



Mental Health Services Act FY 2015-16 Annual Update

June 2015

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MHSA County Compliance Certification

County: TRI-CITY MENTAL HEALTH SERVICES

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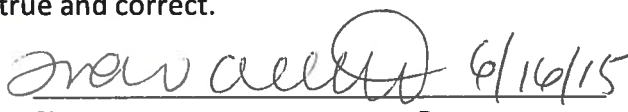
I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting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

This Three-Year Program and Expenditure Plan or Annual Update 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 Program and Expenditure Plan or Annual Update 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 County Board of Supervisors on May 20th, 2015.

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 annual update are true and correct.

Toni Navarro
 Local Mental Health Director/Designee (PRINT)
 County: TRI-CITY MENTAL HEALTH SERVICES


 Signature Date

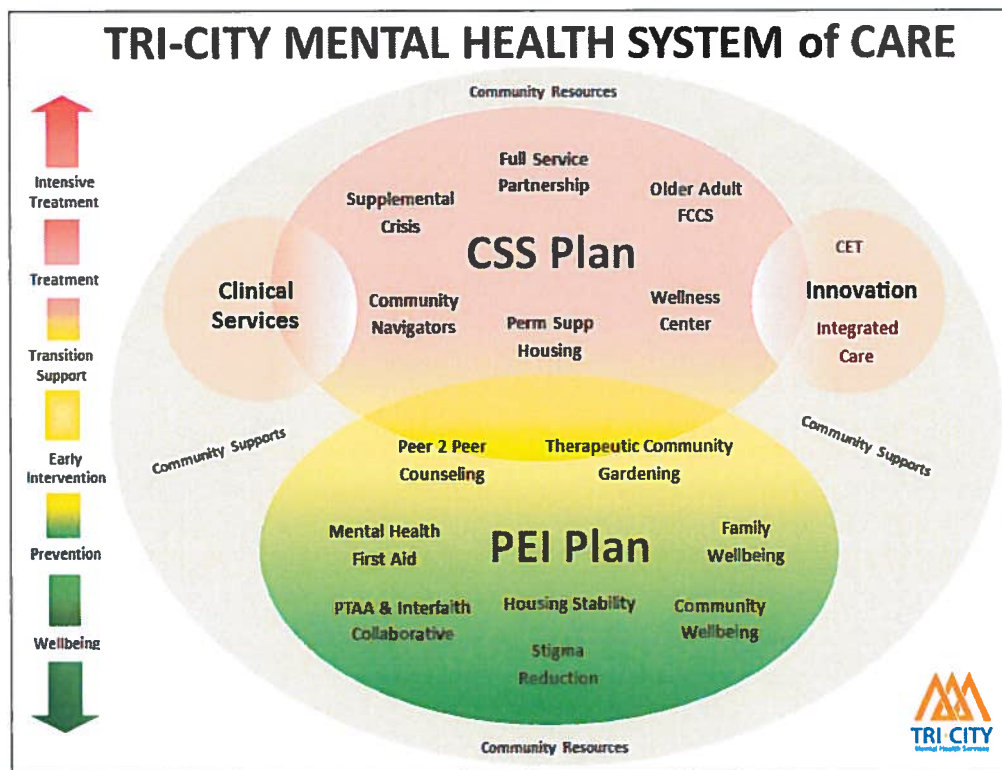
Introduction to Tri-City Mental Health Services

Tri-City Mental Health Services' System of Care

Tri-City Mental Health Services (TCMHS) was created in 1960 as a result of the Joint Powers Authority adopted by the cities of Claremont, La Verne, and Pomona. It provides high-quality, culturally-competent, behavioral health care treatment, prevention, and education in the diverse cities of Pomona, Claremont, and La Verne by understanding the needs of consumers and families.

TCMHS uses the MHS planning effort to create a unique and transformative approach to mental health service delivery. Guided by a vision of a system of care that is aimed at creating wellbeing in the three cities of Pomona, Claremont and La Verne, TCMHS plays a critical but not exclusive role in providing mental health supports and services. Rather, the system of care is made possible by the community's own capacity to care for its members without relying exclusively on expanded services provided by TCMHS. The role of TCMHS in this system of care is to provide services when necessary and to support the community's capacity to care for its members.

This orientation toward building a community's capacity for wellbeing, recovery, and mental health is the foundation of TCMHS' MHS programming. The approach can be visualized using the following map of the emerging system of care and the MHS investments that have been made to date:



Along the left side are the complete range of supports and services available, ranging from non-MHSA funded clinical services to MHSA-funded intensive treatments such as Full Service Partnerships to MHSA-funded programs aimed at prevention and wellbeing such as the Community Wellbeing grants. All of these programs are bolstered by formal and informal community supports. TCMHS envisions its system of care from this broad perspective, inclusive of formal and informal community supports that help community members maintain and improve their mental health with or without formal services provided directly by TCMHS.

Demographic Profile of TCMHS’s Service Area

TCMHS serves the three-city population of Pomona, Claremont, and La Verne of approximately 215,000 persons with Pomona being the largest of the three cities. According to the U.S. Census (2010), 57% of the population is Latino, 26% is White, 9% is Asian Pacific Islander, 6% is African American, 2% is multiracial and less than one percent is American Indian. Forty-three percent of the population has an income that is less than 200% of the federal poverty threshold. Roughly 48% of the Tri City population speaks monolingual English, while 42% speaks Spanish as the primary language at home. Another 6.7% speak an Asian Pacific Islander language as the primary language, and 3.5% of the population speaks a language other than the ones already named. Forty-nine percent of the population is male, and 51% is female.

While these demographics describe the area as a whole, there are distinct differences in demographics of each of the cities as demonstrated in the following tables:

Table 1: Ethnic Distribution by City

	La Verne	Claremont	Pomona	Tri-Cities
White	55.4%	58.9%	12.5%	26.2%
Latino	31.0%	19.8%	70.5%	56.6%
African American	3.2%	4.5%	6.8%	5.9%
American Indian	0.2%	0.2%	0.2%	0.3%
API	7.6%	13.0%	8.4%	9.0%
Multi-Race/Other	2.6%	3.6%	1.6%	2.0%
Total	100.0%	100.0%	100.0%	100.0%

Table 2: Age Distribution by City

	La Verne	Claremont	Pomona
0-15	18.1%	16.7%	25.9%
16-25	14.2%	22.2%	18.6%
26-59	44.2%	38.9%	44.3%

60+	23.5%	22.3%	11.3%
Total	100.0%	100.1%	100.1%

Table 3: Primary Language Distribution by City

	La Verne	Claremont	Pomona
English	75.9%	76.1%	35.0%
Spanish	14.6%	9.4%	55.8%
API	2.5%	7.7%	8.1%
Other	6.9%	6.7%	1.1%
Total	99.9%	99.9%	100.0%

Table 4: Population in Poverty by City

	La Verne	Claremont	Pomona	Total
200% of Federal Poverty Threshold	6,165	5,197	80,600	91,962
Total Population	31,063	34,926	149,058	215,047
% of Population in Poverty	19.8%	14.9%	54.1%	42.8%

In FY 2013-14, TCMHS served approximately 1,400 unduplicated clients who were enrolled in formal services. It currently has 142 full-time and 20 part-time employees and an annual operating budget of \$18.5 million dollars. TCMHS strives to reflect the diversity of its communities through its hiring, languages spoken, and cultural competencies.

Description of Stakeholder Process

Tri-City Mental Health Services engaged in expansive community engagement and stakeholder processes throughout its MHSA planning and implementation efforts by including more than 6,000 people for its original Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) plans. TCMHS's ongoing robust stakeholder engagement process demonstrates its commitment to ensuring that broad stakeholder and community participation takes a deep hold in our transformed mental health system.

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.

To arrive at this Annual Update, TCMHS engaged stakeholders in a seven-month program review, evaluation, and planning process. Beginning in October 2014, two workgroups organized around CSS and PEI reviewed reports and data from each project and made recommendations for no-cost and low-cost improvements. Workgroups also identified potential areas for improvements that might require additional funds if they were available in the budget. During the January 2015 stakeholder meeting, TCMHS formed one additional workgroup to explore how to use \$50,000 in additional PEI funding to augment the existing Mental Health First Aid training project (part of the Community Capacity Building Program). The Stakeholders endorsed the proposed expenditures during the March 2015 meeting.

Seventy-nine new stakeholders attended one or more of these MHSA stakeholder meetings in FY 2014-15, and they represented the following constituencies: TAY, adults, and seniors with severe mental illness; families of children, adults, and seniors with severe mental illness; providers of services; law enforcement agencies; education; TAY; seniors; community members from the three cities; Native Americans; African Americans; Asian/Pacific Islanders; and individuals served or targeted by Prevention and Early Intervention services. To aid new stakeholders' participation, TCMHS provided new stakeholders with an orientation packet which included information on MHSA, its five plans, a glossary of terms and acronyms, and other necessary background information. In October 2014, TCMHS held two MHSA orientation sessions, one during the daytime hours and one in the evening.

This Annual Update was posted on April 17, 2015, and the required minimum 30-day review process ended on May 17, 2015. Staff circulated a draft of the annual update by making electronic copies available on TCMHS's website and providing printed copies at various public locations (such as at the Wellness Center, libraries, etc.). Several methods of collecting feedback were available such as phone, fax, email, mail, and comments at the public hearing. The public hearing was scheduled for May 20, 2015. At that time, the Mental Health Commission recommended approval of the MHSA 2015-16 Annual Update to the Governing Board, and the Governing Board approved the Annual Update.

Cost Per Participant Summary

What follows are descriptions of each MHSA-funded program. The descriptions include updates to the program’s development; performance outcomes for CSS, PEI, and INN programs; and cost per participant calculations for programs that provide direct services. The services provided in Fiscal Year 2013-14 by age group, number of clients served, and average cost per person are summarized in the table below as per the guidelines for this Annual Update:

Table 5: Summary of MHSA Programs Serving Children, Including TAY

Program Name	Type of Program	# of Children or TAY Served	Cost Per Person
Full Service Partnerships - Child	CSS	53.0 FTC *	\$26,337
Full Service Partnerships - TAY	CSS	61.0 FTC *	\$19,247
Community Navigators	CSS	785	\$147 **
Wellness Center	CSS	872	\$559 **
Supplemental Crisis Services	CSS	18	\$1,502 **
Family Wellbeing	Prevention	287	\$143 **
Housing Stability	Prevention	25	\$1,215 **
Peer to Peer Counseling-TAY	Early Intervention	26	\$449 **
Therapeutic Community Gardening	Early Intervention	34	\$2,063 **
Modified Cognitive Enhancement Therapy-TAY	Innovation	1 FTC *	\$22,974

Table 6: Summary of MHSA Programs Serving Adults and Older Adults, Including TAY

Program Name	Type of Program	# of TAY, Adults, Seniors Served	Cost Per Person
Full Service Partnerships - TAY	CSS	61.0 FTC *	\$19,247
Full Service Partnerships - Adult	CSS	84.0 FTC *	\$27,390
Full Service Partnerships – Older Adults	CSS	4.0 FTC *	\$35,791
Community Navigators	CSS	2,554	\$147 **
Wellness Center	CSS	1,950	\$559 **
Supplemental Crisis	CSS	91	\$1,502 **

Services			
Field Capable Services for Older Adults	CSS	28	\$9,550
Family Wellbeing	Prevention	416	\$143 **
Housing Stability	Prevention	166	\$1,215 **
Peer to Peer Counseling	Early Intervention	324	\$449
Therapeutic Community Gardening	Early Intervention	49	\$2,063 **
Modified Cognitive Enhancement Therapy	Innovation	10 FTC *	\$22,974

* FTC means *Full-time Client*. Some people who begin a program may leave before completion. In order to accurately calculate a cost per person, Tri-City staff calculated the full time equivalent of clients who continued in the program for all of FY 2013-14.

** 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.

During the Stakeholder review process used to prepare this Annual Update, stakeholders reviewed the available performance outcome data which is tracked for each program through our Results-Based Accountability process (RBA). Through the RBA process, TCMHS developed indicators to help us track the answers to the following three questions: 1) How much did we do, 2) How well did we do it, and 3) Is anybody better off? The performance data included in this plan is the same data that our stakeholders and staff reviewed. Stakeholders also identified areas for each program's improvement and opportunities for greater collaboration between programs and between additional stakeholders.

As per the guidelines Annual Update, TCMHS considered services similar to those provided by the Mentally Ill Offender Crime Reduction Grant Program; however, those services were not considered a high priority by our stakeholders at this time.

Lastly, there were no shortages in personnel identified, nor additional assistance needs from education and training programs.

Full Service Partnership Programs (CSS funded)

TC-01: Full Service Partnerships

OVERVIEW

Full Service Partnerships (FSPs) are for people who are severely ill 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. Each enrolled individual has a personal services coordinator and 24/7 staff support.

ORIGINAL RATIONALE

The CSS Plan requires counties to allocate at least 51% of the plan’s total budget to FSPs. This requirement reflected significant evidence of success from pilot projects in California that were lauded across the country as models for successful mental health care.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

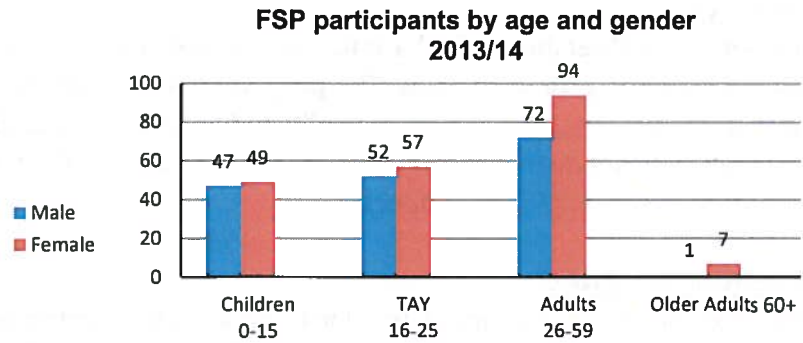
The implementation of the Affordable Care Act in January 2014 generated a spike in the numbers of people eligible for FSP services. In the early months of 2014, TCMHS saw an average increase of 40 consumers per week asking for mental health services; that number stabilized to 25 consumers per week by the end of the fiscal year. Of these consumers, approximately two-thirds of them qualified for all TCMHS services and a third of those who qualified also were eligible for FSP services. Many of those consumers who were newly-eligible for FSP services had been without treatment for long periods of time or unable to sustain treatment.

TCMHS budgeted for both an increase in slots and staff positions in fiscal 2013-14 in order to accommodate the expected increase in FSP need. However, as a result of the Affordable Care Act (ACA), many of our unfunded slots became funded under Medi-Cal, thereby reducing the number of unfunded slots. Our use of flex funds continues to be less than expected, and TCMHS plans on using some of the decrease in flex fund requirements to increase its budget for FSP salaries while also maintaining a flex fund budget in 2015-16 in anticipation of needing these resources when more permanent supportive housing slots become available.

FSP continues to experience high turnover in staffing, however, TCMHS is noticing a few trends in the turnover. Some staff leave to pursue a graduate program, and some leave to pursue less intense work. Two years appears to be a long tenure for this position, but some of the staff actually move to other positions within TCMHS rather than leave for another employer. TCMHS is looking to other parts of the system, such as WET, to provide training and other options to continue to support the staff who do this intensive work.

HOW MUCH DID WE DO?

379
individuals served
2013/14 (1)



Note 1: These individuals are the total number served during FY 2013-14. It differs from the full-time equivalent client numbers in the table below. See Note 2 for the explanation.

IS ANYONE BETTER OFF: SUCCESS STORY

VG is a TAY FSP client who was referred to TCMHS after several suicide attempts, a long history of depressive symptoms, self-harm, and substance use. After successfully completing the treatment goals, VG graduated from high school and enrolled in college. VG continues to attend college, works at two jobs, and contributes to the family’s finances. VG’s father says that family relationships improved so much that it is a “transformation.”

M. is a Child FSP client who came to TCMHS with symptoms of severe depression and an eating disorder. TCMHS shifted the treatment goal to connecting her with her family through activities such as having dinner together. M. now meets with her doctor twice a month just for monitoring, she is off of her medications for depression, and now is enrolled in high school honor classes. She met her treatment goals and is now at a healthy weight.

Table 7: Cost per person estimate for FSPs, FY 2013-14

	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Totals
#’s Served (FTC) (2)	53	61	84	4	202
Cost/Person	\$26,337	\$19,247	\$27,390	\$35,791	Average of all ages \$24,848

* **FTC** means Full-time Client. These numbers are based on full-time equivalent clients. Some people who begin these programs leave before completion. In order to accurately calculate a cost per person, we estimated the number of full time equivalent clients in these programs for all of FY 2013-14.

Note 2: FSP costs include both MHSA and other funds. The average cost/person varies by age group served.

Non-Full Service Partnership Programs (CSS funded)

TC-02: Community Navigators

OVERVIEW

Community Navigators help people 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. All Tri-City Community Navigators are bilingual and bicultural. They regularly stay in touch with local resources, including community organizations, emerging and well-established health and mental health service providers, law enforcement agencies, schools, courts, residential facilities, NAMI programs, self-help groups, client advocacy groups, homeless shelters, and others. The Navigators help build teams of volunteers and staff from other organizations and community groups. They involve people who have received services, family advocates, family members, and leaders of un-served and under-served communities whenever possible in identifying and helping leverage community supports.

ORIGINAL RATIONALE

One of the foundational premises of the Tri-City CSS plan is a belief that professionally delivered, publicly funded mental health services, by themselves, cannot deliver the outcomes we seek. Therefore, if we are committed to achieving the MHSA outcomes for everyone in need of support, we must develop a broader infrastructure to leverage all available community supports, including informal supports and professional services. Community Navigators and their teams are a crucial structure for helping people successfully access formal and informal supports when they are needed.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

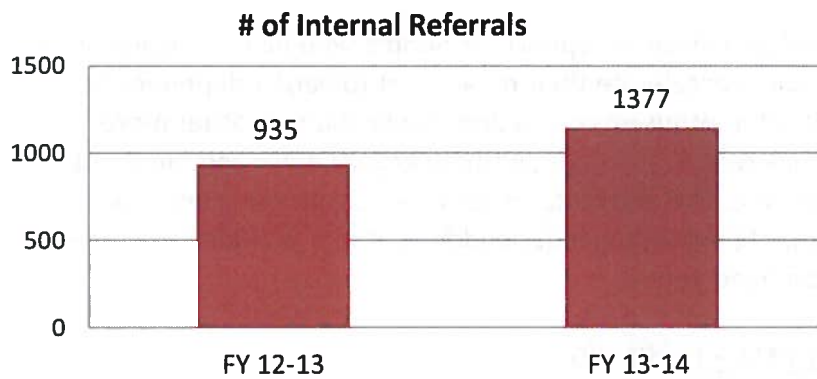
In addition to the responsibilities identified above, Community Navigators provide outreach for many TCMHS programs, offer Spanish translation, and help advocate for client needs. The influx of people eligible thanks to the Affordable Care Act has resulted in an increase in demand for the services of Community Navigators. Navigators are available to meet with clients at various locations as needed.

Data collection issues challenge this program since the opportunity for follow-up on referrals is not always available. A new survey instrument was developed in March to better capture the program's impact, however, that data is not well-reflected in this report yet.

HOW MUCH DID WE DO?

2,997
individuals
served in
FY 2013-14

HOW WELL DID WE DO IT?



IS ANYONE BETTER OFF: A SUCCESS STORY

A man who was homeless in the streets of Pomona for about 4 months came into TCMHS feeling depressed, hopeless, and scared. He was connected to a Community Navigator who was able to get him into Avenues Sober Living in Pomona. He was also connected to Brand New Day for Mental Health Services. Months later, the client returned to TCMHS looking like a different person – clean and smiling. He stated that he really loves his Sober Living and was thankful to the Community Navigator for the assistance that was provided to him.

COST PER PERSON ESTIMATE FOR FY 2013-14: \$147

TC-03: Wellness Center

OVERVIEW

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.

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 that are designed to promote increasing independence and wellness. The Wellness Center is open five days a week and for extended hours on many days.

