TRI·CITY
Mental Health Services

Mental Health Services Act (MHSA)

FY 2016-17 ANNUAL UPDATE

June 2016

AMENDED
January 18, 2017

Table of Contents

MHSA County Compliance Certification

AMENDED

County: TRI-CITY MENTAL HEALTH SERVICES

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

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

This 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 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 18, 2016.

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.

Antonette (Toni) Navarro _____ _____ 2/3/17

Local Mental Health Director/Designee (PRINT) Signature Date

County: TRI-CITY MENTAL HEALTH SERVICES

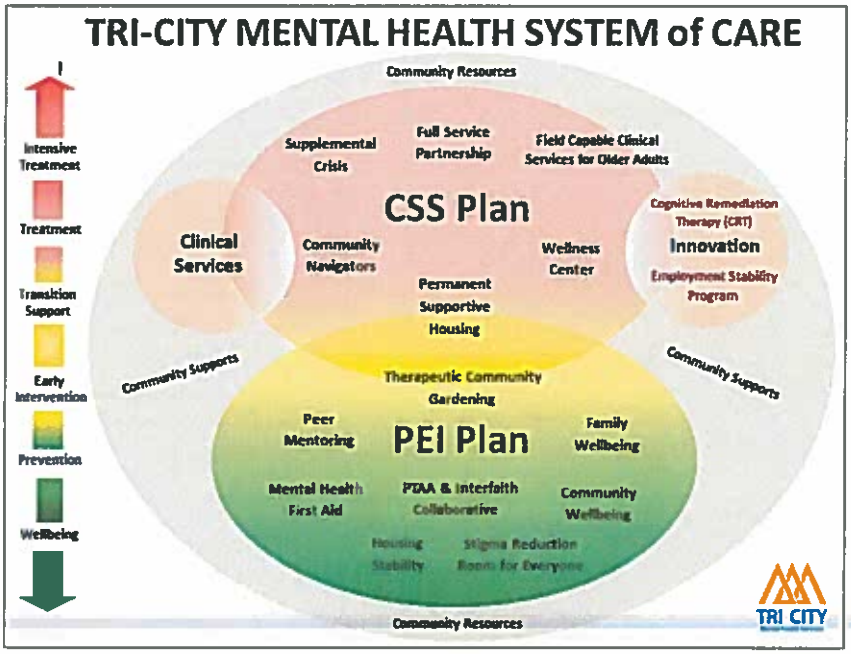
Introduction to Tri-City Mental Health Services

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 MHSA 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' MHSA programming. The approach can be visualized using the following map of the emerging system of care and the MHSA investments that have been made to date:



Along the left side is the complete range of supports and services available, 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 2014-15, TCMHS served approximately 1,341 unduplicated clients who were enrolled in formal services. TCMHS currently has 159 full-time and 14 part-time employees and an annual operating budget of $18.4 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 an eight-month program review, evaluation, and planning process. Beginning in October 2015, more than 80 stakeholders attended one or more of the MHSA stakeholder meetings in FY 2015-16, 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.

Beginning in October 2015, two workgroups organized around CSS and PEI reviewed reports and data from each project and made recommendations for no-cost and low-cost improvements. The workgroups met on October 26, November 2, and December 14, 2015. Workgroups also identified potential areas for improvements that might require additional funds if they were available in the budget. During the December 2015 MHSA program review workgroup, TCMHS discussed priorities in how to use additional funding if it were available. The Stakeholders endorsed the proposed expenditures during the February 2016 meetings.

In preparation for this year's Annual Update, four focus groups were held in August 2015 to target hard-to-reach stakeholders: LGBTQ, Veterans, TAY from the Wellness Center location, and TAY from the Therapeutic Community Garden location. In these focus groups discussion topics included:

- When you hear the term "Mental Illness", what comes to mind?
- What keeps people from telling friends and family about their stress and mental illness?
- What do you feel may be barriers to services for community members?
- What types of programs would you like to see offered for Transition-Aged Youth (TAY)?
- What keeps you or someone you know from seeking services?
- What are some LGBTQ/TAY/Veteran barriers that you face when seeking support?

Stakeholder meetings were held on October 7-8, 2015 and on February 24-25, 2016. 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 2015, TCMHS held two MHSA orientation sessions, one during the daytime hours and one in the evening.

This Annual Update was posted on April 15, 2016, and the required minimum 30-day review process ended on May 15, 2016. 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, City Hall, etc.). Several methods of collecting feedback were available such as phone, fax, email, mail, and comments at the public hearing. The public hearing was held on May 18, 2016. At that time, the Mental Health Commission

decided to recommend approval of the MHSA 2016-17 Annual Update to the Tri-City Governing Board who then acted on this recommendation and approved the plan.

This Annual Update includes several attachments. Attachment A consists of the sign-in sheets from the May 18, 2016 Public Hearing. Attachment B is a summary of the Outreach and Participation efforts for the Planning Process and Public Hearing. Attachment C is a summary of the public comments received both orally and in writing at the Public Hearing. Attachment D includes the Public Hearing presentation materials and outreach materials used in the outreach and participation efforts. Attachments E and F are the final reports of the two Innovation projects that are closing.

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 2014-15 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	42.0FTC *	$30,150
Full Service Partnerships - TAY	CSS	43.0 FTC *	$30,998
Community Navigators	CSS	553	$184**
Wellness Center	CSS	885	$ 483**
Supplemental Crisis Services	CSS	20	$494**
Family Wellbeing	Prevention/ Early Intervention	713	$76**
Housing Stability	PEI/Other	31	$1,196 **
Peer Mentoring /TAY Wellbeing	Prevention/ Early Intervention	33	$1,692 **
Therapeutic Community Gardening	Early Intervention	15	$5,251 **
Cognitive Enhancement Therapy-TAY	Innovation	1 FTC *	$33,451

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	43.0 FTC *	$30,998
Full Service Partnerships - Adult	CSS	75.0 FTC *	$28,620
Full Service Partnerships – Older Adults	CSS	6.0 FTC *	$22,928
Community Navigators	CSS	1,710	$184**
Wellness Center	CSS	1,628	$483 **
Supplemental Crisis Services	CSS	167	$494 **
Field Capable Services for Older Adults	CSS	27	$9,370
Family Wellbeing	Prevention/ Early Intervention	489	$76 **
Housing Stability	PEI/Other	137	$1,196 **
Peer Mentoring/Older Adult Wellbeing	Prevention/Early Intervention	42	$1,692
Therapeutic Community Gardening	Early Intervention	23	$5,251 **
Cognitive Enhancement Therapy	Innovation	6 FTC *	$33,451

* 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 2014-15.

** 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.

Summary of MHSA Workgroup Recommendations for FY 2016/2017

During the 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 dollars and/or by revising current PEI budgets. The recommendations are as follows:

Community Services and Supports (CSS) Programs: $230,000.00
A common thread throughout the CSS workgroup discussions included an identified need for vehicles to provide transportation in several CSS programs. For Full Service Partnerships (FSP), the request was made to purchase two vehicles to provide transportation for Children and Adult FSP participants. For Supplemental Crisis, the request included the purchase of two vehicles to aid in transportation focused on the outreach and engagement efforts. For the Wellness Center, one additional vehicle was requested to provide transportation for Wellness Center participants. Finally, for the Permanent Supportive Housing program, the request was made to purchase two vehicles/trucks to provide support for MHSA housing and general facility needs. This brings the total number of vehicles requested to seven and the total amount estimated to cover these vehicles is $230,000.00. These funds represent unspent excess CSS dollars.

Prevention and Early Intervention (PEI) Programs: $43,000.00
The Peer Mentoring program has expanded over this past year with the addition of both new mentors and mentees. The identified need for this program involves increasing staff to include a full time person with a clinical background to assist with the administration of the program. The current budget allows for a 0.5 person and the request was made to reassess the budget to add another 0.5 hours to create a full time position. The amount estimated to expand this position is $43,000.00 which includes benefits. These PEI funds would be considered reoccurring.

Pursuant to the Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN and the Local Prudent Reserve. It is further specified that 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.

Capital Facilities and Technology Needs: $500,000.00
For the benefit of the Tri-City System of Care and in part to enhance the Therapeutic Community Gardening (TCG) program, the request was made by stakeholders to allocate excess unspent CSS funds totaling approximately $500,000.00 to Capital Facilities and Technology Needs. Of these funds, it is anticipated that approximately $250,000.00 will be used to establish a permanent location for the garden and the remaining funds will be held in the CFTN account for future projects.

Following a recent change in the garden location, this request is made to establish a permanent garden site consisting of planting beds and construction of an outdoor structure/room designed

to accommodate year-round garden activities and support groups. This space will also be used for Full Service Partnership participants and the Peer Mentoring program. The second portion of this allocation will allow for the replenishment of depleted funds in the CFTN account which will then be available for yet to be identified needs in the System of Care.

The requested amount of $500,000.00 represents excess dollars currently available in the Community Services and Supports (CSS) budget. The MHSA workgroup recommendation is to transfer these funds to the Capital Facilities and Technology (CFTN) account for the purpose of securing these funds for the future completion of the garden project as well as projected technology needs. The requested amount for the garden project is an approximation and based on the most current information available. Final plans and costs for the TCG garden project as well as any technology needs will be subject to public review and final approval by the Tri-City Governing Board at a later date.

Workforce Education and Training: $450,000.00
Staff and volunteer trainings continue to be a focus for TCMHS and highly supported by stakeholders during the workgroup process. The request was made to transfer funds from the CSS plan to provide continuing trainings and hire additional staff to support workforce development. These funds also address the need for specialized training which has increased as a result of changes for county mental health/specialty mental health due to the Affordable Care Act and Medicaid reform. With an increase emphasis on performance outcomes, evidence based practices, and effective treatment of severe and specialized population, Tri-City staff and volunteers need to be confident in their knowledge and feel equipped to perform at an optimal level. A consistent flow of volunteers are needed to support the ongoing efforts of Tri-City staff and sustain the quality of care and activities the community members have come to rely upon.

In addition, local law enforcement agencies have requested supplemental mental health trainings beyond the popular Mental Health First Aid. Crisis Intervention Training (CIT) has been identified to meet this need and is considered a "Best Practice" training for law enforcement personnel statewide. One of the important goals of CIT is to help participants learn how to intervene in such a ways as to guide the individual in crisis away from the need for incarceration and towards mental health services, when appropriate. The estimated cost for these combined recommendations is approximately $450,000.00 and these funds will be transferred from excess unspent CSS funds.

Full Service Partnership Programs (CSS funded)
AMENDED

Full Service Partnerships (FSP) - TC-01 - AMENDED

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

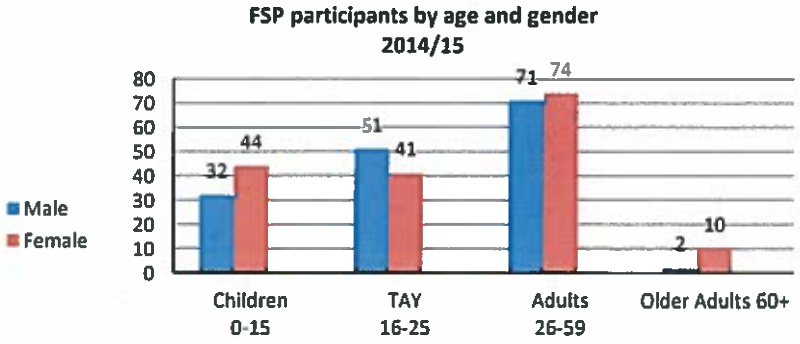
This year, the FSP program served more child and TAY clients and received more referrals for youth with serious mental illnesses. The increase may be due to the fact that more people qualify now for Medi-Cal and that Tri-City is holding more events for clients at the Wellness Center to make them more aware of resources, including FSP. The Older Adult and Adult FSP programs report improvements to addressing co-occurring disorders thanks to training in Motivational Interviewing and using a "Seeking Safety" model that is trauma-informed and helps clients develop safer coping habits.

