



**FY 2017-18 ANNUAL UPDATE
Three-Year Program and Expenditure Plan
for FY 2017-18 through FY 2019-20**



May 2017





In 2016, the new MHSa administration building was officially opened and ready to house the growing workforce of the MHSa department. These clean, blank walls provided the perfect backdrop for local artists who welcomed the opportunity to display their work and collaborate with Tri-City Mental Health Services in the new Creative Minds Art Gallery.

Based on guidelines provided by TCMHS, this impressive array of artistic talent includes contributions from local community members, students, Tri-City staff and even clients; many of whom are able to name their piece and include a short message regarding how art has impacted their life.

Samples of this important body of work are included throughout this document.

*Artistic credit for front cover left to right:
Artists: Tiffany, Katelyn and Colleen.*

“It [art] is a way of stress relief for me. In our busy lives, we are often thinking about work or worries or other things. When I am creating art, all these thoughts get pushed aside and I focus on the present”.

Tiffany

“It [art] challenges me to bring my ideas to life rather than leaving them be in my imagination”.

Katelyn

Colleen, or Meme, as she was known to her grandchildren, always credited art, both her love and creation of it, along with her daily 2+ miles walking, as the things that kept her mind and spirit so vital and allowed her to live such a long and fulfilling life.

*Antonette (Toni) Navarro
TCMHS Executive Director*

Table of Contents

- MHSA County Compliance Certification3
- Message from the Executive Director4
- Introduction to Tri-City Mental Health Services5
- Tri-City Mental Health Services' System of Care6
- Demographic Profile of TCMHS Service Area7
- Description of Stakeholder Process8
- Cost Per Participant Summary 11
- Summary of MHSA Workgroup Recommendations for FY 2017/2018..... 13
- Community Services and Supports Plan 18
- Full Service Partnership Programs -TC-01 19
- Community Navigators - TC-02 22
- Wellness Center - TC-03 24
- Supplemental Crisis Services - TC-04 26
- Field Capable Clinical Services for Older Adults - TC-05 30
- Permanent Supportive Housing - TC-06 32
- Prevention/Early Intervention 35
- Community Capacity Building – PEI-01 36
 - Community Wellbeing Project 36
 - Community Mental Health Trainers..... 38
 - Stigma Reduction 41
- Older Adult Wellbeing - (Peer Mentoring) PEI-02..... 44
- Transition-Aged Youth Wellbeing - (Peer Mentoring) PEI-03 44
- Family Wellbeing Program - PEI-04 47
- NAMI Community Capacity Building Program – PEI-06 50
- Housing Stability Program – PEI-07 53
- Therapeutic Community Gardening – PEI-08..... 56
- Innovation Programs 59
- Cognitive Remediation Therapy Project – INN-03 60
- Employment Stability Project - INN-04..... 61
- Workforce Education and Training Programs 64
- Capital Facilities and Technology Needs Programs 67
- MHSA County Fiscal Accountability Certification 70
- MHSA Funding Summary 72
- Community Services and Supports (CSS) Funding..... 73
- Prevention and Early Intervention (PEI) Funding 76
- Innovations (INN) Funding..... 79
- Workforce, Education and Training (WET) Funding..... 82
- Capital Facilities/Technological Needs (CFTN) Funding..... 85
- Attachment A: Sign-In Sheets from Public Hearing..... 88
- Attachment B: Summary of Outreach and Participation for MHSA Public Hearing..... 101
- Attachment C: Public Comments..... 174

MHSA County Compliance Certification

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@tricitymhs.org
County Mental Health Mailing Address:	
1717 N. Indian Hill Boulevard, Suite B Claremont, CA 91711	

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

This Annual Update is 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 17, 2017.

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

 6/13/17
 Signature Date



MESSAGE FROM THE EXECUTIVE DIRECTOR



It is my privilege and pleasure to present Tri-City Mental Health Authority's Mental Health Services Act (MHSA) Annual Update and 3-Year Plan for Fiscal Years 2017-18/2018-19/2019-20. This year's plan and reports are especially significant for Tri-City, its stakeholders, and the communities it serves, as Fiscal Year 2017-18 marks the 10th anniversary of Tri-City's System of Care, established and supported with MHSA funding.

In Fiscal Year 2007-08, Tri-City Mental Health Authority underwent a significant reorganization, which included its Governing Board, its Mental Health Commission and its Executive Team. In order to guide that reorganization and insure the mission and values of Tri-City were a reflection of and in direct response to the expressed needs of the residents and partners in the three cities it serves (Claremont, La Verne, Pomona), Tri-City conducted a comprehensive stakeholder process. This process, which became the foundation for Tri-City's MHSA Stakeholders' group, created a vision for Tri-City that was organized into a report to the community entitled "Planning For A New Day". This report highlighted Tri-City's mission and values that would guide the development of its new system of care. Specific core values to be emphasized were commitments to: recovery and wellness principles; to build a client-driven and family focused system of care; to address disparities in access to mental health services; to deliver culturally competent and high quality services; and to honor and engage those persons seeking services, their family members, all level and professional discipline of Tri-City staff members, and community partners in building the system and transforming the delivery of mental health care services for the three cities' region.

I am very proud to say that this year's MHSA Update and 3-Year Plan demonstrates that Tri-City, in collaboration with all those stakeholders mentioned above, has successfully created a responsive, comprehensive, and quality system of care over the past decade. In a relatively brief time, Tri-City has transformed from being a traditional, medical model mental health agency with less than 60 staff providing treatment services to an average of 1400-1600 persons a year, to becoming a dynamic, recovery model based system of care providing all manner of services, from prevention, to early intervention, to intensive treatment and including permanent supportive housing and community capacity building programming to address the wellbeing and mental health of the entirety of the cities of Claremont, La Verne, and Pomona. Tri-City now has just under 200 staff members and provides prevention and treatment services, information/education, referrals and linkage, peer support and housing services to approximately 13,000 persons annually.

However, our work is far from complete. With the ongoing support and involvement of our stakeholders and community partners, TCMHS will approach the next decade with dedication and the commitment to maintain the standards that make Tri-City Mental Health Services a center of excellence, offering the highest level of care based on the needs of the individuals who call the cities of Claremont, La Verne and Pomona, home.

Antonette (Toni) Navarro, LMFT
Executive Director
Tri-City Mental Health Services

Introduction to Tri-City Mental Health Services



Artist: Leslie

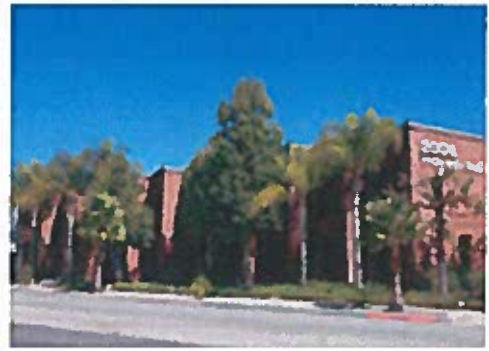


Our Mission

By understanding the needs of consumers and families, Tri-City provides high quality, culturally competent behavioral health care treatment, prevention, and education in the diverse cities of Pomona, Claremont, and La Verne.