ORIGINAL RATIONALE

The Wellness Center was conceived as a place of support for people who have struggled with mental health issues so that they could accelerate their movement toward independence, recovery and wellness. It does not offer intensive counseling, medication, or other more traditional mental health services. Instead, it 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 supports and services for transition-aged youth.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

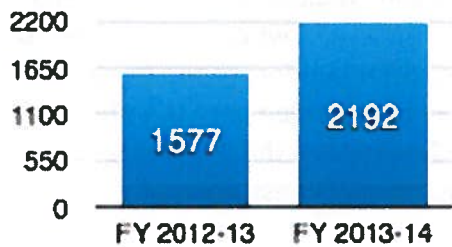
Offerings at the Wellness Center continue to expand exponentially; there was a 39% increase in unduplicated people served in the last fiscal year. Some of the services delivered at the Center are funded by MHS funding; other services are delivered by independent organizations and communities who partner with the Center and use its facilities.

Many of the support groups are facilitated by peers, and TCMHS is looking for ways to expand the skills of peer facilitators. Employment services also continue to be popular at the Wellness Center; vocational support groups are forming, as well as ESL and computer skills classes.

Data collection continues to be a challenge, especially given the volume of people who come through the Wellness Center.

HOW MUCH DID WE DO?

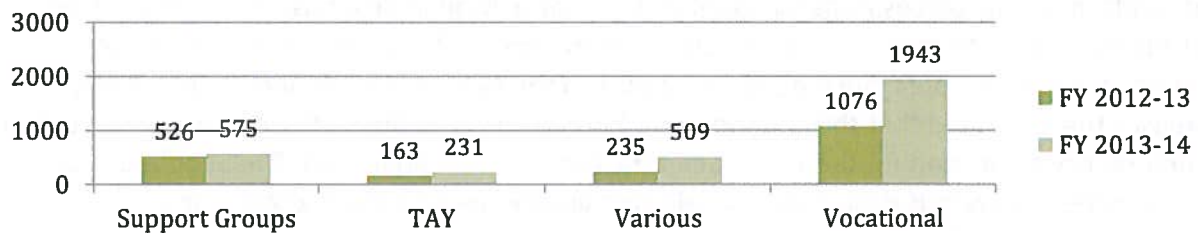
Number of People Served at the Wellness Center



164
individuals
secured
employment in
2013-14

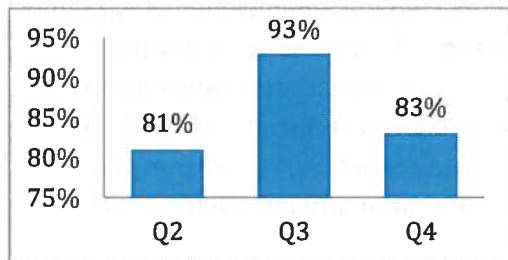
Attendance at Events

The chart below represents the number of unique people in each event group. Individuals who attended one or more groups are counted once in each category.



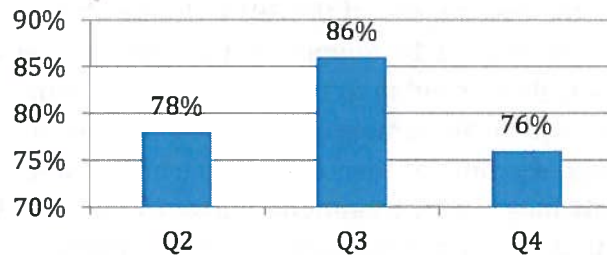
HOW WELL DID WE DO IT?

*% of participants satisfied with experience.
Percentage of those answered "Agree"*



IS ANYONE BETTER OFF?

*% reporting improved wellbeing.
Percentage of those answered "Agree"*



IS ANYONE BETTER OFF: SUCCESS STORIES

N. had been attending groups at the Wellness Center since 2013, but recently lost her job and was in danger of becoming homeless. At the Wellness Center, she received several job leads, a job packet, and customer service applications to different hiring agencies. The next morning N. called to say thank you, because she got the job – and so did the person who gave her a ride to the job site. She is no longer in danger of becoming homeless, and she says the Wellness Center is a great blessing.

COST PER PERSON ESTIMATE FOR FY 2013-14: \$559

TC-04: Supplemental Crisis Services

OVERVIEW

The Supplemental Crisis Services program provides after-hours and weekend support as well as support during working hours to individuals who are suffering a crisis and who currently are not receiving TCMHS services. Local crisis staff and on-call clinicians offer support to the person in crisis, police personnel, and others as appropriate. Support may be provided over the phone or at the crisis location. Paired with follow-up by the Community Navigators, the Supplemental Crisis Services program helps people with symptoms of serious mental illness prevent hospitalization and receive more appropriate care.

ORIGINAL RATIONALE

The Tri-City clinic and other area providers offer 24/7 crisis support to people they directly serve. People not currently receiving services, however, who suffer a crisis after hours or on weekends must rely on Los Angeles County's Psychiatric Mobile Response Team (PMRT). Given that the three Tri-City area cities are on the eastern edge of the county, PMRT response times can sometimes take hours. Such delayed support to the person in crisis and his/her family increases the likelihood that the situation will deteriorate, resulting in the person being sent to an emergency room, committed to a psychiatric facility, or incarcerated. The Supplemental Crisis Services program is designed to ameliorate and/or prevent these escalations.

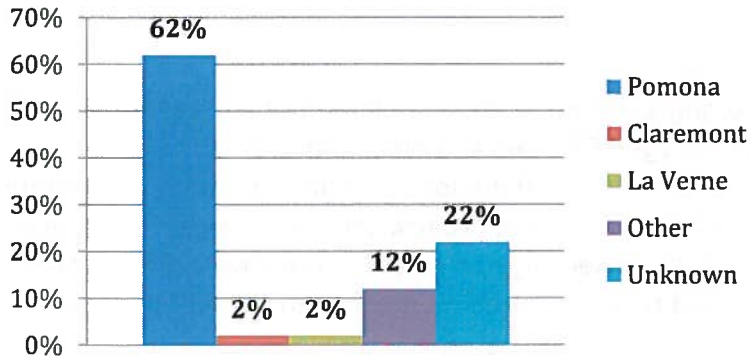
NOTES ON DEVELOPMENT • PROGRESS • LEARNING

The beginning of the year saw a drop off in after-hours calls, down to one per week. TCMHS decided to increase outreach to remind providers and the public that these services were available. Staff designed a new flier and talked about the program more in their presentations. Now, the first quarter of the 2014-15 year shows a marked increase in the number of calls and referrals. In 2013-14, Supplemental Crisis Services was expanded to address care for those individuals presenting to the Tri-City clinic during business hours for crisis assistance. Many of these individuals coming in are using both the Tri-City's walk-in crisis services and the local emergency room as their only source of care and end up returning periodically rather than maintaining steady treatment. Currently, our efforts to engage them and get them into FSP treatment are time-consuming and not billable.

TCMHS believes that an intensive multi-disciplinary outreach and engagement team is needed to act as a bridge between this supplemental crisis service and intensive treatment services such as FSP.

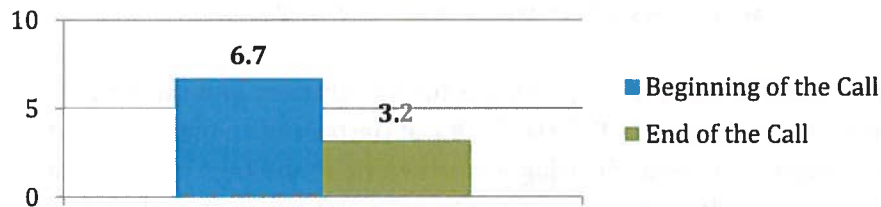
HOW MUCH DID WE DO?

Distribution of callers by city. "Other" category includes: Bakersfield, Chino, Covina, Diamond Bar, La Puente, Los Angeles, Monrovia, Riverside, Rowland Heights, Walnut, and Washington state.



HOW WELL DID WE DO IT?

Level of Distress: 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).



IS ANYONE BETTER OFF: SUCCESS STORIES

A young man was brought to an agency by his brother and uncle because he was having fixed false beliefs about others being out to get him. The Crisis support team was able to get him to a safe place for immediate treatment, but he needed a plan for care after being discharged. TCMHC arranged case management and medication services. Even though he had no immediate funding, he was provided services and resources. Eventually he was able to become insured and able to manage his medications independently. The young man was able to go back to school and work again.

COST PER PERSON ESTIMATE FOR FY 2013-14: \$1,502

TC-05: Field Capable Clinical Services for Older Adults (FCCS)

OVERVIEW

Through this program, TCMHS staff members provide mental health services to older adults where they are, such as in their homes, senior centers, and medical facilities.

ORIGINAL RATIONALE

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.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

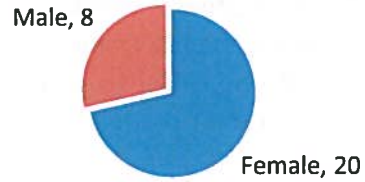
When referrals dropped off this year, TCMHS assigned a Community Navigator to conduct more targeted outreach. During that outreach, we learned that there is a great deal of stigma felt by seniors towards admitting depression or other mental health issues and seeking help. By January, TCMHS renamed our services Wellness for Seniors and developed new outreach materials. This second half of the year, TCMHS began to see more referrals.

Those coming in may be presenting with dementia, which is hard to discern and must be referred out to neuropsychologists because TCMHS staff are not permitted to treat dementia by the California Code of Regulations (instead, the diagnosis must be made by a neurologist or a neuropsychologist). TCMHS recommends budgeting a fund to cover neuropsych testing to help us know what type of treatment is truly needed. Also, training for clinical staff during the 2014-15 year should include sessions on working with the older adult population.

HOW MUCH DID WE DO?



Served by FCCS by gender
2013/14



IS ANYONE BETTER OFF: SUCCESS STORIES

The client was referred to TCMHS by her daughter for service for her depression in March of this year. The client was clear during the intake process that it was not her desire to receive mental health treatment despite obvious symptoms. As the case manager persisted with her outreach effort, she was able to directly assist the client with DCFS situations with her adopted sons, which in turn led the client to trust the case manager and TCMHS. The client eventually agreed to meet with a psychiatrist and later agreed to meet with a therapist. The client is fully engaged in treatment at this point.

COST PER PERSON ESTIMATE FOR FY 2013-14: \$9,550 (based on 11 full-time equivalent clients)

TC-06: Permanent Supportive Housing

OVERVIEW

In July 2011, the TCMHS Board approved a Comprehensive Housing Master Plan to construct or rehabilitate 100 short-term transitional and permanent supportive housing units. 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 illness can receive an array of services designed to support their recovery.

ORIGINAL RATIONALE

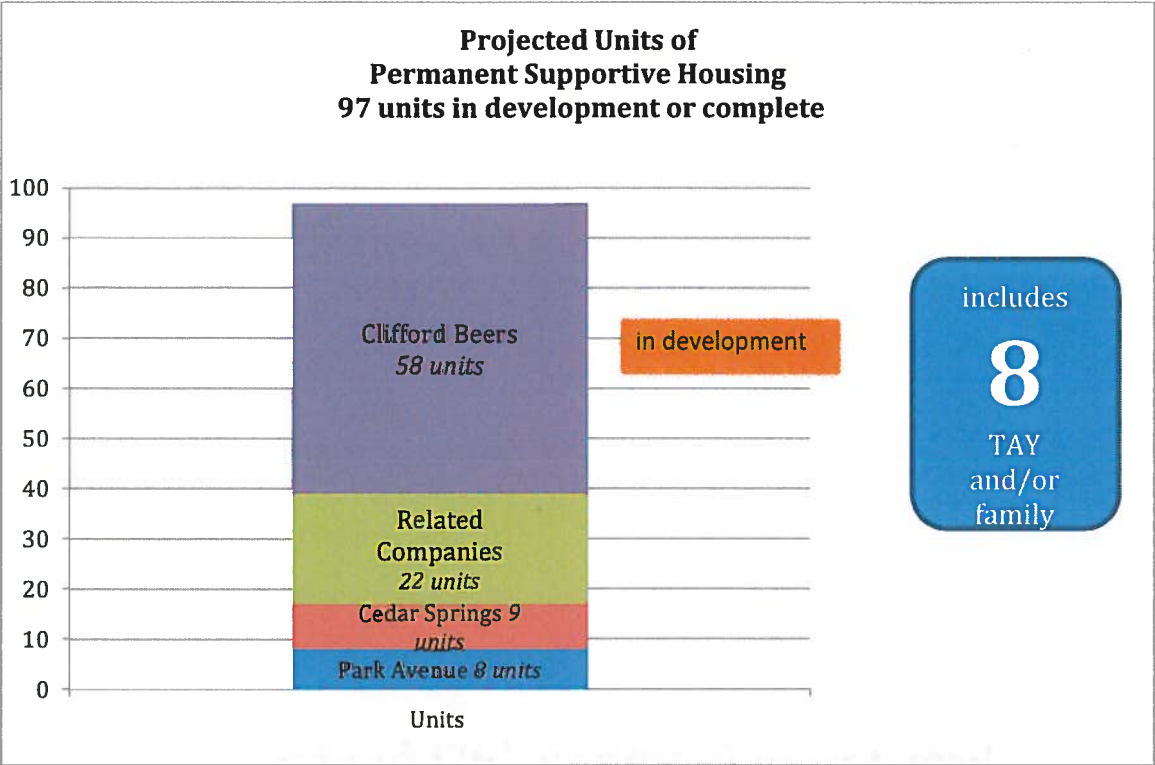
Sustaining recovery from mental illness is profoundly difficult if the person receiving services does not have the security of stable, safe and sanitary housing. Permanent supportive housing has proven to be a significant part of successful recovery plans for many people with serious mental illness. Such housing enables successful pathways to recovery and, ultimately, can reduce the cost of other services such as emergency room visits and incarceration. For many years, Tri-City, in collaboration with other private and governmental partners, has provided short-term transitional housing for individuals receiving services. Until recently, Tri-City lacked the resources to undertake efforts to supply long-term Permanent Supportive Housing. However, the CSS Housing plan now allows Tri-City to begin providing such long-term housing.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

One lesson learned from last year is that the success of any housing development effort appears to be closely related to effective anti-stigma efforts. TCMHS with key support from NAMI Pomona Valley has been engaging communities and doing anti-stigma work by reaching out to community leaders and decision makers and educating them about the importance of this type of housing to the community.

Much progress has been made on the stigma front, and progress on the permanent supportive housing developments, although slower than originally anticipated, is now progressing. Cedar Springs, a joint effort project in La Verne with the Los Angeles DMH and David and Margaret Agency broke ground on January 29th, 2015, and construction on the Related Companies units to be developed in Pomona will begin in March 2015. The housing development in Pomona, headed by Clifford Beers, has site control and entitlements from the City of Pomona and is in the process of applying for funds. In fiscal 2012-13 TCMHS purchased housing property on Park Avenue in Pomona to provide eight units of permanent supportive housing. In fiscal 2013-14 TCMHS received \$147,000 in funding from the City of Pomona's HUD grant to renovate the Park Avenue site.

HOW MUCH DID WE DO?



IS ANYONE BETTER OFF: SUCCESS STORY

TCMHS engaged in a local anti-stigma campaign themed around “Room 4 Everyone,” emphasizing inclusiveness in our community. Despite previous opposition to permanent supportive housing proposals in the previous year, after the “Room 4 Everyone” campaign and outreach there was no opposition to the renovation or purchasing plans of the Park Avenue site. As a result, three individuals receiving mental health services were able to remain in their homes, had their homes renovated, and were engaged in additional mental health supportive services.



Prevention Programs (PEI funded)

PEI-01: Community Capacity Building

Three projects make up the Community Capacity Building program; they are the Community Wellbeing Project, Mental Health First Aid and Stigma Reduction Within Cultural Groups. They are detailed separately below.

PROJECT: Community Wellbeing Project (CWB)

OVERVIEW

In this program, *community* is defined as a group of individuals who rely on each other for support and can act together. The 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. The program focuses on providing support to communities at greater risk for mental illness.

ORIGINAL RATIONALE

The Community Wellbeing Program is designed to help communities develop and implement community-driven plans to improve and sustain the mental and emotional wellbeing of their members. Particular focus is on unserved and undeserved communities who often struggle to access appropriate mental health and other services.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

The communities participating in the CWB program report an increased connectedness both within their own communities and between the communities that have participated in this program. Collaborations between communities that face similar struggles have led to improvements in their ability to address these struggles. There were some communities that had to shift their project to respond to issues that were emerging within and around the community.

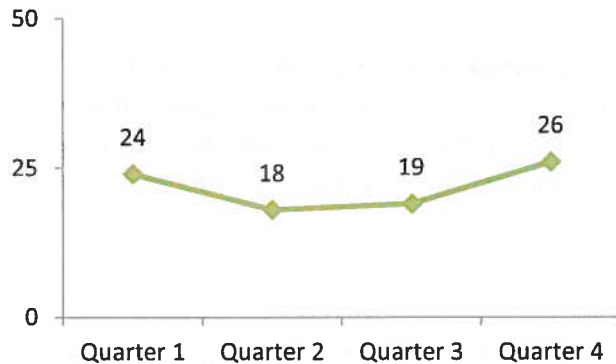
To address the gap in understanding of the intention of the program and possible capacity limits, TCMHS proposes a pilot project to have a non-grantee track where communities that have not yet received a grant will be able to develop a solid foundation on which a successful CWB program might later be developed. The participating communities will be exposed to leadership programs, skill development, and possibly develop mentor relationships with communities which have three years of experience in the CWB program.

There have been no communities who identify as a whole as being LGBTQ that are participating in the Community Wellbeing Program. During the 2013-2014 year, outreach was targeted specifically to groups that fit this criterion. Two groups identifying as LGBTQ did apply for the 2014-2015 grant, but the applications did not qualify. They will be invited to participate in the pilot program of the non-grant track program in the hopes of strengthening their proposal in the future.

TCMHS also is looking for ways to make the CWB program more collaborative, since many of the communities in the CWB program are often resources that benefit the clients of Tri-City and the entire area of Tri-City.

HOW MUCH DID WE DO?

Number of individual community support sessions



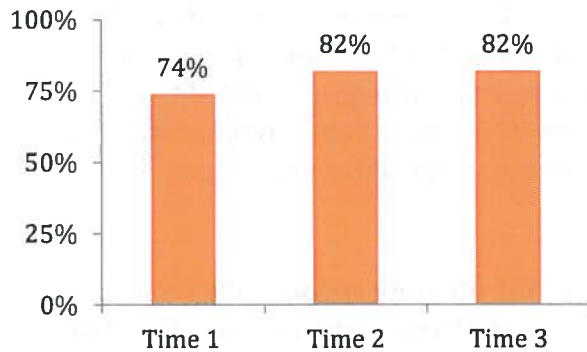
HOW WELL DID WE DO IT?

Percent of community members reporting wellbeing data is useful

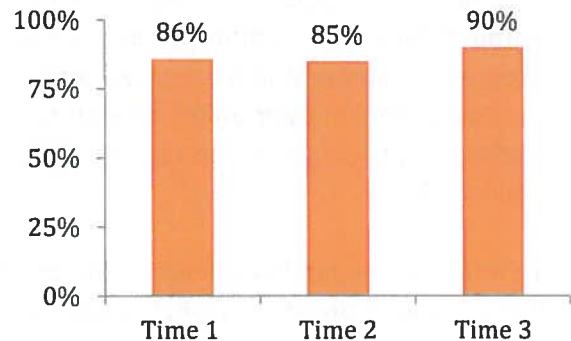


IS ANYONE BETTER OFF?

Community members report improvement in supporting each other



Community members report improvement in ability to effectively act together



IS ANYONE BETTER OFF: SUCCESS STORIES

A reflection from an older adult Bone Builders Instructor, a CWB grant recipient: “For one year after my retirement from a long hospital nursing career, I finally found a volunteer position to fill a void. RSVP Bone Builders gave me an opportunity to still make a difference -- by helping people obtain a healthier way of life. While teaching the osteoporosis and exercise class, I realized how I was also benefiting myself by living the healthy lifestyle I was promoting.”

PROJECT: Mental Health First Aid (MHFA)

OVERVIEW

Mental Health First Aid (MHFA) is a nationally recognized prevention program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone experiencing mental and emotional distress. This evidenced-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), people can also master basic mental health first aid without being clinicians. TCMHS expanded the program to include additional trainings beyond the core MHFA curriculum, such as workshops on Everyday Mental Health, The Recovery Model, and Suicide Prevention.