Tri-City FSP staff attended more trainings on topics such as psychosis, trauma-informed care, parent support, and mindfulness interventions. Conferences such as the Latino Behavioral Conference and professional development opportunities help to rejuvenate FSP staff and improve services. For example, these trainings helped FSP staff gain a better understanding of how to advocate for their FSP clients. Clients are stabilizing faster as a result.

The FSP program for adults and older adults continues to experience staff turnover, but at a rate that is consistent with the demanding nature of the work. The biggest challenge continues to be finding housing supports for FSP clients. Another key challenge is that, again related to the expansion of Medi-Cal coverage, several recent referrals to the FSP programs are persons who have severe and previously untreated mental health issues. These persons take a lot more time to engage and are harder to sustain in consistent treatment. The newly formed Intensive Outreach and Engagement Team is relieving some of work from FSP in regards to doing the engagement. Consistent, on-going training, and skills building with regard to treating the most resistant and more complex cases will help to keep persons in treatment long enough to be effective.

HOW MUCH DID WE DO?

325
individuals served
2014/15



HOW WELL DID WE DO IT?

Percent of FSP Clients who Feel They Work Well with the Treatment Team to Meet Their Treatment Goals.

97%

IS ANYONE BETTER OFF: SUCCESS STORIES

A 16-year old TAY was suffering from severe depression, cutting, and hearing voices. Now, this person is graduating from services without medication and is confident of their ability to continue on a positive track. This client wants to go to college and is participating in many extracurricular activities in school.

One FSP client has been with TCMHS for several years and moved from TAY FSP to Adult FSP. This person has been placed in a sober living arrangement that is partly subsidized by the FSP program. Recently, they obtained employment, and staff members are working with them to be able to succeed in that job. The goal is to be able to pay for their own living arrangement with their income.

Table 7: Cost per person estimate for FSPs, FY 2014-15

	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Totals
#'s Served (FTC) (2)	42	43	75	6	166
Cost/Person	$30,150	$30,998	$28,620	$22,928	$29,435 average

** **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 2014-15.*

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

MHSA Full Service Partnership (FSP) Program Update July 2016

Homelessness and mental illness are two critical topics of concern across our state and across our three cities. In response to this growing need, Tri-City Mental Health Services (TCMHS) convened two special stakeholder meetings to open a dialogue with community members focused on reviewing and adapting current MHSA programs to better meet the housing and clinical needs for homeless individuals in our area suffering with mental illness.

In these meetings, stakeholders were introduced to a proposal, which expands the current Full Service Partnership (FSP) program to include a second tier of service. This expansion includes an increase in FSP service slots as well as hiring additional support staff.

Over the past year, TCHMS has experienced a significant upsurge in the number of qualified FSP referrals where individuals suffering with mental illness are homeless or at risk of homelessness, and in need of a variety of services including supportive housing.

Tri-City Mental Health Services has long understood that without adequate housing and supportive services, the process for recovery from mental illness can be overwhelming, if not insurmountable. Therefore, based on this increasing need and a commitment to providing the most appropriate level of care for individuals who meet the criteria for FSP and Outpatient Services, TCMHS is proposing a modification to their existing FSP program which includes a *Two Tier System of Care.*

FSP Tier I Services:

This tier represents the current Full Service Partnership program adopted in 2009 and based on stakeholder input. The staff to client ratio is approximately 1:15 and clients are seen a minimum of twice weekly face-to-face contact and the average length of care is 2 years. The focus in Tier I is on connecting to health, mental health and substance use treatment services, obtaining housing, decreasing incarceration and/or psychiatric hospitalization, obtaining sobriety, employment readiness, and establishing benefits.

FSP Tier II Services:

The focus on Tier II services is continued access to health, mental health and substance use disorder services as needed, maintenance of housing, maintaining sobriety, little to no days incarcerated or in psychiatric hospitalization, returning to or maintaining gainful employment/appropriate education and/or meaningful activities (i.e., volunteering, participating in community activities, active in a club/positive social group/faith-based organization, etc.).

Tier II services are to provide a more seamless flow for clients moving through the Tri-City system of care. The expansion of FSP to include a second level is being proposed to avoid extended stays for clients in the more costly Tier I level of treatment or from being transitioned too early in their recovery to a lower level of care. The staff to client ratio in Tier II is

approximately 1:30 and clients are provided with once a week contact (phone or face-to-face) and seen face-to-face at least twice per month. The average length of care in Tier II is 3 years.

FSP Slots-Current and Projected

FSP Age Groups	Current FSP Slots	Projected Increase FSP Slots	Total FSP Slots for FY 2016-17
0-15	64	5	69
16-25	73	25	98
26-59	104	100	204
60 +	15	0	15

Staff Increase

Number	Position	FT/PT
1	Psychiatrist *	.5
2	Therapist *	2
3	Mental Health Rehab Specialists *	3
1	Licensed Psychiatric Technician *	1
1	Mental Health Rehab Specialist/Housing Focus	1
8	Total	7.5

*6.5 of these positions are considered "billable" which will allow for an estimated $475,000.00 in projected MediCal match annually. The remaining annual cost of $200,000.00 will be covered by MHSA/CSS funding. Over this three year pilot program the estimated cost will be $600,000.00 in MHSA/CSS dollars.

Projected Budget – 3 year plan**

This proposal calls for an increase in the current CSS plan budget by approximately $675,000.00 which will cover the gross salary and benefit costs for 7.5 positions. This increase represents unspent CSS dollars and is considered one-time funds available for the duration of this project scheduled to end June 30, 2019.

Fiscal Year	Total Annual Cost	MediCal Match	Balance paid through MHSA/CSS
FY 2016-2017	$675,000.00	($475,000)	$200,000
FY 2017-2018	$675,000.00	($475,000)	$200,000
FY 2018-2019	$675,000.00	($475,000)	$200,000

**Based on current and projected expansion of housing and treatment efforts, both at the state and local level, we anticipate an improvement in the current homeless crisis situation for the duration of this project. However, this project will be updated and evaluated each year as a part of Tri-City's Annual Update process.

Non-Full Service Partnership Programs (CSS funded)

Community Navigators - TC-02

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. 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.

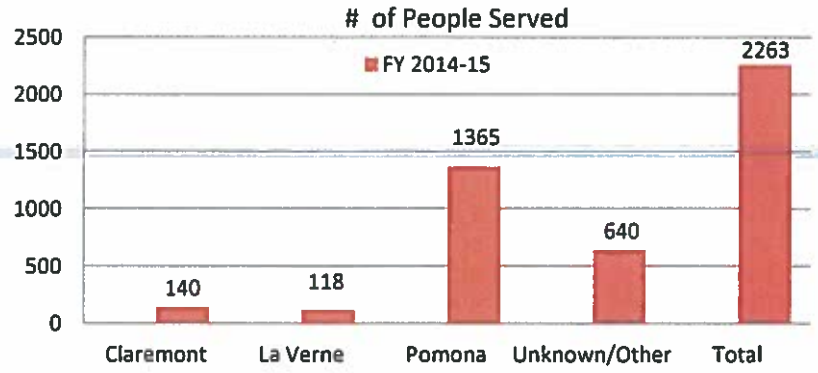
ORIGINAL RATIONALE

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.

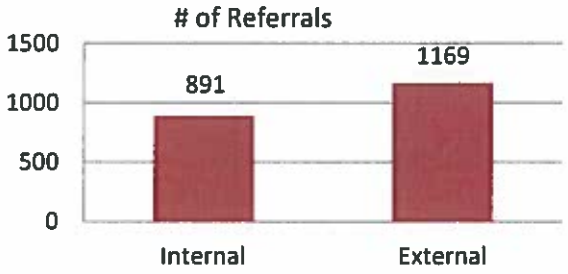
NOTES ON DEVELOPMENT • PROGRESS • LEARNING

The Community Navigators program was short-staffed during the majority of this fiscal year, but Tri-City hired another Navigator by the end of the fiscal year. The Navigators have focused more time on outreach and engagement with the community, as that was their primary focus when the program first launched. The program saw an increase in calls from outside the three cities. Navigators still provide these callers with resources, but resources that are closer to where the caller lives. Lastly, the program saw a sharp increase in the number of internal referrals where they are being referred by other TCMHS programs.

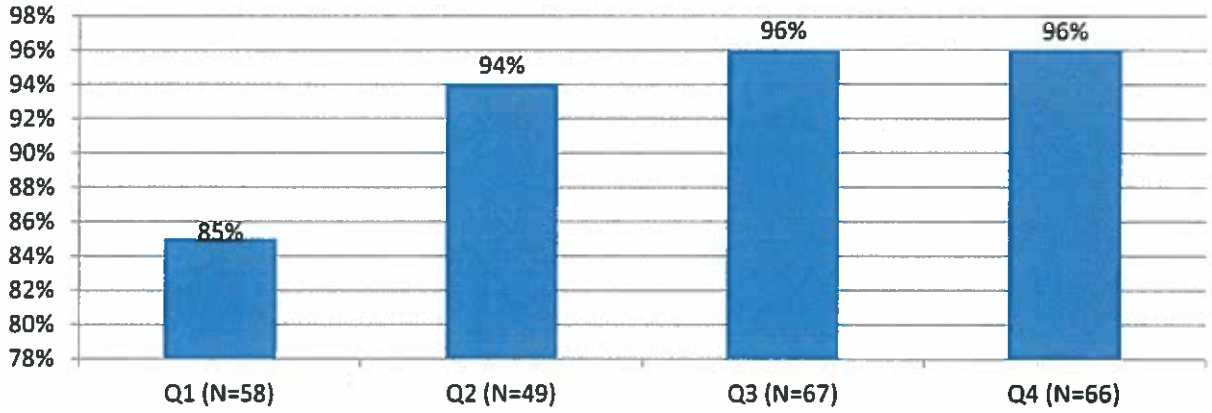
HOW MUCH DID WE DO?



HOW WELL DID WE DO IT?



Number of Participants Reporting Satisfaction with Services Provided



IS ANYONE BETTER OFF: SUCCESS STORY

A Community Navigator was contacted by Officer of the Day at Tri-City Adult Outpatient services, because they needed assistance with an elderly woman who was in need of immediate housing resources. This elderly woman had been recently diagnosed with a severe medical issue and she was tearful and very worried about where she would live during this difficult time in her life as she was homeless. A Community Navigator sat with her and went over her finances and explained to her different housing options. The elderly women called some of the shelters and transitional living resources that community navigators provided, and within minutes found a room at a transitional living which was willing to take her in that same day. She was very thankful to the Community Navigator for assisting her to find a place to rest that same day.

COST PER PERSON ESTIMATE FOR FY 2014-15: $184

Wellness Center - TC-03

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

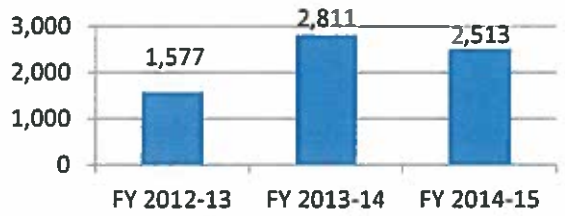
The Wellness Center was conceived as a place of support for people who have struggled with mental health issues so that they could accelerate their movement toward independence, recovery and wellness. It does not offer intensive counseling, medication, or other more traditional mental health services.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

After multiple years of rapid growth, attendance at the Wellness Center settled into a steady rhythm of familiar faces along with new participants. To prevent complacency, staff members are looking at ways to make sure that there continues to be value-added to support groups and classes. The most popular offerings have been related to employment, so staff members are looking for ways to create more programming at the Wellness Center to support job seekers. Tri-City is also looking to develop a curriculum based on training part-time staff including lessons learned in the process of supporting the development of Tri-City's workforce. The year was also spent improving systems that monitor the retention rates of those we place through Tri-City's employment services. In the next year, Tri-City should be able to track whether participants are still employed after 30, 60, and 90 days. Tri-City also increased TAY programming, and TAY staff planned a TAY Fair which will be held in the 2015-16 fiscal year.

