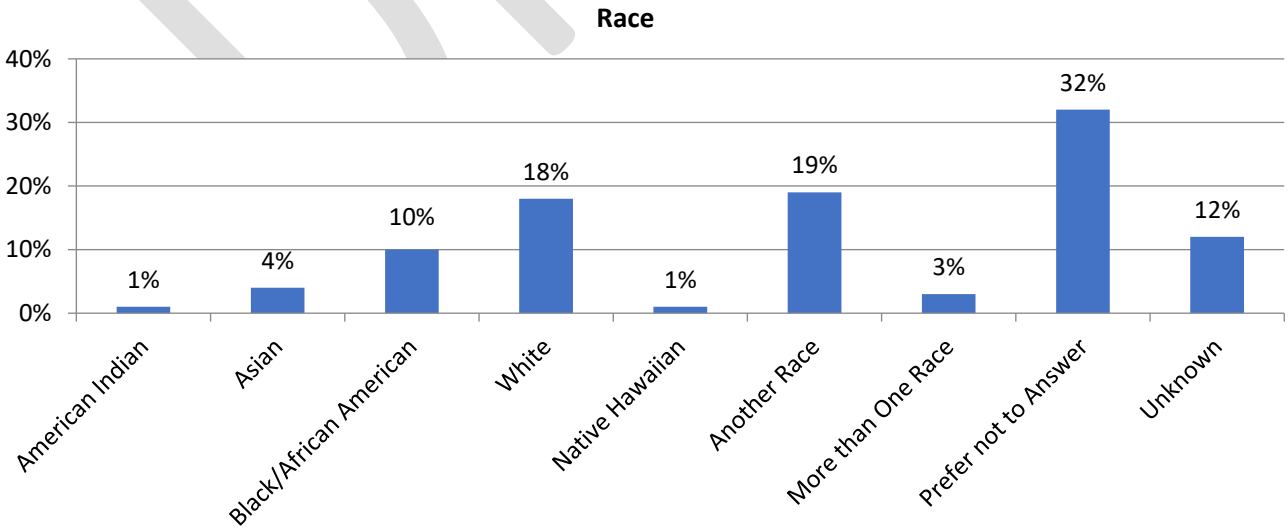
Spanish
Tagalog
Thai
Unknown


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
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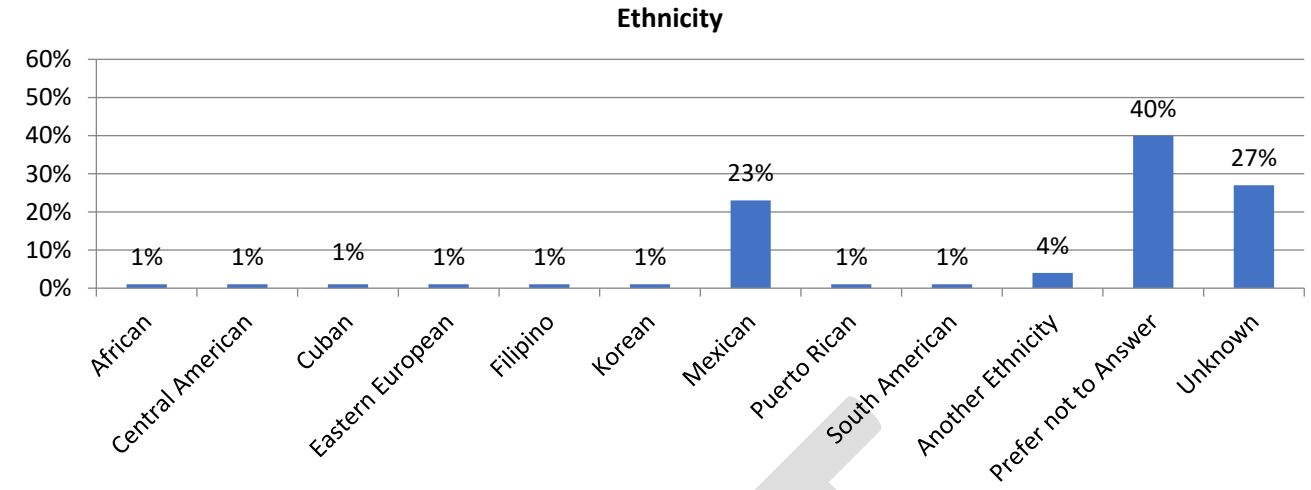
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40%
30%
20%
10%
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1%
1%
1%
1%
1%
1%
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1%
1%
4%
40%
27%
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Cuban
Eastern European
Filipino
Korean
Mexican
Puerto Rican
South American
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Prefer not to Answer
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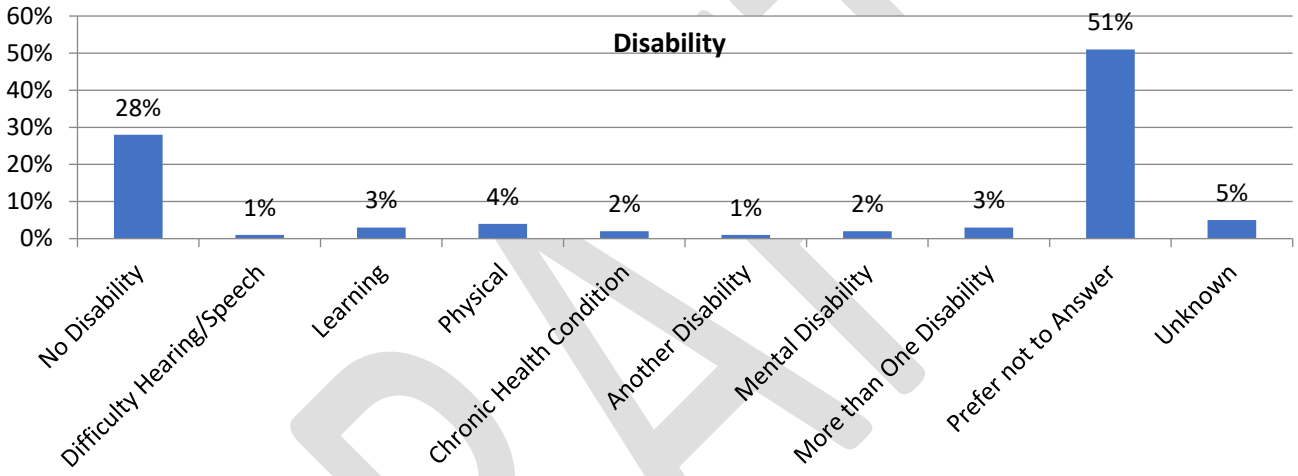

Disability
60%
50%
40%
30%
20%
10%
0%
28%
1%
3%
4%
2%
1%
2%
3%
51%
5%
No Disability
Difficulty Hearing/Speech
Learning
Physical
Chronic Health Condition
Another Disability
Mental Disability
More than One Disability
Prefer not to Answer
Unknown

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.

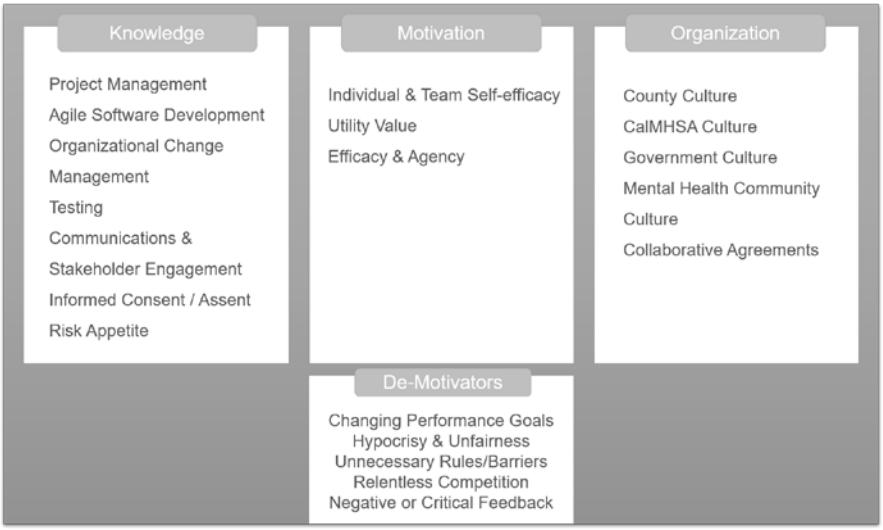
As this is a multi-county effort, there are several partners to support the project from outreach and engagement, development and customization of the technology, project management, and evaluation. The Peer role is central to the project and is being integrated with various project partners through:

- 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.

MINUTES
REGULAR MEETING OF THE
MENTAL HEALTH COMMISSION
MARCH 10, 2020 – 3:30 P.M.

The Mental Health Commission met in a Regular Meeting on Tuesday, March 10, 2020 at 3:39 p.m. in MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

CALL TO ORDER Vice-Chair Henderson called the meeting to order at 3:39 p.m.

ROLL CALL A visual roll call was taken.

PRESENT: Toni L. Watson, Chair (arrived at 3:49 p.m.)
Anne Henderson, Vice-Chair
Ethel Gardner
Rubio R. Gonzalez (arrived at 3:55 p.m.)
Joan M. Reyes
Wray Ryback
Twila L. Stephens
David J. Weldon

ABSENT: Jeanette Heitmann
Daniel Rodriguez
Alfonso "Al" Villanueva
Davetta Williams

STAFF: Toni Navarro, Executive Director
Rimmi Hundal, Director of MHSA and Ethnics Services
Nancy Gill, Chief Operations Officer
Mary Monzon, Housing Manager
Gamaliel Polanco, Wellness Center Manager
Dana Barford, MHSA Projects Manager
Isela Moreno, Community Navigator Program Supervisor
Khaneal Mason, Mental Health Specialist
Sonya Reina, Community Navigator
Mica Olmos, JPA Administrator/Clerk

Due to a lack of a quorum, there was consensus to take Agenda Item No. I, Approval of Minutes, and Agenda Item No. II, Recommendation of Approval of CFTN Project Proposal, out of order and proceed with Agenda Item No. III, Presentation.

REGULAR BUSINESS

III. PRESENTATION

A. COMMENDATION CERTIFICATE FROM HILDA L. SOLIS, LOS ANGELES COUNTY SUPERVISOR, 1ST DISTRICT

Director of MHSA & Ethnic Services Hundal stated that for Black History Month Tri-City's Mental Health Commission, in partnership with the Claremont Library, had hosted the event "Myth Busters & Minority Mental Health Mindfulness" which was well received by the community; and that as a result, Supervisor Hilda Solis awarded a Certificate of Commendation to the Mental Health Commission in recognition for their services to the affairs of the community.

Commissioner Ryback asked that the Governing Board be notified as this award. Staff indicated they will inform the Governing Board.

B. "RECOVERY MOMENTS" STORY

Khaneal Mason, Mental Health Specialist, introduced one of his clients and stated that he is honored to see the rewards of her client's hard work.

Marilyn Menendez talked about how she arrived to Tri-City, literally without shoes; discussed her mental illness; shared about her relationship with her father who is incarcerated; and talked about how compassion and the fact that staff did not judge her allowed her to recover and get back on her feet; stated that she is very grateful for the Wellness Center Manager and Tri-City staff; and indicated that she will be moving out of state and will take everything that she has learned with her.

Isela Moreno, Community Navigator Program Supervisor, introduced Sonya Reina, who started as working for Tri-City as a part-time Wellness Advocate and now she is a full time employee as a Community Navigator, stating that she will talk about her story of recovery.

Sonya Reina, shared her family history and discussed her mental illness; talked about coming to Tri-City and how her therapist gave her the confidence to work; that Tri-City, through the Wellness Center gave her the opportunity to work after being unemployed for 10 years and on be on the road to recovery, pointing out that recovery is possible but you have to work for it.

At 3:49 p.m., Chair Toni L. Watson arrived at the meeting.

Executive Director Navarro stated that the Sonya Reina embodies what Tri-City is all about which is help people in their recovery and feeling that they have purpose and meaning, and help people find themselves again and get back to a thriving life; and thanked staff for their hard work.

Chair Watson called to proceed with Agenda Item No. I, Approval of the Minutes.

I. APPROVAL OF MINUTES FROM THE FEBRUARY 11, 2020 MENTAL HEALTH COMMISSION REGULAR MEETING

There being no comment, Commissioner Reyes moved, and Commissioner Gardner seconded, to approve the Mental Health Commission Minutes of its February 11, 2020 Regular Meeting. The motion was carried by the following vote: AYES: Commissioners Gardner, Reyes, Ryback, Weldon; Vice-Chair Henderson; and Chair Watson. NOES: None. ABSTAIN: Commissioner Stephens. ABSENT: Commissioners Heitmann, Rodriguez, Villanueva, and Williams; and Governing Board Member Liaison Gonzalez.

At 4:55 p.m., Governing Board Member Liaison Rubio Gonzalez arrived at the meeting.

II. APPROVAL TO RECOMMEND TO TRI-CITY'S GOVERNING BOARD TO APPROVE THE CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN) PROJECT PROPOSAL

Director of MHSA & Ethnic Services Hundal reported that the CFTN Plan was posted on January 31, 2020 for public comment; that this Plan is part of MHSA and this pot of money focuses on technology and facilities needs to be able to provide quality services and building improvements to house staff; that the MHSA building has not had many renovations and it is time to add some office space and to upgrade its electrical system; that $509,208,00 will be designated to these repairs; that under PEI, TCG need $461,760.00 to construct an outdoor structure to provide adequate accommodations for weather and to improve ADA requirements including building raised planting beds; pointed out that there is enough funding allocated under the CFTN Plan for the projects; and that Staff was recommending that the Mental Health Commission recommend to Tri-City's Governing Board to approve the expenditure of the Capital Facilities and Technological Needs funds in the amount of $970,968.00.

Chief Operations Office Gill stated that with the electrical upgrade, it will allow for the purchase of an emergency generator to serve the site; and that for the TCG project, also a sink will be installed.

Commissioner Ryback asked how many new offices will be added. Staff indicated that three offices and a small storage room.

There being no further discussion, Vice Chair Henderson moved, and Commissioner Reyes seconded, to recommend to Tri-City's Governing Board to approve the expenditure of Capital Facilities and Technological Needs funds in the amount of $970,968.00 as indicated in the CFTN Project Proposal. The motion was carried by the following vote: AYES: Commissioners Gardner, Gonzalez, Reyes, Ryback, Stephens, Weldon; Vice-Chair Henderson; and Chair Watson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Heitmann, Rodriguez, Villanueva, and Williams.

CONTINUED ITEM NO III. PRESENTATION

C. MENTAL HEALTH SERVICES ACT (MHSA) HOUSING UPDATE

Housing Manager Monzon reported that she had received the housing updates from various agencies for year 2020, including the county of Los Angeles, noting that the numbers made her gasp and she wanted to share what Tri-City is working against and discuss what staff is doing to combat it. She then provided the results from the 2019 Homeless Count (from year 2018 to 2019) for the three cities and pointed out that in Claremont the number of homeless persons decreased by one person from 27 to 26, and discussed how its homeless population were helped; that in the City of La Verne the homeless count increased from 7 to 21, and also discussed how they were assisted; that in the City of Pomona there was a significant decrease in the homeless count from 785 to 698 (22% - 16%) and also discussed how they were assisted. She then provided a snapshot from the average amount that SSI awarded to senior citizens or those living with a disability, and stated that in year 2018 it awarded $910 monthly, and in two years this amount increased 3.6% to $943 monthly; she also stated that the current minimum wage is $13 hourly and expected to increase $1 annually up to $15 in the next couple of years; however, even with this increase of 15% -18% from years 2017 to 2020, this is not sufficient to get caught up with the annual increases of housing rent prices.

She stated that HUD (Housing and Urban Development Department) does an annual assessment of what is considered the fair market rent for apartments; noted that the cost of an apartment with efficiencies only went from $1,067 to $1,279 from year 2018 to 2020, an 19.87% increase; discussed the increases from one-bedroom up to a four-bedroom apartments which ranged from 15%-18%, and pointed out that someone living in a fixed income from SSI (Supplementary Security Income) cannot afford any apartment. She also stated that she researched in different websites for the average apartment rents in the three cities and discussed the results which demonstrated that there is a limited number of available apartments for rent which also are not affordable for those living on SSI or minimum wage. She stated that through CES (Coordinated Entry System) staff makes sure that anyone that is identified as homeless is entered into the system so that they are on the list to receive services; then provided an update on clients waiting to receive assistance; discussed the partnerships being established with landlords; and also reported that housing staff will be attending a training through LAHSA (Los Angeles Homeless Services Authority) for problem solving to figure out alternative solutions to better serve our homeless population.

Discussion ensued how staff can assist a large family find housing.

Governing Board Member Liaison shared that the City of Pomona is working on a rental stabilization ordinance which will follow the state affordable housing guidelines; and that the Chavez Foundation has expressed interested in building affordable housing in two empty lots that they own.

Executive Director Navarro stated that staff had been in talks with the California Institute for Behavioral Health Solutions, the technical training assistance for county behavioral health, and they have individual placement services employment curriculum that helps train staff to become employment specialists and key in on the treatment team on helping people identify ways to increase skills sets and/or find meaningful academic/educational opportunities or volunteer opportunities and social engagement that helps them maintain stability.

Commissioner Ryback inquired how accurate are the homeless count numbers. Housing Manager Monzon replied that they have a system of counting and are pretty confident with the data results.

Discussion ensued regarding what the homeless count numbers looked several years ago; about how the Continuum of Care and Section 8 Vouchers work, noting that there are only 33 vouchers available for the 141 homeless clients; about HUD's definition of homelessness; and about university students living in cars in parking lots and how services are being provided to them.

The Mental Health Commission thanked Housing Manager Monzon for her presentation.

IV. EXECUTIVE DIRECTOR REPORT

Executive Director Navarro announced that Jamie Ritchey, Community Capacity Organizer, was in attendance to talk about Green Ribbon Week.

Community Capacity Organizer Ritchey stated that the next rotation of art is approaching and during Green Ribbon Week staff will host two workshops which will kick off a call for art; that the Gallery in the building is from community artists from the three cities.

She then talked about a collaborative art piece from approximately 12 artists and explained that the goal is when people can come together with one objective, and create a piece collectively, then you have a representation of expression through art that everyone contributed to and there is no predetermined outcome; that the next rotation of art it will made up of collective pieces titled "My Beautiful Mess" and then she invited the Commission to complete a collaborative art piece; provided brief description of the project and indicated that the art supplies will be provided by Tri-City and that she will have them ready for the Commission at its next meeting. She also distributed green ribbons to wear and flyers that listed all participating vendors during Green Ribbon Week.

The Commission thanked Community Capacity Organizer Ritchey for her presentation.

Executive Director Navarro stated that the first annual CBHDA lobby day at the State Capitol might be cancelled due to the State of Emergency caused by the COVID-19 outbreak.

Commissioner Ryback inquired if the CDC (Centers for Disease Control and Prevention) had issue guidelines for the outbreak. Executive Director Navarro stated that staff has been kept abreast of LA County Public Health guidelines and notifications; that all notices are distributed to staff; that staff is aware of the list of symptoms; and staff has been advised if they have any symptoms, to stay away until feeling better or doctor authorizes them to return to work.

Chief Operations Office Gill discussed about the preventive measures stablished to help staff and clients be safe and to mitigate the spread of COVID-19.

Discussion ensued about various measures that can prevent the spread of COVID-19.

COMMISSION ITEMS AND REPORTS

Commissioner Reyes reported that she, Commissioners Gardner and Ryback met to discuss the Commission May outreach and they are looking to have it on May 12th or 19th; that Commissioner Gardner will contact the dA Center to find out if the event can be hosted there; and talked about the deaf community pointing out that it is one of the communities more underserved.

Staff shared that Tri-City has a language line; that just hired an MHSA employee that signs; and during public hearing, there is a hired translator that does sign language.

PUBLIC COMMENT

Dana Barford, MHSA Projects Manager, reminded everyone about the public hearing in April; that she is looking forward to the Commission approve the 3-year Plan and recommend to be presented to the Governing Board for its approval.

ADJOURNMENT

At 4:58 p.m., on consensus of the Mental Health Commission its Regular Meeting of March 10, 2020 was adjourned. The next Regular Meeting of the Mental Health Commission will be held on Tuesday, April 14, 2020, in the MHSA Administrative Office, 2001 North Garey Avenue, Pomona, California.

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Micaela P. Olmos, JPA Administrator/Clerk

MINUTES

REGULAR MEETING OF THE GOVERNING BOARD
APRIL 15, 2020 – 5:00 P.M.

The Governing Board held on Wednesday, April 15, 2020 at 5:11 p.m. its Regular Meeting Via Teleconference pursuant to California Governor Newson Executive Order N-25-20 wherein he suspended certain provisions of the Brown Act to allow the continuation to hold meetings without gathering in a room in an effort to minimize the spread and mitigate the effects of COVID-19 (Corona Virus Disease of 2019).

CALL TO ORDER Governing Board Chair Carder called the meeting to order at 5:00 p.m.

ROLL CALL Roll call was taken by JPA Administrator/Clerk Olmos.

GOVERNING BOARD

PRESENT: Robin Carder, City of La Verne, Chair
Carolyn Cockrell, City of La Verne, Board Member
Rubio R. Gonzalez, City of Pomona, Board Member
Jed Leano, City of Claremont, Board Member
Elizabeth Ontiveros-Cole, City of Pomona, Board Member (arrived at 5:04 pm)
Ronald T. Vera, City of Claremont, Board Member (arrived at 5:04 pm)
Anne Turner, City of Claremont, Alternate Board Member
Benita DeFrank, City of Pomona, Alternate Board Member

ABSENT: None.

STAFF: Toni Navarro, Executive Director
Darold Pieper, General Counsel
Diana Acosta, Chief Financial Officer
Nancy Gill, Chief Operations Officer
Angela Igrisan, Chief Clinical Officer
Seeyam Teimoori, Medical Director
Rimmi Hundal, Director of MHSA & Ethnic Services
Natalie Majors-Stewart, Chief Compliance Officer
Mary Monzon, Housing Manager
Mica Olmos, JPA Administrator/Clerk

CONSENT CALENDAR

There being no comment, Board Member Cockrell moved, and Governing Member Leano seconded, to approve the Consent Calendar. The motion was carried by the following vote: AYES: Alternate Board Members Turner and DeFrank; Board Members Cockrell, Gonzalez, Leano; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: Board Members Ontiveros-Cole and Vera.

1. APPROVAL OF THE MINUTES FROM THE MARCH 18, 2020 GOVERNING BOARD REGULAR MEETING

Recommendation: "A motion to approve the Minutes of the Governing Board Regular Meeting of March 18, 2020."

2. APPROVAL OF THE MINUTES FROM THE MARCH 19, 2020 GOVERNING BOARD ADJOURNED MEETING

Recommendation: "A motion to approve the Minutes of the Governing Board Adjourned Meeting of March 19, 2020."

NEW BUSINESS

3. APPROVAL OF RESOLUTION NO. 528 ESTABLISHING POLICY AND PROCEDURE NO. I.15 – TEMPORARY EMERGENCY PAID SICK LEAVE (EPSL) AND EMERGENCY FAMILY MEDICAL LEAVE ACT (EFMLA) UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) – EFFECTIVE APRIL 1, 2020

Executive Director Navarro stated that the policy reflects an implementation of the Families First Coronavirus Response Act, and explained that one of the provisions allows staff to take emergency paid sick leave and/or emergency family medical leave, in the vent that they become sick, a loved one or, need to care for a minor who is not in school; pointing out that it is required of Tri-City since we are an agency of less than 500 employees.

At 5:04 p.m., Board Member Elizabeth Ontiveros-Cole joined the teleconference meeting.

At 5:07 p.m., Board Member Ronald Vera joined the teleconference meeting.

Chair Carder provided a summary of what had taken place for the benefit of Board Members Vera and Ontiveros-Cole, indicating that the Board had accepted the consent calendar; that they are under New Business, Agenda Item No. 3, which is the approval of Resolution 528, Temporary Emergency Paid Sick Leave and Emergency Family Medical Leave.