ORIGINAL RATIONALE

The Mental Health First Aid (MHFA) program will train scores of people in community-based settings to intervene quickly and effectively to offer support when someone is experiencing mental and emotional distress. In this way, community members can offer support and encourage connections to appropriate and professional help to people in distress, thus extending the impact and reach of the system of care.

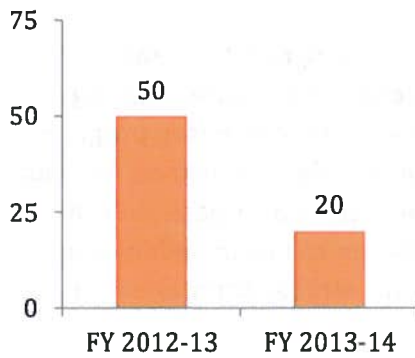
NOTES ON DEVELOPMENT • PROGRESS • LEARNING

The National Council for Behavioral Health adapted the curriculum to include Youth and Spanish versions. In the Youth version, TCMHS was able to train community members, such as parents, teachers, and high school students to better understand mental health challenges and issues that often arise during adolescence. In the Spanish version, TCMHS trained participants in their native language. Despite these new offerings, registration was low. TCMHS proposed the following changes to increase registration: 1) provide more flexibility regarding class times and day of the week; 2) target outreach efforts to the Spanish-speaking community, including churches; and, 3) request a shorter version of the Spanish MHFA with National Council Behavioral Health (from twelve hours to eight).

Other challenges persist. TCMHS still has trouble engaging veterans despite outreach efforts. Some employers have a difficult time accommodating additional training time. Also, the MHFA instructor numbers are decreasing which may impact our ability to offer MHFA classes in the three cities in the long-term and reduce the numbers of people trained. Although the Everyday Mental Health curriculum (a condensed version of MHFA) is available, many individuals who take it request more in-depth trainings to include additional topics. In the future, TCMHS will offer a needs assessment to get a better understanding of what trainings are needed and then develop curriculum to address that need.

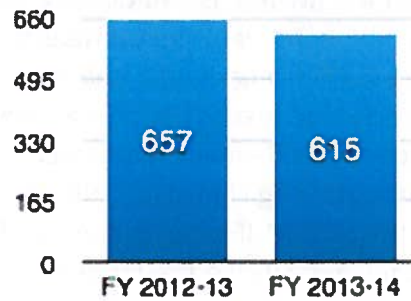
HOW MUCH DID WE DO?

of Certified Instructors



HOW WELL DID WE DO IT?

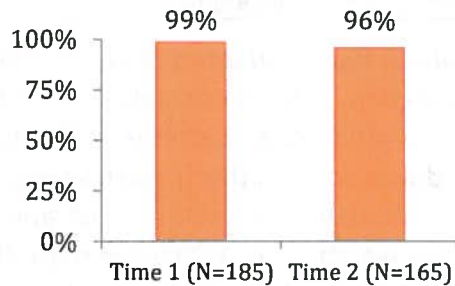
of MHFA'ers Trained Each Fiscal Year



1,272
2-year total

IS ANYONE BETTER OFF: MHFA Training Survey Responses

Participants report they can reach out to someone experiencing a mental health problem or crisis



IS ANYONE BETTER OFF: SUCCESS STORIES

An MHFA'er who was volunteering at a local food bank provided feedback about how the training helped her in a particular situation: "I felt I was able to provide a listening ear and some suggestions to two men and a family that needed a little lift... I went out to talk to the regulars and asked a few questions. They told me they had safe shelter and enough food and thanked me for my concern."

PROJECT: Stigma Reduction Within Cultural Groups Program

OVERVIEW

The Stigma Reduction within Cultural Groups project originally began as a one-time prevention project in March 2012. The program engages leaders and members of underserved cultural groups in conversations about mental illness. The purpose is to gather information to make services more relevant and culturally sensitive to every cultural group and community and to increase their mental health awareness.

ORIGINAL RATIONALE

By helping groups recognize in their own time and on their own terms the cultural beliefs that prevent members of their communities from accessing help for mental illness when in need, TCMHS seeks to eradicate stigma towards people with mental illness. By engaging cultural groups through meaningful and intimate dialogue about stigma, this project seeks to learn how underserved communities in the three cities understand stigma and support their members who experience symptoms of mental illnesses.

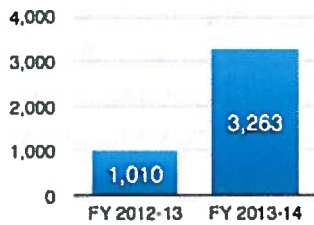
NOTES ON DEVELOPMENT • PROGRESS • LEARNING

The project originally was developed as a one-time Request for Proposal (RFP) with NAMI to carry out TCMHS' stigma reduction program. The original contract with NAMI was scheduled to end in June 2015, but it has been extended one year to complete the original goals and objectives. In FY 2013-14, the NAMI-led project engaged more than 300 community members in conversations about mental health through one-on-one conversations, small groups, and conversation series. The year culminated in two half-day Learning Dialogues, after which local leaders made commitments to continue conversations that could reduce stigma. Many who attended are excited to have conversations about mental health stigma and see its timeliness. This year, the project focused on stigma among the following unserved and underserved groups: homeless, seniors, TAY, law enforcement, and substance abuse and recovery providers and consumers. In the coming year, the project will engage specific unserved and underserved ethnic groups: Native Americans, Latinos, Asians, Pacific Islanders, African Americans, and Islamic groups.

In the second quarter of FY 2013-14, TCMHS added staff to expand the outreach and increase the impact of the stigma reduction efforts. This increase in effort resulted in a significant growth in the number of individuals engaged to 3,263.

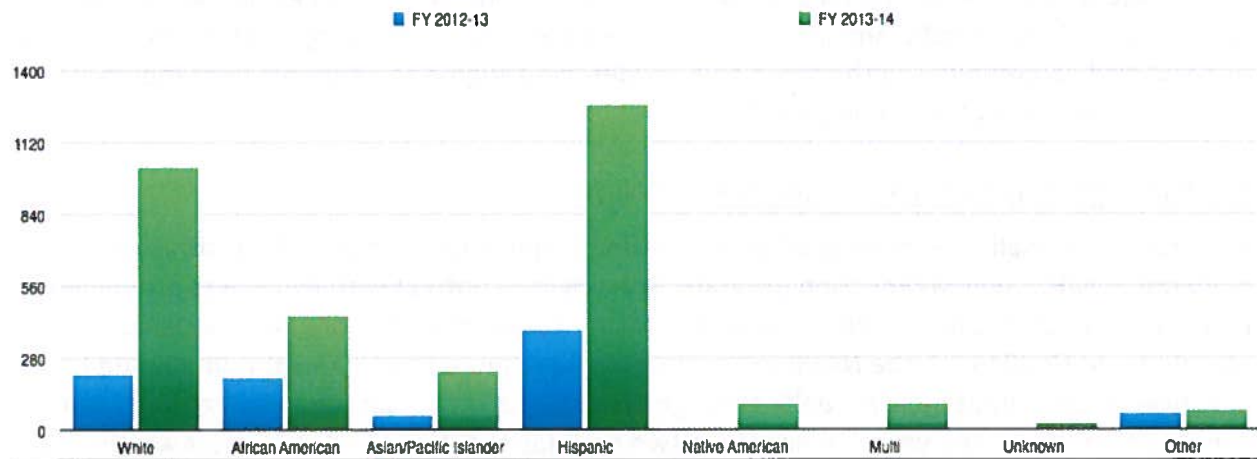
HOW MUCH DID WE DO?

Numbers Reached



HOW WELL DID WE DO IT?

Numbers Reached by Ethnicity



IS ANYONE BETTER OFF: A SUCCESS STORY

As a part of their stigma reduction efforts, TCMHS adopted the Green Ribbon campaign from Each Mind Matters, California's Mental Health Movement funded through Prop 63. As a part of this initiative, the three cities of Claremont, Pomona and La Verne declared the third week in March to be Green Ribbon Week. In addition, community members were invited to become "Mental Health Ambassadors" and wear their green ribbons to show their support for mental health awareness. During Green Ribbon Week, Tri-City provided a series of stigma reduction workshops at American Recovery Center, a local substance abuse agency. As Stigma Reduction Ambassadors, they each accepted the challenge of wearing their ribbons during this week. One young man was wearing his green ribbon and was asked by two women standing in line with him what his green ribbon stood for. He then had a casual conversation with these two strangers about mental health and why it's so vital that we talk about it. He then reflected on how the green ribbon worked so perfectly and was a catalyst for this conversation. Nobody could imagine a situation where a stranger could say to others in line, 'Can we talk about mental illness?' However, the women were able to initiate the inquiry ALL because of the green ribbon he wore. Later, he stated that he felt like he had done a great thing that day.

PEI-04: Family Wellbeing Program

OVERVIEW

In this prevention program, staff and volunteers build trusting relationships and provide support to family members and caregivers of people who struggle with mental illness. The focus is particularly on family members from unserved and under-served communities. Programming includes support groups, 1-1 support, and an array of culturally-appropriate activities focused on wellness interests, e.g. exercise, cooking, other interests—that can attract family members and other caregivers from vulnerable communities into peer support experiences.

ORIGINAL RATIONALE

For this project, stakeholders chose to focus on family members and caregivers, particularly of young children, as a way of providing support to children and youth in stressed families. Data at the time the PEI plan was first developed indicated discernible, and in many cases significant increases in domestic violence calls, violent crime, suicide attempts, and other indicators of mental and emotional distress within families and communities across the three cities. These and other indicators of mental and emotional distress were increasing at precisely the time when local governments, schools, foundations, and service providers were suffering severe budget cuts.

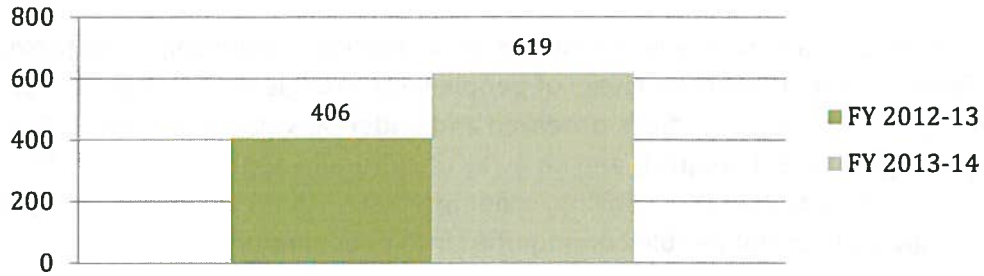
NOTES ON DEVELOPMENT • PROGRESS • LEARNING

Demand for the Family Wellbeing supports continues to grow, and to accommodate the demand, the Wellness Center is now a host site for eight interns with a local university's Masters-level internship program.

TCMHS runs bilingual groups to support parents and children. Other programming includes Kids Hour for younger children to learn socialization skills and Teen Hour. Parents can take a STEP (Systematic Training Effective Program) certification class for parenting skills. TCMHS continues to offer a popular summer camp program for children that teaches fitness, science, healthy cooking and other activities that allow children to learn and have fun.

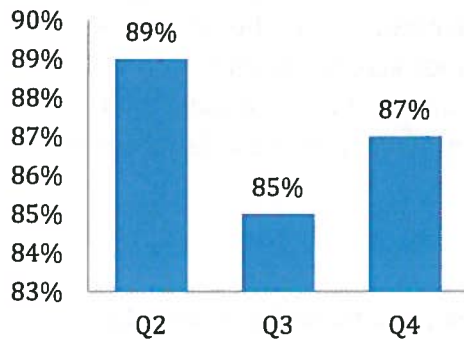
HOW MUCH DID WE DO?

Number of People Served in the Family Wellbeing Program

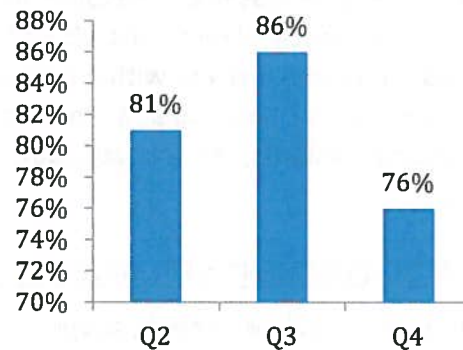


HOW WELL DID WE DO IT?

% of participants satisfied with experience.



% reporting improved wellbeing.



Percentage of those answered "Agree"

Percentage of those answered "Agree"

IS ANYONE BETTER OFF: SUCCESS STORIES

Since coming to the Wellness Center, M. (age 15) has improved her school grades, now receiving A's and B's. She explained that the Wellness Center provided the resources to complete her work in a timely, stress-free manner. Teen hour provided her with a safe environment to express herself and cope with feelings in a positive manner and become more open-minded towards others.

COST PER PERSON ESTIMATE FOR FY 2013-14: \$143

PEI-05: Student Wellbeing Program (SWB)

OVERVIEW

The Student Wellbeing Program includes K-12 Student Wellbeing and College Student Wellbeing. Both programs provide support for the three school districts and area public and private colleges to expand and better integrate their efforts to promote the mental and emotional wellbeing of their students. The projects completed their three-year term on June 30th, 2014.

ORIGINAL RATIONALE

The Student Wellbeing Program was designed in recognition of the vital role that the three schools districts (serving approximately 49,000 students) and ten colleges (serving approximately 31,500 students) play in the lives of children and transition-aged youth and in recognition of the increased stress and challenges faced by students, families, and the education system during the economic downturn and devastating budget cuts to core education and support programs. TCMHS and stakeholders sought to find new ways to support students under increasing and debilitating stress even as they have to dismantle programs they have relied on for years.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

Each of the school districts and colleges had individualized plans for their projects. This year, the Pomona Unified School District focused on training teachers who had not yet received training in the Capturing Kid's Heart method (94 teachers were trained). Capturing Kids' Hearts provides tools for administrators, faculty, and staff to build positive, productive, and trusting relationships among themselves and their students. Bonita Unified School District utilized 19 undergraduate interns as mentors and increased behavior support in the classroom in 8 elementary schools. Also, the District developed suicide threat protocols as a result of the SWB project. Mental Health First Aid continues to be a priority training in Bonita Unified, and 56 certified and classified school personnel completed the training this year. Claremont Unified School District added two students to their Student and Staff Wellbeing Committee and awarded eleven wellbeing mini grants.

The College Student Wellbeing project launched the *Find Your Balance* campaign to promote greater wellness. The project and campaign helped to strengthen the partnership between the University of La Verne, the Claremont Colleges, Cal Poly Pomona and TCMHS and to increase our collective understanding of the needs of college campuses and students. The project developed a brochure for parents/guardians, distributed materials at many events, and networked with several local and national organizations.

HOW MUCH DID WE DO?

74%

teachers agreed that the PUSD's Capturing Kids' Hearts training made a positive difference

56

BUSD school personnel completed the MHFA training

2,279

CUSD students and staff were impacted by the student wellbeing mini grants

IS ANYONE BETTER OFF?

Two Claremont Unified School District schools partnered in a "Project Champion" program that improved mental, physical, and emotional health through physical exercise and charter education related to integrity, discipline, perseverance, patience, and confidence. Another CUSD elementary school participated in "The Bully Game" assemblies aimed at identifying and reducing incidents of bullying. Teachers introduced the topic of bullying in class through discussion and role-playing and through materials provided by the assembly company. Students then attended an assembly called "The Bully Game", reviewed what was learned in class and learned some additional concepts that would be covered in future assemblies. All students and staff are now able to share a common source and vocabulary to reference when discussing bullying in the classroom and playgroups.

The colleges' Find Your Balance materials have been a positive resource. Students are learning more ways they can manage stress and succeed academically and personally. Campus members are also interested in sharing strategies they use to be healthy. During events in which FYB materials were used, students, faculty, and staff were eager to take resources for others and to share the information they learned.

PEI-06: NAMI Community Capacity Building Program

OVERVIEW

The NAMI Community Capacity Building Program consists of two projects: Parents and Teachers as Allies (PTAA) and the Inter-Faith Collaborative on Mental Health (ICMH). 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. The intention is that this training will help teachers and family members learn how best to intervene so that youth with mental health treatment needs are linked with services.

The Inter-Faith Collaborative on Mental Health provides outreach, education and training opportunities to faith organizations, which are often a first point of contact when individuals and families seek assistance. Among other activities, the Collaborative conducts outreach efforts, longer seminars and conferences, and engages a Steering Committee throughout the year.

ORIGINAL RATIONALE

Schools and faith-based organizations are natural centers for seeking mental health support. In addition, they are often multicultural and diverse in their membership. Through this project, NAMI-Pomona Valley Chapter provides education, training, and support to help school personnel and faith-based community members become better able to accept, identify, assist and guide persons and families who are at risk of and/or experiencing mental illness in their lives.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

This year, the Parents and Teachers as Allies project had difficulty getting access to teachers' time because the focus of districts' training was on the implementation of new Common Core curriculum standards. All presentations were done in Pomona this year, but the project has commitments from the Pomona and Claremont districts to do more presentations in 2014-15.

The ICMH included several planning events throughout the year that culminated in a Day of Dialogue in June 2014. Despite the coordinator's temporary leave of absence, the ICMH project was able to develop new relationships with faith communities in South Pomona and in African American and Latino communities.

PTAA: HOW MUCH DID WE DO?



ICMH: HOW MUCH & HOW WELL DID WE DO IT?



IS ANYONE BETTER OFF: SUCCESS STORIES

Parents and Teachers as Allies (PTAA): A notable accomplishment during FY 2013-14 was that 23 Spanish-speaking parents attended a session, and 14 of them subsequently enrolled in NAMI Basics.

Interfaith Collaborative On Mental Health (ICMH): As a response to what they have been learning through the Collaborative, the Claremont United Methodist Church explored ways to develop a more welcoming and supportive environment for people impacted by mental illness. The church has set up three support groups with broad audiences and no mention of mental health in order to reduce any possible stigma. The facilitators expect that mental health issues will emerge from these support groups and are prepared to address it as they have been trained through the Mental Health First Aid classes (which were held at the church). Congregants responded positively to the groups.

COST PER PERSON ESTIMATE FOR FY 2013-14: \$245

PEI-07: Housing Stability Program

OVERVIEW

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. TCMHS works to prevent homelessness by going to where the housing is (with landlords and property management companies) and addressing the needs of housing providers, in addition to consumers. As part of this project, TCMHS developed a “good tenant” training that addresses landlord expectations, rights and responsibilities.

ORIGINAL RATIONALE

Stable housing is a necessary foundation to be able to create wellbeing and support a person’s mental health. Once homeless, it is difficult to provide interventions towards mental health and wellbeing without first finding stable housing. TCMHS began this program in January 2012. The intention was to find ways to work with landlords in a cooperative manner, reduce stigma towards mental illness, and prevent evictions and homelessness.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

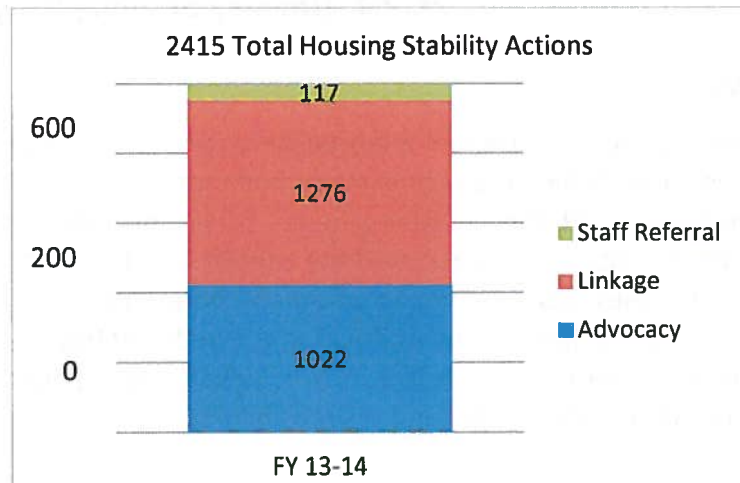
TCMHS hosted the first housing summit for property managers in August 2013, which was attended by more than 80 property management companies and property managers in the area. At the summit, several property managers testified to the benefits of working with TCMHS. The summit will become an annual event.