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. All of these programs are bolstered by 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.



Artist: Tiffany

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
White	55.4%	58.9%	12.5%
Latino	31.0%	19.8%	70.5%
African American	3.2%	4.5%	6.8%
American Indian	0.2%	0.2%	0.2%
Asia Pacific Islander	7.6%	13.0%	8.4%
Multi-Race/Other	2.6%	3.6%	1.6%
Total	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%
Asia Pacific Islander	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 2015-16, TCMHS served approximately 1440 unduplicated clients who were enrolled in formal services. TCMHS currently has 153 full-time and 11 part-time employees and an annual operating budget of \$19.3 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

Our Approach

For more than 50 years, Tri-City Mental Health has distinguished itself as a steadfast community partner. This has been achieved through dedicated adherence to a set of guiding principles known as the Tri-City Top Ten Values. These foundational building blocks are reflected throughout Tri-City's services and this MHSa Annual Update and Three-Year Integrated Plan.

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.

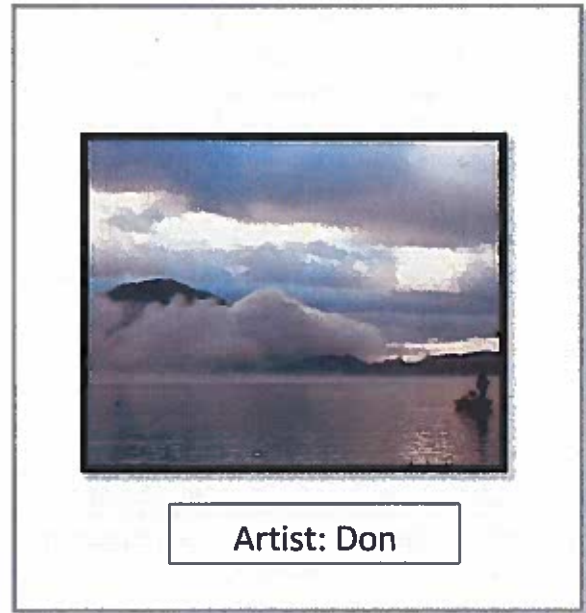
To arrive at this Annual Update, TCMHS engaged stakeholders in an eleven-month program review, evaluation, and planning process. Beginning in July 2016, Tri-City Mental Health Services convened two special stakeholder meetings to open a dialogue with community members focused on reviewing and adapting 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 that expands the current FSP program to include a second tier of services. This expansion included an increase in FSP service slots as well as hiring additional support staff. Funding for this expansion resulted in an increase in the current CSS plan budget by approximately \$675,000.00.

Additional Stakeholder meetings were held on October 5 and 6, December 6 and 7, 2016 and March 7 and 9, 2017. To aid new stakeholders' participation, TCMHS provided an orientation packet that included information on MHSa, its five plans, a glossary of terms

and acronyms, and other necessary background information. In October 2016, TCMHS held two MHSAs orientation sessions, one during the daytime hours and one in the evening.

In October 2016, the MHSAs Stakeholder Meeting reviewed the current MHSAs programs for all five plans as well as providing highlights from the past three-years focused on data. Attendees were invited to participate in the upcoming CSS, PEI and Innovation workgroups scheduled to begin in late Fall.

During this same meeting, participants as well as community meeting attendees completed an MHSAs survey where they were asked to rate their knowledge of local mental health services, perceived barriers to accessing support services and identifying what they feel to be the most important needs of their community. Affordable housing and homeless services ranked the highest with 86%. This continues to be a subject of concern for Tri-City community members and a popular discussion topic during community stakeholder meetings. Results from this survey were presented to the workgroups and considered during the MHSAs program review process and the new Innovation project discussion.



Three collaborative workgroups were held during the months of November consisting of community members and Tri-City staff, focusing on the review of current MHSAs programs. In addition, six workgroups were convened to review several options for developing new Innovation project(s).

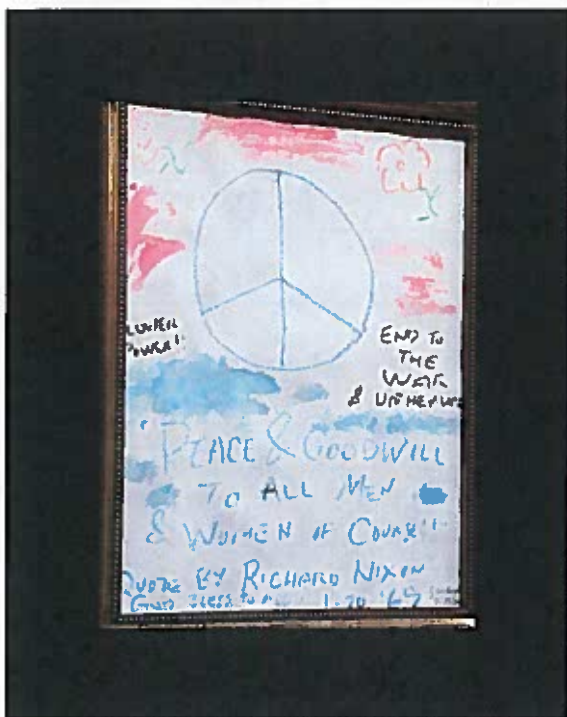
Beginning in November 2016, three workgroups organized around Community Services and Supports (CSS) programs, Prevention and Early Intervention (PEI) programs and Housing reviewed reports and data from each project and made recommendations for no-cost and low-cost improvements.

For the Innovation workgroups, participants met for six consecutive attempts to reach a consensus regarding possible options to present to stakeholders in the March Stakeholder meeting. However, after two months of discussion and deliberation, it became clear that the workgroup was not able to reach a consensus as to the vision of this project. It was decided that the project would be placed on hold until early summer or fall to allow participants additional time to formulate a joint plan that would be clear, concise and acceptable to not only the workgroup members, but also the Mental Health Services Oversight and Accountability Commission, who is charged with approving all Innovation projects. This workgroup is schedule to reconvene in the summer or fall of 2017 to continue this important process.

The December stakeholder meeting provided attendees with a summary of the upcoming No Place Like Home initiative and how this will affect Tri-City and our community. Based on the Housing workgroup recommendation, the stakeholders approved the transfer of 1.2 million in unspent CSS funds to Permanent Supportive Housing budget to support future housing efforts.

During the March stakeholder meeting, attendees were presented with a summary of the workgroup program updates and recommendations. They were also presented with a summary of the Workforce Education and Training programs as well as Capital Facilities and Technology Needs. The Stakeholders endorsed the proposed recommendations during this meeting that will be included in the draft of the MHSA Annual Update and Three-Year Integrated Plan.