There being no further comment, Board Member Leano moved, and Board Member Ontiveros-Cole seconded, to adopt Resolution No. 528 establishing Policy and Procedure No. I.15 – Temporary Emergency Paid Sick Leave and Emergency Family Medical Leave, under the Families First Coronavirus Response Act, Effective April 1, 2020. The motion was carried by the following vote: AYES: Board Members Cockrell, Gonzalez, Leano, Ontiveros-cole, and Vera; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: None.

4. ELECTION OF VICE CHAIRPERSON AFTER A VACANCY EXISTS

There being no discussion, Board Member Vera moved, and Board Member Gonzalez seconded, to elect City of Claremont Council Member Jed Leano as Vice-Chairperson to Tri-City's Governing Board. The motion was carried by the following vote: AYES: Board Members Cockrell, Gonzalez, Leano, Ontiveros-cole, and Vera; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: None.

MONTHLY STAFF REPORTS

5. TONI NAVARRO, EXECUTIVE DIRECTOR REPORT

Executive Director Navarro reported that being on week four under COVID-19, staff went from crisis mode, having a really good flow going, doing an excellent job expressing satisfaction for how well Tri-City has pivoted and how well staff is taking care of the community; and now we are in a new transition phase which is the long-term of this new normal until a vaccine is ready and there are still a lot of things to adjust and plan for moving forward. She then stated that our encounters with clients has not gone down; that our billables have only gone down about 24% to 26%, noting that this is accounted for field based work as staff is able to bill their travel time, but now there is no travel time as we are doing tele-health; that the fact that the encounters number is not going down, indicates that people are being seen and taken care of; that staff pivoted to having some online groups now at the wellness center; that all of the wellness staff are busy each day preparing new curriculum, new groups, and learning how to use the equipment so we can hold public groups online. She then reported that on Monday she, the Chief Financial Officer, and a couple of the other executive team members, sat on a CBHDA fiscal update; that it is definitely clear, since Tri-City is funded by sales tax, that revenues will be shorter than expected this year, as well as for the next couple of years; therefore, staff is preparing to do the same and/or more with less money, and expressed with confidence that we are are going to be successful because we are going to be fiscally sound and fiscally responsible with the help of Tri-City's Chief Financial Officer. She then expressed excitement for the things that we are learning about telehealth and how efficient staff can be for the community; that there are a lot of silver linings that staff has been focusing on for the last couple of weeks; that there were some requests to legislators from the County behavioral health for one-hundred million dollars of the 1 billion that has been authorized to come straight to County behavioral health to help with the extra costs related to pivoting to tele-health. She then stated that staff had a great three-year plan put together with the help of our stakeholders in January and February; that the 30-day posting period had just ended and staff realized that we have to stop that and rethink it due to COVID-19. Therefore, staff is going back to the stakeholders on April 29th to give them an update regarding staff's request for an adjustment to plan more prudently for the next three years with MHSA; that thereafter, the proposed plan will be posted again for 30 days; that in the joint meeting of the Governing Board and Mental Health Commission, staff will provide an update of the plan; that there will be a public hearing during the Mental Health Commission meeting in June; and the plan will be presented to the Governing Board for final approval in July. She then talked about her communications with some of our local elected regarding COVID-19 response updates, stating that she had a phone call with Senator Portantino and his staff, that he expressed appreciation for everything that Tri-City has been able to keep doing for our residents in La Verne and Claremont, his catchment area; that he is supporting our requests for additional funds and some MHSA funding flexibilities to keep us strong in the aftermath of COVID-19; that she also talked with Assembly Member Freddy Rodriguez and his staff, that he had also expressed appreciation for everything that Tri-City has been doing; that he is also supporting us in our requests; that he sees the value and understands that as first responders, behavioral health needs to be prioritized for personal protective equipment moving forward and also prioritized for some of those emergency funds for healthcare; and that he had said hello to everyone; that Pomona Mayor Tim Sandoval asked her and another staff member to be a part of his COVID-19 Action Committee, and had asked her to be the chair of the health and wellness committee, which she had accepted with honor; and that Rimmi Hundal, Tri-City's MHSA Director will be part of the basic needs group, which will address the food and shelter needs; and discussed the purpose of the Committee.

Board Member Vera inquired if Tri-City is eligible for any federal funds pointing out that the Pomona Valley Hospital has applied for some money. Executive Director Navarro replied that staff is in the process of putting together an application for some funds to cover the costs associated with the expansion of the telehealth that we have done.

Board Member Vera further inquired if Tri-City is eligible for the payroll protection act funds. Chief Financial Officer Acosta indicated that she will research this information. Board Member Vera pointed out that it was his understanding that the money was going fast.

Vice-Chair Leano stated that the willingness of people to come to the Wellness Center is obviously impacted since the people would want to use chat service or telehealth; and inquired if Tri-City has shifted, or is it necessary to shift, human resources to accommodate this change in request for service, and what does that look like in the last month. Executive Director Navarro replied that Tri-City had shifted all of its employees by Monday, March 23rd, noting that staff is equipped with phones and laptops to do telehealth; that what was not in place was us reaching out to the community members who were participants at the wellness center to let them know that we were going to start doing groups online; and that those groups online began last week; that Tri-City has now 100% of its staff telehealth capable; that this is the reason for applying for funds both at the federal and state level to help County behavioral health because all of us have pivoted pretty quickly to purchase hardware and software. She added that now staff is also helping participants and residents in the community to learn how to download RingCentral, and how to call in and join the groups.

6. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

Chief Financial Officer Acosta reported that when staff thought were pretty close to finishing and wrapping up the proposed budget for FY 2020-21, major changes occurred; therefore, staff is currently revamping the budget and anticipate to present a proposed budget at the June meeting; and that she added to her report this month the estimated or projected COVID-19 related expenses, which is the piece that staff is currently seeking reimbursement for through a grant that we are applying for this week.

Chair Carter inquired if this was going to delay Tri-City's bankruptcy payments. Chief Financial Officer Acosta replied in the affirmative, noting that staff will continue to review and monitor, and if things start to improve, staff will definitely consider making payments; and that staff had not made any additional payments since the beginning of the fiscal year.

Board Member Vera stated that he read that the cash position was reduced by $9 million in 30 days, and inquired for the reason. Chief Financial Officer Acosta referred to page three of her report and indicated that the table gives the cash position on the MHSA dollars; that it starts with what we actually have on hand, which is the $25 million; and the adjustments are basically to the estimated available cash to spend, and what we set aside for housing, which is 2.8 million; and that he bulk of these are designations of the current dollars that we have. Board Member Vera further stated that if nothing changed nor made any further allocations, if the available cash going into next year would be $16 million. Chief Financial Officer Acosta replied in the affirmative. Board Member Vera stated he was trying to get a sense of what our cash position is going into next year as we prepare the budget; and expressed concern about what lies ahead for us in terms of being able to capture revenue and the significant loss of sales tax revenue; and added that he wanted to make sure that we have an eye on where we are going for the next couple of years.

Chief Financial Officer Acosta stated that the plan is to propose a budget that will allow us to continue to hold a reserve as appropriate and making sure that we have sufficient dollars in the bank to take us through at minimum eight months to one-year of operations.

Executive Director Navarro added that CBHDA consultant made it pretty clear that we are going to lose probably about 30% revenue from what we expected for this year; that the revenues will continue to be slow until August because of the delay in taxpayer payments; that the sales tax has a 12-month hold on it therefore the realignment dollars are going to be low; and that the Chief Financial Officer Acosta has done such a good job of forecasting and keeping us conservative that we are in a good position at least for the next couple of fiscal years; and that in Fiscal Year 2022-23, we will see the hit to the MHSA dollars of this year's stock market spiral.

7. NANCY GILL, CHIEF OPERATIONS OFFICER REPORT

Chief Operations Officer Gill reported that she is just trying to keep the operations going between our support staff and facilities; that Tri-City has all five locations open; that staff is still seeing clients; that staff continue to comply with CDC and LA Department of Public Health regarding physical distancing requirements; that we are trying to make sure that we are taking care of staff as well as our clients; that we have an agreement with a yellow bell cap for alternative transportation service for clients to give our staff a safe environment where there is no unnecessary exposure.

8. ANGELA IGRISAN, CHIEF CLINICAL OFFICER REPORT

Chief Clinical Officer Igrisan reported that staff had to find out what the rules are; that the state and the federal government had adjusted and updated their rules so that all of our services basically can be built by telehealth or by telephone; that clinical staff worked with our IT department and got everybody equipment; that equipment was also provided to clients since a lot of our clients did not have phones; that staff trained our clients on how to use RingCentral; that most of our clients like being able to talk to people while they are isolating or while sheltering in place; that a few families that were uncomfortable with RingCentral, staff made accommodations for and were allowed into the clinic and staff provided social distancing for them; that clients, particularly children love it, noting that they are super excited about being able to show their queerness, their toys, their rooms, and their families; that it is being used as a therapeutic tool that way, and we put accountability measures in place for our staff. She then stated that the Los Angeles County Department of Public Health requested Tri-City's clinical department assistance at an isolation center at the Sheraton, which is for people who needed to isolate because they came in contact with someone who is COVID-19 positive and needed to find a place to stay where they would be away from people during the 14 days of the incubation period, or for those that are at the back end of an illness and they just need to move out from a higher level of care into the isolation centers; that this has been done in conjunction with Rimmi Hundal's team; and explained that it is like a triage where the Sheraton contact Rimmi's team first, and if they need therapy they come over to the clinical unit; that they also are providing substance abuse counseling for the folks in that center.

Executive Director Navarro reported that Tri-City does not have at this point any staff that are ill nor experiencing any COVID-19 like symptoms at all; that we are really very healthy staff; and expressed satisfaction for this and for staff doing a good job of taking care of themselves and each other.

Chair Carder stated that it was her understanding that the Sheraton was only for persons that needed to be isolated due to COVID-19, but reading her staff report, staff is also dealing with persons with a substance abuse and addictive behavior. Chief Clinical Officer Igrisan indicated that even though it's for anyone, who needs to isolate for whatever reason, the people who do not have a place to isolate are more likely to keep people without homes.

9. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

There was no comment.

10. RIMMI HUNDAL, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT

Director of MHSA & Ethnic Services Hundal reported that she has staff that have started telecommuting, mainly staying connected with community members and providing services to people that need to be connected with peer mentors; that staff is doing one-on-one phone calls and support groups online; that the Wellness Center is open Monday - Friday from 8:30 am until 5:00 pm; that people that come to use the computer lab, they stand in-line outside and are being let in one person at a time; that employment services are the busiest at this time at the Wellness Center; that the deadline for the Community Wellbeing Grant applications was extended and have received 32 applications; that the Stakeholder meeting taking place on the 29th at 10:00 am is going to be a virtual meeting; that the navigators have been very busy with calls from the homeless community about resources, and had received a few calls from the Sheraton for transportation services upon people being discharged; that staff is working on creating a training webinar on Mental Health First Aid for the staff at the Sheraton because they are not health care workers; that staff is also working on the content and curriculum for an online support group that focus on self-care for the Sheraton staff and community wide; that Tri-City has a new website and staff will keep things posted and continues to keep our social media updated on everything.

Board Member Ontiveros-Cole asked if persons coming into the Wellness Center are doing the social distancing of six feet and wearing a mask. Director of MHSA & Ethnic Services Hundal replied in the affirmative, noting that everyone is doing this including staff, and that staff is also providing masks to people that come in to use the Wellness Center.

11. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT

Chief Compliance Officer Majors-Stewart reported that the best practices team has been putting the majority of efforts in ensuring that quality compliance and best practices are maintained as staff makes the necessary transitions and adjustments during the COVID-19 crisis; that her team has been providing staff training, guidance and support to adapt to the legal and regulatory modifications and making the adjustments to the telehealth and remote work changes; and noted that staff have done an amazing job in adapting to the changes so quickly; and that her staff will continue to monitor and support in the transition and provide updates as needed.

Board Vera Vera referred to the school closures, and inquired if Tri-City had to reimburse the schools for anything since we are not on site. Chief Clinical Officer Igrisan stated that Tri-City still providing services through telehealth to students who have been referred through the school partnership program and continue to receive referrals.

Executive Director Navarro stated that the Memorandums of Understanding with the school are to allow Tri-City to be in their campuses and receive referrals; however, there is no monetary exchange.

There being no further comment, Board Member Vera moved, and Board Member Cockrell seconded, to receive and file the month of April staff reports. The motion was carried by the following vote: AYES: Board Members Cockrell, Gonzalez, Ontiveros-Cole, and Vera; Vice-Chair Leano; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: None.

GOVERNING BOARD COMMENTS

Board Member Vera stated that he watched on Monday a documentary called Bedlam, which talks about mental health, particularly in California; expressed that it was really eye opening for him to see how mental health is being provided and delivered in California; and encouraged the Board and staff to see it.

Board Member Elizabeth Ontiveros-Cole thanked everybody for doing such a fantastic job during this COVID-19 Crisis, pointing out that she knows it is difficult to be able to maintain a lower level of anxiety in our clients; that having a peer group is really fantastic because being sheltered in place it is not easy; and talked about the many events families are missing, such as high school graduations.

Discussion ensued regarding doing something special for those students who will not be able to go through the traditional ritual of a graduation ceremony.

Board Member Elizabeth Ontiveros-Cole also thanked police officers because they are out there in such dangerous times right now; stated that crime went down 35%; talked about not seeing many homeless on the streets; and indicated that the Pomona Valley medical center is just working so hard noting that it is not easy being a nurse and a doctor now and it is just amazing what they are doing for us.

Executive Director Navarro spoke about the reduction of the homeless population pointing out that it is amazing what a crisis can do because the cities, the County, and the state of California have done an amazing job of finding places for the homeless to be safe, where they are not exposed to COVID-19, and can isolate and stay healthy; that there is a lot of great political will out there that is taking care of the homeless population. She added that staff have seen an uptake in the number of homeless families who have come through the measure H navigators that Tri-City is a part of with the three cities; and that staff is spending a lot of time in making sure that people are housed.

Alternate Board Member Benita DeFrank stated staff has been able to stabilize the Hope-4-Home shelter; that they have not had any active cases of COVID-19; that H4H had a moratorium on referrals for at least 14 days and was able to establish a medical baseline where everyone was healthy, and beginning on April 22nd, they will start accepting medical referrals; that as site partnership, H4H was able to support the heart team by getting them the masks to pass out; that they will also be working with our medical partnership to create hygiene kits that include mask gloves, possibly sanitizer, and food; that there has been a little bit of a decrease because the County has opened up several shelter sites; and that there is a lot happening right now to address homelessness and create a safe environment for them that is not available to the general public.

Board Member Ontiveros-Cole discussed all the places that have food and encourage to talk to Council Member Preciado.

Board Member Vera thanked Tri-City staff for everything that they are doing right now, noting that it is just really tremendous.

Chair Carder concurred with Board Member Vera's comments, stating that everyone had the same sentiment; and that it is nice that we are able to come together like this to conduct business; and thanked everyone who joined the meeting.

PUBLIC COMMENT

There was no public comment.

ADJOURNMENT

At 6:03 p.m., on consensus of the Governing Board its meeting of April 15, 2020 was adjourned. The Governing Board will meet next in a Regular Joint Meeting with the Mental Health Commission to be held on Wednesday, May 20, 2020 at 5:00 p.m. via teleconference due to COVID-19.

_____

Micaela P. Olmos, JPA Administrator/Clerk

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **May 20, 2020**

TO: **Governing Board of Tri-City Mental Health Authority**

FROM: **Toni Navarro, LMFT, Executive Director**

BY: **Nancy Gill, Chief Operations Officer**
Dr Seeyam Teimoori, Medical Director

SUBJECT: **Approval of Resolution No. 529 Establishing Aerosol Transmissible Diseases Policy and Procedure No. I.16 Effective May 20, 2020**

Summary:

A new Aerosol Transmissible Diseases Policy has been developed, in coordination with labor legal counsel at Liebert, Cassidy and Whitmore, that is compliant with the California Code of Regulations, Title 8 Section 5199 to reduce potential Aerosol Transmissible Diseases exposure and transmittal to our workforce, clients and community; and is being presented to the Governing Board for its review and approval

Background:

With an increase in reported Aerosol Transmissible Diseases incidents in our communities and at Tri City over the last year, Tri City Management has developed a new Aerosol Transmissible Diseases Policy that will make Tuberculosis screening mandatory on an annual basis for all Tri City workforce members.

Pursuant to 8 CCR 5199 (a)(2)(B), outpatient medical specialty practices, such as most psychiatric practices, that do not diagnose or treat clients with ATDs (Aerosol Transmissible Diseases) are not required to comply with this regulation. However, as Tri-City does provide home and field-based services and works with higher risk populations (such as the homeless and those with substance abuse), including the occasional (non-medical) transportation of individuals, resulting in certain employees or personnel having higher risk of occupational exposure to ATDs, it is best practice to adopt these regulatory protocols for annual TB testing to minimize ATD exposure within the workforce.

We have consulted with legal counsel at Liebert, Cassidy and Whitmore and concluded that Tri City could be considered a “referring employer”. Referring employers are those whose employees have occupational exposure but do not provide diagnosis, treatment, transport, housing, isolation, or management to clients with known or suspected airborne infectious diseases (AirIDs).

Referring Employers must do the following, which is what is covered in the policy:

1. Have written procedures or plans;
2. Have a system for screening clients for airborne infectious diseases and referring clients to an appropriate facility;
3. Have a system of controls that will reduce employee exposures, appropriate for the type of operation, including a system for ensuring that clients requiring treatment are referred or transferred to an appropriate facility or area of the facility;
4. Provide personal protective equipment (PPE);
5. Provide medical services to employees, through a contractor, including vaccinations, TB surveillance, and investigation and follow-up for exposure incidents;
6. Provide employee training;
7. Have a system for periodically reviewing their procedures with the involvement of employees; and
8. Create and maintain certain records, and make records available to employees and their designated representatives, and to the local health department and Cal/OSHA, while maintaining legal requirements for medical confidentiality.
9. Post Source control materials such as posting information about cough etiquette, offering facemasks and promptly rooming or isolating coughing clients.

Fiscal Impact:

Current rates from Tri City's Medical Provider Concentra are as follows:

TB Skin Test = $32.50 per workforce member
Chest X-Ray = $73.00 per workforce member

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 529 establishing the Aerosol Transmissible Diseases Policy and Procedure No. I.16, Effective May 20, 2020.

Attachments:

Attachment 4-A: Resolution No. 529 - DRAFT

Attachment 4-B: Aerosol Transmissible Diseases Policy & Procedure No. I.16 - DRAFT

RESOLUTION NO. 529

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ESTABLISHING POLICY AND PROCEDURE NO. I.16, AEROSOL TRANSMISSIBLE DISEASES, EFFECTIVE MAY 20, 2020

The Governing Board of the Tri-City Mental Health Authority does resolve as follows:

1. Findings. The Governing Board hereby finds and declares the following:

A. Tri-City Mental Health Authority ("TCMHA"), wishes to establish its Aerosol Transmissible Diseases Policy and Procedure No. I.16, which is compliant with the California Code of Regulations, Title 8 Section 5199 to reduce potential Aerosol Transmissible Diseases exposure and transmittal to its workforce, clients and community.

B. TCMHA provides home and field-based services and its employees work with higher risk populations, resulting in certain employees having higher risk of occupational exposure to Aerosol Transmissible Diseases (ATDs). Therefore, it is best practice to adopt regulatory protocols for annual TB testing to minimize ATD exposure within the workforce.

2. Action

The Governing Board approves the Aerosol Transmissible Diseases Policy and Procedure No. I.16, effective May 20, 2020.

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on May 20, 2020, by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

ROBIN CARDER, CHAIR

APPROVED AS TO FORM:
DAROLD PIEPER, GENERAL COUNSEL

By:_____

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By:_____

POLICY & PROCEDURE

SUBJECT:	POLICY NO.:	EFFECTIVE DATE:	PAGE:
Aerosol Transmissible Diseases	**I.16**	**05/20/2020**	**1 of 19**
APPROVED BY: **Executive Director** **Governing Board**	**SUPERCEDES:**	**ORIGINAL ISSUE DATE:** **DRAFT**	**RESPONSIBLE PARTIES:** **Medical Director** **Chief Operations Officer** **HR Manager** **All Workforce**

1. PURPOSE

Tri-City is a comprehensive mental health service provider, dedicated to helping families and individuals of all ages reach their full potential. Tri-City does not provide any medical treatment to individuals. The purpose of this Policy is to establish a uniform policy for screening, preventing, managing and reporting workforce exposure to aerosol transmissible diseases, in accordance with California Code of Regulations, Title 8, Section 5199 and Title 22, Section 75335. This policy provides guidelines to minimize the risk for Tri-City Mental Health Authority's ("Tri-City") clients, as well as its workforce, which includes all employees, interns and volunteers ("Workforce," is both singular and plural) against aerosol transmissible diseases (ATDs). Tri-City is committed to providing a safe and healthy work environment and has developed the following aerosol transmissible diseases policy.

2. POLICY

2.1 Policy Statement:

This policy as detailed below addresses Tri-City's procedures for preventing the spread of ATDs to employees, clients, guests, visitors, and vendors. Aerosol Transmissible Diseases (ATD) is a disease or pathogen that spreads through the air (such as chickenpox, measles, tuberculosis) or when particles or droplets are inhaled or come into direct contact with mucous membranes in the respiratory tract or eyes (such as influenza, Coronavirus (COVID-19), meningitis, and whooping cough). ATDs include but are not limited to those identified in Appendix A of 8 CCR Section 5199. Tri-City's Workforce, including management and supervisors, are to adhere to the guidelines set forth in this policy

2.2 ATD Policy Responsibilities:

2.2.1 ATD Policy Administration Committee. The Chief Operations Officer and Medical Director together will be responsible for the establishment, implementation, and maintenance of the written infection control procedures of Tri-City for ATDs, including this Policy and any implementing policies or procedures. The Workforce, including those individuals identified as managers and supervisors, will be required to comply with their duties as outlined below.

2.2.1.1 Chief Operations Officer will:

2.2.1.1.1 Ensure that this ATD Policy and any necessary written procedures are implemented, reviewed annually, and revised as necessary. The Chief Operations Officer will coordinate with Tri City's Medical Director and Human Resources ("HR") Manager.

2.2.1.1.2 Create and modify any implemented written procedures required to give this ATD Policy effect and to update and modify this Policy as it applies to the infection control procedures for specific work performed by Tri-City staff in various departments.

2.2.1.1.3 Maintain and review records and reports pertinent to implementing the ATD Policy.

2.2.1.1.4 Identify in writing job categories in which Workforce have increased occupational exposure to ATDs in coordination with the HR Manager.

2.2.1.1.5 Ensure all suspected, reported, or alleged safety and health hazards are evaluated and controlled by following up on compliance with recommendations.

2.2.1.1.6 Evaluate the effectiveness of this ATD Policy by analyzing accidents, complaints, and other occupational exposures.

2.2.1.2 Medical Director will:

2.2.1.2.1 Report all ATD exposure incidents to the Department of Public Health or any local health department as required by law.

2.2.1.2.2 Assess ATD training needs and develop annual ATD training module, in coordination with the Chief Operations Officer, HR Manager and Facilities Manager.

2.2.1.2.3 Review all Tri City reports of possible ATD exposure and provide medical guidance.

2.2.1.2.4 Review this Policy annually to ensure Tri City complies with all Health and Safety regulations.

2.2.2 Department Directors, Managers and Supervisors will:

2.2.2.1 Provide support, leadership and direction for the ATD Policy.

2.2.2.2 Delegate authority, responsibility, and accountability to effectively implement and maintain ATD Policy requirements.

2.2.2.3 Identify and notify in writing to the HR Manager of any job categories in which Workforce have increased occupational exposure to ATDs.