While property managers express interest in Mental Health First Aid training, only one has been able to take the training due to time constraints. However, a core group of six property managers now participate in a monthly meeting called the Property Manager Knowledge Exchange to help reduce stigma among their colleagues. This same group of property managers will participate in an Everyday Mental Health training and will be the core group to plan future summits and presentations.

TCMHS ran three sessions of the Good Tenant trainings for consumers. The Good Tenant curriculum is in demand from other mental health organizations.

HOW MUCH DID WE DO?

177
total people
served
2013-14



IS ANYONE BETTER OFF? In FY 2012-13:

41 people
secured housing

30 people stayed
in housing for ≥ 6

25 people
avoided
evictions

IS ANYONE BETTER OFF? A SUCCESS STORY

NG is a Tri-City TAY client who had been homeless for over a year when he asked for referral assistance with housing. Tri-City was able to enroll him in services and secure a Shelter Plus Care Voucher. He lived on his own for 6 months when he had a relapse of his symptoms, damaged the unit and was at risk of losing his housing assistance. The housing division, treatment team, and property manager worked closely together to ensure NG would continue to have housing. He was moved to a TCMHS property that provided daily support services, thus avoiding an eviction. NG has been working with the housing division and treatment team for a year. He is enrolled full time at a local college, getting A's and B's. The client has grown and has a new level of understanding of his diagnoses since being able to stabilize his housing and work on his symptoms of mental illness.

COST PER PERSON ESTIMATE FOR FY 2013-14: \$1,215

Early Intervention Programs (PEI funded)

PEI-02: Older Adult Wellbeing and PEI-03: Transition-Aged Youth Wellbeing

Both the Older Adult Wellbeing and the Transition-Aged Youth Wellbeing programs are comprised of two projects: Peer to Peer Counseling and Support Groups for the specific ages.

PROGRAM: Peer-to-Peer (P2P)

OVERVIEW

The Peer to Peer Counseling program, an early intervention program, trains volunteers from the Tri-City area who want to learn how to provide support to peers who are in emotional distress. Once trained, peer counselors can offer both individual and group counseling, and additional support through linkages to age- and culturally-appropriate resources.

ORIGINAL RATIONALE

Originally, this project focused on providing peer-to-peer services to transition-aged youth and older adults. Data gathered during CSS planning suggested that, in the Tri-City area, 71% of young people ages 16-25 who live below 200% of the federal poverty threshold and who suffer from severe emotional disturbances or serious and persistent mental illness are receiving no mental health services. Moreover, suicide is a significant risk for this population. In addition, delegates documented a large gap in mental health services for older adults (60 years and older) who comprise almost 16% of the total population in the Tri-City area, and the fast growing population in both Claremont and La Verne.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

While TCMHS continued its aggressive outreach to the two original populations—older adults and TAY—there has been significant demand for peer-to-peer counseling services for intergenerational exchanges. Given this demand, TCMHS expanded the program in FY 2013-14 to also include adults as peer counselors to TAY and Older Adults.

Two new support groups for older adults formed at two local community centers. One group is a monolingual group, and the other is bilingual. Both groups are led by two senior bilingual peer-to-peer counselors. TCMHS also began a veteran support group and an Alzheimer caregiver support group.

TCMHS is pleased to note that we have retained approximately half of the peer counselors from 2013-2014. We also slightly increased the number of counselors that are adult/older adults. It has been a challenge to find adults, older adults, and men who would like to serve as P2P counselors, and therefore that has been a gap in matching new referrals/counselees with appropriate existing counselors.

Since many of the counselors come from the local colleges, TAY counsees occasionally request to meet by phone or even text message. At this time, text messages can only be used for scheduling, and we have phone protocols in place per HIPAA guidelines.

TCMHS will try beginning outreach earlier in the summer than previously to ensure there are enough counselors and a diverse team.

HOW MUCH DID WE DO?

Total Number of Counsees Attending Individual and Groups



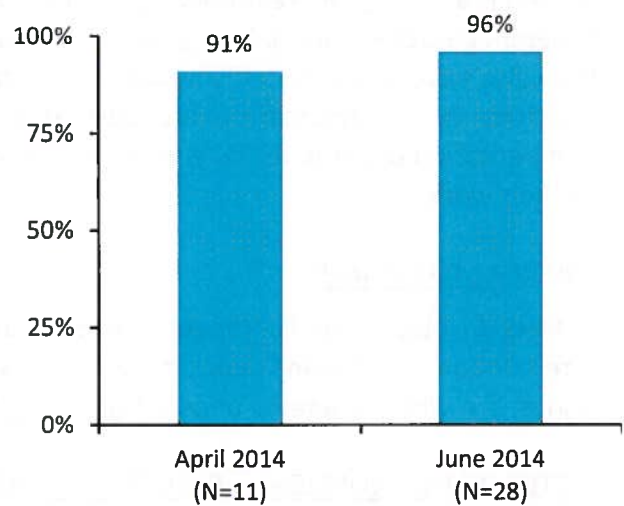
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IS ANYONE BETTER OFF?

% of Counsees Reporting Being Helped by Peer Counseling



IS ANYONE BETTER OFF: SUCCESS STORIES

A young lady who was aging out of the foster care system was experiencing a great deal of stress. She did not qualify for formal services but was in need of support. She was referred to Tri-City's Peer Counseling Program in hopes to receive the help she needed. After a few meetings she expressed her appreciation for the opportunity to have someone be there for social support and simply listen to her.

COST PER PERSON ESTIMATE FOR FY 2013-14: \$449 (based on 324 counsees participating in Peer-to-Peer Counseling)

PEI-08: Therapeutic Community Gardening (TCG)

OVERVIEW

The Therapeutic Community Gardening project helps participants decrease their isolation and experience mental health benefits through participation in horticulture/gardening activities and group therapy exercises. The focal populations for this program are unserved and underserved populations within a range of groups such as adults, youth ages 16-25, families with their children, seniors, and veterans. Focusing on early intervention, this program provides services to people who do not yet meet medical necessity or who are not eligible for MediCal. For some clients (“gardeners” as they are known), the community garden becomes a place to reconnect with their family’s heritage of working the land; while for all participants, the community garden is a setting where otherwise isolated people come together to work, learn, and share. Program gardeners not only engage in peer support activities supported by professional staff; they also experience the satisfaction of producing something meaningful via gardening activities. Extra-curricular activities such as cooking classes and workshops also promote augmentation of gardener skills while allowing them the chance to enjoy the other dimensions of their work.

ORIGINAL RATIONALE

TCMHS developed the Therapeutic Community Gardening program to provide early intervention services and supports to people who are at significant risk of serious mental health issues, but who are unable or as yet unwilling to access formal mental health services.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

Weekly programming groups now consist of one group of seniors, a TAY (youth ages 16-25) group, an adults (all ages) group, and a family (parents / guardians and their children) group. Many of the participants report that they are connecting to others and sharing positive experiences through their work. To increase the capacity of the program, a Community Navigator was assigned to assist with outreach. An additional staff member has been hired for 2014-15. Outreach to veterans continues, but it has not yet materialized into a veterans group.

The primary challenge is the lack of garden space, which limits the program’s growth despite high demand. TCMHS will look into creative ways to expand the project despite the lack of available garden space by exploring container gardening. Container gardening may accommodate those living in apartments or with limited physical abilities. In an effort to promote the mobility of the program, a weekly gardening group was started at the Tri-City Park Ave apartments to allow residents the opportunity to enjoy the benefits of TCG on site.

This year also focused on bolstering the project’s infrastructure. A half-time farmer was hired, and a formal curriculum was developed for the project so that it will be sustainable in the future.

HOW MUCH DID WE DO?

of Outreach/Engagement Presentations



of People Served



IS ANYONE BETTER OFF: SUCCESS STORIES

A 22-year old male client enrolled in the program in March 2013, unsure and somewhat skeptical about the positive impact gardening would have on his life. As months went by, the client became more engaged in the work he did in the program and started gardening projects at home. The client brought family members and friends to help him maintain his gardening plot. Earlier in the summer, the client stated that he was planning to start classes at Mt. Sac College to pursue a degree in ornamental horticulture. The client stated his interest was kindled by the work he does in TCG.

A 17-year old client was receiving formal services through Tri-City's FSP program and was in the process of transitioning out of services. The client's therapist suggested to the family that the client enroll in TCG to provide ongoing support and a therapeutic activity. Although he was apprehensive about being involved in the program, the client and his mother enrolled in TCG and were later joined by his older brother and friend who also became active clients. Over the months the client learned about gardening and horticulture and was proud about growing crops he always wanted to plant (okra, squash, habanero peppers). The program had a profound effect on his general mood and affect due to his commitment to his work in the program. He also began to connect more with other young adults in his group, and even offer assistance to the children of some of the families who attend weekly gardening groups to clean and maintain their gardening space.

COST PER PERSON ESTIMATE FOR FY 2013-14: \$2,063



Innovation Programs (INN funded)

The following text is extremely faint and illegible, appearing to be a list or description of innovation programs. It contains several lines of text that are difficult to discern due to the low contrast and blurriness of the image.

Additional faint text at the bottom of the page, possibly a footer or a continuation of the list.

INN-01: Modified Cognitive Enhancement Therapy

OVERVIEW

Cognitive Enhancement Therapy (CET) is a recovery-oriented, evidence-based practice. It assists individuals diagnosed with schizophrenia and schizoaffective disorders in developing and enhancing their mental capacities. Enhanced capacities include an increased self-awareness that encourages self-directed social interactions, greater psychosocial functioning and wellbeing. Clients diagnosed with schizophrenia and schizoaffective disorders can improve their mental stamina and active information processing and learn to function better with and around other people. The treatment lasts 48 weeks and includes weekly computer sessions, 1:1 coaching and social-educational group sessions. Through this Innovation Project, TCMHS is testing a modified version of CET to include individuals diagnosed with bi-polar disorder.

ORIGINAL RATIONALE

Medication and treatment options are available in the three cities of Claremont, La Verne and Pomona, and these strategies help individuals diagnosed with schizophrenia and bipolar disorder more effectively manage their symptoms. These treatment options, however, do not address the underlying cognitive impairment associated with these illnesses. Addressing cognitive impairment is central to a person's recovery and ability to function effectively in life. If a modified version of CET can be introduced into TCMHS's system of care and proven to be effective in addressing underlying cognitive impairment, it can improve significantly the system's overall ability to support successful processes of recovery.

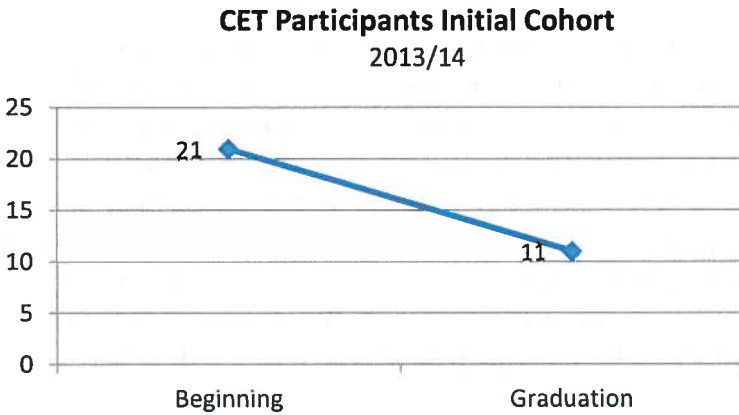
NOTES ON DEVELOPMENT • PROGRESS • LEARNING

In the original Innovation Plan, CET would be modified to include individuals diagnosed with bi-polar disorder and adapted for use with monolingual Spanish speakers. However, the number of monolingual Spanish speakers eligible for CET was too small to do the modification.

Two cohorts of clients participated in the first year, but the program was so long that many dropped out before completing the entire program. After meetings to discuss lessons learned after the first year of modified CET, adaptations were proposed and approved as a new INN program called the Cognitive Remediation Therapy Project. In the meantime, modified CET will continue as originally designed until the program ends in April 2015 and is evaluated.

The project struggled with some staff turnover issues as the retraining of staff in this evidence-based practice is a long process.

HOW MUCH DID WE DO?



IS ANYONE BETTER OFF: SUCCESS STORIES

S. came to the modified CET program. She was a quiet young woman who was selectively mute and engaged in risky behaviors. While in the program, her relationship with the CET coach became strong, and she progressed rapidly. For example, within six months she began to dress more appropriately, made friends, initiated conversations, and made plans to take classes and apply for jobs.

COST PER PERSON ESTIMATE FOR FY 2013-14: \$22,974 (assumes 10 full-time equivalent clients)

INN-02: Integrated Care Project

OVERVIEW

The Integrated Care Project aims to create a model of integrated care among providers with a shared commitment to recovery and wellness. The project currently engages people representing physical health, mental health and substance abuse providers in the Tri-City area, including formal leaders, medical providers, receptionists, administrative staff, and individuals who receive services. The focus is to strengthen relationships and create shared understanding and knowledge among participants in order to transform existing policies and procedures toward a more fully integrated system of care. Put differently, the project seeks to identify and challenge existing paradigms that fragment care among providers of physical health, substance abuse, and mental health services.

ORIGINAL RATIONALE

Most counties have systems to facilitate working across health and substance abuse departments, e.g., regular cross-departmental meetings. TCMHS as a Joint Powers Authority has not had similar facilitative structures. This project intends to create formal opportunities to bring together representatives from physical health, substance abuse, and mental health systems in service of creating a truly integrated system of care.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

During the 2013-14 year, the twelve organizations consistently involved in the Integrated Care project found a variety of ways to work together and support the integration of the physical health, mental health, and substance abuse treatment fields. For example, they developed a poster about mental health to hang in physical health medical offices to encourage visitors to think about mental health as part of their overall wellbeing and health. The poster described rating one's mental health on a scale, similar to rating one's physical pain on a scale of 1-10 such as one might see in a hospital. The agencies also organized a joint health fair where all three fields were represented as a way to introduce integrated care to the community. This project also provided a pool of funds for organizations participating in the ICP to utilize for clients to cover costs not met for neither substance use, mental health, nor physical health services. With these funds, TCMHS collaborated successfully with two non-profit substance use disorder agencies serving the three cities to provide comprehensive co-occurring treatment for some clients identified with severe substance use and mental health disorders.

PMAP (Panel Member Advisory Panel) was formed to create an avenue for greater consumer input into what the agencies were learning about how to provide better integrated care. The PMAP now serves as a formal advisory body for the project.

Some of the challenges this year included difficulty attracting and retaining members to PMAP, transportation issues for PMAP members, and retaining the involvement of representatives from the substance abuse field.

HOW MUCH DID WE DO?

11

meetings of the
committee
in FY 2013-14

12

participating
organizations

IS ANYONE BETTER OFF: SUCCESS STORIES

A. was a client in mental health services who needed intensive substance use disorder treatment in order to most effectively treat her co-occurring disorder condition. With the pool of funds from the Integrated Care Project, A. was able to participate in 6 months of the residential treatment program at Prototypes in Pomona. Before A. went to Prototypes for services, she was not engaged in the treatment, was medication noncompliant, had chronic *activities of daily living* (ADL) issues, and was using drugs during her pregnancy. Her treatment team had to go out in the community to outreach on a daily basis.

While at Prototypes, A. was engaged more in groups as well as in her therapy sessions. She had an ability to express her desire to get better, to be reunited with her children, to complete her program, and to enroll in cosmology and EMT school after Prototypes. She even stated at one point that she would not allow anything to distract her from reaching her goals. Her ADLs were improved significantly and she became able to complete ADLs without prompts from Prototypes staff. These are some of her quotes:

- "I felt like I have shed some of the old me away, and I felt soothed and good about myself since I enrolled in Prototypes."
- "I have noticed that I have a lot more to say now and I am always looking forward to good things."

INN-03: Cognitive Remediation Therapy Project

OVERVIEW

The project integrates two existing evidence-based practices, Cognitive Enhancement Therapy and Cognitive Behavioral Treatment for Psychosis (CBTfP) that elsewhere have been administered independently, each addressing one part of a client's interrelated cognitive impairment and psychotic symptoms. This project tests an approach to treating the whole person who experiences psychotic illness with an innovative combination of treatments to address both their cognitive impairment and psychotic symptoms. By combining the two types of treatment approaches, TCMHS hopes to support and accelerate the client's progress toward wellness. The educational approach that is embedded in the program helps participants cope with the self-stigma that can often be associated with mental illness, helps them move toward self-acceptance, and to become realistically hopeful about their recovery.

ORIGINAL RATIONALE

This project builds on what was learned in an earlier TCMHS Innovation project, the Cognitive Enhanced Therapy (CET) form of cognitive remediation. Through TCMHS's modified CET project (which continues through March 2015), TCMHS is learning that cognitive remediation can have a positive impact on cognitive functions for clients with psychosis; however, this approach does not address or reduce symptoms of psychosis (e.g. hallucinations, voices, worry-filled thinking style, etc.).

In contrast, Cognitive Behavioral Treatment for Psychosis (CBTfP) offers an evidence-based approach to reduce symptoms, improve personal and social functioning, develop highly effective problem solving strategies, and restore energy and enjoyment in life. CBTfP (not currently offered at TCMHS) has been tested extensively and has been shown to be effective for a wide variety of emotional and behavioral issues, but it doesn't improve cognitive functioning.

This innovation proposes to combine the two types of treatment approaches to address the client as a whole person, supporting and accelerating their progress toward wellness.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

This project was adopted in May 2014 and approved by the MHSOAC in August 2014. There were no developments to report on its implementation for 2013-14.

INN-04: Employment Stability Project

OVERVIEW

Inspired by the success of the Housing Stability Project, this project seeks to build new relationships, understanding, and activities that will effectively incorporate employers into the system of care. First, the project will take some time to learn the perspectives the people involved by engaging employers and clients in discussions on mental health and employment topics. Next, the project will break harmful beliefs and barriers in clients' own thinking about employment and address the clients' self-stigma. We will develop an "effective employee" curriculum that addresses issues such as: how to relate to and communicate with your boss; what employers expect; and, what you should expect on the job. The purpose of this curriculum will be to remove self-stigma and disbelief of potential to be a successful employee, and to build skills that are attractive to employers and help sustain successful employment.

ORIGINAL RATIONALE

The purpose of this project is to expand and strengthen the system of care by focusing on ways that employers and TCMHS can work together to: 1) identify mental health needs; and 2) provide assistance in ways that allow TCMHS clients and others to access or maintain their employment. The project expands on the effective employment support already offered by TCMHS staff and volunteers, building beyond the support for employees, to work now with employers to create a healthier work environment, more openness to hiring and retaining employees with mental health challenges, and successfully supporting employers when faced with employees who are experiencing significant symptoms of mental distress or illness.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

This project was adopted in May 2014 and approved by the MHSOAC in August 2014. There were no developments to report on its implementation for 2013-14.

Workforce Education and Training Programs (WET funded)

Workforce Education and Training (WET)

OVERVIEW

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. TCMHS considers the public mental health workforce to include professional clinical staff providing treatment services, staff who provide wellbeing supports, and volunteers and caregivers, both paid and unpaid. This WET plan is comprised of two primary objectives: 1) to develop a systematic and sustained approach to training and learning, and 2) to develop a deeper pool of volunteers and future employees who have a realistic understanding of community mental health.