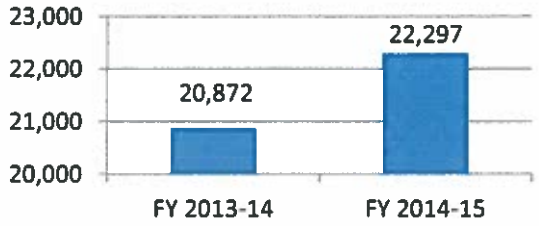
HOW MUCH DID WE DO?

Number of People Served at the Wellness Center



144 individuals secured employment in 2014-15

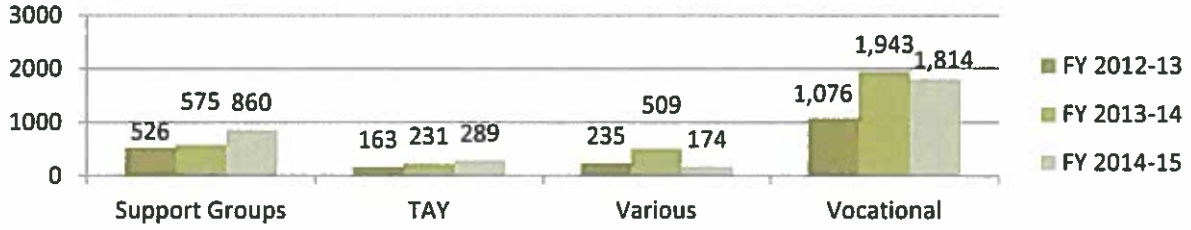
Number of Events at the Wellness Center



**These numbers do not include Family Wellbeing participants.*

Attendance at Events

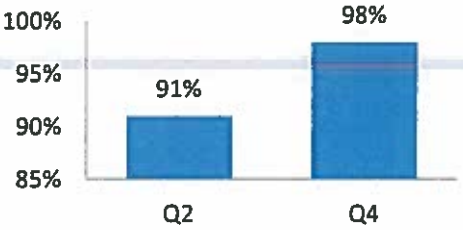
The chart below represents the number of unique people in each event group. Individuals who attended one or more groups are counted once in each category.



HOW WELL DID WE DO IT?

% of Participants Satisfied with Experience.

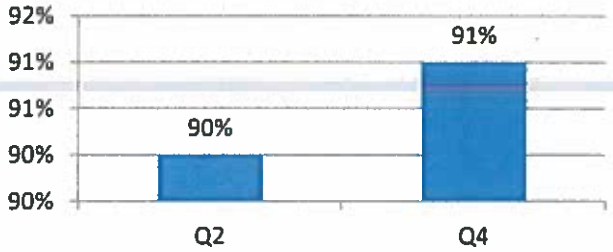
Percentage of those answered "Agree"



IS ANYONE BETTER OFF?

% Reporting Improved Wellbeing.

Percentage of those answered "Agree"



IS ANYONE BETTER OFF: SUCCESS STORY

While at a job fair in Pomona, a woman told a Tri-City staff person that she used to go to the Wellness Center for support groups and was doing much better as a result. The staff person told her about employment opportunities at the Wellness Center, and she applied for a position. She is feeling confident in her journey of recovery.

COST PER PERSON ESTIMATE FOR FY 2014-15: $483

Supplemental Crisis Services (SCS) - TC-04

OVERVIEW

The Supplemental Crisis Services (SCS) 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. Tri-City 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 Intensive Outreach and Engagement Team and Community Navigators, the Supplemental Crisis Services program helps people with symptoms of serious mental illness prevent hospitalization and receive more appropriate care.

ORIGINAL RATIONALE

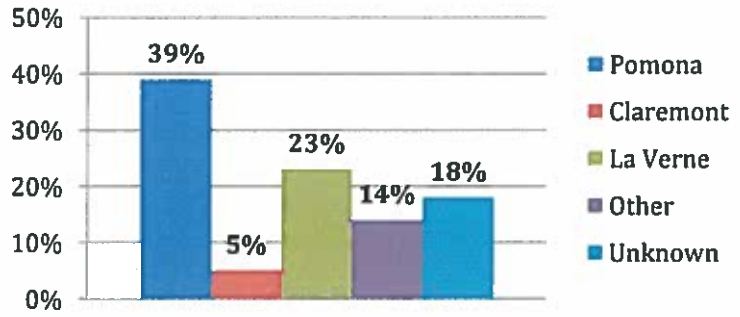
The Tri-City clinic and other area providers offer 24/7 crisis support to people formally enrolled in their treatment services. People not currently receiving services, however, who suffer a crisis after hours or on weekends must rely on Los Angeles County's Psychiatric Mobile Response Team (PMRT) for assistance. Many persons experiencing a crisis are not in need of hospital intervention. 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

Both the walk-in and call-in services in the Supplemental Crisis Services program remain consistently and steadily utilized. Demand tends to taper off during the summer, but otherwise the program experienced a stable, steady year. Beginning in FY 2015-16, the program was approved by Stakeholders to expand staffing to include an Intensive Outreach and Engagement Team (IOET), which is designed to increase the likelihood that persons who access SCS services will ultimately engage and/or enroll in more appropriate treatment. IOET services act as a bridge between SCS and intensive treatment services such as FSP. The IOET began providing services in August 2015 and as of February 10, 2016 the Team has outreached to 130 unique individuals and 41 of those have been enrolled in services.

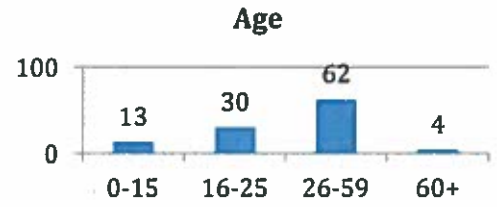
HOW MUCH DID WE DO?

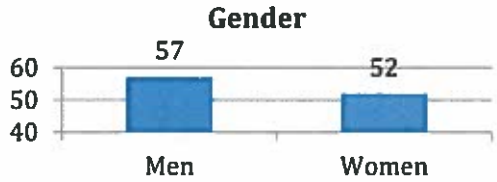
Distribution of callers by city. "Other" category includes Azuza, Covina, La Puente, Lancaster, Ontario, Redlands, Upland and West Covina.



77 Calls

Walk-In Services



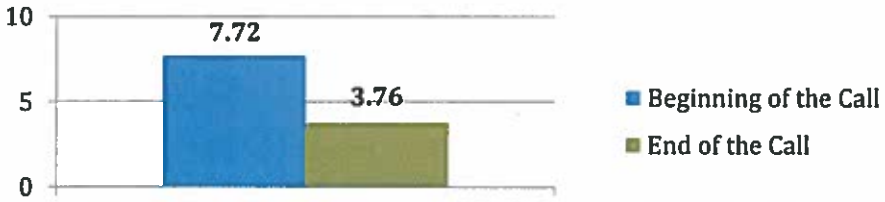


110 Individuals Served

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 STORY

A suicidal child was brought in by the local police department. The Supplemental Crisis Services staff were able to stabilize the child and connect him to FSP services.

COST PER PERSON ESTIMATE FOR FY 2014-15: $494

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

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.

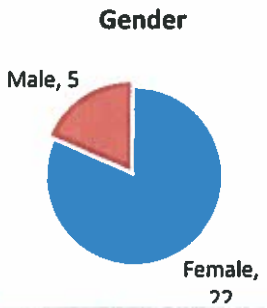
ORIGINAL RATIONALE

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

The year was spent increasing outreach efforts primarily by working with the Community Navigators. A new position was added to FCCS last year; however, due to the specialized nature of the position (clinical therapist with specialized education and/or experience in geriatric psychology or social work) it took time to hire an appropriate candidate. The position was filled in December 2015. TCMHS switched to a new inquiry process that is now available every weekday which makes access easier for this population and their caregivers. As Tri-City is qualified to work with mental health diagnoses, if at screening (or any time after FCCS services have started) a person appears to be potentially suffering from Alzheimer's disease, they are encouraged to take part in neuropsychological testing and are assisted by Tri-City staff in order to access those services. Clients who progress and stabilize in treatment are now being transitioned out of FCCS and linked to more appropriate services for their level of need such as Peer Mentoring program and Senior Services programming at the Wellness Center.

HOW MUCH DID WE DO?



IS ANYONE BETTER OFF: SUCCESS STORY

One client was struggling with finding a support system for herself and became overly reliant on Field Capable Services staff. She was connected with a local senior center and church group to help fill out her support system. Staff members also helped her clarify a medical insurance issue, which helped her obtain some in-home support.

COST PER PERSON ESTIMATE FOR FY 2014-15: $9,370

Permanent Supportive Housing - TC-06-AMENDED

OVERVIEW

In July 2011, the TCMHS Board approved a Comprehensive Housing Master Plan to construct or rehabilitate 100 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

During FY 2014-2015, Tri-City was involved in five housing efforts. The status for each of these projects is detailed below:

Parkside Family Apartments (Related Companies)

Groundbreaking for this project took place in May 2015 with a formal groundbreaking celebration held on June 2, 2015. This project is scheduled to be completed in March 2016 and will provide 16 one-bedroom and five two-bedroom units for Tri-City clients. To support clients in their recovery, Tri-City staff and clients will have exclusive use of an office and lounge area. In addition, Tri-City clients will have access to a computer, the central lounge, kitchen, assembly room, and common area.

Cedar Spring Apartments (A Community of Friends)

The Cedar Springs project broke ground on January 29th 2015 with construction scheduled to continue until June 2016. This project focuses on Transition-Aged Youth (TAY) ages 16 -24 1/2 and offers 5 one-bedroom units for individuals and 3 two-bedroom units for TAY who are residing with their family.

Holt Family Apartments (Clifford Beers Housing)

The Clifford Beers Housing (CBH) was delayed due to an unsuccessful attempt to obtain Federal Tax Credit Financing in the March 2015 funding round. The principal reasons for its failure to obtain these credits included the lack of outside (non-Federal) funding and the highly competitive nature of special needs housing. Therefore, CBH applied for a $1 million grant with the Federal Home Loan Bank (FHLB); unfortunately, the project did not receive the grant.

Update: In the Fall of 2015, CBH was successful in their bid for Federal Tax Credits Financing and the project began construction on March 21, 2016. These units will consist of 11 one-bedroom apartments units, 11 two-bedroom apartments, and 3 three- bedroom apartments units with an anticipated completion date of May 2017.

Claremont Site Search

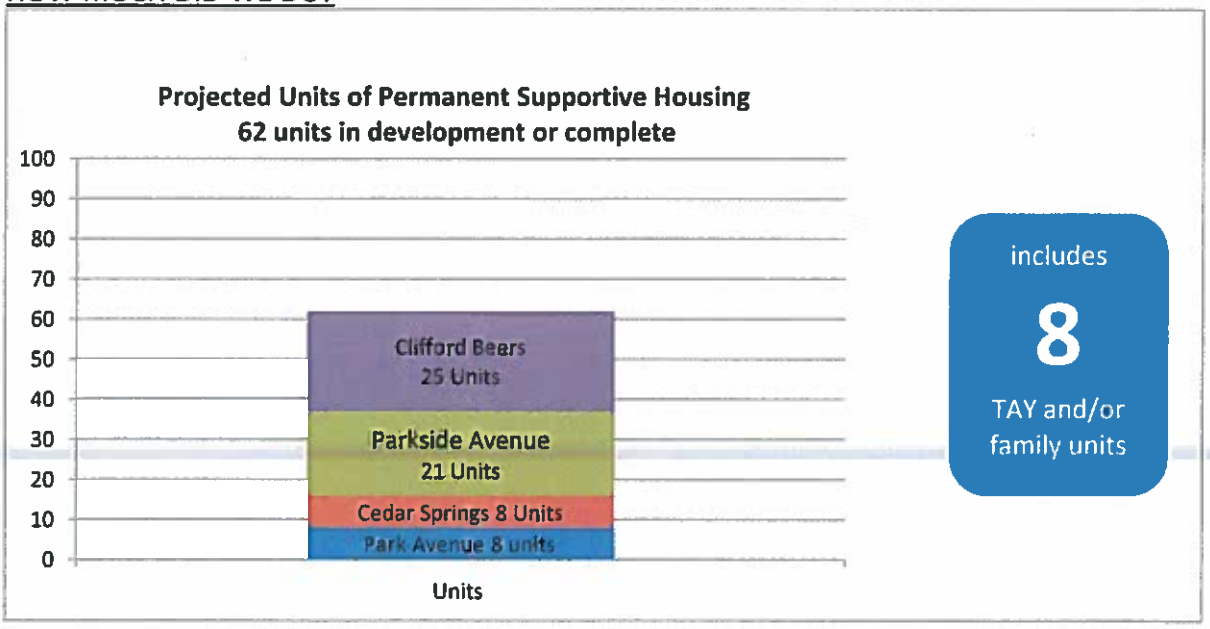
In FY 2014-15, Tri-City staff engaged the services of two real estate firms to search for appropriate housing sites located in the city of Claremont. During this process, TC staff focused on single family homes with guidelines regarding specific size and square footage. A property located at 956 Base Line Road was identified with 2581 square feet constructed with two wings; each containing two bedrooms and a full bathroom. The wings are connected to a large living room and kitchen. The house is historically significant and built on a .85 acre parcel allowing for future construction of additional housing. It is anticipated that this housing would accommodate two families.

