www.tricitymhs.org

Tri-City Mental Health Services
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Founded by Pomona, Claremont, and La Verne in 1960

GOVERNING BOARD AGENDA

WEDNESDAY, JUNE 17, 2020
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 from PC, Mac, Linux, iOS or Android:

https://webinar.ringcentral.com/webinar/register/WN_axBTzD9vQfmcAl3my23IaQ

Public Participation. Section 54954.3 of the Brown Act provides an opportunity for members of the public to address the Governing Board 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. Therefore, members of the public are invited to speak on any matter on or off the agenda.

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 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.

ROLL CALL

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

POSTING OF AGENDA

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

CONSENT CALENDAR

1. APPROVAL OF MINUTES FROM THE MAY 20, 2020 GOVERNING BOARD AND MENTAL HEALTH COMMISSION REGULAR JOINT MEETING

Recommendation: "A motion to approve the Minutes of the Governing Board and Mental Health Commission Regular Joint Meeting of May 20, 2020."

NEW BUSINESS

2. APPROVAL OF THE COMMUNITY WELLBEING GRANTS FOR FISCAL YEAR 2020-21 UNDER THE COMMUNITY CAPACITY BUILDING PROJECT OF THE PREVENTION AND EARLY INTERVENTION (PEI) PLAN

Recommendation: "A motion to award sixteen Community Wellbeing Grants totaling $76,000.00 to be funded under the PEI Plan in FY 2020-21"

3. APPROVAL OF RESOLUTION NO. 532 ADOPTING THE MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2020-21, 2021-22, & 2022-23

Recommendation: "A motion to adopt Resolution No. 532 approving the MHSA Three-Year Program and Expenditure Plan For Fiscal Years 2020-21, 2021-22, & 2022-23, as recommended by Tri-City's Mental Health Commission."

4. APPROVAL OF RESOLUTION NO. 533 AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A MASTER SERVICES AGREEMENT WITH RINGCENTRAL, INC. FOR VIDEOCONFERENCING SERVICES

Recommendation: "A motion to adopt Resolution No. 533 approving a Master Services Agreement with RingCentral, Inc. for videoconferencing services; and authorizing the Executive Director to execute the Agreement."

5. APPOINTMENT OF GOVERNING BOARD MEMBER REPRESENTATIVE TO THE TRI-CITY MENTAL HEALTH COMMISSION

Recommendation: "To appoint one Board Member to participate on the Mental Health Commission."

MONTHLY STAFF REPORTS

6. TONI NAVARRO, EXECUTIVE DIRECTOR REPORT

7. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

8. NANCY GILL, CHIEF OPERATIONS OFFICER REPORT

9. ANGELA IGRISAN, CHIEF CLINICAL OFFICER REPORT

10. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

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

12. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT

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

GOVERNING BOARD COMMENTS

Members of the Governing Board 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 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. 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 **Governing Board** will be held on **Wednesday, July 15, 2020 at 5:00 p.m.**, via teleconference due to the COVID 19 pandemic.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK

MINUTES

REGULAR JOINT MEETING OF THE GOVERNING BOARD AND MENTAL HEALTH COMMISSION MAY 20, 2020 – 5:00 P.M.

The Governing Board and the Mental Health Commission held its Regular Joint Meeting on Wednesday, May 20, 2020 at 5:10 p.m. 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 and Mental Health Commission Chair Watson called the meeting to order at 5:10 p.m.

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

GOVERNING BOARD

PRESENT: Robin Carder, City of La Verne, Chair
Jed Leano, City of Claremont, Vice-Chair
Carolyn Cockrell, City of La Verne, Board Member
Rubio R. Gonzalez, City of Pomona, Board Member
Elizabeth Ontiveros-Cole, City of Pomona, Board Member
Anne Turner, City of Claremont, Alternate Board Member
Benita DeFrank, City of Pomona, Alternate Board Member

ABSENT: Ronald T. Vera, City of Claremont
Vacant, Board Member

MENTAL HEALTH COMMISSION

PRESENT: Toni L. Watson, Chair
Anne Henderson, Vice Chair
Joan M. Reyes
Wray Ryback
Twila L. Stephens
David J. Weldon

ABSENT: Ethel Gardner
Daniel Rodriguez
Alfonso "Al" Villanueva
Davetta Williams

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
Dana Barford, MHSA Projects Manager
Mica Olmos, JPA Administrator/Clerk

PRESENTATION

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

Executive Director Navarro stated that it is that time of the year when Tri-City's Three-Year MHSA plan is posted on Tri-City's website and the plan is in the 30-day comment period; that staff recently had made some adjustments based on new information resulting of the COVID-19 pandemic. Therefore, today Dana Barford will walk you through the revised draft of the Three-Year plan; and then explained the plan's approval process.

Director of MHSA & Ethnic Services Hundal stated that she was available to answer any questions and that Dana Barford was going to do the most of the presentation, noting that Dana is responsible for putting this impressive plan document. She then stated that the plan had been revised due to COVID-19; and that the plan will be presented today to allow the Board and Commission enough time to review the plan before presenting it for approval.

MHSA Projects Manager Barford stated that she would provide an overview of the Three-Year Program and Expenditure Plan, and also explain the different components of the plan document and where to find information; that the Three-Year Program and Expenditure Plan is a requirement under the WIC code and the Mental Health Services Act (MHSA); that this plan document includes projections financially over the next three years; and that staff prepares an annual update, which updates our community members, partners and stakeholders about what took place over that period of time. She then explained that the data and the information provided in the plan document represents Fiscal Year 2018-19, which is basically looking back at last year. She then acknowledged Hannah Sprague, Tri-City's Communications Coordinator, for helping her formatting the plan document. She then said that the plan is a result of the community planning process; that the community planning process typically takes place in August or September of each year, and then it culminates in May/June with this final document; that the stakeholder meetings are critical for the development of this plan because they share information with Tri-City about what is going on in the community, as well as what their thoughts and ideas are about some decisions that we need to make; that this year five stakeholder meetings were held, and for each meeting two were held, one in the evening and one in the daytime; that there were work groups to dive deeper into each of the programs and look at the success and challenges to help us make decisions about moving forward; then, in January/February staff puts together all the information received into the plan document, and in this year, it is Tri-City's Three-Year Program and Expenditure Plan; and that the plan is posted for a 30-day public comment to allow community members give us some feedback over that period of time.

She then said that, at that time, COVID-19 arrived and resulted in substantial financial changes to the plan; therefore, on April 29th it was presented again through the stakeholder process to share the concerns and the proposed recommendations; that the document was re-posted on May 8th for another 30-day public comment; that there will be a public hearing about the plan during the Mental Health Commission meeting in June; and that based on the Commission's recommendations, the plan will then presented to Tri-City Governing Board for adoption. She indicated that staff does not know at this point what the needs/support will be after the pandemic is over of Tri-City clients and the community, what programs and services are good, what is going to be developed or adapted to meet the needs of our clients and community members, and what that cost might be; therefore, with this in mind, we needed to evaluate the fiscal impact of COVID-19 in our county behavioral health, and it was determined that it was necessary to revise the proposed three year plan that was originally conceived; that two of the really important projects that were revisited and reconsidered by the stakeholders were the Workforce, Education & training (WET) and Capital Facilities and Technology Needs (CFTN), which originally it had been decided to transfer $500,000 in unspent CSS and divided it between these two plans; thus, after COVID-19, the first recommendation was to retain the funds in the CSS Plan; the second recommendation was to delay the approval of the implementation of the two innovation projects since, as they were originally designed, would not fit into the COVID-19 world, and also allow time to reassess the needs of the community; thus, these projects were removed from the plan. She then talked about the plan document, noting that the first component is the introduction to Tri-City, the mental health authority for Pomona, Claremont and La Verne which its celebrating 60 years, and includes Tri-City values and its demographics, and the executive summary, which is a snapshot of the projects for Fiscal Year 2018-19; that the next component is the community planning process which includes information about stakeholder meetings, the work groups, who our community partners are, what our outreach and engagement efforts are; that the third component are the MHSA programs which are divided into five plans, and each plan has its different programs, proposals or projects, including data tracked using results based accountability that answers the questions: how much do we do? how well did we do? and is there anyone better off?; that the fourth component is the revenue and expenditure plan which outlines the cost per person for the different programs, including a summary and a comparison of all five programs over a three year period, and the individual budgets; that the last and fifth component is the Appendix or the attachments and innovations annual report. She then stated that Tri-City over the years had gone through some challenging times, such as the bankruptcy and other things; yet, we have continued, not only survive, but to thrive, because of looking back at where we have been and focusing on the present and making some really tough decisions; and expressed gratitude for the executive team because they have been able to not only keep all the staff employed, but also to continue to give staff the tools that are needed so we can do our job and continue to help the community. She then stated that for the early psychosis program, staff has identified the Portland Identification Early Referral Program, PIER Model, which focuses on identification, the diagnosis of age groups 12-25; that it will be implemented beginning on July 1st; and then she discussed the financial summaries. Lastly, she stated that she will be answering some questions that came up earlier: the first one had to do with Mental Health First Aid training, and if there was going to be a change in what our current approach is and how this is going to impact our community; she indicated that since its inception in 2010, Tri-City had trained almost 4,000 individuals in Mental Health First Aid, that over time, this area became saturated and there were fewer and fewer requests for training, and talked about the staff and community members that had to be trained, about the training being eight hours, thus, it became difficult for a lot organizations to be able to allocate that amount of time; that in response, Tri-City retired the program as it was, but reevaluated and revamped its training approach and expanded mental health trainings, noting that now staff across the agency have been trained in adverse childhood

experiences, motivational interviewing, our community resiliency model, and suicide prevention; that new marketing material was developed, and we have reached a point right now where we are going to hire a new mental health trainer; that in response to COVID-19, staff had to rethink all of these trainings and again, in order to reach our community members, transformed these trainings to be online, and continue to go on in English and in Spanish languages. She said that there was also a question about our TAY groups that were listed here and said that this information is from a year ago, that these TAY groups are Wellness Center groups; that TAY is one of the most difficult populations to engage; that when looking at the number of participants also consider who our volunteers are and who is facilitating these groups, noting that over 70% of these groups are led by volunteers and these are individuals from the community which some had lived experience; that we learned that most of these groups back in 2018-19 were offered in the morning and the time was changed to meet after three o'clock to make it more convenient for TAYs; that we are currently offering groups virtually and through phone calls and we are hoping that this is something that is going to increase our TAY connection. She stated that there was also a question about Parents and Teachers as Allies (PTA) versus Ending the Silence, and explained that NAMI Pomona Valley is one of Tri-City's strongest advocate and community partners; that in 2011, Tri-City partnered with them to support PTA in the community; however, last year NAMI National no longer supported PTA, but allowed local chapters to continue to do it if they wanted to, but Tri-City and NAMI agreed to implement Ending the Silence program in July 2019 instead of continuing with PTA; that it has the same budget; and explained the differences, noting that it also increases the focus on suicide prevention; and that next year everyone will learn more about how this year went with Ending The Silence program. That another question was about the challenges getting the tech suite started, now known as Help@Hand; she provided an update and stated that this project was approved by the Mental Health Services Oversight And Accountability Commission in September 2018; that the primary purpose of this project was to increase access to mental health care through the use of an entire suite of technology based on mental health services; that Tri-City joined 14 other counties, being in Cohort two; that 7 cups and Mindstrong were two applications vetted by the cohort, thus Tri-City started focusing on 7 cups because it had a peer chat; however, it was determined that 7 cups was not able to meet the standards and it didn't work, and Mindstrong had other deliverables; thus 7 cups contract was terminated in June and also there is no intention to move forward with MindStrong; that in September of 2019, as a collaborative with 14 groups, we found 93 technologies that were approved; that there is something called the digital mental health literacy training and video series; that Tri-City wanted to develop a training so we can train our community members to do what they would call 'staying safe online'; that COVID-19 came and staff had to look at what we currently have and how can it be shared with the community without having to do pilot programs; that applications were identified and many of them were made free to the public by the vendor and that these applications are listed in Tri-City's new website along with a lot of different resources; that Tri-City is one of four-five counties, out of the 14 counties, who was selected to do a pilot program for one of these approved applications; and talked over the different series of different things that Tri-City is going to be training on. She then reiterated that the Three-Year plan has been re-posted between May 8th through June 8th; that the MHSA public hearing will take place in June 9th during the regular meeting of Tri-City's Mental Health Commission wherein it will decide on a recommendation to Tri-City Governing Board who will meet on June 17th when they will consider the adoption of the Three-Year Plan.

Chair Carder thanked MHSA Projects Manager Barford for a beautiful presentation of the MHSA Three-Year Plan.

MENTAL HEALTH COMMISSION

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

Commission Chair Watson stated that the approval of the Minutes of the Mental Health Commission Meeting of March 10, 2020 was presented again for approval because there was a lack of a quorum at its April meeting.

There being no further comment, Commissioner Ryback moved, and Vice-Chair Henderson seconded, to approve the Mental Health Commission Minutes of its Regular Meeting of March 10, 2020. The motion was carried by the following vote: AYES: Governing Board Liaison Gonzalez; Commissioners Reyes, Ryback, Stephens, and Weldon; Vice-Chair Henderson; and Chair Watson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Gardner, Rodriguez, Villanueva, and Williams.

CONSENT CALENDAR - GOVERNING BOARD

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

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.

Executive Director Navarro reported that when Tri-City purchased this property back in November 2015, there was a septic tank in the property and there was some consideration about spending an additional hundred thousand dollars at that time to connect to the sewer line, but we hoped that we would be able to develop on this property much sooner than we have been able to.

As a result, the septic tank was failing and staff had to make emergency repairs and now the septic tank has to be connected to a sewer line to avoid an imminent failure; that staff was asking the Board to ratify the contract and budget to finish the repairs.

Chair Carder inquired if the money will come from the general fund. Chief Financial Officer Acosta replied that it would be funded through the MHSA housing supportive services.

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

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

Executive Director Navarro stated that this a companion resolution to Resolution No. 530, to complete the sewer connection project.

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

MONTHLY STAFF REPORTS

7. TONI NAVARRO, EXECUTIVE DIRECTOR REPORT

Executive Director Navarro talked about the COVID impact on behavioral health and stated that the letter from CBHDA was a wonderful demonstration of the advocacy we received from CBHDA, and a validation of what is to come for all of us in the next few years since we know that this pandemic is leading to a mental health crisis, unlike we have seen probably ever in our careers. She added that staff have been very vigilant on the fiscal side; that Tri-City's CFO and her team, have been doing a really good job of staying on top of all the changes and the projections to come; that the clinical team and all of our programs, services and MHSA have done a brilliant job; and expressed being proud and honored to be the leader of Tri-City; that the amount of people that we are reaching every week continues to increase in this pandemic; that staff has been more efficient, compassionate and more attentive; that it has been amazing.

She then reported that we currently have approximately 153 clients, in open cases, who are in need of affordable housing and/or need housing among our clinical programs; that 18 individuals were accepted into project RoomKey and pointed out that six of them are local and the other 12 were from throughout the rest of the Eastern part of LA County; and thanked the Pomona leaders on the Governing Board, Council Members Ontiveros-Cole and Gonzalez for their leadership; and said that we appreciate having project RoomKey close at hand for Tri-City clients. She then reported that LA County Supervisor Solis gave her a wonderful surprise by sending Tri-City 30 beautiful cloth face coverings, made by her sister, to be shared with staff and clients, and also a box of chocolates; that staff took a social distancing selfie to send to Supervisor Solis to thank her for the masks and chocolates; that from Tri-City's involvement at the quarantine center and project RoomKey, and Hope4Home shelter, Supervisor Solis has been hearing a lot from Tri-City and she continues to be really thankful and gracious about all the great work that Tri-City staff has been doing during this time.

Chair Carder stated that this is wonderful and asked Executive Director Navarro to share with staff that that the Governing Board knows that staff is so dedicated, and asked to convey to staff the Board's gratitude for their commitment and dedication to all of the clients that they deal with.

8. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

Chief Financial Officer Acosta stated that the finance department staff is staying on top of the latest news on revenue projections, or where they might see declines; that finance staff is doing everything to 'tighten the belt' everywhere is possible and just overall preparing ourselves for what may come. She then referred to her monthly report noting that Tri-City is targeted to come in under budget overall for this current fiscal year, which is what we want; that currently the projections are that we may experience a little bit of a decrease next year, but that is because we are experiencing a reduction in certain revenues this year because of the extensions on tax filings for the millionaires, that it is sales tax in general, so we are going to experience a decrease in revenue; that we are experiencing it now, and will continue to experience it through the end of this fiscal year; that the hope and the expectation is that we will experience a slight increase next year, but we still need to prepare for the dip the following year; that even though it may appear that we will be receiving some funds next year, it will be savings for the next rainy day; that she will do her best to provide the Board with updated information every month.

9. NANCY GILL, CHIEF OPERATIONS OFFICER REPORT

Chief Operations Officer Gill reported that the electrical upgrade for 2001 North Garey that the Board approved on March 18th, staff is moving forward with the project; that regarding the COVID-19, she really wanted to praise the facilities department and the purchasing team, noting that Jude Anne Catayong, Jessica Arellano, and Alex Ramirez have stayed on top of all the five locations, and all the purchasing, making sure that we have PPE for staff and that our clients have masks for when they come in; also she gave a 'shout out' to the clinical team, finance, and everybody here; that also staff is working on a RFP for gardening services for five Tri-City locations.

10. ANGELA IGRISAN, CHIEF CLINICAL OFFICER REPORT

Chief Clinical Officer Igrisan reported that clinical is doing business as usual; that staff is seeing a great flow of clients and that the number of intakes leads completed are basically at our average from last year, noting that the word is out that Tri-City is open; that staff also found out that the intakes with the phone and video format seems to work better for our clients because it is

shortening the amount of time between when people call in and when we can give them an intake, which is pretty good news, pointing out that after this is over, staff might look at this as a model for a greater efficiency, resulting on a happy surprise. She then stated that for the past two weeks our billing has been like 90% of where we were pre COVID; that staff is working really hard and it is showing in our billing numbers, which definitely is a sense of relief; that staff is continuing with the strength based training and the peer training; that the children's intake is being scheduled and moving forward. She also reported that her team, in conjunction with Dr. Teimoori's team and Rimmi Hundal's team, staff has been working at the Sheraton isolation center; that there has been a high census of approximately 67 people, but today the census was a little bit lower, about 47; that most of these folks do not live in the Tri-City area, and some of them are homeless; that they have a variety of needs and Tri-City staff is doing their best to meet their needs.

11. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

Medical Director Teimoori reported that his team has been very active in the community; that the outreach team and the crisis team have been able to create a good flow for clients who need the clinical department and also our psychiatry; he shared that our services are actually picking up; that he has received feedback from our doctors who indicate that our patients are very thankful that we continue to provide services; that sometimes psychiatrists outreach to clients more often that when it is face to face.

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

Director of MHSA and Ethnic Services Hundal reported that Tri-City has received 32 applications for the Community Wellbeing Grants; that 25 of the 32 applicants have been new communities that staff have been outreaching to; that interviews were held last week and former Commissioner Don Perez helped staff with the interview process; that 16 letters of acceptance will go out, meaning that 16 grants will be given out to the community. She then talked about the trainings that the PEI department is doing, noting that they are hosting a webinar every Tuesday at 11:00 am in English, and every Thursday at 11:00 am in Spanish; that staff is also doing a community connect talk at one o'clock on Thursdays for Tri-City staff and for community members; that the links for these webinars can be found in Tri-City's website; that the Wellness Center continues to do support groups and it is now averaging 23 virtual support groups every week; that the employment department has been one the busiest; that the summer camp will be a virtual summer camp this year; that two navigators assigned to the Sheraton quarantine center and are available to them 40 hours a week; that the navigators are receiving an average of a hundred calls a week from the community, and of those, more than 50 individuals are homeless.

13. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT

Executive Director Navarro stated that Chief Compliance Officer Majors-Stewart was unable to be with us today; and reported that the QA team has been doing a wonderful job of using telehealth technology to teach new staff the electronic health record; and concurred with Chief Clinical Officer Igrisan regarding how it is really amazing to see how many of our departments are literally conducting business as usual; noting that it has been wonderful and they are doing a great job.

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

GOVERNING BOARD/MENTAL HEALTH COMMISSION COMMENTS

Board Member Cockrell said to keep up the good work; it is great to hear that everything has been going smoothly.

Executive Director Navarro stated that Sean Smith, Tri-City's Manager for crisis support and outreach services and med services, recommended placing signs on the side of Tri-City buildings indicating that Tri-City is open and to contact us; therefore, banners measuring approximately 3'x9' have been hung at each of our buildings with two slogans which simply say that we are here to help, that we are open, and to call us anytime for mental health support; she then thanked the City of Claremont because they are going to allow us to hung one of the signs on the front of the administration building on Indian Hill Boulevard and they are also going to hang it; and also thanked Jessica Arellano for ordering the banners and facilities staff for hanging the banners.

PUBLIC COMMENT

There was no public comment.

ADJOURNMENT

At 6:27 p.m., the Governing Board and Mental Health Commission Joint Meeting of May 20, 2020 was adjourned.

The next Regular Meeting of the Mental Health Commission will be held on Tuesday, June 9, 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.

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Micaela P. Olmos, JPA Administrator/Clerk

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **June 17, 2020**

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

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

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

SUBJECT: **Approval of the Community Wellbeing Grants for FY 2020-21 under the Community Capacity Building Project of the Prevention and Early Intervention (PEI) Plan**

Summary:

In February 2010, the Governing Board approved the Community Wellbeing Project to be funded under the Mental Health Services Act Prevention and Early Intervention Plan (MHSA-PEI). Accordingly, Community Wellbeing Grants are awarded annually as part of the Community Wellbeing Project. For upcoming Fiscal Year 2020-21, Tri-City received a total of 32 applications and 16 are being presented to the Governing Board for its approval to award the funding.

Background:

During the MHSA-PEI planning in February 2010, under Stakeholders approved the establishment of the Community Capacity Building Project. The Community Wellbeing Program/Grants is a part of the Community Capacity Building Project and is designed to help communities develop and implement community-driven plans to improve and sustain the mental and emotional wellbeing of their members. The program reflects several foundational premises, including:

- Families and communities have primary responsibility for promoting and sustaining the mental and emotional wellbeing of their members;
- Families and communities have strengths and assets that already support their members' health and wellbeing;
- With culturally appropriate support and training, communities can leverage and extend their strengths and assets to improve and sustain the wellbeing of their members over time.

Under the Community Wellbeing Program, communities can apply for funding of up to $10,000 from a community grants fund to support community-driven actions that focus on mental and emotional wellbeing.

There is a lifetime award limit of three years. In addition to the monies, communities receive ongoing training and support from Tri-City staff so that they are able to generate and analyze reliable and timely data to assess the effectiveness of their efforts.

Communities will also participate in various learning circles and other meeting structures that help them share and receive lessons learned with other communities who are also participating in this program.

Fiscal Impact:

Awarding the sixteen (16) Wellbeing Grants will impact Tri-City's PEI budget by $76,000.00 in Fiscal Year 2020-21. Tri-City has the funds available to support this project.

Recommendation:

Staff recommends that the Governing Board award the selected Community Wellbeing Grants totaling $76,000.00 to be funded under the MHSA-PEI Plan in FY 2020-21.

Attachments

Attachment 2-A: FY 2020-21 Community Wellbeing Program Selected Applicants Summary

Attachment 2-B: Sample Contract for Community Wellbeing Grant

Community Wellbeing Grant Descriptions
Fiscal Year 2020-2021

Community	After School Intervention for Dyslexic Students
Fiscal Sponsor	dA Center for the Arts
Amount	$6,000
Community Description:	The After School Intervention for Dyslexic Students project will provide training and support people with education background to provide intervention to dyslexic students through Step by Step program. Dr. Cintron is the founder of Step by Step Program, this reading curriculum combines structured language teaching through music.

Community	Boys and Girls Club of Parkside
Fiscal Sponsor	Boys and Girls Club of Parkside
Amount	$5,000
Community Description:	Boys and Girls of Parkside is located at Parkside Affordable Housing which has 62 units. This grant will fund The Great Futures program that focuses on character/leadership development for youth 7 to 17 years old. Their curriculum included resisting the use of substance use, building community, improve communication skills, treating each other well and how to solving problems.

Community	Bright Prospect Community Wellness Academy
Fiscal Sponsor	Bright Prospect
Amount	$5,000
Community Description:	Bright Prospect Community Wellness Academy project will provide a series of workshops focused on mental health awareness and wellbeing for students and parents in their community. Some of the main challenges they have identifies are communication gaps between students and parents about emotional stress, cultural norms and the stigma associated with mental illness, and how to recognize early signs of mental illness.

Community	Emerson Middle School Community Garden
Fiscal Sponsor	Huerta Del Valle
Amount	$6,000
Community Description:	Emerson Middle School Community Garden project will provide students, their families and neighbors with an accessible urban garden that is productive in terms of food and resources for personal and community wellbeing.

Community	Health Bridges
Fiscal Sponsor	Draper Center for Community Partnerships
Amount	$5,000
Community Description:	Health Bridges will provide Community Health Workshops facilitated by Health Advocates who are all under 25 years old. These workshops will target issues connected to Social Determinants of Health that disproportionately affect the majority of Latinx and Black communities in the Tri-City area. The second project Health Bridges will provide is a Community Health Fair in the City of Pomona to provide basic medical services, emotional/behavioral therapists and enrollment counselors on site.

Community	After School Recreation Program
Fiscal Sponsor	City of Pomona
Amount	$2,000
Community Description:	City of Pomona is committed to providing high quality programming to youth ages 7-17 years old that reside in Pomona and surrounding cities. This project will focus on Heroes of Pomona Speech Contest to enhance wellbeing through supporting youth build capacity so they can pursue higher education goals, advance career ambitions, influence decisions, motivate change, develop valuable communication and public skills and develop a strong sense of self-worth.

Community	Cultural Diversity Committee (ULV)
Fiscal Sponsor	University of La Verne
Amount	$5,000
Community Description:	The goal of the Cultural Diversity Committee is to create conversations and connections that will engender an inclusive community. This committee is resident run by students of University of La Verne ages 18-25 and fields concerns of the community centered around racial unwelcome in La Verne by residents, police officers, and business owners. This project will serve university students and the community as a whole will benefit from the work of inclusion and giving voice to people of color.

Community	Children and Youth in Pomona
Fiscal Sponsor	House of Ruth
Amount	$2,000
Community Description:	This project focuses on “Free to be Me” self-esteem building workshop and mentorship program to children living in Pomona ages 7-12 years old. The goal of the workshop and mentorship program is to provide young people with tools to cope with stress, build their self-esteem, and have ongoing support from their older peers. This project aims to normalize and de-stigmatize mental health struggles for young people, provide tangible resources and tools, and open the conversation to encourage reaching out for help when in need.

Community	Pomona Employment Partners
Fiscal Sponsor	Draper Center for Community Partnership
Amount	$4,000
Community Description:	Pomona Employment Partners is a student volunteer program based at Pomona College’s Draper Center for Community Partnership. This community helps connect persons experiencing homelessness in the City of Pomona with employment opportunities, and provide various types of support in the job-search process. The purpose of this project is to improve the wellbeing of Hope For Home participants and the Pomona Employment Partners volunteers while incorporating all Hope For Home site partners in this effort.

Community	Institute of MAAT-Healthy Scholars Initiative
Fiscal Sponsor	Institute of MAAT
Amount	$6,000
Community Description:	The focus of this project is the Healthy Scholars Initiative. This is a mental health intervention program administered by the Institute of MAAT. Healthy Scholars Initiative supports the needs of African American/Black at-promise youth and their families promoting positive mental health and psychosocial behavioral outcomes.

Community	Latino Latina Roundtable
Fiscal Sponsor	Latino Latina Roundtable
Amount	$2,000
Community Description:	The emphasis of the Latino Latina Roundtable project will focus on culture and healing and providing a sacred space for young people to openly process their emotions, learn the history of Dia de los Muertos/Day of the Dead. This project wants to delve into self-expression as a tool to process grief and loss.

Community	Pomona Pride Center- LGBTQ Community
Fiscal Sponsor	Pomona Pride Center
Amount	$6,000
Community Description:	The Pomona Pride Center-LGBTQ Community will focus on collecting and housing LGBTQ resource information in an online data bank and will be made available on the Pomona Pride Center's Resource Webpage. The information gathered will focus on services geared towards LGBTQ+ youth ages 13-25.

Community	The Youth and Family Club of Pomona Valley
Fiscal Sponsor	The Youth and Family Club of Pomona Valley
Amount	$6,000
Community Description:	The focus of the Youth and Family Club of Pomona Valley is to provid a space for young people ages 12-17 to further develop in community by engaging in healing practices and expanding their knowledge of the world and themselves.

Community	Youtherapy
Fiscal Sponsor	Youtherapy Psychological Services, Inc.
Amount	$6,000
Community Description:	Youtherapy Psychological Services, Inc project will facilitate a series of quarterly workshops for elementary school children and their parents focusing on identifying and utilizing strategies to appropriately regulate emotions resulting in increased social and emotional functioning. These workshops called Mood Management Training Institute (MMTI), integrate mindfulness, interpersonal neurobiology, with recreational and play therapy to reduce emotional dysregulation.

Community	Inclusive Wellbeing Fellowship
Fiscal Sponsor	University of La Verne
Amount	$6,000
Community Description:	The Inclusive Wellbeing Fellowship is an innovative, multi-disciplinary training program for select students, who will be prepared to support our community in its challenges of mental/emotional wellbeing and sense of inclusivity and belonging. The goal of the Inclusive Wellbeing Fellowship program is to prepare students to serve as peer mentors, programming leads, and advocates, as a support to the overall campus community in its wellbeing and sense of belonging.

Community	Unity Church of Truth of Pomona
Fiscal Sponsor	Unity Church of Truth of Pomona
Amount	$4,000
Community Description:	Unity Church of Truth of Pomona project will focus on promoting compassion among peoples, with a particular focus on transitional youth. The purpose of this project will be to promote the concept of oneness, build relationship between youth of diverse cultures and faiths, offer youth tools to promote good mental health, positive self-worth and self-confidence and self-awareness, teach skills for building and healing relationships, discover spiritual practices that relax the body, center the mind and deepen awareness.

TRI-CITY MENTAL HEALTH AUTHORITY
COMMUNITY WELLBEING GRANT AGREEMENT

This AGREEMENT is by and between _____, (GRANTEE) with its principal office of operations at _____ and its fiscal sponsor, _____, (FISCAL SPONSOR) a 501(c)(3) organization organized under the laws of the State of California with its principal office of operations at _____ (GRANTEE AND FISCAL SPONSOR together as the GRANTEES) and Tri-City Mental Health Center, a Joint Powers Agency organized under the laws of the State of California with its administrative office at 1717 N. Indian Hill Boulevard, Claremont, California 91767, (Tri-City).

WHEREAS, Tri-City has received approval from the California State Department of Mental Health to implement a Community Capacity and Wellbeing (CCW) program as defined in Tri-City's Prevention and Early Intervention (PEI) Plan; and

WHEREAS, the award of funds to communities to implement programs that qualify under the PEI CCW program to provide prevention and early intervention of mental health illness is an integral part of such PEI Plan and will benefit residents in the cities of Claremont, La Verne and Pomona; and

WHEREAS, GRANTEES have submitted to Tri-City a Community Wellbeing Project that has met all of the required criteria to qualify as a PEI CCW program project that will promote prevention and early intervention of mental health illness; and

WHEREAS, Tri-City is willing to fund the Community Wellbeing Project proposed by the GRANTEES as part of its approved CCW program in accordance with its budget, in consideration of the terms and conditions of this AGREEMENT;

NOW, THEREFORE, in consideration of the covenants, conditions, and stipulations hereinafter expressed, and in consideration of the mutual benefits to be derived there from, the parties hereby mutually agree as follows:

1. SCOPE OF PROJECT: GRANTEE shall perform the activities as described in the proposal entitled _____, which is attached hereto as Attachment A and made a part of this AGREEMENT, and is hereafter referred to as "PROJECT."

   Any requested modification to the project and/or budget must be submitted in writing using the Project Modification Form. Any modifications requested by the GRANTEE must be approved by Tri-City prior to funds being spent in a way inconsistent with the approved budget or plan.

2. PRINCIPAL SUPERVISORS: PROJECT shall be under the supervision of _____ who shall serve as Project Leader; _____who shall serve as Community Leader; and _____ who shall serve as Fiscal Sponsor Representative. If for any reason the Principal Supervisors shall be unable to continue to serve and a successor acceptable to both parties is not available, this AGREEMENT shall be terminated as hereafter provided.

ATTACHMENT 2-B

3. PERIOD OF PERFORMANCE: The activities of PROJECT shall commence immediately upon execution of this agreement and continue through completion, not later than **June 30, 2021**. This period will be subject to modification or renewal only by mutual written agreement of the parties hereto.

4. PAYMENT OF COSTS: In consideration of GRANTEE'S performance hereunder, Tri-City agrees to support GRANTEE'S costs incurred conducting the activities of this PROJECT, in the amount not to exceed _____. This amount shall not be exceeded by GRANTEE without the written authorization of Tri-City. A payment equal to 25% (1875) of the total granted amount shall be made to GRANTEE upon execution of this agreement. All remaining payments equal to 25% of the total granted amount shall be made to GRANTEE quarterly upon receipt of GRANTEE's quarterly Financial Report, if justified. Justification of any subsequent payments shall be rebuttably presumed if the sum of Spent Funds and Projections for the Next Quarter exceeds the amount received by GRANTEE in the previous quarters. Should justification of additional payments not be met, payment shall be withheld until a Financial Report meeting justification is received by Community Wellbeing Program Staff, no later than June 30, 2020.

   If the funds are needed earlier in any given quarter to continue project activities, an advance of funds may be requested by completing an Early Distribution of Funds Request Form and submitting it to Community Wellbeing Program staff. The Early Distribution of Funds Request Form must be accompanied by invoices from funds spent and projections. Funds will be advanced following review and approval of GRANTEE's request.

   The payments due under the AGREEMENT shall be made payable to_____**,** and the initial payment shall be mailed with a copy of this AGREEMENT to:

   Agency Name
   Contact Name
   Address
   City, State, Zip Code

5. POLICIES AND PROCEDURES: The PROJECT conducted hereunder shall be performed in accordance with the policies and procedures of GRANTEE AND ITS FISCAL SPONSOR.

6. REPORTS: GRANTEE shall deliver to Tri-City quarterly reports showing the detail of expenditures to date and projections for following quarter as applicable until the PROJECT is complete. Financial Reports shall be due fifteen (15) days after quarter ends: October 15th, Jan 15th, April 15th, and July 15th. Reports shall be signed by Project Leader, Community Leader, and Fiscal Sponsor Representative confirming review and accuracy of report. In addition, the GRANTEE shall deliver the results of PROJECT performed within ninety (90) days of the completion of PROJECT.

7. RESPONSIBILITY OF FISCAL SPONSOR: Fiscal Sponsor is responsible for review and accuracy of all supporting documentation related to PROJECT including Financial Report. Additionally, Fiscal Sponsor shall be responsible for maintaining records of expenditures related to PROJECT for a period of five (5) years following conclusion of the project.

8. SPECIAL FUNDING PROVISIONS. This PROJECT is funded by California Mental Health Services Act funds. As such, the use of the funds is subject to certain obligations and limitations that are set forth in Attachment B and made a part of this AGREEMENT. GRANTEES covenant and agree to comply with the provisions of Attachment B.

9. TERMINATION: Performance under this AGREEMENT may be terminated by either party upon thirty (30) days written notice to the authorized personnel listed in the notices section of this agreement. Upon termination by Tri-City, GRANTEES will be entitled to retain sufficient funds to reimburse it for all costs and non-cancelable commitments incurred in performance of the AGREEMENT prior to the date of termination in an amount not to exceed the total commitment set forth in Paragraph 4. Upon termination by GRANTEES, all costs and non-cancelable commitments incurred thereafter will be the responsibility of GRANTEES. GRANTEES will return any unused funds to Tri-City within three (3) months of the written notice of termination.

10. INDEMNIFICATION: GRANTEES shall jointly and severally indemnify, defend and hold harmless Tri-City, its officers, employees, representatives, and agents from and against any and all claims, liability, loss, damage, demands, suits, judgments, expenses and costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with the GRANTEES' negligent acts, willful misconduct, or omissions arising from, or alleged to arise from, or related to, performance hereunder or its failure to comply with any of its obligations contained in the agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of Tri-City.

11. PROPRIETARY INFORMATION: Any proprietary information disclosed by one party to the other shall be disclosed in writing and designated as proprietary, or if disclosed orally, shall be confirmed in writing and designated proprietary within thirty (30) days of such disclosure. A party receiving proprietary information, hereunder referred to as "RECIPIENT," agrees to use the proprietary information only for the purpose of this AGREEMENT and further agrees that it will not disclose or publish such information except that foregoing restrictions shall not apply to:

(a) information which is or becomes publicly known through no fault of RECIPIENT;
(b) information learned from a third party entitled to disclose such information;
(c) information already known to or developed by RECIPIENT prior to receipt hereunder, as shown by RECIPIENT'S prior written records;
(d) information which is published in the necessary course of the prosecution of patent applications based upon inventions developed pursuant to this AGREEMENT; or
(e) information required to be disclosed by operation of law or court order.

The obligation of confidentiality imposed by this provision shall expire two (2) years following the expiration or termination of this AGREEMENT. Each party will use a reasonable degree of care to prevent the inadvertent, accidental, unauthorized or mistaken disclosure or use by its employees of proprietary information disclosed hereunder.

12. USE OF NAMES: GRANTEES shall not employ or use the name of Tri-City in any promotional materials, advertising, or in any other manner without the prior express written permission of Tri-City, except that Tri-City and GRANTEES may, during the term of this Agreement or thereafter state that Tri-City is sponsoring, or has sponsored, the PROJECT.

13. NOTICES: Any notice given under this AGREEMENT shall be in writing to the individuals below and shall be deemed delivered three (3) days after deposit in the United States mail, certified or registered, postage prepaid, and addressed to the parties as follows:

Grantees: _____
_____
_____

Tri-City:

Tri-City Mental Health Authority
1717 N. Indian Hill Boulevard #B
Claremont, CA 91711-2788
Attn: Rimmi Hundal
(909) 623-6131
E-Mail: rhundal@tricitymhs.org

14. INDEPENDENT PARTIES: For purpose of this AGREEMENT, the parties hereto shall be independent contractors and shall at all times be considered neither an agent nor employee of the other. No joint venture, partnership, or like relationship is created between the parties by this AGREEMENT. Tri-City and FISCAL SPONSOR are independent legal entities and none have any authority to act for, or on behalf of, or bind another to, any contract, without the other's written approval or except as otherwise expressly set forth in this AGREEMENT.

15. ASSIGNMENTS: This AGREEMENT shall be binding upon and inure to the benefit of the parties hereto, and may be assigned only to the successors of these parties. Any other assignment by either party without prior written consent of the other party shall be void.

16. OWNERSHIP: Title to any equipment purchased or manufactured in performance of the PROJECT funded under this AGREEMENT shall vest with Tri-City.

17. FORCE MAJEURE: GRANTEES shall not be liable for any failure to perform as required by this AGREEMENT, to the extent such failure to perform is caused by any of the following: labor disturbances or disputes of any kind, accidents, failures of any required governmental approval, civil disorders, acts of aggression, acts of God, energy or other conservation measures, failure of utilities, mechanical breakdowns, material shortages, disease, or similar occurrences.

18. SEVERABILITY: In the event that a court of competent jurisdiction holds any provision of this AGREEMENT to be invalid, such holding shall have no effect on the remaining provisions of this AGREEMENT, and they shall continue in full force and effect.

19. SIMILAR RESEARCH: Nothing in this AGREEMENT shall be construed to limit the freedom of GRANTEES, or of its agents who are participants under this AGREEMENT, to engage in similar activities under other grants, contracts, or agreements with parties other than Tri-City.

20. GOVERNING LAW: The formation, interpretation and performance of this AGREEMENT shall be governed by the laws of the State of California. Venue for mediation, arbitration and/or actions arising out of this AGREEMENT shall be in Los Angeles County, California.

21. AUTHORITY: Each party represents to the other that the person signing on its behalf has the legal right and authority to execute, enter into and bind such party to the commitments and obligations set forth herein.

22. COUNTERPARTS: This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same agreement.

23. ENTIRE AGREEMENT: Unless otherwise specified herein, this AGREEMENT embodies the entire understanding of the parties for this PROJECT and any prior contemporaneous representations, either oral or written, are hereby superseded. No amendments or changes to this AGREEMENT including, without limitation, changes in the activities of the PROJECT, total estimated cost, and period of performance, shall be effective unless made in writing and signed by authorized representatives of both parties. If any provisions stated in the AGREEMENT, resulting purchase orders, and the project proposal are in conflict, the order of precedence, from first to last shall be: (a) Attachment B, (b) AGREEMENT, (c) other attachments, (d) the project proposal, and (e) the purchase order, it being understood and agreed that any purchase order or similar document issued by GRANTEES will be for the sole purpose of establishing a mechanism for payment of any sums due and owing hereunder. Notwithstanding any terms and conditions contained in said purchase order, the purchase order will in no way modify or add to the terms of this AGREEMENT.

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT by their duly authorized officers or representatives as of the latest date set forth below.

TRI-CITY

TRI-CITY MENTAL HEALTH AUTHORITY

By:_____
Antonette (Toni) Navarro, LMFT
Executive Director

Dated:_____

ATTEST:

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

GRANTEES

By:_____

Dated:_____

By:_____

Dated:_____

Fiscal Sponsor

By:_____

Dated:_____

Tri-City Mental Health Authority
AGENDA REPORT

DATE: June 17, 2020

TO: Governing Board of Tri-City Mental Health Authority

FROM: Toni Navarro, LMFT, Executive Director

BY: Rimmi Hundal, Director of MHSA & Ethnic Services
Dana Barford, MHSA Projects Manager

SUBJECT: Approval of Resolution No. 532 adopting the 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 presented an overview of the revised Three-Year Program and Expenditure Plan for the Tri-City Mental Health Commission during the Public Hearing on June 9, 2020. This plan was endorsed by the Commission and is now presented to the Governing Board for approval and adoption.

Background

This MHSA Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for Fiscal Years 2020-21 to 2022-23 was posted on May 8, 2020, and the required minimum 30-day review process ended on June 9, 2020. Staff circulated a draft of the Three-Year Plan by making electronic copies available on TCMHA 's website. Several methods of collecting feedback were available such as phone, fax, email, mail, and comment cards. All comments received regarding this plan were shared during a joint meeting of the Mental Health Commission and Governing Board held on May 20 as well as the Public Hearing.

Stakeholder involvement is a critical component to the decade-long success of the MHSA process for Tri-City and staff continue to value and empower them throughout the community planning process. In preparation of this Three-Year Plan, community members were invited to participate in stakeholder meetings and workgroups focusing on reviewing current MHSA programming and identifying possible gaps in service.

During the MHSA Public Hearing, attendees were presented with a summary of stakeholder feedback which is included in this plan. The Mental Health Commission endorsed the (MHSA) Three-Year Program and Expenditure Plan for Fiscal Years 2020-21 to 2022-23 at that time.

Fiscal Impact:

The Agency has funds available under MHSA to support the Three-Year Program and Expenditure Plan for Fiscal Years 2020-21 to 2022-23.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 532 approving the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for Fiscal Years 2020-21, 2021-22, & 2022-23, as recommended by Tri-City's Mental Health Commission.

Attachment:

Attachment 3-A: Resolution No. 532

Attachment 3-B: MHSA Three-Year Program and Expenditure Plan for FY 2020-21 through FY 2022-23 - DRAFT

RESOLUTION NO. 532

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING ITS MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM AND EXPENDITURE PLAN FOR FISCAL YEARS 2020-21, 2021-22, & 2022-23

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 adopt the Authority's Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for Fiscal Years 2020-21, 2021-22, and 2022-23.

B. 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.

C. The MHSA Three-Year Program and Expenditure Plan was developed through a Community Planning Process wherein stakeholders and community members participate in reviewing and recommending programming and services.

2. Action

A. The Governing Board approves the Authority's MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2020-21, 2021-22, and 2022-23, as presented.

B. The Governing Board authorizes the Executive Director, or designee, to prepare and submit any and all reports related thereto.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on June 17, 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 3-A



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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Public Hearing Agenda/Minutes/Public Comments
Early Psychosis Program Description
Innovation Annual Report FY 2018-19

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

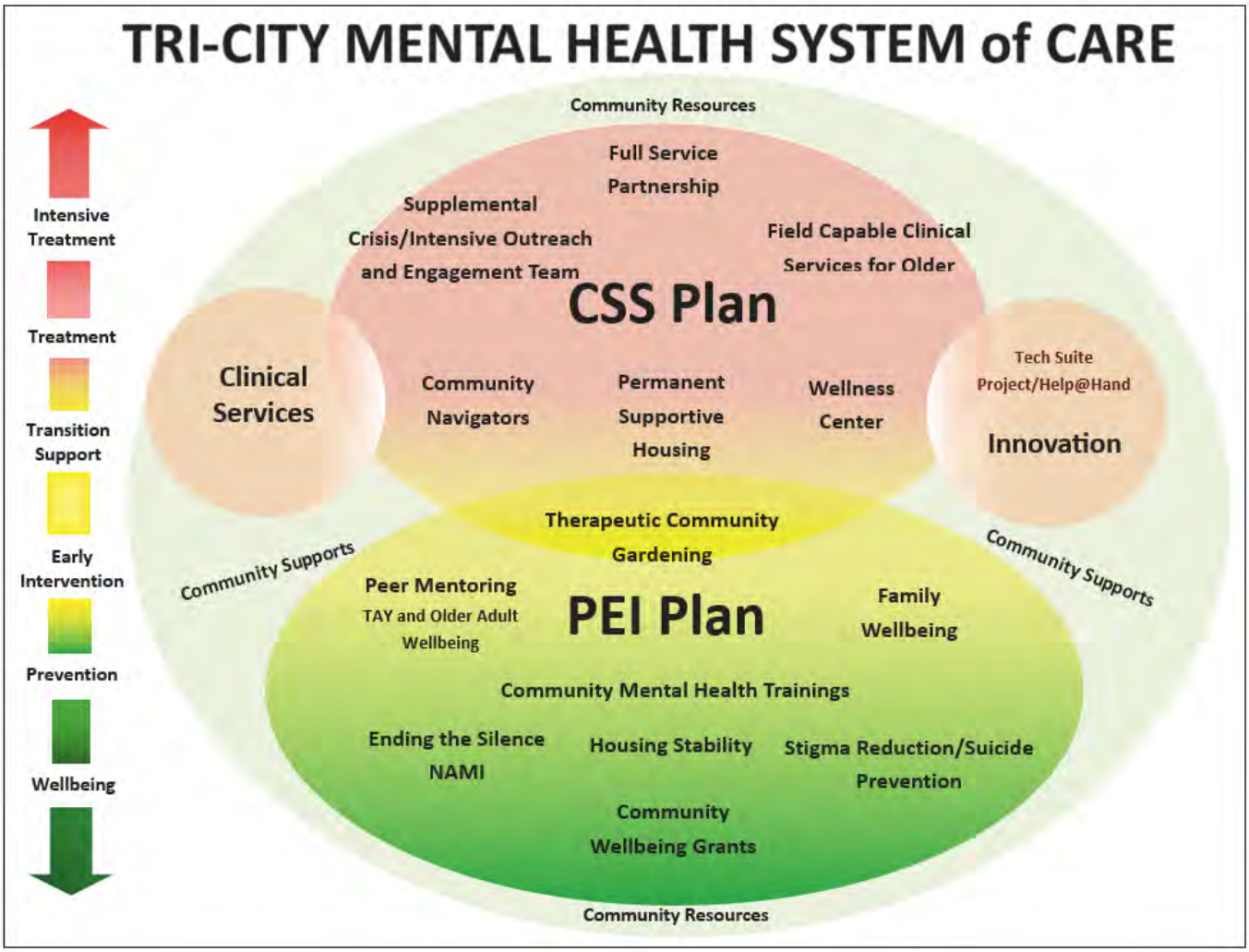
Since 1960, and through a Joint Powers Authority agreement between the cities of Claremont, Pomona, and La Verne, Tri-City Mental Health is the designated mental health provider for this area. For the past 60 years, Tri-City has served these three diverse communities through close and dedicated collaboration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

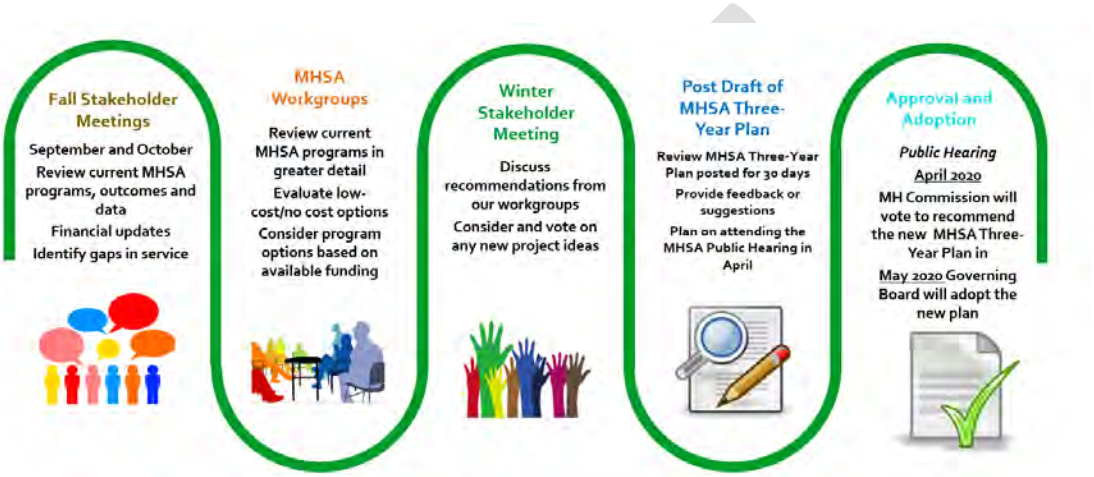
Accountability Driven

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.

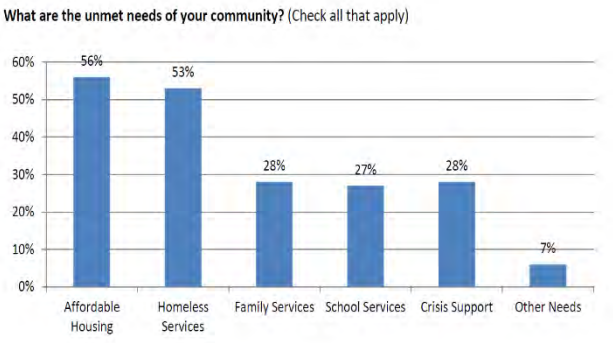
The following diagram reflects the Community Planning Process for Tri-City Mental Health.

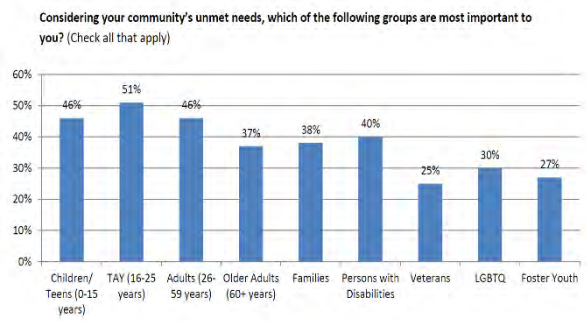


MHSA Planning Process Survey Results: *N = 146*

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.

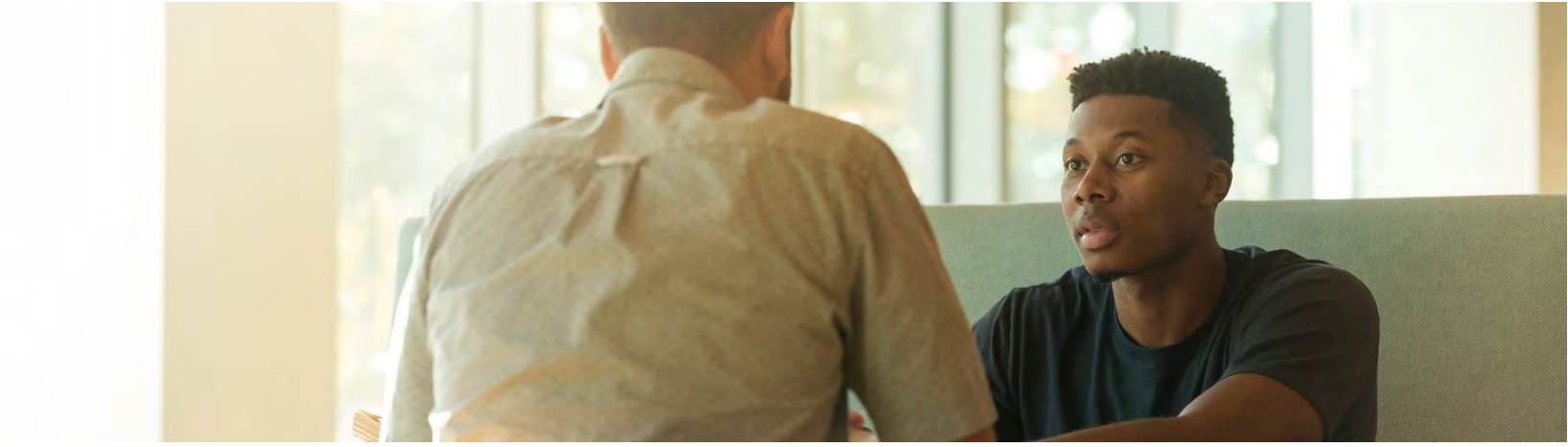


Community Services and Supports




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.

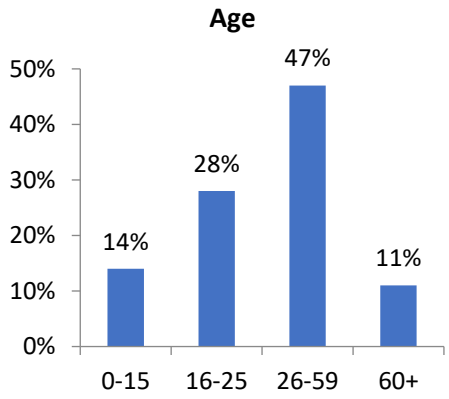
PROGRAM: Full Service Partnerships (FSP)

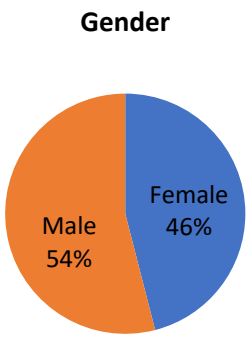
HOW MUCH DID WE DO?

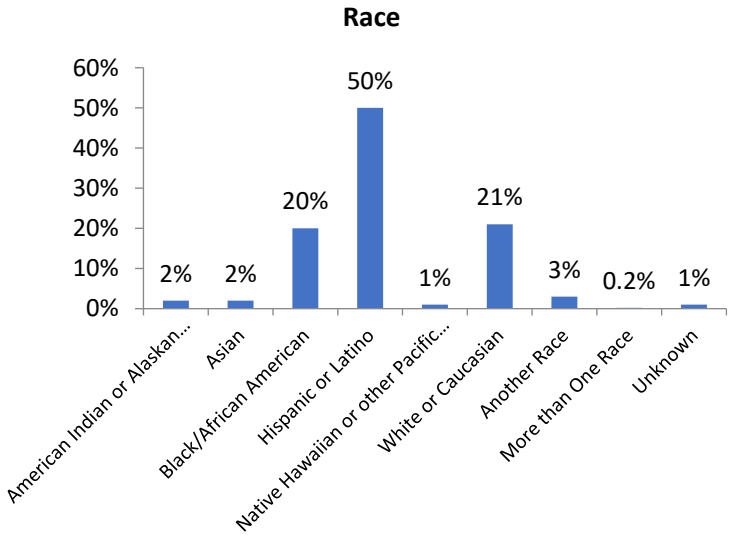
581

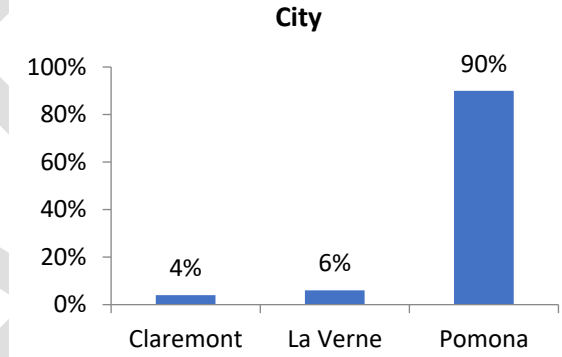
Individuals Served

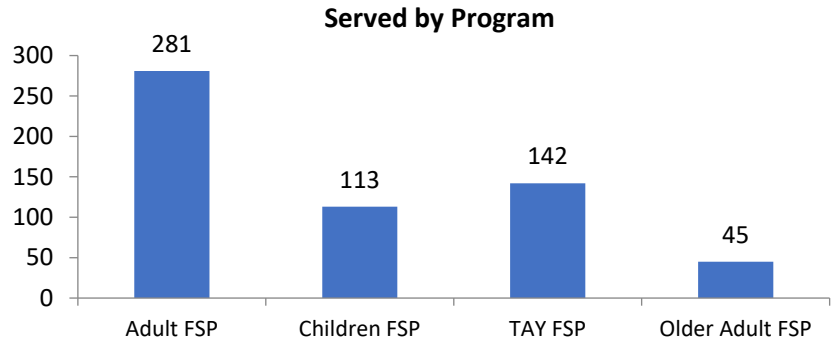
1,070 unique individuals served though FSP programs from FY 2016 to FY 2018
17% increase from FY 2016 to FY 2018









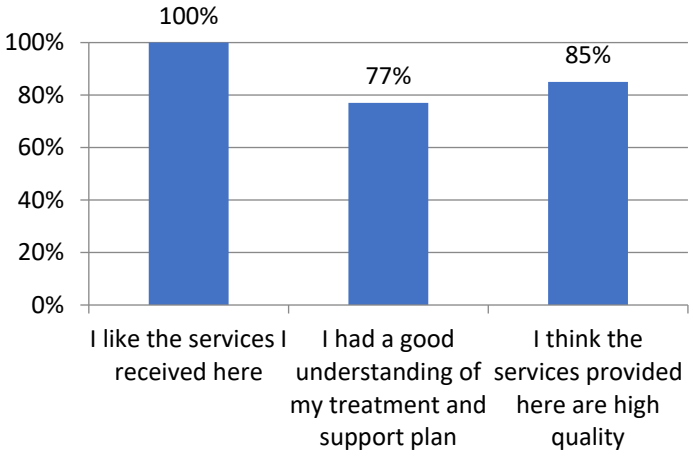


FSP Children and TAY increased significantly the most in individuals served 28% increase from FY 2016 to FY 2018

HOW WELL DID WE DO IT?