ORIGINAL RATIONALE

The objective for a more systematic and sustained approach to training and learning arose out of dramatic agency growth over the past five years that require staff to be able to manage complex and diverse programs that have outpaced informal methods of training and learning. The objective to create a deeper pool of volunteers and future employees arose out of an emphasis on encouraging the community to support each other's wellbeing and a desire to educate young people about community mental health approaches.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

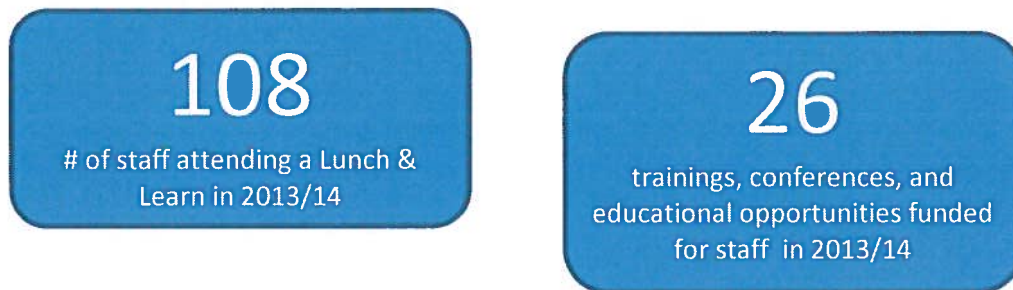
As part of the development of a strategic learning plan, TCMHS hired consultants to investigate an e-learning system. The consultants did not recommend purchasing existing e-learning systems on the market, but rather to utilize our existing website and add on learning modules as needed. Later, TCMHS began to catalog existing learning resources and develop a database system to track training and professional development opportunities. TCMHS hosted several Lunch & Learns for staff and volunteers.

TCMHS developed the WISH Program where clients could participate in an eight-week training to become volunteer lobby room greeters at Tri-City's Garey clinic and Wellness Center. The project was an opportunity for them to gain some experience with general employment skills such as greeting guests, tidying the lobby, and distributing information. Many of the clients never had a job or had not worked in more than 20 years. All seven enrolled participants completed the training.

Much of the year was spent standardizing the process to become a volunteer. The WET coordinator looked for potential volunteers with a real interest in the mental health field by going to local colleges (many of them have service learning requirements for their students). Volunteers were placed with the Wellness Center, Peer-to-Peer Counseling, Therapeutic Community Gardening, and Community Navigators at first. Later, volunteers could also be placed with TCMHS' clinical services and WET programs. All volunteers were screened through an interview process with the WET coordinator, who matched up the volunteers' interests with

program coordinators' needs. One of the challenges from this year was managing more than 100 volunteer applications received. Of those 113 applications, 20 applicants became volunteers.

HOW MUCH DID WE DO?



IS ANYONE BETTER OFF: A SUCCESS STORY

With the help of WET, the Wellness Center now has a robust volunteer program. Staff began by transferring facilitation and other skills to peer staff and volunteers for support groups. They also incorporated more graduate level interns to strengthen their clinical expertise so that TCMHS can be at the edge of discovery and innovation. Recently, the Wellness Center expanded to include high school and college-aged students.

Student volunteers learn about mental health, decrease stigma, and develop insight into their own struggles simply by interacting with staff, interns, and other experienced volunteers. They are immersed into a truly welcoming environment where building a support network is the by-product of connecting with other Wellness Center participants. Many volunteers report that volunteering at the Wellness Center impacted their personal lives. Volunteers say that their stigma about the mentally ill has dissipated. Furthermore, many volunteers say that they better understand their personal family struggles through what they learned about mental health and the recovery process, leading some to seek treatment for themselves and for their loved ones.

Capital Facilities and Technology Needs Programs (CFTN funded)

Capital Facilities and Technology Needs Plan (CFTN)

OVERVIEW

Tri-City's CFTN Plan was completed in two phases: 1) technology in 2013-14, and 2) capital facilities in 2014-15. This summary focuses on plans to create greater access to technology, to support empowerment for mental health service recipients and providers, and establish a higher level of program monitoring and outcome analysis. Three technology projects were developed: 1) Improving Electronic Health Records and Systems Enhancement, 2) Consumer and Family Access to Computing Resources, and 3) Program Monitoring and Service Outcome Support. In keeping with key goals of MHSA to modernize and transform the mental health service system, the projects also include training needed to effectively utilize new resources.

ORIGINAL RATIONALE

Four themes emerged out of the CFTN planning process: 1) the need for increased availability of service data upon upgraded technical assets; 2) need for easier methods to gather, collect, and analyze data; 3) need for data collection for reporting on the impact of mental health and community support services provided throughout the system of care; and 4) a requirement for more interoperability between mental health providers and programs.

The first project seeks to establish a more integrated information system with increased and upgraded systems infrastructure and modernized administrative and clinical processes such as clinical charts and billing systems. The second project will allow placement of computers, technical support and training in easily accessible areas of Tri-City service locations. The third project aims to collect measurable data using updated systems on existing and new programs to improve quality of care and outcome tracking and to identify areas of opportunity.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

In the first project, which focuses on modernizing TCMHS' infrastructure, TCMHS upgraded the agency-wide email program and network back-end systems. Much of the hardware was well over five years old, which is outdated for today's technology. TCMHS also upgraded computers for some staff, notably the computers used by the Clinical, Accounting, and IT Departments. The project also upgraded external connections to the Internet, which improved the firewalls that keep data safe and increase speed. TCMHS also upgraded the agency's antivirus system and installed a backup or disaster recovery system in case data needs to be restored. The second project, which focused on improving consumer and family access to computing resources, replaced and upgraded 16 computers in the computer lab at the Wellness Center, upgraded the network systems, and increased Internet and wireless speeds at the Wellness Center. The third project focused on purchasing and installing upgraded server and systems in addition to statistics software to be able to analyze data and Teleform survey software used to create survey forms. The Best Practices Department also received upgraded computers.

MHSA County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County: Tri-City Mental Health Services

- 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 NAVARRO	Name: MARGARET HARRIS
Telephone Number: (909) 623-6131	Telephone Number: (909) 623-6131
E-mail: anavarro@tricitymhs.org	E-mail: mharris@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.

Antoinette (Toni) Navarro
Local Mental Health Director (PRINT)

mnavarro 6/16/15
Signature Date

I hereby certify that for the fiscal year ended June 30, 2014, 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 for the fiscal year ended June 30, 2014. I further certify that for the fiscal year ended June 30, 2014, 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.

MARGARET A. HARRIS
County Auditor Controller / City Financial Officer (PRINT)

Margaret A. Harris 6/16/15
Signature Date

FY 2015-16 Mental Health Services Act Annual Update Funding Summary

County: TRI-CITY MENTAL HEALTH CENTER

Date: 4/15/15

	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 FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	8,101,368	1,437,591	1,020,773	536,046	1,784,514	
2. Estimated New FY2015/16 Funding	6,039,314	1,509,961	397,219			
3. Transfer in FY2015/16 ^{a/}	0			0	0	0
4. Access Local Prudent Reserve in FY2015/16	0	0				0
5. Estimated Available Funding for FY2015/16	14,140,682	2,947,552	1,417,992	536,046	1,784,514	
B. Estimated FY2015/16 Expenditures	5,300,211	2,158,706	834,993	239,813	937,089	
C. Estimated FY2015/16 Unspent Fund Balance	8,840,471	788,845	582,999	296,234	847,425	

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2015	3,513,276
2. Contributions to the Local Prudent Reserve in FY 2015/16	0
3. Distributions from the Local Prudent Reserve in FY 2015/16	0
4. Estimated Local Prudent Reserve Balance on June 30, 2016	3,513,276

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.

Community Services and Supports (CSS) Component Worksheet

County: TRI-CITY MENTAL HEALTH CENTER

Date: 4/15/15

NOTE: TRI-CITY DOES NOT HAVE A BEHAVIORAL HEALTH

SUB ACCOUNT-EPSTD REIMBURSEMENT IS PASSED TO TRI-CITY THROUGH LOS ANGELES DMH

Fiscal Year 2015/16						
	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 EPSTD*	Estimated Other Funding
FSP Programs						
1. 1a-Child FSP	1,335,582	483,606	473,320		378,656	
2. 1b-TAY FSP	936,897	431,594	385,297		120,005	
3. 1c-Adult FSP	2,067,075	1,142,912	923,163			1,000
4. 1d-Older Adult FSP	532,116	336,146	194,970			1,000
Total FSP Programs	4,871,669	2,394,258	1,976,750	0	498,661	2,000
Non-FSP Programs						
1. Community Navigators	445,080	445,080				
2. Wellness Center	1,015,688	1,015,688				
3. Supplemental Crisis Support Services	237,130	237,130				
4. Field Capable Services	179,255	143,255				36,000
5. CSS Housing	132,762	91,482				41,280
Total Non FSP Programs	2,009,915	1,932,635	0	0	0	77,280
CSS Administration (Includes MHSA Planning Costs)	1,415,555	973,318	354,238		87,999	
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	8,297,140	5,300,211	2,330,989	0	586,660	79,280
FSP Programs as Percent of Total	58.7%					

Prevention and Early Intervention (PEI) Component Worksheet

County: TRI-CITY MENTAL HEALTH CENTER

Date: 4/15/15

	Fiscal Year 2015/16					
	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. Community Capacity Building	884,394	884,394				
2. NAMI Community Capacity Building Program	73,605	73,605				
3. Family Wellbeing	103,304	103,304				
4. Housing Stability Program	272,190	272,190				
Total PEI Prevention Programs	1,333,493	1,333,493	0	0	0	0
PEI Programs - Early Intervention						
5. Older Adult Wellbeing	69,513	69,513				
6. Transition-Aged Youth Wellbeing	66,716	66,716				
7. Therapeutic Community Gardening	240,399	240,399				
Total PEI Early Intervention Programs	376,628	376,628	0	0	0	0
PEI Administration	431,012	431,012				
PEI Assigned Funds	17,572	17,572				
Total PEI Program Estimated Expenditures	2,158,706	2,158,706	0	0	0	0

Workforce, Education and Training (WET) Component Worksheet

County: TRI-CITY MENTAL HEALTH CENTER

Date: 4/15/15

Fiscal Year 2015/16					
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					
A Systemic Approach to Learning 1. and Improvement	168,246				
2. Engaging Volunteers and Future Employees	38,274				
WET Administration	33,292				
Total WET Program Estimated Expenditures	239,813	0	0	0	0

Innovations (INN) Component Worksheet

County: TRI-CITY MENTAL HEALTH CENTER

Date: 4/15/15

Fiscal Year 2015/16						
	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. #01 Modified Cognitive Enhanc Treatment	3,612	3,612	0			
2. #2 Integrated Services	3,612	3,612				
3. #03 Cognitive Remediation Therapy Program	469,744	419,718	50,026			
4. #05 Employment Stability	260,456	260,456				
INN Administration	156,423	147,595	8,828			
Total INN Program Estimated Expenditures	893,847	834,993	58,854	0	0	0

Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: TRI-CITY MENTAL HEALTH CENTER

Date: 4/15/15

Fiscal Year 2015/16						
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. Facility for CSS, PEI and INN programs	825,000					
Total Capital Facilities Projects	825,000	0	0	0	0	
CFTN Programs - Technological Needs Projects						
Improving Electronic Health Record and Systems	57,519					
2. Enhancement	57,519					
3. Consumer and Family Access to Computing Resources	0					
4. Program Monitoring and Service Outcome Support	12,410					
Total Technological Needs Projects	69,929	0	0	0	0	
CFTN Administration	42,160					
Total CFTN Program Estimated Expenditures	937,089	0	0	0	0	

Attachment A - Sign-In Sheets from Public Hearing

(Please contact MHSA Manager for more information)

Attachment B - Summary of Outreach and Participation in the Planning Process and Public Hearing

Roster of Participants Reached Out to and Engaged in the Planning Process and Public Hearing

African American Museum of New Beginnings
American Recovery Center
Asian American Resource Center-Pomona College
Blaisdell Senior Center
Bonita Unified School District
Boys and Girls Club
Brand New Day
Bridges
California Graduate University
Cal Poly Veteran Fair
Cal Poly Veterans Group
Catholic Charities
Child and Family Futures
City of Claremont-Committee on Aging
City Hall in Claremont
City Hall in Pomona
City of Knowledge Islamic School
Claremont Homeless Advocacy Program
Claremont Library
Claremont School District
Collective of Immigrant Resilience through Community-Led Empowerment (CIRCLE) Project
Community Meeting for Denim Day
Community Senior Services
Costanoan Rumsen Carmel Tribe Pomona
CSH Housing Solutions
David and Margaret Home
Department of Public Social Services
DRP Parolee Program
Employment Development Department
Fairplex Mother's Day Event
Folk Music Center
Friends of Pomona Public Library
Garey Dialysis Center
God Care Ministry
Helping Hands-Caring Hearts
House of Ruth
Inland Psychiatric Medical Group
Integrative Health Care
Jocelyn Senior Center

Kennedy Austin Foundation
La Verne City Council Meeting
La Verne City Hall
La Verne Fire Department
La Verne Merchants
La Verne Police Department
La Verne Senior Center
La Verne Transgender Fair
Los Angeles County Department of Mental Health
Los Angeles County Probation
Madison Parent Group (Pomona)
Meeting with community volunteers-Pomona
Million Mothers March
MiNDS
NAMI Pomona Valley
NCADD – National Council on Alcohol and Drug Dependence
Operation School Bell
Our Hope Shelter
Pacific Clinics
Palomares Park exercise class
Palomares Senior Center
Panel Member Advisory Panel
Parenting & Me (Pomona)
Parents Care Resources Fair
Parents Place Autism Fair
PEOC Day Laborers (Pomona)
Pomona Adult Day Care
Pomona City Council Meeting
Pomona Community Clinic
Pomona Crisis Center
Pomona Library
Pomona Police Department
Pomona Unified School District
Pomona Valley Family Services
Pomona Valley Hospital Medical Center
Pomona Valley Youth and Family Master Plan
Prototypes
Prototypes/Collaborative Council Meeting
PVHMC-Myista
Santa Anita Family SVC
Saturday Tongan Education Program
Senior Companion Program (Claremont)
Sowing Seeds Food Bank
Therapeutic Community Gardening Groups

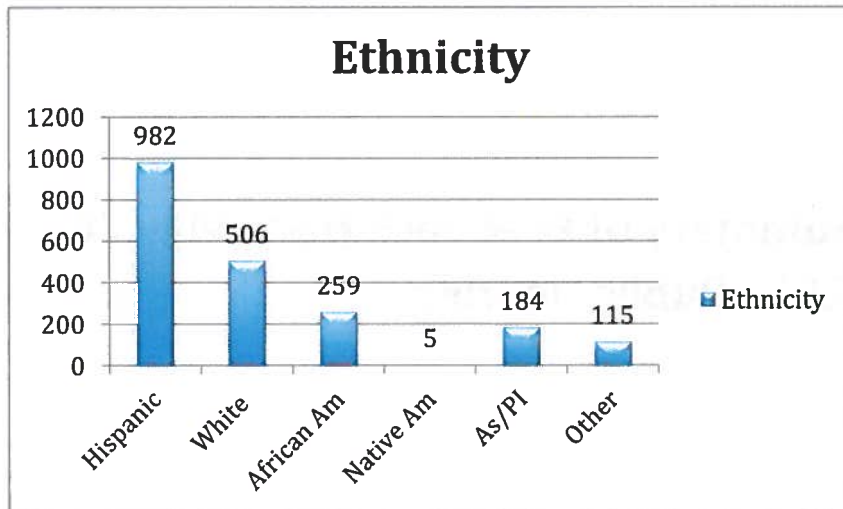
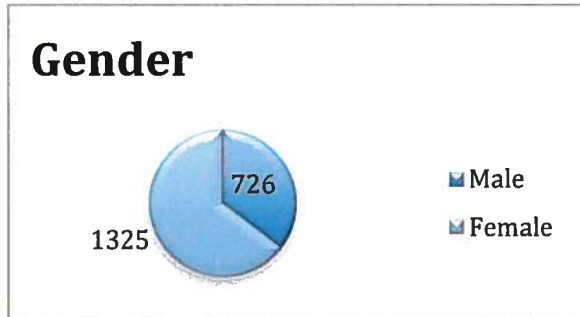
Tri-City consumers and family members
Tri-City staff
Union Center
University of La Verne
University of La Verne Counseling Center
Vietnamese community of Pomona Valley
Village Grille
Washington Park
Wellness Center
Wells Fargo Bank
Western University of Health Sciences, College of Optometry First Year Graduate Students
YES! For Schools, Pomona
YMCA
Youth & Family Master Plan
Youth & Family Master Plan, Pomona
Youth for Partnership for a Positive Pomona (Y4P3)

Planning Process and Public Hearing Outreach by various demographics

Gender:

Male: 726

Female: 1325



Ethnicity:
 Hispanic: 982
 White: 506
 African American: 259
 Asian Pacific Islander: 184
 Native American: 5
 Other: 115

Age:

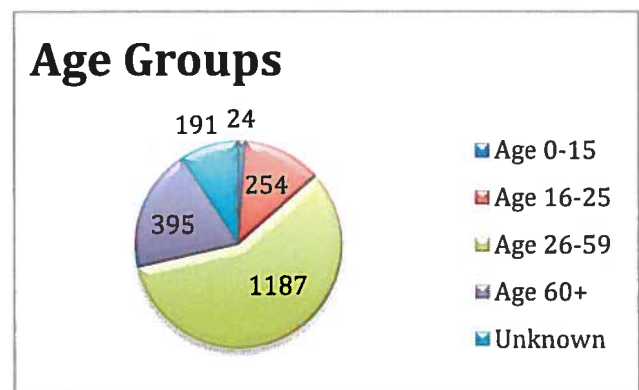
Children (0-15): 24

Transition Aged Youth (16-25): 254

Adults (26-59): 1187

Older Adults (60+): 395

Unknown: 191



Total: 2051

**Attachment C - Summary of Feedback from May 20,
2015 Public Hearing**

MHSA Public Hearing – Written Public Comments Summary May 20, 2015

What do you see as the strengths of this plan?

- It was great!
- So many program being offered and are very effective in helping the community.
- People oriented, community oriented, gives people dignity, hope and success.
- Really liked that there was an interpreter for Spanish speakers and the two ladies who were signing for those who could not hear.
- It's long term collaborative with excellent infrastructure.
- The quality of the outreach services is effective and results in transformative experiences among clients.
- These programs will give us the supports that we need in this community.
- Organized, wide variety of programs and resources.
- This is my first time here and I am looking forward to know more about this wonderful program and to collaborate with you.
- Well-considered plans for all areas required and needed.
- Broad-based community involved, wide spectrum of services, ability to adjust as needed.
- Plan seems to be comprehensive with measurable outcomes.
- The focus on training school staff, so we can have more early diagnosis and intervention and also address and reduce stigma and its cruelties.
- Mental Health First Aid trainings - we sure need them in all kinds of settings.
- Encouraging self-esteem building up self-esteem.
- Estoy muy contenta de aprender cosas nuevas cada dia y es mi primera vez que asisto con ustedes. Estoy conociendo y aprendiendo acerca de Tri-City. Muchas gracias por esta oportunidad. *[Translation]* I am very happy to learn new things each day and this is the first time that I visit you. I am getting to know and learning about Tri-City. Thank you very much for this opportunity.

Please explain any concerns you may have:

- None. I'm energized! Thank you!
- Continued funding-not reaching all who need services
- Take into account consumer's situation although it may not fit the criteria of severity. Two consumers that I know have been turned away from Tri-City services even after disclosing behavior such as cutting and domestic abuse this scares me. *(This comment has been forwarded to the Director of Clinical Services for review).*
- Please continue with community collaborative. Relationships build through the ICP need to be sustained.
- Anger management, physical abuse prevention, work-related stress therapy.

Any additional comments you would like to share?

- Really enjoyed the personal stories.
- Thank you for all the work you do for our families.
- I liked the Public Hearing and appreciated the consumer's stories.
- Best ever!
- Fantastic Job!!!
- It's exciting to see Tri-City responding with such heart and openness about how our community can grow into better health toward mental illness. I also appreciate all of your emphasis on involving our communities and constituencies.
- Great job!
- Speaker system was inadequate but excellent draft report and well attended meeting!
- Please provide help for stressed out care-givers.
- El dia que conoci sus instalaciones me quede facinada y quiero saber mas de las actividades que ofrece Tri-City. [Translation] The day I visited your building, I was fascinated and I want to know more about the activities that Tri-City has to offer.
- The public hearing was super. It gave me ideas...
- Pairing a program staff speaker with a participant worked well.
- A coworker attended and talked about her and her son's growth through Tri-City. And her boyfriend said he wished he had known about all these programs sooner.
- Shuttle service among the three cities to the public hearing site and/or bus passes. General community who may be suffering might only be able to attend if transported.
- Larger venue.
- Provide a question box with paper/pen. Can be for questions to go over during event (stops awkward silence at end when folks struggle to make themselves stand up) or requests for help (some churches do this because no one has to "out" themselves). On the resource table, have a wallet card with crisis line info, Wellness Center address/phone, inquiry info. Either English on a side and Spanish on other or monolingual with a side youth and a side adult/senior.
- Next time, La Verne. Then rotate back to Pomona. (meeting location)
Have an IT person more hands-on with mics!
Is there a way to teleconference the three cities?