A seven-unit apartment building located near the Claremont Village area was also under consideration. However, this option was eliminated due to the higher listing price of $1,550,000 and because the building was fully occupied.

Park Ave. Apartments

All eight MHSA units located at the Park Avenue Apartments remained occupied with tenants participating in various programs provide by Tri-City. These programs include the Therapeutic Community Gardening, which is located onsite, as well as supportive activities at the Wellness Center.

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.

MHSA PERMANENT SUPPORTIVE HOUSING AMENDED JANUARY 18, 2017

The Permanent Supportive Housing project provides both housing with adjunct supportive services for individuals who suffer with mental illness. California's Mental Health Services Act (MHSA), included funds for the development of permanent supportive housing in recognition that mental health services alone are often not enough to provide persons living with a serious mental illness, long-term stability.

Request: Reallocate $1.2 million in unspent Community Services and Supports (CSS) funds to the Permanent Supportive Housing program.

Purpose for Request:

Tri-City Mental Health Services is requesting approval for the reallocation of $1.2 million in unspent Community Services and Supports (CSS) funds to the Permanent Supportive Housing project. The purpose of this restructuring of funds is to allow Tri-City Mental Health Services (TCMHS) to be proactive and responsive to the pending implementation of the No Place Like Home (NPLH) program scheduled to begin in July 2017. Specifically, Tri-City has spent all of its previously allocated funds for housing to create 64 units of permanent supportive housing to date. In order to be prepared for the NPLH processes to apply for and/or receive redirected MHSA funds beginning in July 2017, Tri-City needs to replenish its fund.

MHSA Housing History:

In 2008, TCMHS received $2.4 million as its housing allocation from MHSA to develop permanent supportive housing for the clients and families it serves. This allocation from the State was based on the population served by Tri-City and would have funded approximately 20-24 units in total.

Fortunately, as a result of the community stakeholder process mandated by Proposition 63, residents and interested parties from all three Tri-City area cities (Pomona, Claremont and La Verne), had the foresight to anticipate a much greater need for Tri-City consumers. In fiscal years 2008-09 and 2009-10, Tri-City Stakeholders requested that the TCMHS Governing Board approve the allocation of added unspent MHSA funds toward the development of permanent supportive housing. An additional $4.5 million was assigned and a total of $6.9 million has, to date, created 64 units of permanent supportive housing for those challenged by living with severe and persistent mental illness.

No Place Like Home Background:

In July 2016, Governor Brown approved Assembly Bill No. 1618, also known as the No Place Like Home (NPLH) program, to be administered by the Department of Housing and Community Development. The purpose of this program is to provide a $2 billion bond to construct permanent, supportive housing for, specifically, chronically homeless persons with mental illness. This bond will be repaid by a 7% reduction in statewide MHSA allocations previously distributed to counties to support local MHSA programs. Repayment begins July 2017.

Breakdown of *No Place Like Home* funding structure:

- $130,000,000 in annual MHSA proceeds will be used to fund a $2 billion bond. This bond will then provide funding to cover the capital costs for permanent supportive housing for the target population.
- $200 million will be allocated among counties based on calculations for the number of homeless persons in each county or $500,000, whichever is greater for each county.
- $1.8 billion in competitive bid program where counties must meet requirements to obtain funding.
- $6,200,000 from the Mental Health Services Fund to provide technical and application preparation assistance to counties.

Financial Impact for Tri-City Mental Health Services:

- Beginning in July 2017, 7% of the total MHSA funds received at a state level will be redirected from counties to the No Place Like Home program. The remaining balance will be assigned to counties per their current distribution rate.
- The financial impact of NPLH for TCMHS is an estimated reduction in annual MHSA revenue of between $600,000 and $700,000. However, some portion of these will be made available back to Tri-City to create housing (per the $200 million allocation to all counties and the two cities). Additionally, should Tri-City have additional funds, Tri-City may enter into a competitive grant application for even more housing funds.
- Tri-City MHS has expended all previously allocated funds for Permanent Supportive Housing.

Request for Funding Reallocation:

Tri-City Mental Health Services (TCMHS) understands that a lack of supportive housing can be a significant barrier to mental wellbeing and recovery for individuals suffering with mental illness and their families. In anticipation of the continuing demand for permanent supportive housing, and the impending start of NPLH, Tri-City Mental Health Services is requesting the approval of $1.2 million in unspent Community Services and Supports (CSS) funding to be reallocated to the Permanent Supportive Housing project.

Following the stakeholder workgroup process, this Amended Annual Update for FY 2016-17 was posted for public comment on TCMHS's website for a period of 30 days from December 8, 2016 to January 6, 2017. No public comments were received during this time. This Amended Annual Update was approved by the Tri-City Mental Health Commission on January 10, 2017 and the Tri-City Governing Board on January 18, 2017.

Prevention/Early Intervention Combined 50/50 (PEI Funded)

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

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

PROGRAM: Peer Mentoring Program

OVERVIEW

The Peer Mentoring Program, a prevention and 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 mentors can offer both individual and group mentoring, 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. While TCMHS continues its aggressive outreach to the two original populations, there has been significant demand for services for intergenerational exchanges. Given this demand, TCMHS expanded the program in FY 2013-14 to also include adults as mentors to TAY and Older Adults.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

The project recently decided to change the terms used for this project from counselor/counseling/counselee to mentor/mentoring/mentee. Staff members feel that this change better reflects the true nature of the relationship.

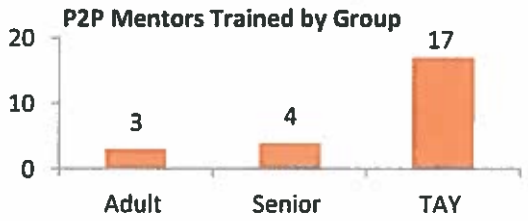
This project continued to train peer mentors and provide services. Many are past mentors returning to the program to give back to their community. Three mentors, in particular, started specialized groups in response to community need: a veterans group, Alzheimer Support Group, and a bilingual (Spanish/English) group. Because many of the mentors are college-aged, TCMHS tends to see a decrease in the availability of mentors during the summer. Serving older adults continues to be a challenge. Program staff reached out to the older adult population by outreaching to facilities such as Hillcrest, a local retirement community. They are constantly listening for what the mentees need. Going forward, the program will continue its efforts to expand the available mentor pool to accommodate different age ranges and look to recruiting mentors with lived experience to join the program.

HOW MUCH DID WE DO?

Total Number of Mentors Trained

24

Total Number of Mentors Trained



HOW WELL DID WE DO?

Total Number of Mentees Attending Individual and Group

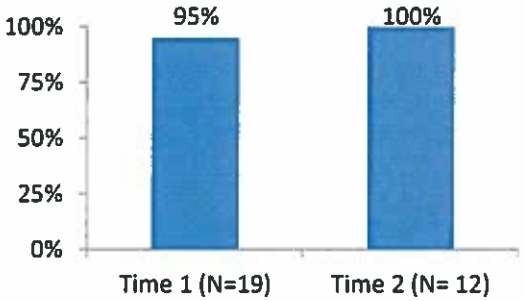
51* Individuals FY 2014/15

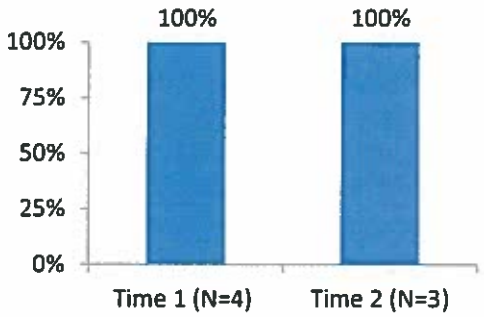
*unduplicated

1,052** Groups FY 2014/15

**duplicated

IS ANYONE BETTER OFF?





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 Mentoring 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. In another instance, a Spanish-speaking female came to the Peer Mentoring program due to feelings of loneliness, complaining of having no friends. She states that she now enjoys participating in the support group.

COST PER PERSON ESTIMATE FOR FY 2014-15: $1,692

Family Wellbeing Program - PEI-04

OVERVIEW

In this prevention and early intervention 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

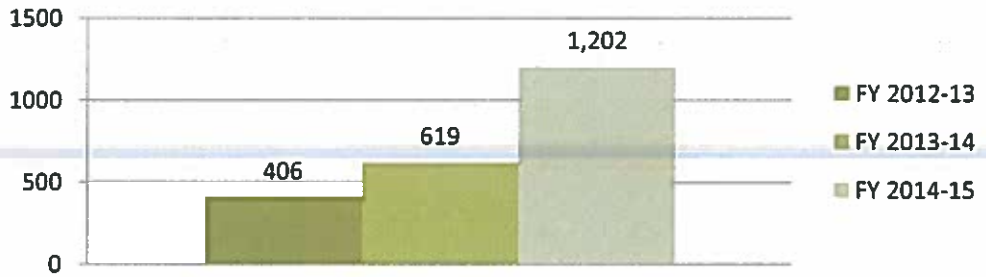
For this project, stakeholders chose to focus on family members and caregivers, particularly of young children, as a way of providing support to children and youth in stressed families. Data at the time the PEI plan was first developed indicated discernible, and in many cases significant increases in 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

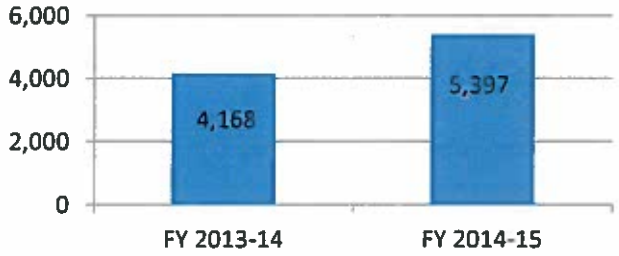
The Family Wellbeing Program doubled the number of people served and continues to grow. However, there has not been an increase in staff to accommodate this growth. Instead, Tri-City supports the Family Wellbeing Program by using Masters-level interns and other Wellness Center staff. The program developed a stronger relationship with the Bonita Unified School District this year. Tri-City interns worked with eight Bonita elementary schools to provide behavior modification and linkage and referral to supportive services and helped families connect to local resources.

HOW MUCH DID WE DO?

Number of People Served in the Family Wellbeing Program



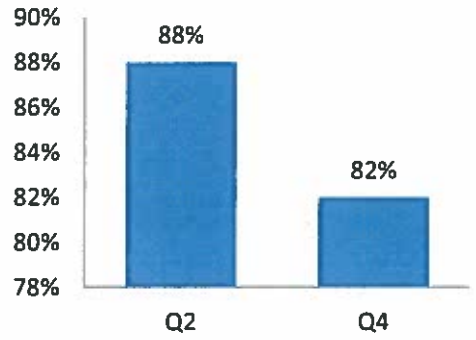
Number of Events by Family Wellbeing



*These numbers do not include all other events held at the Wellness Center.