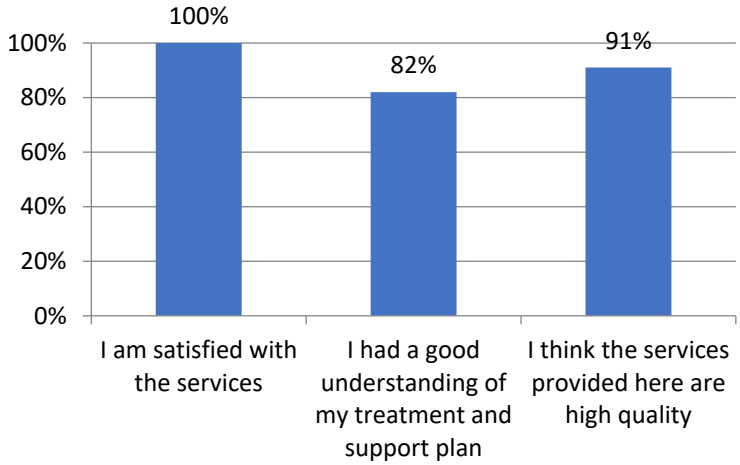
FSP-Adult

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



FSP-CTAY

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

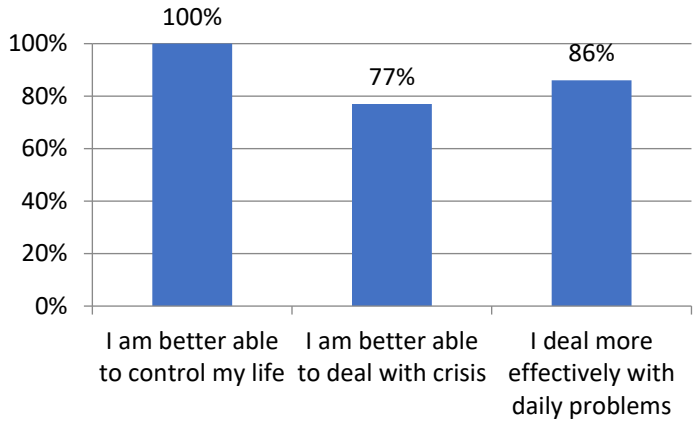


IS ANYONE BETTER OFF?

As a direct result of the services I received:

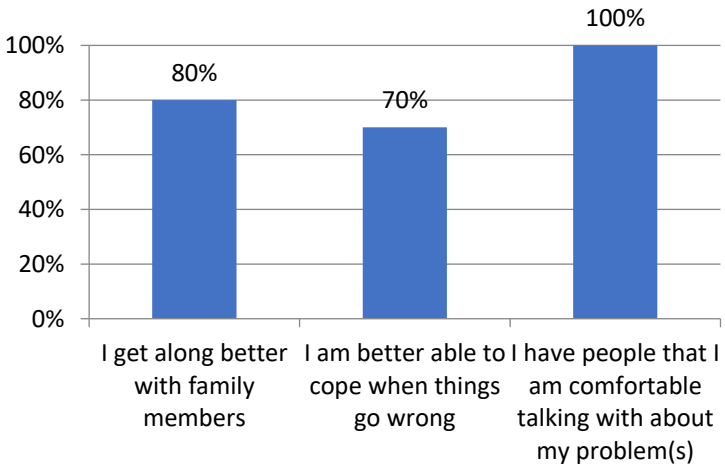
FSP-Adult

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



FSP-CTAY

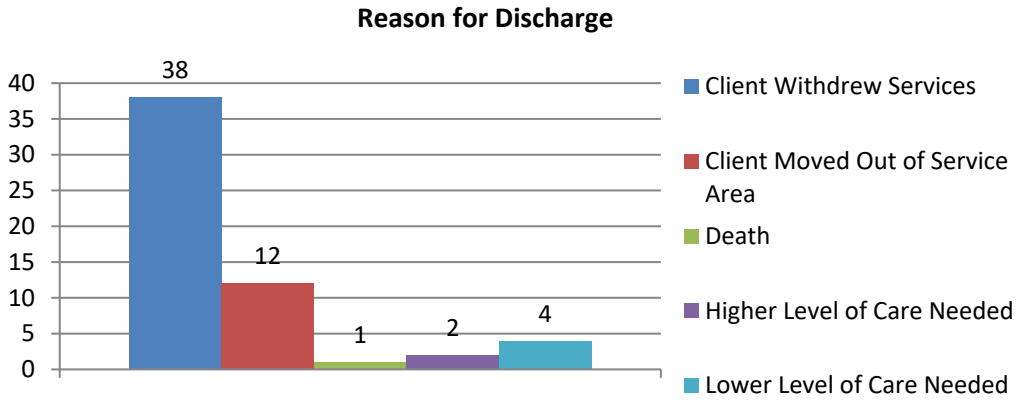
Percent of clients and parents (Strongly Agree/Agree) to the following statements



FSP-Adult & Older Adult

57 (36%)

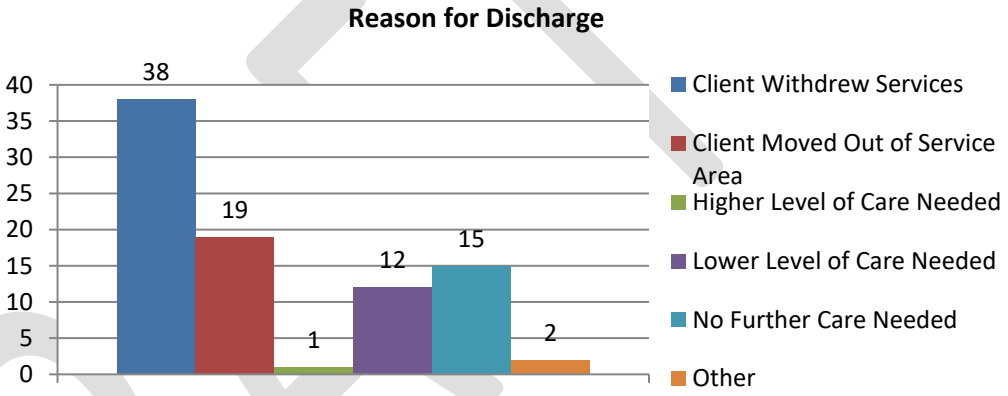
Discharges from 154 Intakes during FY 18-19



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.

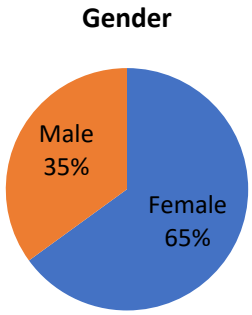
PROGRAM: Community Navigators

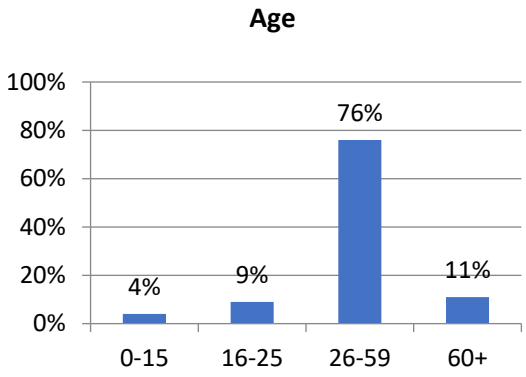
HOW MUCH DID WE DO?

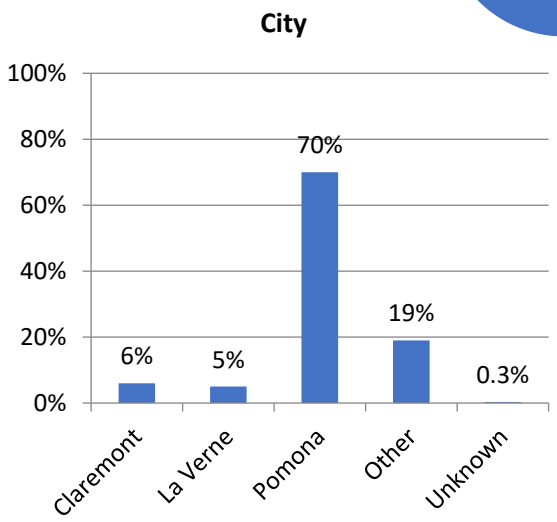
2,082

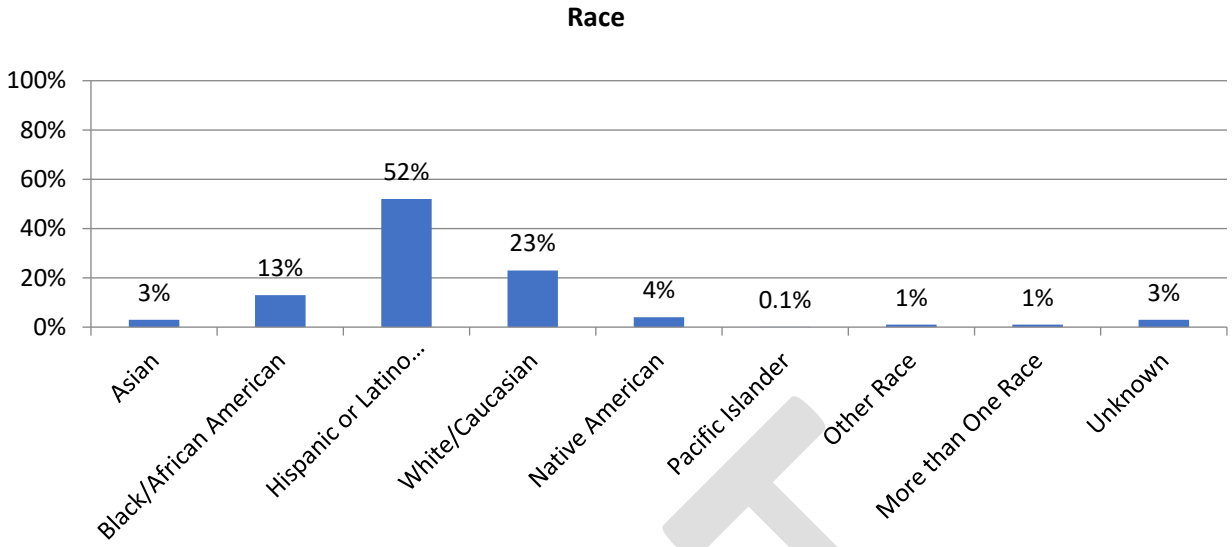
Unique Individuals Served

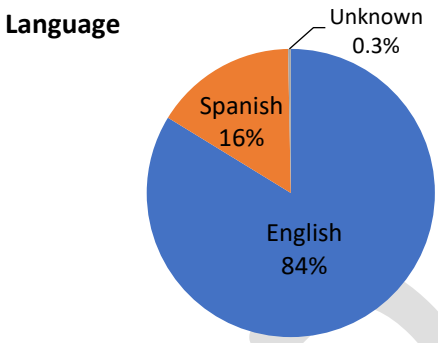
Individuals served remained constant from FY 16 to FY 18





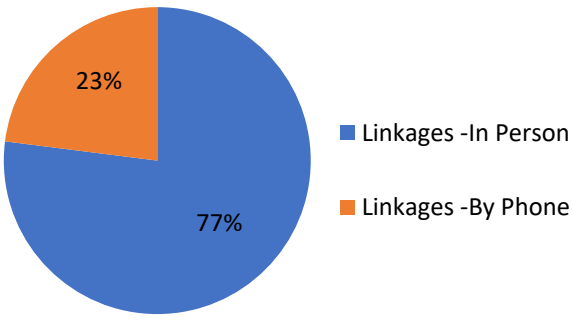


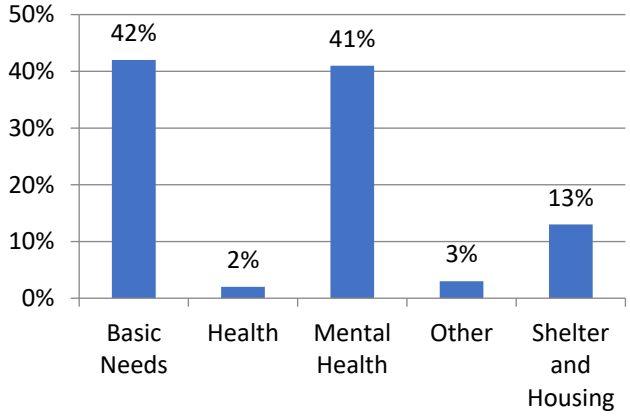




421

Unique Homeless Individuals served/linked at Pomona Shelter





Linkages remained constant from FY 2016 to FY 2018

4,900

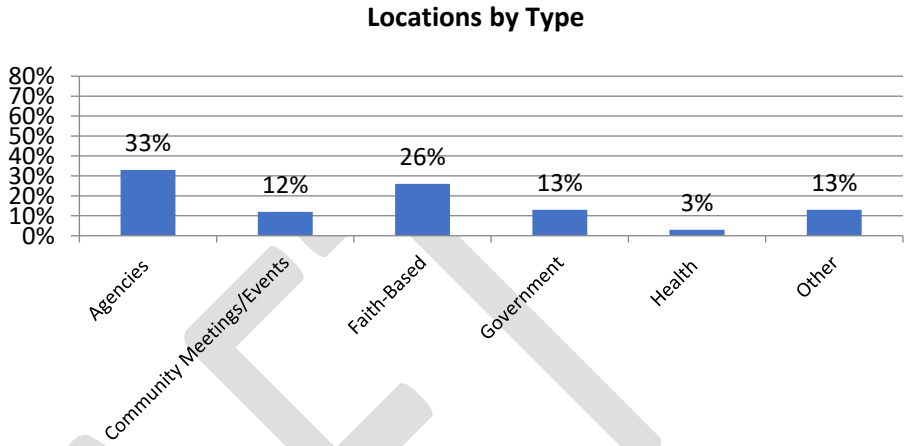
Contacts made to Community Navigators

3,644

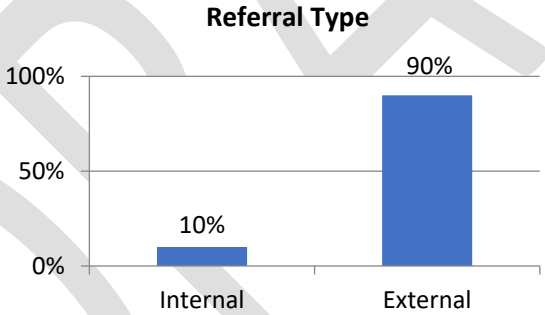
Total Community Members engaged by Navigators through Outreach

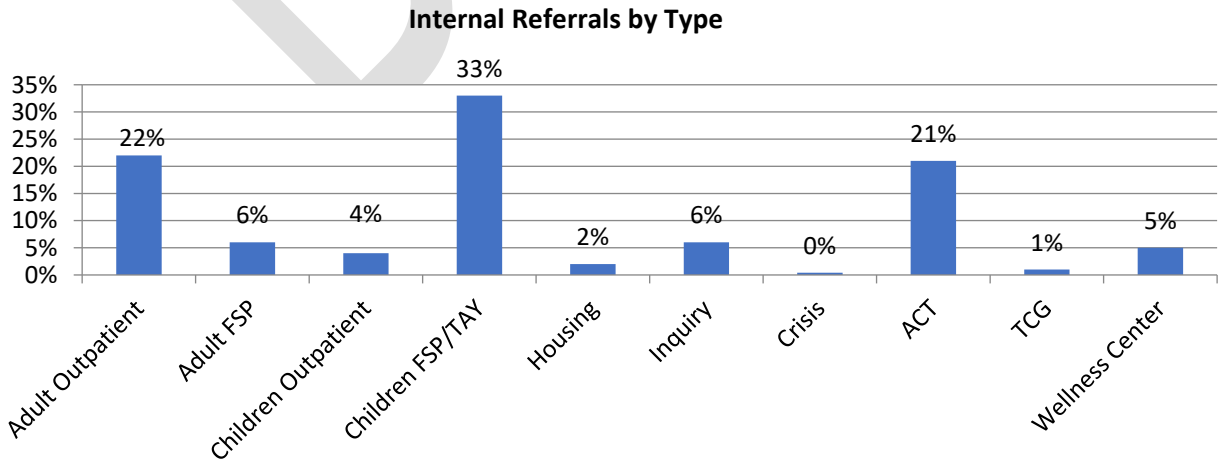
191

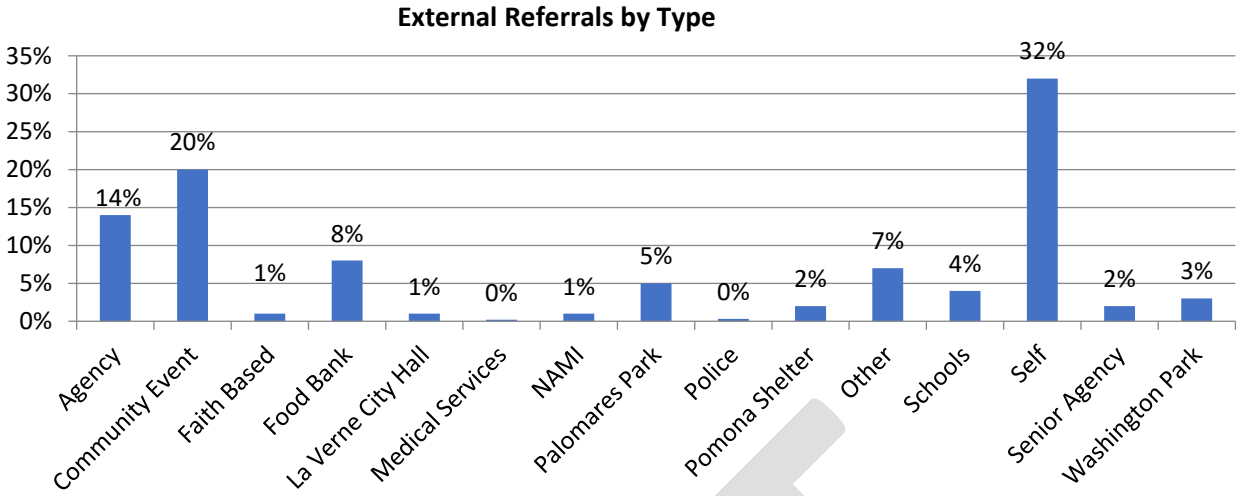
Locations Outreached by Navigators



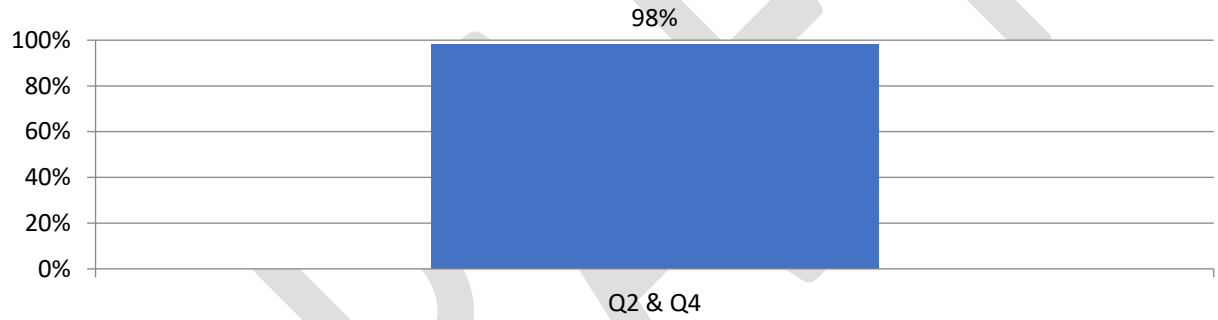
HOW WELL DID WE DO IT?





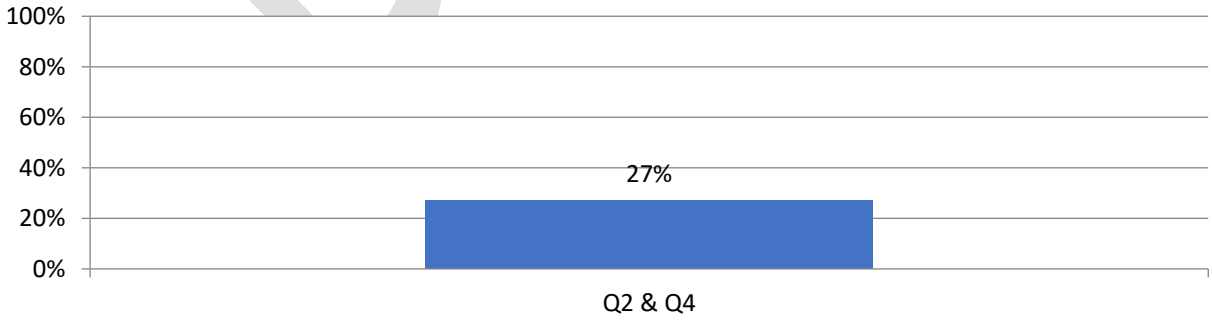


Percentage of Participants Reporting <u>Satisfaction</u> with Services Provided



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.

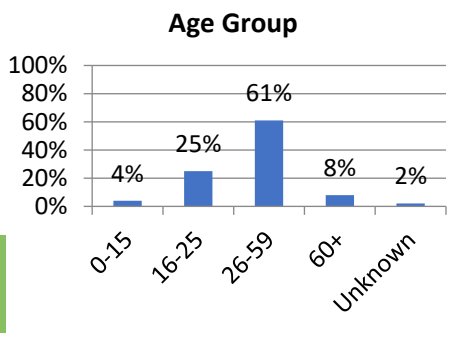
PROGRAM: Wellness Center – CSS

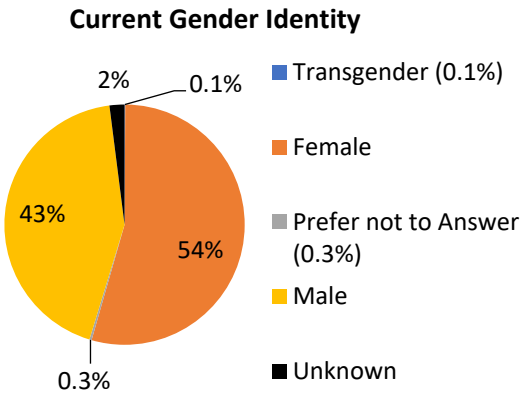
HOW MUCH DID WE DO?

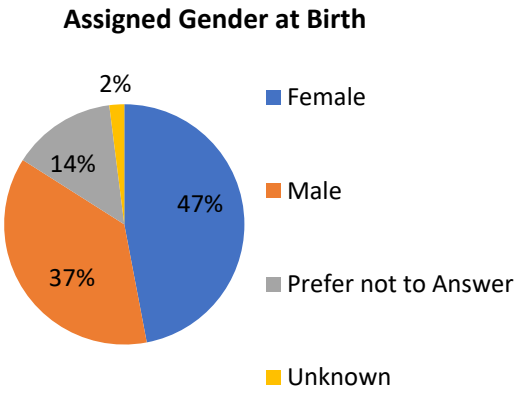
2,264

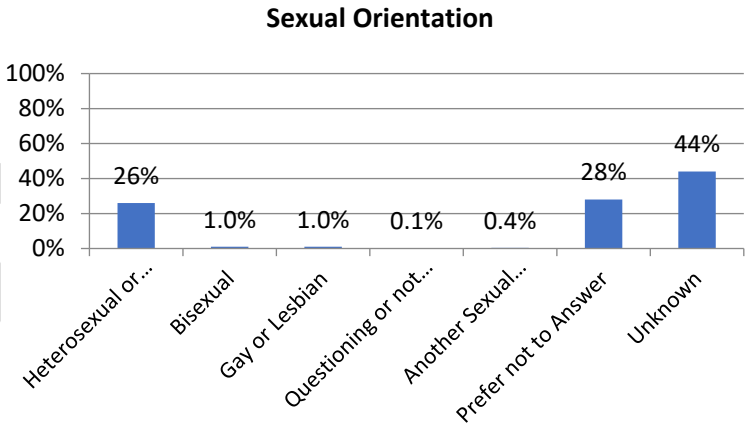
Unique Individuals Served

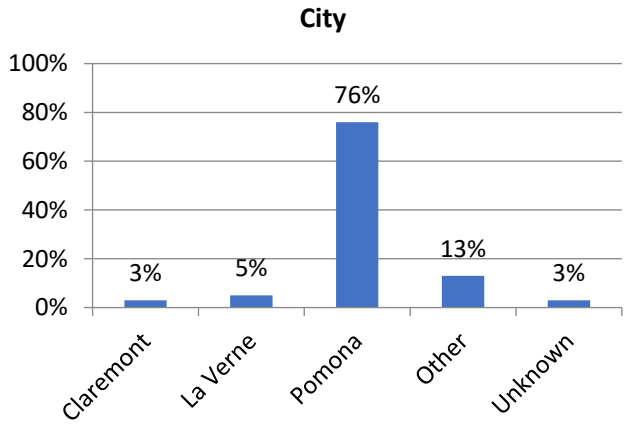
Individuals served has remained constant from FY 2016 to FY 2018

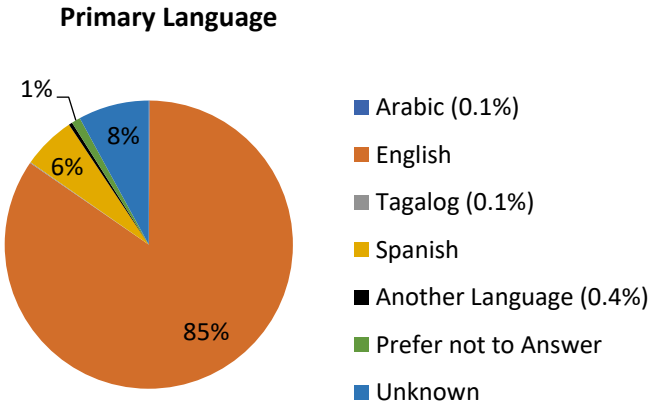


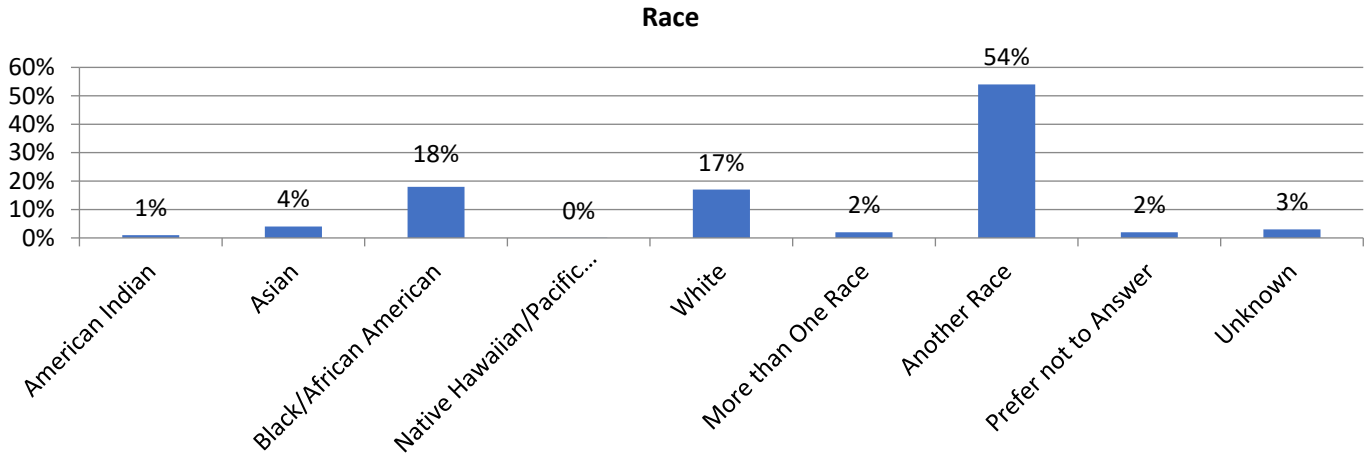


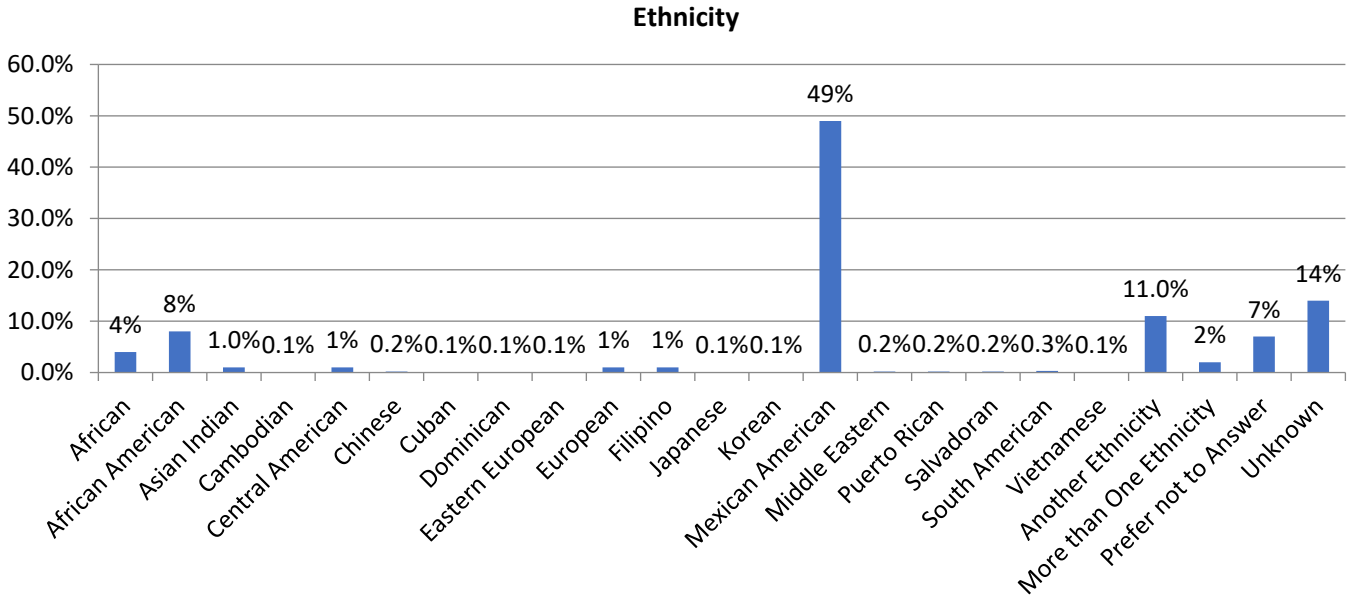









Race
60%
50%
40%
30%
20%
10%
0%
1%
4%
18%
0%
17%
2%
54%
2%
3%
American Indian
Asian
Black/African American
Native Hawaiian/Pacific...
White
More than One Race
Another Race
Prefer not to Answer
Unknown


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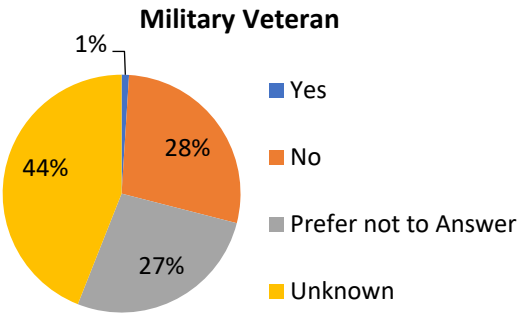
Military Veteran
1%
28%
44%
27%
Yes
No
Prefer not to Answer
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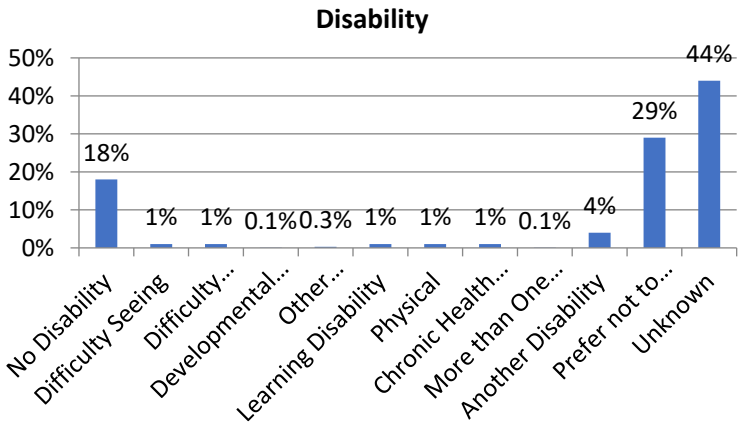

Disability
50%
40%
30%
20%
10%
0%
18%
1%
1%
0.1%
0.3%
1%
1%
1%
0.1%
4%
29%
44%
No Disability
Difficulty Seeing
Difficulty...
Developmental...
Other...
Learning Disability
Physical
Chronic Health...
More than One...
Another Disability
Prefer not to...
Unknown

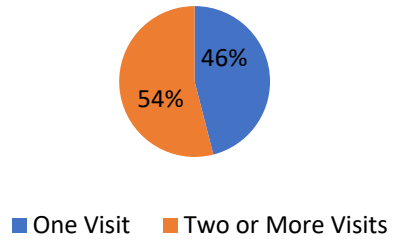
HOW WELL DID WE DO IT?

19,970

Number of Attendees at Wellness Center Events

(Duplicated Individuals)

Number of Times People Visited



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

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

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

76

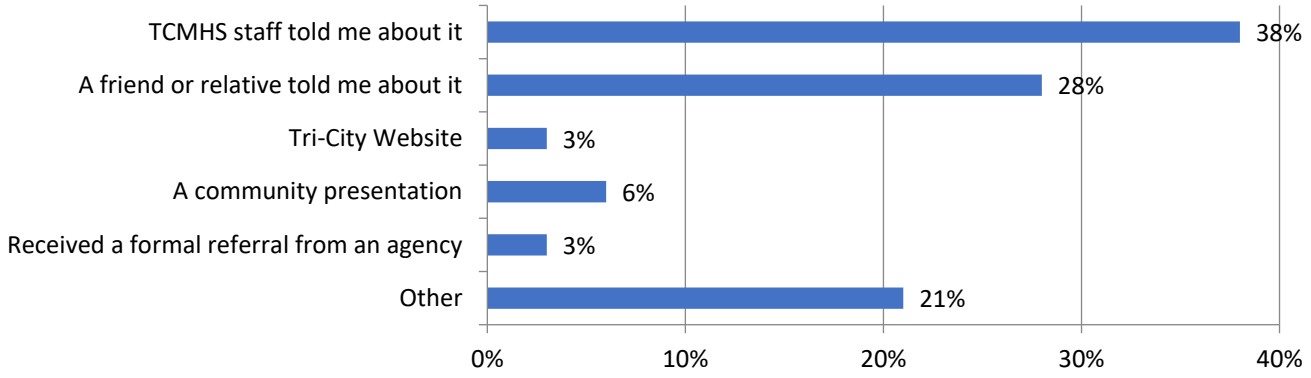
Individuals Secured Employment

302 individuals secured employment from FY 16 to FY 18

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

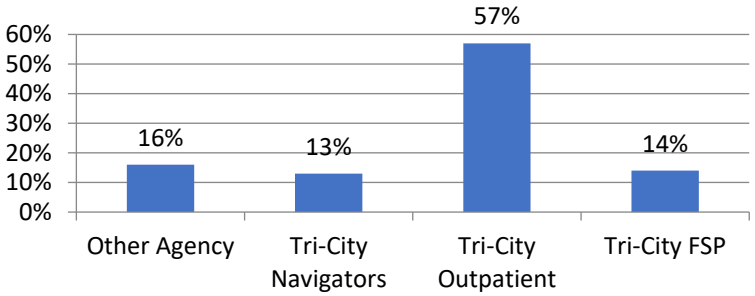
60 days and 90 days data will be included in September

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



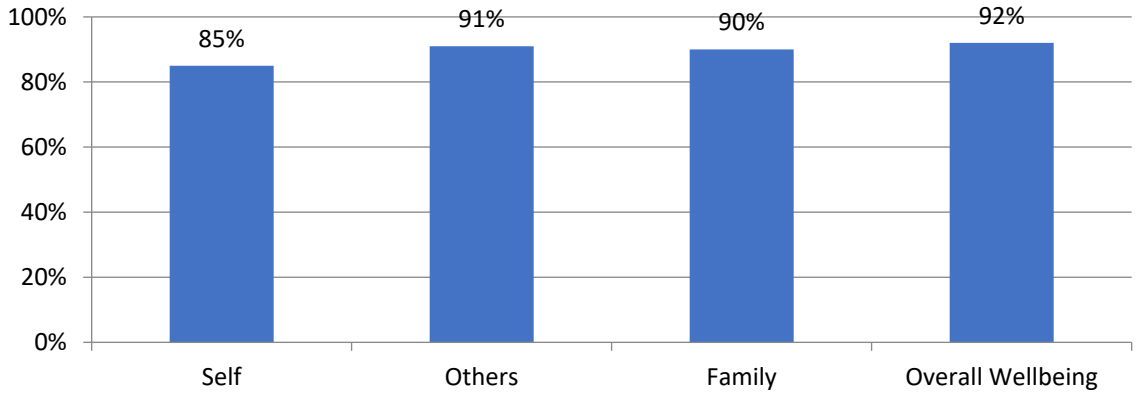
97% Satisfied with the Wellness Center Programs

Referral Source



IS ANYONE BETTER OFF?

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



SUPPLEMENTAL CRISIS SERVICES

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

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

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

Supplemental Crisis Services

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

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

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

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

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

Program Update:

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

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

Challenges Experienced:

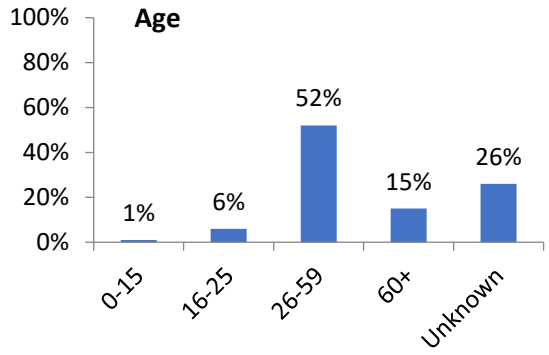
With the expansion of the Intensive Outreach and Engagement Team and Tri-City's goal to be a "whole person system of care", staff are finding it a challenge to meet the needs of a population suffering from a multitude of mental health issues and various co-morbidity conditions (i.e. diagnosis such as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

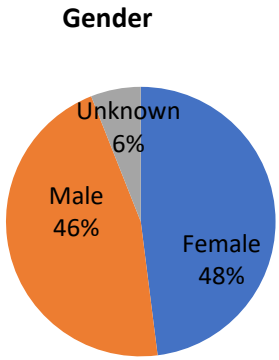
Another challenge under consideration is the name of this program, Supplemental Crisis Services, and the use of the term "crisis", which can carry a negative implication with community members. The IOET is considering revising the name of this program in the future to be Supplemental Assistance for Engagement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

PROGRAM: Supplemental Crisis Services

HOW MUCH DID WE DO? Supplemental Crisis Calls

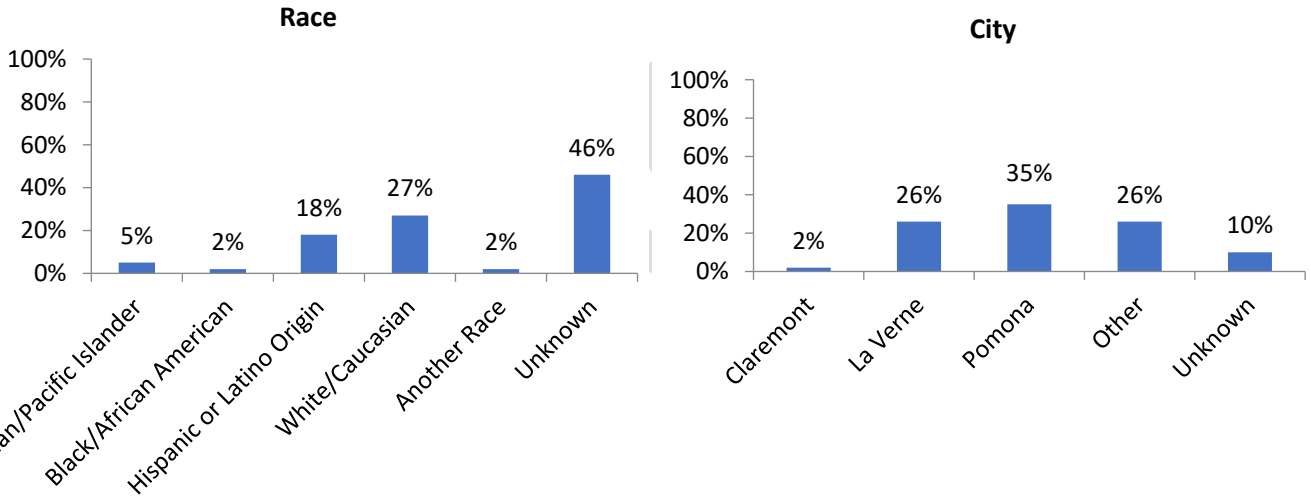
125 Supplemental Crisis Calls

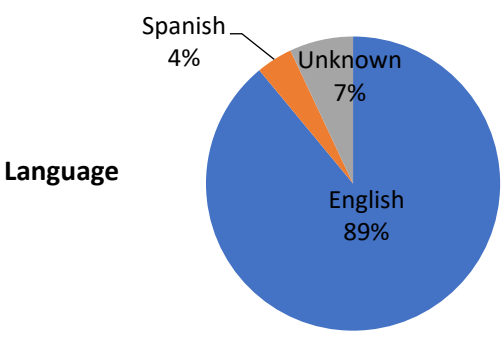




289 crisis calls received from FY 16 to FY 18

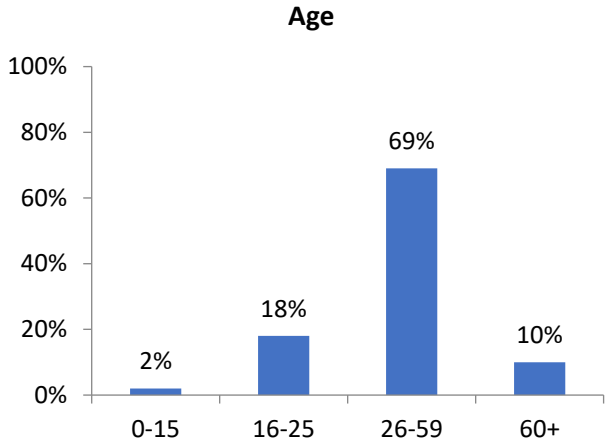
- 131% increase from FY 16 to FY 18

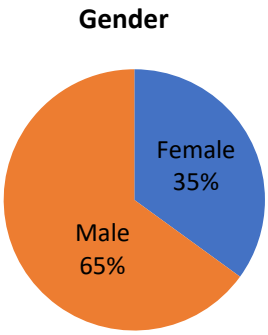


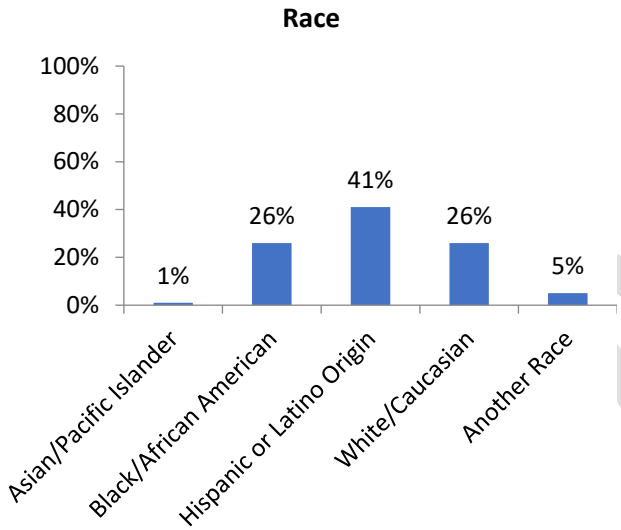


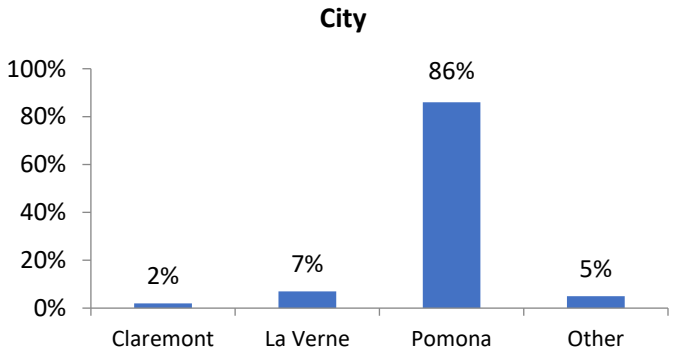
Crisis Walk-In

87 Individuals Served









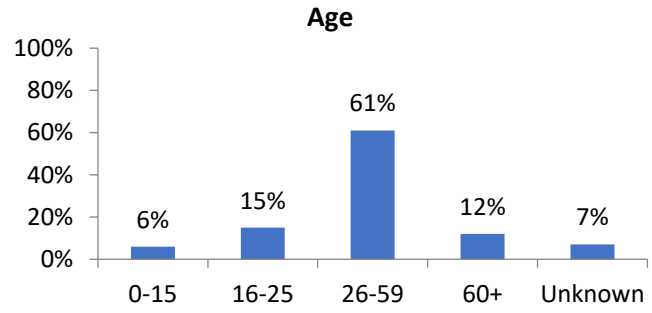
79%
Crisis walk-ins also outreached by the Intensive Outreach and Engagement Team

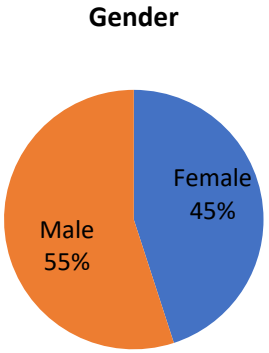
PROGRAM: Intensive Outreach and Engagement (IOET)

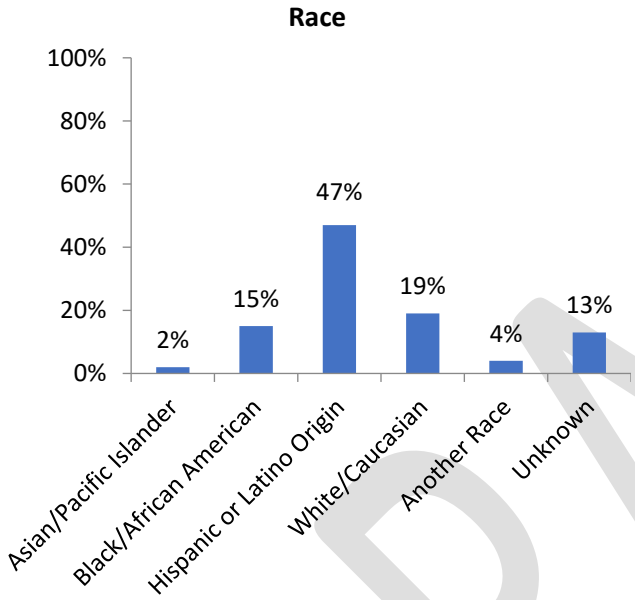
674 Individuals Served

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

- 72% increase from FY 16 to FY 18


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


Gender
Female
45%
Male
55%


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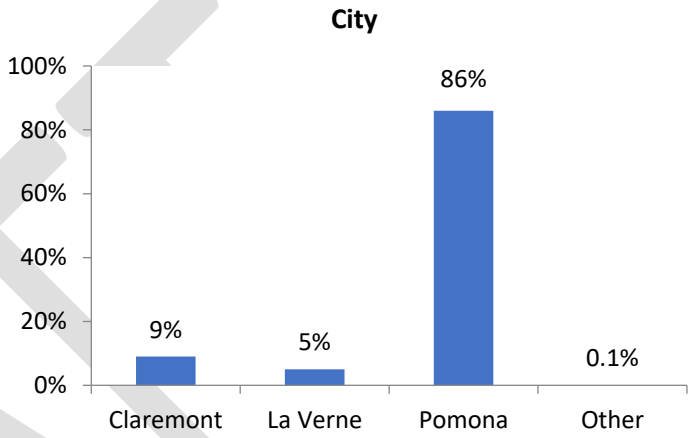
19%
4%
13%
Asian/Pacific Islander
Black/African American
Hispanic or Latino Origin
White/Caucasian
Another Race
Unknown


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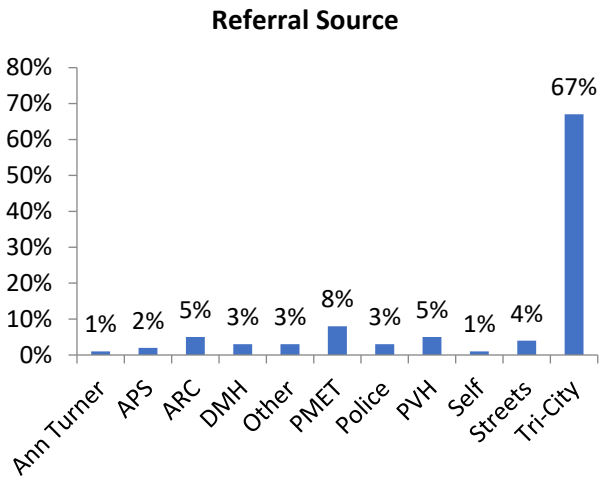
9%
5%
86%
0.1%
Claremont
La Verne
Pomona
Other


Referral Source
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70%
60%
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3%
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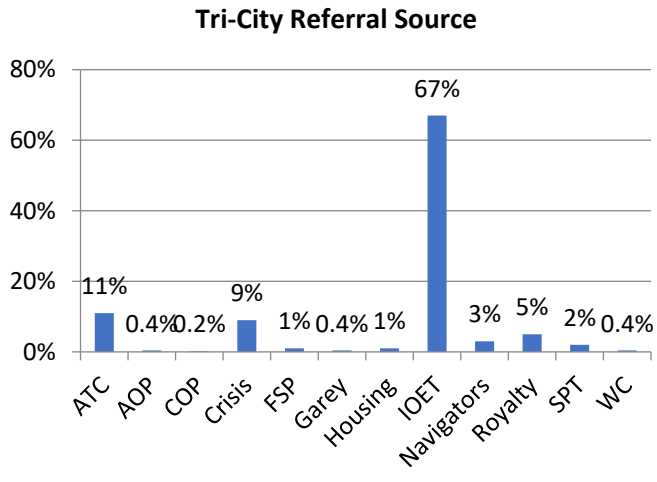
8%
3%
5%
1%
4%
67%
Ann Turner
APS
ARC
DMH
Other
PMET
Police
PVH
Self
Streets
Tri-City


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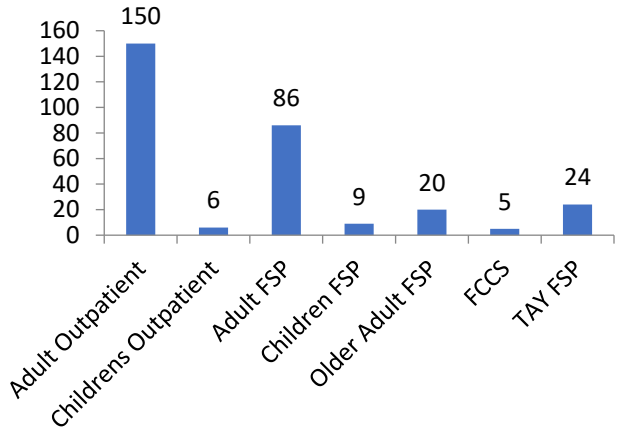
0.2%
9%
1%
0.4%
1%
67%
3%
5%
2%
0.4%
ATC
AOP
COP
Crisis
FSP
Garey
Housing
IOET
Navigators
Royalty
SPT
WC

HOW WELL DID WE DO IT?

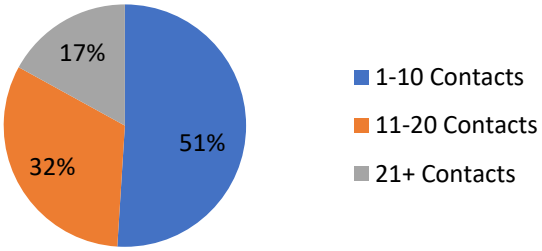
300

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

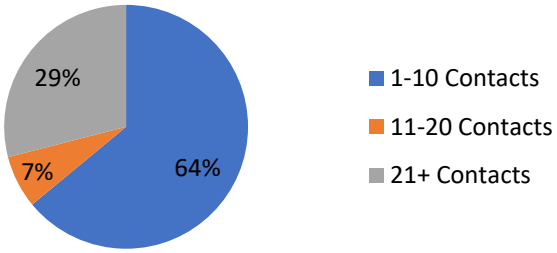
Opened for Services



Percent of IOET Contacts for Closed Cases



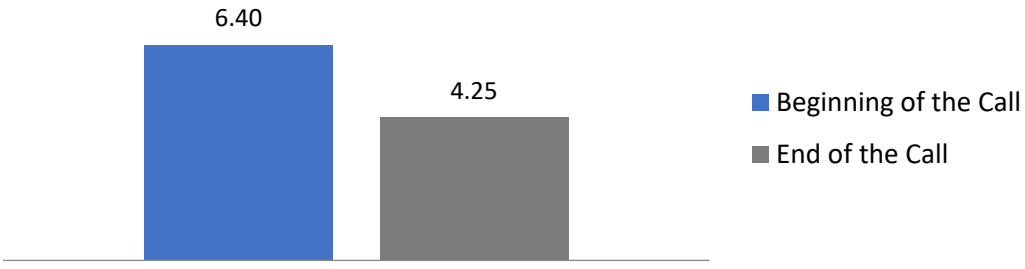
Percent of IOET Contacts for Currently Open Cases



IS ANYONE BETTER OFF?

Level of Distress for Crisis Callers

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



FIELD CAPABLE CLINICAL SERVICES FOR OLDER ADULTS

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

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

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

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

Older adults are the fastest growing demographic population in Claremont and La Verne. According to 2010 Census data, individuals aged 60 years and older comprise 23.5% of La Verne's population, 22.3% of Claremont's and 11.3% of Pomona's. While a number of programs provide health and social supports for older adults, there are few services to meet the mental health needs of this population. Older adults, especially frail elders, often have a difficult time accessing services in traditional venues and therefore need mental health services provided in locations convenient to them.

Program Update:

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

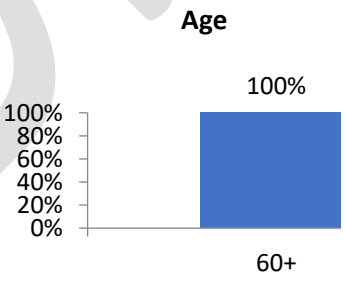
Challenges Experienced:

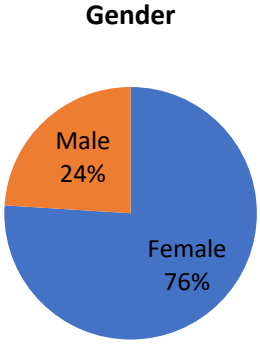
An ongoing challenge in working with elder clients within the FCCS program, is that elder clients often struggle in establishing and maintaining social supports. A goal of the program is to support clients in establishing/re-establishing essential social supports. FCCS staff collaborate with other programs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

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

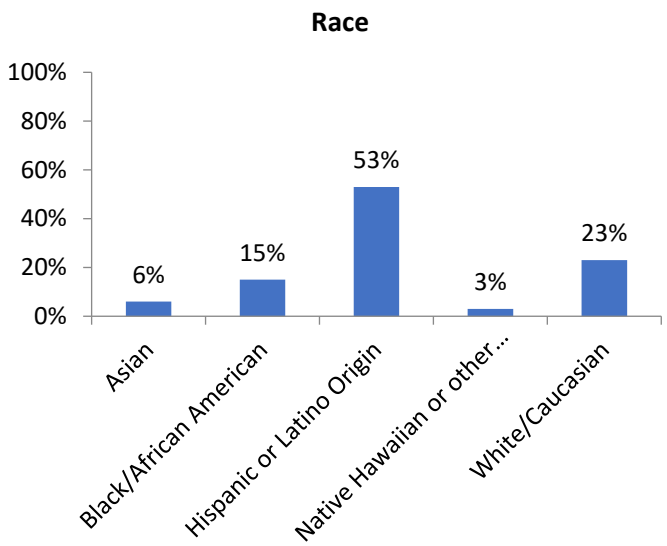
PROGRAM: Field Capable Clinical Services for Older Adults (FCCS)
HOW MUCH DID WE DO?

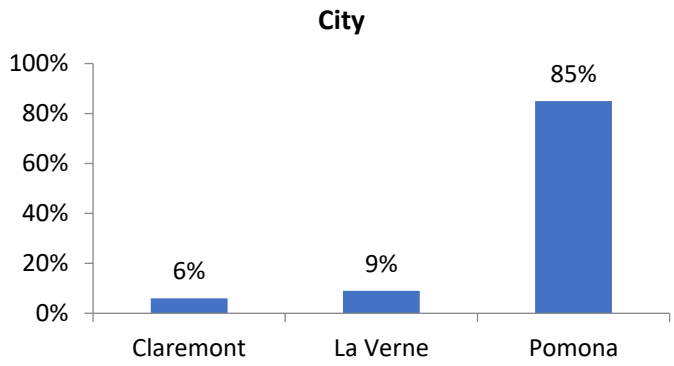
34 Unique Individuals Served





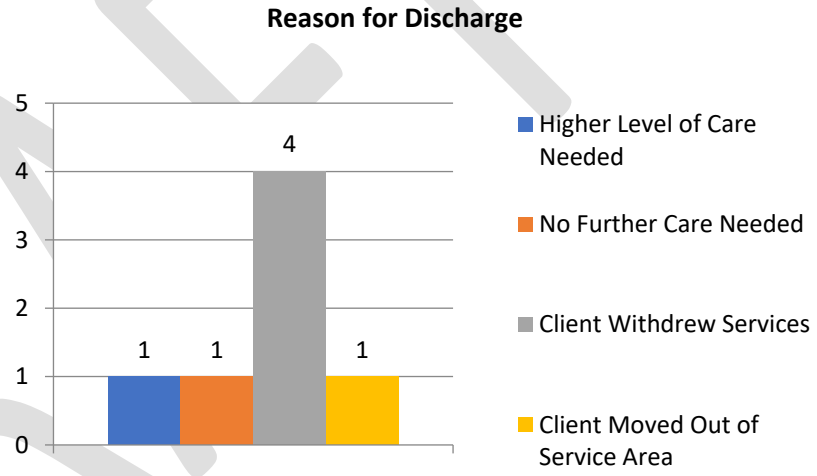
53 unique individuals served from FY 16 to FY 18
- 55% increase from FY 16 to FY 19





7 (39%)

Discharge from 18 Intakes during FY 18-19



PERMANENT SUPPORTIVE HOUSING

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

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

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

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

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

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

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

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

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

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

Program Update:

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

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

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

Challenges Experienced:

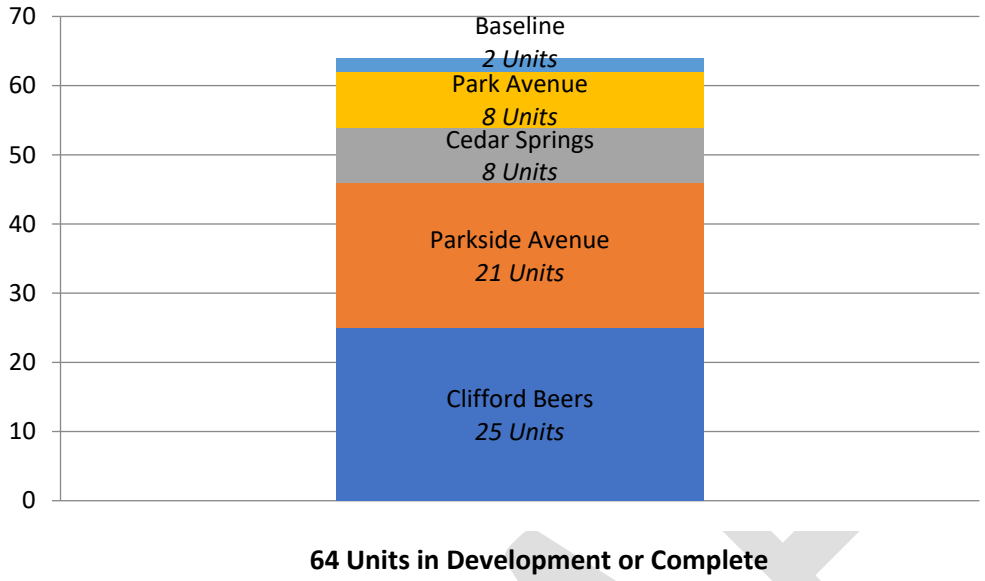
Challenges for the Housing Division included addressing obstacles encountered with homeless individuals' background checks when the process is prolonged or the application halted when applying for permanent supportive housing. Clients who are working towards stabilizing their lives were being denied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

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

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

PROGRAM: Permanent Supportive Housing

HOW MUCH DID WE DO?