This Annual Update was posted on April 14, 2017, and the required minimum 30-day review process ended on May 14, 2017. 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 MHSA Public Hearing was held on May 17, 2017. At that time, the Mental Health Commission recommended approval of the MHSA FY 2017-18 Annual Update and Three-Year Program and Expenditure Plan for FY 2017-18 through FY 2019-20 to the Tri-City Governing Board, who then offered their approval.



“Art gives me a feeling of accomplishment and pride in a therapeutic manner”.
Artist: Steven

Cost Per Participant Summary

What follows are descriptions of each MHSА-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 2015-16 by age group, number of clients served, and average cost per person is summarized in the table below as per the guidelines for this Annual Update:

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

Program Name	Type of Program	# Children or TAY Served	Cost Per Person
Full Service Partnerships - Child	CSS	80	\$14,314
Full Service Partnerships - TAY	CSS	86	\$14,219
Community Navigators	CSS	401	\$174**
Wellness Center	CSS	822	\$508**
Supplemental Crisis Services	CSS	121	\$511**
Family Wellbeing	Prevention/ Early Intervention	556	\$98**
Housing Stability	PEI/Other	36	\$1,672**
Peer Mentoring /TAY Wellbeing	Prevention/ Early Intervention	32	\$2,296
Therapeutic Community Gardening	Early Intervention	18	\$3,599**
Employment Stability	Innovation	16	\$2,033**
Cognitive Remediation Therapy-TAY	Innovation	0	\$0

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

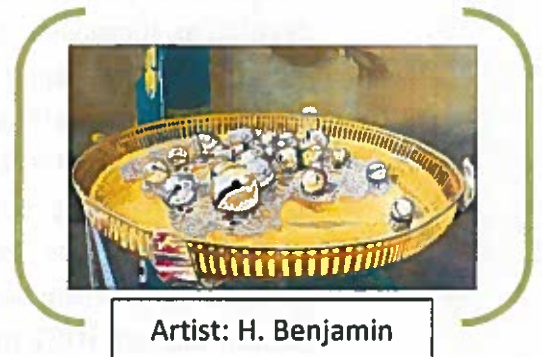
Program Name	Type of Program	# of TAY, Adults, Seniors Served	Cost Per Person
Full Service Partnerships - TAY	CSS	86	\$14,219
Full Service Partnerships - Adult	CSS	164	\$13,688
Full Service Partnerships – Older Adults	CSS	15	\$10,984
Community Navigators	CSS	\$2,366	\$174**

Program Name	Type of Program	# of TAY, Adults, Seniors Served	Cost Per Person
Wellness Center	CSS	2,210	\$508 **
Supplemental Crisis Services	CSS	431	\$511**
Field Capable Services for Older Adults	CSS	34	\$2,649
Family Wellbeing	Prevention/Early Intervention	519	\$98**
Housing Stability	PEI/Other	170	\$1,672**
Peer Mentoring/Older Adult Wellbeing	Prevention/Early Intervention	70	\$2,296**
Therapeutic Community Gardening	Early Intervention	51	\$3,599**
Employment Stability	Innovation	95	\$2,033**
Cognitive Remediation Therapy	Innovation	0	\$0 ***

** 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.

*** The Cognitive Remediation Therapy Program officially began treatment with participants during January of 2017.

During the Stakeholder review process used to prepare this Annual Update, stakeholders reviewed the available performance outcome data that 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 anyone 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.



Artist: H. Benjamin

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

Lastly, there were no shortages in personnel identified, or additional assistance needs from education and training programs.

MHSA Workgroup Recommendations FY 2017/2018

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

Community Services and Supports (CSS) Programs:

1. Full Service Partnerships (FSP)

- Although several adult and TAY clients have been successfully housed, continuing to build a strong relationship with housing resources in support of FSP clients is critical.
- Expand collaboration efforts with substance abuse providers and sober living homes in this area for both adult and TAY populations.

2. Supplemental Crisis Services (SCS)/Intensive Outreach and Engagement Team (IOET)

- Designate a specific SCS phone line for the purpose of outreach for TAY to help develop an increased awareness that there is mental health support.
- Continue to build upon current procedures and day to day operations. Create a PowerPoint presentation describing the IOET program that can act as a guide for staff during the outreach process.
- Review current approach to working with community partners with the goal of strengthening these relationships as well as focusing on establishing new partnerships for the benefit of the individuals served through IOET.
- Review current IOET team culture with an emphasis on stigma reduction by connecting with community members using a “peer approach” to outreach versus a typical staff/client relationship.

3. Field Capable Services for Older Adults (FCCS)

- Continue to work with the outreach team to generate referrals/expand services.
- Continue to grow in our ability to assess and understand FCCS client’s needs.
- Continued awareness/utilization of community resources (community centers, use of TC peer to peer, TC wellness programs) to best meet FCCS client’s needs both as active clients and as part of their transition out of FCCS services.

4. Community Navigators (CN)

- Continue to focus on community engagement and promoting the services of the Community Navigators within the Tri-City area.
- Continue to collaborate and support all TCMHS programs by promoting events, groups, and general information regarding services with local agencies and organizations.
- Identify new community resources by building strong relationships with local service providers, agencies and organizations.
- Expand the list of resources available beyond the Tri-City area in response to the increased need and number of requests coming from outside the three cities.

5. Wellness Center (WC)

- Train our support group facilitators and volunteers on Wellness Recovery Action Plan (WRAP).
- Integrate volunteers as group facilitators.
- Offer WRAP support groups for our volunteers.

6. Permanent Supportive Housing

- Encourage individuals to participate in groups and trainings such as the Good Tenant Curriculum.
- Development of a new curriculum; Good Roommate 101. This curriculum is designed to help clients/consumers understand the basics of residing in shared housing and how to manage their expectations while living in a cooperative environment.
- Amend the Annual Update for FY 2016-17 to reallocate \$1.2 million in unspent Community Services and Supports (CSS) funds to the Permanent Supportive Housing program in response to pending enactment of legislation entitled No Place Like Home.

Prevention and Early Intervention (PEI) Programs:

7. Community Wellbeing Grant Program

- Outreach to LGBTQ and Asian Americans underrepresented in this project.
- Revise the survey questions to meet increased response rate.

8. Community Mental Health Training:

- Utilize a collaborative approach by teaming up with other MHSA program staff in an effort to identify and connect with potential candidates for mental health trainings that may be currently participating in other MHSA projects, such as Community Wellbeing grant recipients, Therapeutic Community Gardening, MHSA Housing and Innovation.
- Adapt the 8-hour course for MHFA and make it available over several weeks with 1 hour classes thereby making this course more accessible and convenient for older adults and others with limited time constraints.