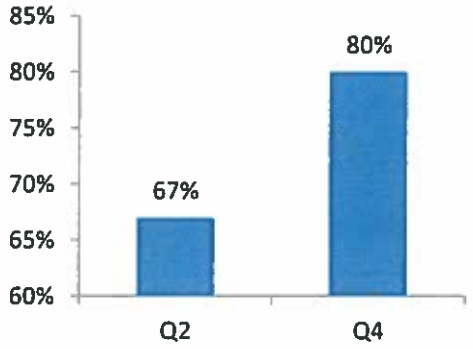
HOW WELL DID WE DO IT?

% of Participants Satisfied with Experience.



Percentage of those answered "Agree"

% Reporting Improved Wellbeing.



Percentage of those answered "Agree"

*Surveys were not administered during Quarter 3.

IS ANYONE BETTER OFF: SUCCESS STORY

A few years ago, a high school student was referred to the behavior modification intervention services. After learning about the free support groups, her mother has participated in the Family Wellbeing programming along with her other children. This student recently graduated with honors from high school and is on her way to college.

COST PER PERSON ESTIMATE FOR FY 2014-15: $76

Early Intervention Programs (PEI funded)

Therapeutic Community Gardening (TCG) – PEI-08

OVERVIEW

The Therapeutic Community Gardening program helps participants decrease their isolation and experience mental health benefits through participation in horticulture/gardening activities and group therapy exercises. 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 are early on in their treatment and 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

TCMHC 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.

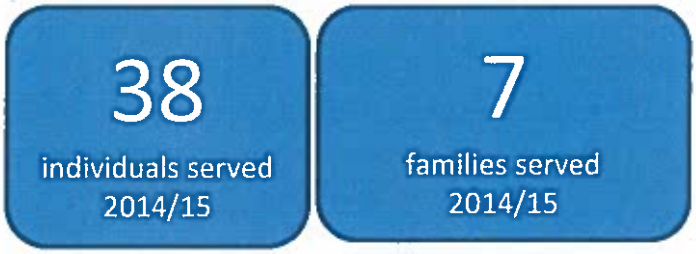
NOTES ON DEVELOPMENT • PROGRESS • LEARNING

Tri-City added a case manager to accommodate the program's rapid growth and provide support by conducting groups, outreach, and clerical duties. The early months of the 2014-15 fiscal year were extremely hot, yet clients continued to want to participate in outdoor groups. During the location transition in the late spring and early summer, many clients remained with the program despite the move, but family clients who were enduring changes in their personal lives felt that the move echoed their experience of loss. Program staff helped them process these issues, but several left the program shortly after the move.

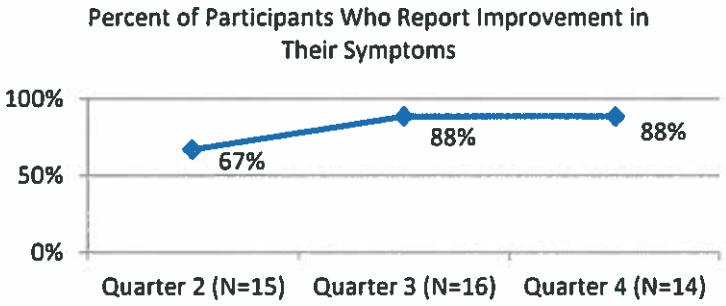
Staff members learned that the program is most effective when they keep clients engaged in not only weekly therapeutic groups, but also extracurricular/non-gardening activities (such as cooking classes, composting, and herb workshops) to maintain their interest in the program. Staff members would like to establish steadier referral streams within and outside of TCMHS to ensure continued growth of the program and to transition clients into and out of TCG. They would also like to have the opportunity to connect with and outreach to other community partners, in particular those that service veterans and families.

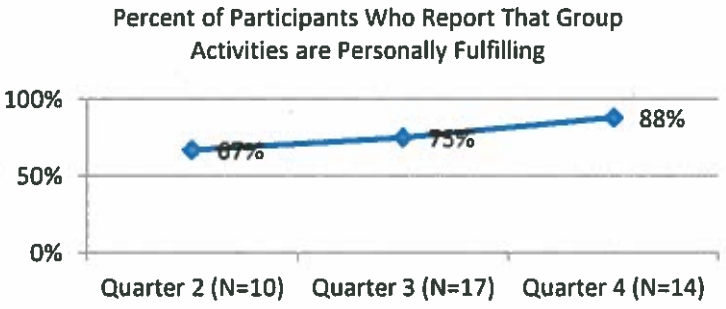
HOW MUCH DID WE DO?

# of People Served



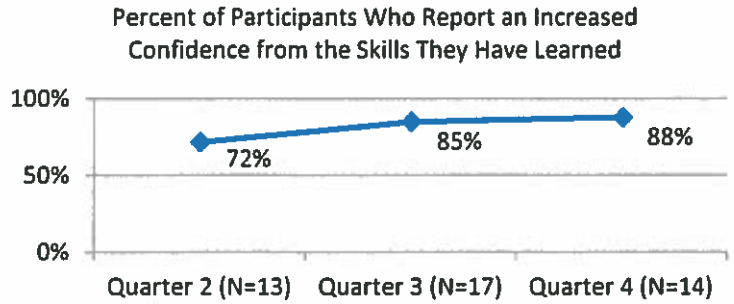
HOW WELL DID WE DO?





TCG Survey was not conducted during Quarter 1.

IS ANYBODY BETTER OFF?



TCG Survey was not conducted during Quarter 1.

IS ANYONE BETTER OFF: SUCCESS STORY

A young man heard about TCG via a flyer left in a local college counseling center. He participated, but later expressed that he was depressed. Staff encouraged him to utilize Tri-City resources in addition to TCG, but then did not hear from him again. Sometime later, he re-enrolled in the program and reported that in his absence he had been seeing his doctor, had enrolled at a local community college, and was interested in transferring to another school to get a B.A. Recently he graduated from college and applied for a part time job. He was offered the position and is finishing the classes needed to complete his transfer to a four-year school.

COST PER PERSON ESTIMATE FOR FY 2014-15: $5,251

Other PEI Programs (PEI Funded)

Community Capacity Building – PEI-01

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

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 underserved communities who often struggle to access appropriate mental health and other services.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

This year, they saw tremendous growth in the communities that participated in the CWB program. Through the years of working this program, there is a greater awareness of the purpose of the program. When the CWB program first started, there was a tendency for community members to focus on services and organizations as opposed to relationships and wellbeing. This year, in particular, there was an awareness of how important relationship building and focusing on "ourselves" instead of "serving others."

One challenge this year was that the survey system that CWB staff typically employed was not appropriate for one of the CWB grant recipients, who favor a more conversational approach to collecting opinions and data. To accommodate this preference, staff members worked with the community to develop a different strategy that was a combination of success stories and descriptions of conversations.

Program staff would like to develop a newsletter about the communities that are participating in the CWB program so that the communities can communicate with one another to make announcements about events, needs, etc. Communities would also be able to learn about the other communities in more detail. The intercommunity gatherings will become more substantive and focus on more content and less on announcements.

Program staff continues to see communities that are monolingual Spanish speaking and are providing translations and Spanish materials as appropriate. The CWB program will work to

streamline this process internally so that it can be done more quickly. Staff also are outreaching more to community members that speak other languages, such as the Asian communities.

HOW MUCH DID WE DO?

Number of Community Grantees Chosen

15

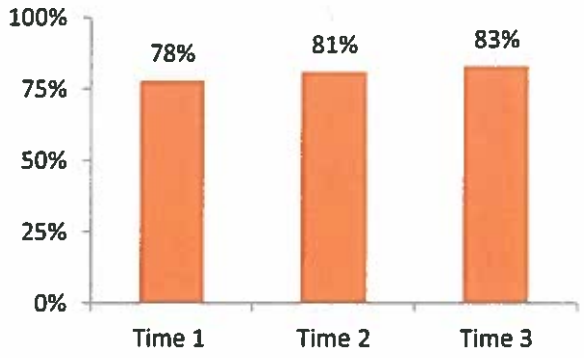
HOW WELL DID WE DO IT?

Percent of Community Members Reporting Wellbeing Data is Useful

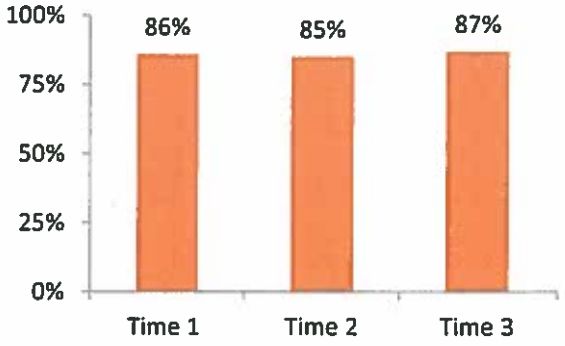
73%
N=270
Strongly Agreed/Agreed

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 STORY

The Parenting and Me group, connected to Pomona Hope, was a great demonstration of the shift in the thinking from services to relationships mentioned earlier. At the start of the year, the Pomona Hope organization was providing services to parents that needed assistance. Later, Tri-City saw a tremendous development of the leadership potential of the actual members of the group, including deeper connections among members, as individuals within the group took leadership roles. In fact, the community identifies itself as *Padres Fuertes Hacen Familias Fuertes*, a Spanish phrase meaning strong parents make strong families, which reflects the nature of the group itself.

Community Mental Health Trainers

OVERVIEW

Community Mental Health Trainers began with Mental Health First Aid (MHFA), a nationally recognized program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone experiencing mental and emotional distress. This 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), so they can 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, Non-Suicidal Self-Harm, 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.

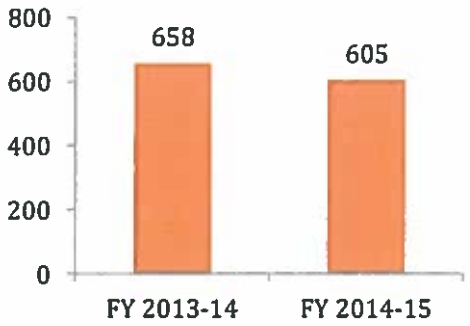
NOTES ON DEVELOPMENT • PROGRESS • LEARNING

This year saw a breakthrough in engaging veterans in Tri-City's MHFA trainings. Thanks to partnerships with Cal Poly Pomona's Veterans Center and the University of La Verne, staff were able to regularly provide MHFA trainings designed specifically for military and higher education. The program also planned trainings for all three local police departments for fiscal year 2015-16 and is working on a Spanish youth version to be ready in fiscal year 2015-16. The adult Spanish version was modified from 12 hours of training down to 8 hours of training. Future needs for trainings are for parents, which are being developed now. While there is a constant demand from organizations for MHFA trainings, there is less demand for trainings that are open to the community as a whole.

Tri-City also conducts Community Mental Health Trainings, which do not require as strict adherence to the National Council of Behavioral Health. These trainings now are available in English and Spanish and in multiple lengths of time to be able to meet a variety of needs and requests. The year was spent updating the resources portions of the trainings and modifying them for specific groups. Staff members also collaborated with the Integrated Care Project to organize and provide trainings for its conference in April 2015.

HOW MUCH DID WE DO?

# of MHFA'ers Trained Each Fiscal Year



2,788
trained since 2011

Total Number of Participants Trained Through Community Mental Health

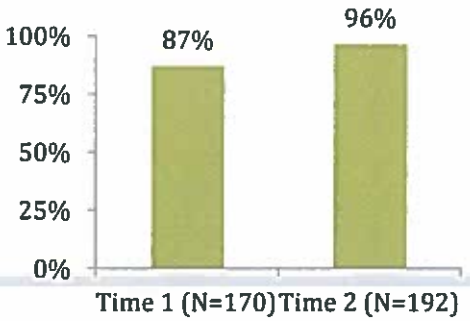
291

Total Number of Trainings for Community Mental Health

17

HOW WELL DID WE DO IT?