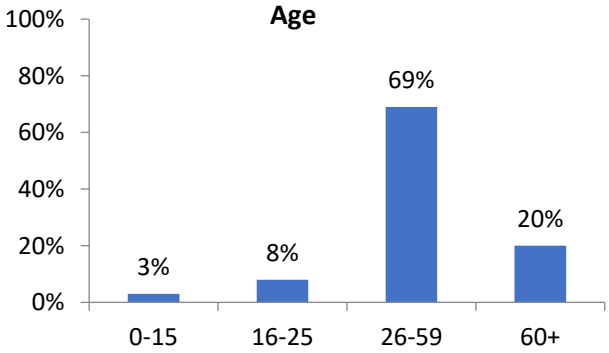


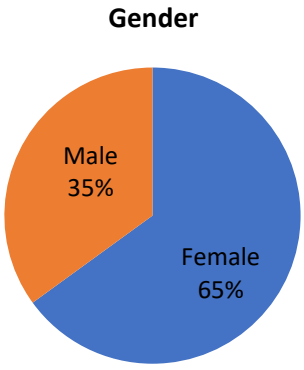
Housing units remained constant from FY 16 to FY 18

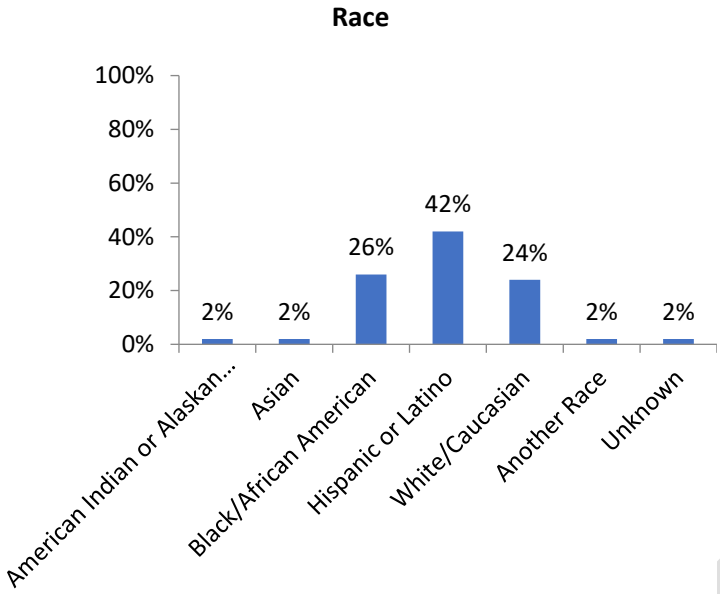
64 Units in Development or Complete

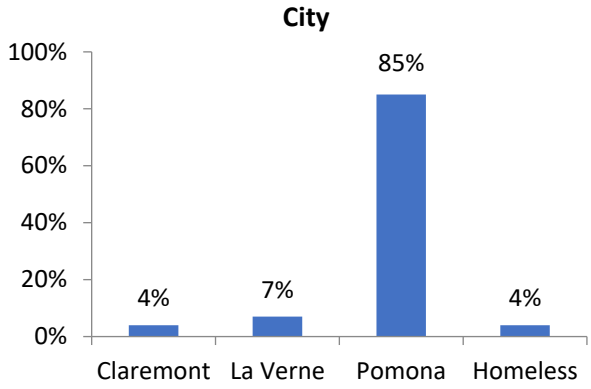
Demographics

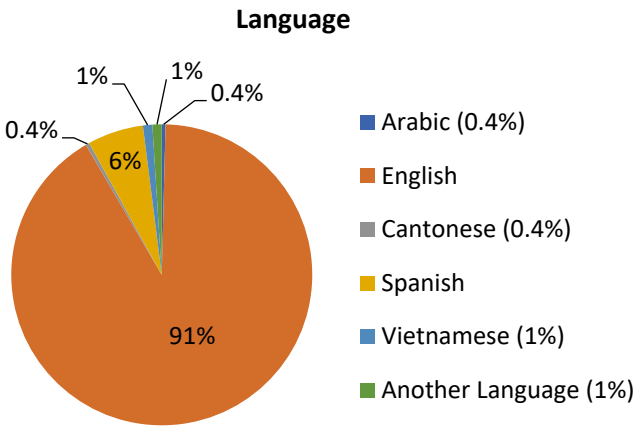
246 Individuals









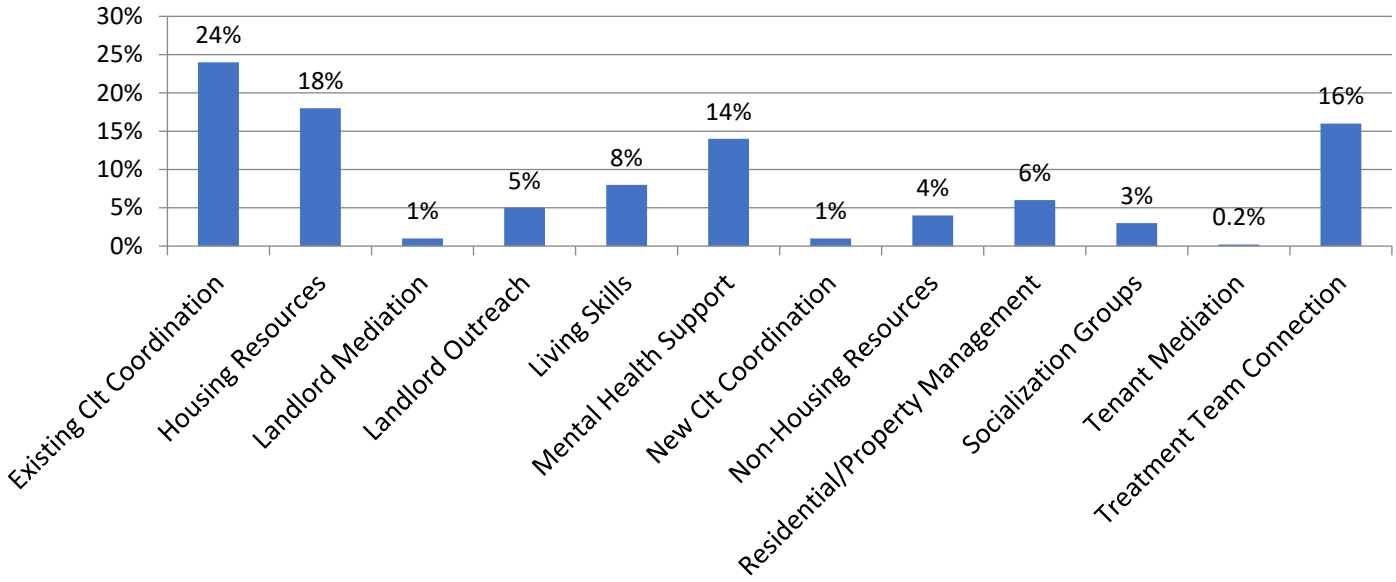


17
New Referrals

HOW WELL DID WE DO IT?

1,609
Housing Actions

Additional Types of Services Provided



IS ANYONE BETTER OFF?

14 Unique Individuals Assisted with Eviction Prevented

119 Unique Individuals Connected to Housing Resources

75 Unique Individuals Assisted with Maintaining their Housing

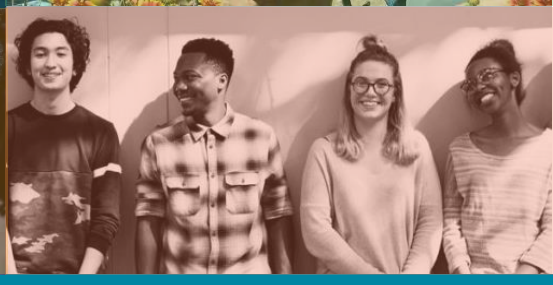
63 Unique Individuals who obtained Housing

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



Prevention and Early Intervention Programs



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

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

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

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

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

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

Prevention and Early Intervention Required Categories/Programs

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

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

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

PEI Priorities:

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

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

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

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

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

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

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

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

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

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

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

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

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

  Housing Stability Program:

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

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

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

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

COMMUNITY CAPACITY BUILDING PROGRAMS

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

COMMUNITY WELLBEING PROGRAM

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

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

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

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

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

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

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

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

Program Update:

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

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

Challenges Experienced:

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

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

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

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

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

PROGRAM: Community Wellbeing Project (CWB)

HOW MUCH DID WE DO?

9

Community Grantees Chosen

2,087

Community Members Represented in the 9 Grantees

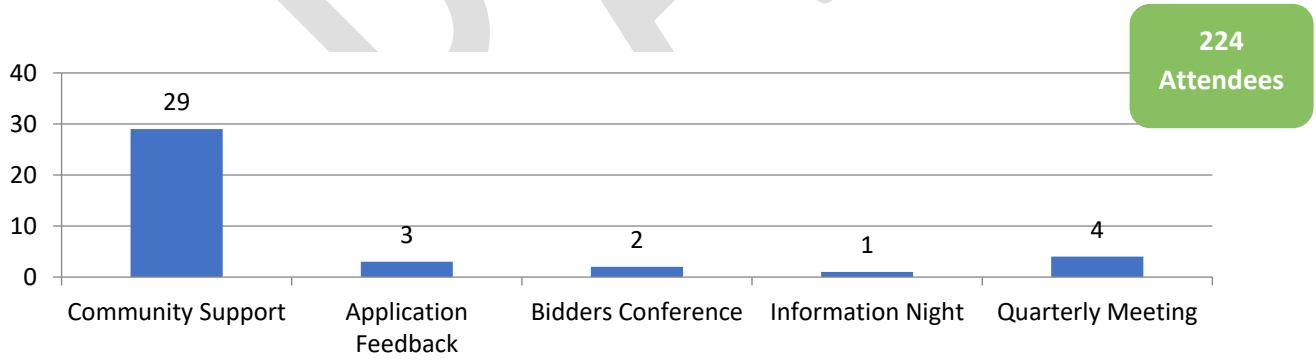
45 community grantees chosen from FY 16 to FY 18 to help communities improve the wellbeing of their members.

8,753 people represented in the 45 grantee communities

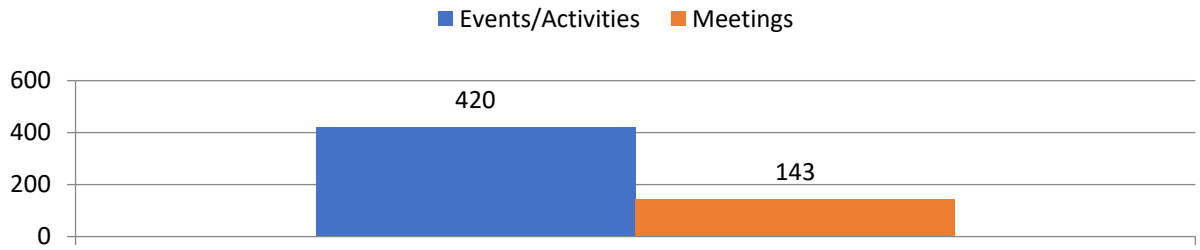
8,017

Number of People who Benefited from Grantee Activities

Number of Events Held by Community Capacity Organizer

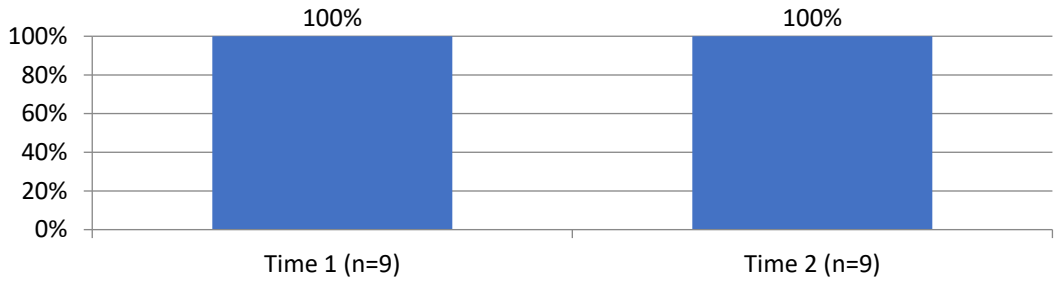


Number of Community Events/Activities and Meetings



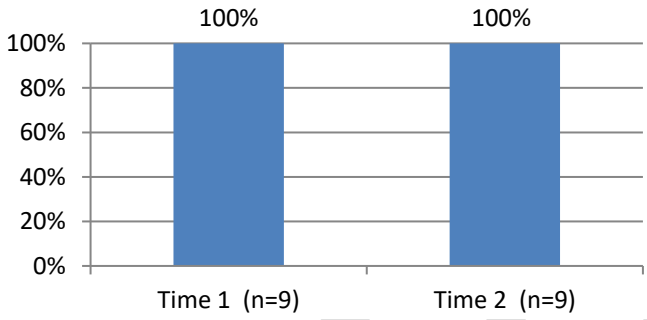
HOW WELL DID WE DO IT?

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

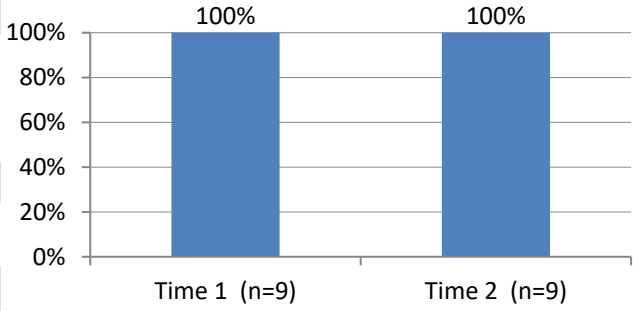


IS ANYONE BETTER OFF?

Percentage of Grantees who Report Improvement in Supporting Each Other

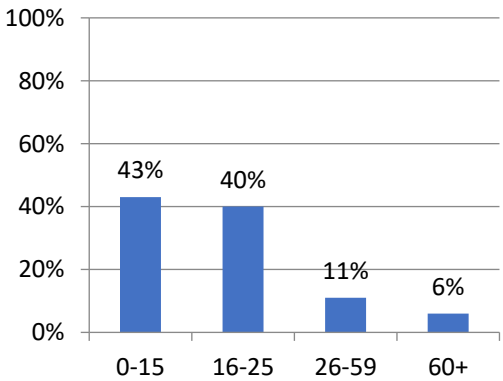


Percentage of Grantees who Report Improvement in Their Ability to Effectively Act Together

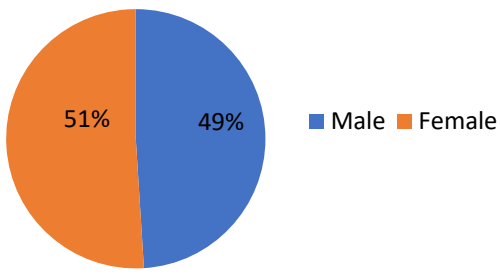


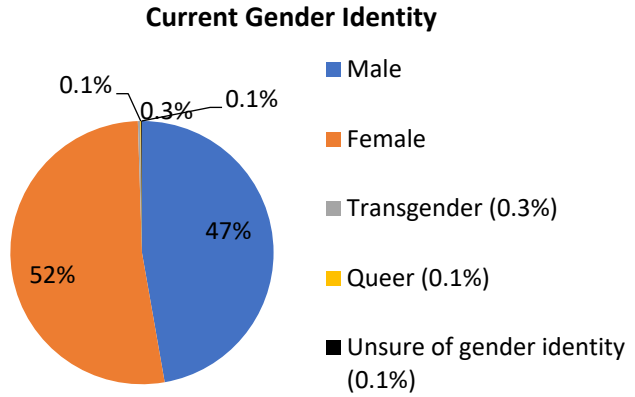
PEI Demographics

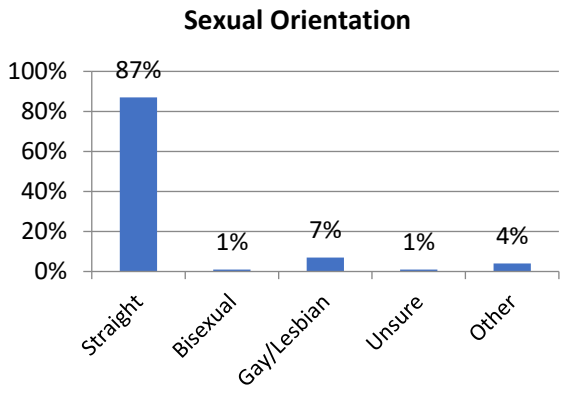
Age Group

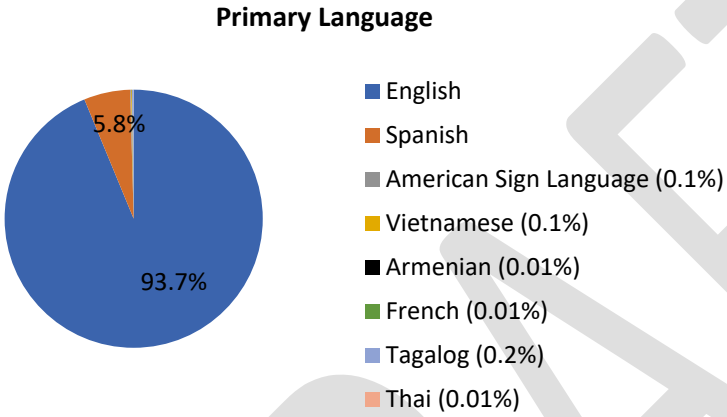


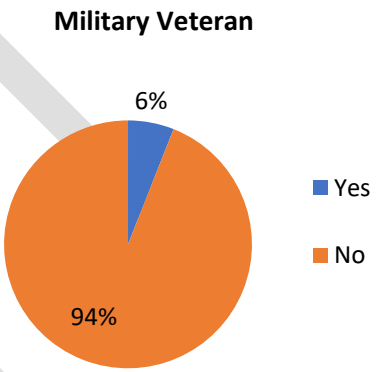
Assigned Gender at Birth

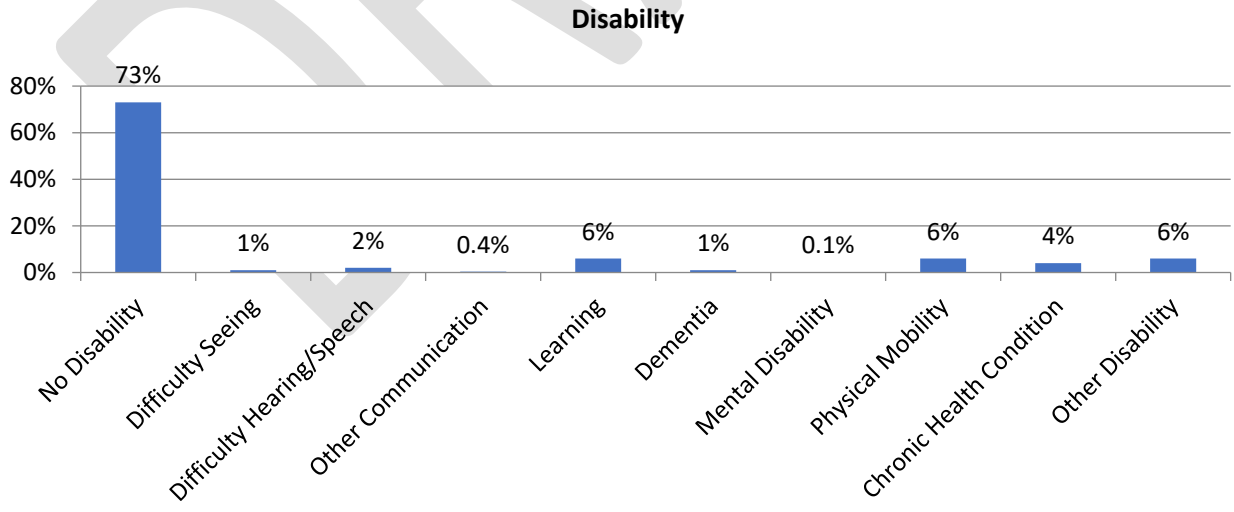


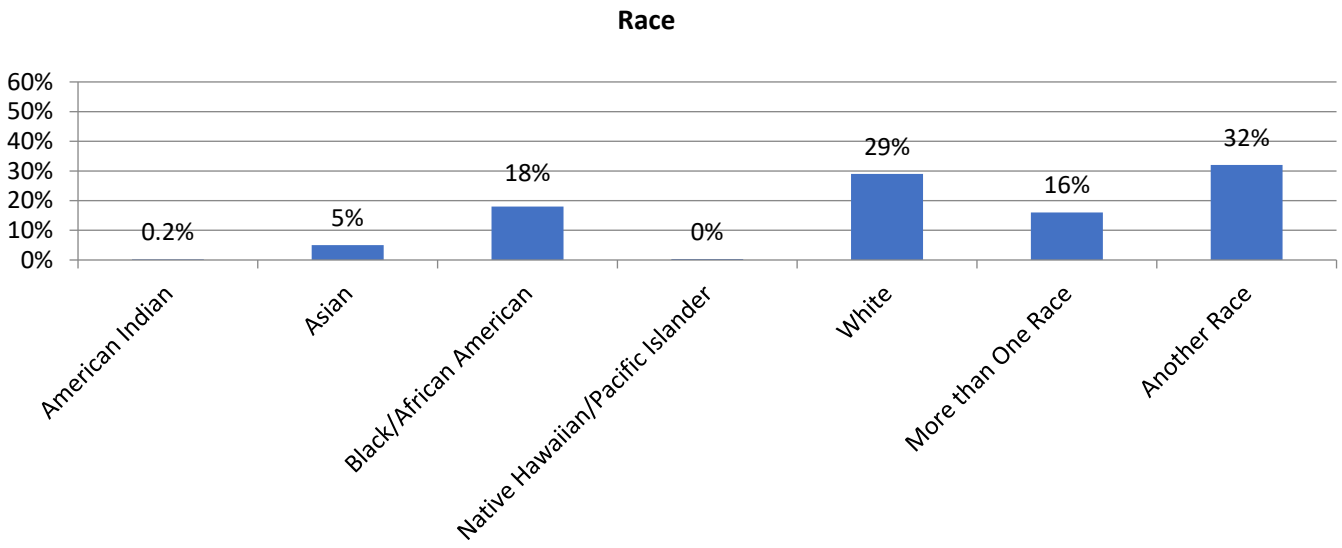

Current Gender Identity
0.1%
0.3%
0.1%
47%
52%
Male
Female
Transgender (0.3%)
Queer (0.1%)
Unsure of gender identity (0.1%)

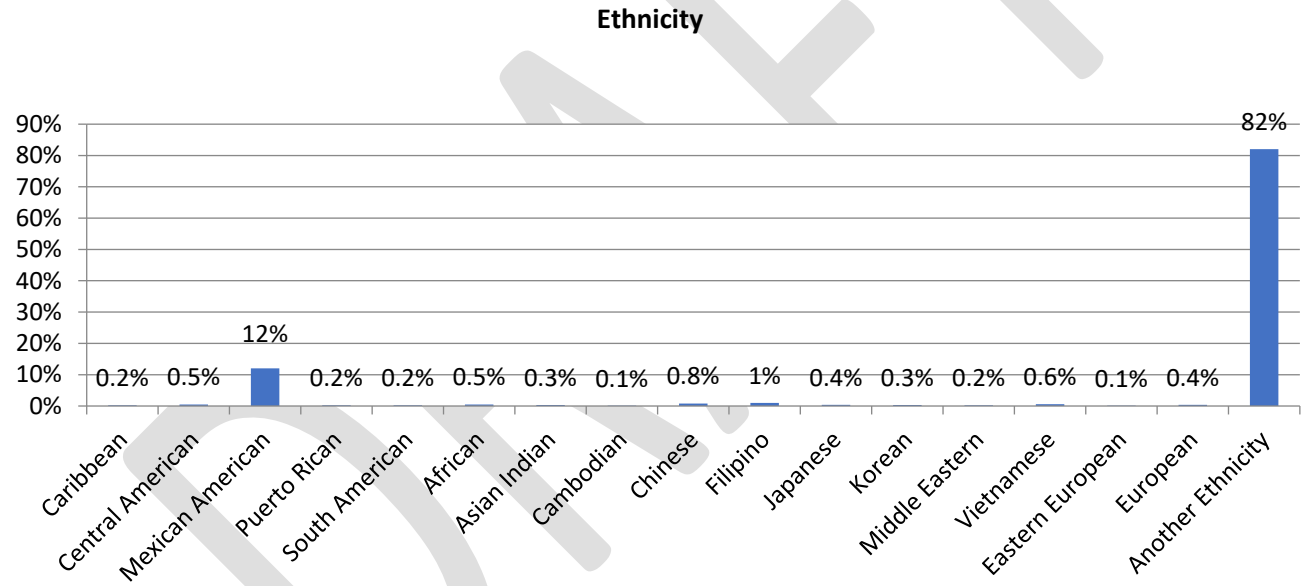

Sexual Orientation
100%
80%
60%
40%
20%
0%
87%
1%
7%
1%
4%
Straight
Bisexual
Gay/Lesbian
Unsure
Other


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


Military Veteran
6%
94%
Yes
No


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





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

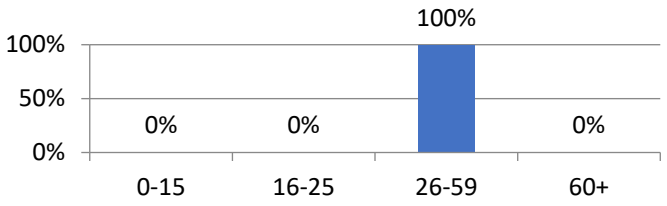
Access and Linkage to Treatment Strategy: There were no referrals for individuals with serious mental illness referred to treatment from this program.

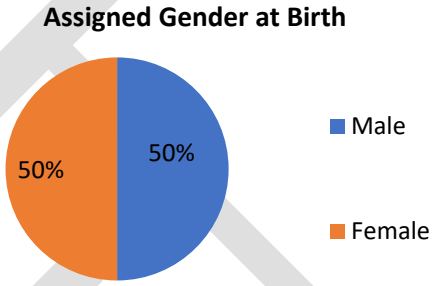
Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

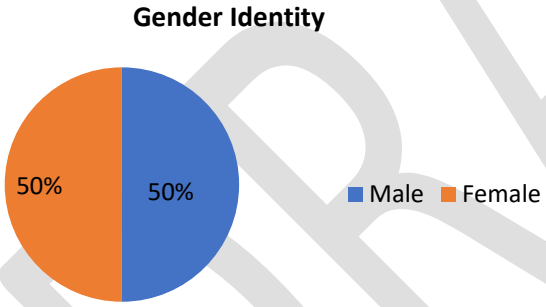
Timely Access to Services for Underserved Populations Strategy:

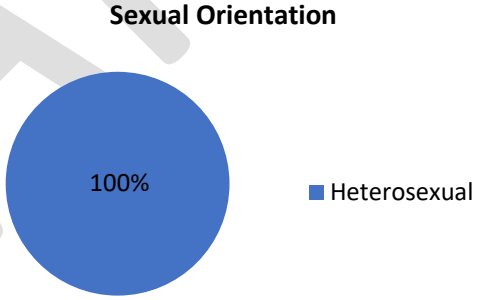
There were four referrals to Community Wellbeing.

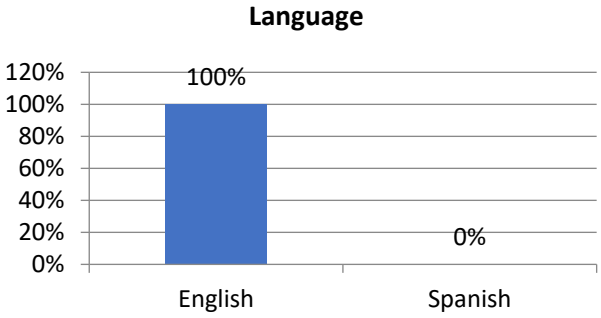
PEI Demographics based on referrals (n=4)

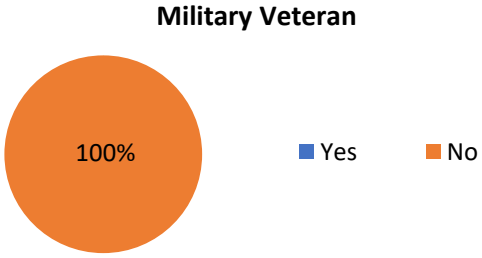


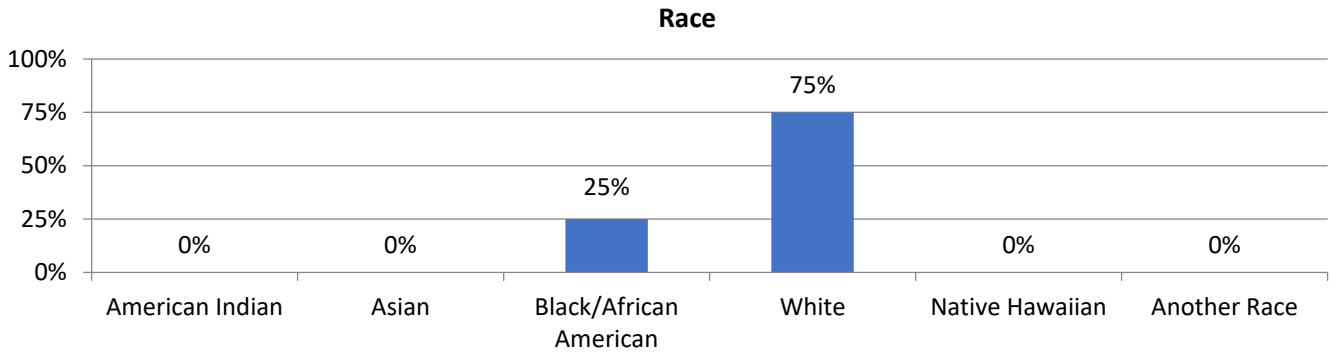


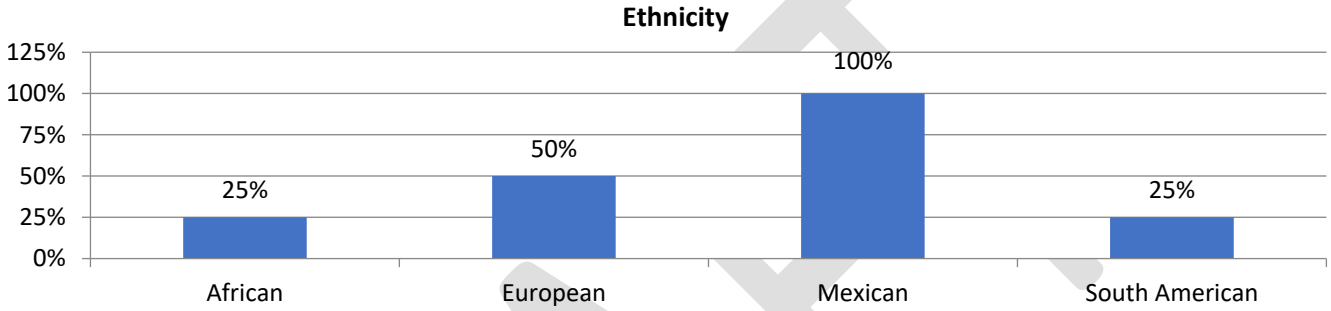









Race
100%
75%
50%
25%
0%
0%
0%
25%
75%
0%
0%
American Indian
Asian
Black/African American
White
Native Hawaiian
Another Race


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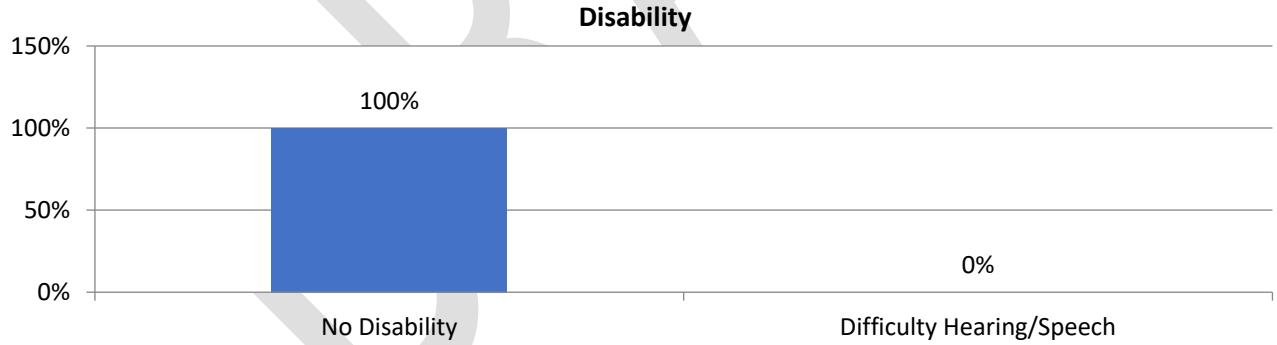
100%
75%
50%
25%
0%
25%
50%
100%
25%
African
European
Mexican
South American


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

COMMUNITY MENTAL HEALTH TRAININGS

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

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

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

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

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

Program Updates:

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

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

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

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

Challenges Experienced:

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

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

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

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

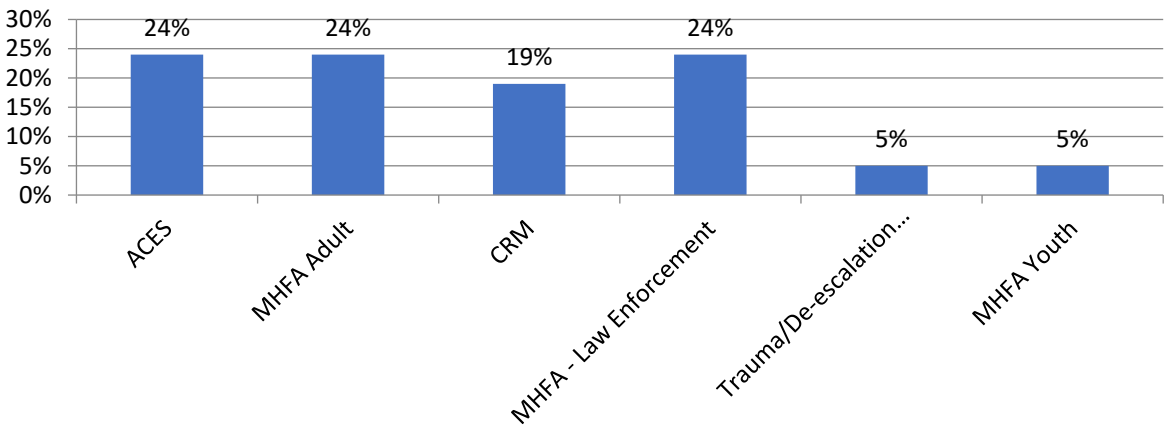
PROGRAM: Community Mental Health Trainings

HOW MUCH DID WE DO?

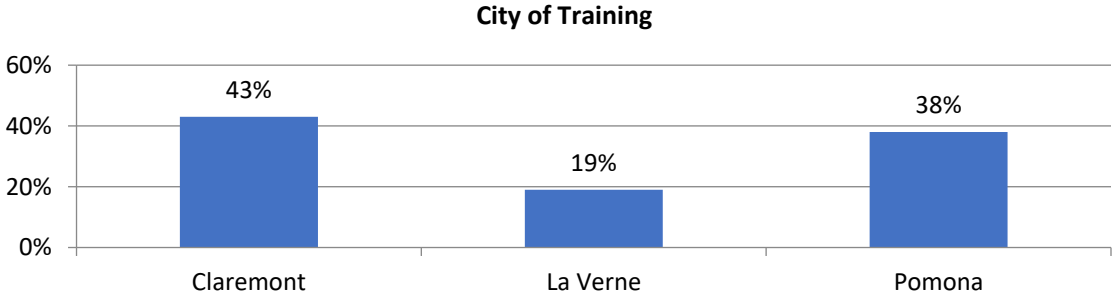
330
Individuals Trained

21
Community Mental Health Trainings

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

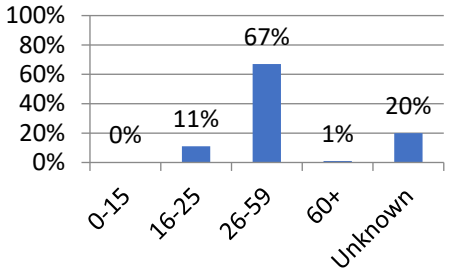


3 new trainings implemented for the community for FY 18-19: ACES, MHFA for Law Enforcements, and Trauma/De-escalation training

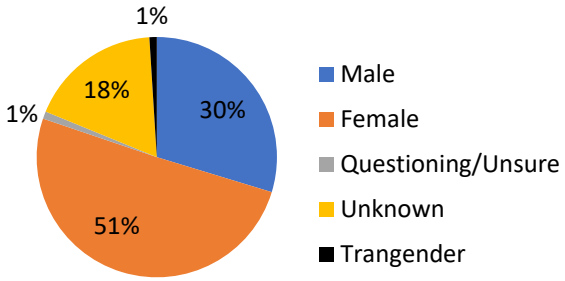


PEI Demographics

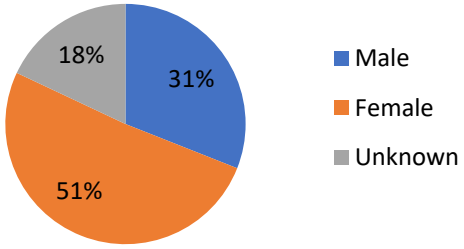
Age Group



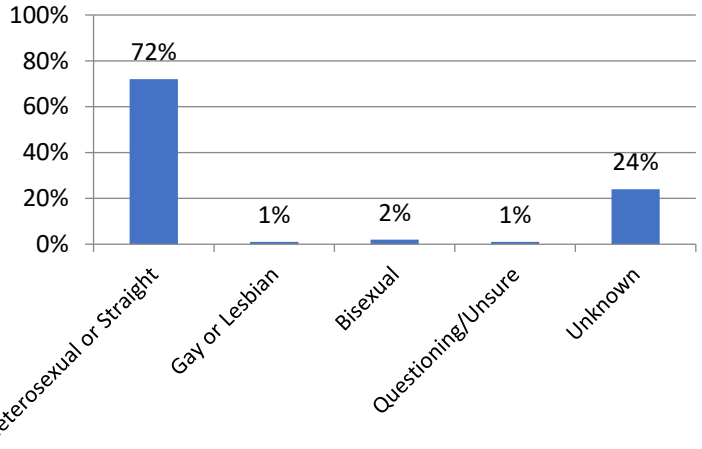
Current Gender Identity



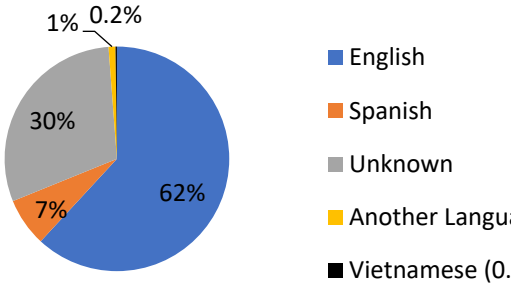
Assigned Gender at Birth



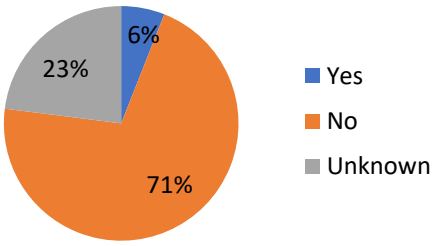
Sexual Orientation



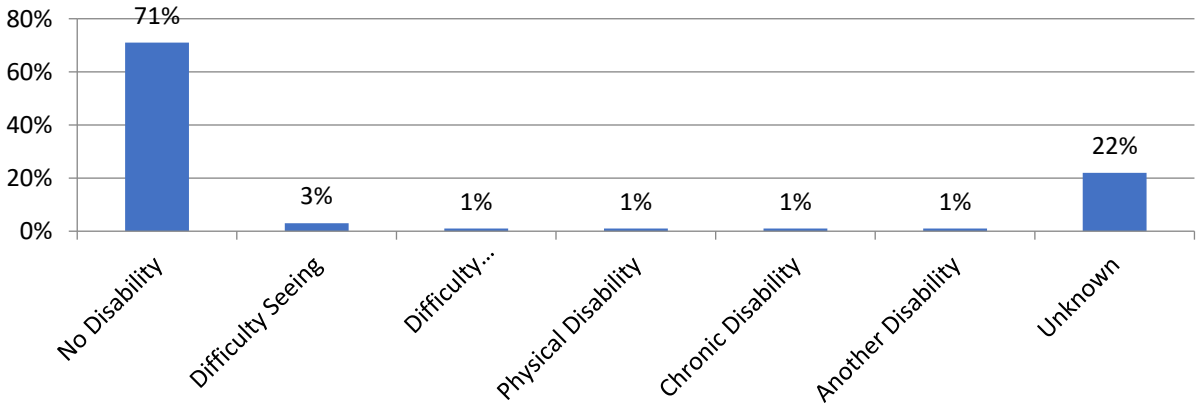
Primary Language

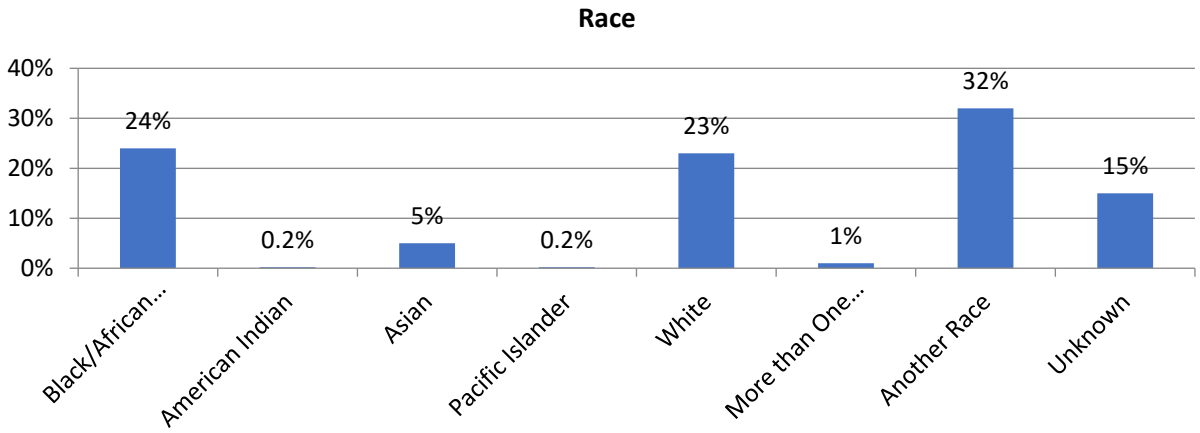


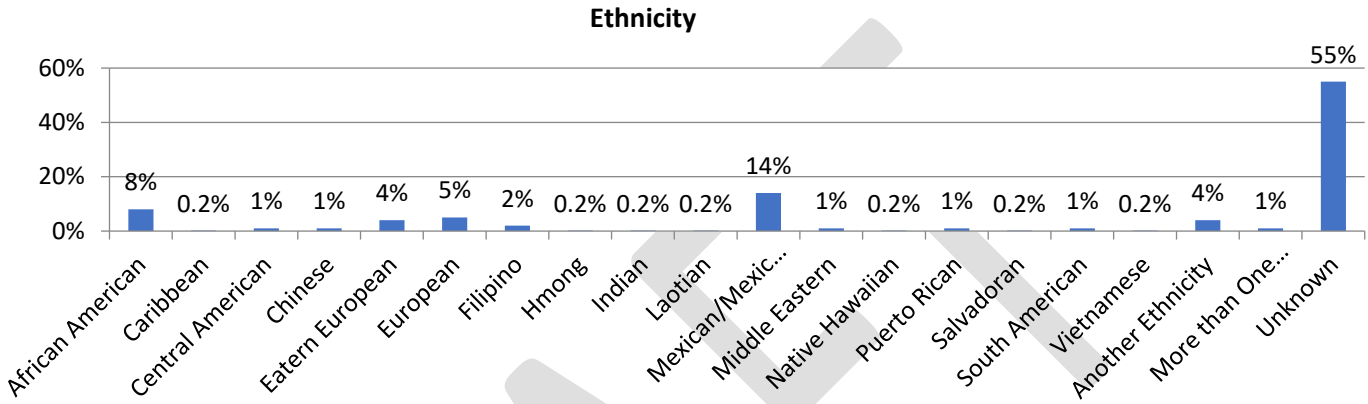
Military Veteran



Disability



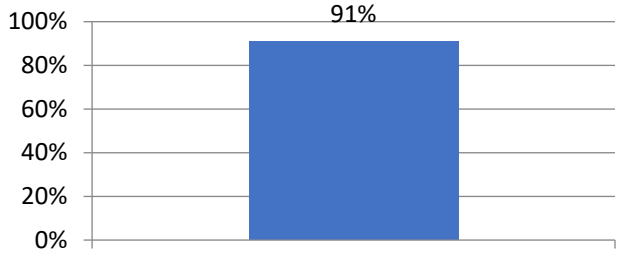




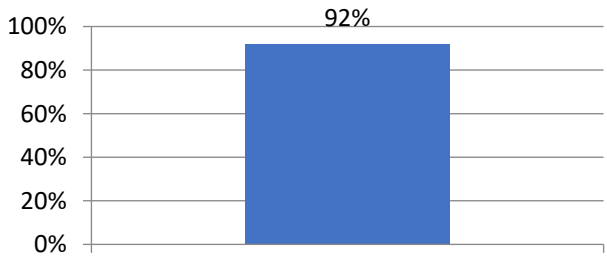
HOW WELL DID WE DO IT?

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

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

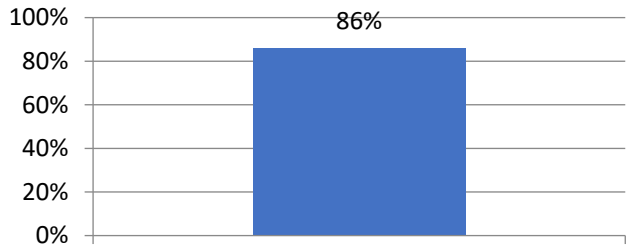


Percentage of participants who rated the training session as good or excellent:

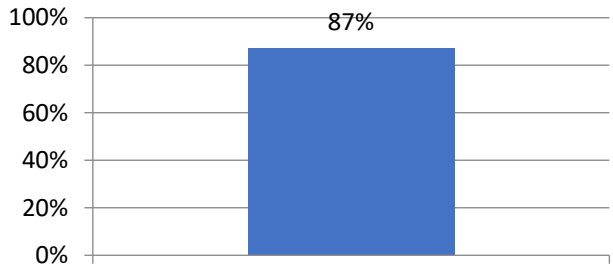


IS ANYONE BETTER OFF?

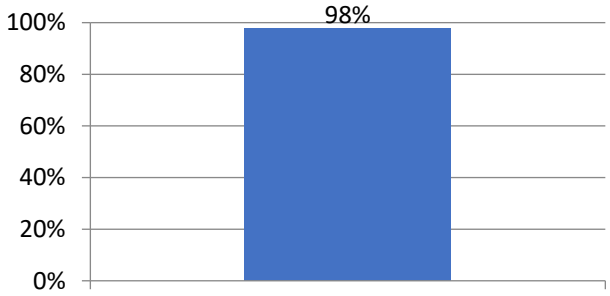
Percentage of participants who report feeling confident in using or applying the skills learned in the training:



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



Percentage of participants who would recommend training to others:



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

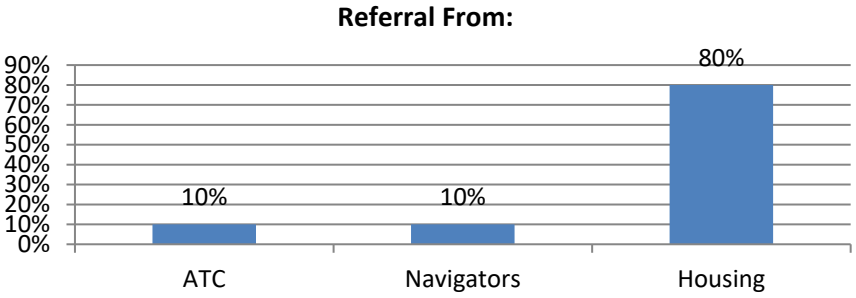
Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

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

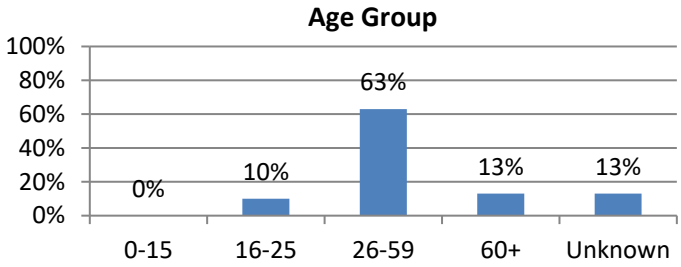
Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

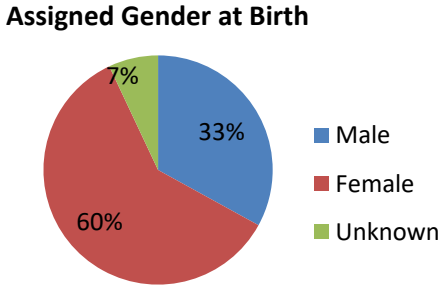
Timely Access to Services for Underserved Populations Strategy:

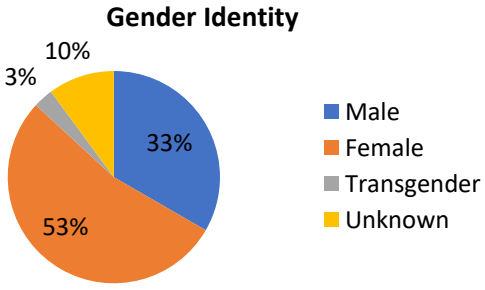
30
Referrals coming into Community Mental Health Trainings

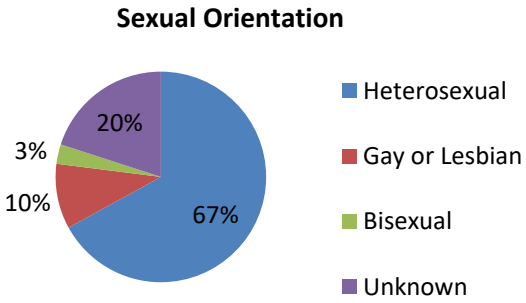


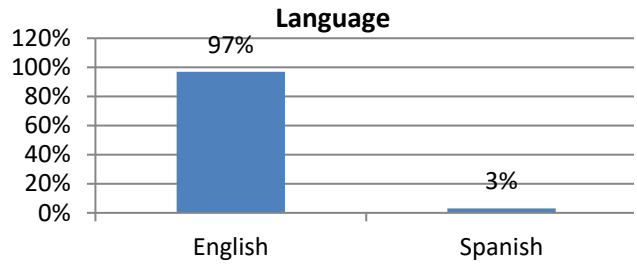
PEI Demographics based on referrals (n=76)










Language
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80%
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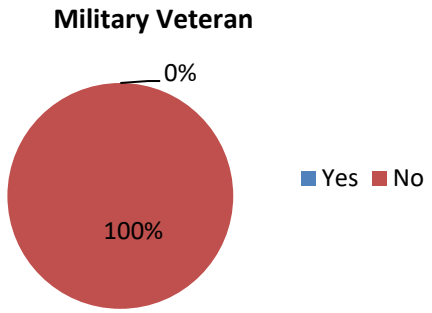
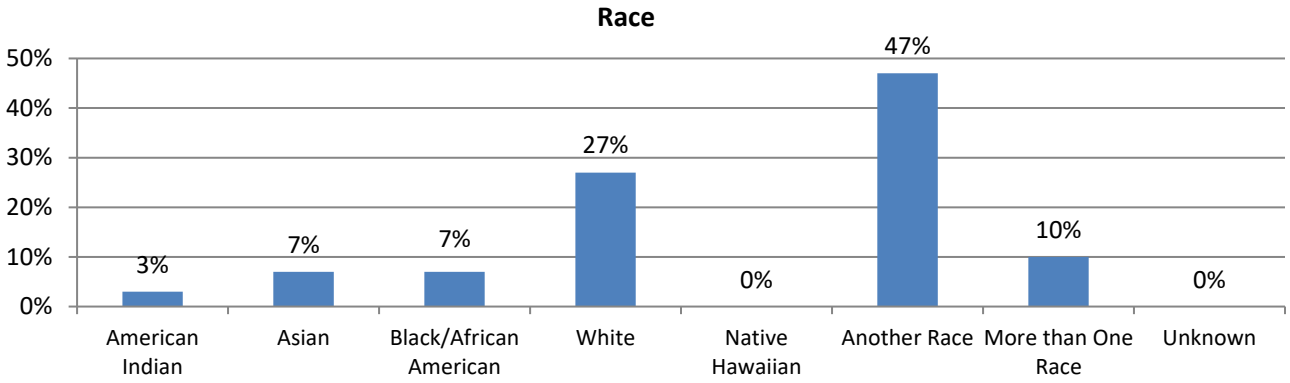
40%
20%
0%
97%
3%
English
Spanish


Military Veteran
0%
100%
Yes
No


Race
50%
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10%
0%
3%
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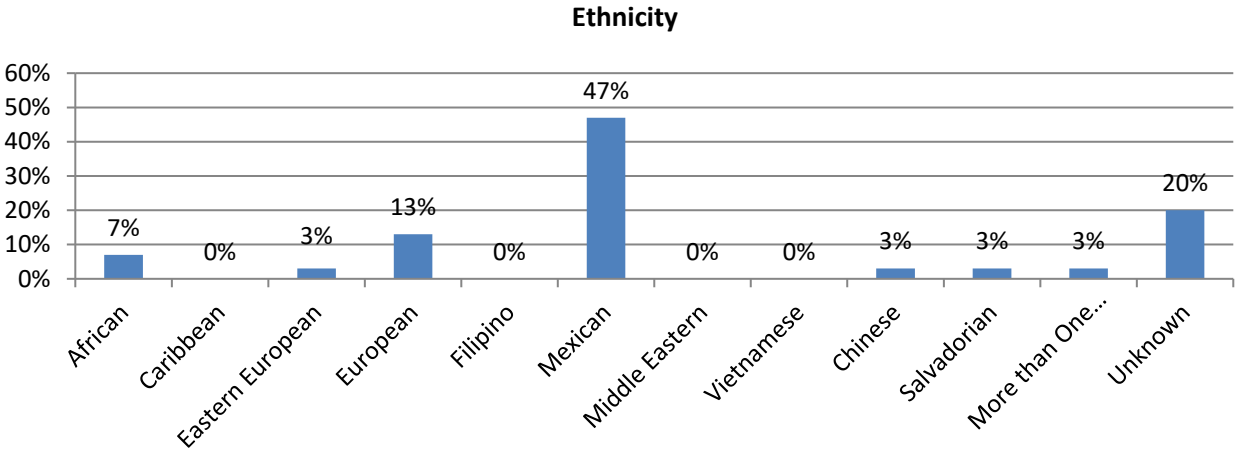
47%
10%
0%
American Indian
Asian
Black/African American
White
Native Hawaiian
Another Race
More than One Race
Unknown


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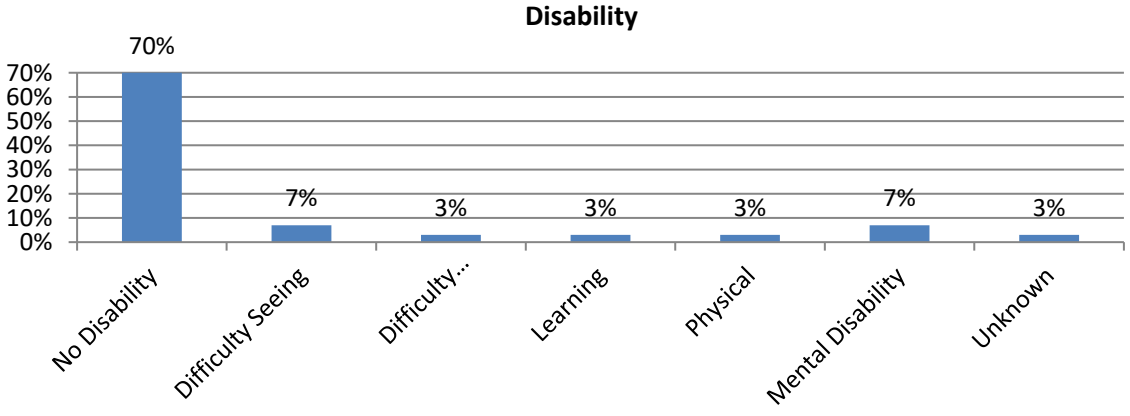
Caribbean
Eastern European
European
Filipino
Mexican
Middle Eastern
Vietnamese
Chinese
Salvadorian
More than One...
Unknown


Disability
70%
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

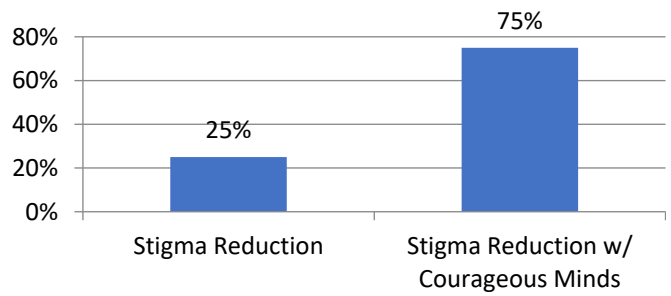
24
Presentations

14
Courageous Minds Speakers Shared

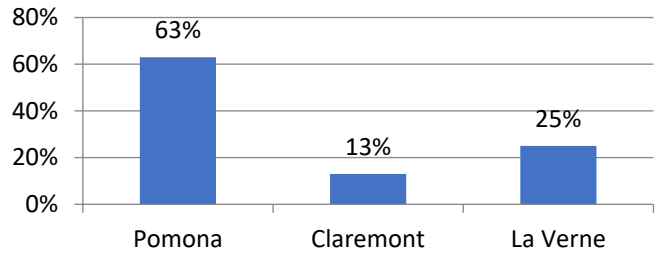
There were 55 stigma reduction presentations from FY 16 to FY 18
- 50% increase from FY 16 to FY 18