- Develop outreach strategies to promote the parent curriculum in both English and Spanish targeting the cities of Claremont and La Verne.
 - Review current outreach strategies for private healthcare physicians with the goal of increasing attendance and supporting a strong integrated care approach between physical, mental, and substance abuse providers.
9. **Stigma Reduction:**
- Research suicide prevention trainings that are available in Spanish and other languages.
 - Streamline the utilization of volunteers through the WET program. By creating a year round collaboration, projects and tasks are continuously addressed by volunteers based on their individual interests and skills. This will allow volunteers to feel they are making a valuable contribution while increasing the range and impact of Tri-City's stigma reduction program.
 - Based on the response of the 2015-16 Art Gallery at the Green Ribbon Week Party, Tri-City will continue to support local artists by hosting a rotating Art Showcase that will provide local artists, both with and without mental health challenges, a place to show their work and support their recovery.
10. **Peer Mentoring Program**
- Emphasis on recruiting peer mentors who are fluent in non-English languages that may be prevalent in the Tri-City area.
 - Continue to engage individuals who identify as having lived experience and encourage them to become peer mentors.
 - Continue outreach efforts focusing on individuals who may experience language barriers, limited transportation and unstable housing or who are at risk of homelessness.
 - Increase the number of community-based groups that may be more accessible to individuals who lack transportation.
11. **Family Wellbeing Program**
- Increase outreach and engagement efforts for families and caregivers in FY 2016-17.
12. **Housing Stability Project**
- Provide additional support for clients as needed while housed. Examples include teaching them the basic skills of maintaining a household and budgeting.
13. **Therapeutic Community Garden (TCG)**
- Increase collaboration with other Tri-City programs to expand the TCG services offered. Examples of this include working with the Wellness Center to provide prevocational groups and inviting TCG clients to participate in the Effective Employee Curriculum created under the Innovation plan.

NAMI Community Capacity Building Projects

14. Parents and Teachers as Allies

- To expand the PTAA presentation to include information about Autism and Tourette's Syndrome.
- Focus outreach efforts for PTAA on the Claremont Unified School District to increase the number of presentations.

15. Interfaith Collaborative on Mental Health

- The Interfaith Collaborative on Mental Health (ICMH) is a PEI project facilitated by NAMI Pomona Valley. This project was awarded through a Request for Proposal (RFP) process and has been a part of Tri-City's continuum of care since FY 2010-11. Although a highly successful project, in 2016, NAMI (PV) experienced a change in leadership and internal reorganization. After careful consideration, NAMI (PV) opted to discontinue the ICMH project under their watch. As a result, Tri-City has brought this project "in-house" and will be working to continue to provide outreach, education and training to faith-based leaders and organizations that are often the first point of contact for individuals seeking assistance with mental health challenges.

Innovation:

16. Cognitive Remediation Therapy (CRT)

- Finalize CRT curriculum development.
- Identify CRT coaches for the project.
- Begin staff training in Cognitive Remediation Therapy for Psychosis with consultant.
- Outreach to Tri-City therapists to build referral base.
- Launch first cohort/group.
- Continue the CRT project until December 2018.

17. Employment Stability Project (ESP)

- Develop a training specifically designed for employers to better understand common terms used in mental health and the signs and symptoms to look for in the workplace. Consider a modified version of Everyday Mental Health.
- Offer a flexible schedule for the Effective Employee Curriculum, including days, times, and locations in an effort to increase attendance.
- Experiment with various methods to effectively engage employers and build a larger employer participant pool.
- Continue to encourage participation in Mental Health First Aid training for both curriculum participants and employers.

18. New Innovation Workgroup

- The Innovation workgroup convened over a two month period to discuss project ideas that demonstrate a new and pioneering approach to mental health in the community. However, after careful consideration and deliberation, it became

clear that the workgroup was not able to reach a consensus as to the vision of this project. It was decided that the project would be placed on hold until early summer or fall to allow participants additional time to formulate a joint plan that would be clear, concise and acceptable not only to the workgroup members, but also the Mental Health Services Oversight and Accountability Commission, who is charged with approving all Innovation projects. This workgroup is schedule to reconvene in the summer or fall of 2017 to continue this important process.

Workforce Education and Training:

- Continue to research and offer educational and team-building trainings for both staff and volunteers.
- Develop a database that will be used in support of tracking volunteer hours and trainings.

Capital Facilities and Technology Needs:

- Replacement of aged and failure-prone equipment.
- Increased vigilance on security.
- Continue progress made towards the establishment of a permanent location for the Therapeutic Community Garden (TCG) program.

Community Services and Supports Programs

Client-Driven

Tri-City has developed a safe and collaborative environment in which a flexible and personalized approach guides service and treatment.



“Art helps me to let go of the past and live life in the moment”.

Artist: Josara

Full Service Partnerships

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

Tri-City Mental Health Services has long understood that without adequate supportive services, the process for recovery from mental illness can be overwhelming, if not insurmountable. Therefore, based on the increasing need for wrap-around services and a commitment to providing the most appropriate level of care for individuals who meet the criteria for FSP, TCMHS modified the existing FSP program to include a second tier of service focused on maintaining the progress achieved in the first tier as well as expanding the number of FSP service slots available.

HOW MUCH DID WE DO?
351
Individuals Served
FY 2015-16

Under this two-tier system of care, the first tier continues to focus on connecting clients to services, including physical and mental health, and substance abuse treatment. In addition, clients are connected with housing that includes services designed to support their recovery. The second tier offers a maintenance approach with continued access to services as needed, while emphasizing the necessity to sustain the growth achieved in tier one.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

Over the past fiscal year, TCHMS has experienced a significant upsurge in the number of qualified FSP referrals involving individuals who are suffering with a mental illness. This increase includes both the adult (ages 26-59) and Transition Age Youth (TAY) (ages 16-25) populations. In the case of the adult referrals, the increase is consistent with changes resulting from the Affordable Care Act, MediCal expansion, increase in co-occurring

disorders and homelessness. The rise in TAY referrals is also notable due to the significant increase in co-occurring disorders and homeless status experienced by these young adults.

HOW WELL DID WE DO IT?

91% of FSP Clients Avoided Hospitalizations while in the Program

Despite the rise in referrals, Tri-City staff has been encouraged by a decrease in repeat hospitalization and the level of severity for self-harming behaviors found in TAY clients. This reduction can be attributed in part to an increased focus by TC staff regarding this population and a commitment to a proactive approach. Staff is also noting TAY clients are reaching out to staff more often prior to a crisis situation leading to a reduction in the severity of the crisis.

Challenges for FY 2015-16 continue to center on locating affordable housing in this area. Many of the TAY and adult clients are homeless which leads to difficulty with engagement and retention in mental health services. Several TAY and adult clients and their families were forced to move out of the service area due to the lack of affordable housing. TAY, as well as adults who are exhibiting a co-occurring disorder of substance use, also experience difficulty in finding adequate substance abuse services that are age appropriate. Available drug and alcohol abuse programs, as well as sober living homes in this area, are geared toward the adult population and TAY clients are reluctant to live or seek treatment in programs dominated by adults.

A final question for stakeholders and Tri-City staff involves the necessity for providing consistent client transportation. During FY 2015-16, stakeholders and TCMHS staff identified a need for additional vehicles to provide transportation in several CSS programs. For Full Service Partnerships (FSP), the request was approved to purchase two vehicles to provide transportation for Children and Adult FSP participants.