2.2.3 Safety Committee will:

2.2.3.1 Ensure Workforce complies with the policies and procedures established in the ATD Policy.

2.2.3.2 Ensure the ATD Policy has been implemented and is followed in their area(s) of responsibility.

2.2.3.3 Request resources for the correction of safety and health hazards by submitting timely requests for recommended protective equipment and supplies.

2.2.3.4 Properly report all Workforce accidents, exposures and near misses, in accordance with OSHA. All accidents must be promptly reported to the Facilities Manager and the Human Resources Department.

2.2.3.5 Communicate safety and health information to Workforce when hazards are identified or new operations, materials, procedures or equipment are introduced into the workplace.

2.2.4 Non-Managerial Workforce will:

2.2.4.1 Familiarize themselves with the requirements of this Policy.

2.2.4.2 Wear appropriate Personal Protective Equipment (PPE), when required.

2.2.4.3 Immediately report all exposures, injuries and known safety deficiencies or potentially hazardous conditions to the individual's supervisor. If the direct supervisor is not available, the individual must report hazards and injuries to the next available person in the line of supervision.

2.2.4.4 Refrain from performing tasks that Workforce are not trained to perform.

2.2.4.5 Bring any recommendations for the prevention and control of workplace hazards, accidents and injuries to the attention of their immediate supervisor for consideration. Tri-City will consider such recommendations, but is under no obligation to implement same except to the extent required by law.

3. PROCEDURES

3.1 Tuberculosis Screening, Identification and Referral for Workforce:

3.1.1 Initial Tuberculosis Screening Upon Hire

3.1.1.1 Testing Requirement. All new Tri-City Workforce are to have Tuberculosis ("TB") screening either 90 days prior to or within one week after their initial start date.

3.1.1.2 Authorization Form. Tri-City will provide each new member of the Workforce with an Authorization for Examination or Treatment Form while reviewing their initial new hire paperwork. The Authorization for Examination will be substantially in the same form as the one found in Appendix A of this policy.

3.1.1.3 Screening Provider. The Workforce member must take the Authorization for Examination or Treatment Form to Tri City's Contracted Provider ("Tri City's Medical Services Provider") as identified by Human Resources for administration of the TB test when the Workforce completes their pre-employment physical.

3.1.2 New Workforce with History of Negative Skin Tests

3.1.2.1 Each newly hired member of the Workforce must submit to a test that is recommended by the Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA), unless the Workforce member can provide proof of an equivalent TB skin test for negative reactors from a qualified medical facility. The test and results must have been obtained within 90 days prior to the initial start date. Tri-City shall have sole discretion in determining whether or not to accept proof of negative TB test from another medical provider.

3.1.2.2 If the TB test is positive, the person is classified as "previously infected" and will be administered a second test at Tri City's Medical Services Provider for further screening and treatment as necessary, including a chest x-ray and any other procedures established by the California Code of Regulations, as may be applicable.

3.1.2.3 If the test is negative, the person is classified as "uninfected."

3.1.3 New Workforce with History of Vaccination with Bacillus of Calmette and Guerine (BCG) or Prior Positive Reaction to a Purified Protein Derivative (PPD) Skin Test

3.1.3.1 Each new member of the Workforce with a history of a positive TB skin test, adequate treatment for the disease, and/or adequate preventative therapy for infection should be exempt from PPD screening and will be classified as having "positive reactors" and will be referred to Tri City's Medical Services Provider to have a chest x-ray performed.

3.1.3.2 If the chest x-ray is negative, the Workforce is classified as "uninfected." A subsequent x-ray would be administered one year from the initial x-ray. If the subsequent x-ray is negative, the Workforce will complete a TB Questionnaire (Appendix B) on an annual basis for the duration of their employment, as long as there are no positive symptoms indicated on the questionnaire.

3.1.3.3 If the chest x-ray is positive, the Workforce will be referred to their primary care physician or Tri City's Medical Services Provider for further screening and treatment as necessary.

3.1.3.4 New Workforce subject to this Section 3.1.3.3 will not be able to return to work until cleared of the active TB disease by their primary care provider or Tri City's Medical Services Provider.

3.1.4 Annual Workforce Tuberculosis Screening

3.1.4.1 **Annual Testing Requirement**. Each member of the Workforce will be required to fulfill an annual TB screening.

3.1.4.2 **Annual Notices.** HR Department will send out notices to each member of the Workforce along with *Authorization for Examination or Treatment Form* (**Appendix A**) on the anniversary month of their hire date and track compliance through the HR Manager database for all requirements.

3.1.4.3 **Negative TB History.** Each member of the Workforce with a negative reactor history will be sent an *Authorization for Examination or Treatment Form* to have a PPD skin test administered.

3.1.4.4 **Positive TB History.** Each member of the Workforce with a positive PPD reactor history will be provided with an Authorization for Examination or Treatment Form so that they can have a second chest x-ray administered to confirm they are free of active disease.

If a member of the Workforce completes two annual chest x-rays and are free of active disease, the member will thereafter complete a TB Questionnaire (**Exhibit B**) annually to determine if there are any symptoms indicating active *Mycobacterium tuberculosis* complex also known as *M. Tuberculosis*.

3.1.4.5 TB Questionnaires. Each member of the Workforce required to complete a TB Questionnaire is responsible for sending all TB questionnaires to the HR Department as soon as they are completed and no later than 30 days after receiving said notices.

3.1.4.6 Limited Exemptions from Annual Testing Policy. Limited exemptions from TB testing may be granted under limited circumstances and are in sole discretion of Tri-City Human Resources Department with the Medical Director.

3.1.4.7 Confidential File. HR Department will maintain the results in a confidential file separate from Tri-City personnel file.

3.1.4.8 Referral for Positive TB Indication. All TB questionnaires will be reviewed upon receipt by the Medical Director. If there is any indication that new symptoms are present for M. Tuberculosis, the Workforce member will be referred to their primary care physician or Tri City's Medical Services Provider for further screening and treatment as necessary.

3.1.5 Management of PPD Skin Test Conversion/Positive Reaction Developing Symptoms of Tuberculosis.

3.1.5.1 If a member of the Workforce who previously tested negative for TB on the skin test converts to a positive, or if a positive reactor submits a TB questionnaire which suggests the person is positive for M. Tuberculosis, a chest x-ray will be ordered with approval of the HR Department and Medical Director.

3.1.5.2 Tri City's Medical Services Provider will review and evaluate the chest x-ray for "active TB".

3.1.5.3 If the chest x-ray is suggestive of/or interpreted as "active TB", the Workforce member will be removed from work and cease all client contact until documented "non- infectious" by a qualified and licensed medical professional.

3.1.5.4 Tri City's Medical Services Provider will evaluate the Workforce to determine if an occupational exposure occurred, and if further medical care and preventive therapy are indicated.

3.1.5.5 The HR Department may need to record TB infection and TB disease on the OSHA 300 log. A positive skin test for TB, with the exception of new Workforce screening, is recordable on the OSHA 300 log because there is a presumption of work relatedness. If Tri City's Medical Services Provider determined that an occupational exposure occurred, the Workforce will be referred to the HR Department for Worker's Compensation follow-up.

3.2 Procedures For Identification, Referral of Known And Suspected ATD Cases and Isolation Of Clients or Other Guests

3.2.1 The term clients, as used in this Policy, will include any individual seeking or receiving Tri-City's services.

3.2.2 Prior to providing Tri-City's services to a Client, Workforce members shall make inquiries into the client's general health as part of the screening process, including conducting the screening questionnaire provided in Appendix E for use by non-medical Workforce should a client present with any symptoms of TB disease.

3.2.3 If a Workforce member determines that a Client appears potentially infectious (e.g. coughing and rash), the Workforce member will consult with her or his supervisor and the Medical Director to refer the Client to a medical health services provider for evaluation prior to receiving direct services from Tri-City.

3.2.4 Referrals shall be provided to Client's who have reported any of the following based upon the screening or the Workforce's observations**:**

3.2.4.1 A cough for more than three weeks that is not explained by non-infectious conditions.

3.2.4.2 Signs and symptoms of a flu-like illness during March through October, the months outside of the typical period for seasonal influenza, or exhibit these signs and symptoms for a period longer than two weeks at any time during the year. These signs and symptoms generally include combinations of the following: coughing and other respiratory symptoms, fever, sweating, chills, muscle aches, weakness and malaise.

3.2.4.3 Diagnosis of a transmissible respiratory disease, excluding the common cold and seasonal influenza.

3.2.4.4 Exposure to an infectious ATD case, other than seasonal influenza.

3.2.5 Once a client is determined as *potentially* infectious, Workforce shall follow isolation procedures until the Medical Director and Chief Clinical Officer make any final determination of next steps. Until a decision is made by the Medical Director and/or Chief Clinical Officer, the Workforce member working with the Client will:

3.2.5.1 Immediately initiate self-care by leaving the room and closing door.

3.2.5.2 Immediately notify the supervisor about the potentially infectious client.

3.2.5.3 Offer masks to clients who are sneezing, and coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used.

3.2.5.4 Request that the Client remain in a separate room or area, if a Client who is potentially infectious remains in the Tri-City facility for a period of time before transfer or before leaving to seek medical attention.

3.2.5.5 Escort Clients who are suspected of having infectious ATD and refuse to remain in the facility before transfer out through an area away from the remainder of the Workforce and other clients.

3.2.5.6 Transfer of a potentially infections client shall occur within 5 hours of identification of the suspected case, with the approval of the Medical Director and Chief Clinical Officer.

3.2.6 All suspected cases must be immediately reported to the Medical Director, HR Manager and Facilities Manager.

3.3. <u>ATD Related Medical Incidents and Services</u>

3.3.1 Exposure Incidents

3.3.1.1 Workforce shall follow the procedures set forth in Tri-City Policy No. II.15, Reporting of Employee Injuries and Illnesses for incidents of actual or suspected exposure to a suspected or active ATD.

3.3.1.2 In accordance with Policy II.15 ”Reporting of Employee Injuries and Illnesses” and Tri-City’s obligations under California Law, Tri-City shall provide necessary medical services, including vaccinations, tests, examinations, evaluations, determinations, procedures, and medical management to Workforce exposed or suspected of exposure to an ATD (actual or suspected).

3.3.2 Vaccinations

3.3.2.1 Flu vaccinations will be made available to Workforce at no cost during the period designated by the CDC for administration.

3.3.2.2 Personnel who decline to accept a recommended Flu vaccination must sign a declination form. (**Exhibit C**)

3.3.2.3 Acceptance and Declination Forms will be distributed by the HR Department prior to the actual testing or vaccination event and one of the two forms, dependent upon the Workforce member's choice to receive or decline testing and vaccination, must be completed prior to reporting to his/her work assignment.

3.4 Work Practice Controls and Personal Protective Equipment

3.4.1 Work Practice Controls

3.4.1.1 Tri-City will provide screening questionnaires, which include questions about the client's physical health and any potential ATDs. Please refer to Appendix E for a list of criteria/questions. The questionnaire may be updated from time-to-time.

3.4.1.2 Any Workforce who encounters a client or visitor with symptoms consistent with a potential ATD (e.g. coughing and rash) will notify the Medical Director or licensed psychiatric technicians to evaluate, mask and place the client in an empty room away from other personnel and clients when feasible and follow the procedures set forth in Section 3.2 above.

3.4.1.3 Workforce will alert the HR Manager and Facilities Manager of any suspected infectious disease to assure compliance with isolation and referral procedures. The Medical Director will report all suspected cases to the Department of Public Health and any other local health department based on the reporting guidelines.

3.4.1.4 Workforce will request that clients with a suspected ATD-related rash or cough see a medical provider and not come to the facility pending a medical evaluation and clearance.

3.4.1.5 Clients with a suspected ATD-related rash or cough shall be transported by an ambulance or medical-transport service to a treating facility or hospital and shall not be transported by Tri-City Workforce.

3.4.1.6 Where feasible, Tri-City Workforce shall remain a minimum of six-feet away while asking the screening questions.

3.4.1.7 Decontamination

3.4.1.7.1 Decontamination and cleaning of any rooms/areas will occur after each use by a client with a known or suspected ATD case or more frequently if appropriate. The room used by a client with suspected ATD will not be used by other clients or staff until it is cleaned.

3.4.1.7.2 Department Managers and Supervisors shall submit a Work Order Request to the Facilities Department for any additional cleaning beyond regular housekeeping provided.

3.4.1.7.3 Decontamination and cleaning of any rooms/areas used by a client with a known or suspected ATD case will be completed by the Facilities Department unless the Medical Director determines that decontamination should be completed by a qualified contractor.

3.4.1.7.4 Workforce shall contact the Facilities Department to coordinate cleaning of the vehicle, whether it is a personal vehicle approved for use for client transport or agency owned vehicle. Decontamination and cleaning of transport vehicles will occur after transport of any known or suspect ATD cases; however Tri-City Workforce shall not knowingly transport a known or suspected ATD case.

3.4.1.7.5 Tri-City Workforce, except for individuals in the Facilities Department, will not complete the decontamination process, but will file a request with the Facilities Department for a contractor to properly decontaminate the areas used by the client with a known or suspected case of ATD. Workforce are encouraged to wipe down office equipment and materials, such as chair handles, door knobs, and desks, with Tri-City provided sanitizing wipes as necessary.

3.4.1.8 Tri-City Management will encourage and implement respiratory hygiene and cough etiquette strategies by posting informational posters and reminding staff and clients to practice good hygiene. Signs should be posted both inside and outside of the facilities informing people entering the facility of source control measures including cough etiquette, and what to do if they have signs of an ATD.

3.4.1.9 Management and supervisors shall enforce exclusion of ill Workforce members with signs of potential ATDs and such individuals will be referred to a healthcare provider and not allowed to work until deemed non-contagious by a healthcare provider.

3.4.2 Personal Protective Equipment (PPE)

3.4.2.1 During the care of any client, all Workforce will adhere to "universal precautions" for preventing transmission of infectious agents in all settings.

3.4.2.2 Workforce shall frequently complete appropriate hand hygiene, including handwashing and use of hand sanitizer, including before and after each client contact, contact with potentially infectious material (e.g. saliva or blood), and before putting on and upon removal of PPE, including: gloves, gowns, face masks, and face shields or goggles. Tri-City will provide soap and alcohol-based hand rubs at multiple sites within each clinic before client contact, and in the field.

3.4.2.3 Workforce will wear gloves for any contact with potentially infectious material, including blood and other fluids. Gloves are single use, to be removed and disposed of after contact, followed by hand hygiene.

3.4.2.4 Tri-City may provide Clients with known or suspected cases of ATD with the N-95 respirator (if available), or other similar mask, while waiting for transportation.

3.4.2.5 The Facilities Department will ensure that all PPE is accessible and fully stocked at all times, to the extent said items are available and will provide staff training, in coordination with the Medical Director and Licensed Psychiatric Technicians, and inform staff where to find all PPE and first aid kits.

3.4.2.6 Prior to using any respirator, Workforce members shall **read and complete** the Voluntary Respirator Use Form **(Exhibit D)**.The completed form is to be submitted to the Facilities Manager.

3.5 Communication

3.5.1 Reporting of Exposure Incident:

3.5.1.1 Workforce at any level are responsible for immediately reporting an exposure incident to their supervisor, the Facilities Department and HR Manager.

3.5.1.2 The Medical Director or designee is responsible for reporting an exposure incident to the Department of Public Health within 72 hours of knowledge of the incident as required by California law.

3.5.1.3 Notification will include at a minimum:

3.5.1.3.1 Date of exposure

3.5.1.3.2 Time of exposure

3.5.1.3.3 The identity of the source client

3.5.1.3.4 Nature of the exposure

3.5.1.3.5 Any other information that is necessary to evaluate the exposure

3.5.2 **Communication with Workforce:** The HR Manager, in coordination with the Medical Director, will send precautionary information to Workforce at the facility regarding the suspected or confirmed infectious disease status of persons to whom Workforce are exposed in the scope of their duties and next steps.

3.5.3 **Communication with outside Employers:** All contractors will comply with this Policy's requirements and may be required to obtain and provide medical clearance by their health care provider prior to providing services.

3.6 Training

3.6.1 The Chief Operations Officer and Medical Director will ensure that a standardized training curriculum is developed and maintained, in coordination with the HR Manager.

3.6.2 All Workforce must attend training annual training on ATD as follows:

3.6.2.1 At the time of initial assignment to tasks where occupational exposure may occur.

3.6.2.2 At least annually thereafter, not to exceed 12 months from the previous training.

3.6.2.3 When changes affect the Workforce's occupational exposure or control measures.

3.6.3 The training program will address all content required by Aerosol Transmissible Diseases standard specified under Title 8, California Code of Regulations, Section 5199 (8CCR§ 5199).

3.6.4 Every training program will include an opportunity for interactive questions and answers with a person who is knowledgeable in the subject matter of the training as it relates to the workplace and the Tri-City's ATD Policy.

3.7 Recordkeeping

3.7.1 **Medical Records.** Tri-City's Human Resources Department will maintain medical records for each Workforce with occupational exposure in accordance with 8 CCR §3203 and §3204.

3.7.2 **Training Records.** Will be maintained by the Human Resources Department for 3 years from the date on which the training occurred and include the following information:

3.7.2.1 The date of the training session(s).

3.7.2.2 The contents or a summary of the training session(s).

3.7.2.3 The names and qualifications of persons conducting the training or who are designated to respond to interactive questions.

3.7.2.4 The names and job titles of all persons attending the training sessions.

3.7.3 **Exposure Incidents**

3.7.3.1 The HR Department will retain and maintain records of exposure incidents as Workforce exposure records and will include all content required for the Cal OSHA 300 Log.

3.7.3.2 Recordable cases will be recorded and protected in a secure database for mandatory Cal/OSHA 300 and 300A Log reporting.

3.8 Program Review

3.8.1 The Chief Operations Officer and Medical Director will review and update this Policy and any associated procedures. They will:

3.8.1.1 The Chief Operations Officer and Medical Director will solicit input from Workforce.

3.8.1.2 Review the Cal/OSHA 300 Log of work-related ATD illness.

3.8.1.3 Review TB conversion rates and exposure incident reports.

3.8.1.4 Identify new or modified tasks or procedures that affect occupational exposure.

3.8.1.5 Review information indicating that the existing exposure control plan is deficient in any area.

3.8.2 All Workforce are encouraged to provide suggestions on improving the procedures they perform in their area. Workforce shall contribute to the review and updating of this policy plan by:

3.8.2.1 Participating as members of the Safety Committee.

3.8.2.2 Attending meetings to discuss safety and health issues and improvements.

3.8.2.3 Reporting issues or potential problems to management and providing ideas, recommendations, or suggestions for their correction.

3.8.2.4 Completing work orders, reports, questionnaires, or other documents timely.

4. LEGAL REFERENCES

4.1 California Code of Regulations, Title 8, Section 5199; and

4.2 California Code of Regulations, Title 22, Section 75335

5. FORMS

5.1. **Exhibit A** – Authorization for Examination or Treatment Form

5.2. **Exhibit B** – Tuberculosis Screening Questionnaire

5.3. **Exhibit C** – Seasonal Influenza Vaccination Declination Statement (Mandatory)

5.4. **Exhibit D** - Voluntary Respirator Use Form

5.5. **Exhibit E** – Screening Questionnaire for Clients

TRI-CITY Mental Health

EXHIBIT A

Reset Form

Save File/Attach to Email

Concentra™

(Patient Must Present Photo ID at Time of Service)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Street Address: _____ Location Number: _____

Temporary Staffing Agency: _____

Work Related

☐ Injury ☐ Illness

Date of Injury _____

Substance Abuse Testing★ (check all that apply)

☐ Regulated drug screen ☐ Breath alcohol

☐ Collection only ☐ Hair collect

☐ Non-regulated drug screen ☐ Rapid drug screen

☐ Other _____

Type of Substance Abuse Testing

☐ Preplacement ☐ Reasonable cause

☐ Post-accident ☐ Random

☐ Follow-up

Special instructions/comments: _____

_____

_____

_____

Physical Examination

☐ Preplacement ☐ Baseline ☐ Annual ☐ Exit

DOT Physical Examination

☐ Preplacement ☐ Recertification

Special Examination

☐ Asbestos ☐ Respirator ☐ Audiogram

☐ Human Performance Evaluation★

☐ HAZMAT ☐ Medical Surveillance

☐ Other _____

Billing (check if applicable)

☐ Employee to pay charges

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Authorized by: _____ Title: _____

Please print

Phone: (_____) _____ _____

Date

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)

EXHIBIT B

TUBERCULOSIS SCREENING QUESTIONNAIRE

Name: _____ Date: _____

Positive TB skin test (PPD) Date: _____

Last Chest X-Ray Date: _____

Please indicate if you are having any of the following problems for three weeks or longer:

1. Chronic Cough Yes _____ No _____
2. Production of Sputum Yes _____ No _____
3. Blood-Streaked Sputum Yes _____ No _____
4. Unexplained Weight Loss Yes _____ No _____
5. Fever Yes _____ No _____
6. Fatigue/Tiredness Yes _____ No _____
7. Night Sweats Yes _____ No _____
8. Shortness of Breath Yes _____ No _____

☐ **NO EVIDENCE** OF PULMONARY TUBERCULOSIS OR CONTAGIUM.

☐ **EVIDENCE** OF PULMONARY TUBERCULOSIS OR CONTAGIUM.

_____ _____
Date Employee Signature

_____ _____
Date Reviewed by Medical Director

DISTRIBUTED TO:

Human Resources: _____
Date

Medical Director: _____
Date

EXHIBIT C

SEASONAL INFLUENZA VACCINATION DECLINATION STATEMENT (MANDATORY)

The employer shall ensure that workforce who decline to accept the seasonal influenza vaccination offered by the employer sign and date the following statement as required by the Aerosol Transmissible Policy subsection 3.3.2.

I understand that due to my occupational exposure to aerosol transmissible diseases I may be at risk of acquiring seasonal influenza. I have been given the opportunity to be vaccinated against this infection at no charge to me.

However, I decline this vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring influenza. If, during the season for which the CDC recommends administration of any influenza vaccine, I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

ACKNOWLEDGEMENT

I certify that I have read and understand this Policy requirement and will comply with the obligations stated herein. I may request a signed copy of this statement.

☐ **I decline the vaccination as I have acquired it by other means.**

☐ **I decline the vaccination as I am not interested at this time.**

DATE: _____

EMPLOYEE Name: _____

EMPLOYEE Signature: _____

EXHIBIT D

VOLUNTARY RESPIRATOR USE FORM

Some employees, interns or volunteers may choose to use filtering face mask respirators, also referred to as N95 or N99 disposable dust masks, on a voluntary basis during activities that involve exposures to low-level, non-hazardous nuisance dust or other similar particulate. According to the Occupational Safety and Health Administration (OSHA) regulations, Tri-City Mental Health must provide you with the following information if you wear a filtering face piece respirator voluntarily. The following information is copied from the OSHA Respiratory Protection Standard and pertains to the voluntary use of respirators. After reading the information below, please complete the section at the end of this form.

29 CFR 1910.134, Appendix D - (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.
5. Discard and replace disposable masks when they become soiled, damp or in any way contaminated.

Please complete the section below:

Name (print):_____ Job Title:_____

Department:_____ Supervisor:_____

Reason for using mask (describe nature of work, specific location, etc):

_____

I have read and understood the information provided above:_____

(signature & date)

EXHIBIT E

SCREENING QUESTIONNAIRE FOR CLIENTS

1. For screening a coughing client with potential TB – privately ask the person

a. if he/she has had a cough for more than three weeks. ☐ **Yes** ☐ **No**

a. if, in addition to cough, he/she has had one or more of the following clinical symptoms of TB disease:

- Unexplained weight loss (>5 lbs) ☐ **Yes** ☐ **No**
- Night Sweats ☐ **Yes** ☐ **No**
- Fever ☐ **Yes** ☐ **No**
- Chronic Fatigue/Malaise ☐ **Yes** ☐ **No**
- Coughing up blood ☐ **Yes** ☐ **No**

c. A person who has had a cough for more than three weeks and who has one of the other symptoms in b. must be referred to a health care provider for further evaluation, unless that person is already under treatment. Consider referring a person with any of the above symptoms, if there is no alternative explanation.