MHSA Public Hearing – Oral Public Comments Summary May 20, 2015

- Great services, much needed. I learned lots of information here and this helps the entire community.
- I see lots of types of people here coming together in love.
- Tri-City brought my family together, and we communicate better now and made friends. What will happen if Tri-City is not here? Grateful to the staff and looking forward to the next meeting.
- Do Older Adult services include dementia and Alzheimers? [Answered during meeting: No because those conditions are classified as medical conditions, but we do referrals and have support groups at the Wellness Center.]
- I applaud the staff for being so responsive.
- The 2008 Garey facility is dark and unwelcoming. It needs upgrades, especially where services are provided. Parking is hard to access.

Attachment D – Summary of Recommendations for Program Improvement

Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) Workgroup Recommendations

During the recent MHSA workgroup deliberations, participants were invited to review the current CSS and PEI projects and identify gaps in services as well as recommendations for general improvements and/or potential new projects to be funded through CSS and/or PEI dollars. No-cost/low-cost recommendations are those that can be implemented within the existing program's budget. Recommendations with potential budget implications are listed separately. This document serves as a summary of workgroup discussion; the recommendations listed will be explored further by TCMHS for feasibility of implementation.

COMMUNITY SERVICES AND SUPPORTS (CSS) PROGRAMS:

1. Full Service Partnerships

Recommendations that are no-cost/low-cost:

- Develop strategies to connect repeat clients from Supplemental Crisis Services with Full Service Partnership programs
- Increase Tri-City staff knowledge of and referrals to community programs such as NAMI's Peer to Peer and NAMI Basics.

Recommendation with potential budget implications:

- TCMHS believes that an intensive multi-disciplinary outreach and engagement team is needed to act as a bridge between the supplemental crisis service and intensive treatment services such as FSP. The recommendation is to consider expanding the current budget for Full Service Partnership to include a licensed therapist, a psychiatrist, and a licensed psychiatric technician to provide immediate services to consumers when needed.

2. Community Navigators

- Continue Community Navigators

3. Field Capable Clinical Services (FCCS)

Recommendations that are no-cost/low-cost:

- Increase community outreach and presentations using existing Tri-City staff trained in gerontology to focus on senior issues and physical health. Including medical professionals in outreach and presentation may attract older adults who may be more inclined to seek services for physical health issues that may also relate to mental health symptoms.
- Increase FCCS staff connection with faith communities with the goal of identifying seniors in need of mental health support and/or services.
- Transfer lessons learned from the Integrated Care Project (Innovation project) to older adult population by integrating physical, mental, and substance use care into treatment for older adults.

Recommendation with potential budget implications:

- Expand the current FCCS budget to include a part-time senior specialist with a background in gerontology to increase the outreach and engagement of older adults and the number of community presentations.

4. Supplemental Crisis

Recommendations that are no-cost/low-cost:

- Continue to develop positive and supportive relationships with law enforcement in the cities of Claremont and La Verne.
- Sustain and tailor outreach efforts through Public Service Announcements, Department of Children and Family Services (DCFS), public libraries, health fairs, interfaith groups, and community organizations such as the African American Museum of New Beginnings, as well as others.

Recommendation with potential budget implications:

- TCMHS believes that an intensive multi-disciplinary outreach and engagement team is needed to act as a bridge between this supplemental crisis service and intensive treatment services such as FSP. Expand the Supplemental Crisis budget to include a mental health rehab specialist and a community support worker with lived experience for the purpose of outreach and engagement of difficult to reach individuals with the goal of connecting them to FSP services, when appropriate.

5. Wellness Center

Recommendations that are no-cost/low-cost:

- Increase outreach and engagement to TAY by connecting with organizations that work with TAY and exploring deeper partnerships

Recommendation with potential budget implications:

- Expand the Wellness Center's space by creating a Wellness Center annex

6. Permanent Supportive Housing

Recommendations that are no-cost/low-cost:

- Expanding the Room4Everyone stigma reduction campaign to target a larger community area
- Explore programs that address long-term income needs to help consumers be able to afford market rate housing and open up availability in supportive housing units.

PREVENTION AND EARLY INTERVENTION PROGRAMS:

7. Community Wellbeing (CWB)

Recommendations that are no-cost/low-cost:

- Continue experimenting with the new Non-Grantee Track project. TCMHS recently implemented a pilot project where communities that have not yet received a Community Wellbeing grant will

be able to establish a solid foundation on which a successful CWB grant project may later be developed.

8. Mental Health First Aid (MHFA)

Recommendations that are no-cost/low-cost:

- Exploring with the National Council on Behavioral Health the possibility of certification for the MHFA course to become eligible for continued education credits.
- Recommend to the National Council on Behavioral Health that the MHFA curriculum be revised to promote cultural competence and be inclusive of diverse populations.

Recommendation with potential budget implications:

- Expand the MHFA budget to include another MHFA instructor training and to provide funding for refreshments and substitute teacher pay which will allow more teachers to participate in the MHFA trainings.

9. Peer to Peer Counseling:

- Continue program

10. Therapeutic Community Gardening (TCG)

Recommendations that are no-cost/low-cost:

- Recommend including gardening space in plans for new housing being built by other TCMHS programs, when possible.
- Reach out to other community groups such as the botanical gardens or local places of worship to increase gardening space for this program.

11. Housing Stability Program

- Continue program

12. Family Wellbeing Program

Recommendations that are no-cost/low-cost:

- Increase outreach to local schools to create awareness of the services and supports offered through this program.

NAMI Community Capacity Building:

13. Parent and Teachers as Allies

- Continue program

14. Interfaith Collaborative on Mental Health (ICMH)

Recommendations that are no-cost/low-cost:

- Encourage faith leaders to take Mental Health First Aid together as a cohort

Recommendation with potential budget implications:

- Expand the budget for ICMH to include additional funds to pay for speakers' fees and their transportation when presenting at ICMH sponsored conferences.

15. Stigma Reduction within Cultural Groups (SRCG)

Note: This project was not reviewed by the workgroup due to the fact these are one-time funds and this project is scheduled to end in June 2015.

Recommendation with potential budget implications:

This project was not able to complete the goals and objectives set forth in the original project proposal. The request is to consider extending the funding for the SRCG project for a period of one year with the intention of completing the original objectives of engaging unserved and underserved communities in conversations focusing on stigma reduction and mental health.

PEI Workgroup Summary Feb 2015

Prevention and Early Intervention Workgroup MHFA Recommendation

The purpose of this workgroup was to research and discuss two options for the expenditure of PEI funds totaling approximately \$50,000 for a one-year period (2015-2016).

Option #1:

Mental Health First Aid (MHFA) Instructor Training:

Community members and partners within the Tri-City area will be invited to be trained as MHFA instructors certified to provide MHFA training to other community members within the cities of Pomona, Claremont, and La Verne.

Option #2:

Funding allocated to cover the cost of substitute teachers and refreshments for MHFA trainings.

These funds would be made available to cover staff replacement for public schools located in Bonita USD, Claremont USD, Pomona USD, private schools in the Tri-City area as well as local colleges, during MHFA trainings. In addition, funds will be allocated to provide refreshments and manuals during these trainings.

Purpose of the MHFA program:

The Mental Health First Aid (MHFA) is a program designed to train scores of people in community-based settings to intervene quickly and effectively to offer support when someone is experiencing mental and emotional distress. This evidenced-based program begins with a premise that just as people can master basic first aid for physical injuries—e.g., the Heimlich maneuver, CPR— without being doctors, people can also master basic *mental health first aid* without being clinicians.

Specifically, First Aiders learn:

- The potential risk factors and warning signs for a range of mental health problems, including: depression, anxiety/trauma, eating disorders, substance use disorders, self-injury, and psychosis and psychotic disorders;
- An understanding of the prevalence of various mental health disorders in the U.S. and the need for reduced stigma in their communities;
- A 5-step action plan encompassing the skills, resources and knowledge to assess the situation, to select and implement appropriate interventions, and to help the individual in crisis connect with appropriate supports; and
- The self-help, social, peer, and professional resources available to help someone with a mental health problem.

Prevention and Early Intervention Workgroup MHFA Recommendation

Workgroup Recommendation:

Using the Gradients of Agreement, the workgroup recommends the \$50,000 be spent on Option #2: Funding allocated to cover the cost of substitute teachers, refreshments, and manuals for MHFA trainings.

Gap that will be filled:

Although several teachers and classified staff were trained in Mental Health First Aid in the past, new staff members are added to the school district rosters each year. This funding will allow for the continuation of MHFA training with teachers and classified personnel who may be the first point of student contact and have the potential to identify the early warning signs of mental health distress.

Strengths that we are building upon:

Mental Health First Aid continues to be a popular and highly requested training in the schools. This evidence-based training and system of delivery has proven to be successful and continues to grow with the addition of specialty curriculum targeting Spanish speakers, Youth and Higher Education.

Results we anticipate:

School staff will increase their awareness and ability to identify the early warning signs of mental illness in students attending local schools and colleges and provide appropriate resources and referrals. We anticipate this training will support children and youth in the Tri-City area that are at risk of school failure, including children at risk due to unaddressed emotional and behavioral problems.

How would it work?

Funding in the amount of \$50,000 is available to be shared among the public schools located in Bonita USD, Claremont USD, Pomona USD, private schools in the Tri-City area as well as local colleges. TCHMS will publish an announcement of the availability of funds soon after approval by the Tri-City Governing Board, and applications for the funds will be accepted in the early fall to allow the schools, colleges, and universities enough time to complete the proposal. The application will request information such as the number of trainings, number of people attending, a timeline, and budget. Coordination between schools will be encouraged and facilitated as needed.

Prevention and Early Intervention Workgroup MHFA Recommendation

If the received applications exceed the amount to be dispersed and all things being equal, the distribution of the funds will be weighted according to the population of the three cities. If the received applications total less than the allocated \$50,000, another announcement of the availability of funds will be made. In this second round, funds will be dispersed again by population and then by a first-come, first-served basis.

If funds still remain after this second round, the remainder will be used to purchase training manuals to help defray those costs for non-TCMHS MHFA instructors. It should be noted that beginning in FY 2015-2016, training manuals will be provided free of cost only for trainings hosted and presented by TCMHS Community Mental Health Trainers. All other MHFA Instructors will be responsible for providing each participant with their own MHFA manual. Each manual is approximately \$16.00 and required for the training. TCMHS will not otherwise cover this cost.

Attachment E – Outreach and Public Hearing Materials

Local Newspaper Advertisements



**You are invited to attend a
Public Hearing to review Tri-City's
California Mental Health Services
Act 2015-2016 Annual Update**

For questions or comments contact:
Rimmi Hundal, MHSA Manager
(909) 784-3016

When: *Wed., May 20*
5:30pm Dinner Served
6pm Meeting

Where: *Walter Taylor Hall*
1775 N. Indian Hill Blvd.
Claremont, CA



1717 N. Indian Hill BL, #B
Claremont, CA 91711
www.tricitymhs.org

Tri-City Mental Health Services
PUBLIC HEARING



Come Celebrate With US!

Wednesday May 20, 2015
5:30 pm Dinner
6:00 pm to 8:00 pm meeting

Walter Taylor Hall
1775 N. Indian Hill Blvd.
Claremont CA



Learn more
about the
programs
offered by
Tri-City
Mental
Health
Services and
funded under
the Mental
Health
Services Act



Mental Health Services Act (Prop 63)

Spanish, Vietnamese and American Sign Language translation services will be available.

For other translation services contact:

Dana Stein 909.784.3132 by Monday, May 11, 2015

MHSA documents and meetings are posted for public review and comments at:

<http://www.tricitymhs.org/documents/mhsa-documents-2>



For more information please contact:

Rimmi Hundal

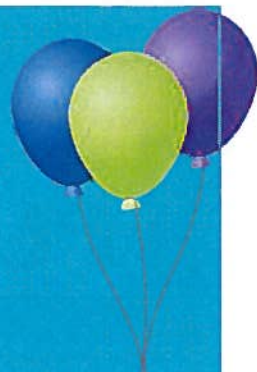
MHSA Manager

909.623.6131

rhundal@tricitymhs.org



Tri-City Mental Health Services
AUDIENCIA PÚBLICA



Venga A Celebrar Con Nosotros!

Miércoles Mayo 20, 2015
Cena: 5:30 pm
Junta: 6:00 pm a 8:00 pm

Walter Taylor Hall
1775 N. Indian Hill Blvd.
Claremont CA



Aprenda más
acerca de los
programas
ofrecidos por
Tri-City Mental
Health Services
financiado por
la Ley de
servicios de
salud mental
(MHSA)



Mental Health Services Act (Prop 63)

Servicios de traducción de lenguaje de signos Americano, Español, y Vietnamitas estarán disponibles .

Para otros servicios de traducción contacte:

Dana Stein 909.784.3132 el Lunes, 11 de Mayo 2015

Documentos y reuniones MHSA se publican para revisión pública y comentarios en
<http://www.tricitymhs.org/documents/mhsa-documents-2>



Para obtener más información, contacte a:

Rimmi Hundal
MHSA Manager
909.623.6131
rhundal@tricitymhs.org



Tri-City Mental Health Services
**CUỘC ĐIỀU TRẦN
CÔNG CỘNG**



Hãy Đến Ăn Mừng với CHÚNG TÔI!

**Thứ Tư, ngày 20 tháng Năm, 2015
5:30 chiều, bữa ăn tối
6:00 chiều đến 8:00 tối, buổi họp**

**Walter Taylor Hall
1775 N. Indian Hill Blvd.
Claremont, CA**



Để tìm hiểu
thêm về các
chương trình do
**Tri-City
Mental
Health
Services** công
hiển và được tài
trợ bởi Mental
Health
Services Act
(MHSA)



(Mental Health Services Act (Prop 63))
(Đạo Luật về Dịch Vụ Sức Khỏe Tâm Thần)

Sẽ có dịch vụ thông dịch sang tiếng Tây Ban Nha, tiếng Việt và dịch vụ Ngôn Ngữ Da Dấu.
Đối với các dịch vụ ngôn ngữ khác, xin liên lạc:
Dana Stein 909.784.3132 hạn chót là Thứ Hai, 11 tháng Năm, 2015

Các tài liệu MHSA và buổi họp được yết thị cho công chúng duyệt qua và đóng góp ý kiến tại:
<http://www.tricitymhs.org/documents/mhsa-documents-2>



Muốn biết thêm thông tin, xin liên lạc:

Rimmi Hundal
Quản Lý MHSA:
909.623.6131
rhundal@tricitymhs.org





MHSA PUBLIC HEARING

Date: Wednesday, May 20, 2015

Time: 6:00 to 8:00 p.m.

Location: Walter Taylor Hall, 1775 N. Indian Hill Blvd., Claremont, CA 91711

- The Governing Board and Mental Health Commission reconvene to a Public Hearing 6:00
 - A. Welcome and introductions
 - B. Focus for the meeting

PUBLIC HEARING HOSTED BY THE MENTAL HEALTH COMMISSION

12. Mental Health Commission open Public Hearing regarding MHSA Annual Update

A. Explanation of Public Hearing and context of proposed Plan

- 1) Welcome by Toni Navarro, Executive Director TCMHS
- 2) Program Presentations – updates
 - a) Community Services and Supports
 - b) Prevention and Early Intervention
 - c) Workforce Education and Training
 - d) Innovation
 - e) Capital Facilities and Technology
- 3) Recommendations
 - a) CSS Plan- FSP/SCS/FCCS – Elizabeth Owen, Director of Clinical Program Services
 - b) PEI Plan- MHFA update – Rimmi Hundal, MHSA Manager

B. Small table discussion

C. Public comment

13. Mental Health Commission close Public Hearing

14. Mental Health Commission decide on recommendation to the Governing Board for proposed MHSA 2015-2016 Annual Update

TRI-CITY MENTAL HEALTH CENTER GOVERNING BOARD

15. Governing Board decide on approval of the MHSA 2015-2016 Annual Update

- Governing Board/Mental Health Commission comments regarding any Tri-City related issue, no action will be taken
- Public comment regarding any Tri-City related issue, no action will be taken by GB or MHC
- Adjournment 8:00



MHSA AUDIENCIA PÚBLICA

Fecha: miércoles, 20 de mayo del 2015

Hora: 6:00 p.m. a 8:00 p.m.

Lugar: Walter Taylor Hall, 1775 N. Indian Hill Blvd., Claremont, CA 91711

- El Consejo Gobernante y la Comisión de Salud Mental reconvocan a una Audiencia Pública 6:00
 - A. Bienvenida e introducciones
 - B. Tema central de la reunión

AUDIENCIA PÚBLICA OFICIADA POR LA COMISIÓN DE SALUD MENTAL

12. Dar inicio a la Audiencia Pública de la Comisión de Salud Mental acerca de la Actualización Anual de MHSA 2015-2016

A. Explicación de la Audiencia Pública y contexto del Plan propuesto

- 1) Bienvenida de Toni Navarro, Directora Ejecutiva de TCMHC
- 2) Presentaciones del Programa – Actualizaciones
 - a) Servicios y Apoyos comunitarios
 - b) Prevención e Intervención Temprana
 - c) Educación y Entrenamiento de la Fuerza Laboral
 - d) Innovación
 - e) Instalaciones y Tecnología
- 3) Recomendaciones
 - a) Plan CSS - FSP/SCS/FCCS
 - b) Plan PEI – Actualización de MHFA – Rimmi Hundal, Gerente de MHSA

B. Discusión en grupos pequeños

C. Comentario público

13. La Comisión de Salud Mental cierra la Audiencia Pública

14. La Comisión de Salud Mental decide que recomendación le dará al Consejo Gobernante sobre la Actualización Anual de MHSA 2015-2016 propuesto

CONSEJO GOBERNANTE DEL CENTRO DE SALUD MENTAL TRI-CITY

15. El Consejo Gobernante decide sobre la aprobación de la Actualización Anual de MHSA 2015-2016

- Comentarios del Consejo Gobernante/Comisión de Salud Mental acerca de algún asunto relacionado con Tri-City, no se tomará acción alguna
- Comentario público acerca a algún asunto relacionado con Tri-City, el Consejo Gobernante y la Comisión de Salud Mental no tomarán acción alguna
- Concluye la reunión 8:00

날짜: 2015년 5월 20일 수요일

시간: 저녁 6시부터 8시까지

장소: 월터 테일러 홀 (Walter Taylor Hall, 1775 N. Indian Hill Blvd., Claremont, CA 91711)

11. 이사회와 정신건강위원회의 공청회 재소집 6:00
- A. 환영인사 및 소개
 - B. 회의의 초점

정신건강위원회 주최
공청회

12. 정신건강위원회의 MNSA 연례 업데이트에 관한 공청회 개최

A. 공청회 설명과 계획안 내용

- 1) TCMHS 상임이사, 토니 나바로(Toni Navarro)의 환영인사
- 2) 프로그램 프레젠테이션- 업데이트
 - a) 지역 사회 서비스와 지원
 - b) 예방과 조기 중재
 - c) 인력 교육과 훈련
 - d) 혁신
 - e) 자본 시설과 기술
- 3) 권고
 - a) CSS 계획- FSP/SCS/FCCS - 임상 프로그램 서비스 담당 이사, 엘리자베스 오웬 (Elizabeth Owen)
 - b) PEI 계획- MHFA 업데이트 - MNSA 매니저, 리미 훈달 (Rimmi Hundal)

B. 소그룹 탁상 토론

C. 논평

13. 정신건강위원회의 공청회 종결

14. 정신건강위원회는 이사회에 MNSA 2015-2016 연례 업데이트에 대한 권고를 결정

트라이-시티 정신건강센터 이사회

16. 이사회의 MNSA 2015-2016 연례 업데이트 승인에 대한 결정

- 트라이-시티와 관련한 문제들에 대한 정신건강위원회/이사회 의 논평, 어떤 행동을 취하지는 않을 것임
- 트라이-시티와 관련한 문제들에 대한 논평, GB 또는 MHC 가 행동을 취하지는 않을 것임
- 폐회 8:00