Cost per person for FSP's:

	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Totals
# Served (2)	80	86	164	15	345
Average Cost/Person	14,314	14,219	13,688	10,984	13,848

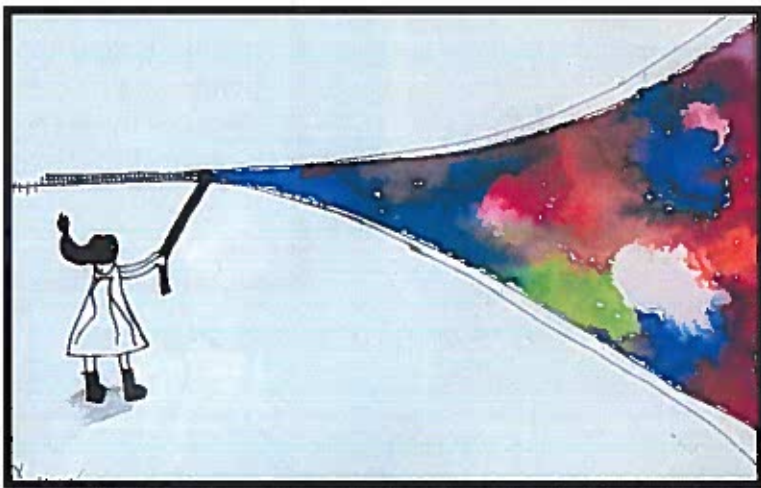
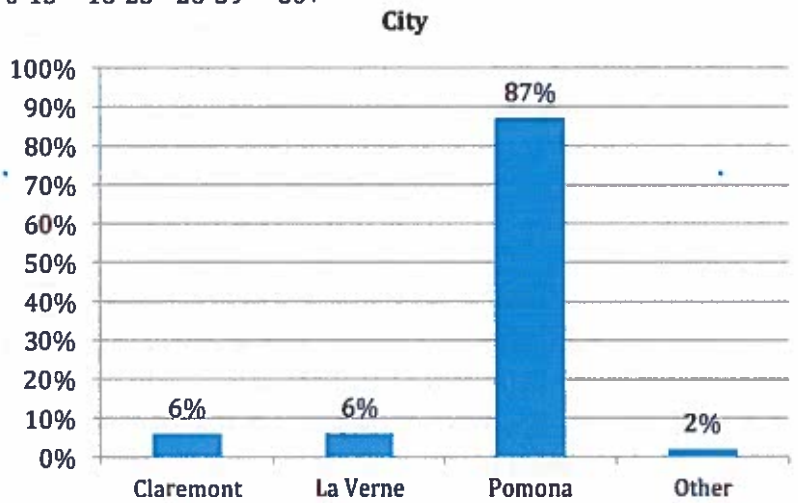
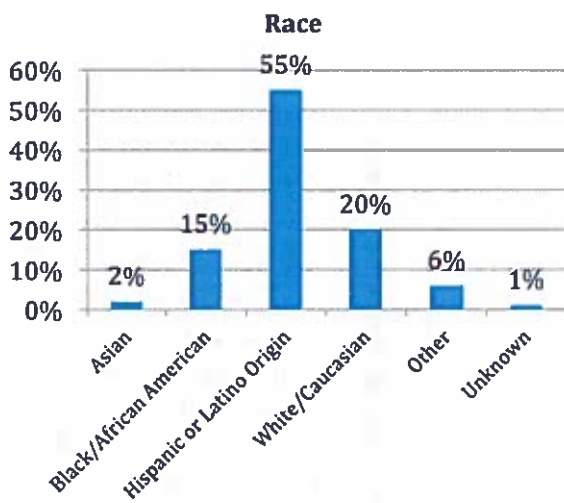
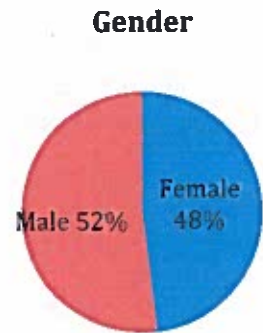
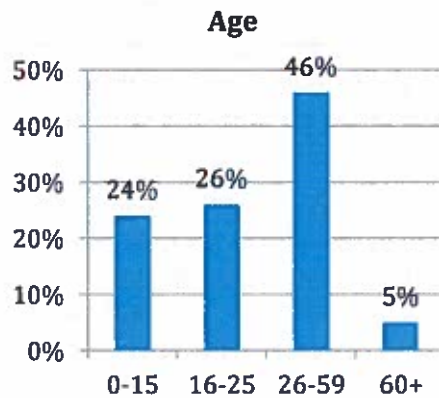
Note 2: FSP costs include both MHSA and other funds. The average cost/person varies by age group served.

IS ANYONE BETTER OFF?

An individual with a long history of psychotic symptoms, substance use, and high-risk behaviors while intoxicated was enrolled in the FSP Program. Staff worked with him, and his family and he was placed in 90 days of inpatient substance use treatment. Upon release from treatment, he was able to move into sober living and re-establish contact with his family. He continues to attend FSP services, co-occurring disorders group, individual therapy, case management, and medical services. This individual is currently sober and compliant with services. One Transitional Age Youth (TAY) had a history of hospitalizations and severe self-harming behavior. This year, this individual has had no hospitalizations and is maintaining independent living. Additionally, this person's hygiene and relationships have improved.

DEMOGRAPHICS FOR FULL SERVICE PARTNERSHIPS

**351
Individuals
Served**



Artist: Justyne

Accountable
Tri-City is committed to increasing health system accountability to ensure services are effective and efficient as possible.

Community Navigators

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

HOW MUCH DID WE DO?

2,505

Individuals Served

FY 2015-16

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

In FY 2015-16, the Community Navigators were fully staffed and ready to increase their visibility and community presence. With five full-time staff and a focus on outreach and engagement, the team has experienced an increase in the number of requests for resources and services. In addition, the staff has also focused on expanding their connection with internal Tri-City personnel including therapists and clinical support staff. These efforts have also resulted in an increase in the number of referrals for linkage to local resources and support services.

Going back to basics, the Community Navigators focused their attention on community engagement and promoting their services within the Tri-City area. These efforts include making formal presentations to community agencies and organizations where they are able to effectively promote the extent of their services and support made possible through MHS funding.

How Well Did We Do It?

The Community Navigators outreached to 414 agencies in FY 2015-16. As a result, the CNs connected with 6,445 people.

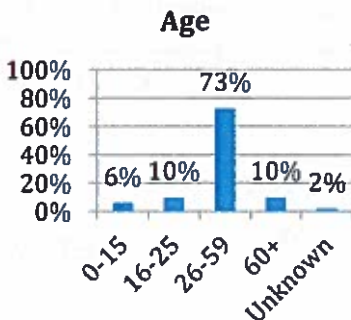
Although this program has experienced an increase in the number of requests for services, older adults continue to be a population of concern. These individuals historically are difficult to connect with

and seem to require care that is more specialized. While the Community Navigators are diligent in providing appropriate resources, failure for these seniors to follow through and access these services still remains a challenge and a barrier to overcome.