2. In addition to TB, other vaccine preventable aerosol transmissible diseases, including pertussis, measles, mumps, rubella ("German measles") and chicken pox should be considered when non-medical personnel screen individuals in non-health care facilities. The following is a brief list of some findings that should prompt referral to a health care provider for further evaluation when identified through a screening process:

- Severe coughing spasms, especially if persistent; coughing fits may interfere with eating, drinking and breathing ☐ **Yes** ☐ **No**
- Fever, headache, muscle aches, tiredness, poor appetite followed by painful, swollen salivary glands, one side or both sides of face under jaw ☐ **Yes** ☐ **No**
- Fever, chills, cough, runny nose, watery eyes associated with onset of an unexplained rash (diffuse rash or blister-type skin rash) ☐ **Yes** ☐ **No**
- Fever, headache, stiff neck, possibly mental status changes ☐ **Yes** ☐ **No**

3. All suspected cases must be IMMEDIATELY reported to the Medical Director, HR Manager and Facilities Manager.

4. Once a client is determined as potentially infectious, staff shall follow isolation procedures (as indicated in section 3.2.5 of the ATD Policy), and Facilities Department shall coordinate cleaning or decontamination (as indicated in Section 3.4.1.7 of the ATD Policy), until the Medical Director and Chief Clinical Officer make any final determination of next steps.

5. Any client who exhibits any of the above described findings, and reports contact with individuals known to have any of these transmissible illnesses in the past 2-4 weeks, should be promptly evaluated by a health care provider.

6. Health officials may issue alerts for community outbreaks of other diseases. They will provide screening criteria, and people must be referred to medical providers as recommended by the health officer.

☐ **No Evidence** of Pulmonary Tuberculosis Or Contagium.

☐ **Evidence** of Pulmonary Tuberculosis Or Contagium.

_____	_____	_____	_____
Date	Employee Signature	Date	Reviewed by Medical Director

DISTRIBUTED TO: Human Resources:_____ Medical Director:_____

Date Date

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **May 20, 2020**

TO: **Governing Board of Tri-City Mental Health Authority**

FROM: **Toni Navarro, LMFT, Executive Director**

BY: **Nancy Gill, Chief Operations Officer**
Alex Ramirez, Facilities Manager

SUBJECT: **Approval of Resolution No. 530 Authorizing an Amendment to its FY 2019-20 Budget of an Additional $49,000 for an Emergency Sewer Line Repair & Connection at its Supportive Housing Property located at 956 W. Baseline Road in Claremont, CA; and Ratifying the Action of the Executive Director of signing on behalf of Tri-City an Agreement with California Pumping & Sanitation (CPS), Inc.**

Summary:

Tri-City 's supportive housing property located at 956 W. Baseline Road in Claremont, CA required emergency sewer repair, as the septic system ruptured on 4/19/2020 . Tri City's Property Management in collaboration with Tri City's Facilities Department, obtained proposals for the emergency sewer repair and California Pumping & Sanitation (CPS) was selected. The Executive Director approved and signed an Agreement with CPS in the amount of $39,100 to complete this project, as there was a concern that the entire septic system was at imminent risk of failure.

Background:

The Permanent Supportive Housing property at 956 W. Baseline Rd in Claremont, CA property was purchased in November 2015. During the septic sewer inspection by the City of Claremont, Tri City was informed that if the sewer system ever failed it would require Tri City to immediately connect the property to an available public sewer. Tri-City was planning to build apartments in the future and the public sewer connection was determined to be across the street on the opposite side of the center median, so it was decided at that time to keep the existing septic system and the property did pass the City's sewer system inspection.

On April 19, 2020, Tri City's Chief Operations Officer and Facilities Manager were notified by Josh Sanchez, with Property Management Lucas & Hollingsworth, that the Baseline property had a sewer back up. On the same day, Property Management contacted a plumbing company and they tried to clear the line. However, they were not able to clear the line due to a stoppage and advised that the line might be collapsed. The area in question is under the walkway at the west side of the property and is the branch sewer line serving the west bathroom of the property.

The same plumbing company returned the next day with a hydro jet system, pumped the first tank section, and ran a camera line from the septic tank to the break in the line. Because of the break, they were not able to send the camera all the way to the septic tank, so the condition of the line between the break and septic tank was unknown.

On April 21st, California Pumping & Sanitation (CPS) was hired, as they have both septic/waste and plumbing contractor licenses, and responded to proposal requests within the timeline requested. They tried to repair the break and empty the septic tanks. However, after they exposed the sewer line where the break was, they discovered a badly deteriorated tar paper type sewer pipe. Before attempting to replace the broken section of sewer, they tried to clear the pipe beyond the break and were not able to, evidently due to rocks in the line. In addition, a camera inspection from the opposite end of the branch line revealed another stoppage in addition to another collapsed portion of the line about 25 feet from the septic tank with standing water. Because the branch line partially runs under the slab on grade foundation of the house, the only option was to re-route the branch line around the outside of the house. It was also discovered that the septic system was not operating properly as evidenced by the near-overflowing level of the primary side of the septic tank. Septic tanks have two sections, the first for solids and the second for liquid waste. The primary side of the septic tank was pumped, but liquid was flowing backward from the secondary side suggesting a failing seepage pit (or leach line). Unfortunately, the second half did not have a riser, so it could not be pumped. There was nothing they could do because if they repaired or replaced the above-mentioned branch line serving the west bathroom, the sewage still would not flow due to the failing septic system.

Property Management obtained new bids for this project to connect the sewer line to the public sewer system. California Pumping & Sanitation (CPS) was selected; they found a sewer line in the rear of the property, and ensured it was active before submitting their bid to connect. Tri City's Legal Counsel Darold Pieper was updated on this emergency project and also reviewed the Independent Contractor Agreement with CPS. Thereafter, the Executive Director approved and signed the Agreement with CPS in the amount of $39,100 to complete this project, as the entire septic system was at imminent risk of failure.

On May 12th, we learned that the City of Claremont's Engineering Department approved the drawings as submitted by CPS. Tri-City will need to sign the annexation documents to be a part of LA County to have access to the public sewer. Once paperwork is submitted and sewer connection fees are paid, then CPS will obtain the permits and the work to connect the sewer line to the public sewer system will begin. This project will also be subject to additional permit and inspection fees, which are currently projected to reach $10,000.

Fiscal Impact:

The approximate cost for the entire project is $49,000.00 and the funding source is 100% MHSA Community Support Services, Housing. This amount includes $39,100 contractor fees plus $10,000 for related permit and inspection fees.

Recommendation:

Staff is requesting that the Governing Board adopt Resolution No. 530 ratifying the action of the Executive Director of signing on behalf of Tri-City the Agreement with CPS for sewer line emergency repair at Supportive Housing property located at 956 W. Baseline Road in Claremont; and authorizing an Amendment to the FY 2019-20 Budget of an additional $49,000 to cover all related costs for this project and to comply with all City sewer connection requirements.

Attachments

Attachment 5-A: Resolution No. 530 - DRAFT

Attachment 5-B: Agreement between TCMHA & CPS for Sewer Line Emergency Repair, effective May 1, 2020

RESOLUTION NO. 530

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING AN AMENDMENT TO ITS FISCAL YEAR 2019-20 BUDGET OF AN ADDITIONAL $49,000 FOR AN EMERGENCY SEWER LINE REPAIR & CONNECTION PROJECT AT ITS PERMANENT SUPPORTIVE HOUSING PROPERTY LOCATED AT 956 W. BASELINE ROAD IN CLAREMONT, CA; AND APPROVING THE AGREEMENT WITH THE CALIFORNIA PUMPING & SANITATION (CPS) INC. AND RATIFIES THE ACTION OF THE EXECUTIVE DIRECTOR OF SIGNING ON BEHALF OF TRI-CITY THE AGREEMENT WITH CPS

The Governing Board of the Tri-City Mental Health Authority ("Authority") does resolve as follows:

1. Findings. The Governing Board hereby finds and declares the following:

A. Tri-City Mental Health Authority ("Authority" or "TCMHA"), desires to approve an agreement with California Pumping & Sanitation (CPS), Inc. in the sum of $39,100 to provide sewer line repair and connection services; and to ratify the action of the Executive Director of having signed the agreement with CPS on behalf TCMHA in order to meet the emergency need of the sewer line repair and connection.

B. The Authority approved and adopted its Fiscal Year 2019-20 Budget on June 19, 2019, and desires to amend it by adding $49,000 to cover all related costs for an emergency sewer line repair and connection project at its Permanent Supportive Housing property located at 956 W. Baseline Road in Claremont, CA. This amount includes $39,100 contractor fees plus $10,000 for related permits and inspection fees.

C. The Authority affirms that CPS is an independent contractor and not an employee, agent, joint venture or partner of Tri-City. The Agreement does not create or establish the relationship of employee and employer between Contractor and Tri-City.

2. Action

A. The Authority approves the Agreement with the California Pumping & Sanitation (CPS), Inc. in the sum of $39,100, effective May 1, 2020; and ratifies the action of the Executive Director of signing on behalf of Tri-City the Agreement with CPS.

B. The Authority's approves an Amendment to its Fiscal Year 2019-20 Budget to reflect an additional of $49,000 for emergency sewer line repair and connection project at Supportive Housing property located at 956 W. Baseline Road in Claremont, CA.

[Continued on page 2]

3. Adopt

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on May 20, 2020, by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

ROBIN CARDER, CHAIR

APPROVED AS TO FORM:
DAROLD PIEPER, GENERAL COUNSEL

By:_____

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By:_____

INDEPENDENT CONTRACTOR AGREEMENT

BETWEEN THE

TRI-CITY MENTAL HEALTH AUTHORITY

AND

CALIFORNIA PUMPING & SANITATION (CPS), INC.

DATED

May 1, 2020

ATTACHMENT 5-B

TABLE OF CONTENTS

AGREEMENT

1. PARTIES AND DATE.

THIS AGREEMENT (hereinafter "Contract" or "Agreement") is made and entered into as of the 1st day of May, 2020 ("Agreement Date") by and between the TRI-CITY MENTAL HEALTH AUTHORITY, a joint powers agency organized under the laws of the State of California with its administrative office at 1717 N. Indian Hill Boulevard, #B, Claremont, California 91711 (hereinafter "Tri-City") and CALIFORNIA PUMPING & SANITATION, INC, a California corporation, with its principal place of business at 1057 South Washington Avenue, San Bernardino, CA 92408 (hereinafter "Contractor"). Tri-City and Contractor are sometimes individually referred to as a "Party" and collectively as "Parties."

2. CONTRACTOR.

The express intention of the parties is that Contractor is an independent contractor and not an employee, agent, joint venture or partner of Tri-City. Nothing in this Agreement shall be interpreted or construed as creating or establishing the relationship of employee and employer between Contractor and Tri-City or any employee or agent of Contractor. At all times Contractor shall be an independent contractor and Contractor shall have no power to incur any debt, obligation, or liability on behalf of Tri-City without the express written consent of Tri-City. Neither Tri-City nor any of his agents shall have control over the conduct of Contractor or any of Contractor's employees, except as set forth in this Agreement. In executing this Agreement, Contractor certifies that no one who has or will have any financial interest under this Agreement is an officer or employee of Tri-City.

3. SCOPE OF SERVICES.

Contractor shall furnish all materials and necessary equipment to perform all labor to complete the Sewer Connection by installing a new 6" Sewer Lateral at property located at 956 West Baseline Road in the City of Claremont; and obtain all necessary constructions Permits on behalf of Tri-City, as set forth in Contractor's Bid Proposal incorporated into and made a part of this Agreement as 'Exhibit A.'

4. PERFORMANCE OF SERVICES.

Contractor reserves the sole right to control or direct the manner in which services are to be performed. Contractor shall retain the right to perform services for other entities during the term of this Agreement, so long as they are not competitive with the services to be performed under this Agreement. Contractor shall neither solicit remuneration nor accept any fees or commissions from any third party in connection with the Services provided to Tri-City under this Agreement without the expressed written permission of Tri-City. Contractor warrants that it is not a party to any other existing agreement which would prevent Contractor from entering into this Agreement or which would adversely affect Contractor's ability to fully and faithfully, without any conflict of interest, perform the Services under this Agreement. In addition:

a. Contractor shall cause the Project to be designed and constructed in accordance with Tri-City approved specifications.

b. Contractor shall comply will all applicable federal, state and local laws, codes, ordinances, rules, orders, regulations, and statutes affecting the construction of the project and/or any services performed under this Agreement.

c. Contractor shall take all reasonable steps during the course of the Project so as not to interfere with the on-going operation of Tri-City business, the adjacent residences, businesses and facilities, including but not limited to not interfering with pedestrian and vehicular access.

d. Contractor shall perform in a manner consistent with that level of care and skill ordinarily exercised by members of the profession currently practicing under similar conditions and in similar locations. Compliance with this section by Contractor shall not in any way excuse or limit the Contractor's obligations to fully comply with all other terms in this Agreement.

5. SUBCONTRACTORS.

Any work or services subcontracted hereunder shall be specified by written contract or agreement and shall be subject to each provision of this Agreement.

6. TIME AND LOCATION OF WORK.

Contractor shall perform the services required by this Agreement at any place or location and at any time as Contractor deems necessary and appropriate, so long as the services are provided within the manner outlined in 'Exhibit A'.

7. TERMS.

The services and/or materials furnished under this Agreement shall commence May 1, 2020 and shall be and remain in full force and effect until the construction project is confirmed completed, or the Agreement amended or terminated, unless terminated in accordance with the provisions of Section 8 below.

8. TERMINATION. This Agreement may be terminated only as follows:

a. Written Notice. Either party may terminate this Agreement at any time, without cause, upon written notice to the other party prior to commencement of the project. Contractor agrees to cooperate fully in any such transition, including the transfer of records and/or work performed.

b. Breach. Tri-City, in its sole discretion, may terminate this Agreement "for cause" effective upon written notice to Contractor if Contractor has committed a material default under, or a breach of, this Agreement or has committed an act of gross misconduct. Contractor's failure to complete the sewer installation/connection on a timely basis shall constitute a material breach of this Agreement. For the purposes of this Agreement, the term "act of gross misconduct" shall mean the commission of any theft offense, misappropriation of funds, dishonest or fraudulent conduct, or any violation of any of the provisions under this Agreement.

c. Non-payment. Contractor, in its sole discretion, may terminate this Agreement effective upon written notice to Tri-City if Tri-City fails to pay the Compensation as defined in Section 9 (other than amounts which are subject to a good faith dispute between the parties) to Contractor within thirty (30) calendar days of the applicable payment's due date.

d. Effect of Termination. No termination of this Agreement shall affect or impair Contractor's right to receive compensation earned for work satisfactorily completed through the effective date of termination. In the event of termination, Contractor shall immediately deliver all work product to Tri-City, which work product shall be consistent with all progress payments made to the date of termination.

9. COMPENSATION. For the full performance of this Agreement:

a. Tri-City shall pay Contractor a deposit of $20,000.00 upon signing contract, and the remaining balance of $19,100.00 upon completion of the project, not exceeding the amount stated in 'Exhibit A', within ten (10) days following receipt of invoice and completion/delivery of services/goods as detailed in Section 3 of this Agreement and only upon satisfactory delivery/completion of goods/services in a manner consistent with professional/industry standards for the area in which Contractor operates. Tri-City is not responsible for paying for any work done by Contractor or any subcontractor above and beyond the amount listed in the Contractor's Bid Proposal for sewer installation/connection services dated April 30, 2020, incorporated herein as 'Exhibit A'; unless agreed upon in writing by Tri-City's Executive Director.

b. Contractor is responsible for monitoring its own forces/employees/agents/ subcontractors to ensure delivery of goods/services within the terms of this Agreement. Tri-City will not accept or compensate Contractor for incomplete goods/services.

c. Contractor acknowledges and agrees that, as an independent contractor, the Contractor will be responsible for paying all required state and federal income taxes, social security contributions, and other mandatory taxes and contributions. Tri-City shall neither withhold any amounts from the Compensation for such taxes, nor pay such taxes on Contractor's behalf, nor reimburse for any of Contractor's costs or expenses to deliver any services/goods including, without limitation, all fees, fines, licenses, bonds, or taxes required of or imposed upon Contractor. Tri-City shall not be responsible for any interest or late charges on any payments from Tri-City to Contractor.

10. LICENSES.

Contractor declares that Contractor has complied with all federal, state, and local business permits and licensing requirements necessary to conduct business.

11. PROPRIETARY INFORMATION.

The Contractor agrees that all information, whether or not in writing, of a private, secret or confidential nature concerning Tri-City's business, business relationships or financial affairs (collectively, "Proprietary Information") is and shall be the exclusive property of Tri-City.

The Contractor will not disclose any Proprietary Information to any person or entity, other than persons who have a need to know about such information in order for Contractor to render services to Tri-City and employees of Tri-City, without written approval by Executive Director of Tri-City, either during or after its engagement with Tri-City, unless and until such Proprietary Information has become public knowledge without fault by the Contractor. Contractor shall also be bound by all the requirements of HIPAA.

12. REPORTS AND INFORMATION.

The Contractor, at such times and in such forms as the Tri-City may require, shall furnish the Tri-City such periodic reports as it may request pertaining to the work or services undertaken pursuant to this Contract, the costs and obligations incurred or to be incurred in connection therewith, and any other matters covered by this Contract.

13. RECORDS AND AUDITS.

The Contractor shall maintain accounts and records, including all working papers, personnel, property, and financial records, adequate to identify and account for all costs pertaining to the Contract and such other records as may be deemed necessary by Tri-City to assure proper accounting for all project funds, both Federal and non-Federal shares. These records must be made available for audit purposes to Tri-City or any authorized representative, and must be retained, at the Contractor's expense, for a minimum of seven (7) years, unless the firm is notified in writing by Tri-City of the need to extend the retention period.

14. GENERAL TERMS AND CONDITIONS.

a. Indemnity. Contractor agrees to indemnify, defend and hold harmless Tri-City, its officers, agents and employees from any and all demands, claims or liability of personal injury (including death) and property damage of any nature, caused by or arising out of the performance of Contractor under this Agreement. With regard to Contractor's work product, Contractor agrees to indemnify, defend and hold harmless Tri-City, its officers, agents and employees from any and all demands, claims or liability of any nature to the extent caused by the negligent performance of Contractor under this Agreement.

b. Insurance. Contractor shall obtain and file with Tri-City, at its expense, a certificate of insurance before commencing any services under this Agreement as follows:

i. Workers Compensation Insurance: Minimum statutory limits.

ii. Commercial General Liability And Property Damage Insurance: General Liability and Property Damage Combined. $2,000,000.00 per occurrence including comprehensive form, personal injury, broad form personal damage, contractual and premises/operation, all on an occurrence basis. If an aggregate limit exists, it shall apply separately or be no less than two (2) times the occurrence limit.

iii. Automobile Insurance: $1,000,000.00 per occurrence.

iv. Builder's Risk Property Insurance: request subcontractors to carry coverage for "all risk" Builder's Risk Insurance, with some exceptions, for the hard construction cost of structure.

v. **Notice Of Cancellation**: The Tri-City requires 30 days written notice of cancellation. Additionally, the notice statement on the certificate should not include the wording "endeavor to" or "but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives."

vi. **Certificate Of Insurance**: Prior to commencement of services, evidence of insurance coverage must be shown by a properly executed certificate of insurance by an insurer licensed to do business in California, satisfactory to Tri-City, and it shall name "Tri-City Mental Health Authority, its elective and appointed officers, employees, volunteers, and contractors who serve as Tri-City officers, officials, or staff" as additional insureds. All coverage for subcontractors shall be subject to all of the requirements stated herein. All subcontractors shall be protected against risk of loss by maintaining insurance in the categories and the limits required herein. Subcontractors shall name Tri-City and Contractor as additional insured.

vii. To prevent delay and ensure compliance with this Agreement, the insurance certificates and endorsements must be submitted to:

Tri-City Mental Health Authority
Attn: JPA Administrator/Clerk
1717 N. Indian Hill Boulevard, #B
Claremont, CA 91711-2788

c. Non-Discrimination and Equal Employment Opportunity. In the performance of this Agreement, Contractor shall not discriminate against any employee, subcontractor, or applicant for employment because of race, color, creed, religion, sex, marital status, national origin, ancestry, age, physical or mental disability, medical condition, sexual orientation or gender identity. Contractor will take affirmative action to ensure that subcontractors and applicants are employed, and that employees are treated during employment, without regard to their race, color, creed, religion, sex, marital status, national origin, ancestry, age, physical or mental handicap, medical condition, sexual orientation or gender identity.

d. Changes to the Agreement. This Agreement shall not be assigned or transferred without advance written consent of Tri-City. No changes or variations of any kind are authorized without the written consent of the Executive Director. This Agreement may only be amended by a written instrument signed by both parties. The Contractor agrees that any written change or changes in compensation after the signing of this Agreement shall not affect the validity or scope of this Agreement and shall be deemed to be a supplement to this Agreement and shall specify any changes in the Scope of Services.

e. Records. All reports, data, maps, models, charts, studies, surveys, calculations, photographs, memoranda, plans, studies, specifications, records, files, or any other documents or materials, in electronic or any other form, that are prepared or obtained pursuant to this Agreement and that relate to the matters covered hereunder shall be and remain the property of Tri-City. Contractor will be responsible for and maintain such records during the term of this Agreement. Contractor hereby agrees to deliver those documents to Tri-City at any time upon demand of Tri-City.

It is understood and agreed that the documents and other materials, including but not limited to those described above, prepared pursuant to this Agreement are prepared specifically for Tri-City and are not necessarily suitable for any future or other use. Failure by Contractor to deliver these documents to Tri-City within a reasonable time period or as specified by Tri-City shall be a material breach of this Agreement. Tri-City and Contractor agree that until final approval by Tri-City, all data, reports and other documents are preliminary drafts not kept by Tri-City in the ordinary course of business and will not be disclosed to third parties without prior written consent of both parties. All work products submitted to Tri-City pursuant to this Agreement shall be deemed a "work for hire." Upon submission of any work for hire pursuant to this Agreement, and acceptance by Tri-City as complete, non-exclusive title to copyright of said work for hire shall transfer to Tri-City. The compensation recited in Section 9 shall be deemed to be sufficient consideration for said transfer of copyright. Contractor retains the right to use any project records, documents and materials for marketing of their professional services.

15. PROJECT COMPLETION

Final Completion shall be deemed to occur on the last of the following events:

a. Recordation of a Notice of Completion for the Project;

b. Acceptance of the Project by Tri-City;

c. Submission of all documents required to be supplied by Contractor to Tri-City under this Agreement, including but not limited to as-build drawings, warranties, and operating manuals; and delivery to Tri-City of Certificate of Completion duly verified by Contractor.

16. REPRESENTATIVE AND NOTICE.

a. Tri-City's Representative. Tri-City hereby designates its Executive Director to act as its representative for the performance of this Agreement ("Tri-City's Representative"). Tri-City's Representative shall have the power to act on behalf of Tri-City for all purposes under this Agreement.

b. Contractor's Representative. Contractor warrants that the individual who has signed the Agreement has the legal power, right, and authority to make this Agreement and to act on behalf of Contractor for all purposes under this Agreement.

c. Delivery of Notices. All notices permitted or required under this Agreement shall be given to the respective parties at the following address, or at such other address as the respective parties may provide in writing for this purpose:

If to Contractor:
CPS California Pumping and Sanitation
Attn: Miguel Broce
1057 South Washington Avenue,
San Bernardino, CA 92408

If to Tri-City:
TRI-CITY MENTAL HEALTH AUTHORITY
Attn: Executive Director
1717 N. Indian Hill Boulevard, Suite B
Claremont, CA 91711-2788

Actual notice shall be deemed adequate notice on the date actual notice occurred, regardless of the method of service.