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

Type of Presentation



Presentations by City

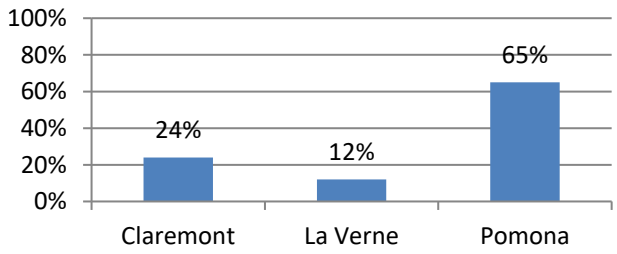


Promotional Activities

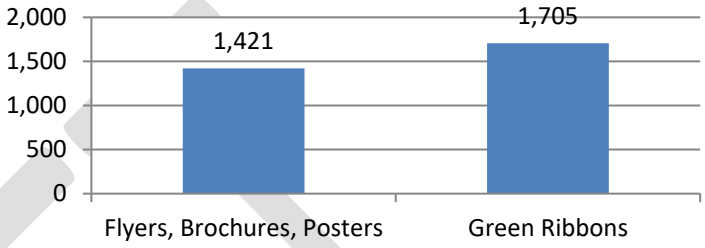
3,126

Promotional Materials

City of Promotional Materials

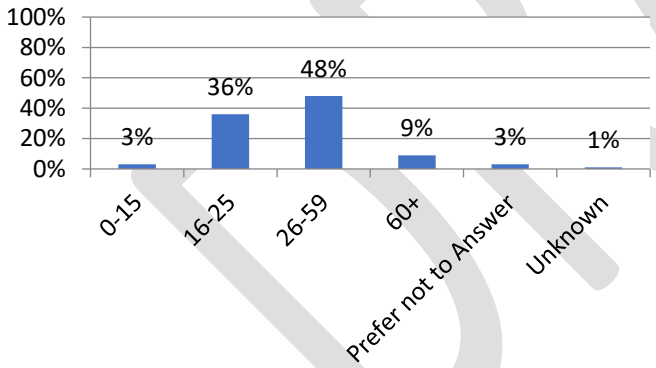


Type of Promotional Materials

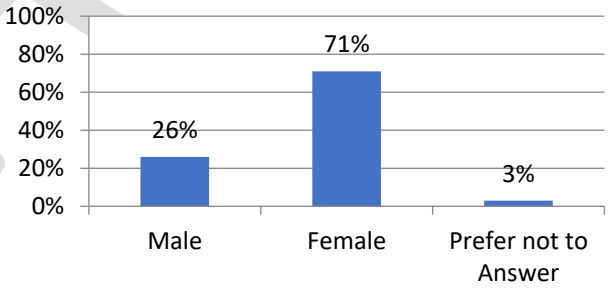


Demographics based on Participants who Completed Stigma Reduction surveys (n=319)

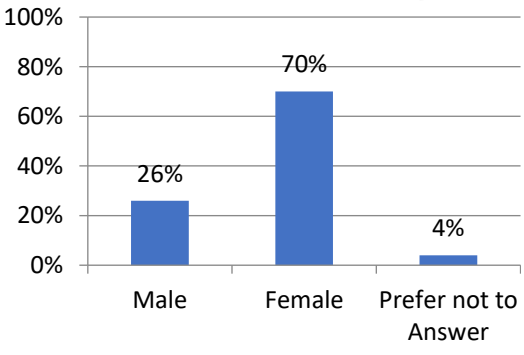
Age Group



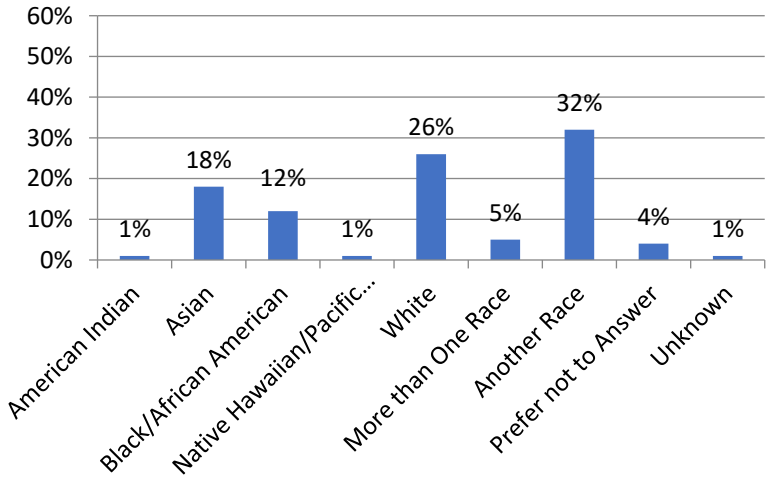
Assigned Gender at Birth

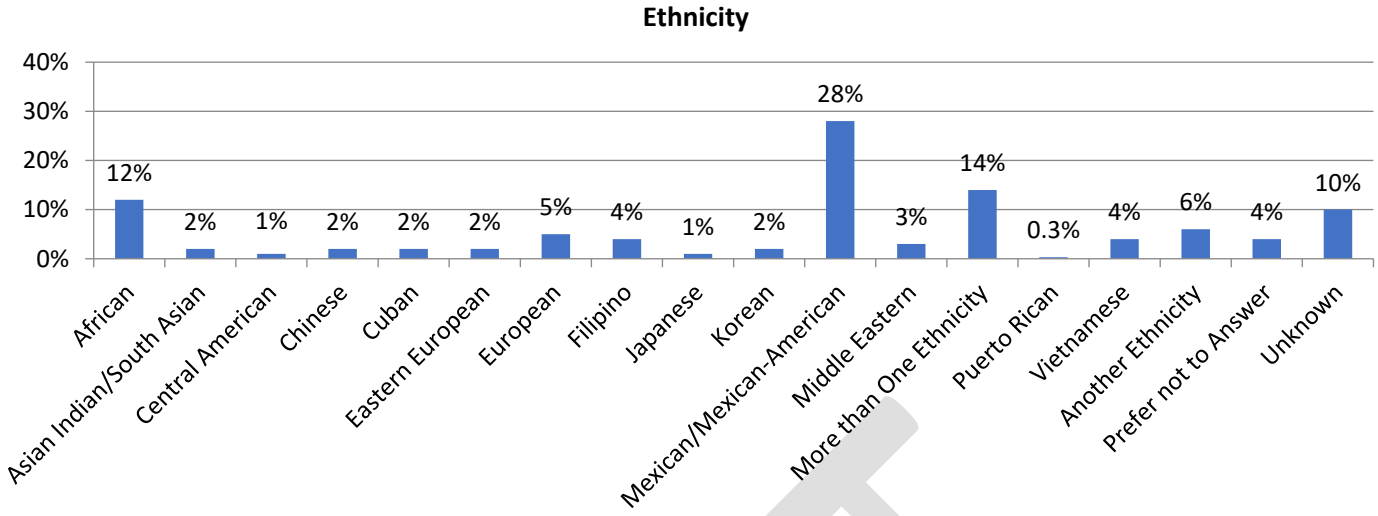


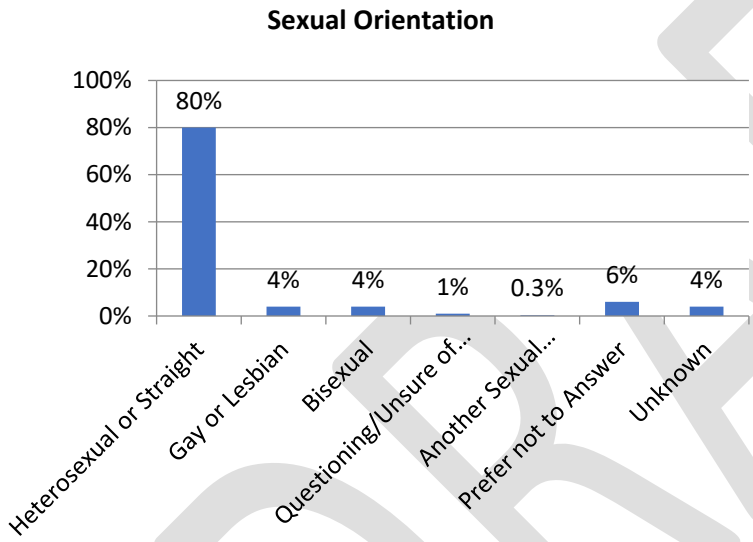
Current Gender Identity

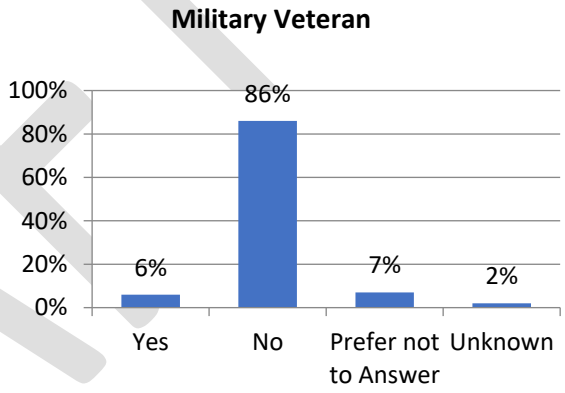


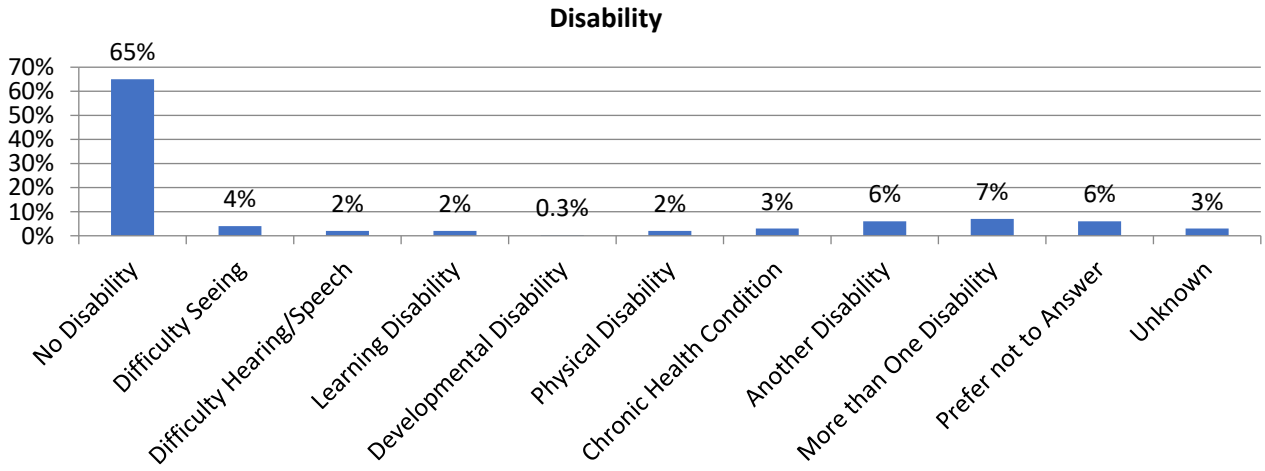
Race

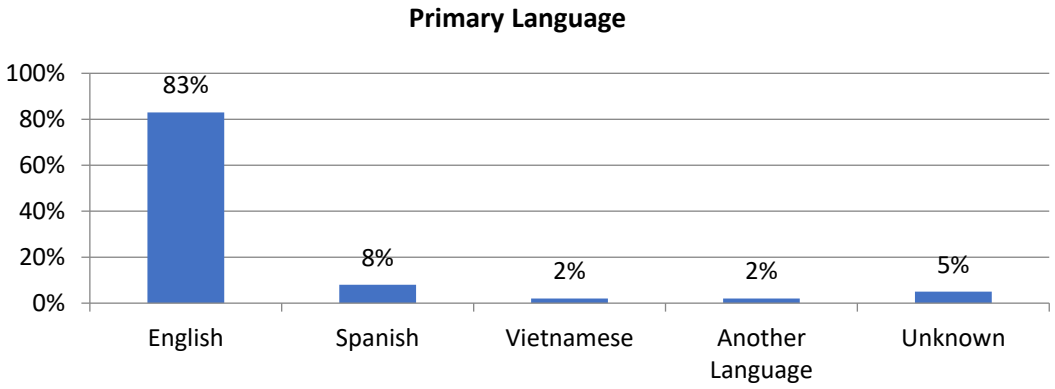



Ethnicity
40%
30%
20%
10%
0%
12%
2%
1%
2%
2%
2%
5%
4%
1%
2%
28%
3%
14%
0.3%
4%
6%
4%
10%
African
Asian Indian/South Asian
Central American
Chinese
Cuban
Eastern European
European
Filipino
Japanese
Korean
Mexican/Mexican-American
Middle Eastern
More than One Ethnicity
Puerto Rican
Vietnamese
Another Ethnicity
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

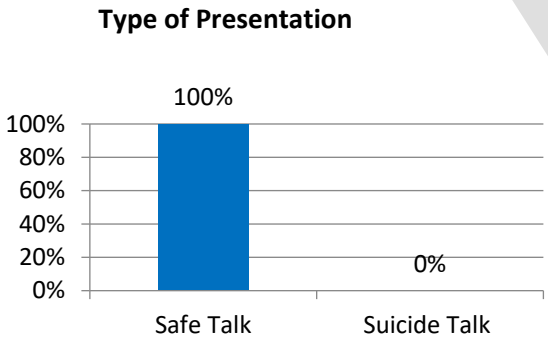

Disability
70%
60%
50%
40%
30%
20%
10%
0%
65%
4%
2%
2%
0.3%
2%
3%
6%
7%
6%
3%
No Disability
Difficulty Seeing
Difficulty Hearing/Speech
Learning Disability
Developmental Disability
Physical Disability
Chronic Health Condition
Another Disability
More than One Disability
Prefer not to Answer
Unknown

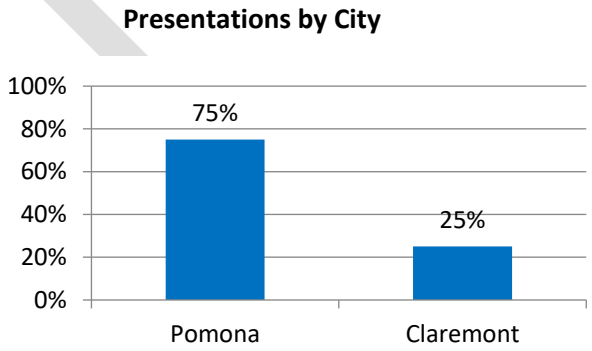


HOW MUCH DID WE DO? Suicide Prevention

4

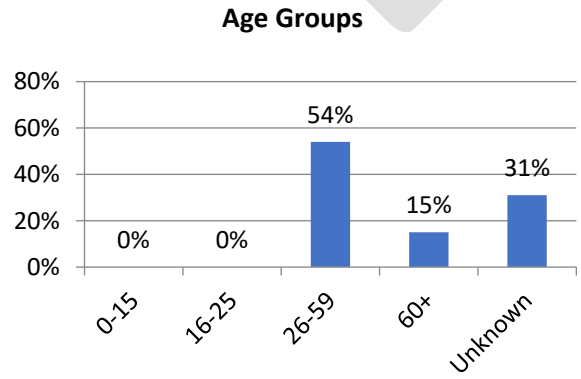
Trainings

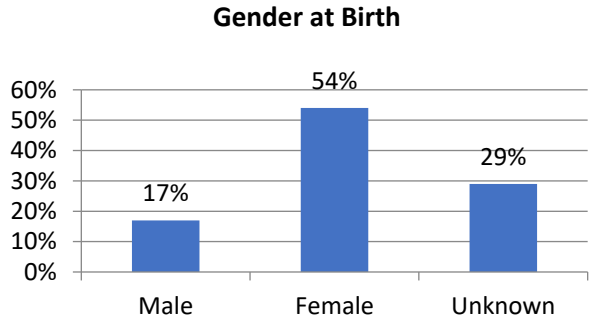




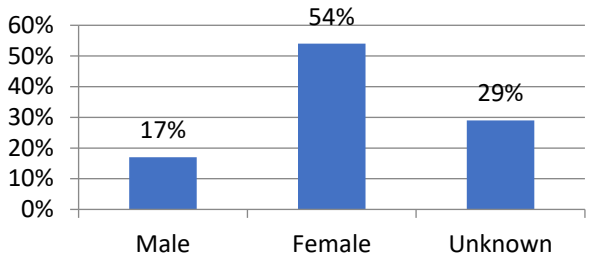
Demographics based on Participants who Completed Safe Talk surveys (n=52)

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

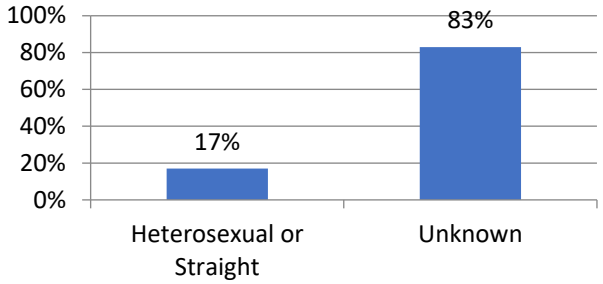




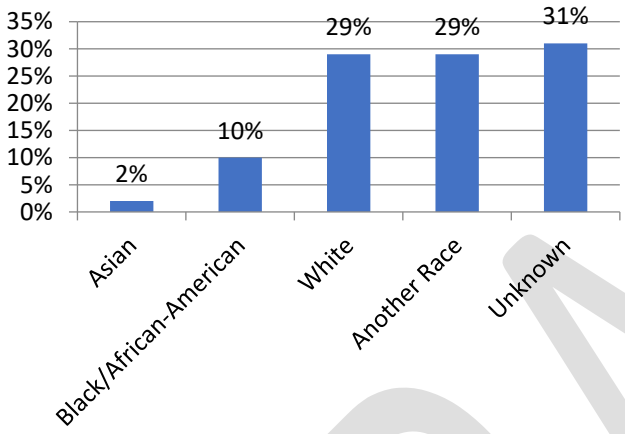
Gender Identity



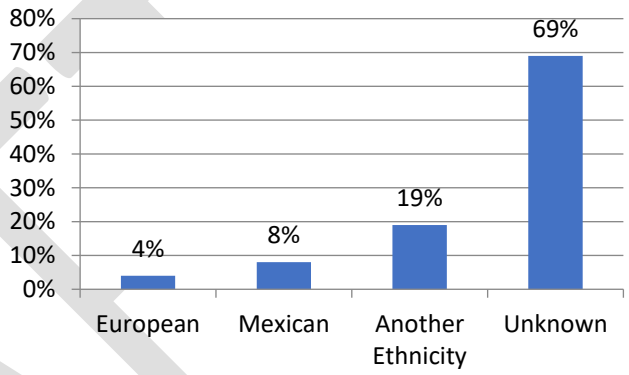
Sexual Orientation



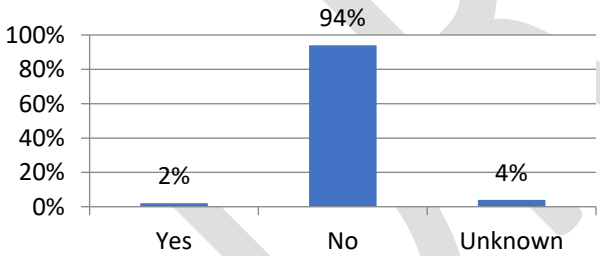
Race



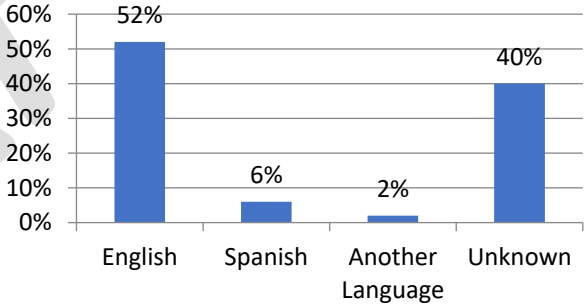
Ethnicity



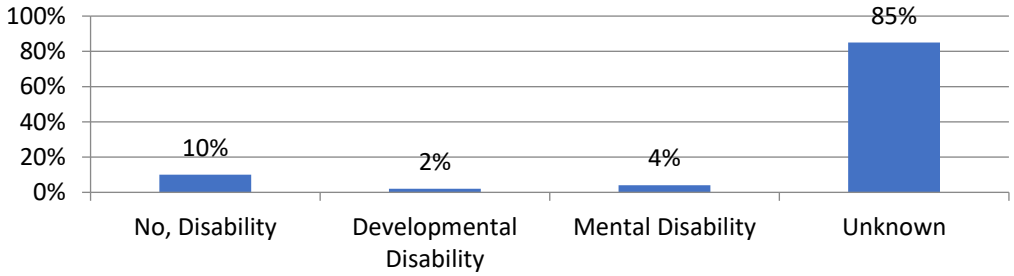
Military Veteran



Primary Language



Disability



HOW MUCH DID WE DO? Creative Minds

6
Art Events Held

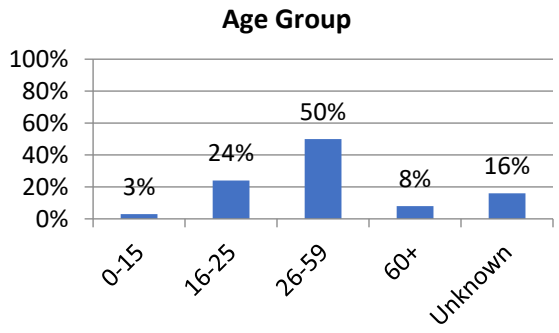
152 Participated in Workshop & Gallery

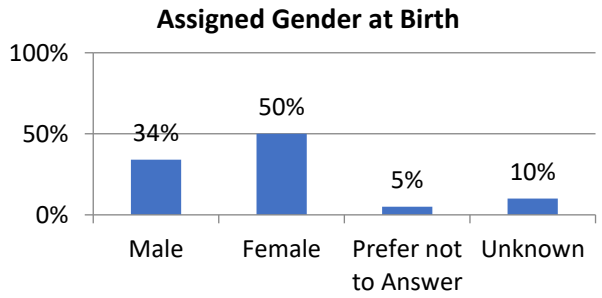
113
Art Pieces Submitted

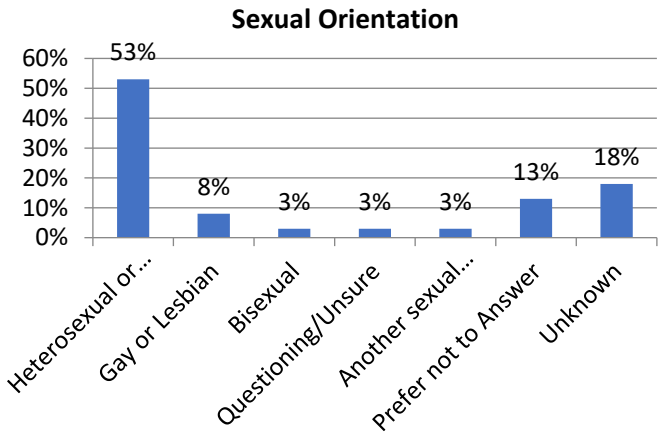
265 artists participated in workshops and/or galleries from FY 16 to FY 18

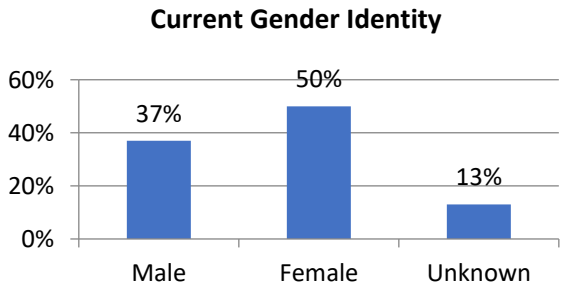
- 280% increase from FY 16 to FY 18

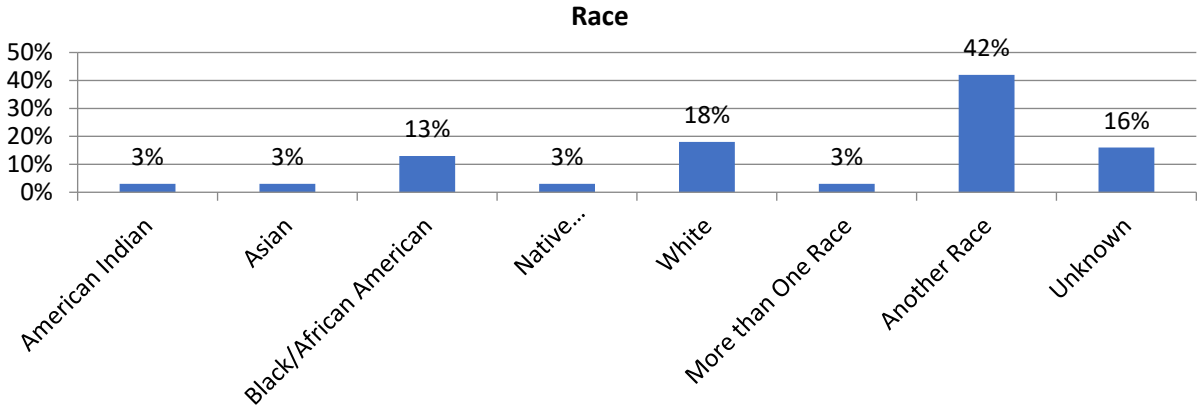
Demographics based on Participants who Completed Workshop surveys



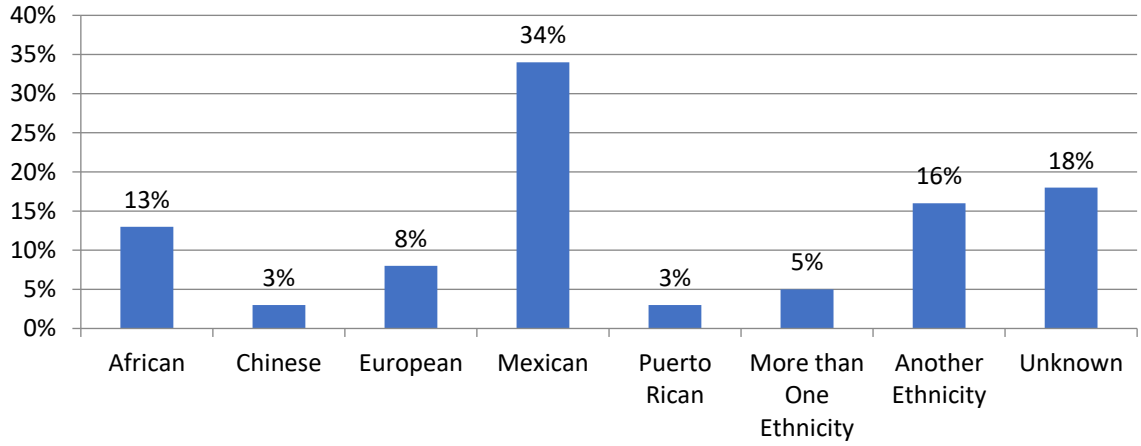




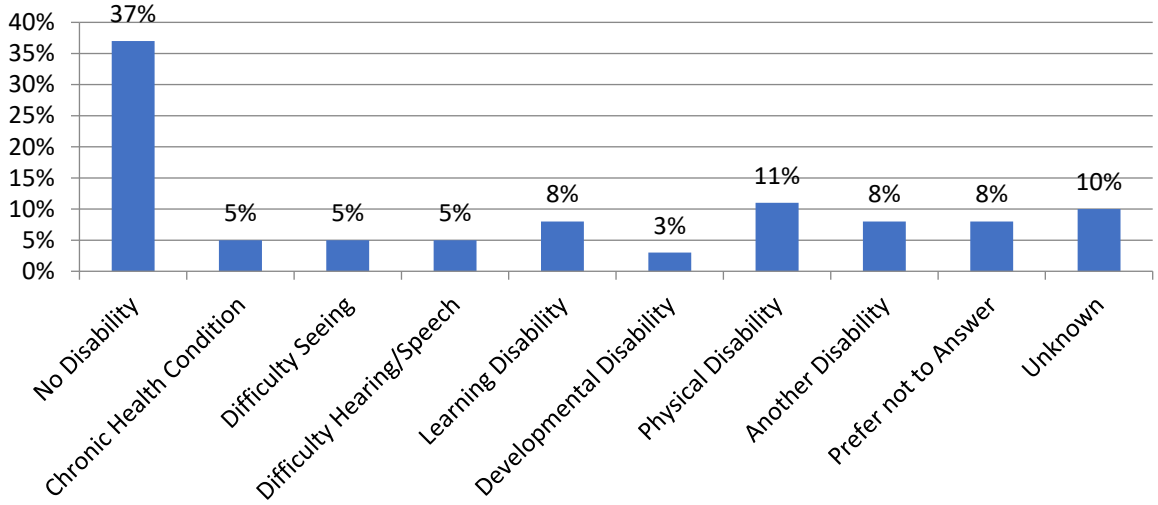




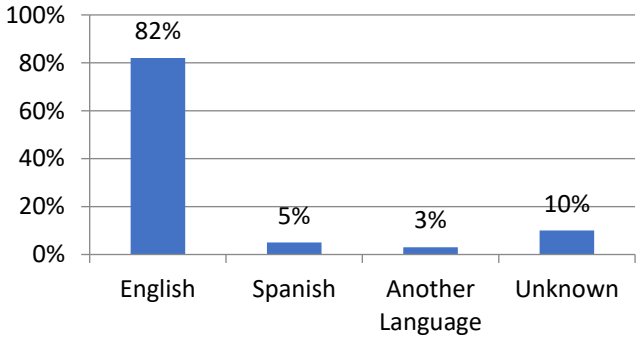
Ethnicity



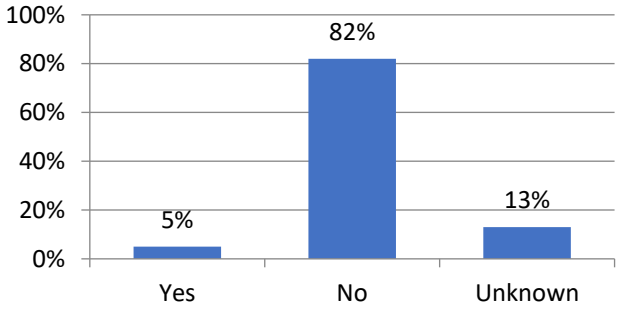
Disability



Primary Language



Military Veteran



HOW WELL DID WE DO IT?

540
Attendees for Stigma Reduction Presentations

56
Attendees for Safe Talk Presentations

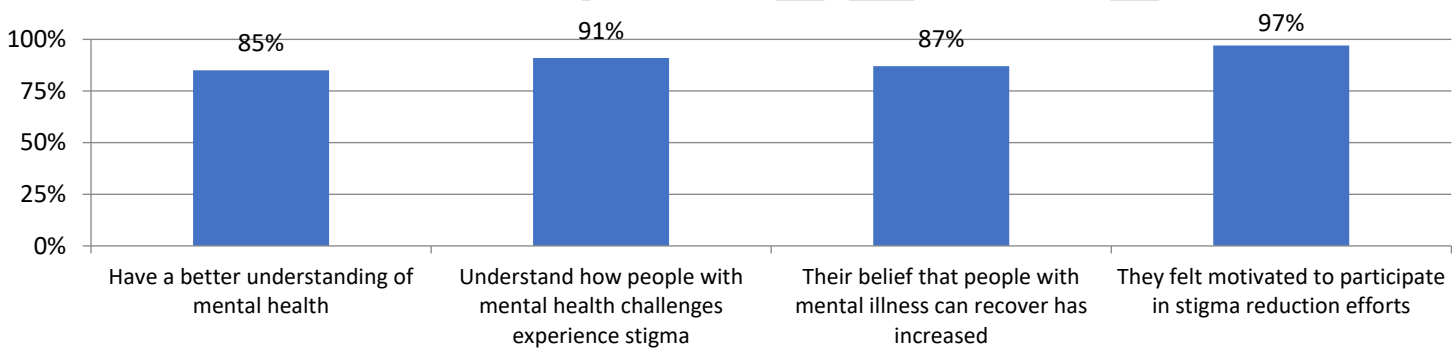
89
Attendees for Art Gallery Receptions

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

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

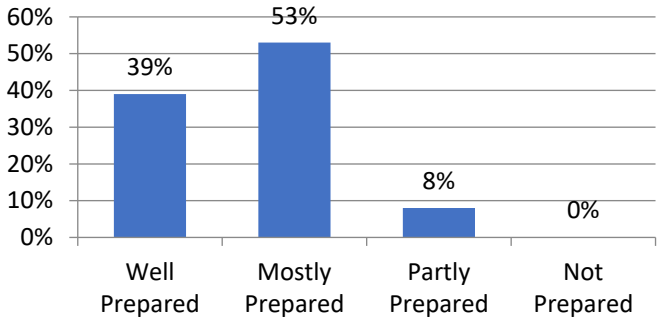
IS ANYONE BETTER OFF? Stigma Reduction

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

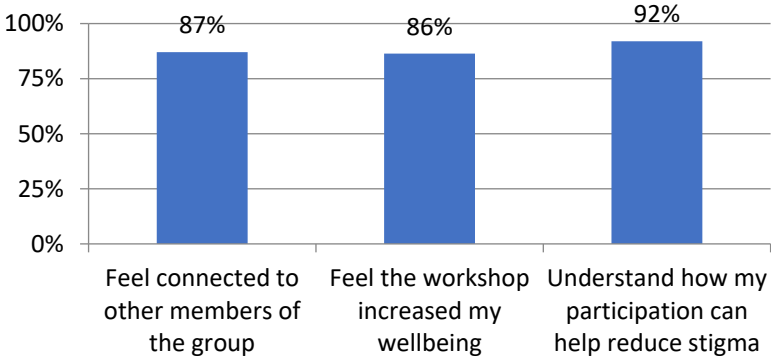


Suicide Prevention

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:



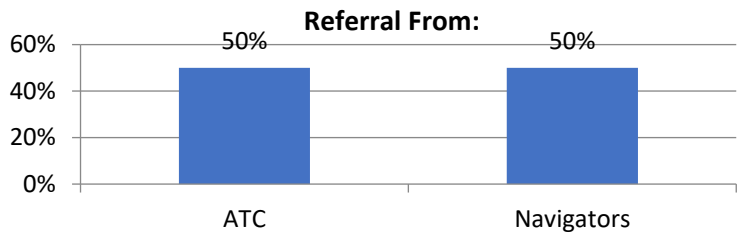
Number of Potential Responders: 371
Setting in which responders were engaged: Community, colleges, schools, health Centers, workplace, shelters, online, and outdoors.
Type of Responders Engaged: TAYs, Adults, Seniors, teachers, LGTBQ, families, suicide attempters/survivors, religious leaders, and those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

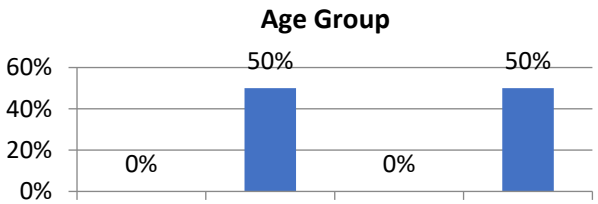
Timely Access to Services for Underserved Populations Strategy:

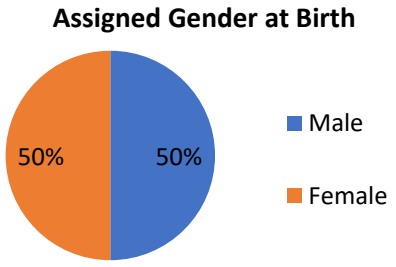
2
Referrals coming into SR/SP Program

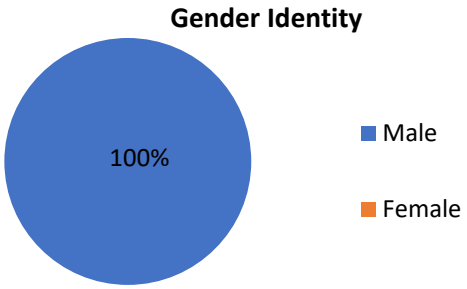


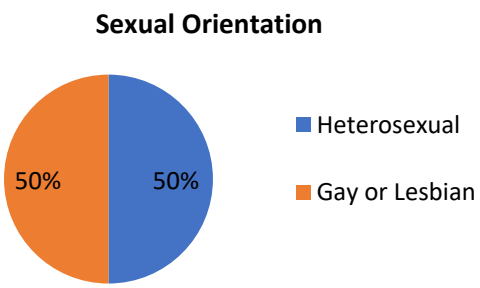
0 out of 2 Referrals Participated in SR/SP Program

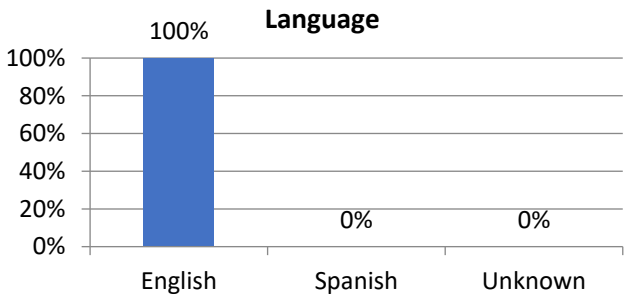
PEI Demographics based on Referrals (n=2)







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80%
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20%
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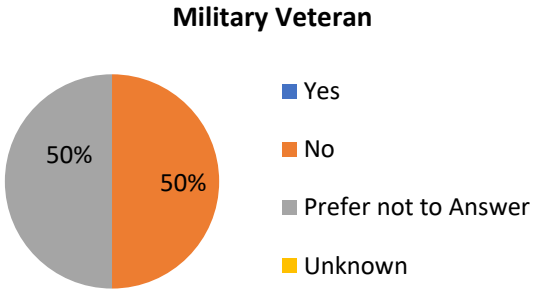
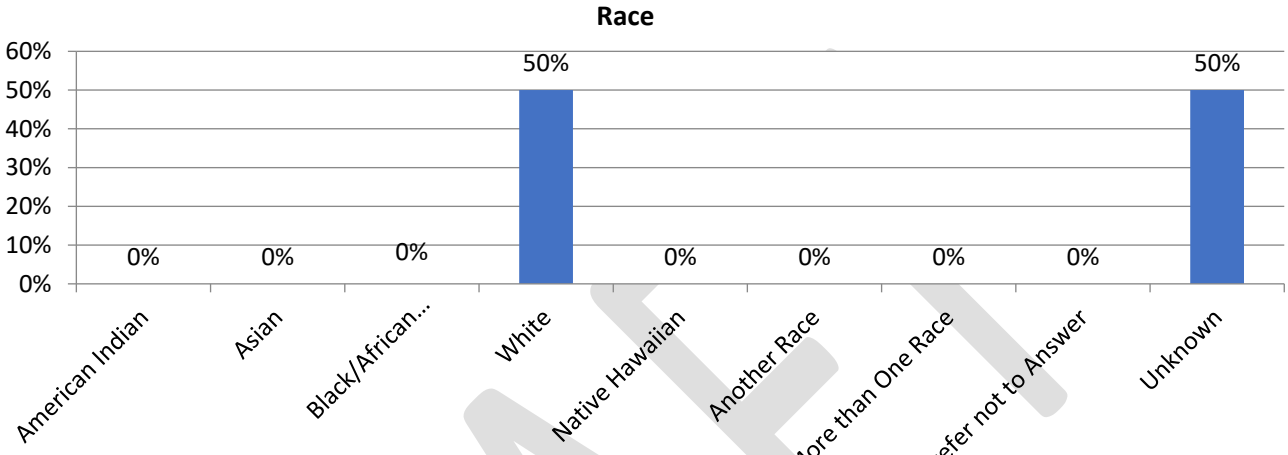
0%
0%
English
Spanish
Unknown


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


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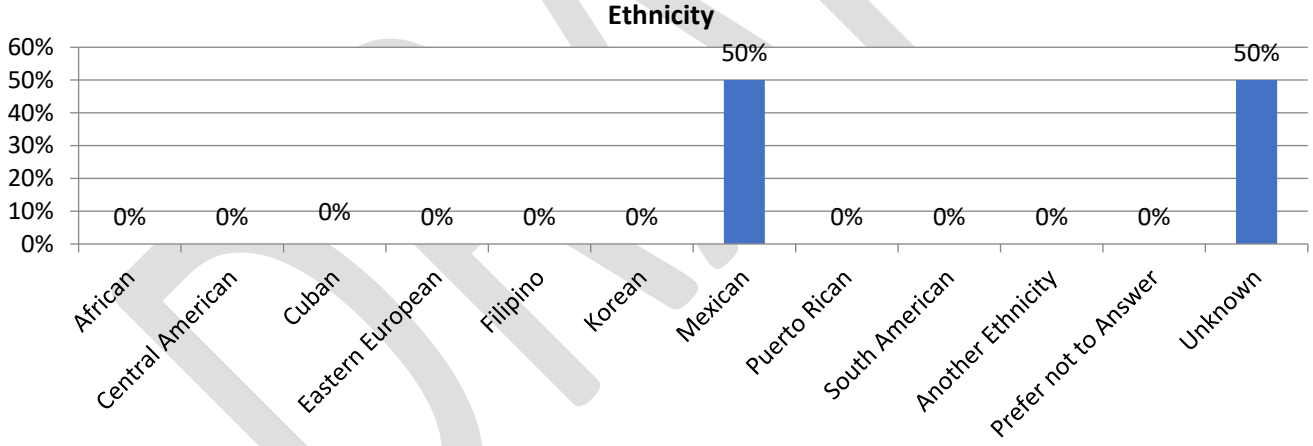
0%
50%
American Indian
Asian
Black/African...
White
Native Hawaiian
Another Race
More than One Race
Prefer not to Answer
Unknown


Ethnicity
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0%
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0%
0%
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Central American
Cuban
Eastern European
Filipino
Korean
Mexican
Puerto Rican
South American
Another Ethnicity
Prefer not to Answer
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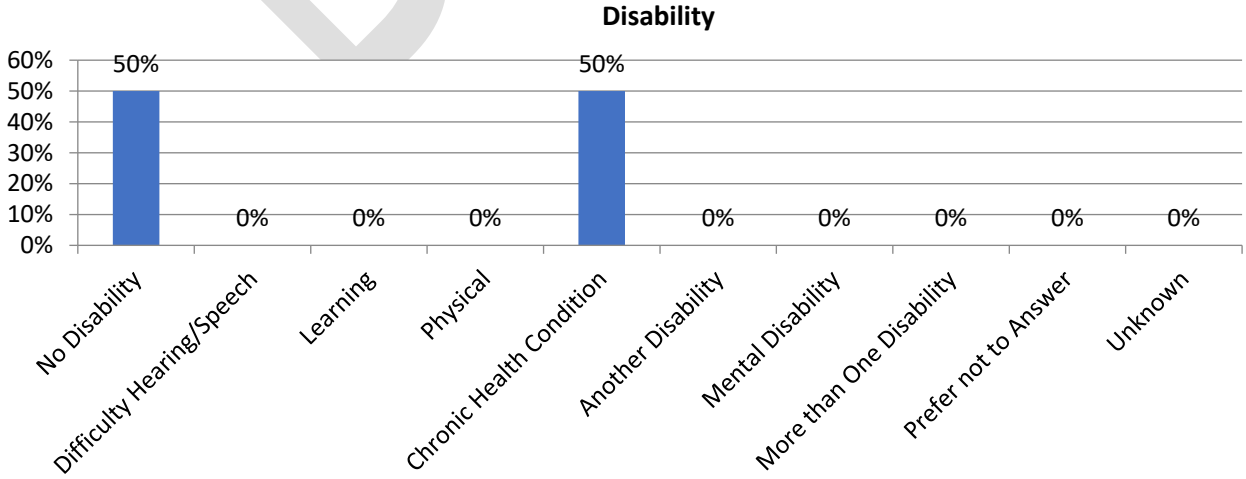
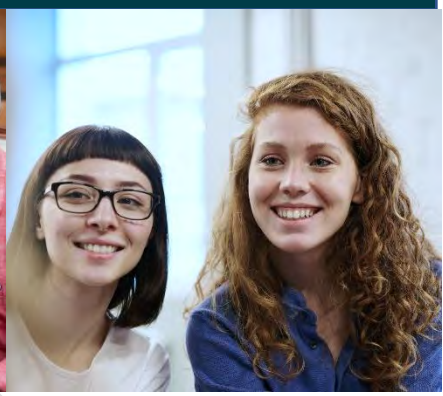

Disability
60%
50%
40%
30%
20%
10%
0%
50%
0%
0%
0%
50%
0%
0%
0%
0%
0%
No Disability
Difficulty Hearing/Speech
Learning
Physical
Chronic Health Condition
Another Disability
Mental Disability
More than One Disability
Prefer not to Answer
Unknown

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.

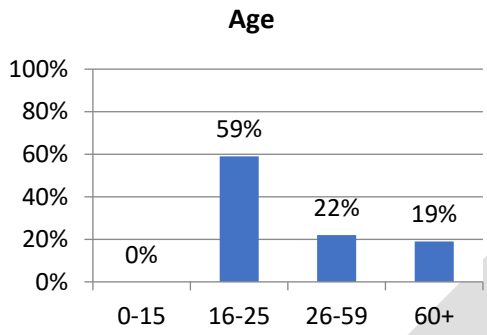
In addition, providing effective support to the homeless population has been problematic due to the lack of consistent contact. Most mentees who are homeless lack a physical address or working phone.

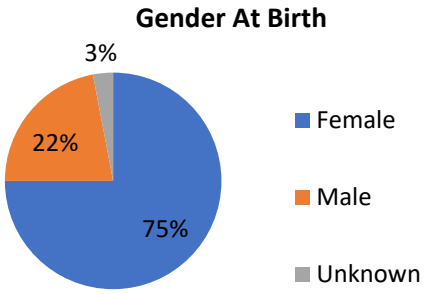
Challenges for the Wellness Center (WC) location for programming includes engaging Transition Age Youth (TAY). Although the WC has a dedicated TAY space and activities targeting this important population, attendance continues to be low. However, efforts to engage continue and new strategies are planned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

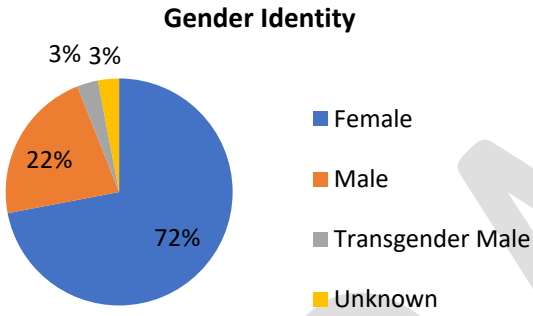
PROGRAM: Peer Mentor

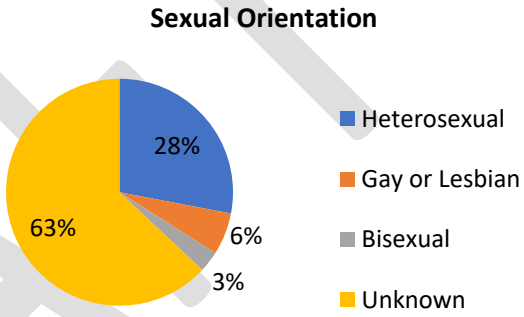
HOW MUCH DID WE DO?

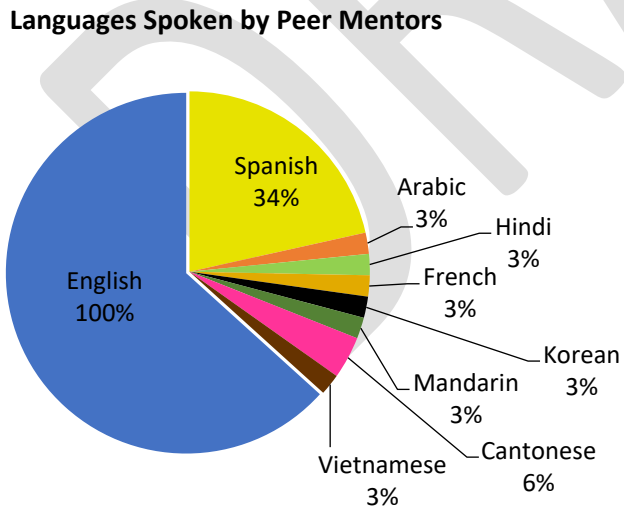
32 Active Peer Mentors

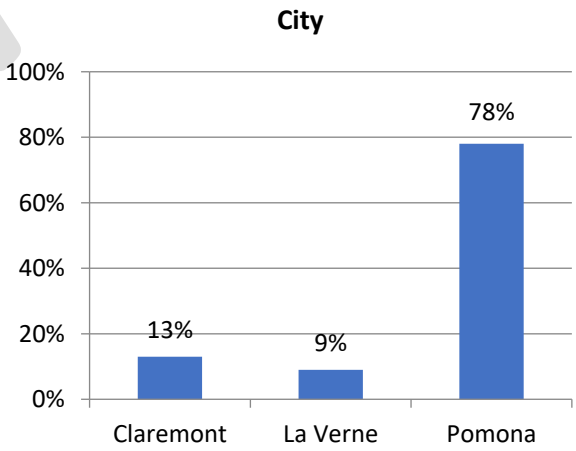




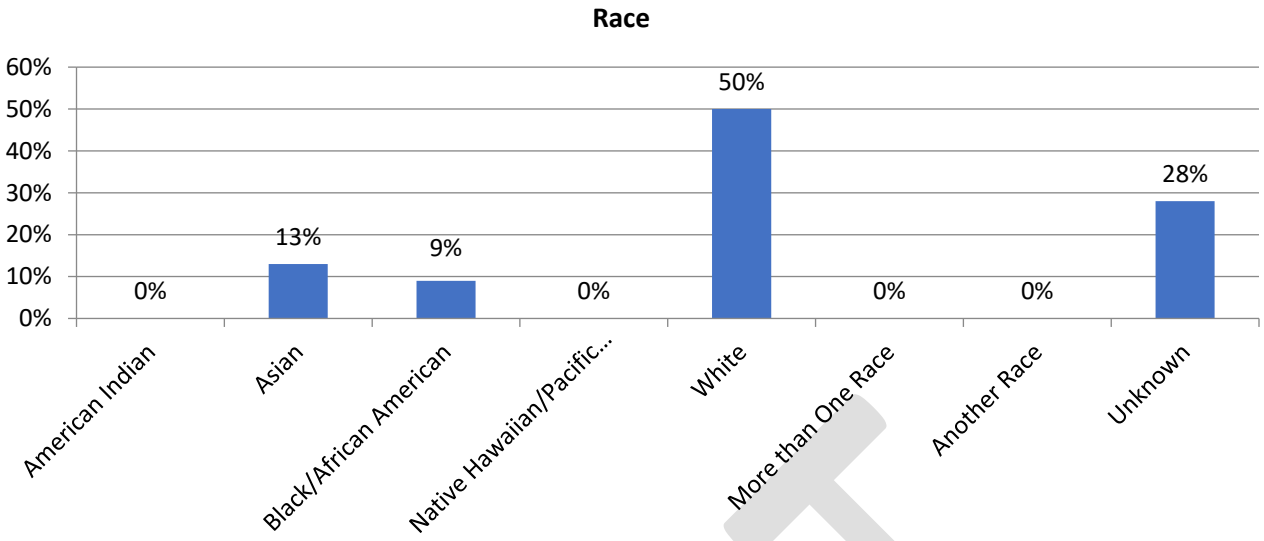


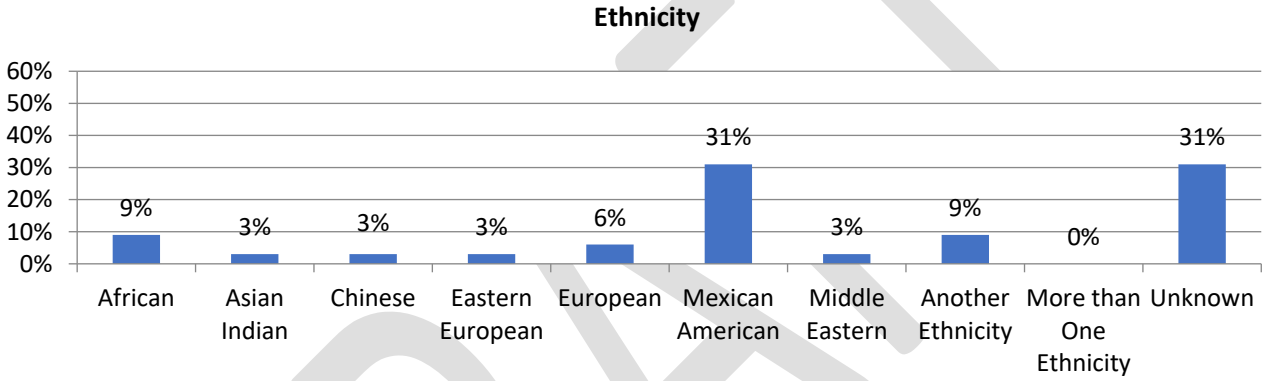


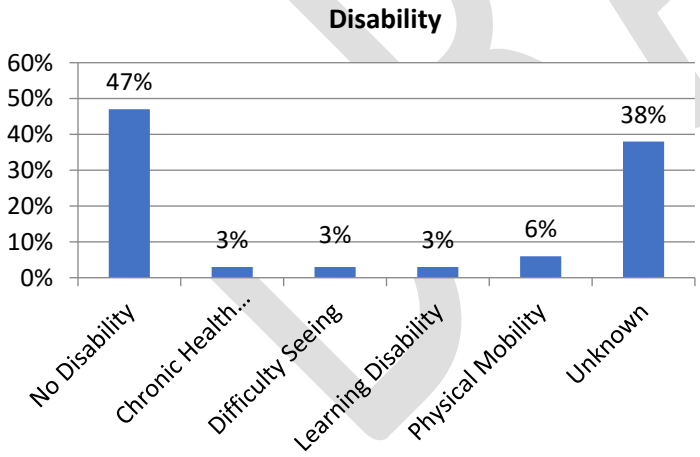


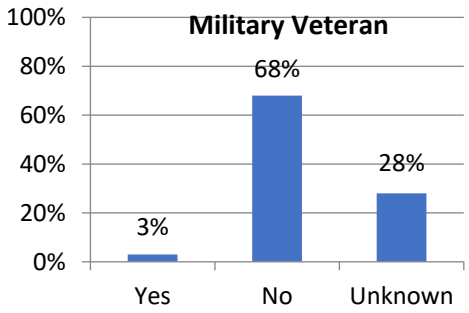


The number of languages provided by mentors increased from eight languages in FY 16 to ten languages in FY 18





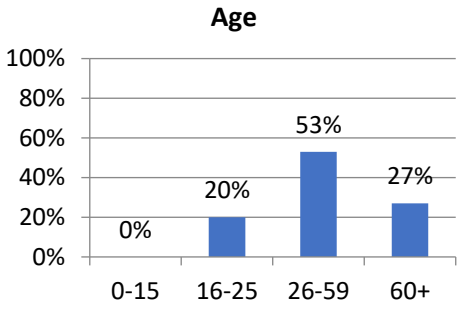


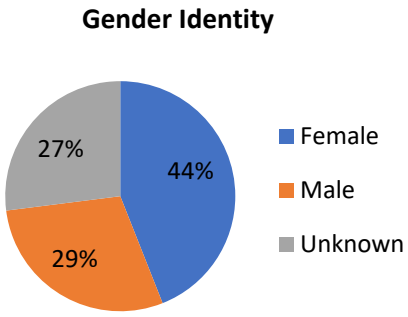


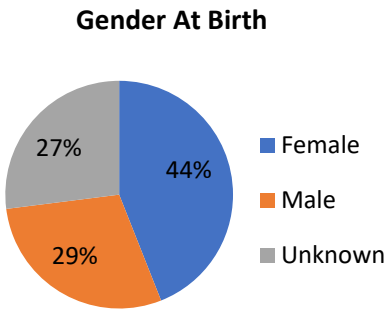
85 Mentees Served

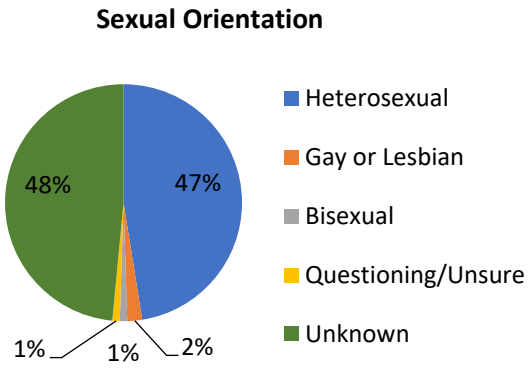
Peer mentors provided support for 164 unique mentees during the last three fiscal years (FY 16-18).