Participants report increased confidence to assist a person with community, peer and personal supports

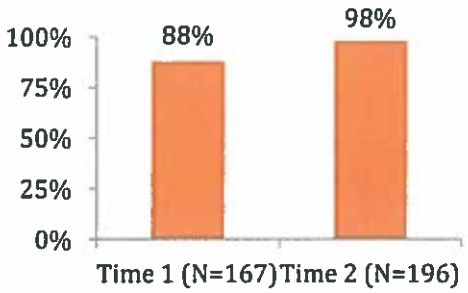


86%
(N=174)

Participants report topics were relevant (CMHT)

IS ANYONE BETTER OFF: MHFA Training Survey Responses

Participants Report They Can Reach Out to Someone Experiencing a Mental Health problem or Crisis



Participants Who Report Ability to Utilize Information/Knowledge Gained into their Practice (CMHT)

84%
(N=177)

IS ANYONE BETTER OFF: SUCCESS STORY

One woman took the MHFA training in Spanish and later revealed to the trainers that her child has a mental illness. Staff members met with her and her son and were able to connect him to services. This mother was overjoyed with the results of this referral. Her son's behavior concerned her, but after taking the class and then referred to the children's department at Tri-City, she took her son to an intake with a clinician. At first, her son was reluctant to speak to the therapist, but now he is active, more communicative, and much more social than before therapy. He is now more equipped to speak up for himself in school, avoids being bullied and is able to make friends with more ease than before.

Stigma Reduction

OVERVIEW

Tri-City's stigma reduction efforts group into three main efforts: Room4Everyone, Courageous Minds, and Green Ribbon Week. Room4Everyone is a community wellbeing campaign that focuses on reducing stigma. The Room4Everyone website includes resources, information, a pledge, and personal stories of recovery from participants in Courageous Minds. Courageous Minds is a speakers bureau made up of people living with mental health challenges who are leading the charge against stigma by sharing their personal stories to a wide range of audiences. Green Ribbon Week is part of a national stigma reduction effort and is held during the third week of March. 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. This project was completed in June 2015.

ORIGINAL RATIONALE

Reducing stigma is a critical foundation for educating the community about mental illness, promoting recovery, and engaging the community's support.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

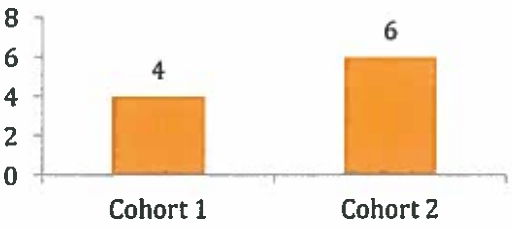
In fiscal year 2014-2015, Tri-City trained two cohorts with a total of 10 participants for Courageous Minds. With the addition of these new members, the total number of active Courageous Minds speakers in now 14. Staff members continuously look for opportunities to integrate clients into events as speakers and in other roles, and they also actively integrate stigma reduction components into other mental health events. For this year's Green Ribbon Week, staff members focused on hosting events and encouraging community members to take ownership over their own events. This year, one private school and one public school organized Green Ribbon Week activities and included youth in the planning and implementation of them.

NAMI leads the Stigma Reduction for Cultural Groups project, and during this final year of the project, they found that more people are accepting the idea of mental health as a medical issue and are willing to reach out to others and help. All of the engaged groups embraced the call to stigma reduction, and some will continue to work on stigma reduction on a volunteer basis. In fact, NAMI has seen an increase in people from these cultural groups at NAMI's general meetings. The project experienced some challenges this year including leadership transitions at NAMI and finding appropriate metrics to determine success for the project. The cultural groups will continue their stigma reduction efforts, but may need continued support from NAMI since they are still learning a lot about mental health and stigma.

PROGRAM: Courageous Minds

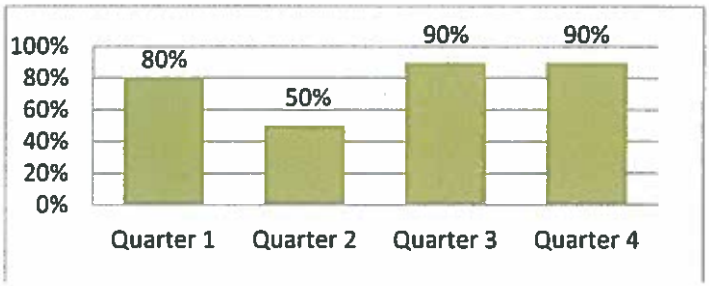
HOW MUCH DID WE DO?

Number of Speakers Trained in Each Cohort



HOW WELL DID WE DO IT?

Trained Speakers who Shared Story Publicly



IS ANYONE BETTER OFF?

Speakers Who Report Understanding How Their Story Can Help Reduce Stigma

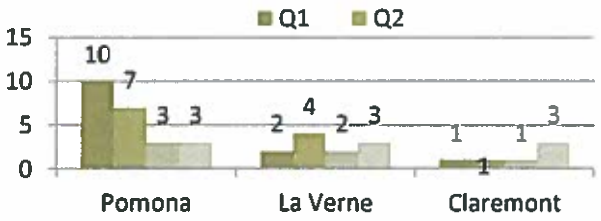
100%
(N=10)

Speakers Who Feel by Telling Their Story They Helped Someone

100%
(N=10)

PROGRAM: Stigma Reduction for Cultural Groups

Number of Presentations by City per Quarter



Number of Presentations

40

IS ANYONE BETTER OFF?

Participants Who Report an Increase in Understanding of the Impact of Mental Illness in Their Community

77%
(N=356)

Participants Who Indicate an Increase in the Belief that People with Mental Illness Can Recover

82%
(N=356)

IS ANYONE BETTER OFF: SUCCESS STORIES

A participant came to Courageous Minds as a Tri-City client. His progress in therapy and participation in Courageous Minds helped him to see his worth and value in other aspects of his life. He created a four-minute video to share his journey. This video is a great representation of hope, purpose, and re-establishing his role in his family through his recovery.

Another participant joined Courageous Minds as a community partner through an on-campus advocacy group at a local college. She joined with some hesitation and insecurities about telling her story publicly when she started, but then she completed more than a dozen presentations. Recently, she was contacted by a mental health agency to share her story as a part of the recovery lecture series they host every year.

The Stigma Reduction for Cultural Groups' Spanish-speaking group took ownership over their activities, met every two weeks, and large numbers of people attended consistently. NAMI is developing a support group in Spanish to help them continue their momentum and providing the support needed so that they will eventually lead themselves.

Housing Stability Program – PEI-07

OVERVIEW

The Housing Stability Program is 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.

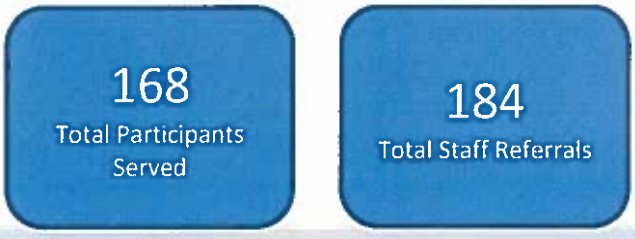
ORIGINAL RATIONALE

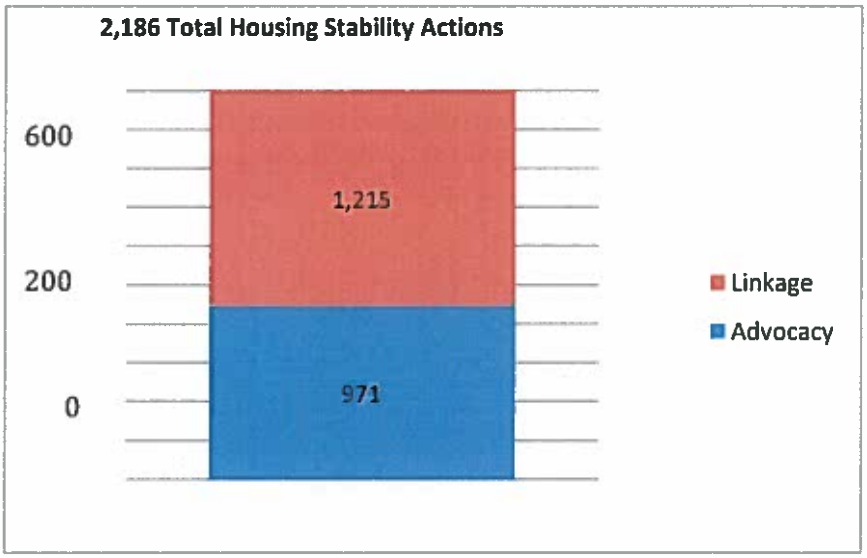
Stable housing is a necessary foundation to be able to create wellbeing and support a person's mental health. Once homeless, it is difficult to provide interventions towards mental health and wellbeing without first finding stable housing. TCMHS began this program in January 2012. The intention was to 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 a Housing Summit for approximately 80 property managers and service providers representing 19 agencies and housing authorities. The Summit featured information and resources about hoarding and spotlighted the Good Tenant curriculum. The Good Tenant curriculum is in high demand and could possibly be used as a reasonable accommodation to prevent evictions. To date, program staff have run four of the courses and graduated 30 participants. TCMHS has been given 12 additional Shelter Plus Care vouchers thanks to their reputation for how well they work with their tenants. Program staff continues to hold monthly lunch meetings for landlords and property owners called the Knowledge Exchange. Seven to ten people attend each month. These meetings help TCMHS to maintain relationships with them and helps them feel part of a larger movement that benefits community members.

HOW MUCH DID WE DO?

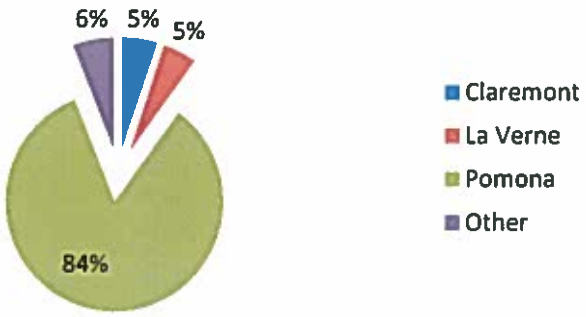


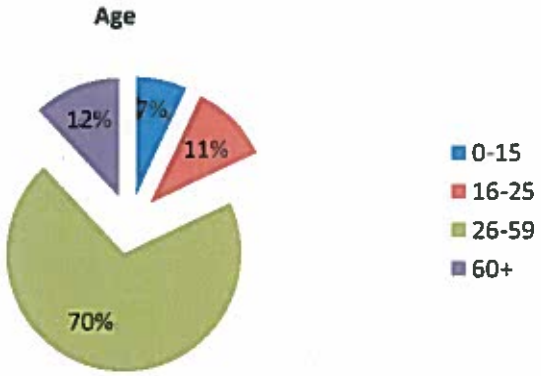


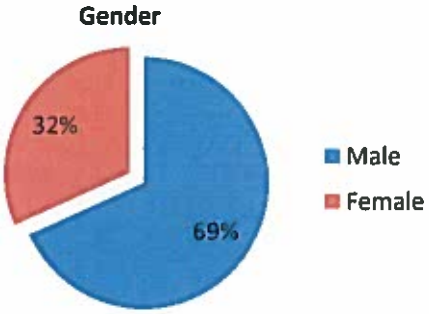
IS ANYONE BETTER OFF?