ĐIỀU TRẦN CÔNG CỘNG MHSA

Ngày: Thứ Tư, ngày 20 tháng Năm, 2015

Thời gian: 6:00 tới 8:00 tối

Địa điểm: Walter Taylor Hall, 1775 N. Indian Hill Blvd., Claremont, CA 91711

11. Hội Đồng Quản Trị và Ủy Ban Sức Khỏe Tâm Thần tái triệu tập buổi Điều Trần Công Cộng 6:00
A. Đón chào và giới thiệu
B. Trọng tâm của cuộc họp

ĐIỀU TRẦN CÔNG CỘNG DO ỦY BAN SỨC KHỎE TÂM THẦN TỔ CHỨC

12. Ủy Ban Sức Khỏe Tâm Thần khai mạc buổi Điều Trần Công Cộng về việc Cập Nhật MHSA Hàng Năm

A. Phân giải trình Điều Trần Công Cộng và nội dung Chương Trình đề nghị

- 1) Lời chào của Toni Navarro, Giám Đốc Điều Hành TCMHS
- 2) Thuyết giải chương trình - phân cập nhật
 - a) Hỗ Trợ và Dịch Vụ Cộng Đồng (CSS)
 - b) Phòng Ngừa và Can Thiệp Sớm (PEI)
 - c) Giáo Dục và Huấn Luyện Lực Lượng Lao Động
 - d) Đổi Mới
 - e) Những Cơ Sở và Kỹ Thuật Trọng Yếu
- 3) Các khuyến cáo
 - a) Chương Trình CSS - FSP/SCS/FCCS - Elizabeth Owen, Giám Đốc Dịch Vụ Chương Trình Y Tế
 - b) Chương Trình PEI - cập nhật MHFA - Rimmi Hundal, Quản Lý MHSA

B. Thảo luận theo nhóm nhỏ (ngồi chung bàn)

C. Công chúng đóng góp ý kiến

13. Ủy Ban Sức Khỏe Tâm Thần bế mạc buổi Điều Trần Công Cộng
14. Ủy Ban Sức Khỏe Tâm Thần lấy quyết định gửi hay không gửi khuyến cáo lên Hội Đồng Quản Trị về lần Cập Nhật MHSA Hàng Năm đề nghị (2015-2016)

HỘI ĐỒNG QUẢN TRỊ TRUNG TÂM SỨC KHỎE TÂM THẦN TRI-CITY

16. Hội Đồng Quản Trị lấy quyết định về việc phê chuẩn lần Cập Nhật MHSA Hàng Năm (2015-2016)
- Hội Đồng Quản Trị/Ủy Ban Sức Khỏe Tâm Thần (GB/MHC) nêu ý kiến về vấn đề nào liên quan đến Tri-City, sẽ không thực hiện hành động nào
 - Công chúng đóng góp ý kiến về vấn đề nào liên quan đến Tri-City, GB hay MHC sẽ không thực hiện hành động nào
 - Chấm dứt buổi họp 8:00



Tri-City Mental Health System
Public Hearing and MHSА Annual Update
May 20, 2015

Reconvene Joint Meeting

Mental Health Commission * Governing Board







- WELCOME AND INTRODUCTIONS
- FOCUS FOR THE EVENING
- OPEN PUBLIC HEARING



Direction for tonight . .

- 2015-2016 Annual Update
- Special Guest Speakers
- Updates to Community Services and Supports (CSS) and Prevention and Early Intervention Programs (PEI)
- Group Discussions
- Close Public Hearing
- Formal Action by TC Board



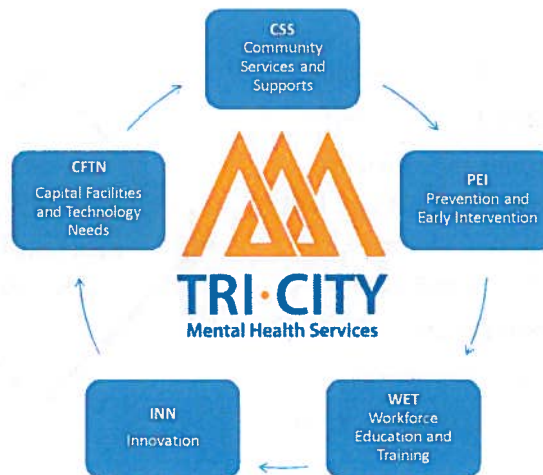
Mental Health Services Act (Proposition 63)



- November 2004
- California voters approved Proposition 63 (known as the Mental Health Services Act)
- Created a 1% tax on personal income over \$1 million dollars
- Allowed for the expansion of community mental health services



Mental Health Services Act





Client


FULL SERVICE PARTNERSHIP

Community Services and Supports



FAMILY WELLBEING PROGRAM

Prevention and Early Intervention





HOUSING STABILITY PROGRAM

Prevention and Early Intervention Plan



STIGMA REDUCTION



Prevention and Early Intervention Plan



THERAPEUTIC COMMUNITY GARDENING

Container Gardening



Prevention and Early Intervention Plan

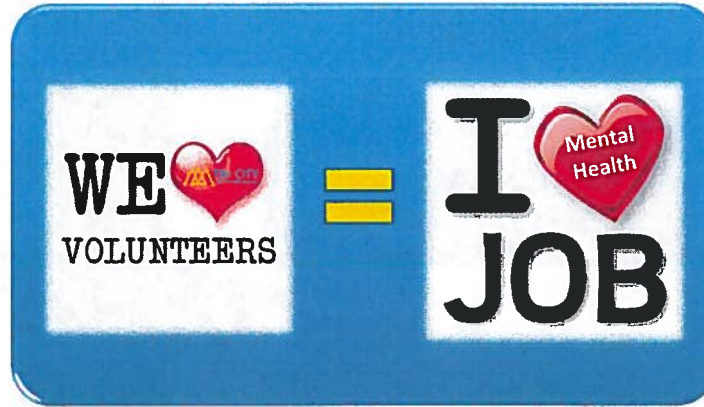


INTEGRATED CARE PROJECT

Innovation Plan



WET Volunteer Program



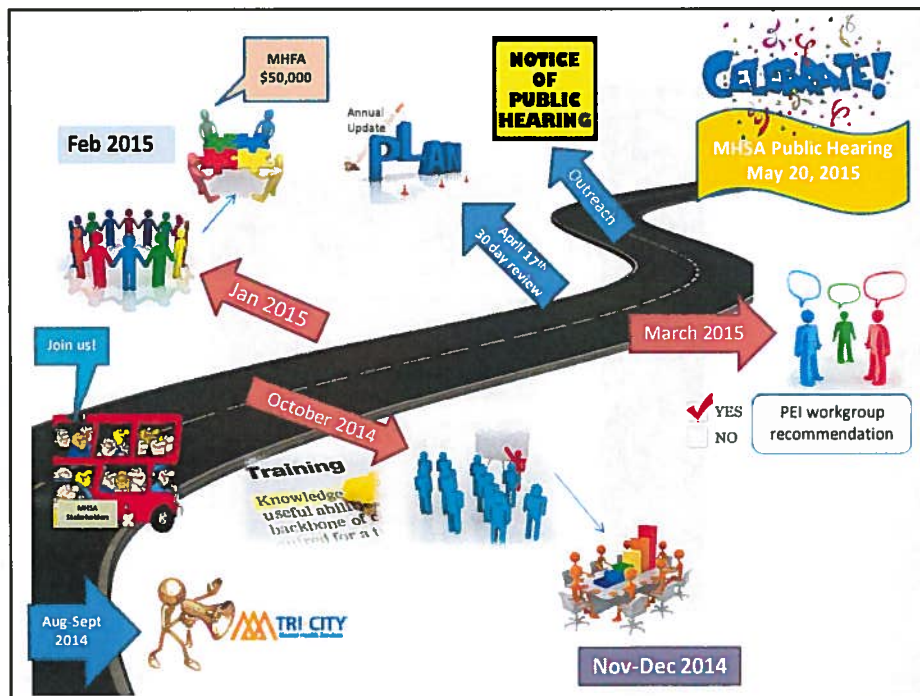
Workforce Education and Training



Client Portal

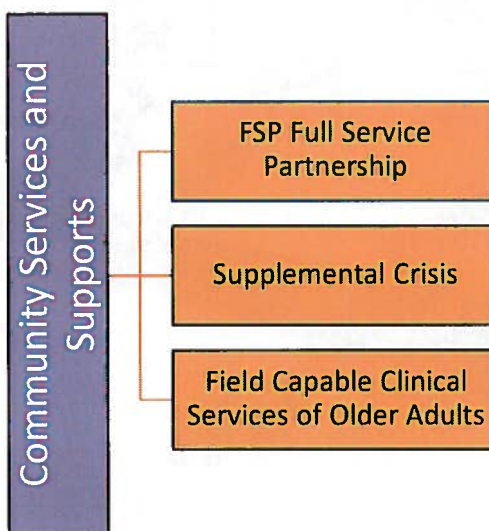
Capital Facilities and Technology






The Stakeholder's recommendations . .

1. Continue all current programs at projected budget levels
2. Presented an array of recommendation for staff to consider designed to improve the impact and overall system of care




Mental Health First Aid Trainings




Provide stipends for school staff substitutes, MHFA manuals, and refreshments

\$50,000

School staff will increase their awareness and ability to identify the early warning signs of mental illness in students attending local schools and colleges and provide appropriate resources and referrals.



Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has.



— Margaret Mead




Table Conversations

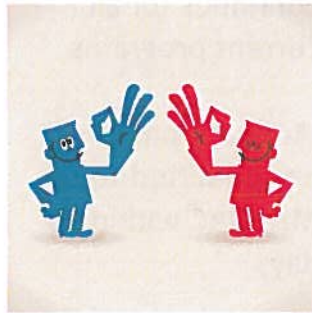
Consider
what you've
heard so far...



Public Comment



Tri-City Mental Health Commission



Close the Public Hearing

**Do we recommend the
FY 2015-2016 Annual
Update to the Governing
Board for approval?**



Tri-City Governing Board



**Do we approve the
MHSA 2015-2016
Annual Update?**





Next Steps

- Implementation continues for all current programs
- Annual Update will be submitted to the MHSOAC within 30 days



Adjournment

Until next year....

On behalf of all of us:
Mental Health Commission
Tri-City Governing Board
Tri-City Mental Health Services





Sistema de Salud Mental Tri-City
Audiencia Pública y Actualización Anual de MHSA
20 de Mayo del 2015

Reconvocar a una Reunión Conjunta

Comisión de Salud Mental * Consejo Gobernante



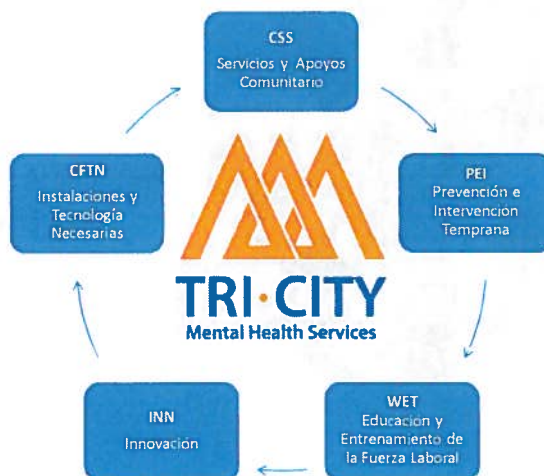
Ley de Servicios de Salud Mental (Proposición 63)



- Noviembre del 2004
- Los votantes de California aprobaron la Proposición 63 (conocida como la Ley de Servicios de Salud Mental)
- Estableció el 1% de impuesto sobre los ingresos personales que sobrepasan de un \$1 millón de dólares
- Permitió la expansión de los servicios de salud mental comunitarios



Ley de Servicios de Salud Mental





Cliente

ALIANZA DE SERVICIO COMPLETO


Servicios y Apoyos Comunitario



**PROGRAMA DE BIENESTAR
PARA LA FAMILIA**


Servicios y Apoyos Comunitario





PROGRAMA DE ESTABILIDAD DE LA VIVIENDA

Plan de Prevención e Intervención Temprana




REDUCCIÓN DEL ESTIGMA



Room4Everyone
TRI-CITY MENTAL HEALTH

Plan de Prevención e Intervención Temprana



JARDINERÍA TERAPÉUTICA PARA LA COMUNIDAD

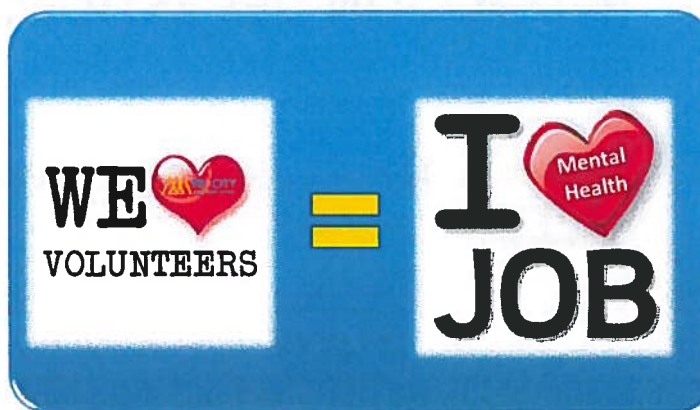
Jardín en un
envase



Plan de Prevención e Intervención Temprana



Programa WET de Voluntarios



Nosotros 🇺🇸 nuestros Voluntarios = Ellos 🇺🇸 su trabajo

Educación y entrenamiento de la Fuerza laboral





PROYECTO DE CUIDADOS INTEGRADOS

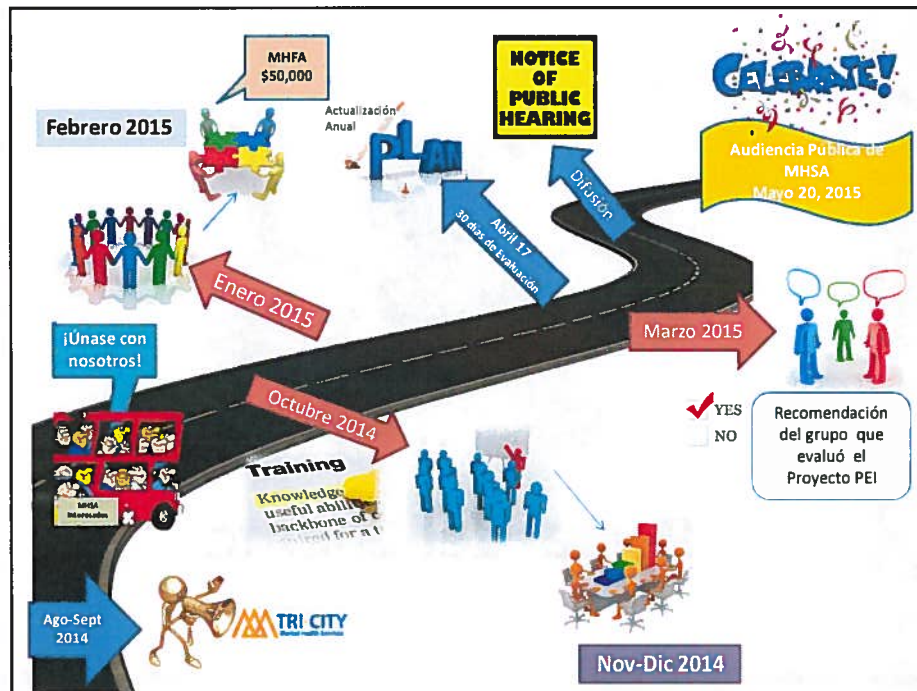
Plan de Innovación



Portal del Cliente

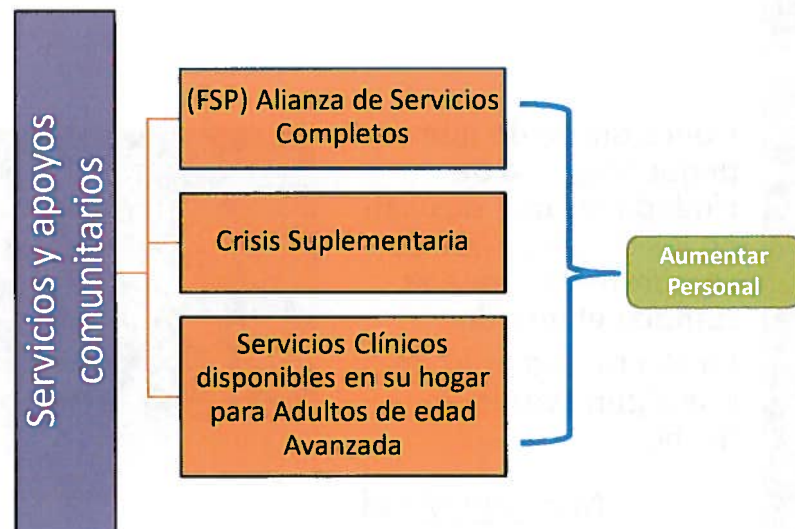
Instalaciones y Tecnología






Las Recomendaciones de las personas interesadas. .

1. Continuar con los programas actuales a los niveles de presupuesto proyectados
2. Presentaron para que el personal considere, un conjunto de recomendaciones diseñadas para mejorar el impacto y el sistema de cuidado en general




**Entrenamiento sobre
Primeros Auxilios para la
Salud Mental**




Proporcionar salarios para
sustitutos del personal
escolar, manuales de MHFA,
y refrescos **\$50,000**


El personal escolar aumentará su estado de alerta y capacidad de identificar las señales de advertencia tempranas de las enfermedades mentales en estudiantes que asisten a las escuelas y universidades locales y proporcionará los recursos y referencias apropiados.



Nunca dudes de que un pequeño grupo de ciudadanos que piensan en los demás, y que se comprometen, pueda cambiar el mundo. En efecto, eso es lo único que alguna vez lo ha hecho.



— Margaret Mead



Conversaciones de Mesa

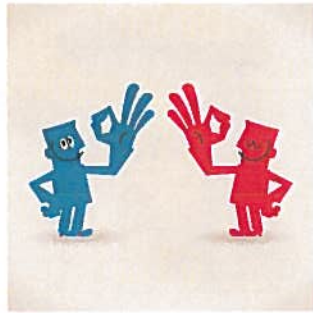
Considere lo
que ha
escuchado
hasta ahora ...



Comentario Público



Comisión de Salud Mental de Tri-City



Cierre de la Audiencia Pública

¿Recomendamos la Actualización Anual FY 2015-2016 al Consejo Gobernante para su Aprobación?



Consejo Gobernante de Tri-City



¿Aprobamos la Actualización Anual de MHSA 2015-2016?





Próximos Pasos

- Continúa la implementación de todos los programas actuales
- Se presentara la Actualización Anual a MHSOAC dentro de los siguiente 30 días




Concluye la Reunión

Hasta el año próximo....