17. PUBLIC WORKS CONTRACTS: ASSIGNMENT TO AWARDING BODY

In accordance with Section 4551 of the Government Code, the Contractor and subcontractors shall conform to the following requirements. In entering into a public works contract or a subcontract to supply goods, services or materials pursuant to a public works contract, the contractor or subcontractor offers and agrees to assign to the awarding body all rights, title and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or arising from purchases of goods, services or materials pursuant to the public works contract of the subcontract. This assignment shall be made and become effective at the time the awarding body tenders final payment to the contractor, without further acknowledgment by the Parties.

18. RESOLUTION OF CONTRACT CLAIMS

The provisions of Article 1.5, Chapter 1, Part 3 of Division 2, of the Public Contract Code apply to this Contract. These provisions set forth a procedure for the resolution of disputed construction claims arising from this Contract. These provisions establish procedures for submitting claims and set minimum time limits for responding to such claims. Following a response, if a claim remains in dispute, a meet and confer conference between the claimant and the local agency may be demanded by the claimant. If the dispute remains unresolved following the meet and confer conference, and the claimant proceeds to file a civil action seeking to obtain enforcement and judgment on the claim, the dispute may be submitted to non-binding mediation and, if it remains unresolved, to judicial arbitration.

19. PREVAILING WAGES

The contract requires the payment of prevailing wages. Contractor shall execute the separate agreement to comply with labor law requirements.

20. EXHIBITS.

The following attached exhibits are hereby incorporated into and made a part of this Agreement:

Exhibit A: Bid Proposal from Contractor dated April 30, 2020

21. ENTIRE AGREEMENT.

This Agreement shall become effective upon its approval and execution by Tri-City. This Agreement and any other documents incorporated herein by specific reference, represents the entire and integrated agreement between the Parties. Any ambiguities or disputed terms between this Agreement and any attached Exhibits shall be interpreted according to the language in this Agreement and not the Exhibits. This Agreement supersedes all prior agreements, written or oral, between the Contractor and Tri-City relating to the subject matter of this Agreement. This Agreement may not be modified, changed or discharged in whole or in part, except by an agreement in writing signed by the Contractor and Tri-City. The validity or unenforceability of any provision of this Agreement declared by a valid judgment or decree of a court of competent

jurisdiction, shall not affect the validity or enforceability of any other provision of this Agreement. No delay or omission by Tri-City in exercising any right under this Agreement will operate as a waiver of that or any other right. A waiver or consent given by Tri-City on any one occasion is effective only in that instance and will not be construed as a bar to or waiver of any right on any other occasion or a waiver of any other condition of performance under this Agreement.

22. EXECUTION.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Agreement Date.

TRI-CITY MENTAL HEALTH AUTHORITY

By: _____
Antonette Navarro, Executive Director

Attest:

By: _____
Micaela P. Olmos,
JPA Administrator/Clerk

Approved as to Form and Content:
DAROLD D. PIEPER, ATTORNEY AT LAW

By: _____
Darold D. Pieper, General Counsel

RKA CONSULTING GROUP, Contractor

By: _____
Miguel Broce, Owner

EXHIBIT A

CPS
SEPTIC SPECIALIST
CALIFORNIA PUMPING & SANITATION, INC.

909 890-1440
FAX 909 890-1497

Bid Proposal

PO BOX 1708 SAN BERNARDINO CA 92402
www.CaliforniaPumping.com
DATE: April 30, 2020
ESTIMATE: 43020-MB01

Estimate submitted to:
Lucas & Hollingsworth R.E. Management
956 W Baseline Rd
Claremont, CA 91711
Joshsanchez1@msn.com
909-469-6600
WORK TO BEGIN: TO BE SCHEDULED UPON ACCEPTANCE
WORK TO FINISH: APPROX.5-8 DAYS UPON START

We hereby propose to furnish all materials and necessary equipment, and perform all labor to complete the following work:

Sewer Connection

SCOPE OF WORK:

Install New 6" Sewer Lateral **1.** Excavate in right of way soil. Asphalt will not be cut nor removed **2.** Install 6" diameter sewer lateral using a wye saddle on existing sewer main. Extend into property line **3.** Pump and abandon existing septic tank and fill with soil/gravel. Seepage pit will have to be pumped and abandon/filled with soil/gravel **4.** Install a 4" PVC building sewer line from rear of property of home to new sewer lateral. (2) existing outlets from building will be connected and ran together in (1) 4" PVC branch lines to connect into 6" PVC main **5.** Trench alongside west side of the house in between concrete and home. Existing trees may be damaged and have to be removed. **6.** All connections to be made with 4" PVC Sdr35. Main sewage lines to be 6" and installed with minimum 2% slope by gravity. The house is 180' from the proposed lateral location. **7.** Concrete to not be replaced under this proposal. Contractor to give separate proposal for any concrete replacement **8.** Backfill all trenches and clean up **9.** Labor is prevailing wage	**Proposal Price** **$39,100.00**

10. Work not included in this scope of work is excluded from it. Work contingent on receiving permit for the scope of work described	
Permits - Contractor to pull and provide permits on clients behalf. Any engineering or Fees are not included under this proposal.	TBD

The Contract Price :Owner shall pay the Contractor the fixed sum of $__39,100.00__ (the "Contract Price") for the work to be performed under this Contract, subject to additions and deductions pursuant to change orders agreed upon in writing by the parties, and subject to "allowances" as provided in this contract.

Payments will be made as follows:

$1,000 Deposit due upon signing
$11,000 Due upon delivery of equipment and materials
$17,000 Due upon installation of the sewer lateral
$8,000 Due upon abandonment of septic
$2,100 Due upon backfill and final completion

ALL PAYMENTS SHALL BE MADE UPON PRESENTATION OF A BILL ON DAY THEY HAVE ACCRUED. PAYMENTS MAYBE MADE AT THE JOBSITE OR AT THE OFFICE BY APPOINTMENT.

ADDITIONAL TERMS & CONDITIONS:

1. "You are entitled to a completely filled in copy of this agreement, signed by both you and the contractor, before any work may be started."
2. In the event any engineering work is needed the cost of such engineering is not included in this estimate.
3. No utilities not marked by underground service alert or what we have not been notified in writing will be replaced by contractor. Contractor can submit a change or order to address the additional cost of such repairs.
4. Power and Water will be required to complete the scope of work above. Contractor will be using clients Power/Water and will not be supplying their own. If the client would like the contractor to supply their own Power/Water, an updated proposal can be provided. Utilities to be paid by the client and such costs will not be reimbursed by the contractor.
5. In the event concrete must be removed to perform work, concrete will be removed as necessary. Contractor may haul and/or replace such concrete. If desired by client estimate may be presented to haul and replace concrete as determined at the completion of the work contracted for.
6. Customers must provide access to the job site area by means of temporarily restricting parking to the remote area where installation will be performed for the duration of the contract.
7. Contractor will be responsible for posting no parking signs when restricted parking is required on public roads or streets.
8. Due to the nature of the project Contractor may inflict serious damage to the lawn, sprinklers, trees or other such obstacles "landscaping or hardscaping". Contractor will **not**

be replacing any such obstacle. Contractor will not haul any such debris. In the event client would like to have his/her landscaping refurbished contractor may provide a bid at the completion of the project to repair/replace such damages as desired by client.

9. Customers agree to provide adequate access to the job site by removing items such as: trees, fences, sprinklers or other any other possible obstacles.

10. Customers are aware that due to the nature of this project there may be damages to lawn areas or other obstacles. Contractor will be using heavy duty equipment to complete the work described herein which may damage lawns, cement, asphalt, brick work etc. Contractor will not repair or replace any type fence, grass or lawns, cement or concrete work, sprinklers, landscape, pavement, or any underground utilities that the Contractor has not been notified of or unless agreed to in writing. Contractor may provide a bid to perform such repairs at the end of the project once all damages have been accessed to the client's desire. All repairs shall be performed under a new agreement or change of order and shall not be considered part of this agreement.

11. Client [illegible] that in the event [illegible] payment(s) [illegible] as agreed, client will pay all collection costs, court costs, attorney fees, administrative fees, and a [illegible] service fee of $ 40.00 and an administrative fee of $ 125.00 for removal of lien, this includes a monthly 1.5% (18% A.P.R.) service charge on the unpaid balance and any additional charges that may accrue. Any court hearings that may arise from this estimate will be heard at San Bernardino County Court.

12. Credit card payments may be accessed a 2% handling fee.

\RESPECTFULLY SUBMITTED by:
Miguel Broce

5/5/20

Signature **Date**

California Pumping & Sanitation, Inc
1057 South Washington Ave
San Bernardino, CA. 92408
PHONE: 909 890-1440 FAX: 909 890-1497
LIC No. 948947 C-42 Septic, Sanitation C-36 Plumbing

Note: This estimate may be withdrawn by us if not accepted within **One Day**.

ACCEPTANCE OF PROPOSAL

You are hereby authorized to furnish all material, equipment and labour required to complete the work described in the above proposal, for which the undersigned agrees to pay the amount stated in said proposal and according to the terms thereof. This includes the interest rate and payment plan outlined in the attached proposal. I further understand I will be responsible for payment of all collection cost, court costs, attorney fees, and administrative fees, if I fail or breach this contract or agreement.

SIGN	PRINT NAME	TITLE	DATE

AGREEMENT TO COMPLY WITH CALIFORNIA LABOR LAW REQUIREMENTS

[Labor Code §§ 1720, 1771.1, 1773.8, 1775, 1776, 1777.5, 1813, 1860, 1861, 3700]

The undersigned Contractor certifies that it is aware of and hereby agrees to fully comply with the following provisions of California law:

1. No contractor or subcontractor may be listed on a bid proposal for a public works project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code section 1771.1(a)]. No contractor or subcontractor of any tier may be awarded a contract for public work on a public works project without proof of registration with the Department of Industrial Relations pursuant to Labor Code section 1725.5. This project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

2. Contractor acknowledges that this contract is subject to the provisions of Division 2, Part 7, Chapter 1 (commencing with Section 1720) of the California Labor Code relating to public works and the awarding public agency ("Agency") and agrees to be bound by all the provisions thereof as though set forth in full herein.

3. Contractor agrees to comply with the provisions of California Labor Code Section 1773.8 which requires the payment of travel and subsistence payments to each worker needed to execute the work to the extent required by law.

4. Contractor agrees to comply with the provisions of California Labor Code Sections 1774 and 1775 concerning the payment of prevailing rates of wages to workers and the penalties for failure to pay prevailing wages. The Contractor shall, as a penalty to the Agency, forfeit not more than fifty dollars ($50) for each calendar day, or portion thereof, for each worker paid less than the prevailing rates as determined by the Director of Industrial Relations for the work or craft in which the worker is employed for any public work done under the contract by Contractor or by any subcontractor.

5. Contractor agrees to comply with the provisions of California Labor Code Section 1776 which require Contractor and each subcontractor to (1) keep accurate payroll records, (2) certify and make such payroll records available for inspection as provided by Section 1776, and (3) inform the Agency of the location of the records. The Contractor is responsible for compliance with Section 1776 by itself and all of its subcontractors.

6. Contractor agrees to comply with the provisions of California Labor Code Section 1777.5 concerning the employment of apprentices on public works projects, and further agrees that Contractor is responsible for compliance with Section 1777.5 by itself and all of its subcontractors.

7. Contractor agrees to comply with the provisions of California Labor Code Section 1813 concerning penalties for workers who work excess hours. The Contractor shall, as a penalty to the Agency, forfeit twenty-five dollars ($25) for each worker employed in the execution of the contract by the Contractor or by any subcontractor for each calendar day during which such worker is required or permitted to work more than 8 hours in any one calendar day and 40 hours in any one calendar week in violation of the provisions of Division 2, Part 7, Chapter 1, Article 3 of the California Labor Code.

8. Registrations under Section 1725.5 expire annually at the end of June, and Contractor is responsible for verifying the renewal status of each subcontractor, of any tier, working on this Contract, and providing City with an updated list of all subcontractors and their registration status. Subcontractors who do not timely renew their registration must be removed from the job site until they are registered. The removal of a subcontractor for failure to be registered shall not be cause for any extension of time or additional compensation of any nature under the Contract.

9. Contractor shall provide to City, as a condition precedent to the payment of Contractor's final retention, a complete list of all subcontractors who have worked on the Project, including their registration numbers. This list must be provided at least 30days prior to the payment of the final retention and shall be submitted under penalty of perjury.

10. To the fullest extent permitted by law and without limitation by the other provisions of this Contract relating to indemnification and insurance, Contractor shall also indemnify, defend and hold harmless City, and its directors, officers, employees and agents from and against all liability, excluding penalties assessed

against City under Labor Code Section 1773.3, but including, without limitation, associated investigation and administrative expenses, defense costs, reasonable attorneys' fees, expert witness fees, court costs, and costs of alternative dispute resolution, resulting from Contractor's failure to comply with the provisions of this section and of Article 2, Chapter 1, Part 7, Division 2 of the California Labor Code with respect to Contractor, all subcontractors of any tier, and their respective employees working under this Contract.

11. California Labor Code Sections 1860 and 3700 provide that every contractor will be required to secure the payment of compensation to its employees. In accordance with the provisions of California Labor Code Section 1861, Contractor hereby certifies as follows:

> "I am aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for worker's compensation or to undertake self-insurance in accordance with the provisions of that code, and I will comply with such provisions before commencing the performance of the work of this contract."

Signature _____ Date 5/5/20

Name/Title Miguel Broce, Owner Company: California Pumping & Sanitation, Inc.

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **May 20, 2020**

TO: **Governing Board of Tri-City Mental Health Authority**

FROM: **Toni Navarro, LMFT, Executive Director**

BY: **Nancy Gill, Chief Operations Officer**

SUBJECT: **Approval of Resolution No. 531 Authorizing the Executive Director to Sign the Required Documents to Annex its Permanent Supportive Housing Property Located at 956 W. Baseline Road in Claremont, CA to County Sanitation District No. 21 of Los Angeles County for Sewerage Services**

Summary:

Due to a failing septic system at Tri City's Permanent Supportive Housing property located at 956 W. Baseline Road in Claremont, CA, it requires a connection to Los Angeles County's sewer system. However, the property is currently outside of the jurisdiction boundaries of the District and it must be annexed to the District before sewerage service can be provided. To initiate the annexation process, the Sanitation Districts require a copy of a Resolution of the Governing Board authorizing the Executive Director to sign the required forms for the Annexation to County Sanitation District No. 21 of Los Angeles County.

Background:

As outlined in staff's previous report on the emergency septic system repairs at Tri City's permanent supportive housing property located at 956 W. Baseline Rd Claremont, CA, requires a connection to the county sewer system. Tri-City's Contractor California Pumping and Sanitation (CPS) has started this process and has been working with the City of Claremont's Engineering Department.

On May 12, 2020, Tri-City received correspondence from the Sanitation Districts of Los Angeles County's Facilities Planning Department outlining the requirements for the proposed annexation as part of the application process to connect to the county sewer system (Attachment 6-B). In addition, the Sanitation Districts require a copy of a Resolution from the Governing Board authorizing the Executive Director to sign the related documents to effectuate the annexation of the property.

Fiscal Impact

Annexation fees of $4,250.00 will be funded 100% from MHSA Community Support Services (CSS) Housing.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 531 authorizing the Executive Director to enter into, execute, complete and deliver any and all documents required or deemed necessary or appropriate to complete the Annexation of its Permanent Supportive Housing property located at 956 W. Baseline Road in Claremont, CA to County Sanitation District No. 21 of Los Angeles County for sewerage services.

Attachments

Attachment 6-A: Resolution No. 531

Attachment 6-B: Correspondence dated May 12, 2020 directed to Tri-City from the Sanitation Districts of Los Angeles County outlying requirements for the proposed Annexation to County Sanitation District No. 21 of Los Angeles County

RESOLUTION NO. 531

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE REQUIRED DOCUMENTS TO ANNEX ITS PERMANENT SUPPORTIVE HOUSING PROPERTY LOCATED AT 956 W. BASELINE ROAD IN CLAREMONT, CA TO COUNTY SANITATION DISTRICT NO. 21 OF LOS ANGELES COUNTY FOR SEWERAGE SERVICES

The Governing Board of the Tri-City Mental Health Authority does resolve as follows:

1. Findings. The Governing Board hereby finds and declares the following:

A. Tri-City Mental Health Authority ("TCMHA") desires to annex its Permanent Supportive Housing property located at 956 W. Baseline Road in Claremont, CA, to County Sanitation District No. 21 of Los Angeles County District to receive sewerage service and be able to effectuate an emergency sewer line repair and connection, as the entire septic system was at imminent risk of failure.

2. Action

TCMHA's Executive Director, or designee, is hereby authorized to act on behalf of Tri-City to enter into, execute, complete and deliver any and all documents required or deemed necessary or appropriate to complete the Annexation of its Permanent Supportive Housing property located at 956 W. Baseline Road in Claremont, CA to County Sanitation District No. 21 of Los Angeles County for sewerage services at an approximate cost of $4,250.

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on May 20, 2020, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

_____

ROBIN CARDER, CHAIR

APPROVED AS TO FORM:
DAROLD PIEPER, GENERAL COUNSEL

By:_____

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By:_____

ATTACHMENT 6-A

SANITATION DISTRICTS OF LOS ANGELES COUNTY

Converting Waste Into Resources

Robert C. Ferrante
Chief Engineer and General Manager
1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address: P.O. Box 4998, Whittier, CA 90607-4998
(562) 699-7411 • www.lacsd.org

May 12, 2020

File No. A-21-
(2020-009)

Tri City Mental Health Authority
1717 North Indian Hill Boulevard #B
Claremont, CA 91711

Dear Tri City Mental Health Authority:

Proposed Annexation - APN 9669-019-905 to
County Sanitation District No. 21 of Los Angeles County

This is in response to your recent inquiry concerning sewerage service for the subject property. County Sanitation District No. 21 is the local agency that provides sewerage service to other parcels in the general vicinity of your property. However, the property is currently outside of the jurisdictional boundaries of the District and must be annexed to the District before sewerage service can be provided.

Enclosed are *Request for Annexation* and *Party Disclosure* forms and instructions to be followed in preparing the application. In order to initiate the annexation process, the legal owner must complete, sign, and return the *Request for Annexation* and *Party Disclosure* forms to this office, along with a check in the amount indicated below, made payable to "County Sanitation Districts."

District:	$ 1,450.00
Local Agency Formation Commission (LAFCO):	$ 2,500.00
State Board of Equalization (SBE):	$ 300.00
TOTAL: [1]	$ 4,250.00

Please note that the annexation fees are calculated on ESTIMATED ACREAGE (in your case, 0.95 acres). Until a copy of the grant deed (and final map if applicable) is submitted, the actual land area cannot be verified. Consequently, the exact annexation charges cannot be calculated at this point. Please furnish this office with a copy of the grant deed, including the legal description, at the time of annexation fee payment, so staff can expeditiously process your application. It should be noted that processing of your application cannot begin until all of the required items have been received.

[1] THE PROCESSING FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE. IF THE FEES INCREASE BEFORE THIS OFFICE PROCESSES YOUR APPLICATION FOR SUBMITTAL TO THESE AGENCIES, THEN YOU WILL BE NOTIFIED AND THE ADDITIONAL MONIES MUST BE PAID BEFORE PROCESSING OF THE ANNEXATION CAN BE COMPLETED.

ATTACHMENT 6-B

DISTRICT'S REVENUE PROGRAM INFORMATION

The District's revenue program consists of two separate, but related, parts: the annual user charge and connection fee programs. The annual user charge is designed to provide for the cost of operating and maintaining the wastewater conveyance, treatment and disposal system, including capital costs for replacement and for providing higher level of treatment. Parcels are assessed either a service charge or industrial wastewater surcharge, depending on the use of the property (e.g., residential/commercial vs. industrial). The connection fee program provides for the cost of constructing additional capacity to accommodate new dischargers or existing dischargers who expand their use.

Service Charge: Residential and commercial users are charged in proportion to their use of the District's sewerage system. A discharger's use of the system is quantified in terms of flow and strength of the wastewater discharged. These parameters are combined into a single factor, the sewage unit. One sewage unit represents the typical discharge from a single-family home. Although the service charge is placed on the property tax bill as a separate line item for ease of collection, it is not a property tax. In fact, a service charge will NOT appear on your property tax bill until the property has connected to the sewerage system. The current service charge may be determined by use of the enclosed service charge rate schedule.

Industrial Wastewater Surcharge: The industrial wastewater surcharge program is essentially equivalent to the service charge program except that it applies to industrial dischargers. If any parcels proposed for annexation discharge industrial wastewater, further information will be required. Please contact the District's Industrial Waste Section at (562) 908-4288, extension 2900.

Connection Fee: Sewer connection fees, which are based on the anticipated use of the sewerage system by a new user, must be paid prior to obtaining a sewer connection permit from the local jurisdiction and before the physical connection to the sewerage system is made. A fact sheet providing information on the District's Connection Fee Program may be found on our website at http://www.lacsd.org/wastewater/wastewater_services/default.asp. For any questions regarding the Connection Fee Program, please contact the District's Wastewater Fee Public Counter at (562) 908-4288, extension 2727. The current connection fee for your property/project can be determined by using the enclosed connection fee schedule.

If you should have any questions or require further assistance regarding this annexation, please contact the undersigned at (562) 908-4288, extension 2708.

Very truly yours,
Donna J. Curry

Customer Service Specialist
Facilities Planning Department

DC:

Enclosures

SANITATION DISTRICTS OF LOS ANGELES COUNTY

REQUEST FOR ANNEXATION
INFORMATION and INSTRUCTION SHEET

I. ELIGIBILITY CRITERIA FOR ANNEXATION TO A COUNTY SANITATION DISTRICT OF LOS ANGELES COUNTY

a. The property is contiguous to a County Sanitation District (District) or, if not contiguous, may be drained by gravity to a trunk sewer of that District.

b. The property is not included in whole or part in any other agency providing similar services to those of the District.

c. The property will benefit by its inclusion in the District.

II. SPECIFIC REQUIREMENTS

a. **Request for Annexation Form (4 pages):** All applicants must complete, in detail, and return the Request for Annexation Form. See "e" for information regarding Environmental Data on page 4 of this form and Section II for signature requirements.

b. **Local Agency Formation Commission for Los Angeles County (LAFCO) Indemnification/Legal Defense:** All applicants must complete and return per LAFCO requirements.

c. **LAFCO Proposal Certification:** All applicants must complete and return per LAFCO requirements.

d. **LAFCO Party Disclosure Form:** All applicants must complete and return the Party Disclosure Form pursuant to the LAFCO Party Disclosure Form Information Sheet.

e. **LAFCO Consent Letter:** All applicants must complete and return the LAFCO Consent Letter per LAFCO requirements.

f. **Annexation Payment:** All applicants must submit a check made payable to the District in the full amount of the deposit as stated in District's quotation letter. Cash will not be accepted.

HOW MUCH DO I HAVE TO PAY?