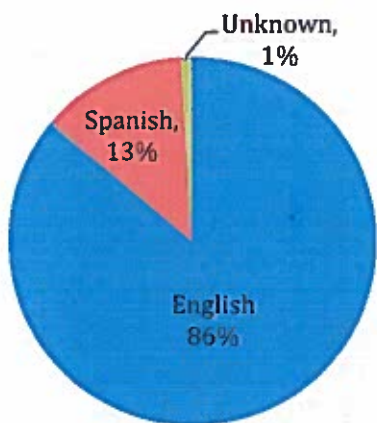
Cost per person estimates for FY 2015-16: \$174

DEMOGRAPHICS FOR COMMUNITY NAVIGATORS

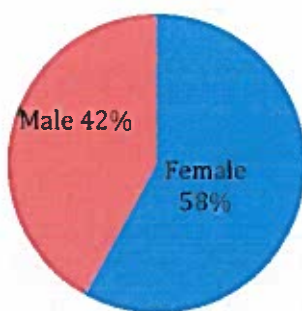
**2,505
Individuals
Served**



Language

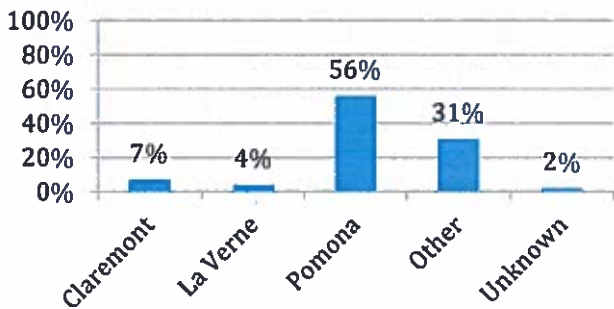


Gender

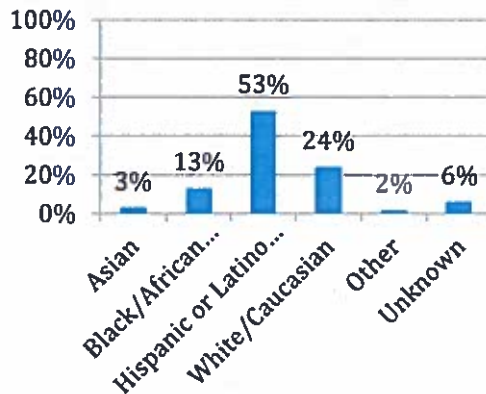


The Community Navigators met an elderly woman at a local shelter. The woman only spoke Spanish, was undocumented, and had no family support. A Community Navigator was able to get her into a transitional home with the help of another community organization. The elderly woman was engaged into Tri-City services and with the assistance from Tri-City staff, it was discovered that the woman had serious medical issues that were not being treated. With the navigator's persistence in getting this woman help and collaboration amongst other departments, including the medical teams at Tri-City, they were able to identify her medical problems and connect her to appropriate services.

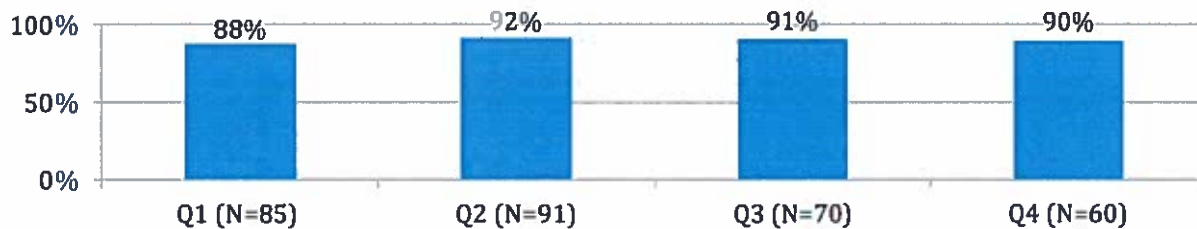
City



Race



Percentage of Individuals Reporting Satisfaction with Services Provided



Wellness Center

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

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.



Artist: Darlene

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

Attendance at the Wellness Centers continues to be steady with the number of individuals served exceeding 2,300. FY 2015-16 saw a higher focus on support groups as the Wellness Center staff worked to streamline the number of groups offered based on the attendance. In FY 2014-15, the Wellness Center experienced a growth in the number of groups available that generated a larger variety of group options. However, the attendance for several groups dwindled over time thereby reducing the impact for the attendees. In response to this, for FY 2015-16 the Wellness Center set a goal of offering groups every hour but limiting the choices to allow for a broad selection for participants and yet maintaining adequate attendance to make an impact.

**HOW MUCH DID
WE DO?
2,366
Individuals
Served
FY 2015-16**

Wellness Center staff also noticed an increase in interest for vocational trainings. Employment support services offered at the Wellness Center continues to be a strong source of support for individuals in recovery. A major event hosted each year by the Wellness Center includes an extensive job fair. This popular event features several high-profile employers such as Lowe's and allows the job candidates to interview onsite. Over 100 individuals secured employment utilizing the comprehensive and supportive employment services offered at the Wellness Center.

FY 2015-16 also saw a focus on educational enrichment and an increase in staff trainings offered at the Wellness Center. Important topics such as Motivational Interviewing were presented with a variety of trainings made available online and through webinars in addition to instructor-led groups.

During FY 2015-16, stakeholders and TCMHS staff identified a need for vehicles to provide transportation in several CSS programs. For the Wellness Center, one additional vehicle was approved to provide transportation for Wellness Center participants.

Cost per person FY 2015-16: \$508

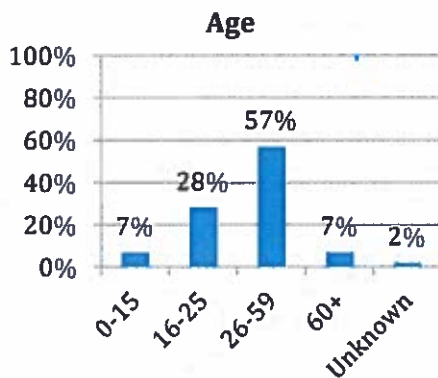
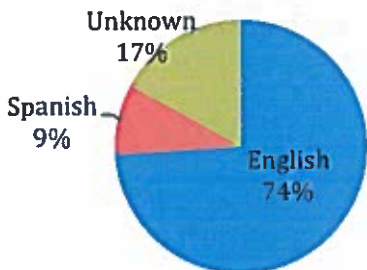
HOW WELL DID WE DO IT?