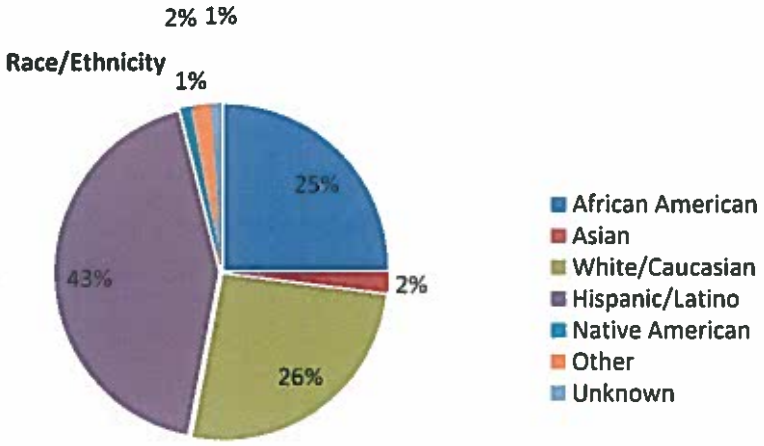
19 Participants Secured Housing	30 Total People Avoided Evictions	17 Total Tenant Curriculum Participants	149 Landlord Contacts	48 Stayed in Housing for 6+ Months

City of Residence









IS ANYONE BETTER OFF? A SUCCESS STORY

The owner of a local hotel recently purchased a building complex that includes Tri-City clients. He has been so impressed with their work at the summit and the quality tenants they provide that he always asks for more clients and has offered some spaces in his hotel, as well.

COST PER PERSON ESTIMATE FOR FY 2014-15:$1,196

NAMI Community Capacity Building Program – PEI-06

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, offers 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

PTAA continues to receive positive feedback from teachers and administrators. Three workshops were conducted in Pomona, one in Claremont, and one in Bonita. More than 125 teachers attended, and other school staff were also encouraged to attend for a total of 226 attendees. Many teachers expressed relief upon discovering resources to help them. For example, once they learned that denial by parents is a common response, teachers expressed a willingness to continue to advocate for the child's mental health and work past the denial. The project continues to receive requests for more presentations.

The ICMH's year began with some strategic planning to help keep the group on track with their mission. They hosted a mindfulness workshop to demonstrate how mindfulness can help providers and clergy/laity leaders. In March and May 2015, the Interfaith Collaborative hosted workshops between clergy/laity and providers that were modeled after the Ground Round case consultations often used in hospital settings. Prominent speakers such as Richard Van Horn from Mental Health America offered their perspectives. Lastly, the project organized a well-attended countywide mental health and faith conference in Pasadena. One of the biggest challenges was continuing to get good attendance from mental health providers at the events as many of them were too busy to attend despite a highly successful gathering last year. Other challenges included

keeping a balance between mental health and faith issues (participant feedback felt it was too heavily weighted on mental health instead of being balanced).

PTAA: HOW MUCH DID WE DO?

226
total attendees

ICMH: HOW MUCH DID WE DO?

160
attendees at 4 gatherings

HOW WELL DID WE DO IT?

97%
agreed or strongly agreed that PTAA increased their understanding of the symptoms of childhood and adolescent mental illness

98%
agreed or strongly agreed that PTAA will help them recognize early warning signs of mental illness in children and adolescents

4.67
overall rating of ICMH events (5 meaning "highly satisfied" and 4 meaning "satisfied")

IS ANYONE BETTER OFF: SUCCESS STORIES

PTAA: After one presentation at an elementary school, a teacher came up to the presenters to express her gratitude. She has mental illness in her own family and often felt broadsided when she recognized it in her students. She began to attend NAMI meetings and eventually became a teacher for NAMI courses.

ICMH: One participating church formed a Serenity Group, facilitated by a member who is trained in Mental Health First Aid. When a member of their congregation presented with symptoms, they developed a team of people to help and a strategy to intervene. The person received help and is doing better now.

Innovation Programs (INN funded)

Cognitive Enhancement Therapy (completed) – INN-01

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 to better 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. TCMHS decided to see if a modified version of CET could be introduced into TCMHS's system of care and be proven effective in addressing underlying cognitive impairment. If so, it could improve significantly the system's overall ability to support successful processes of recovery.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

The final CET cohort began with eight participants. Weekly sessions were held with clients, and throughout the year clients participated in group exercises such as "Dragnet and Colombo" and "Introduce a Guest." Lecture topics included Building Alliances, Social Cognition, Active Listening, and Acceptance of Disability. CET officially ended in April 2015 and graduated 4 participants. Of those who did not complete the program, one was transferred to Full Service Partnership for more intensive support and three dropped out due to the length of the program. A challenge with this program has always been maintaining consistent participation and engaging monolingual Spanish speakers, and many of the lessons learned from this program are being incorporated into the Cognitive Remediation Therapy Innovation program. Staff also found family participation hard to achieve as many of the clients are from lower socio-economic backgrounds and do not have a family support system in place. However, for those who did complete the program, their outcomes were consistent with the results from other agencies supported by CETCLEVELAND. CET coaches received eight-hour training from CET Cleveland and at least one supervision/observation session with CET Cleveland trainer Sharon Shumaker via video conference and at least one personal 1:1 visit.

FINAL REFLECTIONS AND LEARNINGS

A large number of clients exhibited a reduction in symptoms, and numerous clients participated in volunteer work as a result of participating in the CET program. Several clients reported improvements in social function including the ability to establish and maintain romantic relationships, peer friendships, and improve family support systems. Several clients also reported increased ability to maintain stable housing as a result of the life skills learned through CET. After-hours use of on-call systems were reduced and the clients who remained in the CET program through completion reported increased feelings of engagement and support with their treatment team and with the agency as a whole. One client was able to obtain volunteer work at a local religious school and reported using the skills learned in CET to transition this volunteer opportunity into paid employment for the first time in several years. This client stated that the increased feelings of confidence and self-efficacy she gained by completing the CET program gave her the confidence she needed to successfully venture into the job market.

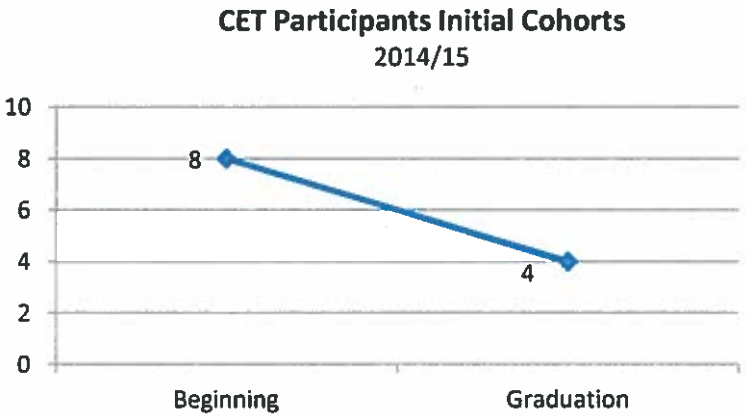
One of the major limitations to CET at TCMHS was that staff were not able to generalize these outcomes to all clients. For example, the length of the treatment cycle (12 to 15 months) precluded some clients from entering the program. Others began CET but were not able to finish due to symptom severity or lack of motivation to attend twice-weekly treatment sessions. This posed a logistical problem for TCMHS as new clients were not able to join the program after groups had been in session for a certain length of time. In the end, this resulted in a very low staff-to-client ratio and posed a concern with the financial sustainability of the project after funding ended.

Lessons learned after implementation:

- Having backup staff trained in the procedure will reduce time delays to staff turnovers.
- Having a Tri-City staff member who is a certified trainer in the CETCLEVELAND curriculum would have reduced reliance on CETCLEVELAND to provide a trainer to train new staff. Recommend to send lead clinician to "train-the-trainer" instruction so future trainings can be offered in-house.
- Having an in-house IT staff member trained in the equipment and basic understanding of the program was necessary.
- Being unable to add clients after the program began severely limited the completion rate.
- Offering transportation to clients was necessary for some clients to be able to participate.
- Ongoing outreach of potential clients may be necessary in order to sustain sizable cohorts since the program's current protocols prohibit adding members once a program has begun.

A copy of the final report of this project is included as Attachment E.

HOW MUCH DID WE DO?



IS ANYONE BETTER OFF: SUCCESS STORY

The Quality of Life Questionnaire was used to ask participants about their degree of enjoyment and satisfaction with daily life. Respondents were asked to answer questions in nine categories: physical health, feelings, work, household duties, school/coursework, leisure activities, social relations and general activities. They were asked to rate their experiences in each category on a scale of *very poor* to *very good*. A higher score indicates a higher level of quality of life.

Results:

- 50% of the clients improved their physical health scores from the pre to post test.
- 60% of the clients improved their scores of feelings about their quality of life from pre to post test.
- 73% of the clients improved their scores of household duties from the pre to post test.
- 36% of the clients improved their scores of leisure time activities from the pre to post test.
- 47% of the clients improved their scores of social relations from the pre to the post test.
- Results for work and school/coursework were too small of a sample size to be analyzed.

COST PER PERSON ESTIMATE FOR FY 2014-15: $33,451

Integrated Care Project (completed) – INN-02

OVERVIEW

The Integrated Care Project (ICP) aims to create a model of integrated care among providers with a shared commitment to recovery and wellness. The project engages people representing physical health, substance abuse, and mental health 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 intended 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

For the final year of this project, the Integrated Care Project (ICP) members participated in the American Cancer Society's annual campaign to quit smoking. More than 75% of ICP participants reported being able to use the smoking cessation material provided to start a no-smoking campaign or increase overall awareness at their agency. For ICP members, Tri-City hosted a Motivational Interviewing Training, a counseling approach used to engage a client's intrinsic motivation to elicit behavior changes. Tri-City also hosted a meeting of psychiatrists from Tri-City and doctors from Pomona Valley Hospital to discuss projects that would facilitate communication between the two organizations and shared community resources available for each other's patients.

When the ICP project ended in June 2015, the eleven core members expressed an interest in continuing to collaborate. Going forward, the members will merge with a group similar to ICP in a neighboring agency. It is the goal of ICP members to take what they learned and maintain the relationships established. In fact, one of the key lessons learned was that in-person, face-to-face relationships were critical to their success in integrating care systems.

The Panel Member Advisory Panel (PMAP), a Tri-City consumer group, focused on increasing its membership, resulting in an increase from three members to twelve who participated consistently for the last six months. One of the key pieces of information they contributed to the ICP was that transportation is critical to being able to maintain their doctor appointments. They said that if the city offered cab service or other transportation they would utilize health care services more often. PMAP members heard from speakers such as NAMI, Community Navigators, and Therapeutic Community Gardening. Members also got involved in Tri-City

events such as the No Smoking Campaign, Green Ribbon Week, and job fairs. Ninety percent of the PMAP participants also want to continue to meet, and will participate in other Innovation projects such as the Employment Stability Project.

One major challenge is that each agency has so much to offer that we needed a centralized way to communicate services and events to providers and clients. An email blast seemed too cumbersome, and the group was unable to decide on a suitable medium. Members of PMAP expressed preference for a book or some other physical product for them to reference.

FINAL REFLECTIONS AND LEARNINGS

The Integrated Care Project (ICP) took on the task of trying to create greater inter-agency collaborations. Tri-City is the mental health authority for the cities of Pomona, Claremont and La Verne and it was the intention to recruit providers not only across different disciplines but also across different geographic areas. A total of 24 organizations participated over the course of the project with representation from physical health, substance abuse, mental health and community groups. Eleven of the 24 organizations maintained consistent participation throughout the length of the project and Tri-City was very satisfied with this level of involvement. The relationships formed among the providers are likely to be one of the most valuable achievements from this project. Because of the length of the project, some members were able to interact with each other over a period of months and even years and these relationships will have a lasting impact and inspire additional improvements in client services.

ICP was successful in building collaborative relationships, which resulted in successful community events such as the ICP Health Fair at Pomona First Baptist Church and the ICP Conference at Western University.

The ICP Health Fair provided free services to the community such as healthcare and substance abuse screenings, community resources, outreach opportunities for the diverse agencies and providers, education on smoking cessation, kidney and diabetes awareness, and understanding mental health crisis.