The annexation fee consists of three processing fees. The **Annexation Processing Fees** table is attached. The Districts, as the lead agency for the annexation, will collect the total processing fees with the annexation application. The three processing fees are for: 1) the District, 2) LAFCO, and 3) State Board of Equalization (SBE). The processing fees are subject to change without notice. If the fees increase before your application is processed by this office for submittal to these agencies, you will be notified, and the additional monies must be paid before the annexation procedure can be finalized. In addition to the three processing fees, pursuant to the terms of the Request for Annexation the District may, at its sole discretion, require the applicant(s) to deposit funds in an amount or amounts sufficient to cover any anticipated or incurred litigation costs arising from the Request for Annexation.

g. **Copy of Grant Deed:** All applicants must submit a copy of the Grant Deed including the legal description or a recorded tract/parcel map

h. **California Environmental Quality Act (CEQA):** All applications are subject to CEQA. If **you are applying for a single-family home on septic tank, your project is exempt and the Notice of Finding will be prepared by this office.** As required by LAFCO, all other applicants must provide one (1) flash drive containing the Initial Study, Final Negative Declaration, Final Mitigated Negative Declaration, Notice of Determination, Mitigation Monitoring and Reporting Program, and receipt for fees paid to the Department of Fish & Game, approved by a city or County Regional Planning Commission ***and*** one hard copy of same, or one (1) hard copy of Draft Environmental Impact Report (DEIR) with other supporting documents ***and*** one (1) copy on flash drive of both the Draft and Final Environmental Impact Report (EIR) with other supporting documents, Notice of Determination, and receipt for fees paid to Department of Fish & Game, approved by a city or County Regional Planning Commission, whichever is applicable.

i. **Radius Map and Corresponding Mailing Labels for LAFCO:** All developers are required to submit a radius map within a 300-foot radius of the exterior boundaries of the project area and each parcel of land lying entirely or partially within a 300-foot radius. A set of mailing labels of those landowners that are within a 300-foot radius of the exterior boundaries of the subject area is also required. Provide a list of the Assessor's parcel number, name, and address of each landowner.

Please note*:** The annexation fees and application will not be accepted until ***all the required items have been submitted.

III. SIGNATURE — BY LEGAL OWNER*

a. **Individual:** Must be the same name as it appears on current Los Angeles County Assessment Roll. If not, a copy of the newly recorded Grant Deed evidencing ownership must be furnished. **Print or type* name *and title below signature.*

b. **Corporation:** Must be signed by a Corporate Officer, indicating title and apply the corporate seal. A copy of the resolution authorizing the corporate officer's signature must be submitted along with the completed form. **Print or type name and title below signature.*

c. **Partnership:** Must be signed by a General Partner and a copy of the Statement of Partnership or a copy of the resolution authorizing the general partner's signature must be submitted along with the completed form. **Print or type name and title below signature.*

IV. TRACT AND/OR PARCEL MAP PROJECTS — ADDITIONAL REQUIREMENTS

a. Submit an approved recorded copy of a tract map or parcel map showing all recording data for the area to be annexed and any abutting streets. If a tract map or parcel map will not be recorded, provide the information listed below in Section IV (b.).

b. If a tract map or parcel map will not be recorded, provide the following information:

i. Copies of supporting documentation such as deeds, maps etc., relating to the area to be annexed including documentation for any abutting streets.

ii. A hard copy of the (tentative or vesting) subdivision map or parcel map.

iii. *Upon request*, an electronic copy of the subdivision map (NAD 1983 datum and State Plane V coordinates), compatible with Micro Station V8i, preferably in DGN format.

iv. *Upon request*, a printout of the closed survey traverse of subject property boundaries.

V. TO OBTAIN ADDITIONAL INFORMATION CONTACT:

Donna Curry (562) 908-4288, extension 2708 or email: dcurry@lacsd.org

FOR QUESTIONS REGARDING MAPPING REQUIREMENTS CONTACT:

Elizabeth Ortlip (562) 908-4288, extension 2747 or email: eortlip@lacsd.org

SANITATION DISTRICTS OF LOS ANGELES COUNTY

Seq # (2020- 81)

REQUEST FOR ANNEXATION TO COUNTY SANITATION DISTRICT NO. 21 OF LOS ANGELES COUNTY

The undersigned, owners of the property listed in this application, hereby request the Board of Directors to annex said property to said District, and represent that the property is:

1. Contiguous to said District, or if not contiguous, may be drained by gravity to a trunk sewer of the District.
2. Not included in whole or in part in any District formed for purposes similar to those of the District.
3. To be benefited by its inclusion in the District.

It is further understood and agreed to by the undersigned that:

A. In the event a connection directly or indirectly to the sewerage system of said District, from sewers of the property to be annexed is permitted prior to completion of annexation proceedings, said connection shall be considered temporary and will become permanent only upon final completion of the annexation proceedings. If for any reason the annexation to said District, of the subject property severed by the temporary connection is not completed, said property will be required to disconnect, unless a contract is entered with the District providing for compensation to the District for off- site sewage disposal services for said property.

B. In the event the annexation and proceedings are not completed by reason of any action or inaction of any of the undersigned, all costs and expenses incurred by the District in processing the annexation shall be deducted from any deposit made by the undersigned in payment of the required annexation fees.

C. As a condition of the District's evaluation of this Request for Annexation, the undersigned Owner(s) hereby warrant, represent, and agree to defend, indemnify, and hold harmless the District, the Local Agency Formation Commission for the County of Los Angeles ("LAFCO"), and each of their agents, officers, commissioners, and employees (collectively, the "Indemnified Parties") from any claim, action, or proceedings made or threatened against any of the Indemnified Parties relating to or arising out of the District's evaluation or processing of this Request for Annexation, or relating to or arising out of LAFCO's evaluation or processing of the Application to Initiate Proceedings for Change of Organization/Reorganization (the "Application") to be submitted in connection with this Request for Annexation, including, but not limited to, any action to attack, set aside, void, annul, enjoin or compel LAFCO's approval, disapproval, evaluation, or processing of the Application. The Owners' duty of indemnification includes, but is not limited to, the Owner(s) being required to pay for any costs and reasonable attorneys' fees incurred or anticipated to be incurred by any of the Indemnified Parties in connection with any such action. The Owners' duty to defend and indemnify the District includes, but is not limited to, any claim for which the Districts may owe a duty to defend and indemnify LAFCO pursuant to the terms of the Application. At the discretion of the District, a deposit or deposit of funds by the Owner(s) may be required in an amount or amounts sufficient to cover any anticipated or incurred litigation costs.

PROPERTY IDENTIFICATION

SIGNATURE OF OWNER
*Print or type name and title below signatures

ASSESSOR MAPBOOK NO. 8669	PAGE 019	PARCEL 905	
TRACT MAP NO	BOOK	PAGE	
TRACT MAP NO.	BOOK	PAGE	
PARCEL MAP NO	BOOK	PAGE	

DATE:

PLEASE NOTE: THESE QUESTIONS ARE ADDRESSED TO THE PROPERTY BEING ANNEXED ONLY, NOT THE CITY OR COUNTY AREA THE PROPERTY IS LOCATED IN.

I. JUSTIFICATION

A. What are the reasons for the initiation of this proposal? (Be specific): _____

_____

_____

II. GENERAL DESCRIPTION

A. Description of proposal location: _____

_____

_____

B. Major Streets and Highways: _____

_____

_____

C. Proposal Area - Give a detailed description of the proposal area and what it consists of (e.g. Existing commercial corridors, residential communities, existing redevelopment area, public utility right-of-way, relevant structures, etc.) _____

_____

_____

D. Land Area: _____ square miles _____ acres _____

E. General description of topography: _____

_____

_____

Describe physical boundaries (rivers, mountains, freeways, etc.) and natural boundaries of the subject territory: _____

_____

_____

III. SOCIAL FACTORS

A. Population (please see note at the top of this page)

1. Total population in household (within the parcel to be annexed only):

_____

2020-09

PLEASE NOTE: THESE QUESTIONS ARE ADDRESSED TO THE PROPERTY BEING ANNEXED ONLY, NOT THE CITY OR COUNTY AREA THE PROPERTY IS LOCATED IN.

2. If the proposal includes development, what is the estimated population of the proposed area?

_____

3. Number of registered voters within household: _____

B. Housing

1. Number and types of existing dwelling units in the subject area: _____

_____

IV. LAND USE

A. What is the present land use? _____

_____

1. In the subject area: _____

_____

2. In the surrounding area: _____

_____

B. What are the existing zones in the subject area? _____

_____

C. Describe any proposed change in land use and/or zoning related to this proposal: _____

_____

D. Is the proposal consistent with city or county general plans, specific plans, and other adopted land use policies? _____

_____

E. Does this proposal involve development of property? Yes ☐ No ☐

(If answer is "yes", answer 1 through 4 below and supply development plan or tentative tract map.)

1. Type of development proposed: ☐ Residential ☐ Commercial ☐ Industrial

2. If commercial or industrial development is proposed, describe the project to include type of business or industry to be located on the site (include square footage.) _____

_____

_____

PLEASE NOTE: THESE QUESTIONS ARE ADDRESSED TO THE PROPERTY BEING ANNEXED ONLY, NOT THE CITY OR COUNTY AREA THE PROPERTY IS LOCATED IN.

3. If residential development is proposed, indicate type (single-family, apartment, etc.), number of units, and the number of dwelling units per acre: _____

_____

4. Are there any agricultural or open-space lands within the proposal area? What is the effect of this proposal on agricultural or open-space lands? _____

_____

_____

V. ENVIRONMENTAL DATA

A. Indicate what action, if any, has been taken pursuant to the California Environmental Quality Act:

☐ An Environmental Impact Report has been adopted. Submit one (1) copy each of the Draft EIR and Final EIR on Flash Drive including all supporting documents, along with the Notice of Determination, one hard copy of Draft EIR with all supporting documents, and receipt for fees paid to the Department of Fish & Game, approved by a city or County Regional Planning Commission.)

☐ A Negative Declaration has been adopted. (Submit one (1) hard copy of the Initial Study, Final Negative Declaration, Final Mitigated Negative Declaration, Notice of Determination, and Mitigation Monitoring and Reporting Program approved by a city or County Regional Planning Commission.)

☐ The project is exempt pursuant to Section _____ of the State CEQA Guidelines.

LAFCO
Local Agency Formation Commission
for the County of Los Angeles

2020-09

INDEMNIFICATION/LEGAL DEFENSE

As a condition of the Local Agency Formation Commission for the County of Los Angeles' (LAFCO's) evaluation of the Applicant's proposal, the Applicant and, if different, the Real Party in Interest (i.e. landowner) _____ hereby warrant, represent, and agree to defend, indemnify, hold harmless LAFCO and its agents, officers, commissioners, and employees from any claim, action, or proceeding against LAFCO or its agents, officers, commissioners, and employees, relating to or arising out of LAFCO's evaluation process of the proposal, including, but not limited to, any action to attack, set aside, void, annul, enjoin, or compel LAFCO's approval, disapproval, evaluation, or processing of the proposal, which indemnification obligation includes, but is not limited to Applicant/Real Party in Interest being required to pay for any costs and reasonable attorneys' fee incurred or anticipated to be incurred by LAFCO in connection with any such action. This indemnification obligation shall not include intentional or willful misconduct on the part of LAFCO but shall include passive and/or concurrent active negligence by LAFCO. Applicant/Real Party in Interest agree that LAFCO has the right to appoint its own counsel for its defense and conduct its own defense in the manner it deems in its best interest, and that such actions will not relieve or limit Applicant's/Real Party in Interest's obligations to indemnify and reimburse defense costs. At the discretion of the Executive Officer, a deposit or deposits of funds by the Applicant may be required in an amount or amounts sufficient to cover any anticipated or incurred litigation costs.

LAFCO
Local Agency Formation Commission
for the County of Los Angeles

2020-89

PROPOSAL CERTIFICATION

By my signature below, I hereby certify my understanding that:

- I/We are authorized to make these certifications and file this proposal with LAFCO on behalf of our city, special district, corporation, landowner, and/or other party filing said proposal, and I/we will provide written evidence of same to LAFCO upon request.
- It is the responsibility of the Applicant to substantiate this proposal.
- There is no guarantee, expressed or implied, that any proposal will be approved by LAFCO.
- Each matter must be carefully evaluated by LAFCO staff.
- LAFCO staff's recommendation may change during the course of the review based on the information presented.
- A public hearing may be required, the proposal may be subject to a "protest" process, and the proposal may be subject to an election.
- The environmental review (pursuant to the California Environmental Quality Act) associated with the submittal of this application is preliminary, and after further evaluation, additional information, reports, studies, applications, and/or fees may be required.
- The required map and geographic description must conform to the "Instructions of Completing Maps and Geographic Descriptions," to the satisfaction of the Executive Officer.
- If my proposal is denied, I am/we are not entitled to any refund of fees paid.
- Submitting inaccurate or incomplete information may result in delays or denial of my proposal.
- The information I have provided in this proposal, including all attachments and supplemental information, is accurate and correct to the best of my knowledge, subject to penalty of perjury.
- This proposal will not be scheduled for consideration by the Commission (LAFCO) until all required documents are provided, to the satisfaction of the Executive Officer.
- I/We have reviewed and agree to the Indemnification/Legal Defense terms, above.

I/We have read and understand the foregoing and agree to the submittal of this proposal.

APPLICANT	REAL PARTY IN INTEREST
-------SEE ATTACHED-------	
Signature/Date	Signature/Date
Robert C. Ferrante Chief Engineer and General Manager Name of Applicant	Print Name of Real Party in Interest
N/A Name & Position of Person Signing (if different from Applicant)	Name & Position of Person Signing (if different from Real Party in Interest)

(SIGNED IN COUNTERPART)

LAFCO

Local Agency Formation Commission
for [illegible]

PARTY DISCLOSURE FORM
Definition of Terms

1. A proceeding involving "a license, permit, or other entitlement for use" includes all business, professional, trade and land use licenses and permits, and all other entitlements for use, including all entitlements of land use; all contracts (other than competitively bid, labor or personal employment contracts) and all franchises.

2. Your "agent" is someone who represents you in connection with a proceeding involving a license, permit, or other entitlement for use. If an individual acting as an agent is also acting in his or her capacity as an employee or member of a law, architectural, engineering, consulting firm, or similar business entity, both the business entity and the individual are "agents".

3. To determine whether a campaign contribution of greater than $250 has been made by you, campaign contributions made by you within the preceding twelve (12) months must be aggregated with those made by your agent within the preceding twelve (12) months or the period of the agency, whichever is shorter. Campaign contributions made to different commissioners, their alternates, or candidates are not aggregated.

This notice summarizes the major requirement of Government code Section 84308 of the Political Reform Act and two (2) California Administrative code Section 13438-18438.8.

For more information, contact:

Fair Political Practices Commission
428 J Street, Suite 800
Sacramento, California 95814
(916) 322-5901

LAFCO

Local Agency Formation Commission
For the County of [illegible]

PARTY DISCLOSURE FORM
Information Sheet

PURSUANT TO GOVERNMENT CODE SECTION 84308, this form must be completed by applicants or, persons who are the subject of any applicant proceeding pending before the Local Agency Formation Commission.

IMPORTANCE NOTICE

1. If you are an applicant for, or the subject of any application or proceeding pending before the Local Agency Formation Commission, you are prohibited from making a campaign contribution of greater than $250 to any commissioner, his or her alternate, or any candidate for such position. This prohibition ends three (3) months after a final decision is rendered by the Local Agency Formation Commission. In addition, no commissioner, alternate, or candidate may solicit or accept a campaign contribution of more than $250 from you during this period.

2. These prohibitions also apply to your agents and/or lobbyists. If you are a closely held corporation, this prohibition applies to your majority shareholder as well.

3. You must file the attached disclosure form and disclose whether you or your agent(s) have in the aggregate contributed more than $250 to any commissioner, his or her alternate, or any candidate for the position during the twelve (12) month period preceding the filing of the application or the initiation of the proceeding.

4. If you or your agent have made a contribution to any commissioner, alternate, or candidate during the twelve (12) months preceding the decision on the application or proceeding, that commissioner must disqualify himself or herself from the decision. However, disqualification is not required if the commissioner, alternate, or candidate returns the campaign contribution within thirty (30) days of learning about both the contribution and the proceedings.

THIS FORM MUST BE COMPLETED AND FILED WITH YOUR APPLICATION.

2020-09

LAFCO
Local Agency Formation Commission
for the County of Los Angeles

PARTY DISCLOSURE FORM

DESIGNATED TITLE OF PROPOSAL: _____

PARTY'S NAME: _____

CHECK THE APPROPRIATE RESPONSE AND COMPLETE AND SIGN THIS FORM. RETURN IT WITH THE LAFCO APPLICATION. PLEASE USE ONE FORM PER RESPONDENT.

_____ I have not made a contribution greater than $250 to any member of the Los Angeles County Local Agency Formation Commission (LAFCO) listed below within twelve (12) months of the LAFCO filing date of _____.

OR

_____ I have made the following contribution(s) greater than $250 to the following member(s) of LAFCO within twelve (12) months of the LAFCO filing date of _____.

NAME OF MEMBER	DATE OF CONTRIBUTION	AMOUNT

Commissioner	Representing
Janice Hahn	Fourth Supervisorial District
Kathryn Barger	Fifth Supervisorial District
Sheila Kuehl	Third Supervisorial District, Alternate
Greig Smith	City of Los Angeles
David Ryu	City of Los Angeles, Alternate
Margaret Finlay	City of Duarte
John Mirisch	City of Beverly Hills
Judith Mitchell	City of Rolling Hills Estates, Alternate
Donald L. Dear	West Basin Municipal Water District
Edward G. Gladbach	Santa Clarita Valley Water District
Joseph Ruzicka	Three Valleys Municipal Water District, Alternate
Richard Close	San Fernando Valley
Lori Brogen-Falley	San Fernando Valley, Alternate
Gerard McCallum	General Public at Large

Signature: _____ Date: _____

THIS FORM MUST BE COMPLETE AND FILED WITH YOUR APPLICATION

2020-04

LAFCO
Local Agency Formation Commission
for the County of Los Angeles

LAFCO CONSENT LETTER

Date: _____

Mr. Paul A. Novak, AICP Executive Officer
Local Agency Formation Commission
for the County of Los Angeles
80 South Lake Avenue, Suite 870
Pasadena, CA 91101

Subject: Landowner's Consent to Proposed Annexation No._____ to County Sanitation District No. 21 of Los Angeles County and Consent to a Waiver of Notice and Hearing on the Proposal, and a Waiver of Protest on the Proposal Pursuant to Government Code Section 56662(a)

Dear Mr. Novak:

I am the owner of property located at _____.
The Assessor's Parcel Number(s) for this property is/are _____.
This property is within the affected territory for the Proposal.

Pursuant to Government Code Section 56662(a)(3)(B), I hereby give my written consent to the Proposal for the purpose of enabling the Local Agency Formation Commission for the County of Los Angeles ("Commission") to make determinations on the Proposal without notice and hearing, and to waive protest proceedings on the Proposal, in accordance with Government Code Section 56662(a).

This consent does not preclude the submission of a petition accompanying the Proposal that is signed by all owners of land within the affected territory in accordance with Government Code Section 56662(a)(3)(A). It also does not preclude the submittal of a valid written consent in another form if the required information is included.

Sincerely,

Signature of Owner
*Print or type name and title below signature

LAFCO

Section 56662 of the Government Code

(a) If a proposal for an annexation, a detachment, or a reorganization consisting solely of annexations or detachments, or both, or formation of a county service area meets all of the following criteria, the commission may make determinations upon the proposal without notice and hearing and may waive protest proceedings entirely pursuant to Part 4 (commencing with Section 57000):

(1) The territory is uninhabited.

(2) An affected local agency has not submitted a written demand for notice and hearing during the 10-day period as described in subdivision (c).

(3) The proposal meets either of the following criteria:

(A) The petition accompanying the proposal is signed by all of the owners of land within the affected territory.

(B) The proposal is accompanied by proof, satisfactory to the commission, that all the owners of land within the affected territory have given their written consent to the proposal.

If you should have any questions or require further assistance regarding this LAFCO Consent Letter, please contact Paul A. Novak at (626) 204-6500.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **May 20, 2020**

TO: **Governing Board of Tri-City Mental Health Authority**

FROM: **Toni Navarro, LMFT, Executive Director**

SUBJECT: **Executive Director's Monthly Report**

COVID-19 IMPACT ON COUNTY MENTAL/BEHAVIORAL HEALTH

As an "essential service" county mental health and substance use disorder programs have been near fully operational throughout the State's Safer-at-Home order which began on March 20th. Specifically, Tri-City has seen near or above numbers of client and participant encounters throughout this period with relatively low disruption in billing revenues.

However, as it has with so many industries in California, the COVID-19 recession is significantly impacting the public mental health/behavioral health system. Because the majority of funds used to operate this system are tax-based, including sales tax, vehicle license registration fees, and personal income tax, revenues for the last 4 months of fiscal year 2019-20 are already coming in much lower than expected.

Following the Governor's announcement on Thursday regarding his revision to the 2020-21 Budget, otherwise known as the May Revise, the California Behavioral Health Director's Association (CBHDA) released a press announcement clearly and emphatically outlining the road ahead for our county systems of care as a result of COVID-19 and the Governor's budget proposal. For the next few years, county behavioral health will be doing much more (a result of not only the emotional fallout of COVID-19 but also because the State projects a substantial increase in numbers of persons newly qualifying for Medi-Cal due loss of income) with a lot less (Attachment 7-A).

Tri-City demonstrated remarkable efficiency and flexibility in its ability to near seamlessly pivot the entire organization to be telecommute and telehealth capable at the start of this crisis. The ongoing adaptation of Tri-City's operation has also been accompanied by responsible heightened fiscal vigilance. Consequently, Tri-City is already making key fiscal adjustments in order to prepare for the challenge ahead. See Chief Financial Officer's Monthly Report.

HUMAN RESOURCES DIVISION UPDATE

<u>Staffing – Month Ending April 2020</u>

- Total Staff is 183 full-time and 12 part-time; plus 26 full time vacancies and 12 part time vacancies for a total of 221 total positions.
- There was 1 new hire in April.
- There was 1 termination in April.

Posted Positions in April 2020

- Clinical Supervisor I COP (1 FTE)
- Clinical Therapist I Adult FSP (4 FTEs) Bilingual & Non-Bilingual – 1 hire pending
- Clinical Therapist I AOP (1 FTE) Bilingual – 1 hire pending
- Clinical Therapist I COP (1 FTE)
- Clinical Therapist I/II COP School Partnership Full-Time (1 FTE)
- Clinical Therapist I/II FSP TAY (1 FTE)
- Clinical Wellness Advocate I/II/III – Adult FSP Part-Time (1 FTE) - 1 hire pending
- Community Garden Farmer (.5 FTE)
- Housing Wellness Advocate I/II/III (1 FTE)
- Medical Assistant (1 FTE)
- Occupational Therapist Full-Time (1 FTE) - 1 hire pending
- Psychiatric Technician I/II (2 FTEs)
- Psychiatrist III (1 FTE) – 1 hire pending

HR Personnel & Telework

HR continues to work fully from home via telecommuting. We have also transitioned our recruitment process to a telework/physical distancing format. All of Hiring Managers have transitioned their in-person interview format to the RingCentral video and phone conferencing. Our HR Analysts are conducting new hire orientation via video conferencing as well. We are also transitioning all Human Resources personnel transaction tasks such as benefit changes, leave processing, personnel changes, etc. to an online format, accepting these documents only by mail or email. The Human Resources Manager visits the office once a week, if not more, to check mail and process documents and the Analysts visit the office on an as needed basis, but never on the same date in order to minimize physical interactions in the office. HR continues to update staff on relevant information, COVID-19 or otherwise, on a weekly basis via email.

HOUSING DIVISION SERVICES UPDATE

April 3, 2020, Governor Newsome announced the plan of Project Room Key to help shelter 15,000 individuals who are homeless in the state during the pandemic. The focus is to first shelter those who are 65 years of age or older and/or have chronic health conditions, identified by the Center of Disease Control, that put them at high-risk for COVID-19.

The Los Angeles Homeless Services Authority (LAHSA) has broken up the project by Service Planning Areas (SPA) and each one has a lead that is in charge of assigning placements based on their received referrals. Tri-City's Housing Division is taking part in referring qualifying individuals by completing an assessment for the clients through the Homeless Management Information System.

Once matched to a site, individuals are screened for COVID-19 symptoms upon intake and twice daily while they are housed in the program. Meals are provided for the participants, they cannot have visitors, they are allowed to leave the site for essential business only, and have rules provided by the agency that oversees the services at their specific site. Each motel that is participating in the program, signs a 90 day contract with the county which can be extended if needed. The start and end date of the motels are rolling as each motel is opened after one gets filled. 2,030 individuals have been placed in a motel through Project Room Key, as of May 14, 2020; 319 are from SPA 3.