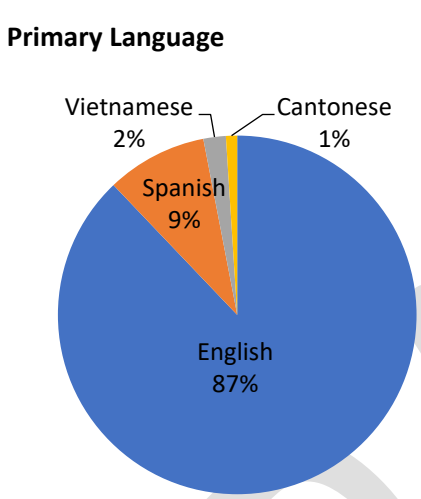
- 15% increase from FY 16 to FY 18

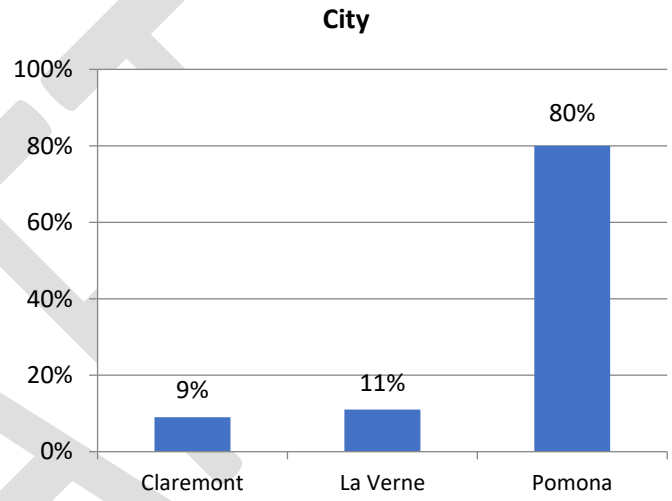


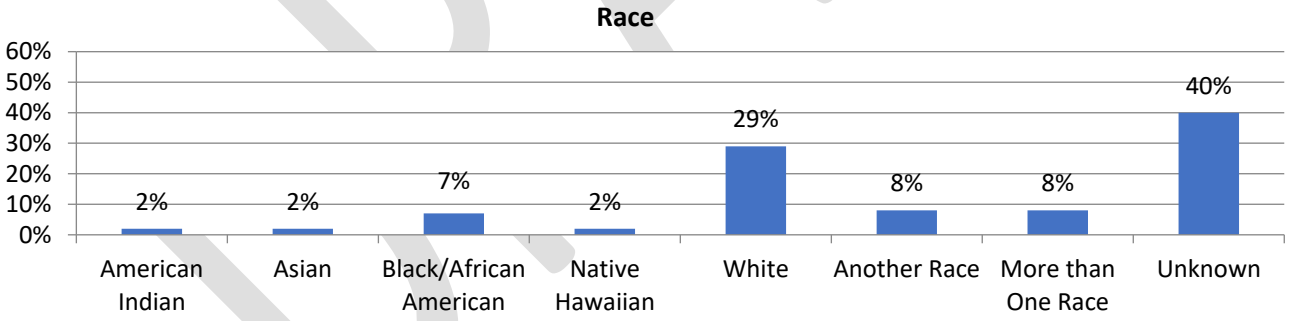

Gender Identity
27%
44%
29%
Female
Male
Unknown

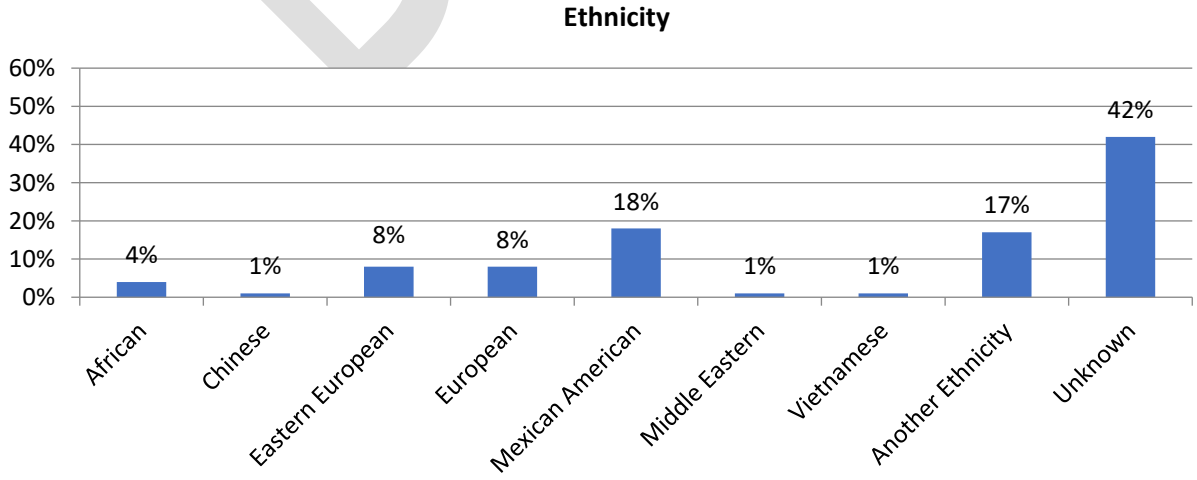

Gender At Birth
27%
44%
29%
Female
Male
Unknown


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%
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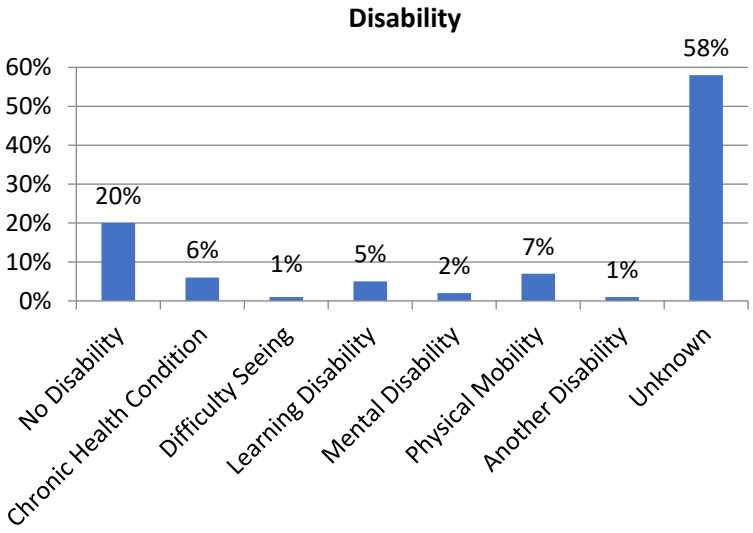
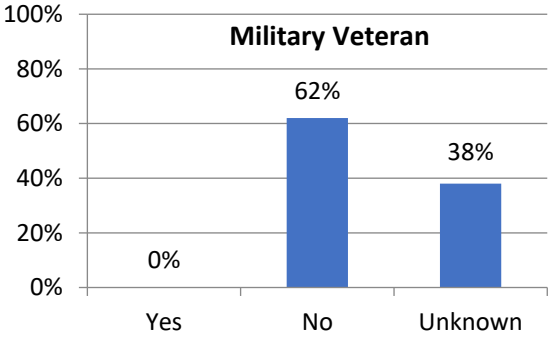
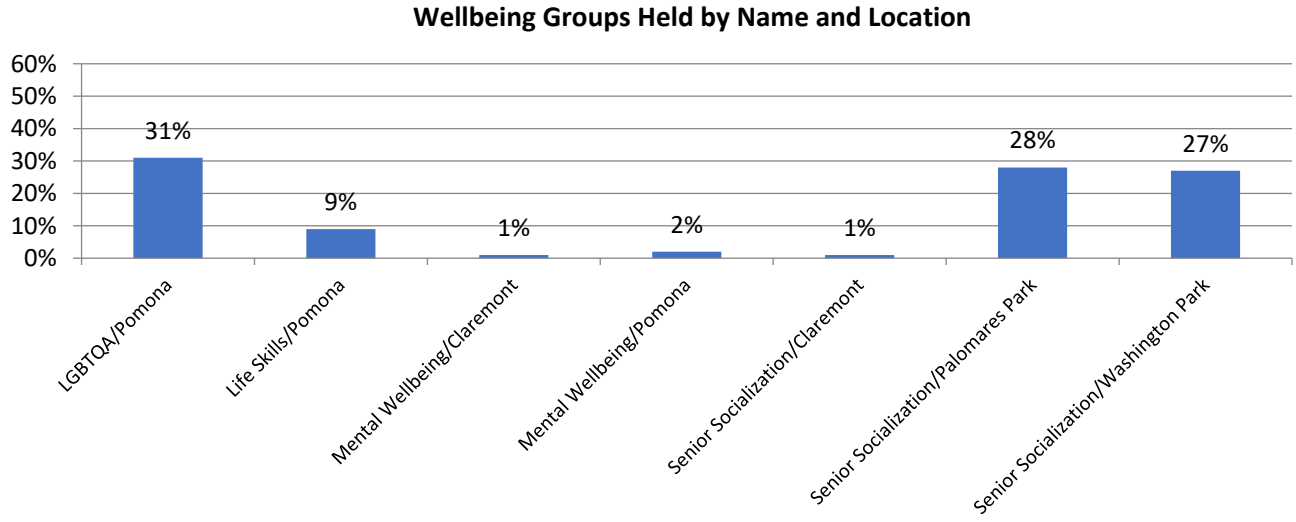
4%
1%
8%
8%
18%
1%
1%
17%
42%
African
Chinese
Eastern European
European
Mexican American
Middle Eastern
Vietnamese
Another Ethnicity
Unknown



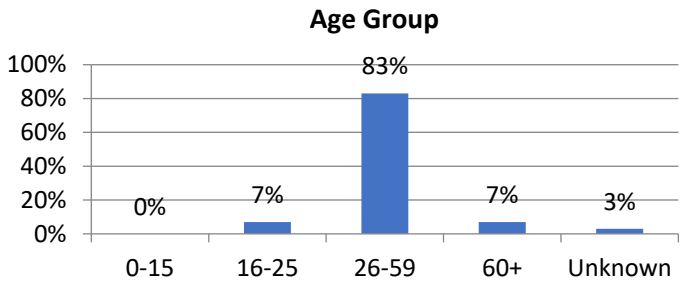


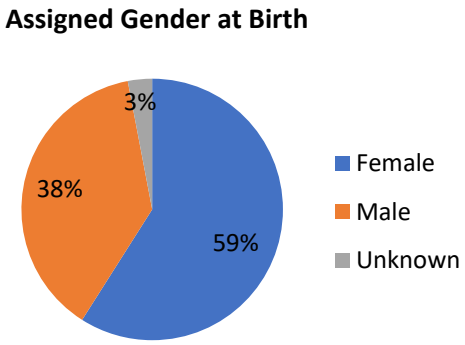
235
Unique Participants at Peer Mentor Wellbeing Groups

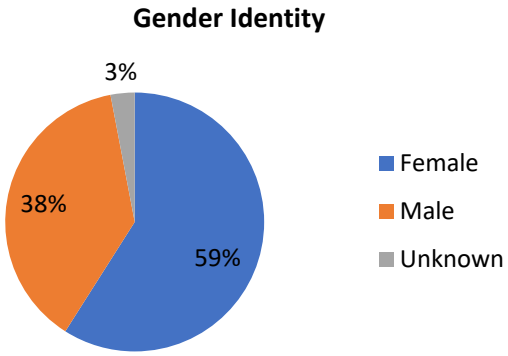
1,238
Duplicated Participants at Peer Mentor Wellbeing Groups

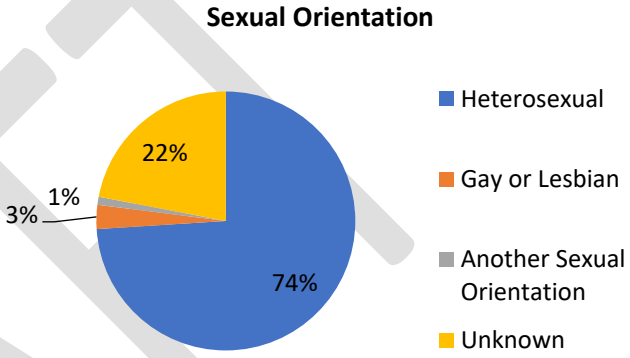


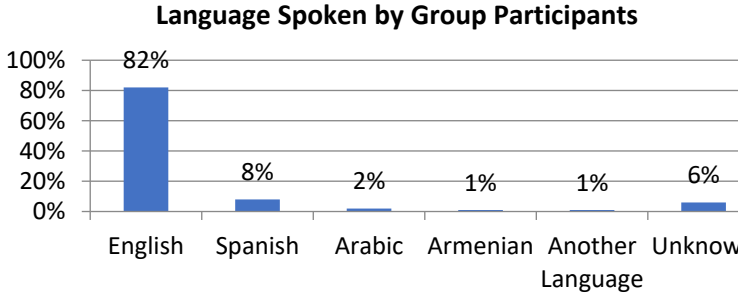
PEI Demographics based on Group Participants who Completed Group Mentor Surveys (n=91)

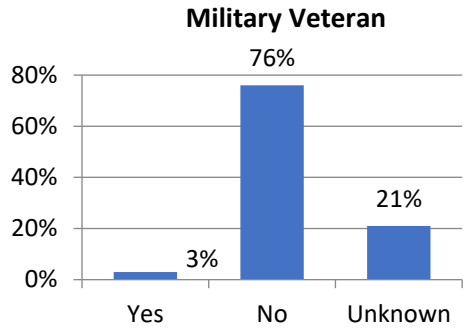


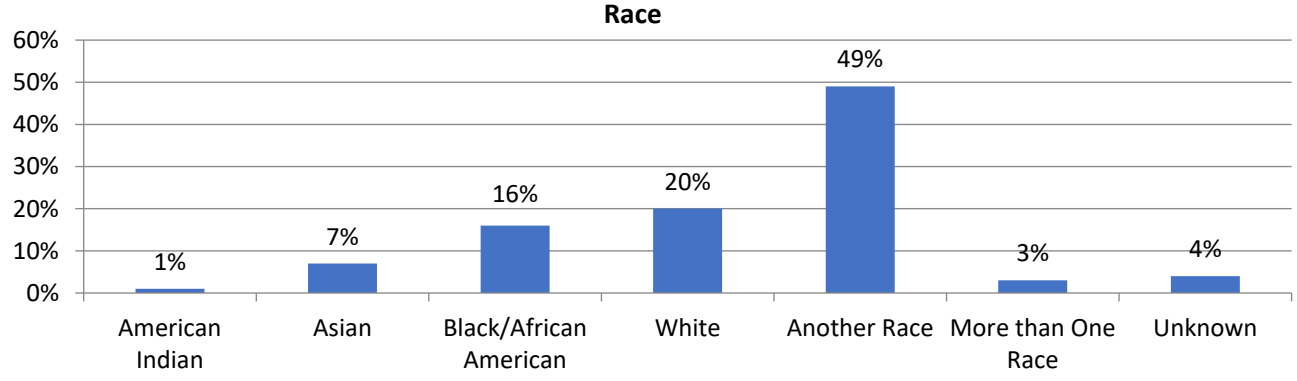


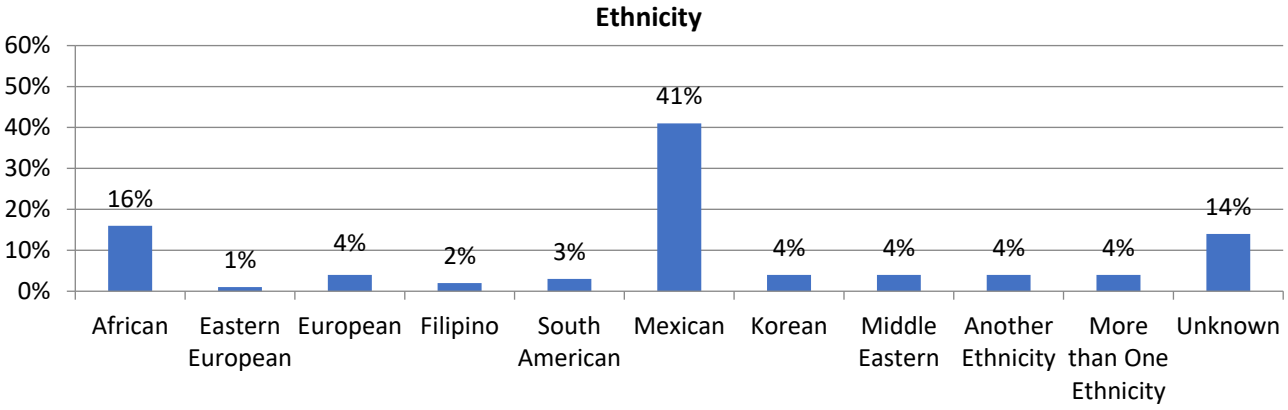


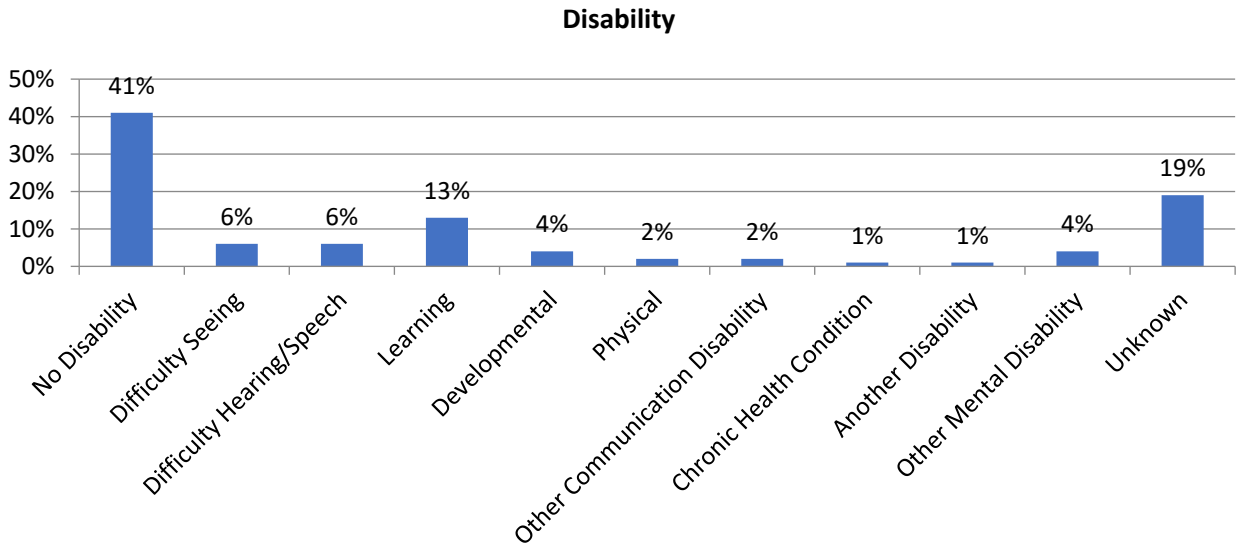












HOW WELL DID WE DO IT?

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.

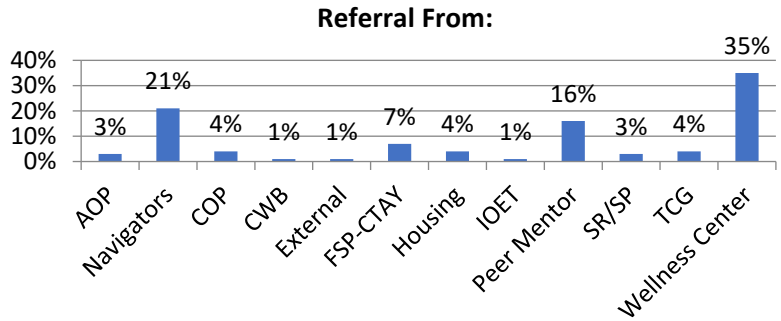
Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

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:

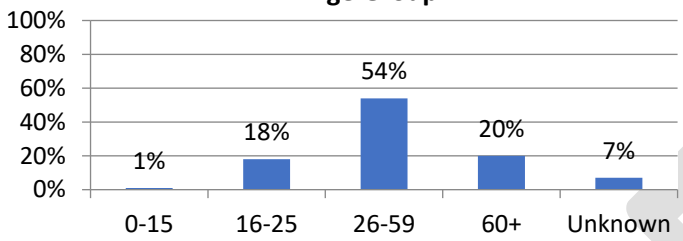
76
Referrals coming into Peer Mentor Program

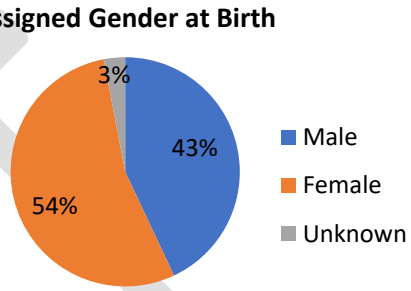


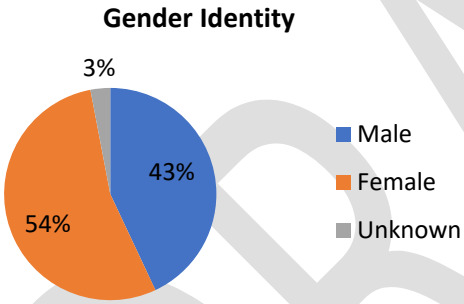
46 out of 76 Referrals Participated in Peer Mentor Program

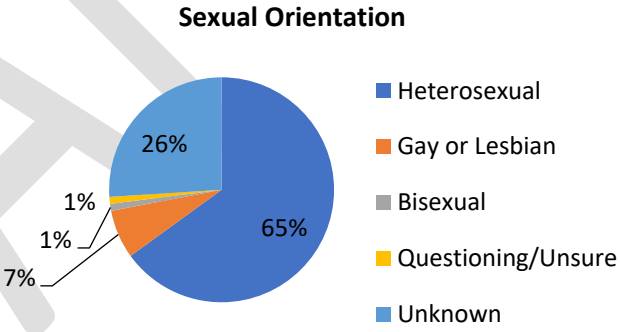
3 Days Average Time between Referral and Participation in Peer Mentor Program

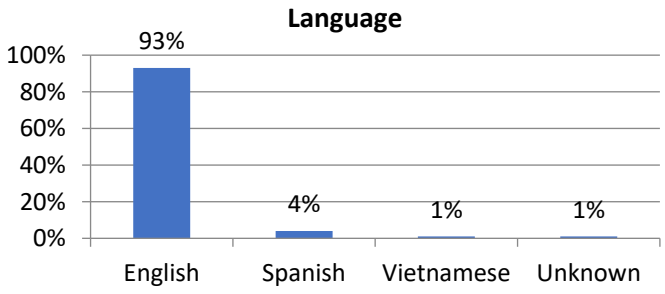
PEI Demographics based on Referrals (n=76)

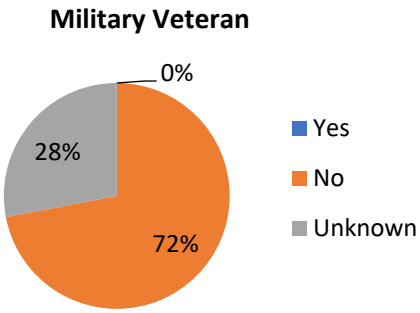


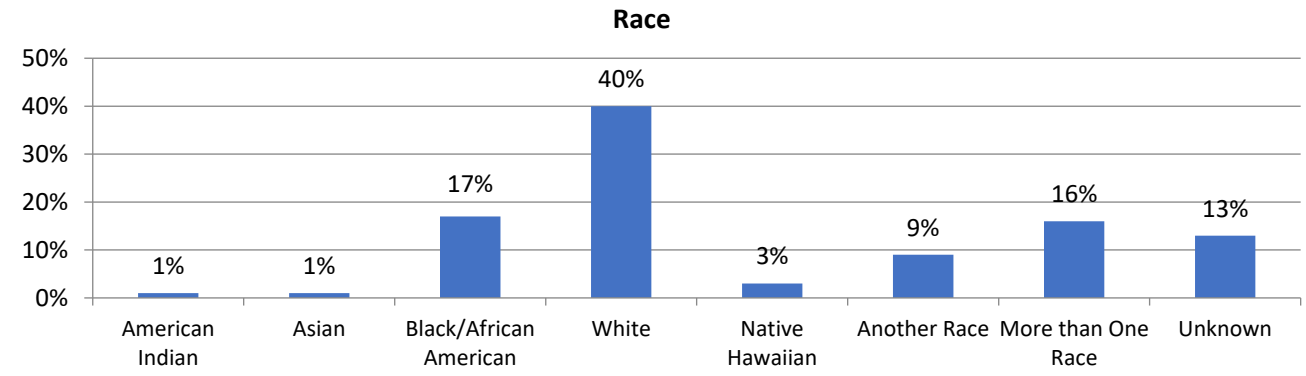


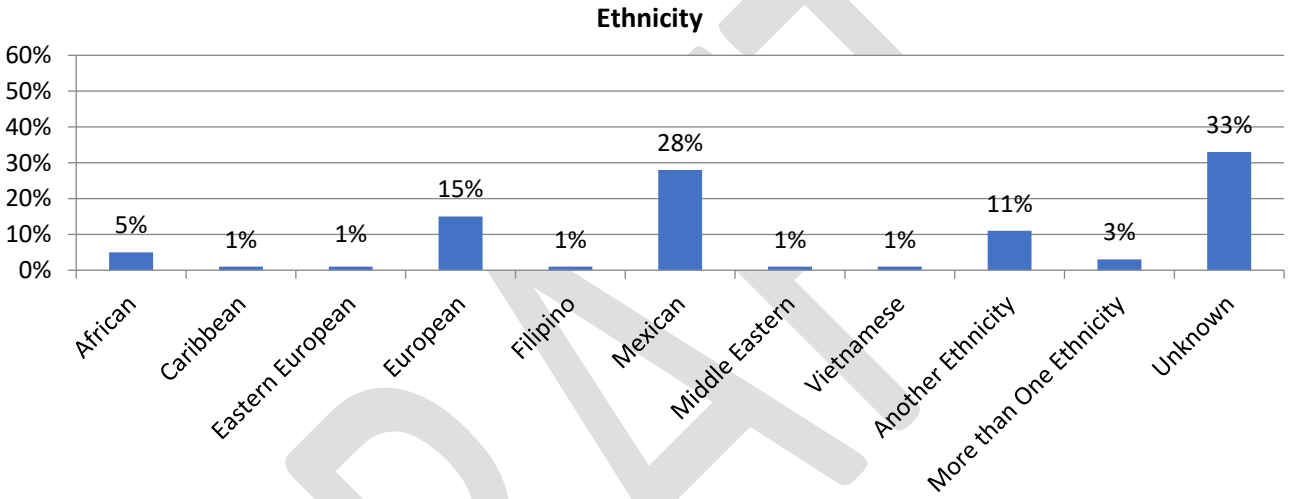


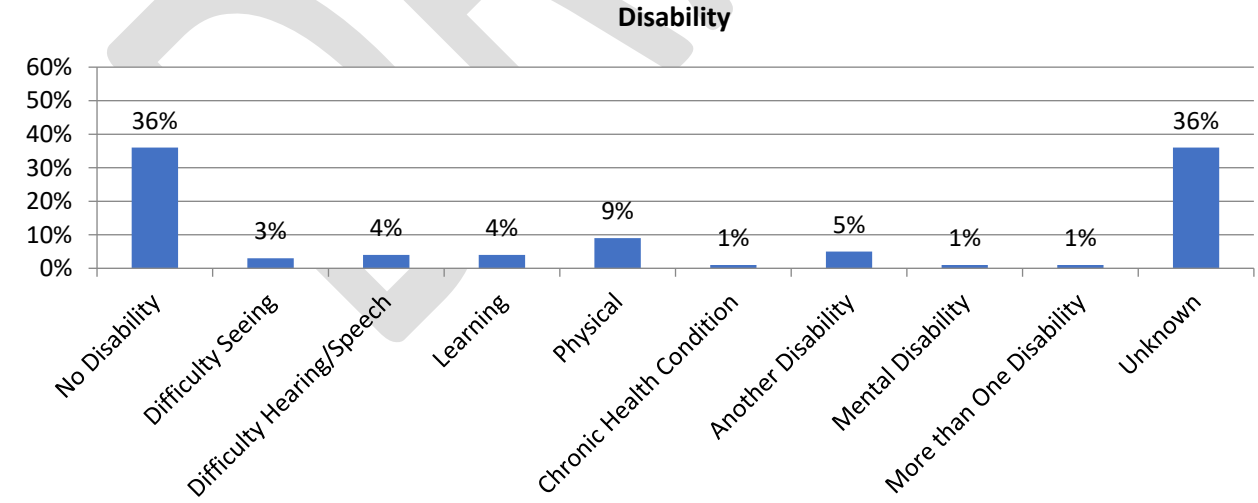







Race
50%
40%
30%
20%
10%
0%
1%
1%
17%
40%
3%
9%
16%
13%
American Indian
Asian
Black/African American
White
Native Hawaiian
Another Race
More than One Race
Unknown

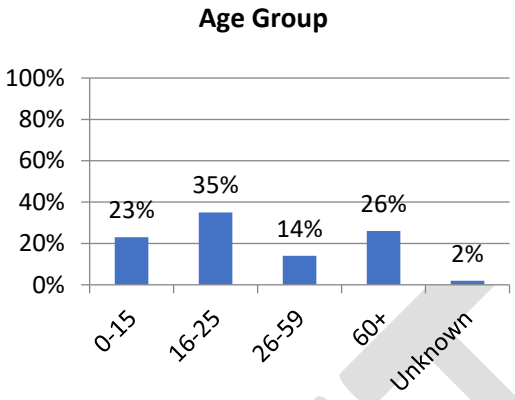

Ethnicity
60%
50%
40%
30%
20%
10%
0%
5%
1%
1%
15%
1%
28%
1%
1%
11%
3%
33%
African
Caribbean
Eastern European
European
Filipino
Mexican
Middle Eastern
Vietnamese
Another Ethnicity
More than One Ethnicity
Unknown

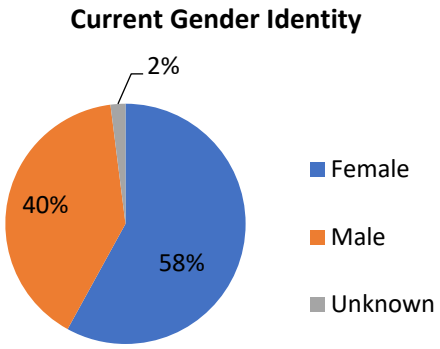

Disability
60%
50%
40%
30%
20%
10%
0%
36%
3%
4%
4%
9%
1%
5%
1%
1%
36%
No Disability
Difficulty Seeing
Difficulty Hearing/Speech
Learning
Physical
Chronic Health Condition
Another Disability
Mental Disability
More than One Disability
Unknown

PROGRAM: Wellness Center - PEI

HOW MUCH DID WE DO?

419 Unique Individuals Served

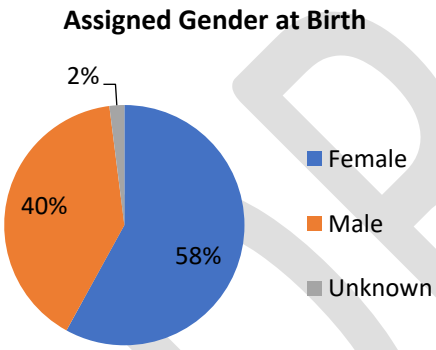


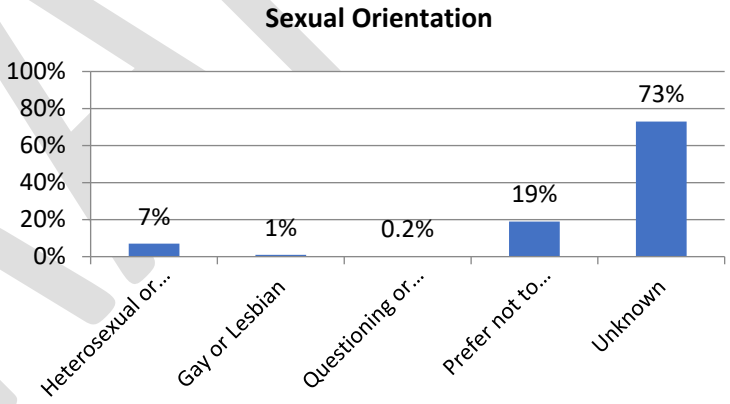


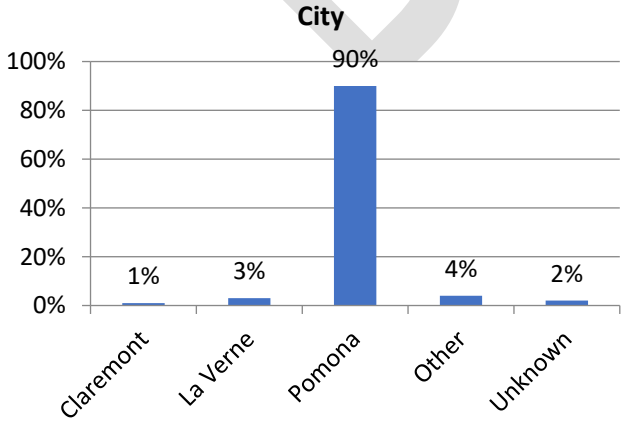
Individuals served has remained constant from FY 16 to FY 18

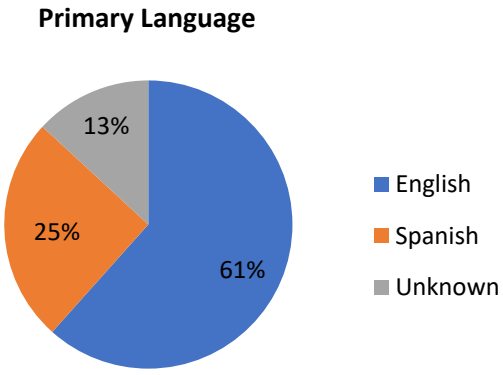
174 individuals 60 years or older were served from FY 16 to FY 18

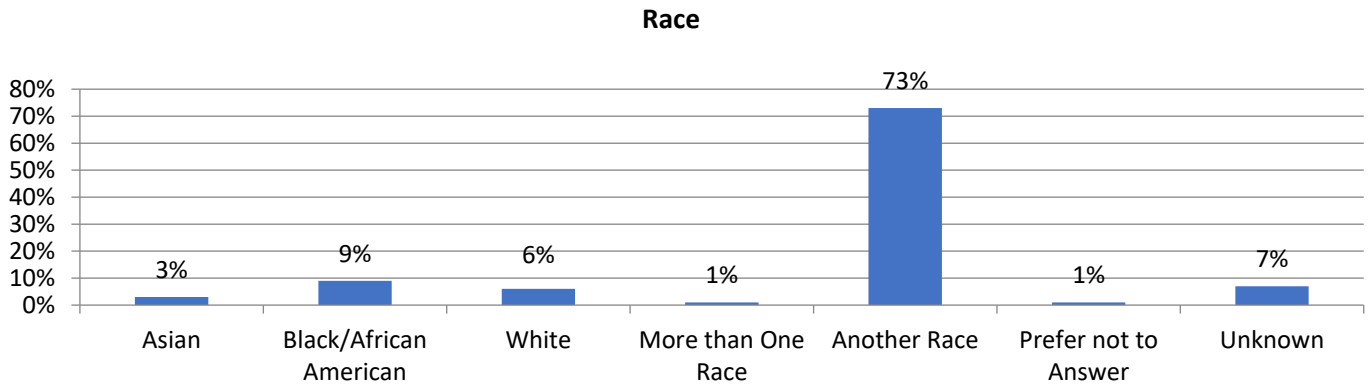
- 12% increase from FY 16 to FY 18

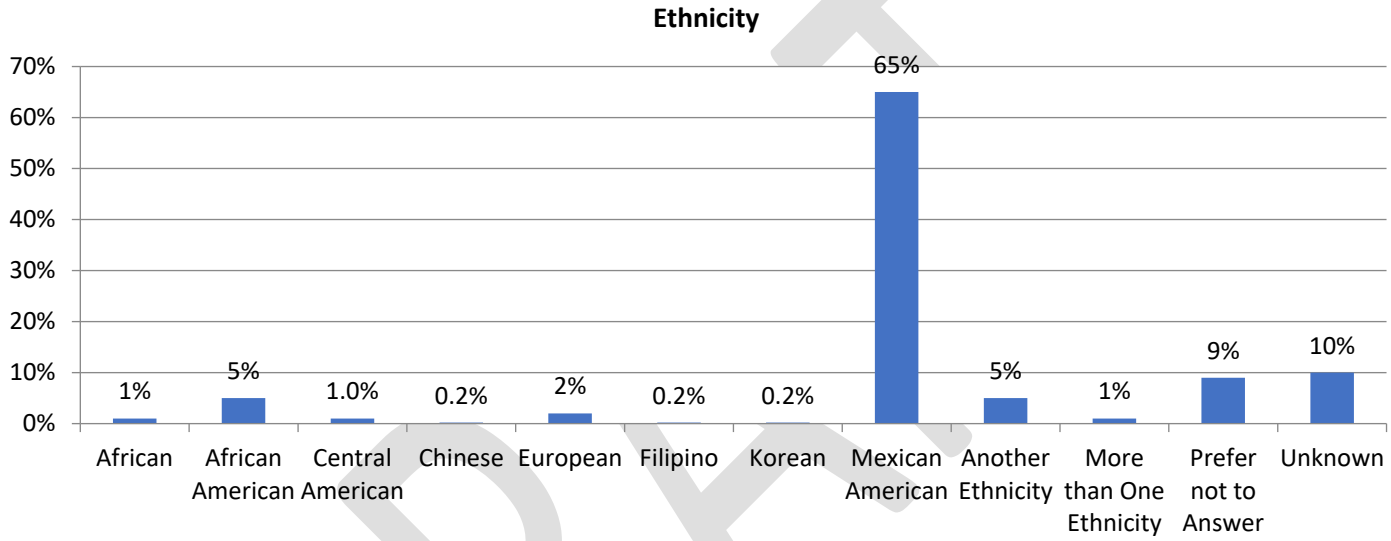


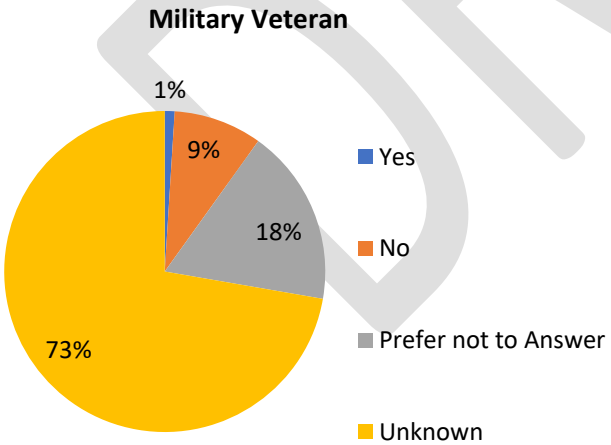


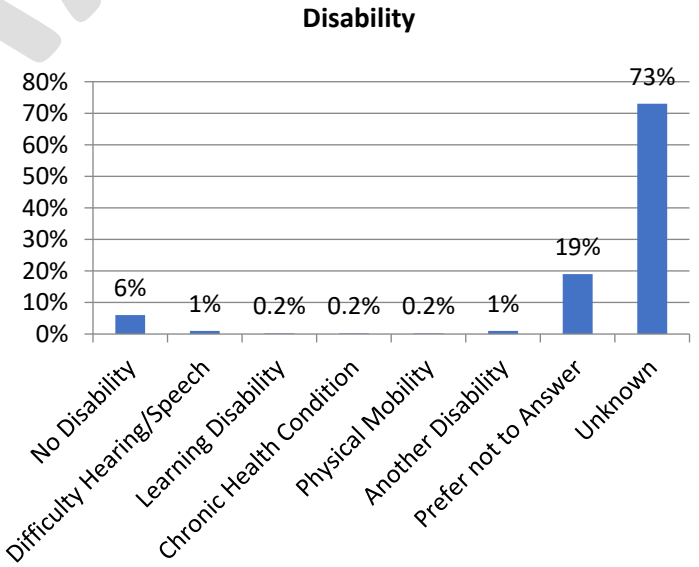





Race
80%
70%
60%
50%
40%
30%
20%
10%
0%
3%
9%
6%
1%
73%
1%
7%
Asian
Black/African American
White
More than One Race
Another Race
Prefer not to Answer
Unknown


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

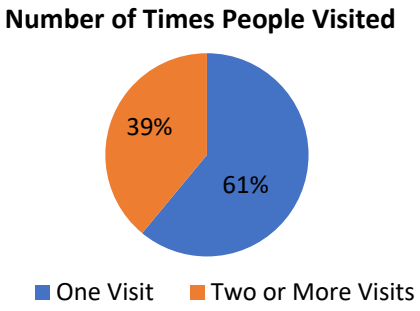

Disability
80%
70%
60%
50%
40%
30%
20%
10%
0%
6%
1%
0.2%
0.2%
0.2%
1%
19%
73%
No Disability
Difficulty Hearing/Speech
Learning Disability
Chronic Health Condition
Physical Mobility
Another Disability
Prefer not to Answer
Unknown

HOW WELL DID WE DO IT?

2,154

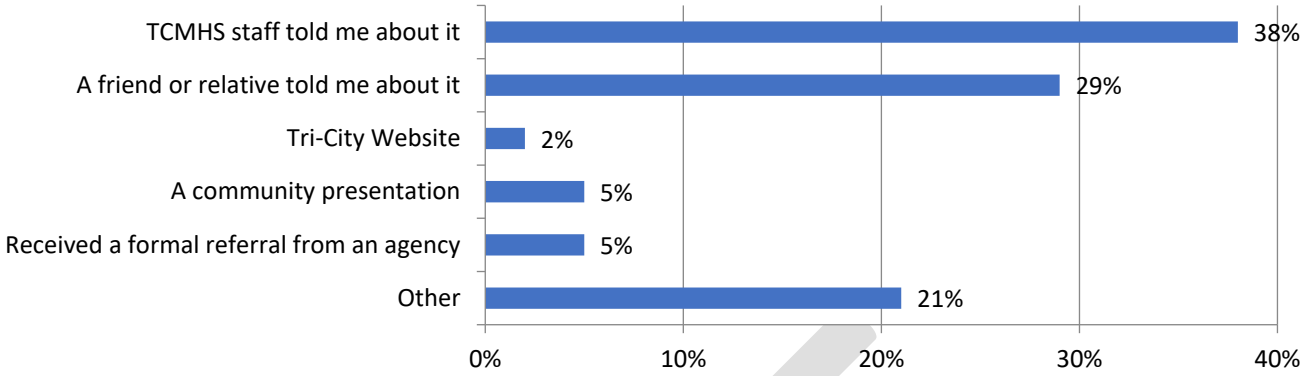
Number of Attendees at Wellness Center Events

(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

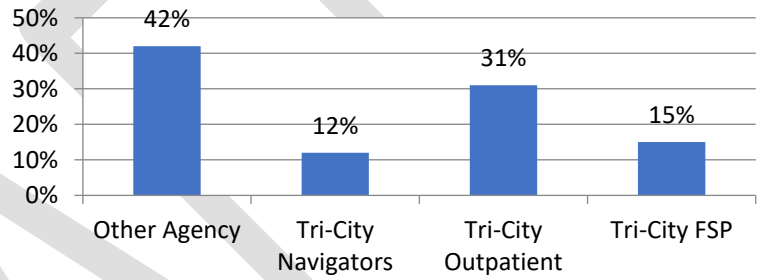
How Did You Learn About the Wellness Center Programs?
(Choose All that Apply)



86%

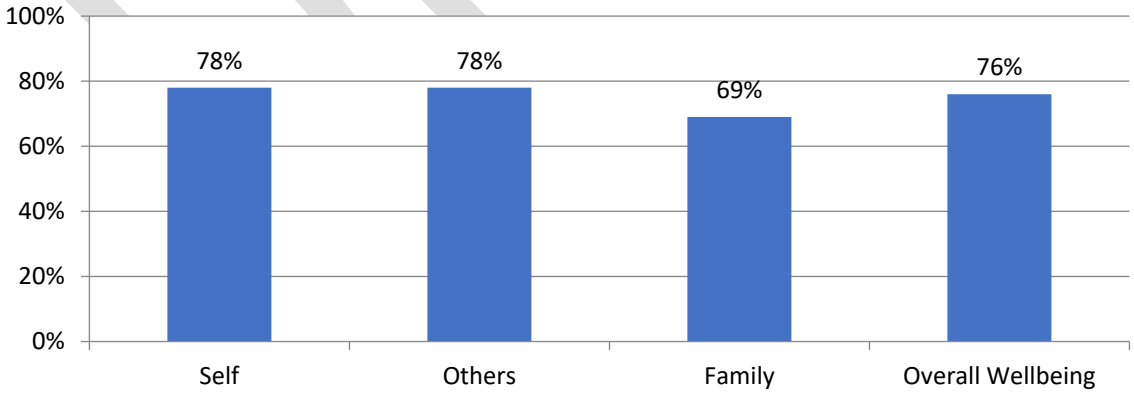
Satisfied with the Wellness Center Programs

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

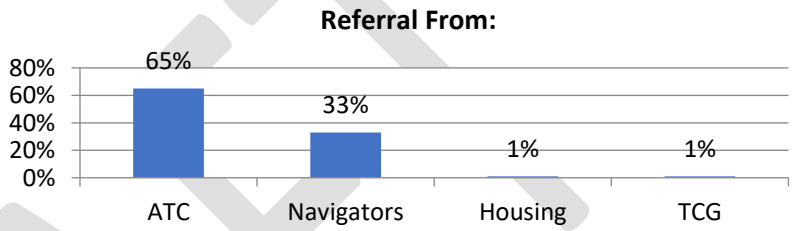
Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

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:

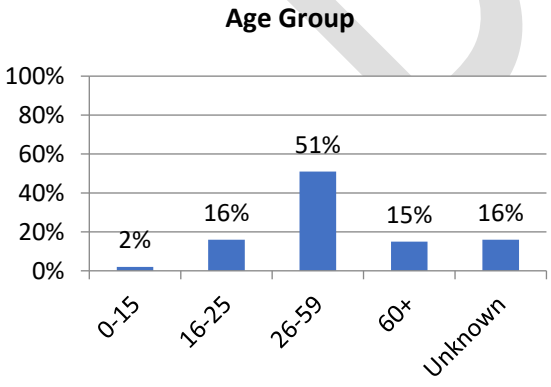
87
Referrals coming into Wellness Center

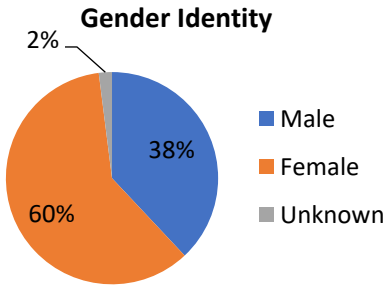


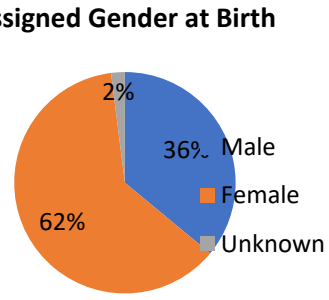
7 out of 87 Referrals Participated in Wellness Center

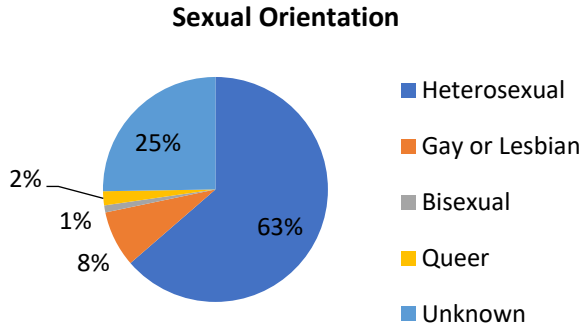
4 Days
Average Time between Referral and Participation in Wellness Center

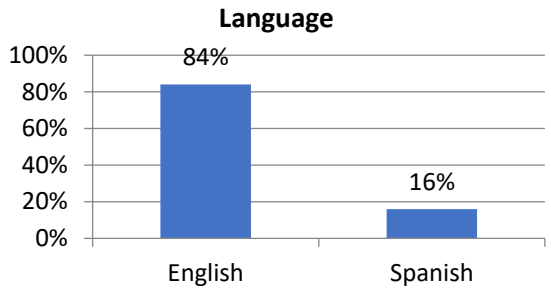
PEI Demographics based on Referrals (n=87)

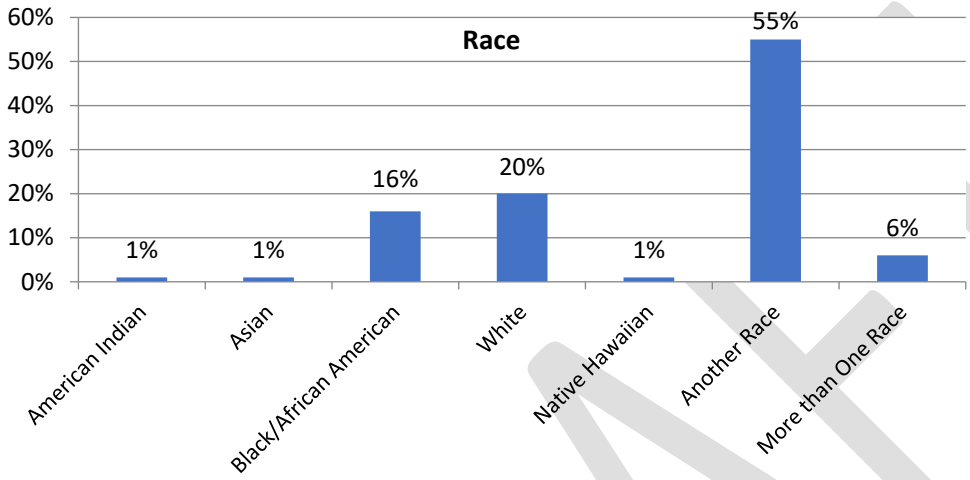


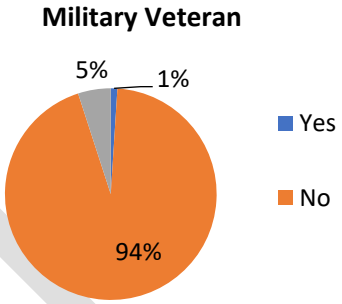


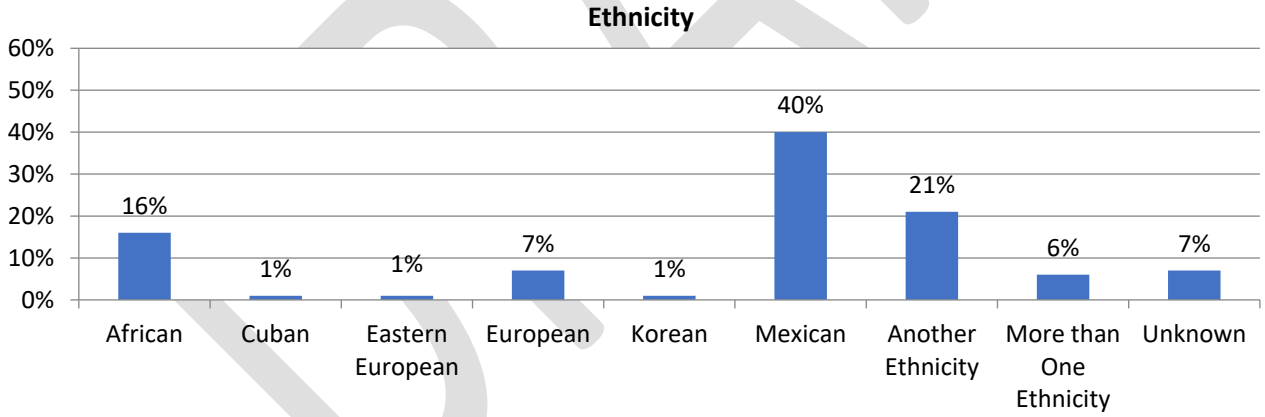


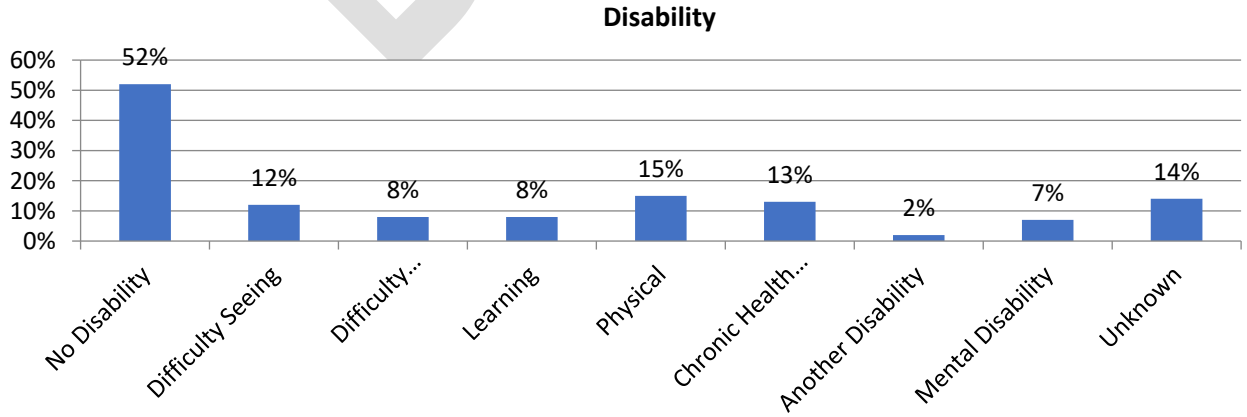

Sexual Orientation
25%
2%
1%
8%
63%
Heterosexual
Gay or Lesbian
Bisexual
Queer
Unknown


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.

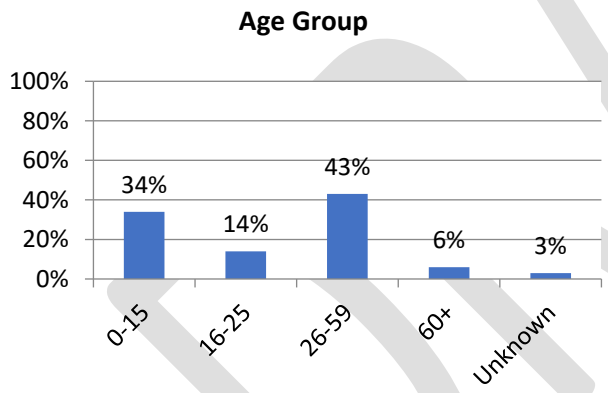
PROGRAM: Family Wellbeing

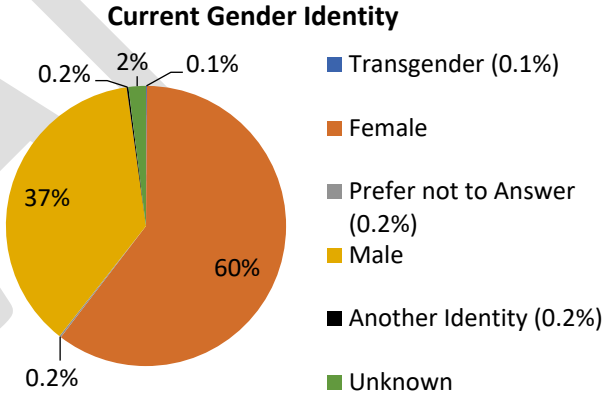
HOW MUCH DID WE DO?