The ICP Conference at Western University offered professional speakers on diabetes, mental health, adverse childhood experiences and co-occurring disorders. The conference offered professionals in physical health, substance abuse, and mental health agencies an opportunity to network and learn their different disciplines. Some of the feedback received from the conference at Western University requested that the conference be held as an annual event where different disciplines such as homeopathy or eldercare could be explored. The ICP group has elected to continue on after the end of the project so this provider conference may have planted a seed that can grow into more of a community collaboration.

The Tri-City Panel Member Advisory Panel (PMAP) revealed an active level of engagement from consumers that proved to be a valuable source of information. The consumers of services have firsthand knowledge of the challenges in navigating the healthcare system. Being able to sit in

on healthcare provider panels and voicing their concerns, knowing their opinions were being heard directly by the providers of those services, proved very empowering for the PMAP participants. It was from these candid conversations that a better understanding of the process of delivering services and the importance of the providers having peer relationships began to form.

A copy of the final report of this project is included as Attachment E.

HOW MUCH DID WE DO?

IS ANYONE BETTER OFF: SUCCESS STORIES

The final milestone of the ICP was an integrated health conference held on April 8, 2015. ICP members collaborated on the conference, which was hosted at Western University. The conference included ICP members and health care providers from the surrounding area. An audience of more than 70 health care professionals and community activists attended to hear speakers present on diabetes, co-occurring disorders, and adverse childhood experiences.

A staff member at Tri-City who was a long-term smoker participated in the no-smoking project initiated by ICP. Using the tools and help-lines provided this person was able to quit smoking cigarettes and is currently one-year smoke free.

Cognitive Remediation Therapy Project (in progress) – INN-03

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 CET project (which was completed in March 2015), TCMHS has learned 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 does not 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

During FY2014-2015, the lead CRT therapist began work on designing a curriculum based on CET, CBTfP, and lessons learned through the previous Innovation project, Cognitive Enhancement Therapy. However, this therapist subsequently resigned and a new therapist was hired. Based on the complexity of this project, it was determined that success would be predicated on the new therapist receiving adequate training in Cognitive Enhancement Therapy and Cognitive Behavioral Treatment for Psychosis, as well as the opportunity to become familiar with lessons learned from the recently completed CET project. In December 2015, Tri-City Mental Health notified the Mental Health Oversight and Accountability Commission that this project has been delayed and it is anticipated that the Cognitive Remediation Therapy (CRT) project will resume in June 2016 and be completed by June 2018.

Employment Stability Project (in progress) – INN-04

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 of 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 a "good employee" curriculum that will build skills that are attractive to employers and help remove self-stigma among clients who may believe they lack the ability to be a good employee. Topics such as how to properly communicate in the workplace and how to follow the chain of command will be addressed. Understanding the chain of command and hierarchies at work was a suggestion made by the employer cohort as an important skill for TAY (millennial) aged employees to learn.

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 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

In October 2014, Tri-City hosted a local job fair where participating employers were introduced to the Employment Stability Project (ESP). During this event, these business owners were invited to become part of a cohort to provide feedback regarding this project. Another event, the Career and Workforce Development Task Force Meeting, provided ESP staff with the opportunity to network with other employment-related specialists and encourage their participation in the Employment Stability Project.

In an effort to provide support and expertise to this project, an Employment Specialist from the Wellness Center was assigned to the ESP project. In February 2015, ESP staff attended the California Placement Association's Pathways to Employment Conference in San Luis Obispo. Trainings offered during this conference included techniques to engage businesses, leveraging social media and how to host a successful employment conference.

Lastly, two employer luncheons were hosted by TCMHS during FY 2014-2015 and attended by a cohort of 8 members and 4 members respectively. The purpose of these luncheons was to collect input from attendees on how Tri-City could best engage local businesses and encourage interest in the Employment Stability Project. From the feedback received, the idea of hosting an employer conference with educational speakers was agreed upon. Planning efforts are now underway for the second Employment Stability Conference scheduled for late spring 2016.

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 with and without compensation. 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 that required 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 that encourages the community to support each other's wellbeing and educates 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 off the shelf, 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 W.I.S.H. (Working-Independence-Skills-Helping) Program where clients could participate in an eight-week training program 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 Mentoring program, 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 the large

number of volunteer applications received. Of these 85 applications, 39 applicants became volunteers.

HOW MUCH DID WE DO?

3,347
Volunteer Hours 2014/15

77
trainings, conferences, and educational opportunities funded for staff in 2014/15

85
# of volunteer applications 2014/15

HOW WELL DID WE DO IT?

39
# of applicants became volunteers 2014/15

2
# of volunteers became staff 2014/15

IS ANYONE BETTER OFF: A SUCCESS STORY

One graduate of the W.I.S.H. program is now pursuing her higher education degree and attributes her success in life to the programs and volunteer time at Tri-City.

Capital Facilities and Technology Needs Programs (CFTN funded)

Capital Facilities and Technology Needs Plan (CFTN)

OVERVIEW

Tri-City's CFTN Plan was launched 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.

The second phase of the CFTN plan focuses on providing suitable space to accommodate Tri-City's growing MHSA workforce. The distribution of these funds includes purchasing an existing building and its surrounding parking area, in addition to allocating funds to cover the estimated costs to conduct needed improvements on the building and surrounding space.

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) the need for easier methods to gather, collect, and analyze data; 3) the 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 and upgrade of computers, technical support and training in easily-accessible, client and family areas of Tri-City service locations such as the computer lab and lobbies. Computers are currently available in the computer lab at the Wellness Center but the lobby locations are still pending. 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.

In preparation for the second phase of the Capital Facilities Plan, TCMHA worked with community stakeholders to explore options for building and/or purchasing the space needed to house the approved MHSA programs and staff. The discussion and consensus was to purchase a building in close proximity to one of the sites TCMHA already owns. The intent was to promote the integration of the services created under MHSA that now make up the TCMHA system of care.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

In the first project, which focuses on modernizing Tri-City's infrastructure, TCMHS upgraded several key pieces of equipment such as phone systems, network infrastructure hardware, and

audio visual equipment in conference rooms that are frequently used by staff and community. Upgrades were also made to improve the Internet firewall system, electronic mail archiving, electronic mail security, data circuit connections, and network software to help keep user accounts updated and maintained. The second project, which focuses on improving consumer and family access to computing resources, responded to consumer feedback and requests, resulting in updated Wi-Fi network connections at the Wellness Center to improve speed and increase security. The third project, which focuses on program monitoring, is primarily being maintained by the Quality Improvement and Best Practices Department with technical support from this plan as needed.

The second phase of this plan was initiated in 2015 when Tri-City Mental Health Authority posted a Capital Facilities and Technology Needs plan update requesting CFTN funds to purchase an existing building intended to house Tri-City's expanding MHSA programs and workforce. The building selected is located at 2001 N. Garey Avenue, Pomona CA 91767 and is in close proximity to the current Tri-City clinic. Completion of renovations is scheduled for Spring 2016. Once renovations are completed, this building will serve as a permanent office for MHSA staff.

MHSA County Fiscal Accountability Certification
AMENDED

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION
AMENDED

County/City: 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: Antonette (Toni) Navarro	Name: Diana Acosta
Telephone Number: (909) 623-6131	Telephone Number: (909) 451-6434
E-mail: anavarro@tricitymhs.org	E-mail: dacosta@tricitymhs.org
Local Mental Health Mailing Address: 1717 N. Indian Hill #B, Claremont, CA 91711	

I hereby certify that the Annual Update 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 .

Antonette (Toni) Navarro — Signature — 2/3/17
Local Mental Health Director (PRINT) — Signature — Date

I hereby certify that for the fiscal year ended June 30, 2015, 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, 2015. I further certify that for the fiscal year ended June 30, 2015, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Diana Acosta — Signature — 2/3/17
County Auditor Controller / City Financial Officer (PRINT) — Signature — Date

FY 2016/17 Mental Health Services Act Annual Update
Funding Summary -Amended

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 8/9/16

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	10,702,937	1,120,556	1,087,563	182,144	25,751	
2. Estimated New FY 2016/17 Funding	7,121,205	1,780,301	468,500			
3. Transfer in FY 2016/17[a/]	(950,000)			450,000	500,000	
4. Access Local Prudent Reserve in FY 2016/17	0	0				0
5. Estimated Available Funding for FY 2016/17	16,874,142	2,900,857	1,556,063	632,144	525,751	
B. Estimated FY 2016/17 MHSA Expenditures	5,910,014	2,152,188	699,720	346,577	0	
G. Estimated FY 2016/17 Unspent Fund Balance	10,964,128	748,669	856,343	285,567	525,751	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2016	3,526,267
2. Contributions to the Local Prudent Reserve in FY 2016/17	0
3. Distributions from the Local Prudent Reserve in FY 2016/17	0
4. Estimated Local Prudent Reserve Balance on June 30, 2017	3,526,267

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2016/17 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding - Amended

County: TRI-CITY MENTAL HEALTH CENTER Date: 8/9/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. 1a-Child FSP	1,474,371	556,576	512,108		405,687	
2. 1b-TAY FSP	1,010,576	371,306	489,149		150,121	
3. 1c-Adult FSP	2,716,185	1,222,392	1,493,793			
4. 1d-Older Adult FSP	485,278	409,219	76,059			
Non-FSP Programs						
1. Community Navigators	456,976	456,976				
2. Wellness Center	1,061,423	1,061,423				
3. Supplemental Crisis Support Services	453,475	453,475				
4. Field Capable Services	58,567	58,567				
5. CSS Housing	141,785	141,785				
CSS Administration	1,730,104	1,178,295	453,725		98,084	
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	9,588,740	5,910,014	3,024,834	0	653,892	0
FSP Programs as Percent of Total	96.2%					

FY 2016/17 Mental Health Services Act Annual Update

Prevention and Early Intervention (PEI) Funding - Amended

County: TRI-CITY MENTAL HEALTH CENTER Date: 8/9/16

	Fiscal Year 2016/17					
	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
P I Programs - Prevention						
1. Family Well Being	45,352	45,352				
2. Older Adult Wellbeing (Peer Mentoring)	41,662	41,662				
3. Transition-Aged Youth Wellbeing (Peer Mentoring)	35,651	35,651				
PEI Programs - Early Intervention						
4. Family Well Being	45,352	45,352				
5. Older Adult Wellbeing (Peer Mentoring)	41,662	41,662				
6. Transition-Aged Youth Wellbeing (Peer Mentoring)	35,651	35,651				
7. Therapeutic Community Gardening	274,953	274,953				
PEI Programs - Other						
8. Community Capacity Building (Community Wellbeing, Mental Health First Aid Training programs and Stigma Reduction programs)	813,471	813,471				
9. NAMI Community Capacity Building Program (Interfaith Collaborative and Parents & Teachers as Allies programs)	60,000	60,000				
10. Housing Stability Program	306,587	306,587				
PEI Administration	434,044	434,044				
PEI Assigned Funds	17,803	17,803				
Total PEI Program Estimated Expenditures	2,134,385	2,152,188	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 8/9/16

	Fiscal Year 2016/17					
	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 Enhancement Treatment	0	0				
2. #02 Integrated Services	0	0				
3. #03 Cognitive Remediation Therapy Program	345,310	345,310				
4. #05 Employment Stability	227,109	227,109				
INN Administration	127,301	127,301				
Total INN Program Estimated Expenditures	699,720	699,720	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update

Workforce, Education and Training (WET) Funding

County: **TRI-CITY MENTAL HEALTH CENTER** Date: 8/9/16

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A Systematic Approach to Learning and Improvement	271,690	271,690				
2. Engaging Volunteers and Future Employees	25,320	25,320				
WET Administration	49,567	49,567				
Total WET Program Estimated Expenditures	346,577	346,577	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: TRI-CITY MENTAL HEALTH

Date: 8/9/2016

	Fiscal Year 2016/17					
	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	0	0				
CFTN Programs - Technological Needs Projects						
2. Improving Electronic Health Record and Systems Enhancement	0					
3. Consumer and Family Access to Computing Resources	0					
4. Program Monitoring and Service Outcome Support	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0