Since the motel stays are temporary, the Project Room Key participants are being prioritized through the Coordinated Entry System as housing opportunities are becoming available throughout the county. A site has recently been opened in the City of Pomona and at the time of this writing Tri-City does not yet have details regarding number of its clients accepted and housed. The Housing Division Manager will provide an update with more specifics at the joint meeting of the Board and Commission on Wednesday, May 20th.

Attachment

Attachment 7-A: CBHDA Press Announcement "Budget Must Prepare California for Behavioral Health Pandemic"

Contact Mike Roth
Telephone 916.813.1554
Email Mike@PaschalRoth.com

Budget Must Prepare California for Behavioral Health Pandemic

Sacramento, CA – The County Behavioral Health Directors Association of California (CBHDA) issued the following statement today after the release of Governor Gavin Newsom's revised budget proposal:

Amie Miller, CBHDA President, said:

"We cannot achieve an economic recovery, without supporting behavioral health recovery. The looming behavioral health crisis is preventable, if we place the same level of focus on ensuring our safety net is supported to meet the increased depression, anxiety, and substance use disorders. Responding to the COVID-19 behavioral health pandemic is going to take all levels of government working together - federal, state, and county."

Michelle Doty Cabrera, CBHDA Executive Director, said:

"A precipitous decline in state and local revenues comes at the worst possible time for our public behavioral health system, just as the emotional toll of the COVID-19 pandemic and widespread economic despair create unprecedented demand for mental health and substance use disorder services.

"Nationally, nearly half of Americans say the pandemic has affected their mental health. In California, much of that need must be met by our county behavioral health system. The budget estimates another two million Californians joining the Medi-Cal program for which counties deliver serious mental illness and substance use disorder benefits; thousands of people released from our justice system in the last two months are now turning to our county system for behavioral health services; we expect many more with additional proposed cuts in state support for Californians on parole. This May Revision asks our county behavioral health plans to serve more Californians with higher acuity, with much fewer resources. In order to meet those higher demands, counties will be forced to make difficult decisions about cutting back on the very types of prevention strategies that are called for in the current crisis.

"To get ready for the COVID-19 pandemic, California took unprecedented action to prepare our hospitals, shelter in place, and mobilize a massive public health response. With all the signs of a behavioral health pandemic now on the horizon, our state must summon the resources and the resolve to ensure the very same vulnerable Californians we spared from the coronavirus now have our support to recover from its emotional aftermath."

The County Behavioral Health Directors Association is a statewide non-profit association that represents all 58 county behavioral health directors and two city mental health programs (Berkeley and Tri-City) which is dedicated to advocating for public policy and services on behalf of people who are living with substance use disorders and mental illness.

###

ATTACHMENT 7-A

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **May 20, 2020**

TO: **Governing Board of Tri-City Mental Health Authority**
Toni Navarro, LMFT, Executive Director

FROM: **Diana Acosta, CPA, Chief Financial Officer**

SUBJECT: **Monthly Finance Report**

UNAUDITED FINANCIAL STATEMENTS FOR THE NINE MONTHS ENDED MARCH 31, 2020 (2020 FISCAL YEAR-TO-DATE):

The financials presented herein are the PRELIMINARY and unaudited financial statements for the nine months ended March 31, 2020. These financial statements include the activities from the clinical outpatient operations as well as activities from the implemented MHSA programs under the CSS, PEI, INN, WET and CFTN plans.

The increase in net position (income) is approximately $4.0 million. MHSA operations accounted for approximately $3.6 million of the increase which is primarily the result of recognizing MHSA revenues on hand at the beginning of the fiscal year. MHSA non-operating revenues are reflected when MHSA funds have been received and are eligible to be spent.

During fiscal 2019, Tri-City received MHSA funding of approximately $11.0 million, of which $8.4 million were for approved programs for fiscal 2019-20 MHSA operations and was reflected as MHSA Revenue Restricted for Future Period on the Statement of Net Position (balance sheet) at June 30, 2019. These restricted MHSA revenues have now been recorded as non-operating revenues in fiscal 2019-20. In addition, during fiscal 2019-20 approximately $8.6 million in MHSA funding has been received for which $3.2 million was identified and approved for use in the current fiscal year 2019-20 and recorded as non-operating revenues, bringing the total MHSA non-operating revenues recognized to date up to approximately $11.6 million. Unlike the requirement to reflect all available and **approved** MHSA funding when received as non-operating revenues, MHSA operating costs are reflected when incurred. Therefore, the matching of revenue to expense is not consistent as the timing of expenditures will lag behind the timing of revenue recognition.

The remaining increase in net position of approximately $437 thousand is from Clinic outpatient operations, which is the result of operations for the nine months ended March 31, 2020.

The total cash balance at March 31, 2020 was approximately $30.6 million which represents a decrease of approximately $1.4 million from the June 30, 2019 balance of approximately $31.9 million.

Outpatient Clinic operations, after excluding any intercompany receipts or costs resulting from MHSA operations, had a decrease in cash of approximately $1.3 million. This was as a result of various normal operating activities including the payments of payroll and payments to vendors. MHSA operations reflected decrease in cash of approximately $87 thousand, after excluding intercompany receipts or costs resulting from clinic operations. The decrease reflects the receipt of approximately $8.6 million in MHSA funds offset by the use of cash for MHSA operating activities.

Approximately $5.5 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the nine months ended March 31, 2020 of which approximately $800 thousand related to interim cost report settlements covering fiscal years 2007-08, 2008-09, and 2014-15. Additionally, approximately $586 thousand through May 8, 2020.

UPCOMING, CURRENT EVENTS & UPDATES

Overall Financial Update:

As reported in the prior month's Executive Director Monthly Report, county behavioral health systems are bracing themselves for decreases in funding in addition to expected increases to service requests. The challenge will be to balance the costs associated with the need for additional services while at the same time expecting reduced resources, especially with the added challenge of having no clear indication of what the true overall impact will be over the next several months or years. Also as indicated last month, CBHDA is continually advocating and seeking both State and Federal support on behalf of all county behavioral health systems, however to date there is still no definitive responses to any of the proposals. While we continue to closely monitor for updated information, we are preparing by making adjustments where ever possible and utilizing the most current revenue projections available to date.

As we have very little control over what certain revenues will actually look like, we are focusing on doing what we can to prepare and on what we can control. Our preparation includes taking a very close look at existing expenses and distinguishing between essential and non-essential expenses. We are also monitoring for any new developments and updated revenue projections from the State and from CBHDA as we work toward completing a proposed budget for Fiscal Year 2020-21. The overall goal for this next year's budget will be that it is not only be prudent but supports the continuance of existing programs while targeting to preserve existing reserves.

FY 2019-20 Bankruptcy Payments

The total bankruptcy liability balance as of the date of this report is currently $656,064. Management will continually review the ability to make additional payments throughout the year.

MHSA Funding Updates

Estimated Current Cash Position – The following table represents a brief summary of the estimated current MHSA cash position as of the nine months ended March 31, 2020 which includes estimates to project the ending cash balance at June 30, 2020.

		MHSA	
Cash at March 31*, 2020*	$	24,882,995	
Receivables net of Reserve for Cost Report Settlements		528,707	
Prudent Reserves		(2,200,000)	*
Estimated Remaining Expenses for Operations FY 2019-20		(2,968,250)	**
Reserved for future CFTN Projects including TCG		(1,247,389)	
Reserved for Future Housing Projects		(2,800,000)	****
Total Estimated Adjustments to Cash		(8,686,932)	
Estimated Available at June 30, 2020	$	16,196,063	
Remaining estimated funds to be received in FY 2019-20	$	2,500,946	**

* Per the recently approved SB 192, Prudent Reserves are now required to be maintained at an amount that does not exceed 33% of the average Community Services and Support (CSS) revenue received for the fund, in the preceding 5 years.

** Estimated based on adopted operating budget for Fiscal Year 2019-20, actual and estimated amounts to year end (06/30/2020).

****In addition to the $1.2 Million, an additional $1.6 Million was designated for housing, as approved at the May 15, 2019 Governing Board Meeting.

Attachments

Attachment 8-A: March 31, 2020 Unaudited Financial Statements

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF NET POSITION

	AT MARCH 31 2020			AT JUNE 30, 2019		
	TCMH	**MHSA**	**Consolidated**	**TCMH**	**MHSA**	**Consolidated**
	Unaudited	**Unaudited**	**Unaudited**	**Audited**	**Audited**	**Audited**
Current Assets						
Cash	$ 5,689,489	$ 24,882,995	$ 30,572,484	$ 7,483,365	$ 24,449,208	$ 31,932,573
Accounts receivable, net of reserve for uncollectible accounts						
$547,432 at March 31, 2020 and $386,854 at June 30, 2019	3,993,357	2,758,423	6,751,780	3,818,738	2,097,217	5,915,955
Total Current Assets	9,682,847	27,641,418	37,324,264	11,302,103	26,546,425	37,848,528
Property and Equipment						
Land, building, furniture and equipment	3,724,810	9,296,467	13,021,277	3,539,339	9,204,892	12,744,231
Accumulated depreciation	(2,367,994)	(3,328,566)	(5,696,560)	(2,313,600)	(3,152,115)	(5,465,716)
Total Property and Equipment	1,356,816	5,967,901	7,324,717	1,225,738	6,052,777	7,278,515
Other Assets						
Deposits and prepaid assets	192,823	597,844	790,667	76,095	69,783	145,878
Total Noncurrent Assets	1,549,638	6,565,745	8,115,384	1,301,834	6,122,560	7,424,393
Total Assests	$ 11,232,485	$ 34,207,163	$ 45,439,648	$ 12,603,937	$ 32,668,985	$ 45,272,922
Deferred Outflows of Resources						
Deferred outflows related to the net pension liability	2,671,142	-	2,671,142	2,671,142	-	2,671,142
Total Deferred Outflows of Resources	2,671,142	-	2,671,142	2,671,142	-	2,671,142
Total Assets and Deferred Outflows of Resouces	**$ 13,903,627**	**$ 34,207,163**	**$ 48,110,790**	**$ 15,275,079**	**$ 32,668,985**	**$ 47,944,064**
LIABILITIES						
Current Liabilities						
Accounts payable	156,738	61,894	218,632	280,243	199,066	479,309
Accrued payroll liabilities	134,819	255,344	390,162	475,696	-	475,696
Accrued vacation and sick leave	545,406	724,228	1,269,634	536,988	611,175	1,148,163
Reserve for Medi-Cal settlements	3,200,960	2,229,716	5,430,676	2,981,318	2,022,504	5,003,821
Current portion of mortgage debt	29,066	-	29,066	29,066	-	29,066
Total Current Liabilities	4,066,989	3,271,182	7,338,171	4,303,311	2,832,745	7,136,056
Intercompany Acct-MHSA & TCMH	(115,897)	115,897	-	404,738	(404,738)	-
Long-Term Liabilities						
Mortgages and home loan	780,658	147,183	927,841	802,374	147,183	949,557
Net pension liability	4,658,577	-	4,658,577	4,658,577	-	4,658,577
Unearned MHSA revenue	-	5,840,676	5,840,676	-	500,000	500,000
Total Long-Term Liabilities	5,439,235	5,987,859	11,427,094	5,460,951	647,183	6,108,134
Liabilities Subject to Compromise						
Class 2 General Unsecured Claims	-		-	-		-
Class 3 Unsecured Claim of CAL DMH	397,351		397,351	1,021,179		1,021,179
Class 4 Unsecured Claim of LAC DMH	258,713		258,713	664,885		664,885
Total Liabilities Subject to Compromise	656,064	-	656,064	1,686,064	-	1,686,064
Total Liabilities	10,046,391	9,374,938	19,421,329	11,855,064	3,075,190	14,930,254
Deferred Inflow of Resources						
MHSA revenues restricted for future period	-	-	-	-	8,351,712	8,351,712
Deferred inflows related to the net pension liability	190,986	-	190,986	190,986	-	190,986
Total Deferred Inflow of Resources	190,986	-	190,986	190,986	8,351,712	8,542,698
NET POSITION						
Invested in capital assets net of related debt	547,092	5,967,901	6,514,993	394,299	6,052,777	6,447,075
Restricted for MHSA programs	-	18,266,480	18,266,480	-	15,119,523	15,119,523
Unrestricted	3,119,158	597,844	3,717,002	2,834,730	69,783	2,904,513
Total Net Position	3,666,249	24,832,225	28,498,475	3,229,029	21,242,083	24,471,112
Total Liabilities, Deferred Inflows of Resources and Net Position	**$ 13,903,627**	**$ 34,207,163**	**$ 48,110,790**	**$ 15,275,079**	**$ 32,668,985**	**$ 47,944,064**

Definitions:
TCMH=Tri-City's Outpatient Clinic
MHSA=Mental Health Services Act (Proposition 63)

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
NINE MONTHS ENDED MARCH 31, 2020 AND 2019

	PERIOD ENDED 3/31/20			PERIOD ENDED 3/31/19		
	TCMH Unaudited	**MHSA Unaudited**	**Consolidated Unaudited**	**TCMH Audited**	**MHSA Audited**	**Consolidated Audited**
OPERATING REVENUES						
Medi-Cal FFP	$ 2,773,281	$ 2,411,778	$ 5,185,058	$ 2,298,497	$ 2,327,914	$ 4,626,410
Medi-Cal SGF-EPSDT	750,499	554,614	1,305,113	557,182	638,715	1,195,896
Medicare	2,331	1,364	3,695	4,310	2,223	6,533
Grants and contracts	18,307	21,690	39,997	15,986	20,261	36,247
Patient fees and insurance	2,283	-	2,283	2,528	-	2,528
Rent income - TCMH & MHSA Housing	27,166	66,601	93,767	26,556	71,357	97,913
Other income	1,014	453	1,466	7,199	1,348	8,547
Net Operating Revenues	**3,574,881**	**3,056,499**	**6,631,380**	**2,912,258**	**3,061,818**	**5,974,076**
OPERATING EXPENSES						
Salaries, wages and benefits	5,047,200	8,238,731	13,285,932	4,155,039	7,768,941	11,923,980
Facility and equipment operating cost	465,245	989,323	1,454,568	322,270	870,256	1,192,526
Client lodging, transportation, and supply expense	100,725	1,039,974	1,140,699	93,140	635,482	728,622
Depreciation	72,072	266,200	338,272	45,162	277,304	322,466
Other operating expenses	429,240	957,116	1,386,356	348,443	630,085	978,527
Total Operating Expenses	**6,114,482**	**11,491,345**	**17,605,827**	**4,964,053**	**10,182,068**	**15,146,121**
OPERATING (LOSS) (Note 1)	**(2,539,601)**	**(8,434,846)**	**(10,974,447)**	**(2,051,795)**	**(7,120,250)**	**(9,172,045)**
Non-Operating Revenues (Expenses)						
Realignment	2,862,363	-	2,862,363	2,888,469	-	2,888,469
Contributions from member cities & donations	70,236	-	70,236	26,561	-	26,561
MHSA funds	-	11,628,973	11,628,973	-	10,816,989	10,816,989
Homeless Mentally Ill Outreach and Treatment	-		-	100,000	-	100,000
Interest Income	74,995	387,284	462,279	77,755	350,635	428,389
Interest expense	(31,280)	-	(31,280)	(32,238)	-	(32,238)
Gain on disposal of assets	508	8,731	9,238	-	-	-
Total Non-Operating Revenues (Expense)	2,976,822	12,024,988	15,001,810	3,060,547	11,167,624	14,228,170
INCOME (LOSS)	**437,221**	**3,590,142**	**4,027,363**	**1,008,751**	**4,047,374**	**5,056,125**
INCREASE (DECREASE) IN NET POSITION	**437,221**	**3,590,142**	**4,027,363**	**1,008,751**	**4,047,374**	**5,056,125**
NET POSITION, BEGINNING OF YEAR	3,229,029	21,242,083	24,471,112	1,442,997	19,029,829	20,472,826
NET POSITION, END OF MONTH	**$ 3,666,249**	**$ 24,832,225**	**$ 28,498,475**	**$ 2,451,749**	**$ 23,077,202**	**$ 25,528,951**

(**Note 1)** "Operating Loss" reflects loss before realignment funding and MHSA funding which is included in non-operating revenues.

Definitions:
Medi-Cal FFP= Federal Financial Participation Reimbursement
Medi-Cal SGF-EPSDT=State General Funds reimbursement for Medi-Cal services provided to children under the "Early and Periodic Screening, Diagnosis and Treatment" regulations.
TCMH=Tri-City's Outpatient Clinic
MHSA=Mental Health Services Act (Proposition 63)

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF CASH FLOWS
NINE MONTHS ENDED MARCH 31, 2020 AND 2019

	PERIOD ENDED 3/31/20			PERIOD ENDED 3/31/19		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
Cash Flows from Operating Activities						
Cash received from and on behalf of patients	$ 3,009,164	$ 2,586,595	$ 5,595,759	$ 4,368,934	$ 3,943,753	$ 8,312,687
Cash payments to suppliers and contractors	(1,235,441)	(3,651,647)	(4,887,088)	(699,600)	(2,160,453)	(2,860,053)
Payments to employees	(5,379,660)	(7,870,334)	(13,249,994)	(4,311,979)	(7,812,230)	(12,124,208)
	(3,605,937)	(8,935,386)	(12,541,323)	(642,645)	(6,028,929)	(6,671,574)
Cash Flows from Noncapital Financing Activities						
MHSA Funding	-	8,617,936	8,617,936	-	8,111,564	8,111,564
Realignment	3,467,075	-	3,467,075	3,374,550	-	3,374,550
Contributions from member cities	70,236	-	70,236	26,561	-	26,561
Homeless Mentally Ill Outreach and Treatment	-	-	-	100,000	-	100,000
	3,537,311	8,617,936	12,155,248	3,501,111	8,111,564	11,612,675
Cash Flows from Capital and Related Financing Activities						
Purchase of capital assets	(203,150)	(181,325)	(384,475)	(82,896)	(15,054)	(97,950)
Principal paid on capital debt	(21,716)	-	(21,716)	(20,757)	-	(20,757)
Interest paid on capital debt	(31,280)	-	(31,280)	(32,238)	-	(32,238)
Intercompany-MHSA & TCMH	(520,635)	520,635	-	778,329	(778,329)	-
	(776,780)	339,310	(437,470)	642,438	(793,383)	(150,945)
Cash Flows from Investing Activities						
Interest received	81,022	403,195	484,217	73,089	308,975	382,063
Sale of investments	508	8,731	9,238	-	-	-
	81,530	411,926	493,456	73,089	308,975	382,063
Cash Flows from Reorganization Items						
Refund to DHCS for payment erroneously issued in 2011	-	-	-	(307,314)	-	(307,314)
Cash payments to Bankruptcy Class 3 and 4 Unsecured	(1,030,000)	-	(1,030,000)	(1,743,000)	-	(1,743,000)
	(1,030,000)	-	(1,030,000)	(2,050,314)	-	(2,050,314)
Net Increase (Decrease) in Cash and Cash Equivalents	(1,793,875)	433,786	(1,360,089)	1,523,679	1,598,226	3,121,905
Cash Equivalents at Beginning of Year	7,483,365	24,449,208	31,932,573	5,715,641	21,370,757	27,086,398
Cash Equivalents at End of Month	**$ 5,689,489**	**$ 24,882,995**	**$ 30,572,484**	**$ 7,239,320**	**$ 22,968,983**	**$ 30,208,302**

Definitions:

TCMH=Tri-City's Outpatient Clinic
MHSA=Mental Health Services Act (Proposition 63)

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
ACTUAL TO BUDGET COMPARISON
NINE MONTHS ENDING MARCH 31, 2020
(UNAUDITED)

	TRI-CITY MENTAL HEALTH OUTPATIENT CLINIC (TCMH)			TRI-CITY MENTAL HEALTH SERVICES ACT (MHSA)			TRI-CITY MENTAL HEALTH AUTHORITY CONSOLIDATED		
	Actual	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
OPERATING REVENUES									
Medi-Cal FFP	$ 3,024,297	$ 2,457,282	$ 567,015	$ 2,630,074	$ 2,376,864	$ 253,210	$ 5,654,371	$ 4,834,146	$ 820,225
Medi-Cal SGF-EPSDT	818,419	733,212	85,207	604,814	737,872	(133,058)	1,423,233	1,471,084	(47,851)
Medicare	2,331	3,375	(1,044)	1,364	1,575	(211)	3,695	4,950	(1,255)
Patient fees and insurance	2,283	1,575	708	-	-	-	2,283	1,575	708
Grants and contracts	18,307	15,000	3,307	21,690	-	21,690	39,997	15,000	24,997
Rent income - TCMH & MHSA Housing	27,166	36,375	(9,209)	66,601	82,354	(15,753)	93,767	118,729	(24,962)
Other income	1,014	-	1,014	453	-	453	1,466	-	1,466
Provision for contractual disallowances	(318,937)	(310,762)	(8,175)	(268,496)	(308,849)	40,354	(587,432)	(619,611)	32,179
Net Operating Revenues	**3,574,881**	**2,936,057**	**638,823**	**3,056,499**	**2,889,815**	**166,684**	**6,631,380**	**5,825,873**	**805,507**
OPERATING EXPENSES									
Salaries, wages and benefits	5,047,200	5,256,582	(209,382)	8,238,731	9,132,589	(893,857)	13,285,932	14,389,171	(1,103,239)
Facility and equipment operating cost	466,643	392,330	74,312	989,464	958,951	30,513	1,456,107	1,351,281	104,826
Client program costs	87,868	81,327	6,541	986,283	536,637	449,646	1,074,150	617,964	456,186
Grants	-	-	-	56,600	60,000	(3,400)	56,600	60,000	(3,400)
MHSA training/learning costs	-	-	-	96,737	111,153	(14,416)	96,737	111,153	(14,416)
Depreciation	72,072	44,708	27,365	266,200	276,687	(10,487)	338,272	321,395	16,878
Other operating expenses	440,699	370,800	69,899	857,330	1,092,386	(235,056)	1,298,029	1,463,186	(165,157)
Total Operating Expenses	**6,114,482**	**6,145,747**	**(31,265)**	**11,491,345**	**12,168,402**	**(677,057)**	**17,605,827**	**18,314,149**	**(708,322)**
OPERATING (LOSS)	**(2,539,601)**	**(3,209,690)**	**670,088**	**(8,434,846)**	**(9,278,587)**	**843,741**	**(10,974,447)**	**(12,488,276)**	**1,513,829**
Non-Operating Revenues (Expenses)									
Realignment	2,862,363	2,925,000	(62,637)	-	-	-	2,862,363	2,925,000	(62,637)
Contributions from member cities & donations	70,236	70,236	-	-	-	-	70,236	70,236	-
MHSA Funding	-	-	-	11,628,973	11,996,900	(367,927)	11,628,973	11,996,900	(367,927)
Interest (expense) income, net	43,715	13,804	29,912	387,284	252,981	134,303	431,000	266,785	164,215
Other income-gain on disposal of assets	508	-	508	8,731	-	8,731	9,238	-	9,238
Total Non-Operating Revenues (Expense)	**2,976,822**	**3,009,040**	**(32,218)**	**12,024,988**	**12,249,881**	**(224,893)**	**15,001,810**	**15,258,921**	**(257,111)**
Special Item: Net reorganization income (expense)	-	-	-	-	-	-	-	-	-
INCREASE(DECREASE) IN NET POSITION	**$ 437,221**	**$ (200,650)**	**$ 637,870**	**$ 3,590,142**	**$ 2,971,294**	**$ 618,848**	**$ 4,027,363**	**$ 2,770,645**	**$ 1,256,719**

Definitions:

Medi-Cal FFP= Federal Financial Participation Reimbursement

Medi-Cal SGF-EPSDT=State General Funds reimbursement for Medi-Cal services provided to children under the "Early and Periodic Screening, Diagnosis and Treatment" regulations.