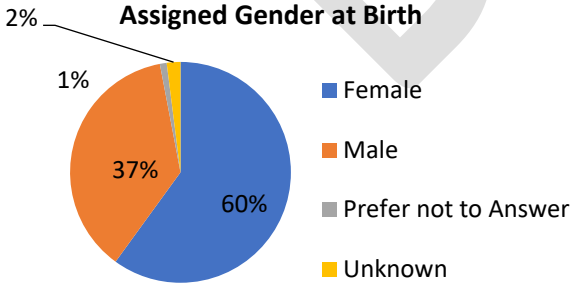
1,230 Unique Individuals Served

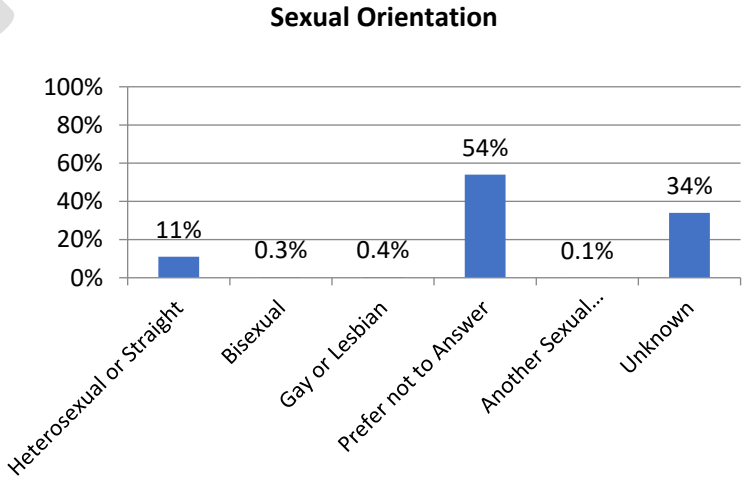
Served 2,932 unique individuals from FY 16 to FY 18

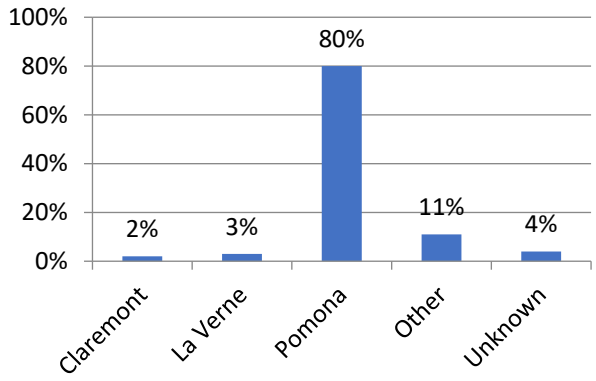
- 20% increase from FY 16 to FY 18







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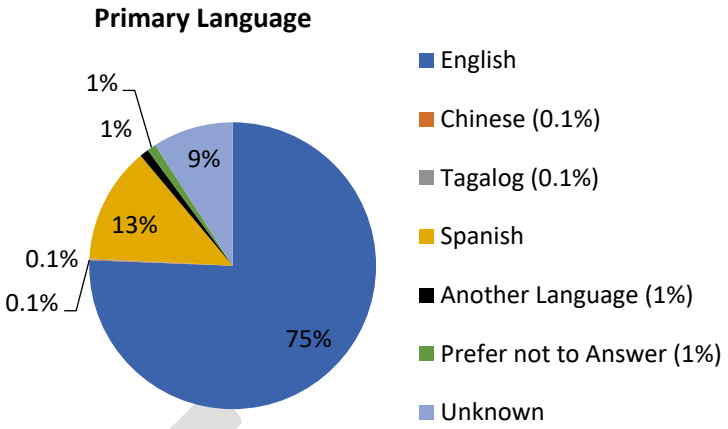
20%
0%
2%
3%
80%
11%
4%
Claremont
La Verne
Pomona
Other
Unknown


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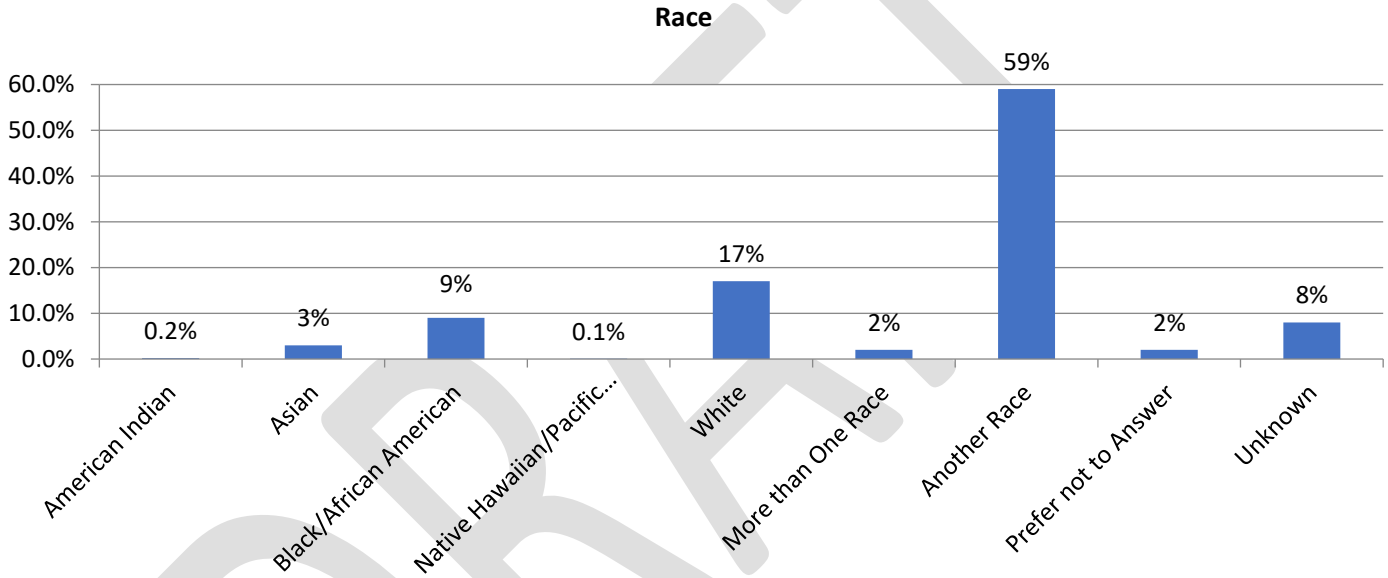
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0.2%
3%
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17%
2%
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2%
8%
American Indian
Asian
Black/African American
Native Hawaiian/Pacific...
White
More than One Race
Another Race
Prefer not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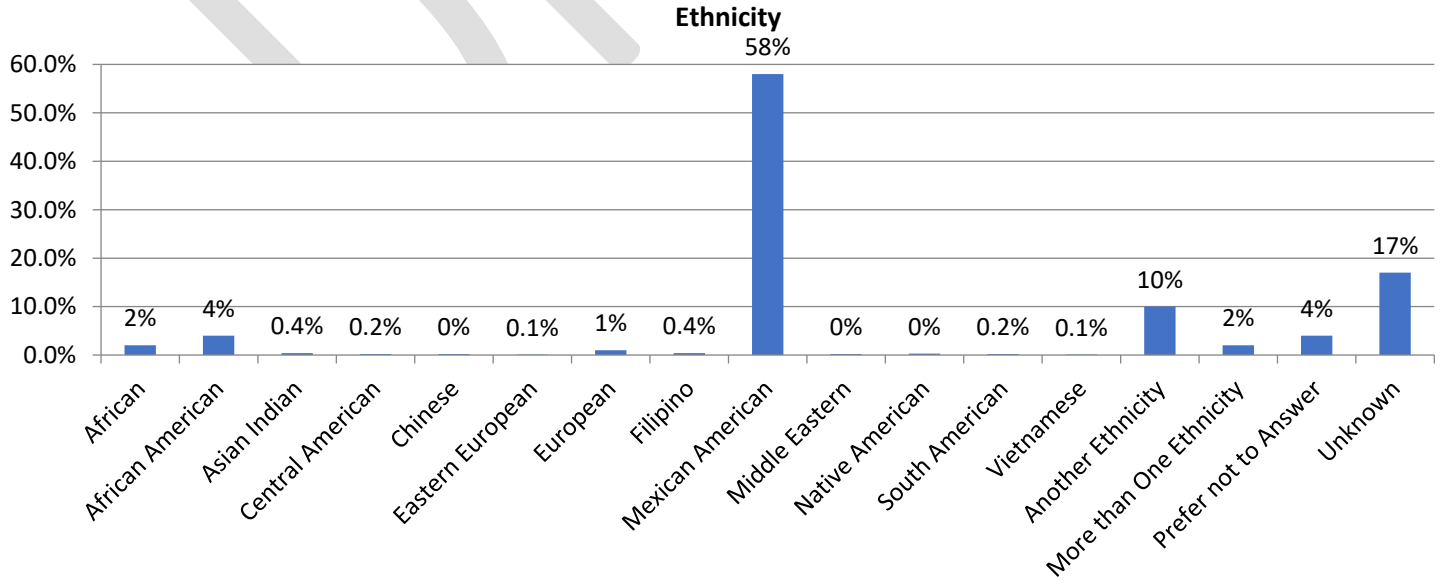
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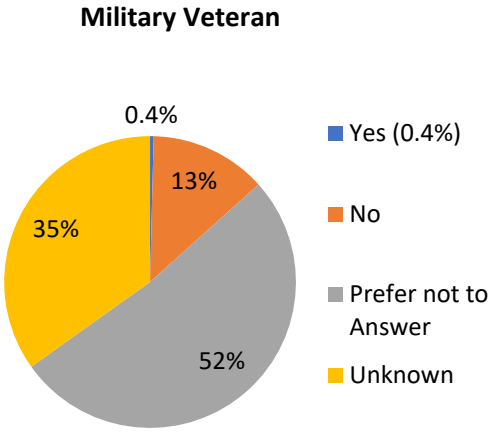
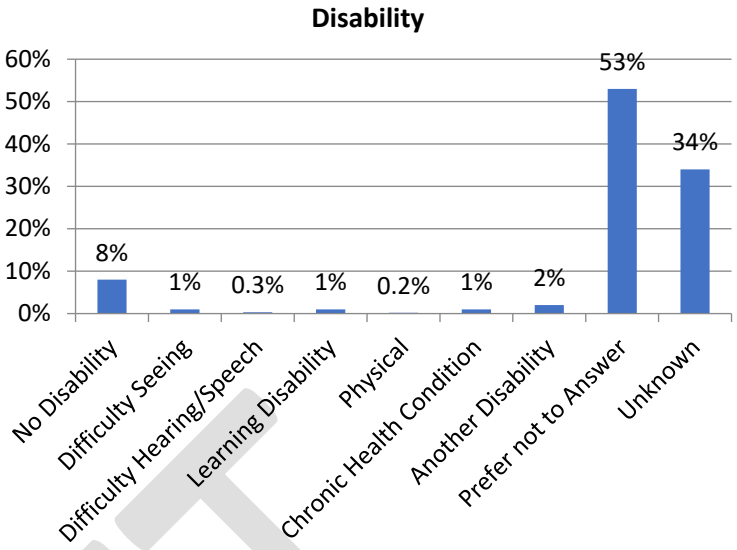
0.2%
0.1%
10%
2%
4%
17%
African
African American
Asian Indian
Central American
Chinese
Eastern European
European
Filipino
Mexican American
Middle Eastern
Native American
South American
Vietnamese
Another Ethnicity
More than One Ethnicity
Prefer not to Answer
Unknown



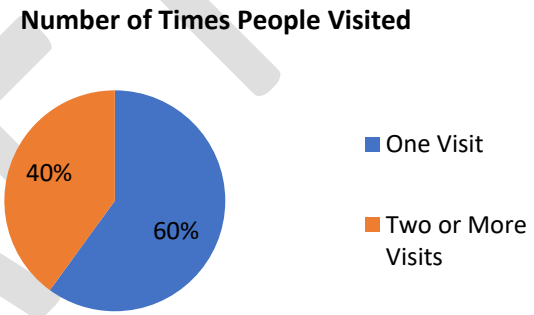


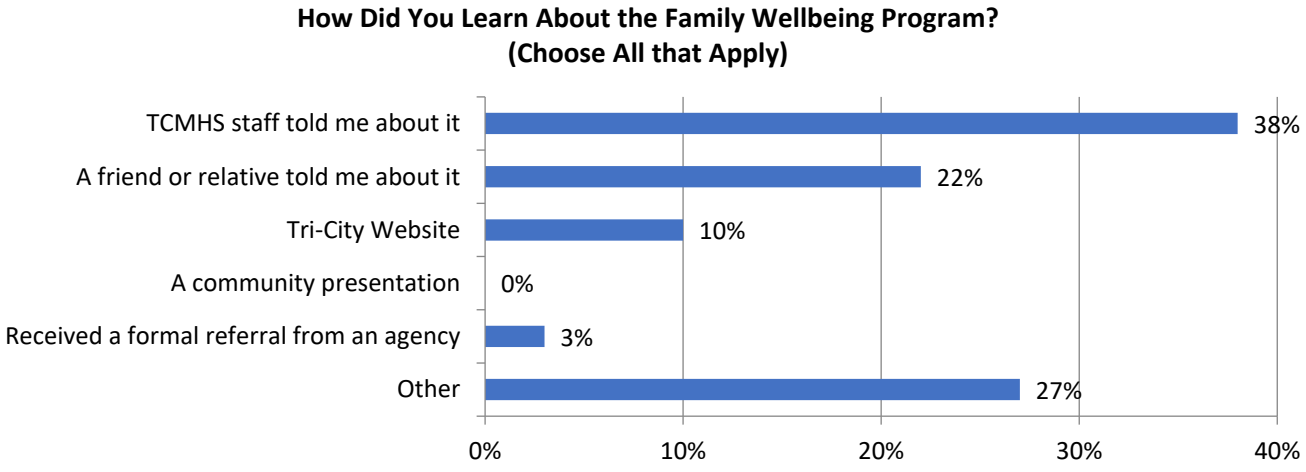
HOW WELL DID WE DO IT?

5,541

Number of Attendees at Family Wellbeing Events

(Duplicated Individuals)



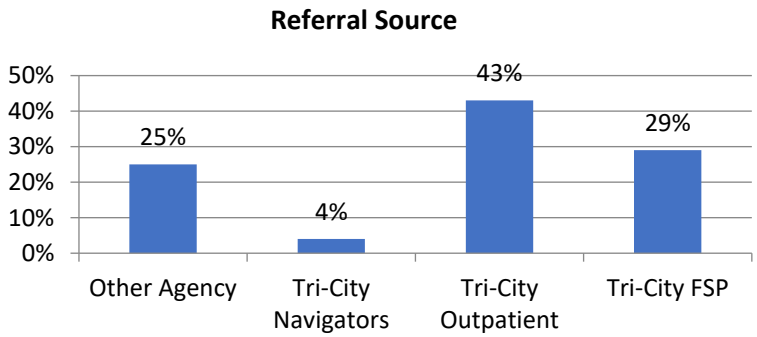


Group Name	Number of Times Group Was Held	The Fewest Number of Attendees at a Group	The Highest Number of Attendees at a Group	Average Number of Attendees at a Group
FWS – Arts & Crafts	27	1	11	5
FWS – Cooking Class	6	1	15	8
FWS – Creating Writing	26	1	11	5
FWS – Crisis	8	1	4	2
FWS – Grief & Loss	46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

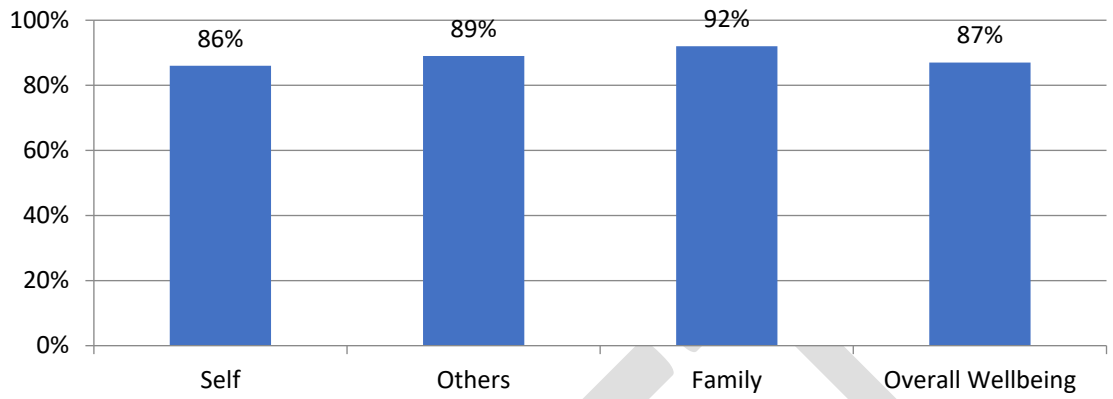
92%

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:



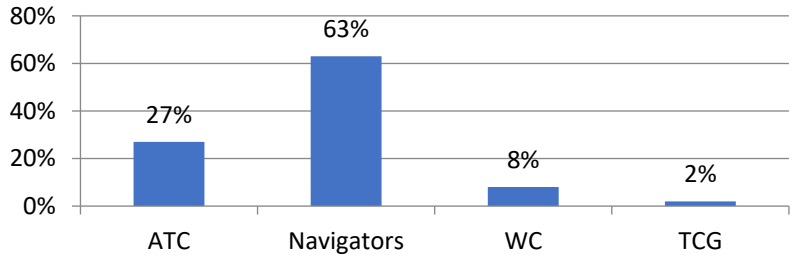
Number of Potential Responders: 1,230
Setting in which responders were engaged: Community
Type of Responders Engaged: Parents and children

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

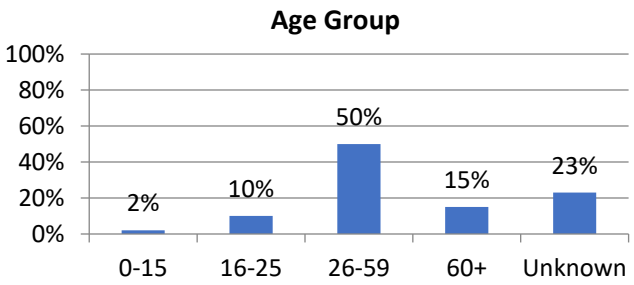
Referral From:

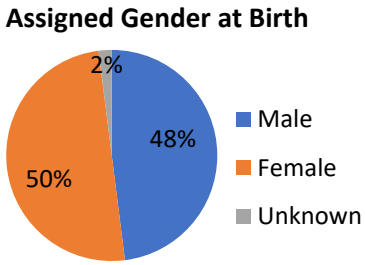


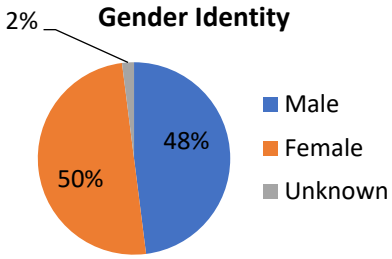
11 out of 53 Referrals Participated in Family Wellbeing Program

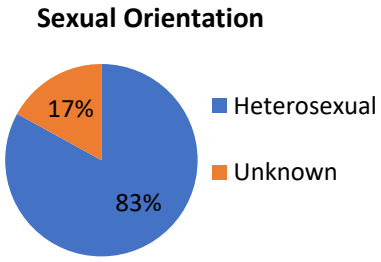
11 Days
Average Time between Referral and Participation in Family Wellbeing Program

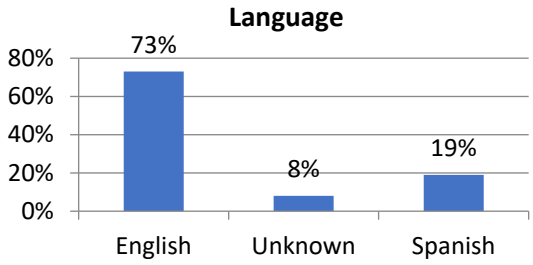
PEI Demographics Based on Referrals (n=52)

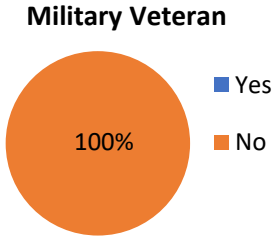


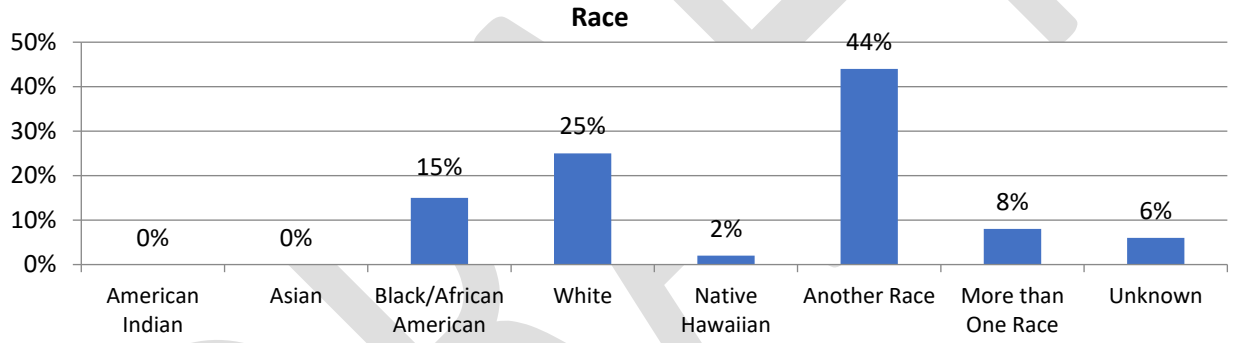


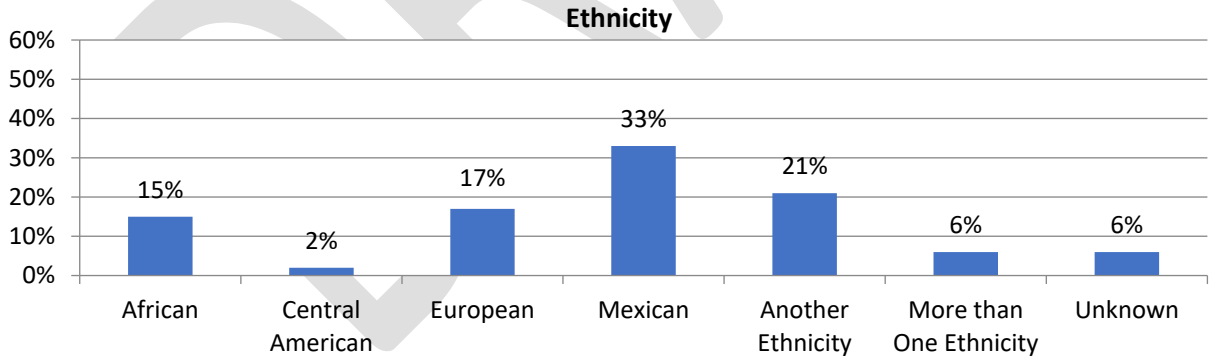


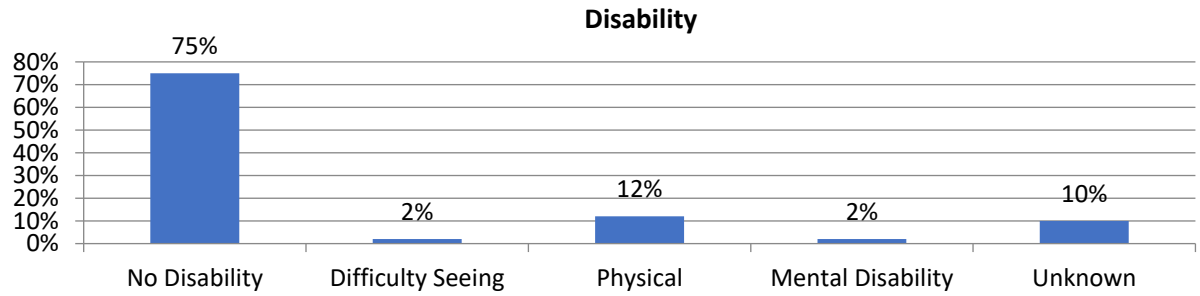












NAMI: PARENTS AND TEACHERS AS ALLIES

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%

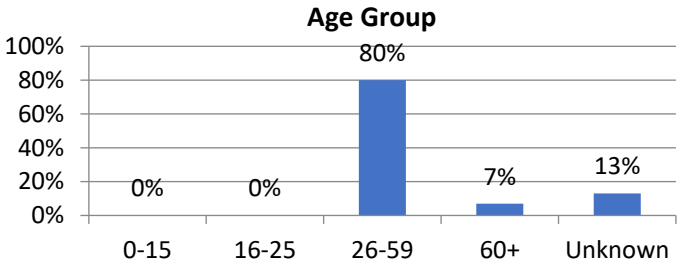
Agreed or strongly agreed that *Parents and Teachers as Allies* increased their understanding of the symptoms of childhood and adolescent mental illness

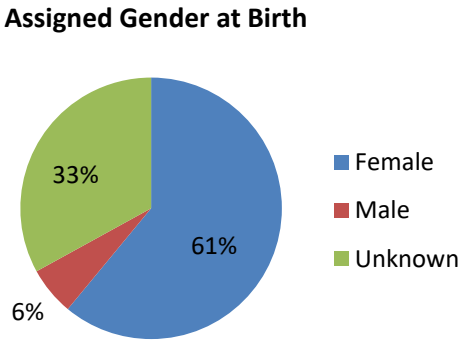
IS ANYONE BETTER OFF?

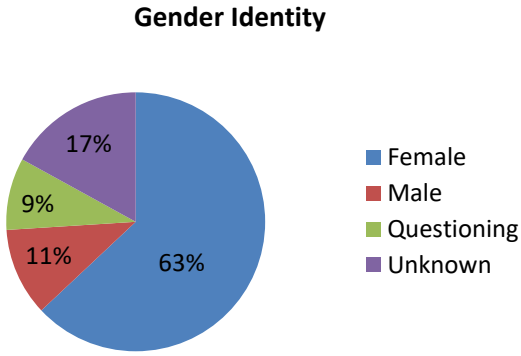
96%

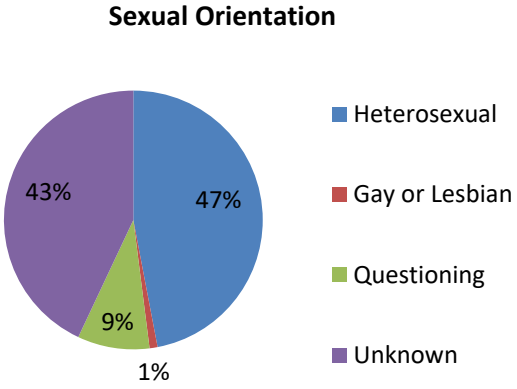
Agreed or strongly agreed that *Parents and Teachers as Allies* will help them recognize early warning signs of mental illness in children and adolescents

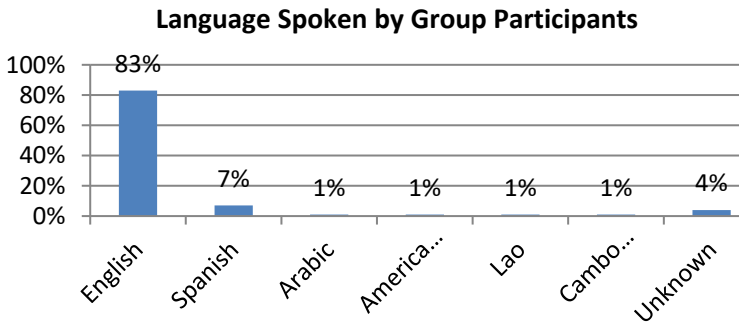
Demographics

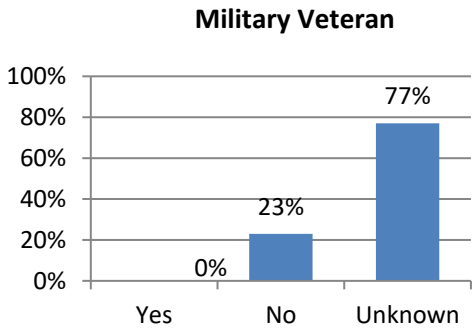


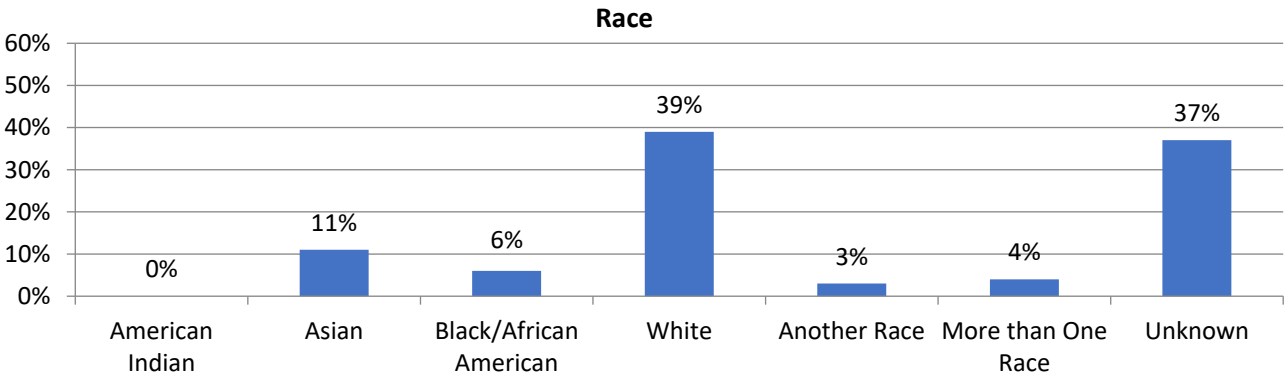


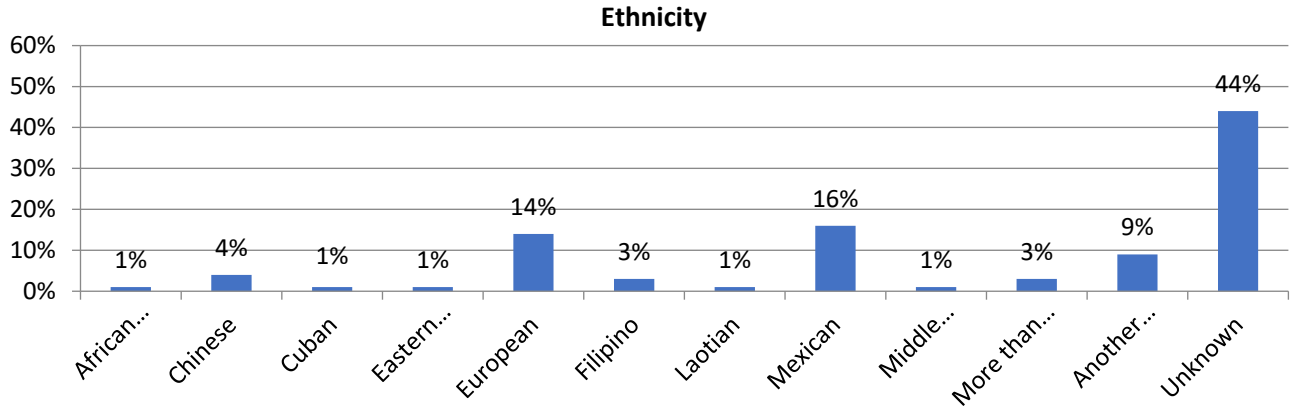


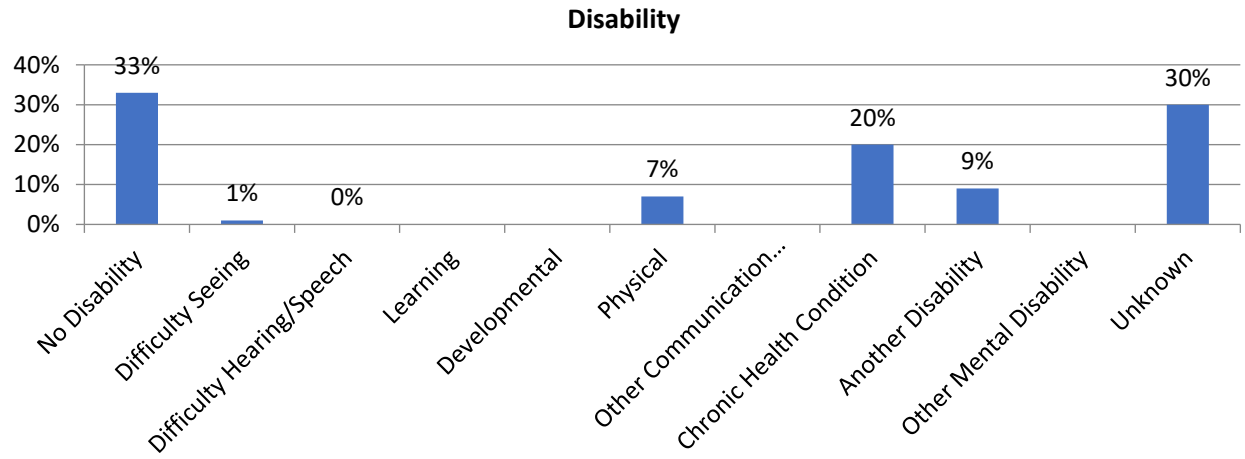












Number of Potential Responders: 94
Setting in which responders were engaged: Schools
Type of Responders Engaged: Parents and Teachers

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.

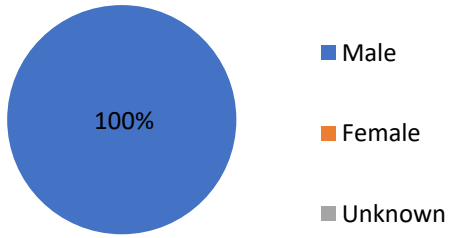
Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy:

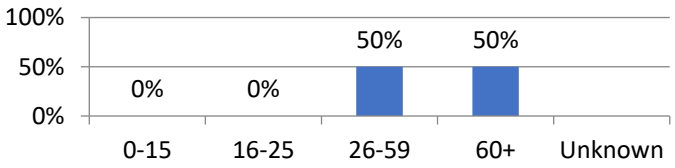
There were two referrals to NAMI.

PEI Demographics based on Referrals (n=2)

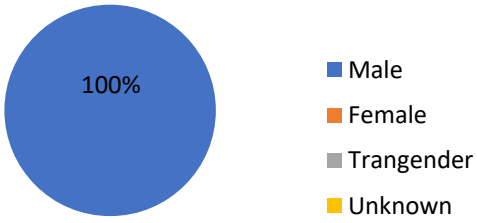
Assigned Gender at Birth



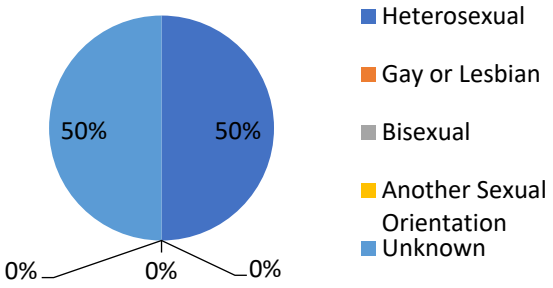
Age Group



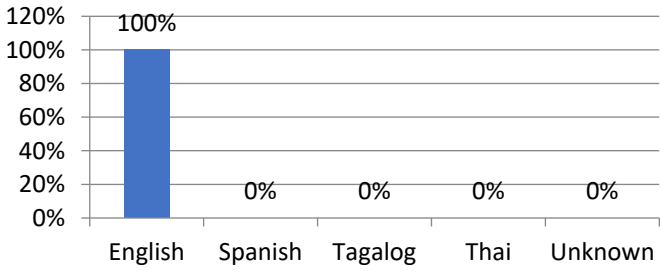
Gender Identity



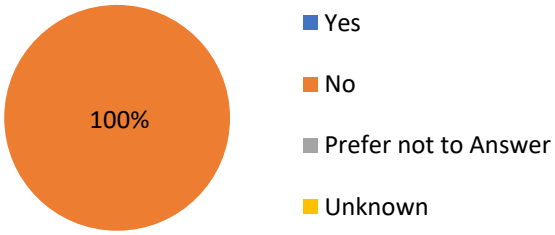
Sexual Orientation

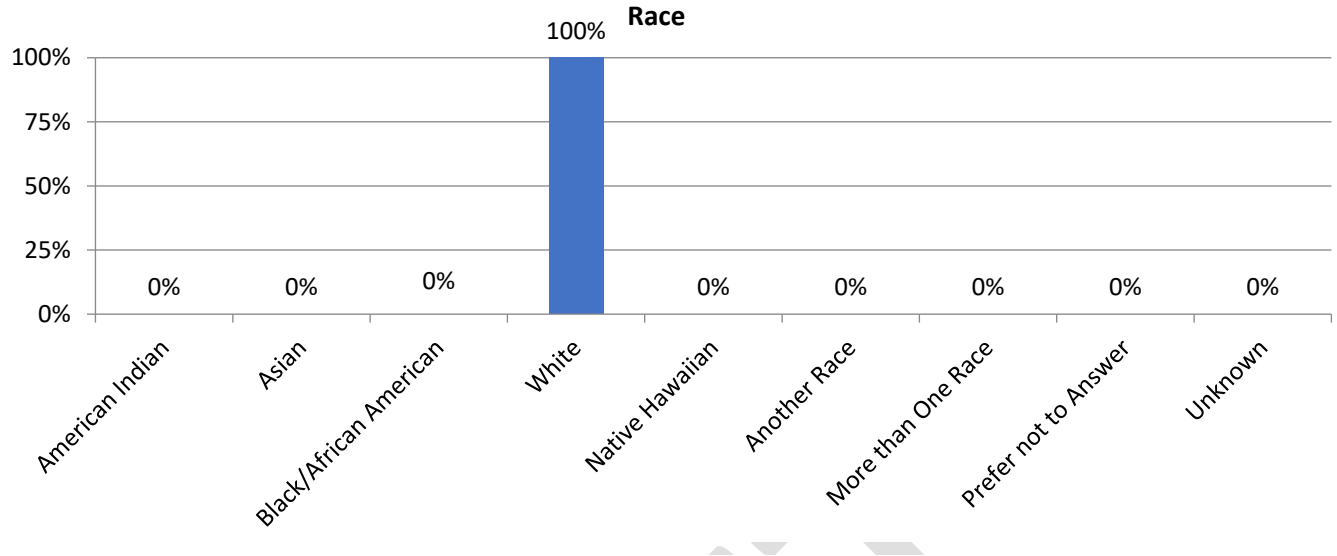


Language



Military Veteran




Race
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100%
75%
50%
25%
0%
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0%
100%
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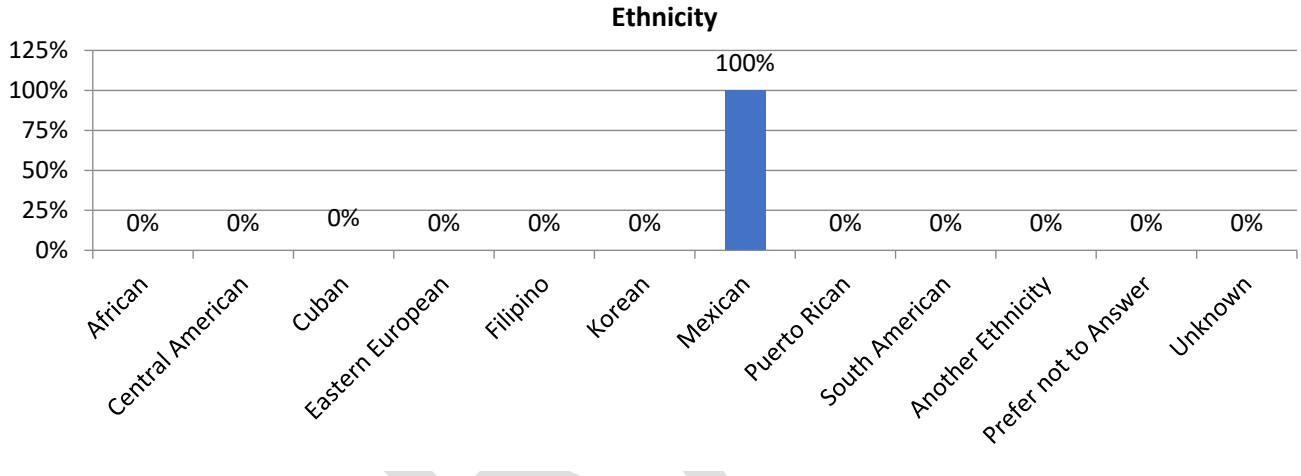
0%
0%
American Indian
Asian
Black/African American
White
Native Hawaiian
Another Race
More than One Race
Prefer not to Answer
Unknown


Ethnicity
125%
100%
75%
50%
25%
0%
100%
0%
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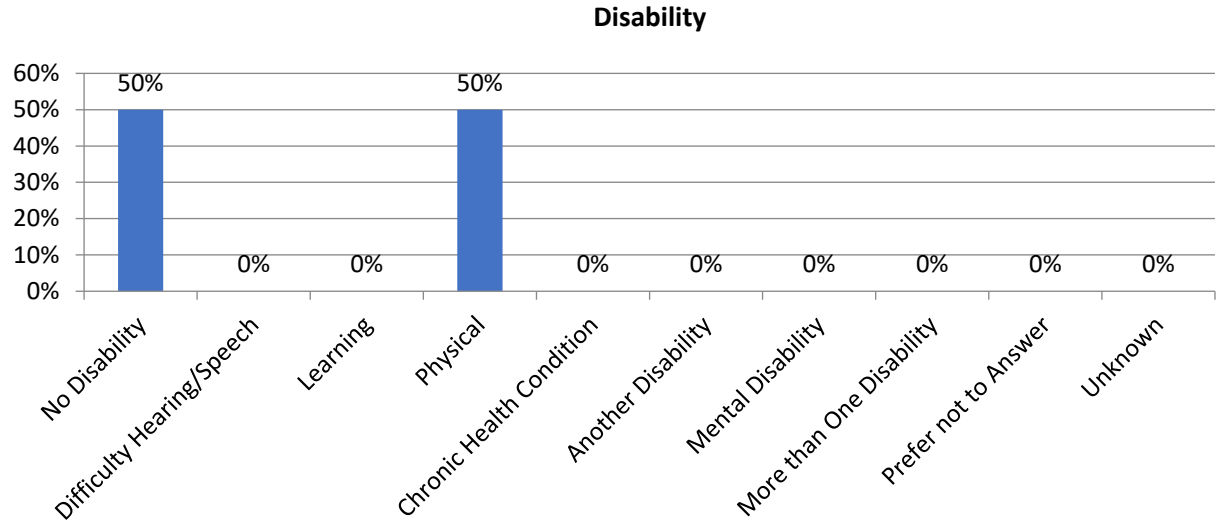
0%
0%
0%
0%
0%
0%
0%
0%
0%
African
Central American
Cuban
Eastern European
Filipino
Korean
Mexican
Puerto Rican
South American
Another Ethnicity
Prefer not to Answer
Unknown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50%
40%
30%
20%
10%
0%
50%
50%
0%
0%
0%
0%
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0%
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

HOUSING STABILITY PROGRAM

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

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

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

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

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

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

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

Program Update:

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

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

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

Challenges Experienced:

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

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

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

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

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

PROGRAM: Housing Stability Program

HOW MUCH DID WE DO?

32
New Landlord Contacts

76
Landlord Follow-Ups

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

- 32 new landlords contacts were made in the 3 cities

14
Landlord Luncheons Held

240
Attendees (Duplicated)

124
Attendees (Unique)

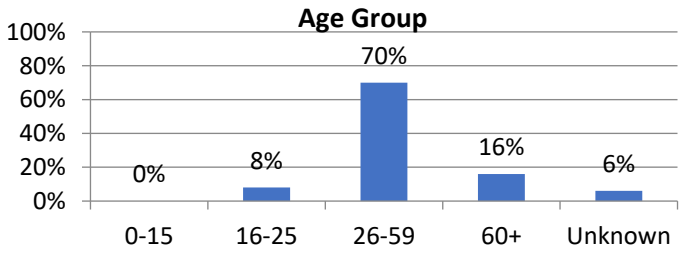
Strong efforts were made to during FY 18-19

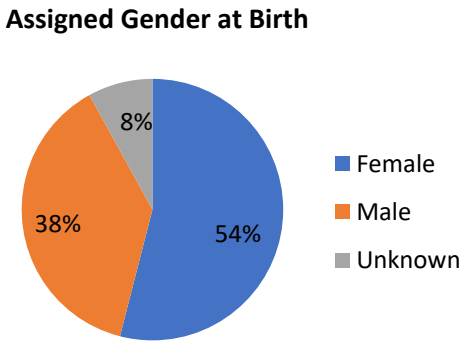
- 124 unique attendees at landlord luncheons during FY 18-19

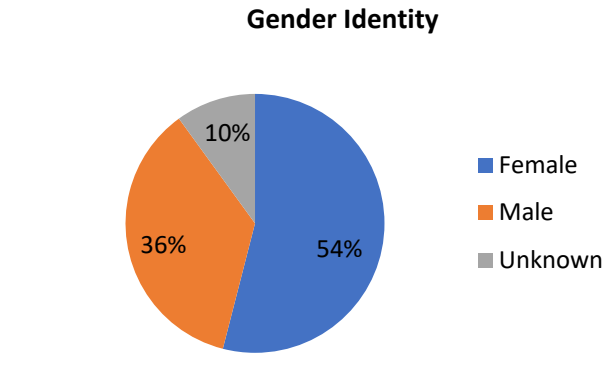
72
Landlord Tenant Curriculum Events

136
Attendees (Duplicated)

33
New Attendees



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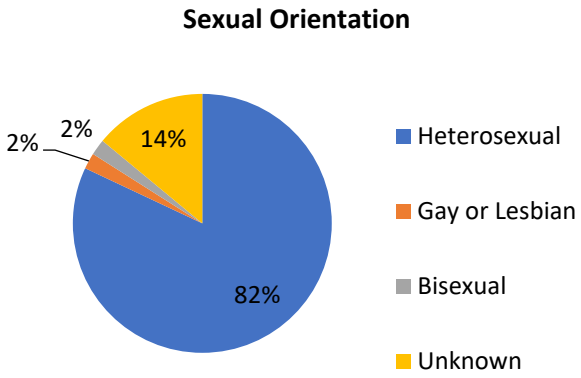
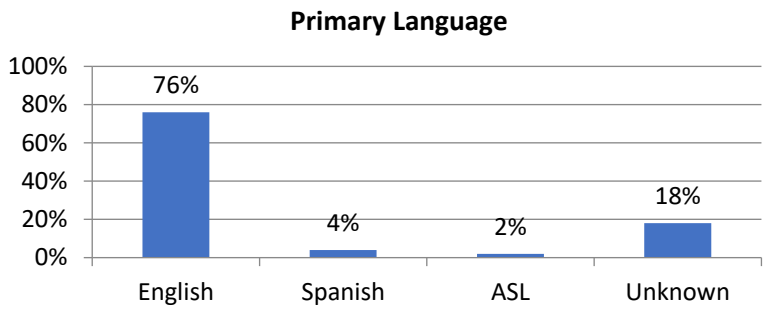
10%
36%
54%
Female
Male
Unknown


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


Primary Language
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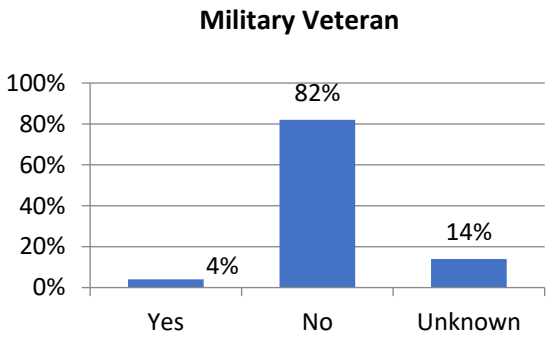
80%
60%
40%
20%
0%
76%
4%
2%
18%
English
Spanish
ASL
Unknown


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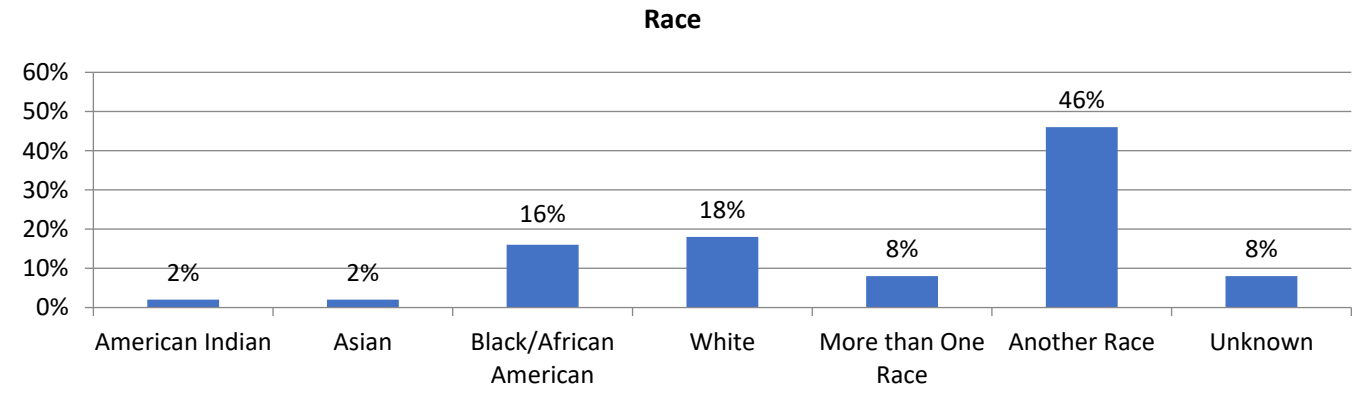
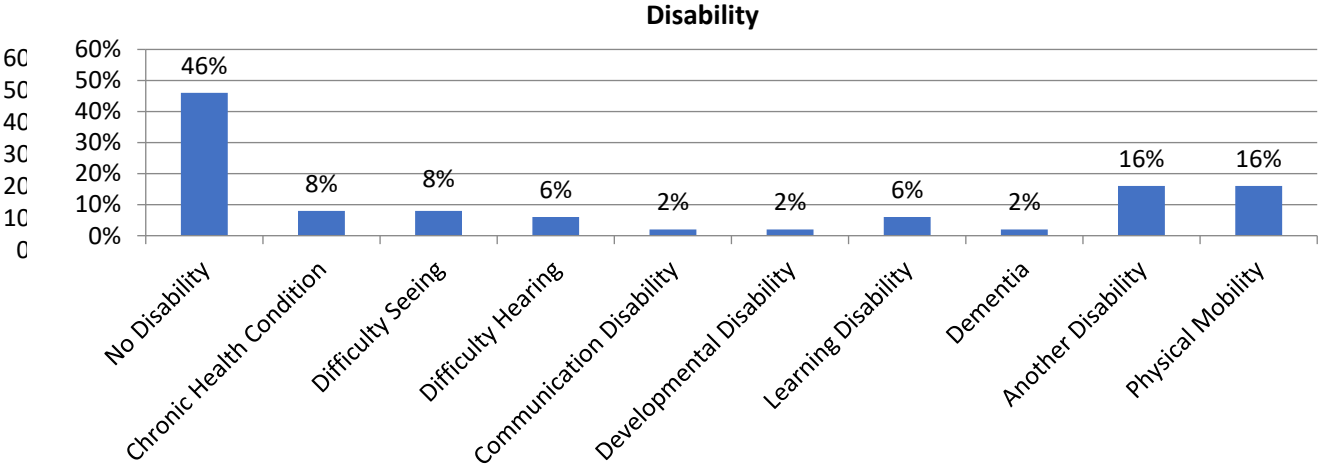
80%
60%
40%
20%
0%
4%
82%
14%
Yes
No
Unknown


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
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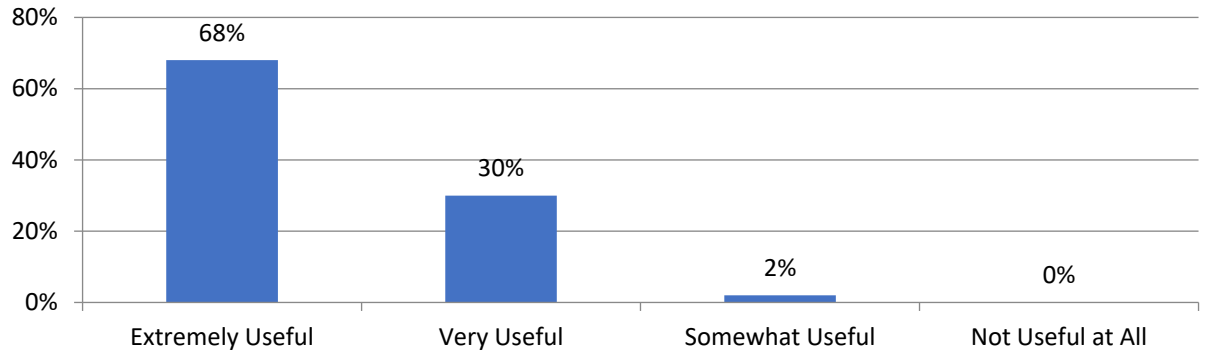
40%
30%
20%
10%
0%
46%
8%
8%
6%
2%
2%
6%
2%
16%
16%
No Disability
Chronic Health Condition
Difficulty Seeing
Difficulty Hearing
Communication Disability
Developmental Disability
Learning Disability
Dementia
Another Disability
Physical Mobility

HOW WELL DID WE DO IT?

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



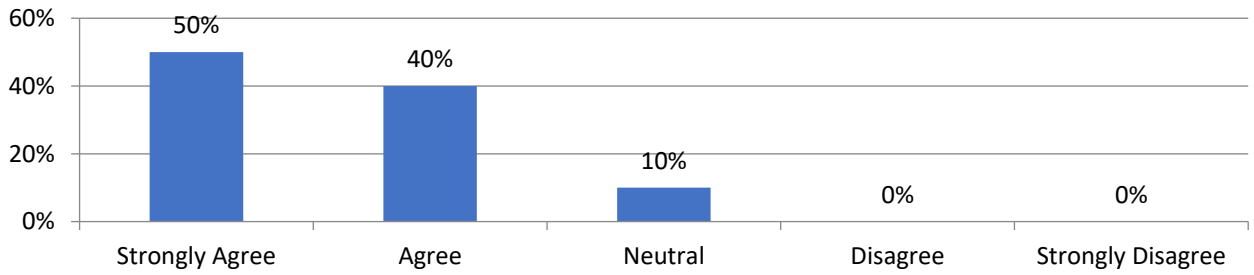
98%
Good Tenant Curriculum participants reported the presenter was engaging and approachable

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

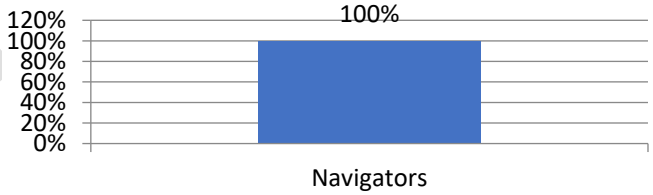
Underserved Population: African American, Asian/Pacific Islander, Latino Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.

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:

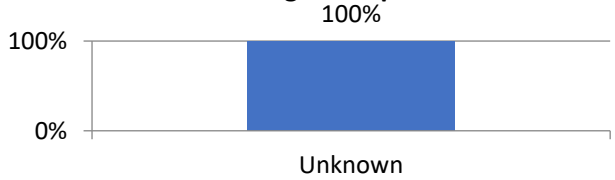
There was one referral to Housing Stability

Referral From:

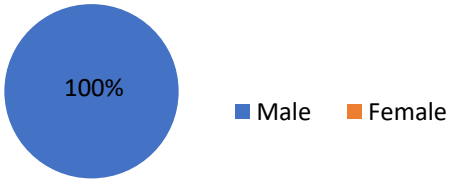


PEI Demographics based on Referrals (n=1)

Age Group

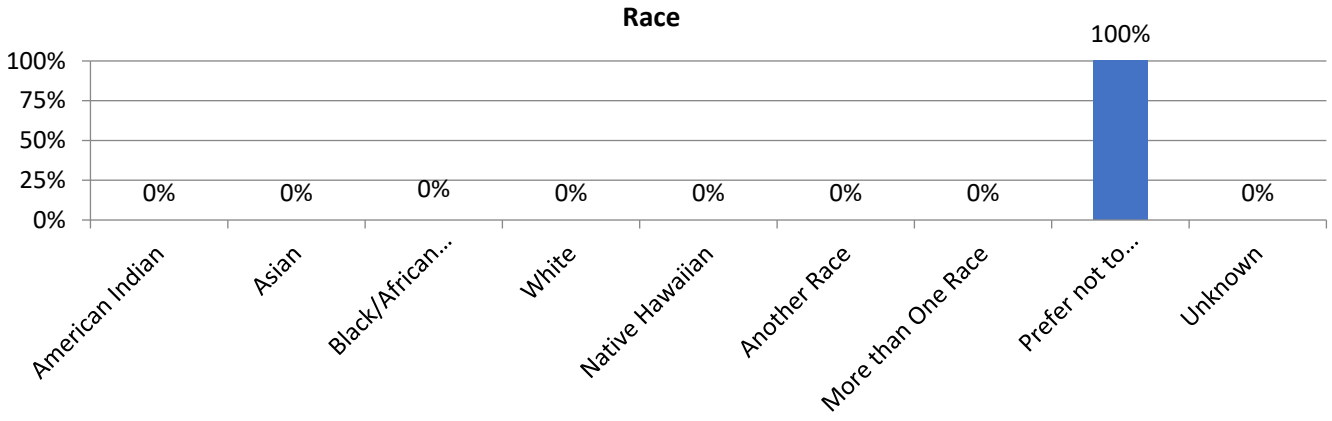


Assigned Gender at Birth




Gender Identity
100%
Male
Female

Sexual Orientation
100%
Unknown


Race
100%
75%
50%
25%
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0%
0%
0%
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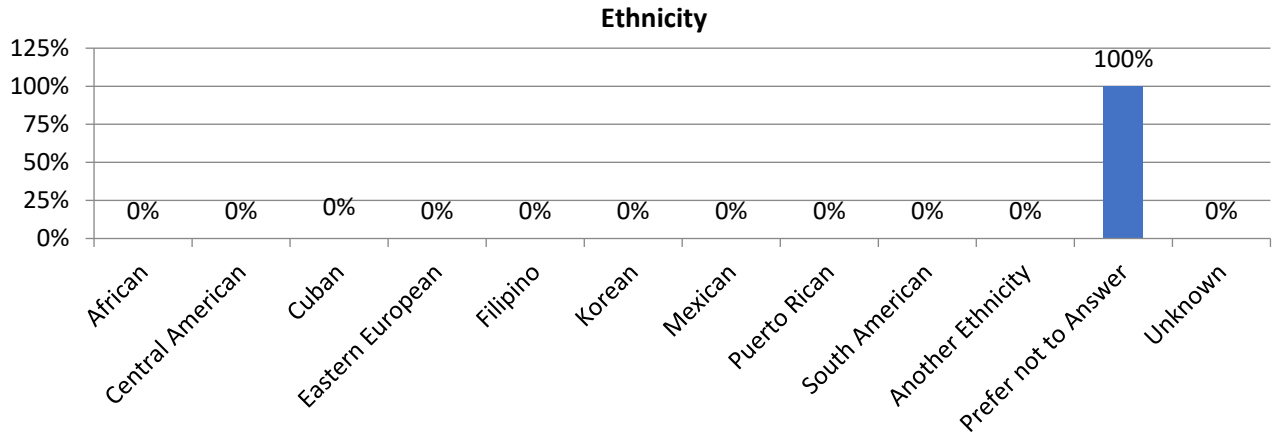
0%
American Indian
Asian
Black/African...
White
Native Hawaiian
Another Race
More than One Race
Prefer not to...
Unknown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Eastern European
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Korean
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Puerto Rican
South American
Another Ethnicity
Prefer not to Answer
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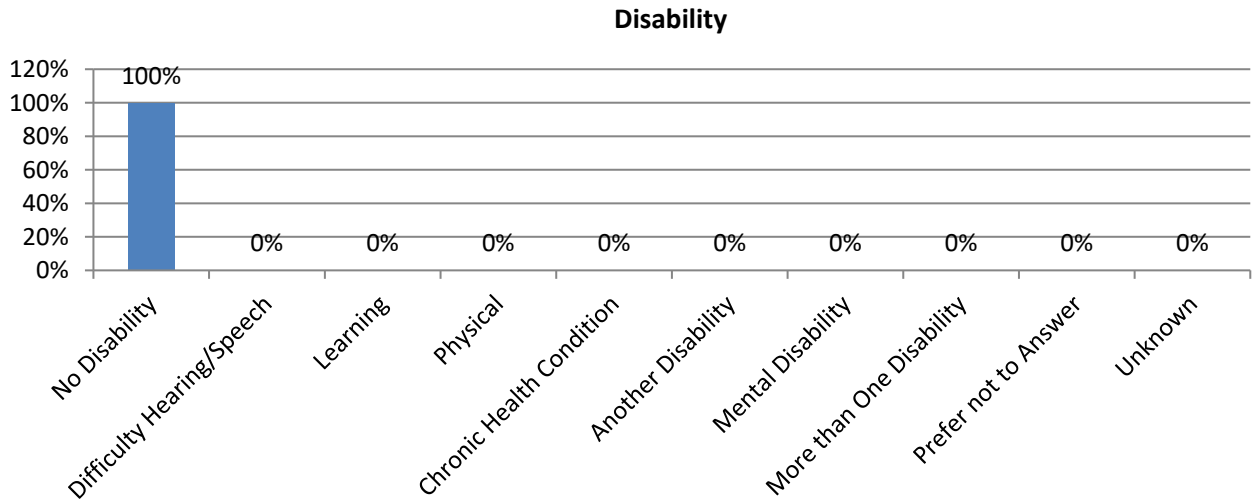
Disability
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60%
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20%
0%
100%
0%
0%
0%
0%
0%
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0%
0%
0%
No Disability
Difficulty Hearing/Speech
Learning
Physical
Chronic Health Condition
Another 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.

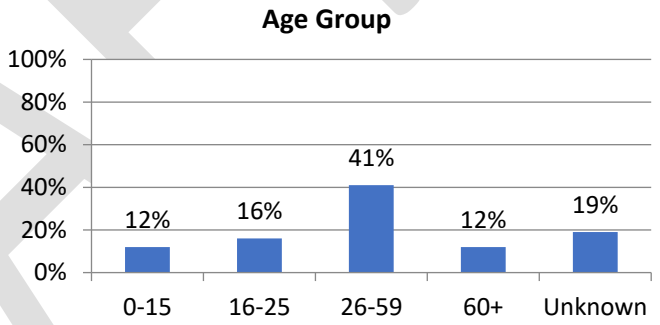
PROGRAM: Therapeutic Community Gardening (TCG)

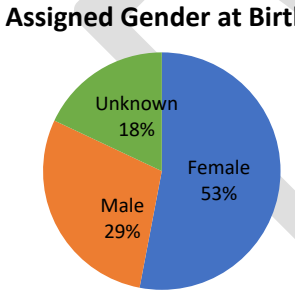
HOW MUCH DID WE DO?