- 23,159 Attendees at Wellness Center Groups
- 70 Different Types of Groups and Events Held at the Wellness Center
- 105 Individuals Secured Employment

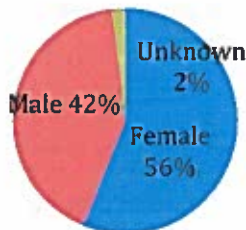
DEMOGRAPHICS FOR WELLNESS CENTER

**2,366
Individuals
Served**

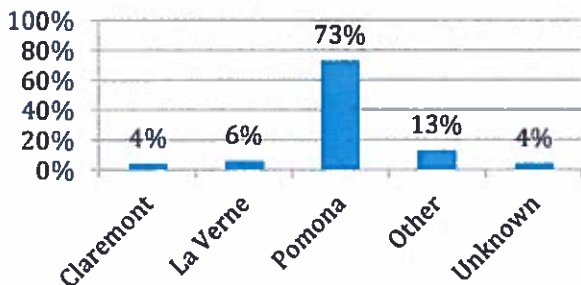
Language



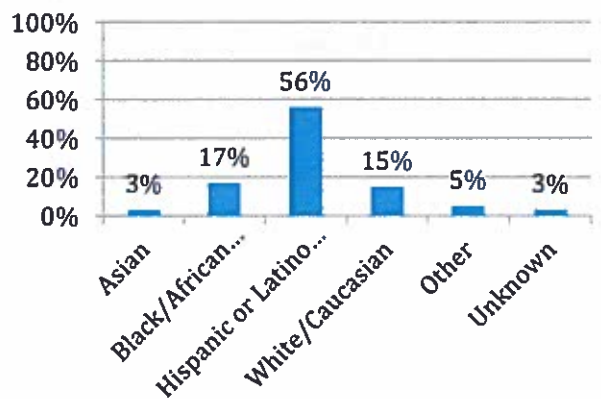
Gender



City



Race



IS ANYONE BETTER OFF?

A woman came to the Wellness Center in early 2016 facing homelessness and other personal issues. She began attending employment workshops and support groups and took the initiative to connect with the vocational staff to complete her resume and find job leads. She expressed to staff how hopeful she felt about her future. In September, she returned to report that she found a long-term job and was going to be training as a supervisor. She was so excited about her new job that she shared the news with the employment staff and thanked the supervisor and manager personally for all of the support and encouragement she received from the Wellness Center.

Supplemental Crisis Services

The Supplemental Crisis Services (SCS) program provides after-hours and weekend phone support to individuals who are suffering a crisis and who currently are not receiving TCMHS services. Support may be provided over the phone or at the crisis location. Tri-City staff also assists individuals on a walk-in basis during regular business hours, as well as support for police personnel and others as appropriate. Additional services include support offered by the Intensive Outreach and Engagement Team (IOET), which consists of a mobile team of highly trained staff who work directly in the community by assisting individuals who have previously accessed crisis services to continue their connection to support such as Full Service Partnership. Through follow-up efforts by the IOET and Community Navigators, the Supplemental Crisis Services program is able to help reduce the number of repeat hospitalization and help these individuals receive the most appropriate care.

HOW MUCH DID WE DO?

- 79 Individuals SCS calls
- 111 Walk-ins
- 258 Intensive Outreach and Engagement Team contacts

NOTES ON DEVELOPMENT • PROGRESS • LEARNING



The Supplemental Crisis Services (SCS) remains a valuable asset to Tri-City's system of care. For FY 2015-16, the number of after-hour crisis calls continued at a steady pace with 79 calls received and triaged by Tri-City staff. Although on-call therapists handle these calls efficiently, historically these calls have not resulted in many follow-up in-person screenings. However, due to the intensive efforts on the part of SCS staff to further engage these callers, and the additional support of the Intensive Outreach and Engagement Team, as well as the Community Navigators, SCS staff reported a noticeable increase in the number of contacts that led to an in-person screening. With this additional support, these crisis callers are better able to access mental health services on a continuing basis and are

less likely to utilize emergency rooms as their standard form of mental health care.

The walk-in crisis services, offered through the Tri-City clinic, also saw an increase in utilization. Over one hundred individuals accessed this service during FY 2015-16. Many of these individuals were homeless and several were from outside of this area. The challenge for this process is to reconnect with the individuals once they have left the clinic and returned to the

community. These individuals may be hard to locate due to their illness. By expanding the staff to include the Outreach and Engagement Team (IOET), these staff members are able to go into the community and attempt to reconnect with these individuals and perform assessments in the field, when appropriate.

In an attempt to increase the likelihood of connecting with repeat crisis callers, the IOET team has worked diligently over the past year to build community partnerships with local hospitals and law enforcement personnel. This level of collaboration has allowed over 250 individuals to be served through the IOET process. Although this team is ready and available to provide services, these clients may not be ready to enroll. The flexibility of this project allows the IOET to work with the individual over a period of time and monitor their progress and situation until they are ready to access services.

During FY 2015-16, stakeholders and TCMHS staff identified a need for vehicles to provide transportation in several CSS programs. For Supplemental Crisis, the request included the purchase of two vehicles to aid in transportation focused on the outreach and engagement efforts.

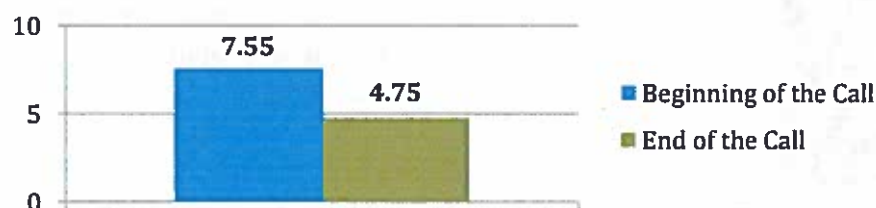
Cost per person estimates for FY 2015-16: \$511

How Well Did We Do It? (IOET)