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
NINE MONTHS ENDING MARCH 31, 2020

COMMENT: PLEASE NOTE, THE DISCUSSION BELOW MAY USE THE FOLLOWING ABBREVIATIONS:
TCMH==TRI-CITY MENTAL HEALTH (OUTPATIENT CLINIC OPERATIONS)
MHSA==MENTAL HEALTH SERVICES ACT (ACTIVITIES INCLUDE CSS, PEI, INN, WET AND CAP/TECH PROGRAMS)

Net Operating Revenues

Net operating revenues are higher than budget by $805 thousand for the following reasons:

1 **Medi-Cal FFP revenues for FY 2019-20** were $820 thousand higher than the budget. Medi-Cal FFP revenues were $567 thousand higher for TCMH and $253 thousand higher for MHSA. At TCMH, the adult program revenues were higher than budget by $298 thousand and the children program revenues were higher by $269 thousand. For MHSA, the adult and older adult FSP programs were higher than budget by $66 thousand and the Children and TAY FSP programs were higher by $187 thousand.

2 **Medi-Cal SGF-EPSDT revenues for fiscal year 2019-20** were lower than budget by $48 thousand of which $85 thousand higher were from TCMH and $133 thousand lower were from MHSA. SGF-EPSDT relates to State General Funds (SGF) provided to the agency for provision of qualifying Medi-Cal services for Early Prevention Screening and Diagnostic Testing (EPSDT) to children and youth under 21 years. These funds are in addition to the FFP reimbursed by the federal government.

> *Medi-Cal and Medi-Cal SGF-EPSDT revenues are recognized when the services are provided and can vary depending on the volume of services provided from month to month. Projected (budgeted) services are based on estimated staffing availability and the assumption that vacant positions will be filled.*

3 **Medicare revenues** are approximately $1 thousand lower than the budget. Tri-City records revenue when the services are provided and the claims are incurred and submitted.

4 **Grants and contracts** are higher than budget by $25 thousand. Grants and Contracts are $3 thousand higher for TCMH and $22 thousand higher for MHSA. At TCMH, the higher revenues were due to the new Measure H program which provides housing assistance to those who are at risk of homelessness in the three cities. At MHSA, the higher grants and contracts amount represents the Clifford Beers Housing's share of cost for funding a Residential Services Coordinator position to provide on-site services to all residents at the Holt Avenue Family Apartments.

5 **Rent Income** was lower than the budget by $25 thousand. The rental income represents the payments collected from the tenants staying at the Tri-City apartments on Pasadena and at the MHSA houses on Park Avenue and Baseline Rd.

6 **Provision for contractual disallowances** for fiscal year 2019-20 is $32 thousand lower than budget.

Operating Expenses

Operating expenses were lower than budget by $708 thousand for the following reasons:

1 **Salaries and benefits** are $1.1 million lower than budget and of that amount, salaries and benefits are $209 thousand lower for TCMH operations and are $894 thousand lower for MHSA operations. These variances are due to the following:

TCMH salaries were lower than budget by $17 thousand. Direct clinical salaries were lower than budget by $54 thousand, support services and administrative salaries were higher than the budget by $37 thousand. Benefits are lower than budget by $192 thousand due to lower health insurance of $151 thousand, lower retirement contribution costs of $20 thousand and lower state unemployment tax and other insurance benefits of $21 thousand.

MHSA salaries are lower than budget by $579 thousand. The direct program salary costs are lower by $548 thousand due to vacant positions and the administrative salary costs are lower than the budget by $31 thousand. Benefits are lower than budget by another $315 thousand. Of that, health insurance is lower by $217 thousand, retirement contribution is lower by $43 thousand, state unemployment tax is lower by $26 thousand and medicare tax and other benefits are lower by $29 thousand.

2 **Facility and equipment operating costs** were higher than budget by $105 thousand. Facility and equipment operating costs were $74 thousand higher for TCMH and $31 thousand higher for MHSA. Of that, building, facility cost and furniture were higher than budget by $39 thousand at TCMH and $4 thousand at MHSA due to the one time set up costs for the additional office space leasing at the Royalty site. Equipment costs in general were higher by $35 thousand at TCMH and $27 thousand at MHSA due to the agency wide upgrade of computers and laptops.

3 **Client program costs** are higher than the budget by $456 thousand mainly from MHSA due to higher flex funds costs.

4 **Grants for fiscal year 2019-20** awarded under the Community Wellbeing project are lower than budget by $3 thousand.

TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
NINE MONTHS ENDING MARCH 31, 2020

COMMENT: PLEASE NOTE, THE DISCUSSION BELOW MAY USE THE FOLLOWING ABBREVIATIONS:
TCMH==TRI-CITY MENTAL HEALTH (OUTPATIENT CLINIC OPERATIONS)
MHSA==MENTAL HEALTH SERVICES ACT (ACTIVITIES INCLUDE CSS, PEI, INN, WET AND CAP/TECH PROGRAMS)

5 **MHSA learning and training costs** are lower than the budget by $14 thousand.

6 **Depreciation** is higher than budget by $17 thousand.

7 **Other operating expenses** were lower than budget by $165 thousand of which $70 thousand higher was from TCMH and $235 thousand lower was from MHSA. At TCMH, personnel recruiting fee, attorney fee, conference expense and security cost were all higher than the budget. For MHSA, professional fees are lower than the budget by $311 thousand and conference expense is lower by $11 thousand. These lower costs are offset by higher personnel recruiting fee, attorney fee, and security service expense.

Non-Operating Revenues (Expenses)

Non-operating revenues, net, are lower than budget by $257 thousand as follows:

1 **TCMH non-operating revenues** are $32 thousand lower than the budget. Of that, realignment fund is lower than budget by $62 thousand. Interest income netted with interest expense is higher by $30 thousand.

2 **MHSA non-operating revenue** is $368 thousand lower than the budget.
In accordance with Government Accounting Standards Board, MHSA funds received and available to be spent must be recorded as non-operating revenue as soon as the funds are received. Funds are available to be spent when an MHSA plan and related programs have been approved and the proposed expenditures for those programs have been approved through an MHSA plan, MHSA update, or State Oversight and Accountability Commission.

The differences in actual to budget are broken out as follows:

	Actual	Budget	Variance
CSS funds received and available to be spent	$ 8,989,468	$ 8,989,468	$ -
PEI funds received and available to be spent	1,774,430	2,052,360	(277,930)
WET funds received and available to be spent	126,523	216,520	(89,997)
CAP/TECH funds received and available to be spent	-	-	-
INN funds received and available to be spent	738,552	738,552	-
Non-operating revenues recorded	$ 11,628,973	$ 11,996,900	$ (367,927)

CSS and INN recorded revenues are in line with the budget.

PEI recorded revenue is lower than budget by $278 thousand. The difference is due to amounts received and available for the PEI plan through March 2020. The additional funds received during the fiscal year 2019-20 will be recorded as revenue up to the budgeted amount.

WET recorded revenue is lower than budget by $90 thousand. The funds available to be recognized into revenue for the WET plan for fiscal year 2019-20 is $126 thousand which when combined with available unspent funds previously recognized as revenue, are sufficient to cover expenses projected for fiscal year 2019-20.

Interest income for MHSA is higher than budget by $134 thousand.

Other Non-Operating Revenue were from the vehicles trade-in and the sales of old computer equipment.

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
NINE MONTHS ENDED MARCH 31, 2020 AND 2019

	PERIOD ENDED 3/31/20			PERIOD ENDED 3/31/19		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
REVENUES						
Medi-Cal FFP, net of reserves	$ 2,773,281	$ 2,411,778	$ 5,185,058	$ 2,298,497	$ 2,327,914	$ 4,626,410
Medi-Cal SGF-EPSDT	750,499	554,614	1,305,113	557,182	638,715	1,195,896
Medicare	2,331	1,364	3,695	4,310	2,223	6,533
Realignment	2,862,363	-	2,862,363	2,888,469	-	2,888,469
MHSA funds	-	11,628,973	11,628,973	-	10,816,989	10,816,989
Grants and contracts	18,307	21,690	39,997	15,986	20,261	36,247
Homeless Mentally Ill Outreach and Treatment	-	-	-	100,000	-	100,000
Contributions from member cities & donations	70,236	-	70,236	26,561	-	26,561
Patient fees and insurance	2,283	-	2,283	2,528	-	2,528
Rent income - TCMH & MHSA Housing	27,166	66,601	93,767	26,556	71,357	97,913
Other income	1,014	453	1,466	7,199	1,348	8,547
Interest Income	74,995	387,284	462,279	77,755	350,635	428,389
Gain on disposal of assets	508	8,731	9,238	-	-	-
Total Revenues	**6,582,982**	**15,081,487**	**21,664,469**	**6,005,043**	**14,229,442**	**20,234,484**
EXPENSES						
Salaries, wages and benefits	5,047,200	8,238,731	13,285,932	4,155,039	7,768,941	11,923,980
Facility and equipment operating cost	465,245	989,323	1,454,568	322,270	870,256	1,192,526
Client lodging, transportation, and supply expense	100,725	1,039,974	1,140,699	93,140	635,482	728,622
Depreciation	72,072	266,200	338,272	45,162	277,304	322,466
Interest expense	31,280	-	31,280	32,238	-	32,238
Other operating expenses	429,240	957,116	1,386,356	348,443	630,085	978,527
Total Expenses	**6,145,762**	**11,491,345**	**17,637,106**	**4,996,291**	**10,182,068**	**15,178,359**
INCREASE (DECREASE) IN NET POSITION	**437,221**	**3,590,142**	**4,027,363**	**1,008,751**	**4,047,374**	**5,056,125**
NET POSITION, BEGINNING OF YEAR	3,229,029	21,242,083	24,471,112	1,442,997	19,029,829	20,472,826
NET POSITION, END OF MONTH	**$ 3,666,249**	**$ 24,832,225**	**$ 28,498,475**	**$ 2,451,749**	**$ 23,077,202**	**$ 25,528,951**

NOTE: This presentation of the Change in Net Assets is NOT in accordance with GASB, but is presented only for a simple review of Tri-City's revenue sources and expenses.

Definitions:
Medi-Cal FFP= Federal Financial Participation Reimbursement
Medi-Cal SGF-EPSDT=State General Funds reimbursement for Medi-Cal services provided to children under the "Early and Periodic Screening, Diagnosis and Treatment" regulations.
TCMH=Tri-City's Outpatient Clinic
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Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **May 20, 2020**

TO: **Governing Board of Tri-City Mental Health Authority**
Toni Navarro, LMFT, Executive Director

FROM: **Nancy Gill, Chief Operations Officer/ HIPAA Privacy Officer**

SUBJECT: **Monthly Operations Report**

ELECTRICAL UPGRADE PROJECT

On March 18, 2020 the Governing Board approved the expenditure of CFTN (Capital Facilities and Technological Needs) funds for an electrical upgrade project so that the current electrical panel at 2001 N. Garey Ave can be updated from 400 amps to 800 amps to accommodate increased staffing, appliances, emergency generator and separate air conditioning panel. This month RKA Consulting Group will begin preparing the plans and technical specifications for this project. The bid documents will be reviewed by Facilities Management prior to finalization and advertisement.

REQUEST FOR PROPOSALS (RFP) FOR GARDENING SERVICES

Staff is currently working on a RFP to select a landscaping contractor to provide gardening maintenance service and tree trimming for all Tri City owned properties, including both supportive housing properties on Park Ave and Baseline Road.

COVID-19

The Facilities Department is looking at all office space, and updating floor plans, at each site to ensure the 6 ft social distancing requirement and to prepare for when staff return to work so that Management can modify work schedules and/or request office moves, if needed.

Our PPE Purchasing Team, which includes Jude Ann Catayong, Jessica Arellano and Alex Ramirez continue to purchase, track and distribute masks, face shields, gloves, wipes and hand sanitizers to our staff as needed. They have done an amazing job staying on top of all purchases and the needs of our workforce.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **May 20, 2020**

TO: **Governing Board of Tri-City Mental Health Authority**
Toni Navarro, LMFT, Executive Director

FROM: **Angela Igrisan, LMFT, Chief Clinical Officer**

SUBJECT: **Monthly Clinical Services Report**

ACCESS TO CARE

In the month of May, the Clinical Team continued to adapt and adjust for the changing social needs required by the COVID-19 pandemic. The team continued to conduct phone and/or video sessions, as the clients requested. Staff equipped with personal protective equipment accommodate people who walk in requesting services or in crisis at both the 2008 Garey location and at the Royalty site.

As such, the Access to Care team processed a total of 238 service requests for all Tri-City MH in the month of May. Of those, 173 service requests were for adults and 65 service requests were for Children and TAY. Nearly all service requests (224) were via phone with 14 people walking into the clinics asking for help. The portion of individuals experiencing homelessness was 38%, 82% of the people identified as Hispanic, and 91% came from the city of Pomona.

The switch to telehealth/telephone intakes appears to be of benefit to the efficiency of the Access to Care team. Specifically, the time to schedule a standard adult intake decreased to only 1 day; and the number of intakes completed, rivals that of a non-COVID-19 environment. The chart below illustrates the number of intakes completed from September 2019 to April 2020.

	Sep '19	Oct '19	Nov '19	Dec '19	Jan '20	Feb '20	Mar '20	Apr '20
Total # intakes	156	182	154	146	161	166	156	175

COVID-19 ISOLATION CENTER AT POMONA FAIRPLEX SHERATON

The Clinical Department continues to assist with the COVID 19 Isolation Center set up by the Los Angeles Department of Public Health at the Pomona Fairplex Sheraton. The oversight of the facility has been transferred from LA DPH to the East Valley FQHC. At the request of Los Angeles County, TC changed its model of assistance from telephone referrals to in person assistance. Monday through Friday, there are two TC staff there. On Saturday and Sunday, there is one person from TC. Staff assist with immediate emotional needs, make referrals to treatment, and assist with any follow up needs such as housing.

The census of the facility has hovered around 42 people with 20 of them identifying as homeless. Most of the people housed in the facility do not live in the TC area and are referred back to their home origin upon discharge. East Valley medical staff has increased in the past week in anticipation of the census doubling. TC will adjust the staffing pattern, as needed.

There is some anecdotal evidence that the community is using alcohol and drugs to cope with the COVID crisis. As such, the number of referrals to the TC Co-Occurring Substance Abuse team has increased. In April, the number of clients being served by this unit jumped to 149. As with the other units, sessions have been held via phone or video. Screenings and referrals to detox services and residential continue; and they are working to adapt their group format to video; this group commenced the first week of May.

CLINICAL WELLNESS ADVOCATES

The Clinical Wellness Advocates have successfully transitioned two groups into a video format: “Parents Emotions Group” and “Wellness Recovery Management”. The Shelter Socialization hour has been suspended for the moment. Other activities by the team continue via phone contact. Each CWA is assigned some of the 157 active referrals to follow up, support, link, and co-coordinate with the other members of the treatment team.

SCHOOL PARTNERSHIPS

In rounding out the school year, the School Partnership Team received a total of 183 referrals. This number increased from 156 during last school year. The team continues to receive referrals from a couple of the districts despite the public health emergency.

CHILDREN FULL SERVICE PARTNERSHIP (FSP)

The Children’s FSP continues to provide intensive services via telehealth, providing outreach, case management, and crisis intervention. This month the FSP team has averaged one crisis hold assessment a week. The team has been creative about utilizing different ways to provide support to people during the pandemic via telehealth and connecting clients with resources including food, diapers, soap, and even face masks.

As an example of successful adaptation during this time, a brief story comes from the FSP team. A child was having an increase in behavior outbursts at home. After discussion and exploration, the therapist identified that the client was not having the regular sensory integration services at school that helped with his behavior. Therapist helped the mother advocate, identified some sensory strategies prescribed in the past by the school staff, and helped parent create some sensory activities for the client. The behavioral outbursts have now decreased.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **May 20, 2020**

TO: **Governing Board of Tri-City Mental Health Authority**
Toni Navarro, LMFT, Executive Director

FROM: **Dr. Seeyam Teimoori, Medical Director**

SUBJECT: **Medical Director's Monthly Report**

OUR STAFF CONTINUE TO PROVIDE SERVICES TO OUR COMMUNITY DURING COVID-19 PANDEMIC. SERVICES PROVIDED BY TRI-CITY INTENSIVE OUTREACH AND ENGAGEMENT TEAM (IOET) AND SUPPLEMENTAL CRISIS TEAMS IN APRIL 2020

IOET Program:

- Number of all new outreach= 75
- Number client given intake appointments= 66
- Number of clients opened= 28
- Total number of ALL clients outreached= 120
- Total number of homeless served= 65
- Percentage of clients outreached that are homeless= 54%
- Percentage of clients enrolled this month in formal services that are homeless= 21%

Service area:

- Pomona= 99
- Laverne= 3
- Claremont= 18
- Total= 120

Enrollments:

- FSP (Full Service Partnership)-Older Adult-2
- FSP-adult-5
- FSP-TAY(Transition Age Youth)- 1
- AOP (Adult Outpatient Program)-14
- COP (Children Outpatient Program) -3
- FCCS (Field Capable Clinical Services)- 0
- FSP Children-3

American Recovery Center:

- Number of new referrals outreached-12
- Number enrolled this month-9
- Number pending intakes-6
- Number of health assessments completed-0

Health Issues:

- Number of initial health assessments completed= 6
- Total number of hospital visits=0
- Number of clients linked to PCP appointments with IOET LPT=4

Supplemental Crisis Calls:

- Number of calls received- 14
- Service Area
- Pomona- 7
- Laverne-0
- Claremont-0
- Outside service area- 6
- Unknown service area-1

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **May 20, 2020**

TO: **Governing Board of Tri-City Mental Health Authority**
Toni Navarro, LMFT, Executive Director

FROM: **Rimmi Hundal, Director of MHSA & Ethnic Services**

SUBJECT: **Monthly MHSA and Ethnic Services Report**

PREVENTION AND EARLY INTERVENTION (PEI)

Community Wellbeing

A RingCentral meeting was held this month with current grantees to provide a time to check-in and allow each grantee to provide an update on their projects. Resources were also provided during this meeting. Grantees report that they enjoy these RingCentral meetings as they are able to connect with other grantees and obtain good ideas on how to engage their families during this transition time and also hear about resources that may be beneficial to their communities.

Community Wellbeing Grant (CWB) applications for the new fiscal year 2020-21 were due on April 1st and due to COVID-19 application deadline was moved to April 13th to allow communities more time to submit their applications. We received a total of 32 CWB Applications, 25 applications are from new communities and 7 applications are from returning grantees from cohort 9. On April 23rd, program staff and a community member reviewed the applications. Out of the 32 applications, 20 applications will be invited for an interview on May 14th and 15th.

Community Trainings

With physical distancing restrictions in place due to COVID-19, program staff have been working on creating 1-hour training modules on how to cope and address trauma. These will be delivered to the community via the RingCentral meeting app. Each week program staff will provide these 1-hour webinars in English and Spanish. A new and additional webinar for the community is called “Community Connections”. Community Connections was created as a space where staff and community members can come together to discuss various topics on situation that many of us are facing during COVID-19. See more details in the Stigma Reduction services section below.

On Tuesday, April 28th, Community Resilience Model (CRM) webinar hosted 50 attendees. On Tuesday, May 5th, a training/webinar on Adverse Childhood Experience (ACE) was conducted with 30 attendees.

On Thursday, May 7th, ACE in Spanish was offered and Tri-City hosted its first Community Connections webinar. Tri-City will continue to offer these webinars each week to community members and will create new webinar topics based on community needs.

Stigma Reduction

Program Staff developed and launched a virtual interactive session that takes place on Thursdays 1-2pm each week called "Community Connections". The format includes panelists from Tri-City and/or community members. The Community Connections topics include Moving from Surviving to Thriving, Practicing Mindfulness, Finding Purpose through Sharing Your Story, The Role of Faith in Recovery and more. The schedule is posted on the Tri-City website and on Social Media.

May is Mental Health Awareness Month. Each of the Community Connections will incorporate Mental Health Awareness related topics. The Room4Everyone Website has been updated with information and resources including the Each Mind Matters toolkit. The toolkit includes activities that can be done during times of Safer at Home.

WELLNESS CENTER

As the COVID-19 pandemic continues to impact the Wellness Center programming, the Center's doors remain open Monday through Friday 8:30am – 5pm to those seeking information, resources, linkage and referrals.

The Center's peer staff have been trained on facilitating telehealth support groups and are offering virtual support groups. As of May 1, 2020, the center started offering 23 support groups a week via the RingCentral telephonic platform.

Employment services continue to be a valuable resource to participants searching for employment during this time. Job packets are available for pick up and telehealth appointments are available to anyone looking for support in applying for jobs and or updating their resumés.

The Family Wellbeing programming continues with the planning process to host a virtual version of their annual summer camp.

COMMUNITY NAVIGATORS

Outreach efforts for the Community Navigator program have included promoting the different virtual webinars and support groups that Tri-City is currently providing to the community.

The Community Navigators have also continued to distribute the Tri-City Resiliency flyer that was created to help support the community during the COVID-19 crisis. Two Community Navigators have also been assigned to the Los Angeles County Quarantine Center located at the Fairplex Sheraton in Pomona. While on site there 5 days a week, the Navigators assist medical staff with connecting guests to resources and providing discharge planning for homeless individuals. These Navigators are located at the Sheraton Monday- Friday from 10am-7pm.

Due to COVID-19 crisis, Community Navigators have started receiving more request from families in the community that have lost their income and are having a difficult time paying their rents. Navigators are working with the landlords and assisting these families with their rent and other resources so that they can continue to maintain their housing.

INNOVATION

<u>Help@Hand (Tech Suite)</u>

In April, a Help@Hand focus group comprised of Wellness Advocates, Innovation staff, and Tri-City's IT Consultant, participated in product testing of WYSA, a mobile application designed to help users who suffer from mild depression and anxiety. Over a period of several days, participants tested each component of this application and recorded their experience. This critical testing phase resulted in the identification of modifications necessary to comply with the criteria for moving forward with this application. Tri-City and CalMHSA are currently in the process of negotiating these modifications with the application developer. Next steps include creating a pilot proposal for approval by the Help@Hand Collaborative which will allow Tri-City to launch the pilot project locally.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **May 20, 2020**

TO: **Governing Board of Tri-City Mental Health Center**
Toni Navarro, LMFT, Executive Director

FROM: **Natalie Majors-Stewart, Chief Compliance Officer**

SUBJECT: **Monthly Best Practices Report**

COMPLIANCE & BEST PRACTICES

Best Practices Manager team collaborated with Systems teams, in order to facilitate the transition of the automated appointments systems from the current system 'ClientTell' to the new system 'Intrado'.

Additionally, the Manager of Best Practices and Child and Family Services Manager met in order to process development for the next phase of the Early Psychosis Program, implementation.

AUDITS, DATA, MONITORING & EVALUATION

Documentation Reviews

The Quality Assurance Team (QA) continued to complete standard chart reviews to continually monitor and assess the quality of services and documentation. The QA Team also completed process audits to monitor our access to care process, services, and documentation.

Data Development

The QI team started to meet with programs to learn how data collection method need to be amended and modified during the time of the COVID19 crisis. This provided the team the opportunity to learn what was new or different, if new performance measures needed to be added and if the existing measures are still appropriate. The team also helped prepare online surveys to gather feedback from the webinars that Tri-City hosted.

Meetings were also held with Best Practice team members to review the data collection process for Network Adequacy and to ensure the data elements are collected and presented efficiently.

Efforts are underway to identify how potential clients are requesting and accessing services during COVID to identify areas of strength and potential improvements so clients can access services in a timely manner.

TRAININGS & IN-SERVICES

In-Service Training

In the month of April, all clinical programs had various in-services, in order to provide guidance on updates to the telehealth/telecommute documentation compliance requirements.

New Employee Training

Four documentation trainings were held throughout the month of April for new employees in the clinical department. One staff completed and one staff began the 12-session documentation training course, in the month of April. QA continues to provide trainings through videoconference format.