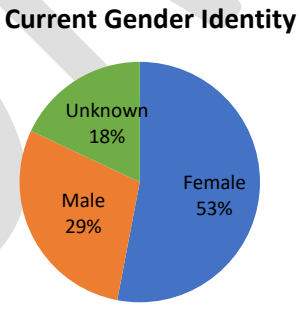
164
Individuals Served

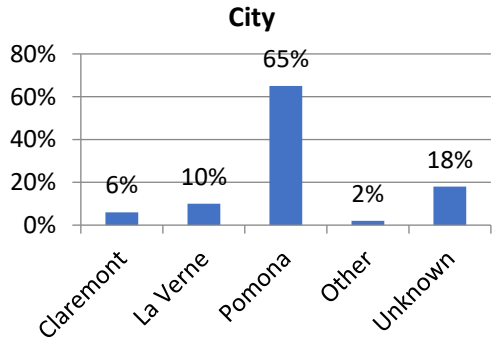
There were 328 unique individuals served, from FY 16 to FY 18

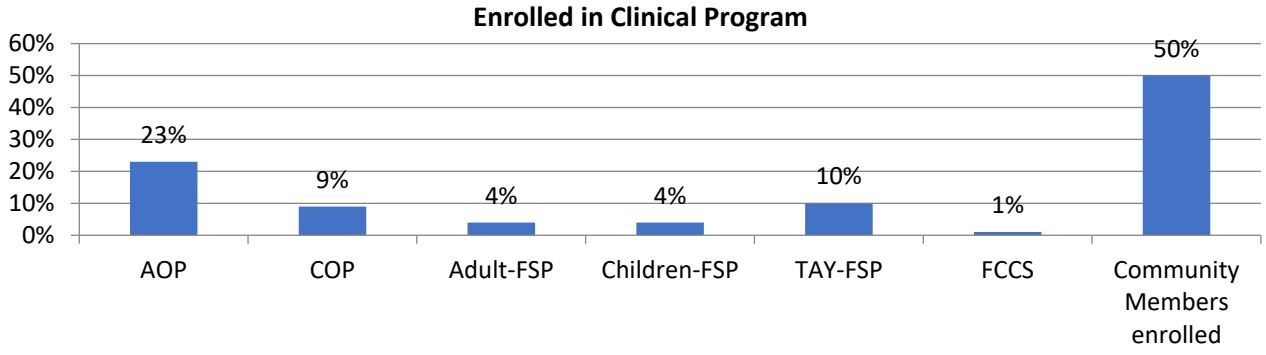
- 58% increase from FY 16 to FY 18

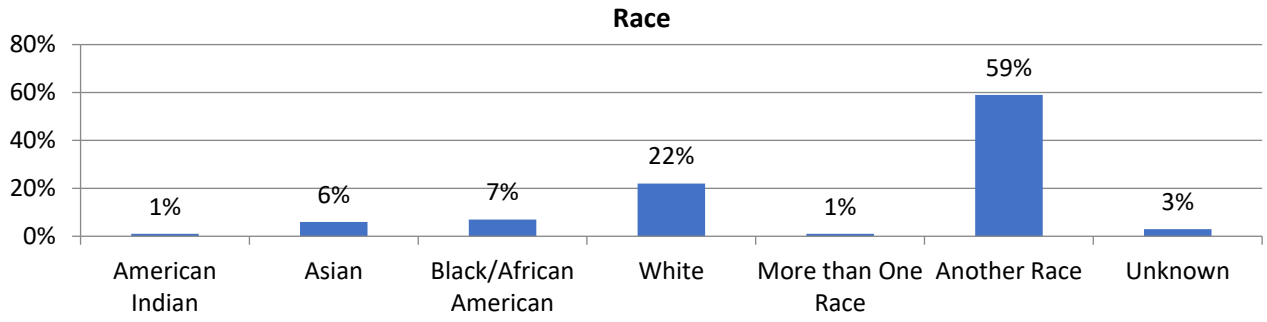











Race
80%
60%
40%
20%
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22%
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59%
3%
American Indian
Asian
Black/African American
White
More than One Race
Another Race
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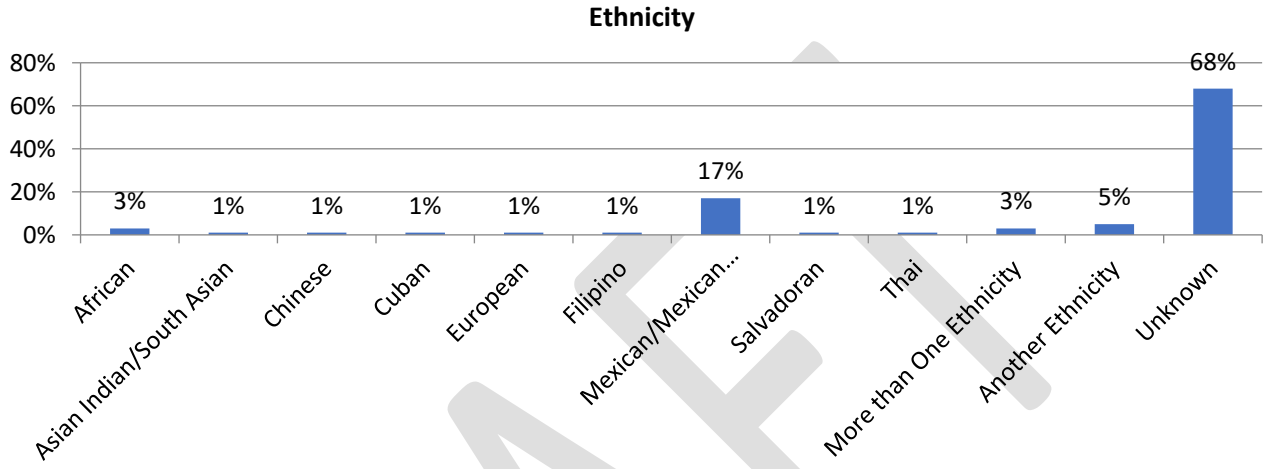
Ethnicity
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60%
40%
20%
0%
3%
1%
1%
1%
1%
1%
17%
1%
1%
3%
5%
68%
African
Asian Indian/South Asian
Chinese
Cuban
European
Filipino
Mexican/Mexican...
Salvadoran
Thai
More than One Ethnicity
Another Ethnicity
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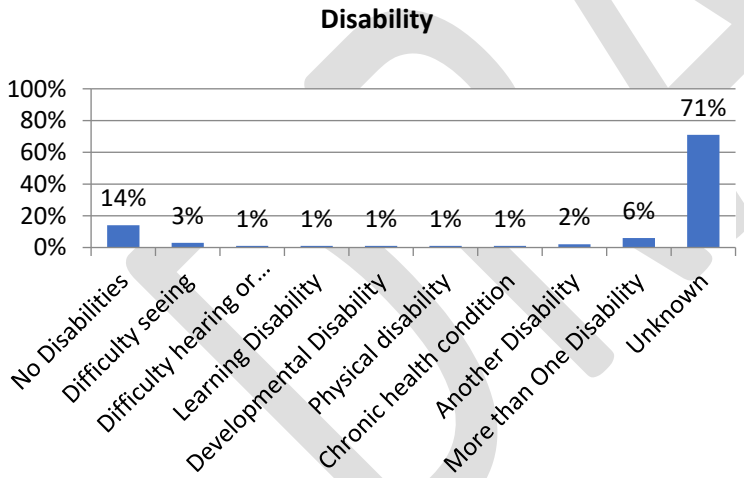
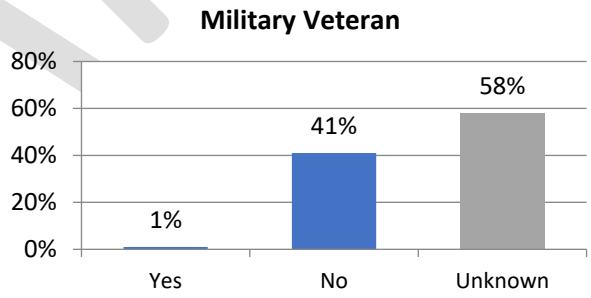
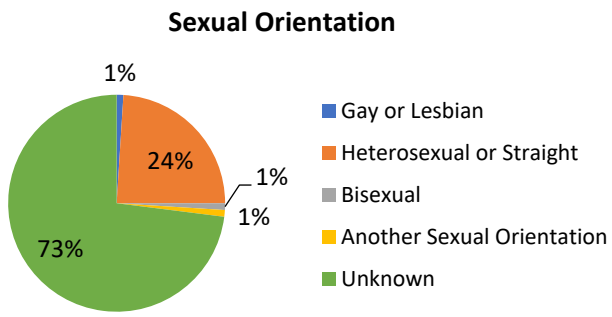
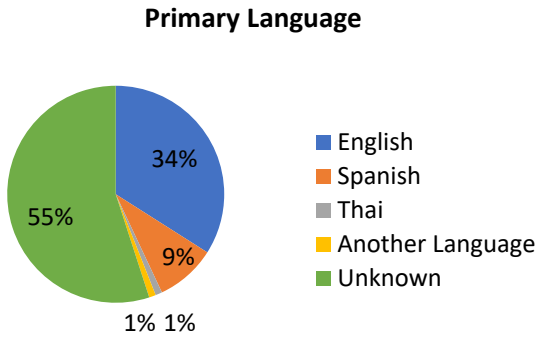

Disability
100%
80%
60%
40%
20%
0%
14%
3%
1%
1%
1%
1%
1%
2%
6%
71%
No Disabilities
Difficulty seeing
Difficulty hearing or...
Learning Disability
Developmental Disability
Physical disability
Chronic health condition
Another Disability
More than One Disability
Unknown


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?

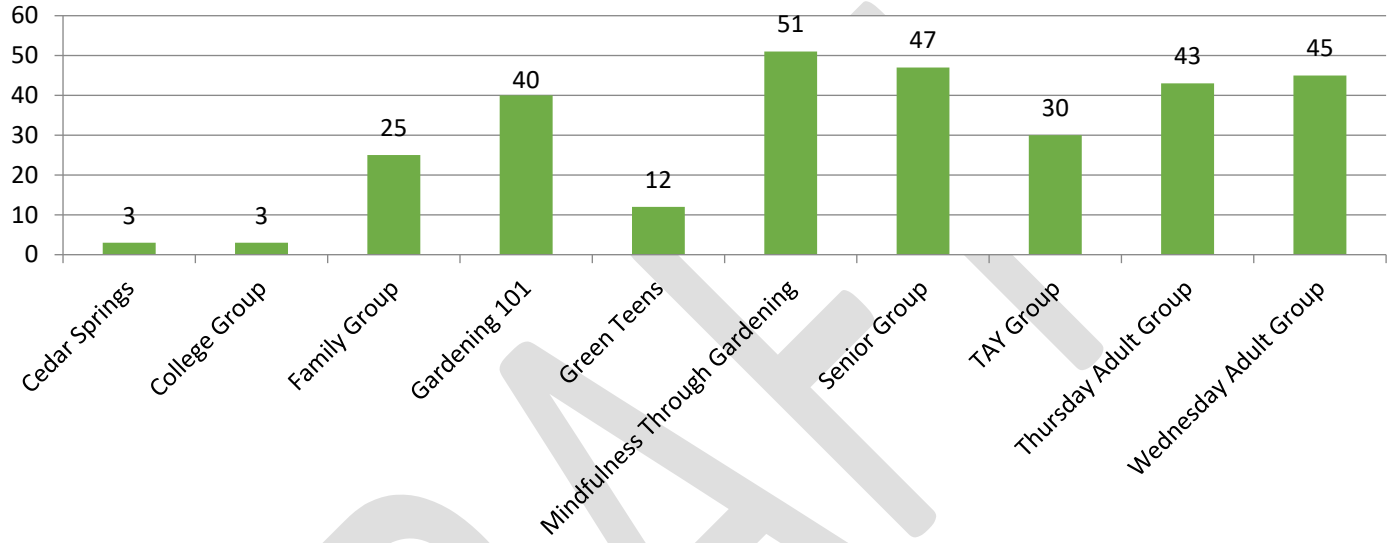
299 out of 410
Number of Groups Held Out of Scheduled Groups

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

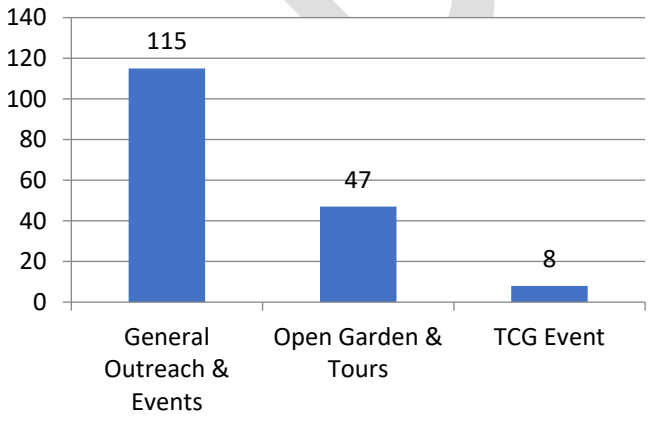
Type of Groups Held n=299



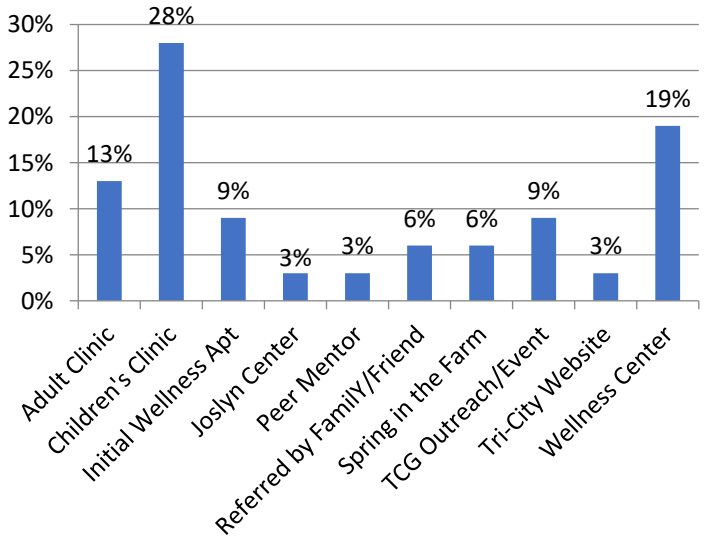
170
Outreach Events

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"

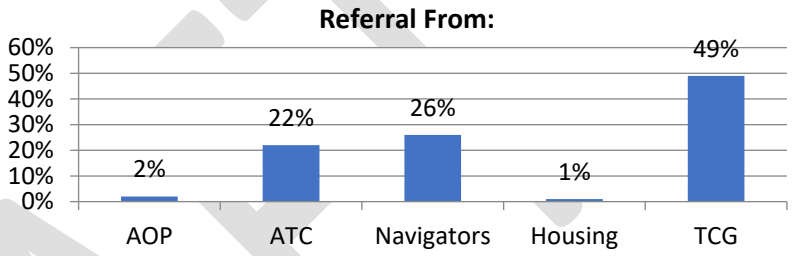
Number of Potential Responders: 164
Setting in which responders were engaged: Community, schools, health Centers, workplace, and outdoors.
Type of Responders Engaged: TAYs, teachers, LGTBQ, families, religious leaders, and those with lived experience.

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:

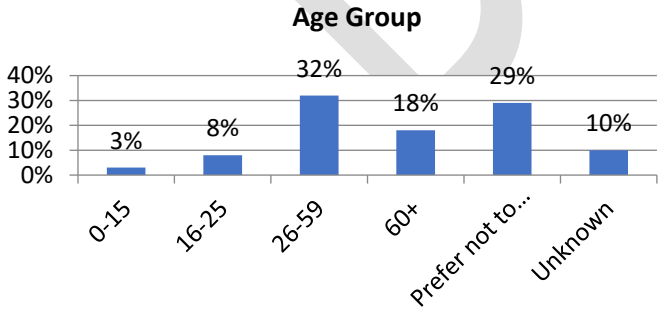
166
Referrals coming into TCG Program

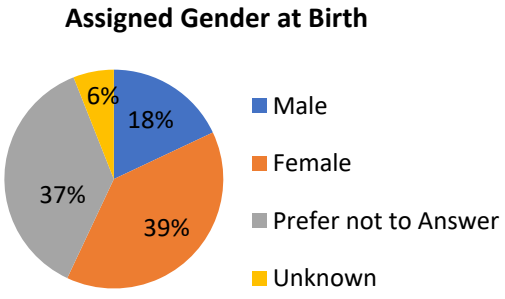


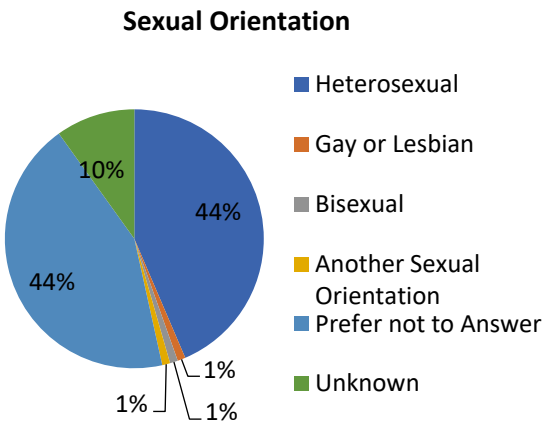
13 out of 166 Referrals Participated in TCG Program

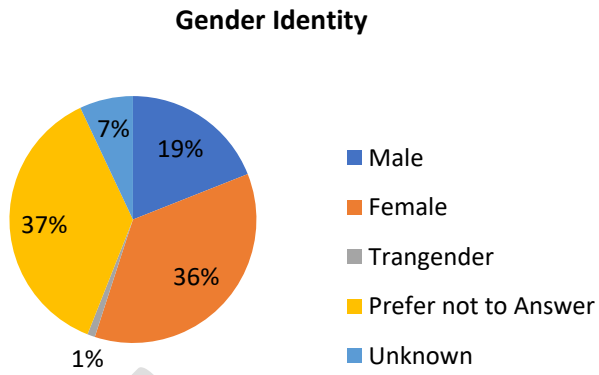
17 Days
Average Time between Referral and Participation in TCG Program

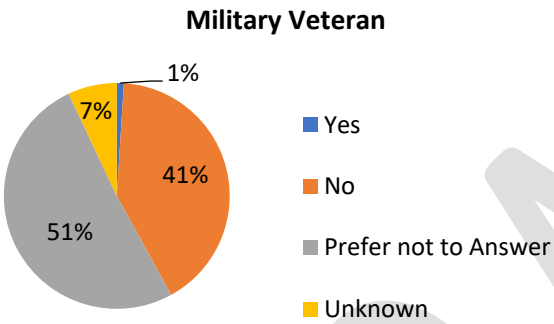
PEI Demographics based on Referrals (n=166)

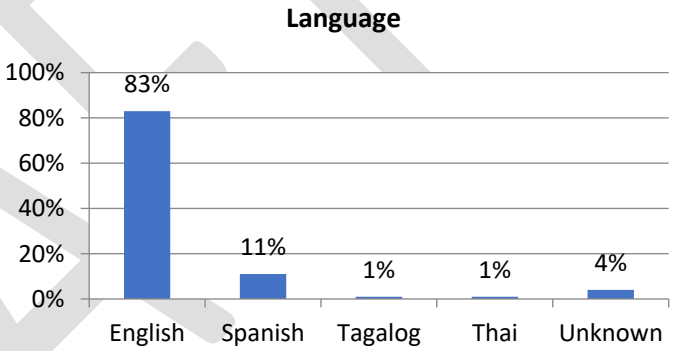


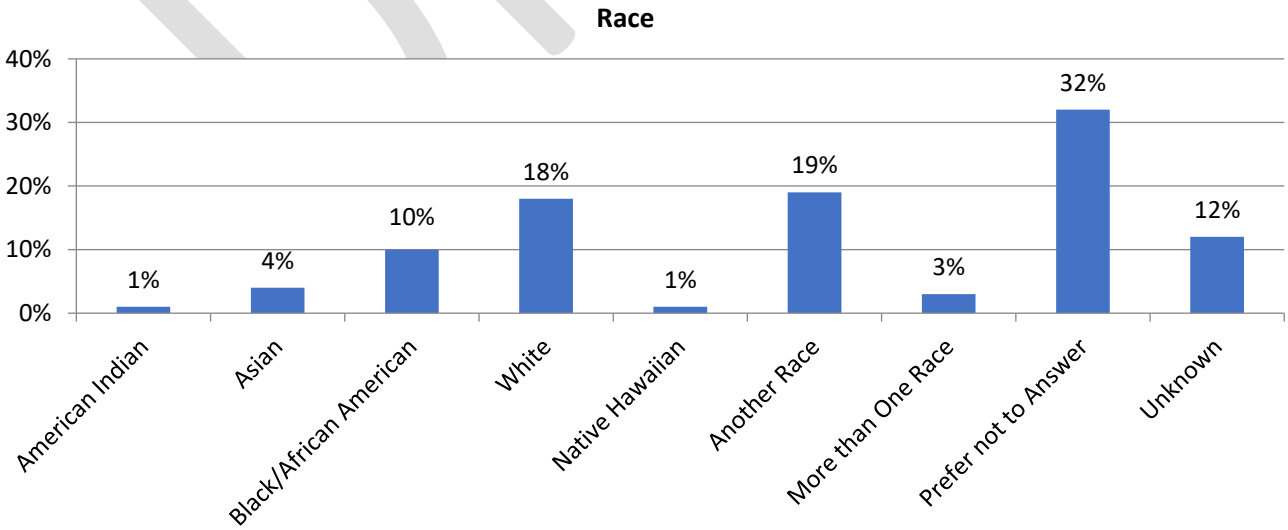


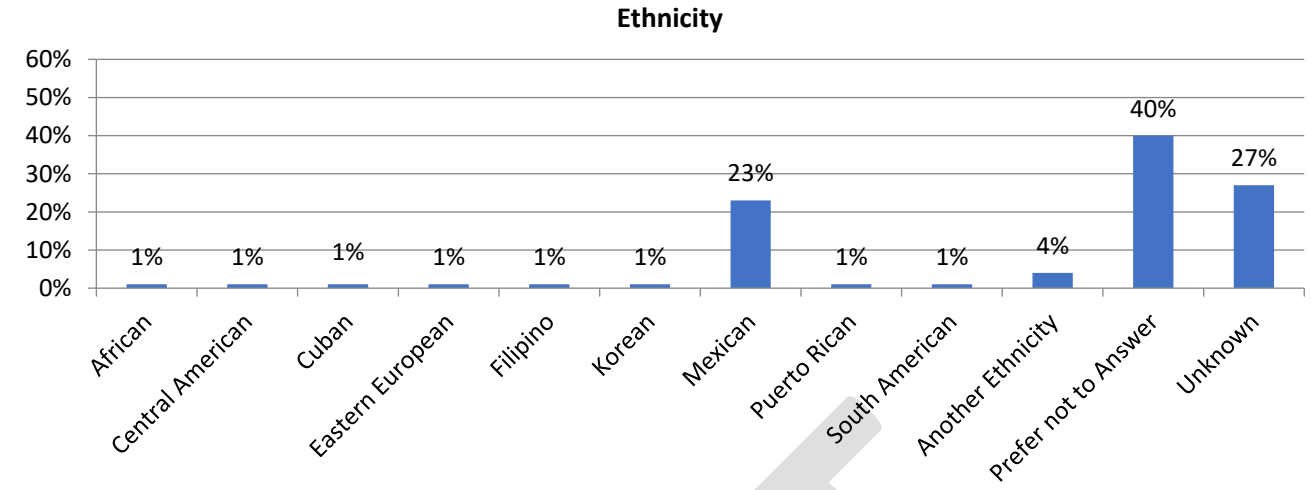

Sexual Orientation
Heterosexual
Gay or Lesbian
Bisexual
Another Sexual Orientation
Prefer not to Answer
Unknown
44%
44%
10%
1%
1%
1%

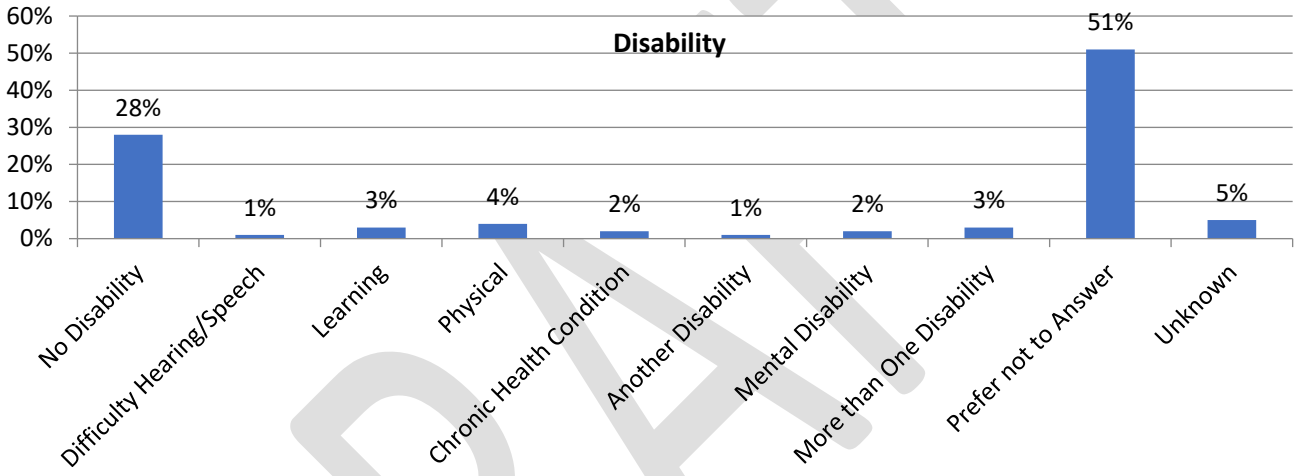

Gender Identity
Male
Female
Trangender
Prefer not to Answer
Unknown
19%
36%
1%
37%
7%


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


Language
100%
80%
60%
40%
20%
0%
83%
11%
1%
1%
4%
English
Spanish
Tagalog
Thai
Unknown


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


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


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

EARLY PSYCHOSIS PROGRAM

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

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

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

Program Updates:

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

Challenges Experienced:

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

Innovation Programs

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

- Help@Hand/Tech Suite Project

HELP@HAND/TECH SUITE PROJECT

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

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

Project Funding Amount: $1,674,700.00

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

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

Target Population:

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

Program Updates:

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

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

Milestones for FY 2018-19 include:

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

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

Challenges Experienced:

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

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

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

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

Projections:

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

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

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

Workforce Education and Training

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

WORKFORCE EDUCATION AND TRAINING

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

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

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

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

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

Program Update:

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

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

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

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

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

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

Challenges Experienced:

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

PROGRAM: Workforce Education and Training (WET)

HOW MUCH DID WE DO?

4,181
Service Learner Hours

42
Service Learner Applications

23
Trainings, Conferences, and Educational Opportunities for Staff

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

HOW WELL DID WE DO IT?

39
Applicants became Service Learners

1
Service Learner Was Hired at Tri-City

1,012
Courses Completed through the New Online Training Program

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

Capital Facilities and Technological Needs

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

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

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

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

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

Program Updates:

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

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

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

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

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

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

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

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

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

Next Steps

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

Cultural Competence Plan Update

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

CULTURAL COMPETENCE PLAN UPDATE

Cultural Inclusion and Diversity Committee

Mission Statement:

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

Plan Description:

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

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

Plan Update:

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

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

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

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

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

Next Steps

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

MHSA
Expenditure Plan

Cost Per Participant Summary

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

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

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

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

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

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

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

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

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

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

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years 6/30/20	16,061,856	1,545,701	1,236,161	550,071	1,247,427	
2. Estimated New FY2020/21 Funding	9,389,295	2,347,324	617,717			
3. Transfer in FY2020/21[a/]	0					
4. Access Local Prudent Reserve in FY2020/21						0
5. Estimated Available Funding for FY2020/21	25,451,151	3,893,025	1,853,878	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	14,738,957	1,675,491	1,537,440	196,527	276,459	
2. Estimated New FY2021/22 Funding	7,980,901	1,995,225	525,059			
3. Transfer in FY2021/22[a/]						
4. Access Local Prudent Reserve in FY2021/22						0
5. Estimated Available Funding for FY2021/22	22,719,858	3,670,716	2,062,499	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	11,905,798	1,420,549	1,746,061	(17,556)	276,459	
2. Estimated New FY2022/23 Funding	7,103,002	1,775,750	467,303			
3. Transfer in FY2022/23[a/]						
4. Access Local Prudent Reserve in FY2022/23						0
5. Estimated Available Funding for FY2022/23	19,008,800	3,196,299	2,213,364	(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	7,916,206	913,009	1,896,926	(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

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INNOVATION TECHNOLOGY SUITE STATUS REPORT 16

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.

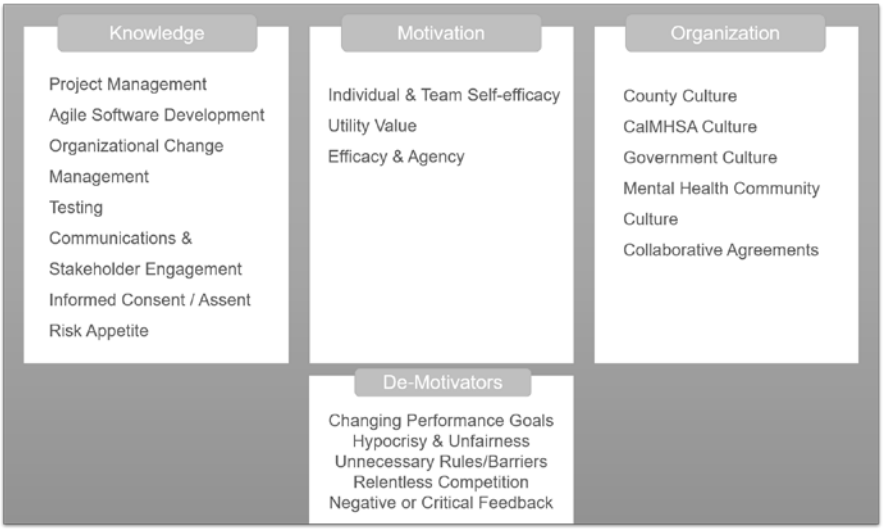
As this is a multi-county effort, there are several partners to support the project from outreach and engagement, development and customization of the technology, project management, and evaluation. The Peer role is central to the project and is being integrated with various project partners through:

- 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.

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **June 17, 2020**

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

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

BY: **Jessica Wong, Chief Information Officer**

SUBJECT: **Approval of Resolution No. 533 Authorizing the Executive Director to Execute a Master Services Agreement with RingCentral, Inc. for Videoconferencing Services**

Summary:

Due to COVID-19 and the Los Angeles County Shelter in Place order, on March 18, 2020, Tri-City Mental Health began offering services through telehealth using the RingCentral videoconferencing platform. RingCentral allowed clinical services to continue with little disruption, and billable services have returned to almost 100% relative to billable services at this time in 2019. RingCentral offered a three-month free services period to assist health providers in transitioning services online. In order to continue utilizing the RingCentral platform without disruption, a paid contract is required.

Background

On March 15th, the Executive Team began making plans to allow for telecommuting. As such, a videoconferencing platform was deemed essential, so the Agency could continue client services. The following was the required criteria:

- **Set-up Time**: due to the nature of COVID-19, the vendor needed to be able to stand up the product within a week
- **HIPAA Compliance**: the product needs to meet or exceed basic Health Insurance Portability And Accountability Act (HIPAA) security requirements Cloud-based – the product needs to be cloud-based, as on-site servers are both expensive and time-intensive to manage
- **Price**: the product needs to be affordable, relative to Tri-City's typical IT budget
- **Stability**: the product has a demonstrated track-record of stability and reliability
- **Browser View**: because the primary use is with clients, the product needs to have the ability to be launched within any standard browser
- **Screen Sharing**: for internal use, screen sharing is a required function for training and workflow

- **Call-in Ability**: because of variability in access to internet/data, the product must have separate call-in abilities
- **Toll-Free**: the product must have the ability to incorporate a toll-free number for client access
- **App-based**: the product must have a mobile app version for ease of client access
- **Single Sign-On (SSO)**: the product should have SSO capabilities to link to Tri-City's Active Directory for security purposes

Vendor	Set-up Time	HIPAA	Cloud-based	Price	Stability	Browser View	Screen Sharing	Call-in	Toll-Free	App	SSO
TPX	X		X	X	X		X	X			
RingCentral	X	X	X	X	X	X	X	X	X	X	X
Zoom	X		X	X	X	X	X	X	X	X	X
GoToMeeting		X	X	X	X	X	X	X		X	
Microsoft Teams	X	X	X	X	X		X				X
Cisco WebEx	X	X	X	X		X	X	X		X	
Skype	X		X	X			X	X		X	
BlueJeans	X	X	X		X	X	X	X	X	X	
Nextiva	X	X	X	X	X			X	X	X	

The selection process was as follows:

- While TPX is the current phone and internet provider, TPX was unable to meet a few of the critical criteria the IT Department deemed as necessary in our search for a videoconferencing vendor (as see in the chart above).
- GoToMeeting was another existing videoconference vendor that had been used in the past by some departments, but they were unable to respond to us in a timely manner.
- Of the remaining vendors, RingCentral met or exceeded all of the features the IT Department deemed necessary:
    - RingCentral is the most secure platform, meeting both HIPAA and Health Information Trust Alliance (HITRUST) certification levels.
    - For clients, RingCentral is accessible outside the organization from browsers and mobile apps; it also allows for phone calling only, for clients that do not have access to internet or data connections.
    - RingCentral was able to stand up the system for the entire Agency within 24 hours, allow Tri-City to immediately shift to telehealth services.

Fiscal Impact

The approximate cost of the RingCentral platform is $20.99/user plus taxes and fees. At the current user count, this is $5,134.00 monthly cost.

Recommendation

Staff recommends that the Governing Board adopt Resolution No. 533 approving the Master Services Agreement with RingCentral, Inc. for videoconferencing services, and authorizing the Executive Director to execute the Agreement, pending legal counsel review, to have the ability to continue providing telehealth services without interruption. The contract has a 45-day opt out clause.

Attachments

Attachment 4-A: Resolution No. 533

Attachment 4-B: Master Services Agreement by and between RingCentral, Inc. and TCMHA

RESOLUTION NO. 533

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY APPROVING A MASTER SERVICES AGREEMENT WITH RINGCENTRAL, INC. FOR VIDEOCONFERENCING SERVICES; AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT

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 a Master Services Agreement with RingCentral, Inc., a Delaware corporation with its primary office at 20 Davis Drive, Belmont, CA 94002, for videoconferencing services. RingCentral is the most secure platform that meets both the Health Insurance Portability And Accountability Act (HIPAA), and Health Information Trust Alliance (HITRUST) certification levels.

B. As a result of the Corona Virus Disease of 2019 (COVID-19), and the Los Angeles County Shelter in Place order, on March 18, 2020, the Authority began offering services through telehealth using the RingCentral videoconferencing platform.

C. The Governing Board desires to authorize the Authority's Executive Director to execute a Master Services Agreement with RingCentral, Inc. in order to continue utilizing its videoconferencing platform without disruption, since it is essential to continue client services.

2. Action

The Governing Board approves the Master Services Agreement with RingCentral, Inc. for videoconferencing services; and authorizes the Executive Director to execute said Agreement.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on June 17, 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 4-A

MASTER SERVICES AGREEMENT

THIS MASTER SERVICES AGREEMENT (together with its Attachments, the "Agreement") is made by and between RingCentral, Inc., a Delaware corporation with its primary office at 20 Davis Drive, Belmont, CA 94002, ("RingCentral"), and **Tri-City Mental Health Authority** located at the address set forth in the Order Form ("Customer"). RingCentral and Customer may be individually referred to as a "Party" or collectively as the "Parties." This Agreement is effective as of the last date of signature below ("Effective Date").

1. Provision of the Service

A. General Terms

The purchase, provision, and use of the Services is subject to the terms contained in this Agreement, the Order Forms, the Online Terms of Services, included at https://www.ringcentral.com/legal/eulatos.html (the "Online Terms of Service"), and the Service Attachments applicable to Customer's Services. All these documents are hereby incorporated into and form a part of this Agreement. RingCentral may update the Online Terms of Services from time to time, and will provide notice to Customer at the email address on file with the Account. Such updates will become effective thirty (30) days after such notice to Customer.

Capitalized terms not defined in this Agreement have the meaning given to them in the Online Terms of Service.

2. Ordering and Term

A. Ordering Services

Customer may order the Services set forth in the relevant Attachments, attached hereto, by executing an Order Form in the format provided by RingCentral. Customer must submit the Order Form to RingCentral either in writing or electronically via the Administrative Portal. The Order Form will identify the Services requested by Customer together with: (i) the price for each Service; (ii) scheduled Start Date; (iii) and products rented, licensed or sold to Customer, if any. An Order Form will become binding when it is executed by the Customer and accepted by RingCentral. RingCentral may accept an Order Form by commencing performance of the requested Services. The Services and invoicing for those Services will begin on the Start Date, as identified in the applicable Order Form or on the day Services are ordered via the Administrative Portal. Customer may purchase additional Services, software, and equipment via the Administrative Portal or by executing additional Order Forms.

B. Term of this Agreement.

The Term of this Agreement will commence on the Effective Date and continue until the last Order Form is terminated or expires, unless terminated earlier in accordance with its terms.

C. Services Term

The Services Term will begin on the Start Date of the initial Order Form and continue for the initial term set forth in the initial Order Form ("Initial Term"). Upon expiration of the Initial Term, recurring Services will automatically renew for successive periods as set forth in the initial Order Form (each a "Renewal Term") unless either Party gives notice of non-renewal at least thirty (30) days before the expiration of the Initial Term or the then-current Renewal Term. The term of any recurring Services added to your Account after the initial Order Form is executed will start on the Start Date in the applicable Order Form, will run coterminously with the then-current Term of any preexisting Services unless otherwise extended in the applicable Order Form, and will be invoiced on the same billing cycles as the preexisting Services.

D. Service Attachments

In addition to the Service Attachments referenced in the Online Terms of Services, the Parties may agree to add additional Service Attachments to this Agreement.

Service Attachment A: Office Services
Attachment B: Service Level Agreement for Office Services
Attachment C: Business Associate Agreement

3. Invoicing and Payment

A. Prices and Charges.

All prices are identified in US dollars on the Administrative Portal or in the applicable Order Form unless otherwise agreed by the Parties. Additional charges may result if Customer activates additional features, exceeds usage thresholds, or purchases additional Services or equipment. Customer will be liable for all charges resulting from use of the Services on its Account.

Unless otherwise agreed between the Parties, recurring charges for the Services begin on the Start Date identified in the Administrative Portal or in the applicable Order Form, and will continue for the Term. Recurring charges (such as charges for Digital Lines, product licenses, minute bundles, and equipment rental fees) will, unless otherwise agreed between the Parties, once incurred, remain in effect for the then-current Term. RingCentral will provide notice of any proposed increase in such charges no later than sixty (60) days before the end of the Initial Term or then-current Renewal Term, and any such increase will be effective on the first day of the next Renewal Term.

Administrative Fees that RingCentral is entitled to pass on to its customers as a surcharge pursuant to applicable Law may be increased on thirty (30) days' written notice.

Outbound calling rates will be applied based on the rate in effect at the time of use. Customer may locate the currently effective rates in the Administrative Portal.

B. Invoicing and Payment

Invoices will be issued in accordance with the payment terms set forth in the Order Form. If Customer chooses to pay by credit or debit card, by providing a valid credit or debit card, Customer is expressly authorizing all Services and equipment charges and fees to be charged to such payment card, including recurring payments billed on a monthly or annual basis. In addition, Customer's provided credit card shall be used for any in month purchases of additional services and products, or where Customer has exceeded usage or threshold limits, any overage charges.

Unless otherwise stated in the applicable Order Form, recurring charges are billed in advance in the frequency set forth in the Order Form, and usage-based and onetime charges are billed monthly in arrears. Customer shall make payment in full, without deduction or set-off, within thirty (30) days of the invoice date. Any payment not made when due may be subject to a late payment fee equivalent to the lesser of (i) one and a half percent (1.5%) per month or (ii) if applicable, the highest rate allowed by Law. In no event may payment be subject to delays due to Customer internal purchase order process.

C. Taxes

All rates, fees, and charges are exclusive of applicable Taxes, for which Customer is solely responsible. Taxes may vary based on jurisdiction and the Services provided. If any withholding tax is levied on the payments, then Customer must increase the sums paid to RingCentral so that the amount received by RingCentral after the withholding tax is deducted is the full amount RingCentral would have received if no withholding or deduction had been made. If Customer is a tax-exempt entity, tax exemption will take effect upon provision to and validation by RingCentral of certificate of tax exemption.

4. Termination

A. Termination for Cause

Either Party may terminate this Agreement and any Services purchased hereunder in whole or part by giving written notice to the other Party: i) if the other Party breaches any material term of this Agreement and fails to

cure such breach within thirty (30) days after receipt of such notice; ii) at the written recommendation of a government or regulatory agency following a change in either applicable Law or the Services; or iii) upon the commencement by or against the other Party of insolvency, receivership or bankruptcy proceedings or any other proceedings or an assignment for the benefit of creditors.

B. Effect of Termination

If Customer terminates the Services, a portion of the Services, or this Agreement in its entirety due to RingCentral's material breach under Section 4(A), Customer will not owe any fees or charges for the Services in respect of any period subsequent to the date of such written notice (except those arising from continued usage before the cancelled Services are disconnected), and will be entitled to a pro-rata refund of any prepaid and unused fees for the cancelled Services being terminated.
If this Agreement or any Services are terminated for any reason other than under this Section 4, the Customer must, to the extent permitted by applicable Law and without limiting any other right or remedy of RingCentral, pay within thirty (30) days of such termination all amounts that have accrued prior to such termination, as well as all sums remaining unpaid for the Services for the remainder of the then-current Term plus related Taxes and fees.

C. Trial Period

In addition to the above, Customer may cancel any Services purchased under this Agreement with written notice to RingCentral within forty-five (45) days of the date in which the purchase becomes effective. Except as otherwise provided in the Agreement between the Parties, in the event of a timely cancelation, Customer shall not owe any fees or charges for the Services being canceled in respect of any period subsequent to the date of such written notice (except those arising from continued Usage), and shall be entitled to a pro-rata refund of any prepaid and unused fees for the Services subject to the cancelation. All purchases are final after 30 days.

5. Miscellaneous

A. Entire Agreement

The Agreement, together with any exhibits, Order Forms, and Attachments, each of which is expressly incorporated into this Agreement with this reference, constitutes the entire agreement between the Parties and supersedes and replaces any and all prior or contemporaneous understandings, proposals, representations, marketing materials, statements, or agreements, whether oral, written, or otherwise, regarding such subject.

B. Order of Precedence

In the event of a conflict between these documents, the following shall have precedence in interpretation: (a) the applicable Order Form, (b) any applicable Service Attachments, (c) this Master Services Agreement, and (d) the Online Terms of Service.

C. Execution

Each Party represents and warrants that: (a) it possesses the legal right and capacity to enter into the Agreement and to perform all of its obligations thereunder; (b) the individual signing the Agreement and (each executable part thereof) on that Party's behalf has full power and authority to execute and deliver the same; and (c) the Agreement will be a binding obligation of that Party. Each Party agrees that an Electronic Signature, whether digital or encrypted, is intended to authenticate this Agreement and to have the same force and effect as manual signatures.

D. Counterparts

This Agreement may be executed electronically and in separate counterparts each of which when taken together will constitute one in the same original.

IN WITNESS WHEREOF, the Parties have executed this Agreement below through their duly authorized representatives.

Customer	**RingCentral**
Tri-City Mental Health Authority	**RingCentral, Inc.**
By: _____	By: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

ATTACHMENT A

SERVICE ATTACHMENT – RINGCENTRAL OFFICE SERVICES

This Service Attachment is a part of the Master Services Agreement that includes the terms and conditions agreed by the Parties under which RingCentral will provide the RingCentral Office Services to Customer.

1. Service Overview

RingCentral Office is a cloud-based unified communications service that includes enterprise-class voice, fax, text, call handling, mobile apps, and BYOD capability that integrates with a growing list of applications.

RingCentral Office includes

- Voice Services, including extension-to-extension calling and the ability to make and receive calls to and from the public switched telephone network (PSTN)
- Video and audio conferencing service, including screen sharing
- Collaboration Tools, including One-to-One and Team Chat, File Sharing, task management, SMS/Texting (where available) and other innovative tools

RingCentral Office Services may be accessed from a variety of user End Points, including IP Desk Phones, Desktop Clients, Web Clients, Mobile Applications, and Software Integrations.

2. Office Purchase Plans

A. Tiers of Service

RingCentral Office is made available in several pricing tiers, which are described more fully at https://www.ringcentral.com/office/plansandpricing.html.

While RingCentral offers unlimited monthly plans for some of its products and services, RingCentral Services are intended for regular business use. "Unlimited" use does not permit any use otherwise prohibited by the Acceptable Use Policy, available at https://www.ringcentral.com/legal/acceptable-use-policy.html, including trunking, access stimulation, reselling of the Services, etc.

B. Minute and Calling Credit Bundles

Minute Bundles, e.g., Toll Free Minute Bundles, can be purchased in incremental buckets of minute in addition to any number of minutes included with the purchased tier. Inbound Toll Free minutes are deducted from included minutes, purchased Minute Bundles, or charged as overage at the rates currently in effect.

International Calling Credit Bundles can be purchased in addition to any base amount included with the purchased tier. International External Calls are charged against Calling Credits on the Account per destination rates, or as overage once Calling Credits are exceeded. Currently effective rates are available at https://www.ringcentral.com/support/international-rates.html.

Extension-to-Extension Calls within the Customer account never incur any usage fee and are unlimited, except to the extent that such calls are forwarded to another number that is not on the Customer account.

Additional Calling Credits may be purchased through the Auto-Purchase feature, which can be selected for automatic purchase in various increments on the Administrative Portal. Auto-Purchase is triggered when the combined usage of all End Users on an Account exceeds the total Calling Credits or when End Users make calls with additional fees (e.g., 411).

Minute Bundles and Calling Credit Bundles expire at the end of month and cannot roll over to the following month. Auto-Purchased Calling Credits expire twelve (12) months from date of purchase. Bundles may not be sold, transferred, assigned, or applied to any other customer.

3. N11 and other Calling

Operator Assisted Calling, 311, 511 and other N11 Calling. RingCentral does not support 0+ or operator assisted calling (including, without limitation, collect calls, third party billing calls, 900, or calling card calls). The Services may not support 211, 311, 411, 511 and/or N11 calling in one or more service areas. Additional charges may apply for these calls.

4. Directory Listing Service

RingCentral offers directory listing (the "Directory Listing Service"). If Customer subscribes to the Directory Listing Service, RingCentral will share certain Customer Contact Data with third parties as reasonably necessary to include in the phone directory ("Listing Information"). This information may include, but is not limited to, Customer's company name, address, and phone numbers. Customer authorizes RingCentral to use and disclose the Listing Information for the purpose of publishing in, and making publicly available through, third-party directory listing services, to be selected by RingCentral or third-party service providers in their sole discretion. Customer acknowledges that by subscribing to the Directory Listing Service, Customer's Listing Information may enter the public domain and that RingCentral cannot control third parties' use of such information obtained through the Directory Listing Service.

Opt Out. Customer may opt out of the Directory Listing Service at any time, however RingCentral is not obligated to have Customer's Listing Information removed from third-party directory assistance listing services that have already received Customer's information.

No Liability. RingCentral will have no responsibility or liability for any cost, damages, liabilities, or inconvenience caused by calls made to Customer's telephone number; materials sent to Customer, inaccuracies, errors or omissions with Listing Information; or any other use of such information. RingCentral will not be liable to Customer for any use by third parties of Customer's Listing Information obtained through the Directory Listing Service, including without limitation the use of such information after Customer has opted out of the Directory Listing Service.

5. RingCentral Global Office

RingCentral Global Office provides a single communications system to companies that have offices around the world, offering localized service in countries for which Global Office is available. Additional information related to Global Office Services is available at http://www.ringcentral.com/legal/policies/global-office-countries.html.

This section sets forth additional terms and conditions concerning RingCentral's Global Office for customers that subscribe to it.

A. Emergency Service Limitations for Global Office

RingCentral provides access to Emergency Calling Services in many, but not all, countries in which RingCentral Global Office is available, allowing End Users in most countries to access Emergency Services (911 in the United States and Canada, 999/112 in the United Kingdom and throughout the European Union, and any other applicable Emergency Services number). Emergency Services may only be accessed within the country in which the Digital Line is assigned, e.g., an End User with a Digital Line assigned in Ireland may dial Emergency Services only within Ireland. Access to Emergency Calling Services in RingCentral Global Office countries, where available, is subject to the Emergency Services Policy, available at https://www.ringcentral.com/legal/emergency-services.html. Customer must make available and will maintain at all times traditional landline and/or mobile network telephone services that will enable End Users to call the applicable Emergency Services number. Customer may not use the RingCentral Services in environments requiring fail-safe performance or in which the failure of the RingCentral Services could lead directly to death, personal injury, or severe physical or environmental damage.

B. Global Office Provided Only in Connection with Home Country Service.

RingCentral provides Global Office Service only in connection with Services purchased in the Home Country. RingCentral may immediately suspend or terminate Customer's Global Office Services if Customer terminates its Digital Lines in the Home Country. All invoicing for the Global Office Services will be done in the Home Country on the Customer's Account, together with other Services purchased under this Agreement, using the Home Country's currency. Customer must at all times provide a billing address located in the Home Country.
RingCentral will provide all documentation, licenses, and services in connection with the Global Office Service in English; additional language support may be provided at RingCentral's sole discretion.

C. Relationships with Local Providers.

In connection with the provision of RingCentral Global Office Services, RingCentral relies on local providers to supply certain regulated communication services; for example (i) for the provision of local telephone numbers within local jurisdictions; (ii) to enable you to place local calls within local jurisdictions; and (iii) to enable You to receive calls from non-RingCentral numbers on Customer's Global Office telephone number(s), by connecting with the local public switched telephone network. Customer hereby appoints RingCentral as Customer's agent with power of attorney (and such appointment is coupled with an interest and is irrevocable during the Term) to conclude and enter into agreements with such local providers on Customer's behalf to secure such services.

RingCentral's locally licensed affiliates provide all telecommunications services offered to Customer within the countries in which such affiliates are licensed. RingCentral, Inc., is responsible for all contracting, billing, and customer care related to those services.

6. Definitions

Definitions. Terms used herein but not otherwise defined have the meanings ascribed to them in the Agreement. For purposes of this Service Attachment, the following terms have the meanings set forth below:

1. **"Digital Line"** means a phone number assigned to an End User or a specifically designated location (e.g., conference room) and the associated voice service for inbound and outbound calling that permits the End User generally to make and receive calls to and from the public switched telephone network as well as to and from other extensions within the same Account.
2. **"End Point"** means an application or device through which any End-User might access and/or use any of the Services, including without limitation IP Desk Phones, Desktop Clients, Web Clients, Mobile Applications, and Software Integrations.
3. **"Extension-to-Extension Calls"** means calls made and received between End Points on the Customer Account with RingCentral, regardless of whether the calls are domestic or international.
4. **"External Calls"** means calls made to or received from external numbers on the PSTN that are not on the Customer Account with RingCentral.
5. "**Home Country**" means the United States or the country that is otherwise designated as Customer's primary or home country in the Order Form.

ATTACHMENT B

SERVICE LEVEL AGREEMENT FOR RINGCENTRAL OFFICE SERVICES

This Service Level Agreement for Office Services (the **"Office SLA"**) is a part of the Master Services Agreement (the **"Agreement"**) that includes the Service Availability levels RingCentral commits to deliver on the RingCentral Network for RingCentral Office Services.

1. Overview

RingCentral will maintain the following performance levels:

	Performance Level
Voice Services Availability (Monthly Calculation)	99.999%
Quality of Voice Service (Monthly Calculation)	3.8 MOS Score

2. Minimum Eligibility

Customer is entitled to the benefits of this Office SLA only to the extent that Customer maintains a minimum of fifty (50) Digital Lines under the Office Service Attachment with a minimum twelve (12) month Term. This Office SLA shall not apply to any period of time where Customer does not meet the foregoing requirements.

3. Service Delivery Commitments

a. Calculation of Service Availability for Voice Services

Service Availability = [1 – ((number of minutes of Down Time x number of Impacted Users) / (total number users x total number of minutes in a calendar month))] x 100

Availability shall be rounded to nearest thousandth of a percent in determining the applicable credit. Service Credits for Down Time will not exceed 30% MRC.

b. Calculation of Service Credits

Customer is entitled to the Accelerated Service Credits calculated based on the table below:

b.1 Accelerated Service Credit Table

Voice Service Availability	**Service Credits**
≥ 99.999 %	0% MRC
≥ 99.500 and < 99.999%	5% MRC
≥ 99.000 and < 99.500%	10% MRC
≥ 95.000 and < 99.000%	20% MRC
< 95.000%	30% MRC

c. No Cumulative Credits

Where a single incident of Down Time affects Office Services and any other Services provided by RingCentral and covered under a separate service level agreement executed between the parties, resulting in Service Credits under both agreements, Customer is entitled to claim Service Credits under one of the agreements, but not for both.

Service Credits to be paid under this Office SLA will be calculated based Customer's RingCentral Office MRC only and will not include any other fees paid by RingCentral for any other Services, (e.g., Contact Center Services). Service Credits may not exceed the total MRC paid for the relevant Services.

d. **Qualifying for Service Credits.**

Service Credits for Down Time will accrue only to the extent:

i. Down Time exceeds 1 minute;
ii. Customer reports the occurrence of Down Time to RingCentral by opening a Support Case and obtaining the corresponding case number within twenty-four (24) hours of the conclusion of the applicable Down Time period;
iii. RingCentral confirms that the Down Time was the result of an outage or fault on the RingCentral Network; and
iv. Customer is not in material breach of the Agreement, including its payment obligations.
v. Customer must submit a written request for Service Credits to RingCentral Customer Service within thirty (30) days of the date the Support Case was opened by Customer, including a short explanation of the credit claimed and the number of the corresponding Support Case;

4. Quality of Service Commitments

a. Quality of Service Targets. RingCentral will maintain an average MOS score of 3.8 over each calendar month for Customer Sites in the Territory, except to the extent that Customer endpoints connect via public WiFi, a low bandwidth mobile data connection (3G or lower), or Customer uses of narrowband codecs such as G.729.

b. **Quality of Service Report:** Customer may request a Quality of Service Report for the preceding calendar month by submitting a Support Case. RingCentral will endeavor to provide the Quality of Service Report within five (5) business days.

c. **Diagnostic Investigation:** If the Quality of Service Report shows a failure to meet the target 3.8 average MOS as calculated under this Section, RingCentral will use industry-standard diagnostic techniques to investigate the cause of the failure. Customer shall cooperate with RingCentral in this investigation fully and in good faith.

d. Diagnostic Remediation. Based on its investigation, RingCentral will provide a reasonable determination of the root cause(s) of any failure for the quality of service to meet the target MOS of 3.8. RingCentral will resolve any root cause(s) on the RingCentral Network; Customer shall timely implement settings or other resolution advised by RingCentral to improve the quality of service.

5. Chronic Service Failures

a. **Service Availability**: Customer may terminate the Agreement without penalty, and will receive a pro-rata refund of all prepaid, unused fees in the following circumstances if RingCentral fails to meet a Service Availability of at least 99.9% on the RingCentral Network for Voice Services during any three (3) calendar Months in any continuous 6-Month period, and customer has timely reported Down Time as set forth herein.

b. **Quality of Service**: Customer may terminate the affected Customers Sites under its Agreement without penalty, and will receive a pro-rata refund of all prepaid, unused fees in the following circumstances if RingCentral fails to meet a minimum 3.5 MOS, as measured in duly requested Quality of Service Reports, for the affected Customer Sites within four (4) months of the date of Customer's initial Support Case requesting a Quality of Service Report, except that such right inures only to the extent that Customer has complied fully and in good faith with the cooperation requirements and timely implemented all suggestions from RingCentral, in RingCentral's sole reasonable judgment.

c. To exercise its termination right under this Office SLA, Customer must deliver written notice of termination to RingCentral no later than ten (10) business days after its right to right to terminate under this Section accrues.

6. Sole Remedy

The remedies available pursuant to this Office SLA (i.e. the issuance of credits and termination for chronic service failure) shall be Customer's sole remedy for any failure to meet committed services levels under this Office SLA.

7. Definitions

Terms used herein but not otherwise defined have the meanings ascribed to them in the Agreement. For purposes of this Service Level Agreement, the following terms have the meanings set forth below:

a) "**Down Time**" is an unscheduled period during which the Voice Services for RingCentral Office on the RingCentral Network are interrupted and not usable, except that Down Time does not include unavailability or interruptions due to (1) acts or omissions of Customer; (2) an event of a Force Majeure; or (3) Customer's breach of the Agreement. Down Time begins to accrue after one (1) minute of unavailability, per incident.

b) **"Impacted User"** means a user with a Digital Line affected by Down Time. In the event that due to the nature of the incident it is not possible for RingCentral to identify the exact number of users with a Digital affected by Down Time, RingCentral will calculate the Impacted Users on a User-Equivalency basis as defined below.

c) "**MOS**" means the Mean Opinion Score, determined according to the ITU-T E-model, as approved in June 2015, rounding to the nearest tenth of a percent. MOS provides a prediction of the expected voice quality, as perceived by a typical telephone user, for an end-to-end (i.e. mouth-to-ear) telephone connection under conversational conditions. MOS is measured by RingCentral using network parameters between the Customer endpoint, e.g., the IP Phone or Softphone, and the RingCentral Network, and will accurately reflect quality of the call to the caller using the Voice Services.

d) "**MRC**" means the monthly recurring subscription charges (excluding taxes, administrative or government mandated fees, metered billings, etc.) owed by Customer to RingCentral for Office Services for the relevant month. If customer is billed other than on a monthly basis, MRC refers to the pro-rata portion of the recurring subscription charges for the relevant calendar month. MRC does not include one-time charges such as phone equipment costs, set-up fees, and similar amounts, nor does it include any charges or fees for services other than Office Services.

e) **"Quality of Service Report"** means a technical report provided by RingCentral, detailing MOS and related technical information.

f) "**RingCentral Network**" means the network and supporting facilities between and among the RingCentral points of presence ("PoP(s)"), up to and including the interconnection point between the RingCentral's network and facilities, and the public Internet, private IP networks, and the PSTN. The RingCentral Network does not include the public Internet, a Customer's own private network, or the Public Switched Telephone Network (PSTN).

g) "**Service Availability**" is the time for which Voice Services for RingCentral Office are available on the RingCentral Network, expressed as a percentage of the total time in the relevant calendar month, and calculated as set forth above.

h) "**Service Credits**" means the amount that RingCentral will credit a Customer's account pursuant to this Office SLA.

i) "**Site**" means a physical location in the Territory at which Customer deploys and regularly uses at least five (5) RingCentral Digital Lines. A Digital Line used outside such physical location for a majority of days in the relevant calendar month, such as home offices, virtual offices, or other remote use, will not be included in the line count for this purpose.

j) "**Support Case**" means an inquiry or incident reported by the Customer, through its helpdesk, to RingCentral's Customer Care department, by placing a telephone call as outlined at http://success.ringcentral.com/RCContactSupp.

k) "**Territory**" means those countries in which Customers subscribes to RingCentral Office or Global Office Services.

l) "**User-Equivalency**" means the calculation made by RingCentral to estimate the percentage of the Voice Services impacted by the Down Time. RingCentral may use number of calls, network, device information, vendor and customer reports, and its own technical expertise to make these calculations.

m) "**Voice Services"** means the audio portion of the Services, across endpoints, including the Softphone, and IP desk phone.

ATTACHMENT C

RINGCENTRAL BUSINESS ASSOCIATE AGREEMENT

RingCentral, Inc. and Customer (each a "**Party**" and collectively the "**Parties**") hereby agree to the following terms and conditions of this Business Associate Agreement (this "**BAA**"), which is attached to the RingCentral Master Service Agreement (the "**Agreement**") and is effective as of the execution date of this BAA (the "**BAA Effective Date**").