En nombre de todos nosotros:
Comisión de Salud Mental
Consejo Gobernante de Tri-City
Servicios de Salud Mental Tri-City





 트라이-시티 정신 건강 시스템
공청회와 MESA 연례 업데이트
2015년 5월 20일

합동회의의 재소집

정신건강위원회 * 이사회



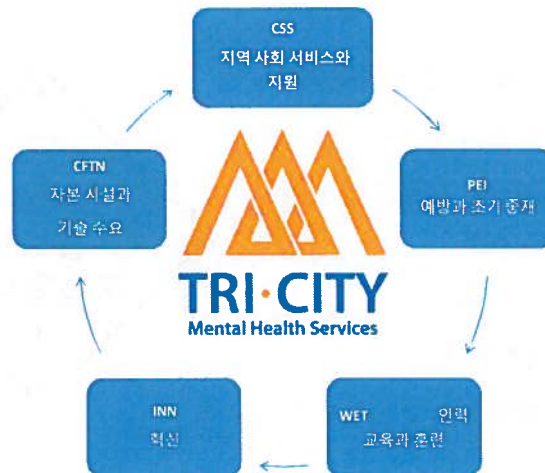
정신건강지침법 (63번 개정안)



- 2004년 11월
- 캘리포니아 유권자들은 63번 개정안 (정신건강지침법)에 승인함
- 백만달러 이상의 개인 소득에 1% 세금이 부과함
- 지역 사회 정신 건강 서비스의 확대를 가져옴



정신건강지침법





고객

종합 서비스 파트너십

지역 사회 서비스와 지원



가족의 웰빙 프로그램

지역 사회 서비스와 지원





주거 안정 프로그램

예방과 조기 중재 계획



오명의 감소



예방과 조기 중재 계획



지역 사회 치료 원예

컨테이너 원예



예방과 조기 중재 계획




WET 자원 봉사자 프로그램




인력 교육과 훈련





**통합 관리
프로젝트**

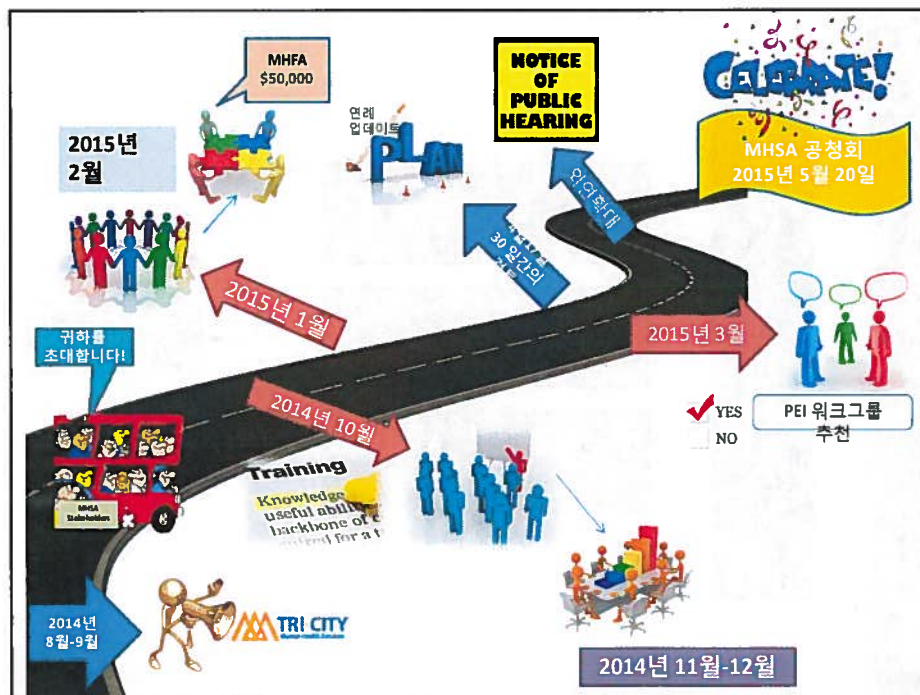
혁신 계획



고객 포털

자본 시설과 기술



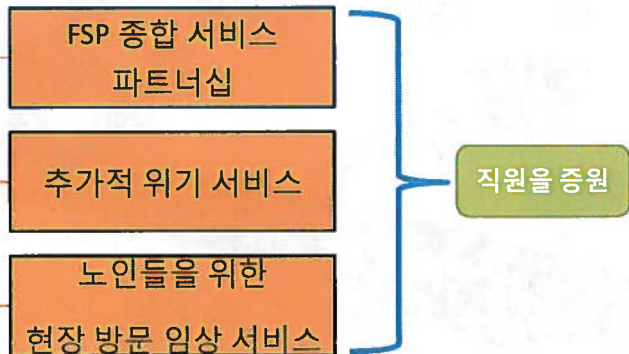


이해관계자의 권고들. .


1. 예상된 예산 단계에서 현재의 모든 프로그램을 계속
2. 직원들이 전반적인 관리 시스템과 영향을 향상시킬 수 있는 계획을 고려하도록 다양한 권고들을 제시



지역 사회 서비스와 직원






정신 건강 응급처치 훈련



교직원 대체 인력, MHFA
안내책자, 그리고 다과를
위한 지원금 제공


\$50,000




교직원들은 근무하는 지역 학교와 대학교 학생들의 정신 질환에 대한 조기 경고 징후를 발견하는 그들의 인지와 능력을 증강시킬 것이고 적절한 방책과 전문가의 도움을 제공할 것입니다.

소규모의 사려깊고
헌신적인 시민들이
세상을 바꿀수 있음을
의심하지 마라. 사실,
이런 사람들이 세상을
바꿔왔다.

— 마거릿 미드



탁상 대화

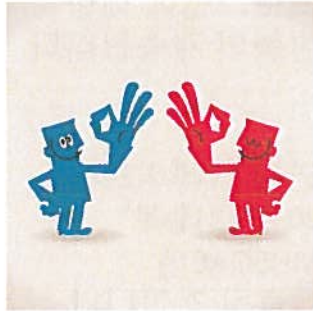
귀하께서
지금까지
들으신 것들에
대해
생각해보십시
오...



논평



트라이-시티 정신건강위원회



공청회 종료

우리는 이사회에
승인을 위한 회계연도
2015-2016 연례
업데이트를 권고합니까?

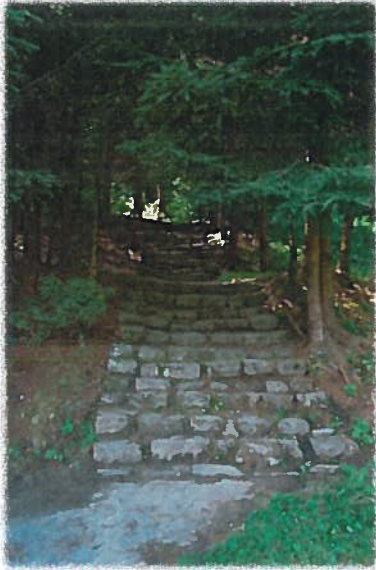


트라이-시티 이사회




우리는 MHSA
2015-2016 연례
업데이트를
승인합니까?





다음 단계



- 모든 현재의 프로그램에 대한 실행이 계속됩니다.
- 연례 업데이트는 30일 이내에 MHSOAC에 제출될 것입니다.

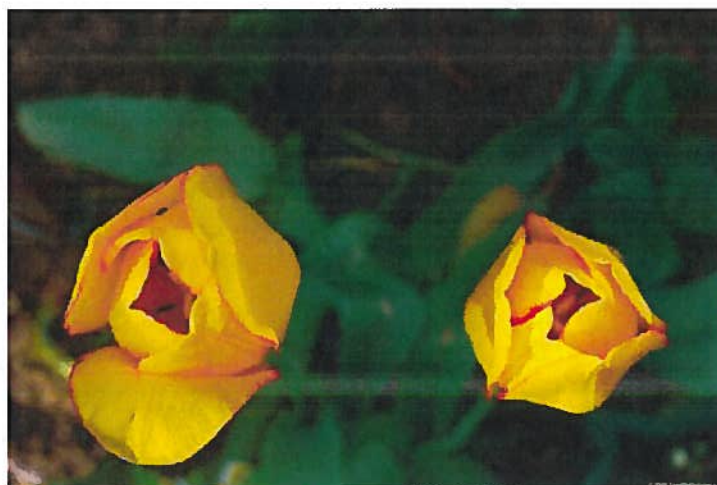


폐회

내년까지...

저희를 대표하여:
정신건강위원회
트라이-시티 이사회
트라이-시티 정신 건강 서비스





 **Hệ Thống Sức Khỏe Tâm Thần Tri-City (TC):
Điều Trần Công Cộng và Cập Nhật MHSА Hàng Năm**

Ngày 20 tháng Năm, 2015

Tái Triệu Tập Buổi Họp Chung

Ủy Ban Sức Khỏe Tâm Thần * Hội Đồng Quản Trị



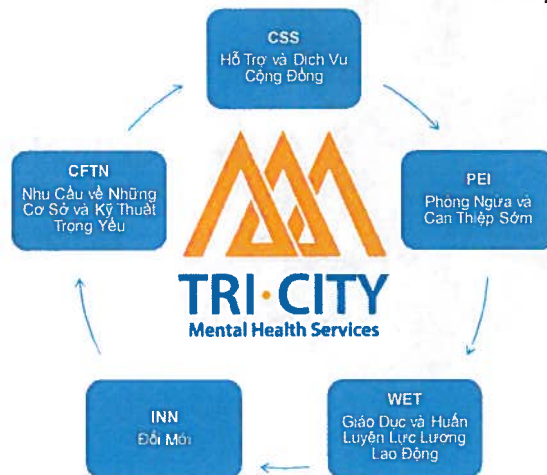
Đạo Luật về Dịch Vụ Sức Khỏe Tâm Thần (Dự Luật 63)



- Tháng Mười Một 2004
- Cử tri California đã chấp thuận Dự Luật 63 (còn gọi là MHSA, hay Đạo Luật về Dịch Vụ Sức Khỏe Tâm Thần)
- Lập ra 1% tiền thuế lợi tức cá nhân trên \$1 triệu Mỹ kim
- Cho phép mở rộng dịch vụ sức khỏe tâm thần cộng đồng



MHSA (Đạo Luật về Dịch Vụ Sức Khỏe Tâm Thần)





Thân chủ

HỢP TÁC PHỤC VỤ TOÀN DIỆN

Hỗ Trợ và Dịch Vụ Cộng Đồng



**CHƯƠNG TRÌNH
GIA ĐÌNH
SỐNG KHỎE**

Hỗ Trợ và Dịch Vụ Cộng Đồng






CHƯƠNG TRÌNH BÌNH ỔN GIA CƯ


Chương Trình Phòng Ngừa và Can Thiệp Sớm



**HẠ GIẢM TỶ LỆ
VƯƠNG BỆNH**



Chương Trình Phòng Ngừa và Can Thiệp Sớm



**CÔNG TÁC LÀM VƯỜN
TRONG CỘNG ĐỒNG TRỊ LIỆU**

**Trồng Cây
Trong Chậu**



Chương Trình Phòng Ngừa và Can Thiệp Sớm



**Chương Trình Thiện Nguyện
WET**



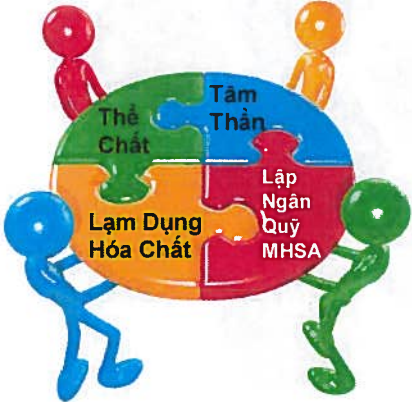
WE VOLUNTEERS = **I JOB**

Sức Khỏe Tâm

Sức Khỏe Tâm


Giáo Dục và Huấn Luyện Lực Lượng Lao Động





**DỰ ÁN
CHĂM SÓC
TÍCH HỢP**

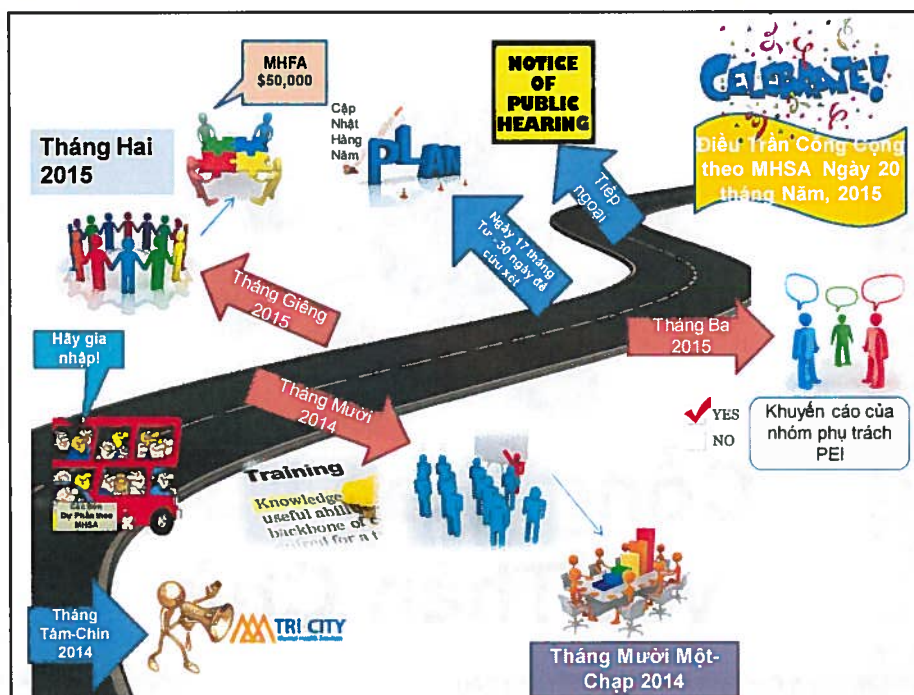
Chương Trình Đổi Mới



**CỔNG GIAO LƯU
VỚI THÂN CHỦ**

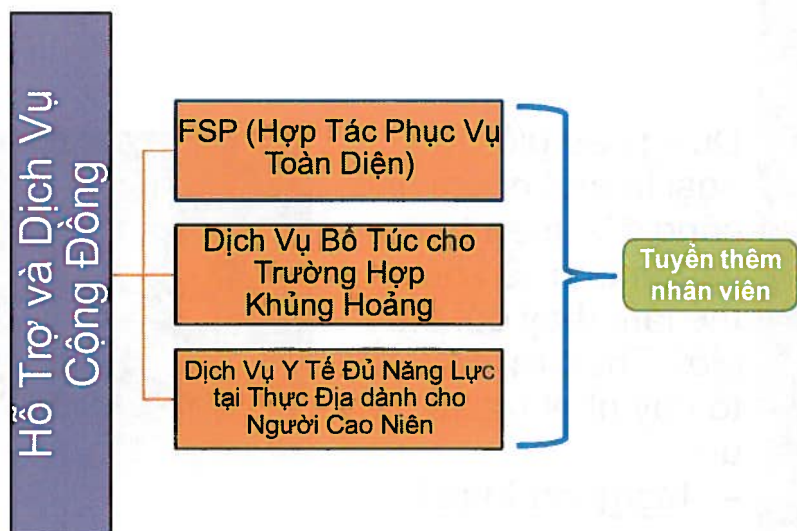
Những Cơ Sở và Kỹ Thuật Trọng Yếu





Khuyến Cáo của Bên Dự Phần...

1. Tiếp tục mọi chương trình hiện hành với mức ngân sách đã dự toán
2. Trình bày loạt khuyến cáo để ban nhân viên suy tính - có muốn cải tiến ảnh hưởng và hệ thống chăm sóc tổng thể




Huấn Luyện MHFA
(Sơ Cứu Sức Khỏe
Tâm Thần)




Trả công cho người tạm
thay nhân viên học đường,
trao chứng nhận MHFA, và
chủ cấp đồ ăn thức uống
giải lao

\$50,000




Nhân viên học đường sẽ mở rộng hiểu biết và
năng lực phát hiện những dấu hiệu cảnh giác
sớm bệnh tâm thần ở học sinh thuộc tuổi đến
trường (kể cả đại học) tại địa phương, sẽ chủ
cấp nguồn tài nguyên và giới thiệu đến nơi
thích hợp.


Đừng bao giờ nghi
ngại là một nhóm nhỏ
công dân thận trọng
và tận tâm sẽ không
thể làm thay đổi thế
giới. Thực ra, đây yếu
tố duy nhất tạo ra thay
đổi.



— Margaret Mead

Hội Thoại Quanh Bàn

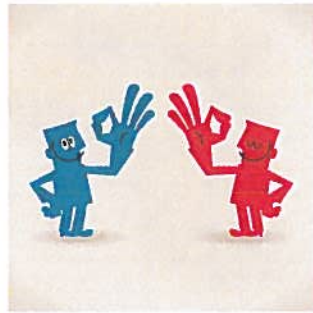
Hãy suy ngẫm
những gì
đã nghe
đến nay...



Công Chúng Đóng Góp
Ý Kiến



Ủy Ban Sức Khỏe Tâm Thần Tri-City



**Bé mặc buổi Điều Trần
Công Cộng**

**Có nên gửi khuyến cáo về
lần Cập Nhật Hàng Năm
(Tài Khóa 2015-2016) lên
Hội Đồng Quản Trị để xin
phê chuẩn?**




Hội Đồng Quản Trị Tri-City




**Có nên phê chuẩn
lần Cập Nhật
MHSA Hàng Năm
(2015-2016)?**





Những Bước Kế Tiếp

- Tiếp tục thực thi mọi chương trình hiện hành
- Sẽ đề trình Cập Nhật Hàng Năm cho MHSOAC trong vòng 30 ngày



Chấm dứt buổi họp

Hẹn gặp lại năm sau...

Nhân danh tất cả chúng tôi:
Ủy Ban Sức Khỏe Tâm Thần
Hội Đồng Quản Trị Tri-City
Dịch Vụ Sức Khỏe Tâm Thần Tri-City





Tri-City Mental Health Services
Mental Health Services Act (MHSA)
FY 2015-2016

MHSA Public Hearing
May 20, 2015

Personal Information (optional)

Name: _____

Agency/Organization: _____

Phone Number: _____ Email: _____

Mailing address: _____

My Role in the Mental Health Community:

- Consumer/Client Family Member Probation Education
 Service Provider Social Services Law Enforcement Faith-Based
 Other: _____

What do you see as the strengths of this plan?

Please explain any concerns you may have:

Any additional comments you would like to share?

You may also email any comments to: Rimmi Hundal, MHSA Manager rhundal@tricitymhs.org



Servicios de Salud Mental Tri-City
Ley de Servicios de Salud Mental (MHSA)
FY 2015-2016

Audiencia Pública de MHSA
20 de mayo de 2015

Información Personal (opcional)

Nombre: _____

Agencia/Organización: _____

Número Telefónico: _____ Correo Electrónico: _____

Domicilio Postal: _____

Mi desempeño en la Comunidad de Salud Mental es:

- Consumidor/Cliente Miembro Familiar En Prueba (Probation) Educación
 Prestador de Servicios Servicios Sociales Cumplimiento de la ley Basado en la fe
 Otro: _____

¿Cuáles son las fortalezas que usted ve en éste plan?

Por favor explique cualquier inquietud que tenga:

¿Algún comentario adicional que usted quisiera compartir?



트라이-시티 정신건강 서비스
정신건강지침법 (MHSA)
회계연도 2015-2016

MHSA 공청회
2015 년 5 월 20 일

개인 정보 (선택사항)

이름: _____

기관/단체: _____

전화 번호: _____ 이메일: _____

우편 주소: _____

정신건강 지역 사회에서의 나의 역할:

- 소비자/고객 가족 구성원 보호 관찰 교육
 서비스 제공자 사회복지 사업 법의 집행 종교를 기반으로 됨
 기타: _____

귀하께서는 이 계획의 강점은 무엇이라고 생각하십니까?

귀하께서 가지고 계신 우려사항이 있다면 말씀해주시요:

귀하께서 공유하고자 하시는 추가 의견이 있으신가요?

다른 의견이 있으시면 MHSA 매니저, 리미 현달 (Rimmi Hundal), rhundal@tricitymhs.org 으로 이메일 보내주시기 바랍니다.



Dịch Vụ Sức Khỏe Tâm Thần Tri-City
MHSA (Đạo Luật về Dịch Vụ Sức
Khỏe Tâm Thần)
Tài Khóa 2015-2016

**Điều Trần Công Khai theo
MHSA
Ngày 20 tháng Năm, 2015**

Thông Tin Cá Nhân (tùy chọn)

(Họ) tên: _____

Cơ quan/Tổ chức: _____

Số điện thoại: _____ Điện thư: _____

Địa chỉ thư tín: _____

Vai trò của tôi trong Cộng Đồng Sức Khỏe Tâm Thần:

- Người dùng/Thân chủ Người trong gia đình Tập sự Học vấn
 Cung cấp dịch vụ Dịch vụ xã hội Công lực Dựa trên tín ngưỡng
 Điều khác: _____

Quý vị thấy chương trình này có những ưu điểm nào?

Xin cho biết mọi điều quan tâm lo ngại của quý vị:

Quý vị có muốn nêu thêm nhận xét phụ trội nào không?

Quý vị cũng có thể gửi mọi ý kiến bình phẩm qua điện thư theo địa chỉ: Rimmi Hundal, MHSA
Manager rhundal@tricitymhs.org