RECITALS

Whereas, Customer has, pursuant to the Agreement, purchased one or more services covered by this BAA listed in Annex A (the "**Services**"**)**;

Whereas, Customer desires to comply with the Health Insurance Portability and Accountability Act of 1996 ("**HIPAA**"), as amended, along with applicable provisions of the Standards for Privacy of Individually Identifiable Health Information (the "**Privacy Rule**") and applicable provisions of the Security Standards for the Protection of Electronic Protected Health Information ("**Security Rule**") (collectively the "**HIPAA Rules**") and, in compliance with the HIPAA Rules, Customer desires to safeguard Customer's **PHI** created, transmitted, received, or maintained by Customer using the Customer's Account ("**Account**");

Whereas, as a business associate (as that term is defined in the HIPAA Rules) RingCentral wishes to accommodate Customer's desire to safeguard PHI that Customer creates, receives, transmits, or maintains using the RingCentral Services, by entering into this BAA, which meets the requirements of 45 C.F.R. §§ 164.314(a) and 164.504(e);

Now, therefore, in consideration of the mutual covenants and representations, and for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

AGREEMENT

1. **Obligations of RingCentral.** RingCentral agrees:

   a) subject to the provisions of Section 2, to use and disclose Customer's PHI only in connection with the provision of the Services purchased by Customer as part of or related to Customer's Account(s), as required by law, or for any other purpose permitted by the Agreement, or this BAA, provided that RingCentral may not use or disclose Customer's PHI in a manner that would violate the requirements of subpart E of 45 C.F.R. Part 164 if done by Customer;

   b) not to use or further disclose Customer's PHI other than as permitted or required by this BAA, or as required by law;

   c) where required by the HIPAA Rules, to make reasonable efforts to use, disclose, and request only the minimum necessary amount of PHI;

   d) to use appropriate safeguards and comply, where applicable, with subpart C of 45 C.F.R. Part 164 with respect to the protection of Electronic PHI, to prevent use or disclosure of Customer's PHI other than as provided for by this BAA;

   e) to report to Customer any use or disclosure of Customer's PHI not provided for by this BAA of which RingCentral becomes aware, including any breach of unsecured PHI as required by 45 C.F.R. § 164.410, and any security incident involving Customer's PHI of which RingCentral becomes aware; provided, however, that notwithstanding the foregoing, the Parties agree that this BAA serves as notification, and that no further notification is required, of the ongoing existence of Unsuccessful Security Incidents. For purposes of this BAA, an **"Unsuccessful Security Incident"** includes, without limitation, activity such as pings and other broadcast attacks on RingCentral's firewall, port scans, unsuccessful log-on attempts, denials of service, and any combination of the above, so long as such activity does not result in unauthorized access, use, acquisition, or disclosure of Customer's PHI;

   f) to ensure that any subcontractor that creates, receives, maintains or transmits Customer's PHI on behalf of RingCentral agrees to substantially the same restrictions and conditions that apply to RingCentral with respect to such PHI, as required by the HIPAA Rules;

   g) to the extent that RingCentral has been delegated under the Agreement and is to carry out an obligation of Customer under Subpart E of 45 C.F.R. Part 164, RingCentral will comply with the requirement(s) of Subpart E of 45 C.F.R. Part 164 that apply to Customer in the performance of such delegated obligation;

   h) to the extent that: (i) Customer provides advanced written notice to RingCentral that RingCentral will maintain PHI in a "Designated Record Set" as defined in the HIPAA Rules (and with the understanding that the Parties do not intend for RingCentral to maintain PHI in a Designated Record Set); and (ii) the Designated Record Set (if any) maintained by RingCentral is not duplicative of records maintained by Customer; RingCentral agrees to:

      a. upon receipt of a written request from Customer, make available to Customer to inspect and/or obtain a copy of Customer's PHI maintained by RingCentral in a Designated Record Set, as required under 45 C.F.R. § 164.524, for so long as RingCentral maintains such PHI in a Designated Record Set; and

      b. upon receipt of a written request from Customer, provide such information to Customer for amendment and incorporate amendments to PHI maintained by RingCentral in a Designated Record Set as agreed to by Customer under 45 C.F.R. § 164.526, for so long as RingCentral maintains such PHI in a Designated Record Set.

   i) to the extent no disclosure exceptions apply under 45 C.F.R. § 164.528, to maintain and to make available to Customer the information required for Customer to provide an accounting of disclosures in accordance with 45 C.F.R. § 164.528;

   j) in the event any individual delivers directly to RingCentral a request for an amendment to PHI, access to PHI, or an accounting of disclosures of PHI, to promptly forward such individual request to Customer;

k) to make its internal practices, books, and records relating to the Use and Disclosure of Customer's PHI available to the Secretary (as defined in the HIPAA Rules) for purposes of determining Customer's compliance with 45 C.F.R Part 164, Subpart E; and

l) upon termination of this BAA for any reason, if feasible, to return or destroy all PHI received from Customer, or created or received by RingCentral on behalf of Customer, in connection with this BAA, to the extent it has not been already erased, returned or destroyed, and retain no copies thereof, or, if in RingCentral's opinion such return or destruction is not feasible, to extend the protections of this BAA to the PHI and limit further uses and disclosures to those purposes that make the return or destruction of the PHI infeasible.

2. **Permitted Uses and Disclosures of PHI.** Notwithstanding the other provisions of this BAA, RingCentral is permitted to use or disclose Customer's PHI for its proper management and administration of RingCentral services or to carry out its legal responsibilities, provided that RingCentral may only disclose PHI for such purposes if: (i) the disclosure is required by law or (ii) RingCentral obtains reasonable assurances from the person to whom the PHI is disclosed that the information will remain confidential and will be used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies RingCentral when the confidentiality of the PHI has been breached.

3. **Obligations of Customer.** Customer will:

a) as between the Parties, assume sole responsibility for obtaining any consent, authorization, or permission that may be required by the HIPAA Rules, or any other applicable laws or regulations prior to using the Services to create, receive, maintain, or transmit PHI, or otherwise provide PHI to RingCentral. Without limiting the foregoing, in the event Customer transmits PHI via text message, or any other method of electronic transmission of PHI (including email or any attachment to email) as part of the Services, Customer agrees to notify the patient whose PHI is to be transmitted that such transmission is not secure and to obtain such individual's consent or authorization, consistent with applicable law, before transmitting any such PHI;

b) use, disclose, request, and otherwise provide to RingCentral and RingCentral employees only the minimum amount of PHI necessary for RingCentral to provide Services;

c) notify RingCentral, in writing, of any limitation(s) in Customer's notice of privacy practices that may affect RingCentral's Use or Disclosure of Customer's PHI;

d) notify RingCentral, in writing, of any changes in, or revocation of, permission by an individual to use or disclose any of his or her PHI, to the extent that such changes may affect RingCentral's Use or Disclosure of Customer's PHI;

e) notify RingCentral, in writing, of any restriction on the use or disclosure of PHI that Customer has agreed to in accordance with 45 C.F.R. §164.522, to the extent that such restriction may affect RingCentral's use or disclosure of Customer's PHI; and

f) not request that RingCentral use or disclose Customer's PHI in a manner that would not be permissible under the HIPAA Rules if done by Customer.

4. **Effect of Limitations and Restrictions.** The Parties agree that in the event RingCentral believes that any limitation(s) or restriction(s) on the use or disclosure of PHI disclosed by Customer pursuant to Section 3 may materially impair RingCentral's ability to provide Services or materially affect RingCentral's costs of providing Services, the Parties will promptly negotiate in good faith an amendment to Agreement that is necessary to adjust RingCentral's obligations and/or reflect RingCentral's increased costs. In the event such negotiations are unsuccessful, RingCentral may terminate this BAA and the Agreement without penalty or further obligation to RingCentral.

5. Customer Integrations.

a) Notwithstanding any provision to the contrary in any agreement between the Parties, this BAA applies only to Services offered by RingCentral as described in Annex A.

b) Pursuant to the limitations contained in the Agreement between the Parties and applicable RingCentral policies, Customer may choose to, at its own risk, use third party or Customer's own applications, services, devices, APIs, or any other technology (whether utilized by Customer or a third party on behalf of Customer and whether implemented by RingCentral or not) which integrate with the Services or that transfer data to or from the Services ("**Customer Integrations**").

c) Customer understands and agrees that Customer Integrations are outside the scope of the Parties' primary agreement and of this Business Associate Agreement.

d) Notwithstanding any provision to the contrary in any agreement between the Parties, RingCentral has no responsibility or liability for, and disclaims any warranties or representations relating to, any Customer Integrations.

e) For the avoidance of doubt, RingCentral will have no obligations or liability for the privacy, security, confidentiality, availability, or integrity of any Customer Integrations, or any PHI or other data processed, handled, sent, stored, created, received, maintained, or transmitted in connection with any Customer Integrations or through any applications, services, devices, APIs, or any other technology not provided within RingCentral Services.

6. **Term.** The term of this BAA (the "**BAA Term**") commences on the BAA Effective Date and runs conterminously with the term of the Agreement, unless sooner terminated by either Party in accordance with Section 7.

7. Termination.

a) Automatic BAA Termination. Termination or expiration of the Agreement for any reason will result in the termination of this BAA.

b) Direct BAA Termination. In the event that either Party violates a material term of this BAA, the other Party may terminate the BAA, provided that the non-breaching Party provides written notice to the breaching Party of such breach and provides the breaching Party with an opportunity to cure the breach or end the violation. If such violation is not cured within thirty (30) days, the non-breaching Party may terminate this BAA. In

the event that the BAA is terminated pursuant to this section, either Party may terminate the Agreement.

8. Miscellaneous.

a) Definitions. All capitalized terms used herein but not otherwise defined have the meanings ascribed to them in the Agreement. Subject to the immediately foregoing sentence, any other terms that are not defined in this BAA or the Agreement but that are defined under the HIPAA Rules have the same meaning as defined under the HIPAA Rules. For purposes of this BAA, "**PHI**" means "protected health information" as that term is defined in the HIPAA Rules, limited to such information created, received, maintained, or transmitted by RingCentral for or on behalf of Customer.

b) No Third Party Beneficiaries. Nothing in this BAA, express or implied, is intended to confer or will confer upon any person or entity other than the Parties any right, benefit, or remedy as a third party beneficiary or by any other nature whatsoever under or by reason of this BAA.

c) Notices. All notices or other communications to be given under this BAA are deemed given when emailed.

To Customer: The postal and email address on file at the time of notice for an Account

To RingCentral: RingCentral, Inc.

Attn.: Legal Department
20 Davis Drive
Belmont, California 94002
HIPAA@ringcentral.com

d) Modification. No modification or amendment of this BAA will be effective unless set forth in a document specifically referencing this BAA that is executed by both Parties.

e) Counterparts. This BAA may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

f) Entire Agreement. RingCentral will be bound by the terms of this BAA only to the extent that: (i) Customer is a "Covered Entity" or “Business Associate” (as these terms are defined in the HIPAA Rules) pursuant to HIPAA; and (ii) RingCentral is acting as Customer's "Business Associate" (as that term is defined in the HIPAA Rules) pursuant to HIPAA. This BAA, together with the Agreement, states the entire understanding and agreement between the Parties with respect to the subject matter hereof, and supersedes and replaces all prior and contemporaneous understandings or agreements, written or oral, regarding such subject matter.

ANNEX A

LIST OF RINGCENTRAL SERVICES COVERED BY THIS BAA

If purchased, the following Services are covered by this BAA:

- RingCentral Office
- RingCentral Contact Center
- RingCentral Video (RCV)

INITIAL ORDER FORM - OFFICE SERVICES

This Initial Order Form is a binding agreement between RingCentral, Inc. (**"RingCentral"**) and **Tri-City Mental Health Authority**, (**"Customer"** or **"You"**) (together the **"Parties"**), for the purchase of the Services, licenses, and products listed herein. This Initial Order Form is subject to the terms and conditions specified in the applicable Agreement between the Parties. Capitalized terms not defined herein shall have the same meanings as set forth in the applicable Agreement between the Parties.

Service Provider	
Service Provider	RingCentral, Inc.
Address	20 Davis Drive
City, State & Zip Code	Belmont, CA 94002
Country	USA

Customer	
Customer	Tri-City Mental Health Authority
Address	2008 North Garey Avenue
City, State & Zip Code	Pamona, CALIFORNIA 91767
Country	United States
Billing Contact Person	
Billing Contact Phone	
Billing Contact E-mail Address	

Service Commitment Period	
Start Date	June 18th, 2020
Initial Term	36 Months
Renewal Term	36 Months

Payment Schedule	Monthly - Contract Payment Period

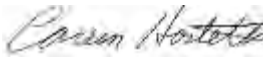
Total Pricing for Selected Options (RingCentral Office Services)						
Service	**Charge Term**	**Quantity**	**Rate**	**Monthly Subtotal**	**Annual Subtotal**	**One-time Subtotal**
Office Standard 100 - 999 lines	Monthly - Contract	200	$20.99	$4,198.00	$50,376.00	$0.00
Cost Recovery Fee (DigitalLine Unlimited) (Office Standard 100 - 999 lines)	Monthly - Contract	200	$3.50	$700.00	$8,400.00	$0.00
E911 Fee (DigitalLine Unlimited) (Office Standard 100 - 999 lines)	Monthly - Contract	200	$1.00	$200.00	$2,400.00	$0.00
Additional Toll-Free Number	Monthly	1	$1.00	$1.00	$12.00	$0.00
Cost Recovery Fee (Digital Line Basic) (Limited Extension User)	Monthly	1	$3.50	$3.50	$42.00	$0.00
E911 Fee (Digital Line Basic) (Limited Extension User)	Monthly	1	$1.00	$1.00	$12.00	$0.00
Large Meeting 100	Monthly	1	$9.99	$9.99	$119.88	$0.00
Limited Extension User	Monthly	1	$9.99	$9.99	$119.88	$0.00
Softphone	One - Time	200	$0.00	$0.00	$0.00	$0.00
	New Service Amount			**$5,123.48**	**$61,481.76**	**$0.00**
	Total Initial Amount*			**$5,118.49**		
*Does not include Taxes and Fees						

Special Terms and Notes: Customer's subscription entitles it to all features that are ascribed to the Office Standard Edition as they are described in the RingCentral website, as well as the features that follow:

a.) Inbound Caller ID Name
b.) Custom Roles & Permissions

Cost Center Billing:
For customers with cost center billing, it is the customer's responsibility to provide cost center allocation information to RingCentral at least 10 days prior to the issuance of the invoice. After the information is received, it will be reflected on future invoices, but will not be adjusted retroactively on past invoices. If purchasing additional services through the administrative portal, it is the customer's responsibility to assign cost centers at the time of purchase; otherwise, those services will not be allocated by cost center on the next invoice. Please note that cost center allocation is not available for certain items, such as minute bundles and credit memos. For additional questions, please contact the RingCentral invoice billing team at billingsupport@ringcentral.com.

IN WITNESS WHEREOF, the Parties have executed this RingCentral Order Form above through their duly authorized representatives.

Tri-City Mental Health Authority		**RingCentral, Inc.**	
By:		By:	
Name:		Name:	Carson Hostetter
Title:		Title:	SVP, Field Sales
Date:		Date:	

Tri-City Mental Health Authority
AGENDA REPORT

DATE: **June 17, 2020**

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

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

BY: **Mica Olmos, JPA Administrator/Clerk**

SUBJECT: **Appointment of Governing Board Member Representative to Tri-City's Mental Health Commission**

Summary:

Article IV of Tri-City's Mental Health Commission Bylaws, and per Section 5604(a)(1) of the Welfare and Institutions Code, one member of the Governing Board shall be a member of the Tri-City Mental Health Commission. A vacancy of a board member representative currently exists and the Governing Board shall fill this vacancy.

Background:

The Mental Health Commission Bylaws establishes that the composition of its members shall be mandated by the California Welfare and Institutions Code 5604. Accordingly, the Mental Health Commission shall consist of a minimum of 10 members, and one member of the Commission shall be a member of the Governing Board.

Since January 2017, City of Pomona Council Member Rubio Gonzalez had been the Governing Board representative to Tri-City's Mental Health Commission. However, on May 27, 2020, Tri-City received notification from the City of Pomona that Council Member Gonzalez had been removed from all local and regional appointments, including Tri-City; consequently, he no longer will serve on the Commission and a successor should be appointed.

Regular meetings of the Mental Health Commission are held on the second Tuesday of each month at 3:30 p.m., except during the months of May and December when Joint Meetings with the Governing Board are held. The Mental Health Commission is dark in August.

Funding:

None required.

Recommendation:

Staff recommends that the Governing Board appoint a board member as its representative to Tri-City's Mental Health Commission.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **June 17, 2020**

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

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

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

It has been an especially difficult few weeks for many of us, not only at Tri-City, but in our cities, our families and in our online communities. The hopeful anticipation of opening up to start interacting in the new COVID-19 reality was quickly replaced with feelings of grief, anger, outrage and hopelessness in the immediate aftermath of the senseless killing of George Floyd in Minneapolis—that tragedy occurring only days after we learned about the killing of Breonna Taylor, and as our nation was still struggling to come to terms with the murder of Ahmaud Arbery.

In the subsequent social unrest and global protests, we have seen a collective call to action, the power of community, and the fearless resilience of youth and so many who have struggled under the weight of structural racism marching alongside countless allies who are with them in the fight to combat it. These actions show us that there is still much to hope for and build upon.

For Tri-City, both the COVID-19 pandemic and the social unrest signal much work ahead. Tom Insel, former Director of the National Institute for Health and now board member of California's Steinberg Institute, recently stated that a "mental health tsunami" is coming our way. And while Tri-City's leaders and staff are meeting with clients and convening with community partners and interacting with community members most days of the week, we know that in the wake of so much turmoil and sudden change that there is more we can and will be called to do.

RECENT COMMUNITY EVENTS

Tri-City was honored to be invited by Congresswoman (and former Tri-City Governing Board Member) Norma Torres to participate in her virtual town hall on Wednesday, June 3rd, addressing how our communities can move forward in the wake of the murder of George Floyd and the subsequent civic upheaval. Due to a schedule conflict, the Executive Director was unable to participate, so Tri-City's MHSA Coordinator for Innovations and the Chair of Tri-City African-American Family Wellness Advisory Council, Toni Robinson, represented Tri-City. Toni Robinson's message was genuine, honest, and powerful and was an excellent expression of Tri-City's mission and vision for our communities as we strive to achieve post-traumatic, including post-COVID, growth. A video recording of the entire event can be found on the Congresswoman's YouTube channel.

In another demonstration of its mission to heal and promote overall community well-being, Tri-City's African-American Family Wellness Advisory Council hosted its own virtual town hall on Monday June 8th. The event was originally planned to address how communities of color, whom are being disproportionally negatively impacted by the pandemic, can better manage their negative emotions in order to stay well in what is clearly going to be a long journey of social, emotional, and economic recovery. However, in response to the death of George Floyd the event's guest speaker, Dr. Gloria Morrow, shifted her hour long presentation to address how people can manage the consequently more complex and difficult emotions related to dealing with racial injustice, health disparities, and overall systemic racism, as well as coping with the COVID-19 pandemic.

The Executive Director continues as Chair of the Health and Wellness Subcommittee (HWS) which is part of the Pomona Mayor's COVID-19 Action Committee. Among other things, the HWS created the #Call4Pomona Campaign, has a series of Public Service videos on mental wellness on the Pomona YouTube Channel, is working on partnering with Tri-City on a multi-hour, multi-presenter webinar during Minority Mental Health Awareness Month in July, and is advocating for Pomona leadership to keep mental health wellbeing top of mind as it moves towards re-opening. Specifically, there will be many Pomonans on-going, until there is a vaccine, who will be housebound and/or need to stay safer at home as much as possible; and without strategic planning on how to keep them connected, nourished, housed and well, those residents will be at significant risk for serious health and mental health problems and worse.

NO PLACE LIKE HOME FUNDING UPDATE

Following the completion of its Tri-City Homelessness Strategic Plan funded with No Place Like Home (NPLH) Technical Assistance monies, Tri-City's Plan was accepted by the State and Tri-City was awarded its Non-Competitive NPLH Allocation in the amount of $1.14 million dollars. These funds can be used exclusively to fund multi-unit (over 5) housing projects; can be combined in a Competitive NPLH Application for a multi-unit project; or the county/city can ask special permission to use the non-competitive allocation to fund a shared housing or 1-4 unit project. No matter the desired use for the allocation, the non-competitive funds must be allocated and an approved plan for expenditure be submitted to the State by February 15, 2021 or the funds must be returned. Attached to this report is the NPLH guidelines from the Department of Housing and Community Development who is in charge of the program for the State.

During its regular meeting held on February 19, 2020, the Governing Board approved to use its Non-Competitive Allocation in support of a project development at Tri-City's property located at 956 Baseline Road in Claremont. Currently, that project remains in the preliminary development phase as Genesis LA and its developer Restore Neighborhoods Los Angeles (RNLA) continue to seek additional funds from the City of Claremont and the County of Los Angeles in order to make the project viable.

The Executive Director has been informed that a decision about whether or not the project can proceed is forthcoming sometime within the next month. That will leave Tri-City just about 6 months to either finalize a housing plan or find another project to contribute its funds to in order not to have to revert the $1.14 million in housing funds.

HOUSING DIVISION UPDATE

The Housing Division has seen increases in the number of clients with housing needs since the middle of March when it became clear that the pandemic had reached our county. At that time, we had 42 open housing referrals and were averaging 20.5 screenings for referrals per month. Since the end of May, we are at 65 open referrals, a 54% increase, and are screening an average of 34.5 client for housing needs, a 68% increase. As we updated the list of homeless individuals/families that we serve at Tri City, we saw our number jump 32 % from 134 to 177.

It is important to note that these increases do not, yet, fully reflect the direct effects of job/income loss due to COVID. What we are seeing are new intakes to the agency or clients that are now identifying their need for housing assistance, as they are concerned about the virus and want to seek shelter. The temporary moratoriums on foreclosures and evictions for non-payment of rent throughout Los Angeles are aiding many in being able to remain in their homes during the pandemic despite loss of income.

As we work through the pandemic, our team stays focused on finding housing resources to arm our entire agency to support our clients and community so they can take all the steps needed in order to avoid homelessness during the aftermath of the virus.

HUMAN RESOURCES UPDATE

Staffing – Month Ending May 2020

- Total Staff is 184 full-time and 13 part-time plus 24 full time vacancies and 13 part time vacancies for a total of 221 total positions.
- There were 3 new hires in May.
- There were 1 terms in May.

Posted Positions in May 2020

- Clinical Supervisor I COP (1 FTE)
- Clinical Therapist I Adult FSP (5 FTEs) Bilingual & Non-Bilingual – 2 hires pending
- Clinical Therapist I AOP (1 FTE) Bilingual – 1 hire pending
- Clinical Therapist I COP (1 FTE) – 1 hire pending
- 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)
- Community Mental Health Trainer (1 FTE)
- Housing Wellness Advocate I/II/III (1 FTE)
- Mental Health Specialist Adult FSP (1 FTE)
- Psychiatric Technician I/II (4 FTEs)

Annual Evaluation

After much anticipation and many requests from our Leadership Team, HR has revised our annual performance evaluation shrinking it from 11 pages to 2 pages. Over the last several months, HR had received feedback that the current evaluation was very long and cumbersome in completing. We took that feedback, along with reviewing annual evaluations from other public agencies, and prepared a new and concise annual evaluation. The new evaluation is composed of the most crucial performance areas and characteristics that employees are rated on annually. This version should allow managers and supervisors to succinctly rate employee's performance over the previous year.

IT UPDATE

During our COVID-19 response at Tri-City, leadership, staff and clients have come to experience telehealth as a surprisingly effective and efficient way to conduct and receive mental health services. Moreover, thanks to the expanded use of technology Tri-City's stakeholders and community partners are more easily able to join in on meetings, trainings, and stigma reduction events.

Tri-City's staff is now 100% telecommute capable, with approximately 25-30% of the workforce coming into the office or going into the field Monday-Friday. As the pandemic lingers and counties and cities begin to open up, some Tri-City staff are asking to return to the office more often vs. telecommuting. Offices have been reconfigured and where they cannot be, supervisors/managers/directors are establishing staggered schedules and shifts to insure Tri-City follows all Los Angeles County workplace requirements regarding physical distance, PPE protocol, and health monitoring.

However, COVID-19 will remain a significant risk until such time in the future that there is a vaccine and telehealth is likely to continue, and become an even larger part, of the county behavioral health delivery system. Consequently, over the next fiscal year, Tri-City will more closely evaluate both its phone and internet systems and will likely put out Request for Proposals to insure that moving forward Tri-City is as best equipped as possible to meet the expected rise in mental health needs of the three cities' residents.

Attachments

Attachment 6-A: 2018 NPLH Noncompetitive Allocation Funds Memo

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF FINANCIAL ASSISTANCE
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March 26, 2019

MEMORANDUM FOR: All Potential NPLH Applicants

FROM: Mark Stivers, Acting Deputy Director
Division of Financial Assistance

SUBJECT: No Place Like Home (NPLH) Program
Noncompetitive Allocation Funds– **Upcoming Deadlines**

The NPLH Program provides funds for the development of permanent supportive rental housing for people living with a serious mental illness who are Homeless, Chronically Homeless or A-Risk of Chronic Homelessness. The purpose of this memorandum is to inform Counties of the following upcoming deadlines:

- **Noncompetitive Allocation Acceptance Forms** – In order to be able to access a County's NPLH Noncompetitive Allocation funds, Counties must submit a Noncompetitive Allocation Acceptance Form and an executed copy of the Authorizing Resolution Template for the Acceptance Form to the Department by **August 15, 2019**.

- **Optional Shared Housing Designation Documents** – Counties that plan to use a portion or all of their Noncompetitive Allocation funds for one-to four-unit rental housing properties, (i.e. single-family home, duplex, tri-plex, or four-plex), must submit the 2018 NPLH Optional Shared Housing Designation Form and the required attachments requested in this form, including the Plan to Combat Homelessness, to the Department no later than **August 27, 2019**. The County Plan to Combat Homelessness must meet the requirements of Section 201 of the NPLH Guidelines.

The Department announced the availability of one-time NPLH Noncompetitive Allocation funds through a Notice of Funding Availability (NOFA) issued approximately eight months ago, on August 15, 2018. Every County is eligible for NPLH Noncompetitive Allocation funds. Counties whose Noncompetitive Allocation has not already been fully awarded to them by August 19, 2019 must submit the County Noncompetitive Allocation Acceptance Form and an executed copy of the Authorizing Resolution Template for Acceptance Form no later than **August 15, 2019.**

ATTACHMENT 6-A

Counties that fail to submit the above documents by August 15, 2019 will have their unawarded Noncompetitive Allocation funds transferred into the NPLH Competitive Allocation, for award by the Department in future Competitive Allocation NOFAs. These unawarded Noncompetitive Allocation funds will no longer be set-aside for use by the County.

In addition to the August 15, 2019 deadline listed above, Counties must submit one or more project applications utilizing Noncompetitive Allocation funds no later than **February 15, 2021.**

Noncompetitive Allocation funds may be used as the only source of NPLH funds in a multifamily (five or more unit) project, may be used along with NPLH Competitive Allocation funds in a multifamily project, or may be used for Shared Housing projects.

- If using Noncompetitive Allocation funds as the only source of NPLH funds in a project of five or more units, those applications can be submitted to the Department at any time through February 15, 2021 utilizing the Noncompetitive Allocation project application forms provided with the Noncompetitive Allocation NOFA located on the program webpage. The application must include a County Plan to Combat Homelessness submitted no later than the submission deadline for your project application. The County Plan to Combat Homelessness must meet the requirements of Section 201 of the NPLH Guidelines.

- If using Noncompetitive Allocation funds with Competitive Allocation funds, those projects, if not already submitted to the Department, may be submitted under the next NPLH Competitive Allocation NOFA due to be released by the Department in September 2019. The Department also anticipates issuing a third Competitive Allocation NOFA with an application deadline prior to February 15, 2021. The application must include a County Plan to Combat Homelessness submitted no later than the submission deadline for your project application. The County Plan to Combat Homelessness must meet the requirements of Section 201 of the NPLH Guidelines.

- If planning to use a portion or all of your Noncompetitive Allocation funds for one-to four-unit rental housing properties, (i.e. single-family home, duplex, tri-plex, or four-plex), Counties must first be designated by the Department to use their Noncompetitive Allocation funds for this purpose and must assume full responsibility for administration of these funds, including but not limited to project selection, loan underwriting and servicing, and project long-term monitoring. Once a County is designated by the Department to administer Noncompetitive Allocation funds for Shared Housing, those project applications must be submitted by project Development Sponsors to the County no later than February 15, 2021.

All forms submitted to the Department must be submitted to the following address in accordance with the instructions provided in the applicable form or NOFA:

No Place Like Home Program
California Department of Housing and Community Development
Division of Financial Assistance, NOFA Section
2020 W. El Camino Avenue, Suite 500
Sacramento, CA 95833

Any questions about issues covered in this memo should be sent to the NPLH inbox. Thank you for your attention to these matters.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **June 17, 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 TEN MONTHS ENDED APRIL 30, 2020 (2020 FISCAL YEAR-TO-DATE):

The financials presented herein are the PRELIMINARY and unaudited financial statements for the ten months ended April 30, 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 $3.2 million. MHSA operations accounted for approximately $2.7 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 $9.3 million in MHSA funding has been received for which $3.4 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 $11.8 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 $544 thousand is from Clinic outpatient operations, which is the result of operations for the ten months ended April 30, 2020.

The total cash balance at April 30, 2020 was approximately $30.0 million which represents a decrease of approximately $1.9 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 $1.4 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 $561 thousand, after excluding intercompany receipts or costs resulting from clinic operations. The decrease reflects the receipt of approximately $9.3 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 ten months ended April 30, 2020 of which approximately $800 thousand related to interim cost report settlements covering fiscal years 2007-08, 2008-09, and 2014-15. Additionally, approximately $3.3 million has been received through June 6, 2020.

UPCOMING, CURRENT EVENTS & UPDATES

Overall Financial Update

As the fiscal year 2019-20 draws to a close, the finance department is working on several projects. Our current focus is on completing the Proposed Operating Budget for Fiscal Year 2020-21 which is scheduled to be brought to the Governing Board at the next regularly scheduled meeting in July. We are continuing to closely monitor for any new developments and updated revenue projections from CBHDA. As highlighted last month, the current revenue projections by CBHDA estimate that some revenues (such as MHSA revenues) will increase in fiscal year 2020-21 as a result of delays in tax returns, however these same revenues are expected to decrease in the following year. As such, planning appropriately to ensure we meet the needs of our community, and having the ability to make changes as we go will be necessary in the upcoming years, especially if projections wind up being significantly different than currently projected. Upon completion of the budget, the finance department will be moving on to closing the fiscal year in preparation of the annual independent financial audit which is traditionally scheduled to begin in July of every year.

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 April 30*, 2020*	$	24,428,849	
Receivables net of Reserve for Cost Report Settlements		821,703	
Prudent Reserves		(2,200,000)	*
Estimated Remaining Expenses for Operations FY 2019-20		8,077	**
Reserved for future CFTN Projects including TCG		(1,247,389)	
Reserved for Future Housing Projects		(2,800,000)	****
Total Estimated Adjustments to Cash		(5,417,609)	
Estimated Available at June 30, 2020	$	19,011,240	
Remaining estimated funds to be received in FY 2019-20	$	1,843,232	**

* 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 7-A: April 30, 2020 Unaudited Financial Statements

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF NET POSITION

	AT APRIL 30 2020			AT JUNE 30, 2019		
	TCMH	**MHSA**	**Consolidated**	**TCMH**	**MHSA**	**Consolidated**
	Unaudited	**Unaudited**	**Unaudited**	**Audited**	**Audited**	**Audited**
Current Assets						
Cash	$ 5,557,761	$ 24,428,849	$ 29,986,609	$ 7,483,365	$ 24,449,208	$ 31,932,573
Accounts receivable, net of reserve for uncollectible accounts						
$622,986 at April 30, 2020 and $386,854 at June 30, 2019	4,476,564	3,051,419	7,527,983	3,818,738	2,097,217	5,915,955
Total Current Assets	10,034,325	27,480,268	37,514,593	11,302,103	26,546,425	37,848,528
Property and Equipment						
Land, building, furniture and equipment	3,685,812	9,365,045	13,050,856	3,539,339	9,204,892	12,744,231
Accumulated depreciation	(2,381,804)	(3,366,194)	(5,747,998)	(2,313,600)	(3,152,115)	(5,465,716)
Total Property and Equipment	1,304,008	5,998,851	7,302,859	1,225,738	6,052,777	7,278,515
Other Assets						
Deposits and prepaid assets	132,759	536,451	669,210	76,095	69,783	145,878
Total Noncurrent Assets	1,436,767	6,535,302	7,972,069	1,301,834	6,122,560	7,424,393
Total Assests	$ 11,471,092	$ 34,015,570	$ 45,486,662	$ 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	**$ 14,142,234**	**$ 34,015,570**	**$ 48,157,804**	**$ 15,275,079**	**$ 32,668,985**	**$ 47,944,064**
LIABILITIES						
Current Liabilities						
Accounts payable	257,731	84,203	341,934	280,243	199,066	479,309
Accrued payroll liabilities	187,831	333,356	521,187	475,696	-	475,696
Accrued vacation and sick leave	565,877	773,528	1,339,405	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	4,241,465	3,420,803	7,662,268	4,303,311	2,832,745	7,136,056
Intercompany Acct-MHSA & TCMH	(135,798)	135,798	-	404,738	(404,738)	-
Long-Term Liabilities						
Mortgages and home loan	778,255	147,183	925,438	802,374	147,183	949,557
Net pension liability	4,658,577	-	4,658,577	4,658,577	-	4,658,577
Unearned MHSA revenue	-	6,373,423	6,373,423	-	500,000	500,000
Total Long-Term Liabilities	5,436,832	6,520,606	11,957,438	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	10,198,563	10,077,208	20,275,771	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	496,686	5,998,851	6,495,538	394,299	6,052,777	6,447,075
Restricted for MHSA programs	-	17,403,060	17,403,060	-	15,119,523	15,119,523
Unrestricted	3,255,998	536,451	3,792,449	2,834,730	69,783	2,904,513
Total Net Position	3,752,684	23,938,362	27,691,046	3,229,029	21,242,083	24,471,112
Total Liabilities, Deferred Inflows of Resources and Net Position	**$ 14,142,234**	**$ 34,015,570**	**$ 48,157,804**	**$ 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
TEN MONTHS ENDED APRIL 30, 2020 AND 2019

	PERIOD ENDED 4/30/20			PERIOD ENDED 4/30/19		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
OPERATING REVENUES						
Medi-Cal FFP	$ 3,110,539	$ 2,697,162	$ 5,807,701	$ 2,624,869	$ 2,627,249	$ 5,252,118
Medi-Cal SGF-EPSDT	872,296	644,912	1,517,207	636,897	729,719	1,366,617
Medicare	2,331	1,364	3,695	4,424	2,289	6,713
Grants and contracts	60,641	24,112	84,753	22,428	22,608	45,035
Patient fees and insurance	2,360	-	2,360	2,656	-	2,656
Rent income - TCMH & MHSA Housing	28,830	73,191	102,021	29,407	80,014	109,421
Other income	1,696	500	2,196	7,457	1,434	8,891
Net Operating Revenues	**4,078,693**	**3,441,241**	**7,519,934**	**3,340,059**	**3,469,989**	**6,810,048**
OPERATING EXPENSES						
Salaries, wages and benefits	5,631,363	9,208,156	14,839,519	4,632,851	8,642,250	13,275,101
Facility and equipment operating cost	511,254	1,112,898	1,624,151	356,962	959,396	1,316,357
Client lodging, transportation, and supply expense	135,516	1,193,691	1,329,207	106,522	682,237	788,759
Depreciation	85,883	303,828	389,710	50,745	308,211	358,956
Other operating expenses	475,313	1,107,387	1,582,699	395,183	716,670	1,111,853
Total Operating Expenses	**6,839,328**	**12,925,959**	**19,765,286**	**5,542,263**	**11,308,763**	**16,851,026**
OPERATING (LOSS) (Note 1)	**(2,760,634)**	**(9,484,718)**	**(12,245,352)**	**(2,202,203)**	**(7,838,775)**	**(10,040,978)**
Non-Operating Revenues (Expenses)						
Realignment	3,166,975	-	3,166,975	3,193,082	-	3,193,082
Contributions from member cities & donations	70,236	-	70,236	70,236	-	70,236
MHSA funds	-	11,753,939	11,753,939	-	10,933,187	10,933,187
Homeless Mentally Ill Outreach and Treatment	-		-	100,000	-	100,000
Interest Income	81,336	418,327	499,664	86,631	391,384	478,015
Interest expense	(34,765)	-	(34,765)	(35,848)	-	(35,848)
Gain on disposal of assets	508	8,731	9,238	-	-	-
Total Non-Operating Revenues (Expense)	3,284,290	12,180,997	15,465,287	3,414,100	11,324,571	14,738,672
INCOME (LOSS)	**523,656**	**2,696,279**	**3,219,935**	**1,211,897**	**3,485,797**	**4,697,694**
INCREASE (DECREASE) IN NET POSITION	**523,656**	**2,696,279**	**3,219,935**	**1,211,897**	**3,485,797**	**4,697,694**
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	**$ 3,752,684**	**$ 23,938,362**	**$ 27,691,046**	**$ 2,654,894**	**$ 22,515,626**	**$ 25,170,520**

(**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
TEN MONTHS ENDED APRIL 30, 2020 AND 2019

	PERIOD ENDED 4/30/20			PERIOD ENDED 4/30/19		
	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	$ 3,014,148	$ 2,593,269	$ 5,607,417	$ 4,450,536	$ 4,003,221	$ 8,453,757
Cash payments to suppliers and contractors	(1,201,258)	(3,995,506)	(5,196,764)	(680,840)	(2,350,436)	(3,031,275)
Payments to employees	(5,890,339)	(8,712,447)	(14,602,786)	(4,758,138)	(8,613,871)	(13,372,009)
	(4,077,449)	(10,114,684)	(14,192,133)	(988,442)	(6,961,085)	(7,949,528)
Cash Flows from Noncapital Financing Activities						
MHSA Funding	-	9,275,650	9,275,650	-	8,723,130	8,723,130
Realignment	3,771,688	-	3,771,688	3,679,162	-	3,679,162
Contributions from member cities	70,236	-	70,236	70,236	-	70,236
Homeless Mentally Ill Outreach and Treatment	-	-	-	100,000	-	100,000
	3,841,924	9,275,650	13,117,574	3,849,398	8,723,130	12,572,528
Cash Flows from Capital and Related Financing Activities						
Purchase of capital assets	(164,152)	(249,902)	(414,054)	(86,945)	(15,054)	(101,999)
Principal paid on capital debt	(24,118)	-	(24,118)	(23,035)	-	(23,035)
Interest paid on capital debt	(34,765)	-	(34,765)	(35,848)	-	(35,848)
Intercompany-MHSA & TCMH	(540,536)	540,536	-	600,090	(600,090)	-
	(763,572)	290,634	(472,938)	454,261	(615,144)	(160,883)
Cash Flows from Investing Activities						
Interest received	102,985	519,310	622,295	100,373	435,177	535,550
Sale of investments	508	8,731	9,238	-	-	-
	103,493	528,040	631,533	100,373	435,177	535,550
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	(1,925,604)	(20,360)	(1,945,964)	1,365,276	1,582,078	2,947,354
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	**$ 5,557,761**	**$ 24,428,849**	**$ 29,986,609**	**$ 7,080,917**	**$ 22,952,835**	**$ 30,033,751**

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
TEN MONTHS ENDING APRIL 30, 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	$ 3,392,082	$ 2,730,313	$ 661,768	$ 2,941,289	$ 2,640,960	$ 300,329	$ 6,333,371	$ 5,371,273	$ 962,098
Medi-Cal SGF-EPSDT	951,240	814,680	136,560	703,284	819,858	(116,573)	1,654,524	1,634,538	19,987
Medicare	2,331	3,750	(1,419)	1,364	1,750	(386)	3,695	5,500	(1,805)
Patient fees and insurance	2,360	1,750	610	-	-	-	2,360	1,750	610
Grants and contracts	60,641	16,667	43,974	24,112	-	24,112	84,753	16,667	68,086
Rent income - TCMH & MHSA Housing	28,830	40,417	(11,586)	73,191	91,504	(18,313)	102,021	131,921	(29,899)
Other income	1,696	-	1,696	500	-	500	2,196	-	2,196
Provision for contractual disallowances	(360,487)	(345,291)	(15,196)	(302,500)	(343,166)	40,666	(662,987)	(688,457)	25,470
Net Operating Revenues	**4,078,693**	**3,262,286**	**816,408**	**3,441,241**	**3,210,906**	**230,335**	**7,519,934**	**6,473,192**	**1,046,743**
OPERATING EXPENSES									
Salaries, wages and benefits	5,631,363	5,840,647	(209,284)	9,208,156	10,147,321	(939,165)	14,839,519	15,987,968	(1,148,449)
Facility and equipment operating cost	512,919	435,923	76,997	1,113,039	1,065,501	47,538	1,625,958	1,501,423	124,535
Client program costs	121,665	90,363	31,302	1,138,847	596,263	542,584	1,260,512	686,627	573,886
Grants	-	-	-	65,675	66,667	(992)	65,675	66,667	(992)
MHSA training/learning costs	-	-	-	96,737	123,503	(26,767)	96,737	123,503	(26,767)
Depreciation	85,883	49,675	36,208	303,828	307,430	(3,602)	389,710	357,105	32,605
Other operating expenses	487,498	412,000	75,498	999,677	1,213,762	(214,085)	1,487,175	1,625,762	(138,587)
Total Operating Expenses	**6,839,328**	**6,828,608**	**10,720**	**12,925,959**	**13,520,447**	**(594,488)**	**19,765,286**	**20,349,054**	**(583,768)**
OPERATING (LOSS)	**(2,760,634)**	**(3,566,322)**	**805,687**	**(9,484,718)**	**(10,309,541)**	**824,823**	**(12,245,352)**	**(13,875,863)**	**1,630,510**
Non-Operating Revenues (Expenses)									
Realignment	3,166,975	3,250,000	(83,025)	-	-	-	3,166,975	3,250,000	(83,025)
Contributions from member cities & donations	70,236	70,236	-	-	-	-	70,236	70,236	-
MHSA Funding	-	-	-	11,753,939	11,996,900	(242,961)	11,753,939	11,996,900	(242,961)
Interest (expense) income, net	46,571	15,338	31,233	418,327	281,090	137,237	464,898	296,428	168,471
Other income-gain on disposal of assets	508	-	508	8,731	-	8,731	9,238	-	9,238
Total Non-Operating Revenues (Expense)	**3,284,290**	**3,335,574**	**(51,283)**	**12,180,997**	**12,277,990**	**(96,993)**	**15,465,287**	**15,613,564**	**(148,276)**
Special Item: Net reorganization income (expense)	-	-	-	-	-	-	-	-	-
INCREASE(DECREASE) IN NET POSITION	**$ 523,656**	**$ (230,748)**	**$ 754,404**	**$ 2,696,279**	**$ 1,968,449**	**$ 727,830**	**$ 3,219,935**	**$ 1,737,701**	**$ 1,482,234**

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
TEN MONTHS ENDING APRIL 30, 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 $1 million for the following reasons:

1 **Medi-Cal FFP revenues for FY 2019-20** were $962 thousand higher than the budget. Medi-Cal FFP revenues were $662 thousand higher for TCMH and $300 thousand higher for MHSA. At TCMH, the adult program revenues were higher than budget by $361 thousand and the children program revenues were higher by $301 thousand. For MHSA, the adult and older adult FSP programs were higher than budget by $111 thousand and the Children and TAY FSP programs were higher by $189 thousand.

2 **Medi-Cal SGF-EPSDT revenues for fiscal year 2019-20** were higher than budget by $20 thousand of which $137 thousand higher were from TCMH and $117 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 $2 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 $68 thousand. Grants and Contracts are $44 thousand higher for TCMH and $24 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 $30 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 $25 thousand lower than budget.

Operating Expenses

Operating expenses were lower than budget by $584 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 $939 thousand lower for MHSA operations. These variances are due to the following:

TCMH salaries were higher than budget by $17 thousand. Direct clinical salaries were lower than budget by $23 thousand, support services and administrative salaries were higher than the budget by $40 thousand. Benefits are lower than budget by $226 thousand due to lower health insurance of $164 thousand, lower retirement contribution costs of $30 thousand and lower state unemployment tax and other insurance benefits of $32 thousand.

MHSA salaries are lower than budget by $571 thousand. The direct program salary costs are lower by $539 thousand due to vacant positions and the administrative salary costs are lower than the budget by $32 thousand. Benefits are lower than budget by another $368 thousand. Of that, health insurance is lower by $233 thousand, retirement contribution is lower by $63 thousand, state unemployment tax is lower by $33 thousand and medicare tax and other benefits are lower by $39 thousand.

2 **Facility and equipment operating costs** were higher than budget by $125 thousand. Facility and equipment operating costs were $77 thousand higher for TCMH and $48 thousand higher for MHSA. Of that, building, facility cost and furniture were higher than budget by $45 thousand at TCMH and $28 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 $32 thousand at TCMH and $20 thousand at MHSA due to the agency wide upgrade of computers and laptops.

3 **Client program costs** are higher than the budget by $574 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 $1 thousand.

TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
TEN MONTHS ENDING APRIL 30, 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 $27 thousand.

6 **Depreciation** is higher than budget by $33 thousand.

7 **Other operating expenses** were lower than budget by $139 thousand of which $75 thousand higher was from TCMH and $214 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 $281 thousand and conference expense is lower by $19 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 $148 thousand as follows:

1 **TCMH non-operating revenues** are $51 thousand lower than the budget. Of that, realignment fund is lower than budget by $83 thousand. Interest income netted with interest expense is higher by $31 thousand.

2 **MHSA non-operating revenue** is $243 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	1,899,396	2,052,360	(152,964)
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	$ 11,753,939	$ 11,996,900	$ (242,961)

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

PEI recorded revenue is lower than budget by $153 thousand. The difference is due to amounts received and available for the PEI plan through April 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 $137 thousand.

Other Non-Operating Revenues 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
TEN MONTHS ENDED APRIL 30, 2020 AND 2019

	PERIOD ENDED 4/30/20			PERIOD ENDED 4/30/19		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
REVENUES						
Medi-Cal FFP, net of reserves	$ 3,110,539	$ 2,697,162	$ 5,807,701	$ 2,632,578	$ 2,626,381	$ 5,258,959
Medi-Cal SGF-EPSDT	872,296	644,912	1,517,207	641,110	737,263	1,378,373
Medicare	2,331	1,364	3,695	4,424	2,289	6,713
Realignment	3,166,975	-	3,166,975	3,193,082	-	3,193,082
MHSA funds	-	11,753,939	11,753,939	-	10,933,187	10,933,187
Grants and contracts	60,641	24,112	84,753	22,428	22,608	45,035
Homeless Mentally Ill Outreach and Treatment	-	-	-	100,000	-	100,000
Contributions from member cities & donations	70,236	-	70,236	70,236	-	70,236
Patient fees and insurance	2,360	-	2,360	2,656	-	2,656
Rent income - TCMH & MHSA Housing	28,830	73,191	102,021	29,407	80,014	109,421
Other income	1,696	500	2,196	7,457	1,434	8,891
Interest Income	81,336	418,327	499,664	86,631	391,384	478,015
Gain on disposal of assets	508	8,731	9,238	-	-	-
Total Revenues	**7,397,749**	**15,622,238**	**23,019,987**	**6,790,008**	**14,794,560**	**21,584,568**
EXPENSES						
Salaries, wages and benefits	5,631,363	9,208,156	14,839,519	4,632,851	8,642,250	13,275,101
Facility and equipment operating cost	511,254	1,112,898	1,624,151	356,962	959,396	1,316,357
Client lodging, transportation, and supply expense	135,516	1,193,691	1,329,207	106,522	682,237	788,759
Depreciation	85,883	303,828	389,710	50,745	308,211	358,956
Interest expense	34,765	-	34,765	35,848	-	35,848
Other operating expenses	475,313	1,107,387	1,582,699	395,183	716,670	1,111,853
Total Expenses	**6,874,093**	**12,925,959**	**19,800,052**	**5,578,111**	**11,308,763**	**16,886,874**
INCREASE (DECREASE) IN NET POSITION	**523,656**	**2,696,279**	**3,219,935**	**1,211,897**	**3,485,797**	**4,697,694**
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	**$ 3,752,684**	**$ 23,938,362**	**$ 27,691,046**	**$ 2,654,894**	**$ 22,515,626**	**$ 25,170,520**

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
MHSA=Mental Health Services Act (Proposition 63)

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **June 17, 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**

COVID-19

Tri-City has begun mandatory temperature check screenings for all employees and visitors in response to the COVID-19 emergency. Staff developed and distributed a temperature screening protocol this month as an additional preventive measure that Tri-City Management has implemented in an effort to reduce the spread of COVID-19 in the workplace and our community and follows CDC and public health official recommendations.

Prior to beginning any work shift or entering any of Tri-City facilities, all employees or members of Tri-City's workforce, as well as all visitors are now required to complete an on-site temperature screening. Temperature screening stations are located at all sites using a touch-free thermometer with CDC recommended cleaning protocols also in place.

JUNE IS NATIONAL SAFETY MONTH

As June is National Safety month, we are increasing email reminders on staff safety and creating some fun activities for staff during this month to keep the focus on good health and safety.

A few examples of these email reminders come from Alex Ramirez, Facilities Manager regarding home emergency preparedness and Dr Teimoori on continuing to stay vigilant with COVID-19 preventive measures.

<u>Email from Alex Ramirez, Facilities Manager</u>

> "I know that we all have a lot on our minds as we navigate the COVID-19 pandemic. There are increased levels of uncertainty and anxiety and although it's not something we want to think about right now, preparing an Emergency Kit is essential in times like this.
>
> In the past few months we have focused on the Covid-19 response ensuring we're prepared and trying not to become sick or exposed – all of which we should be doing – but we cannot let our emergency preparedness skills slide.

Unfortunately, severe weather and earthquakes will not stop just because of the COVID-19 pandemic, they can happen at any time of year and at any time of the day or night.

Below are a few tips we can all follow to ensure home emergency preparedness to protect us from earthquakes, COVID-19 and many other things that may come our way:

1. Create a household plan for you and your family, and put it into action. The following precautions apply to many disaster situations, including a pandemic:

    - Build an emergency kit with at least three days of food and water
    - Create, practice, and review your family communication plan
    - Check and rotate batteries in flashlights and radios.
    - Write down and (try to) memorize all important phone numbers
    - Make certain all important documents – birth certificates, insurance policies, etc. – are stored in a fire-proof safe or safety deposit box
    - Learn or designate a family member the responsibility of shutting off utilities

Most importantly, take care of the emotional health of your household members as well as yourself. Take breaks from news stories, including social media. Take deep breaths, stretch or meditate.

Spend time on relaxing activities that bring you joy, such as reading, painting, cooking or playing games. Support your children, connect with others via video chat, phone call or text, and talk about your fears and concerns with those you trust".

Email From Dr Seeyam Teimoori, Medical Director

"Yesterday, WHO announced that they think it is NOT common to get COVID-19 from asymptomatic people. While this is a good news, I would like to remind you all that this is a new infection and our knowledge about it, is constantly and rapidly evolving.

PLEASE DO NOT LOWER YOUR GUARD WITH YOUR PREVENTIVE MEASURES!

Washing hands and face, social distancing and WEARING MASKS ALL THE TIMES remains the cornerstones of making sure you and your family will stay safe."

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: **June 17, 2020**

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

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

SUBJECT: **Monthly Clinical Services Report**

On May 25, 2020, Tri-City clients and staff witnessed the traumatic death of African American George Floyd on national television. The Tri-City community reacted with an outpouring of grief and trauma reactions. As people processed these events highlighting racial divide and corresponding trauma amid the already profoundly intense COVID – 19 crisis, the Clinical Department actively addressed, provided special mental health treatment considerations, and supported members of the community.

ACCESS TO CARE

The Access to Care team processed 178 requests from adults seeking services (15 walk in, 161 call in, 26 hospital discharges, and 2 FSP referrals). 39% of the people seeking services identified as being without a home. The racial demographics of those adults seeking services include 55% LatinX, 17% African American, 16% Anglo American, 10% other/non reported, and 2% Asian Pacific Islanders.

There were only 39 service requests for Children's Services. This is a large 54% decrease from May of 2019. This decrease is likely related to the decrease in school contacts. Families are often encouraged to seek services by the teachers. And, children's negative coping behaviors become more pronounced when they experience the expectations and stress of a school environment. Another theory is that families are staying away from the clinic in the same way that the American public has not been seeking general medical care during the pandemic. Preparations are underway to advertise the clinic and assure the public that safety precautions have been enacted.

THE SCHOOL PARTNERSHIP TEAM

As referenced above, Tri-City MHS' school partners have stated that the COVID crisis has made it difficult to identify and refer children. Additionally, families have been less responsive to outreach calls regarding school referrals (not answering their phones). Despite COVID-19 changes, the overall number of referrals from each district increased this year, with only School of Arts dropping in number of referrals. Final numbers below.

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	PUSD	BUSD	CUSD	SOA
2018-2019	132	11	9	22
2019-2020	149	13	22	11

SUBSTANCE ABUSE TEAM

Integrated care for co-occurring mental illness and substance abuse continues to expand as the community tries to cope effectively during the COVID crisis. The caseload of the unit has again risen to 160 people split between 3 Counselors (up from 149 in April). Two groups are being offered via telehealth. The Organizational Process Improvement Initiative continues regarding integrated care. As part of the review process, the team is collecting data. In May, out of the 111 adult intakes completed, half of those people were identified as having both a mental illness and a substance abuse diagnoses. And, out of those 55 people, 47% of them were referred to this unit. The goal is to treat everyone identified as having both a mental illness and a substance abuse problem with a Co-Occurring best practice.

ADULT SERVICES

The adult team has been working diligently to ensure that all clients are receiving all that they need during this crisis. A lot of time and attention has been focused on assisting clients with safe housing during this crisis. The amount of telehealth and intakes being accomplished, in contrast to Children's numbers, continue to rise each week. These accomplishments are being done despite staffing challenges which include military leave and medical leave.

SUCCESS STORY-ADULT FULL SERVICE PARTNERSHIP

In highlighting the intersection of the Adult FSP team with the Co-Occurring Disorders' Counselors, Tri-City staff worked with another woman who had lost the custody of her child due to her unresolved mental health issues of which she used chemical substances to cope. After working with the teams, she was able to gain back her child and graduated from FSP.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: June 17, 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

A DOUBLE BOARDED PSYCHIATRIST HAS JOINED THE PSYCHIATRISTS TEAM

We are pleased to announce that Dr. Jonson Lin has joined our agency on full time employee basis. Dr. Lin is board certified in adult and child and adolescent psychiatry and brings over 10 years of experience working in different fields of psychiatry to our clients and agency. Having Dr. Lin on board enhances our ability to provide psychiatric services to our clients in a timely manner in order to effectively comply with the Medi-Cal Network Adequacy requirements regarding medication service delivery time frames.

We are fortunate that he joined us now when we needed coverage for one of our psychiatrists who will be on maternity leave soon. Even more fortunate is that given his double boarded statues, he can provide back up and coverage for our other child and adolescent psychiatrist as needed.

Having a strong team of dedicated psychiatrists is especially important in the era of COVID-19 pandemic which is really stressful and provoking in terms of mental illness in our community. There is some expectation that we are in for a tsunami of mental health crisis during and post pandemic times and Tri-City's psychiatry staff is now more prepared to handle the community's needs.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: June 17, 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

WORKFORCE EDUCATION AND TRAINING (WET)

Social media outreach for the month of May increased substantially. A success story that occurred during the month of May demonstrates the importance of our social media outreach, particularly during this difficult time. A former client reached out to Tri-City via a private message on one of our social media platforms. This person stated that she had experienced an increase in symptoms, and was having difficulty obtaining the medication that she needed. The WET program staff assigned to manage social media communicated her needs with psychiatrist, Dr. Houpt, as well as the Medical Director, Dr. Teimoori. The individual was then referred to the Intensive Outreach and Engagement team for continued support. This was a wonderful example of how increasing our capacity to communicate with our members can lead to integrated care for the people that most need it.

PREVENTION AND EARLY INTERVENTION (PEI)

Community Trainings

Tri-City's program staff continue to offer webinars each Tuesday in English and Thursdays in Spanish at 11am for staff, community members and partners. Tri-City is in the process of hiring one full-time Community Mental Health Trainer and that will allow us to increase our training curriculum in English and Spanish as well as increase the number of webinars offered in the new fiscal year.

Stigma Reduction

Directing Change is a part of California's state-wide stigma reduction campaign called of Each Mind Matters which is a part of California Mental Health Services Authority (CalMHSA). Directing Change hosts an annual film contest where schools and organizations can submit a short film on mental health and suicide prevention.

This year, with COVID-19 physical distancing restrictions in place, Directing Change was able to acknowledge all video submissions for their annual video contest and hosted their award ceremony on Facebook Live instead of an in-person event.

The ceremony started with announcing The School of Arts and Enterprise in Pomona, placing 1st for their SanaMente video. During the ceremony, Claremont High School and School of Arts and Enterprise were recognized in three separate categories and received two 1st Place awards, one 2nd Place award and honorable mentions. Mountain View Elementary, in Claremont, was also recognized in three categories receiving one 2nd Place award and two honorable mentions.

Program staff is also hosting Community Connections each Thursday 1p-2p for staff, clients/participants, and community members. Community Connections is a virtual gathering platform where participants can come together and connect with each other on various topics. The link for these webinars can be found on Tri-City's website.

WELLNESS CENTER

The Wellness Center continues to be open Monday through Friday from 8:30am-5pm to those seeking information, resources, linkage and referrals. The Center is now hosting 25 virtual support groups a week. The employment services division continues to be busy and helping an average of 5 individuals a day.

The Family Wellbeing division will be hosting its annual summer camp virtually from June 15th until July 10th and there are 12 campers enrolled this year.

INNOVATION

Innovation staff continue to make progress towards the launch of the pilot project for Help@Hand. Modifications to the WYSA application selected for this pilot are almost complete. Training videos for clients and community participants focusing on Digital Mental Health Literacy are now available and will be utilized by staff when this project is launched.

In support of the current COVID-19 concerns, many of vendors for these online platforms offered various wellness applications to participating counties/agencies for free and Tri-City was able to take advantage of this support and continues to promote these application to clients and community members.

Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: June 17, 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

The Best Practices team has been working closely with agency leadership to expand our range with how we are employing data analytics. In addition to measuring performance, monitoring compliance, tracking program outcomes, and demonstrating the value of our system of care, we are also using data in order to help anchor agency planning strategies. Using data analysis to drive decision making is crucial, especially in the current landscape of global/national crises and the rippling effect that they have on the community, on client care and on workforce operations. Currently, there are several data projects in process, which will help inform how to proceed with certain administrative and programmatic next steps. This data will be reviewed and discussed with Tri City Leadership and imbedded into the strategic planning process.

Process Development:

The Access to Care, Medication Support, and Best Practices managers, collaborated together, in order to develop and implement the Medication Assessment Triage process, which will occur at the time of service request.

The Manager of Best Practices and the Child and Family Services Manager continued to meet in order to further the process development for the Early Psychosis Program.
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AUDITS, DATA, MONITORING & EVALUATION

Documentation Procedures

The Quality Assurance Team (QA) is currently reviewing the new updates on the Infancy Childhood Assessment and working on the development of the next steps of implementation for clinical programs.

Documentation Reviews

The Quality Assurance Team (QA) also has continued to complete standard chart reviews to continually monitor and assess the quality of services and documentation.

Data Development

The Quality Improvement Team (QI) started the annual performance measure data development and preparation meetings. Prior to the meetings, the QI team reviewed the reports and measures, in order to prepare recommendations to present to the programs during the meetings. The programs were also invited to share their program objectives, needs, and ideas. This collaboration will provide each program with updated measures that better reflect how their program has evolved in the last year, the impact of the program, and how their program is serving the community during COVID. At the close of the planning meetings, the QI team will take the information from the meetings and create a formal draft of the 'performance measure map' for final review and approval. The approved performance measures will be used for monitoring overall performance, over the next fiscal year.

Data Collection, Analysis and Reporting

The QI team continues to assist MHSA programs with the developing online surveys that are used to collect feedback from webinars and online trainings.

TRAININGS & IN-SERVICES

In-Service Training:

All clinical programs received in-service training pertaining to updates to the telehealth/telecommute documentation compliance requirements.

New Employee Training:

Four documentation trainings were held throughout the month of May for new employees in the clinical department. Two staff completed the 12-session documentation training course, in the month of May. Additionally, one new psychiatrist received the combined specialized documentation and E.H.R. training, for Medication Support Staff. Lastly, there was one two-day training that focused on providing a comprehensive overview of the E.H.R. for the month of May with four staff (3 clinical and 1 support staff). The Quality Assurance Team continues to provide trainings through videoconference format.