114 Individuals were opened for services with Tri-City Mental Health through the Intensive Outreach and Engagement Team

Level of Distress for Crisis Callers

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



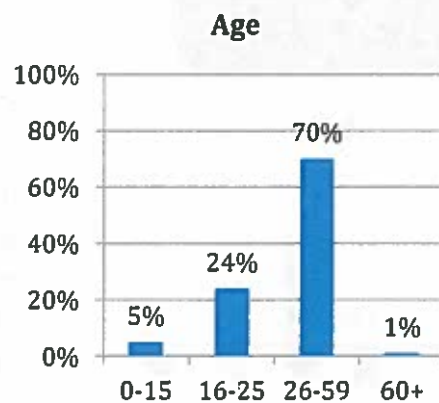
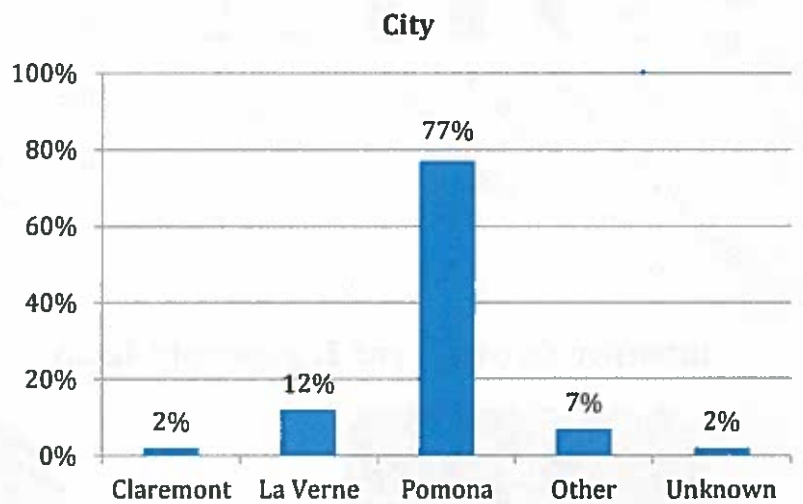
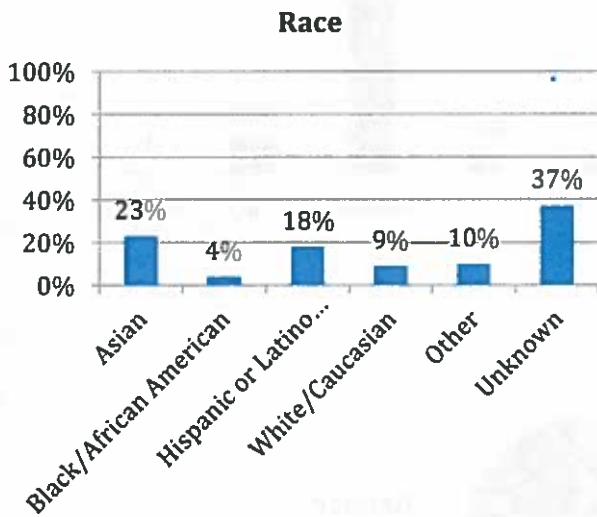
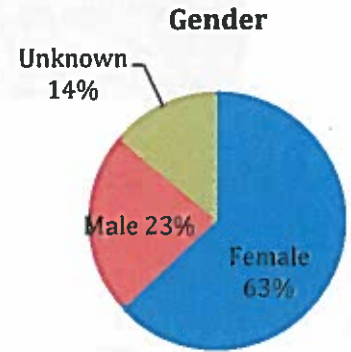
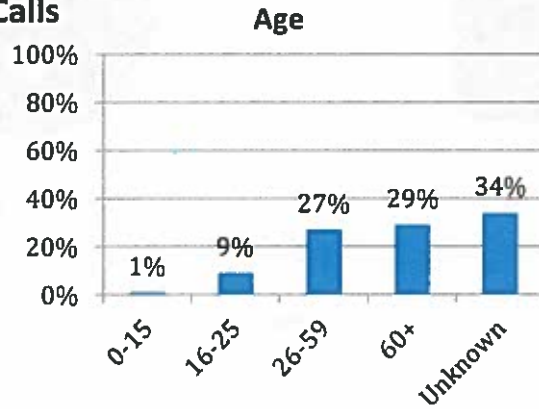
IS ANYONE BETTER OFF?

One of the first encounters by the Intensive Outreach and Engagement Team (IOET) involved a man who had been missing from his family for many years. The IOET staff met with him regularly in the community, but he was not interested in receiving services. Over time his symptoms worsened and he began to avoid the IOET staff. One day he was brought to Tri-City by the local police and was hospitalized. After he was discharged from the hospital, he continued to improve and was reunited with his family. The IOET was able to reconnect with

him and see his progress first-hand. When this individual saw the IOET team, he was very friendly and thankful for what they had done for him.

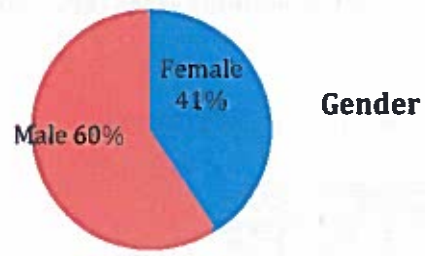
Supplemental Crisis Calls

**79
Individuals
Served**

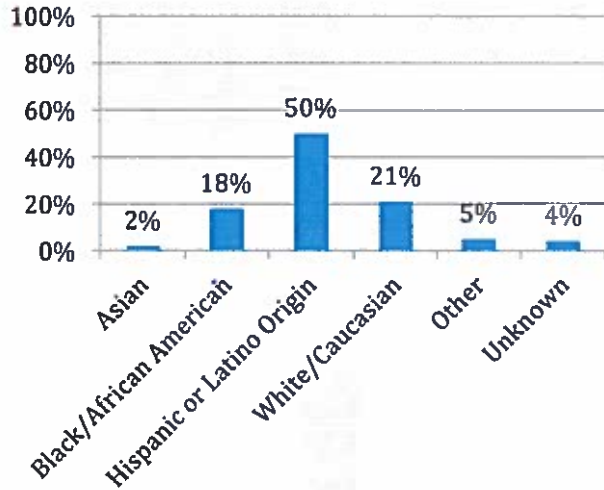


Crisis Walk-In

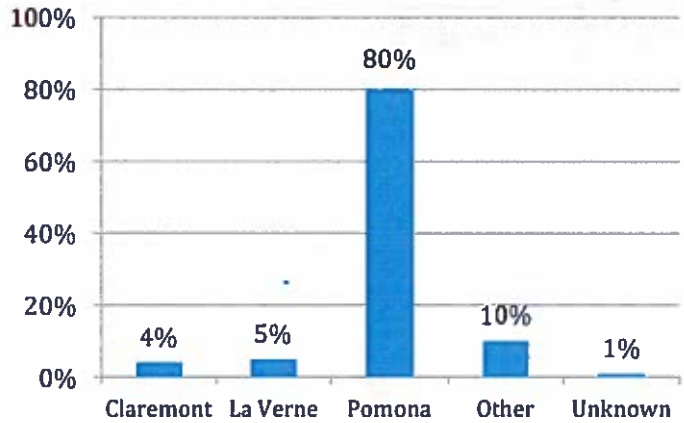
**111
Individuals
Served**



Race

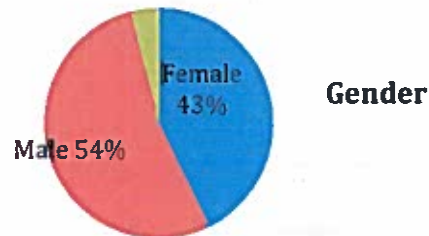


City

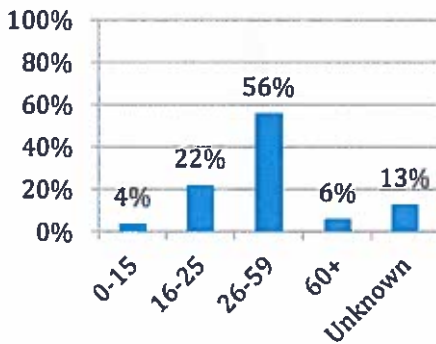


Intensive Outreach and Engagement Team

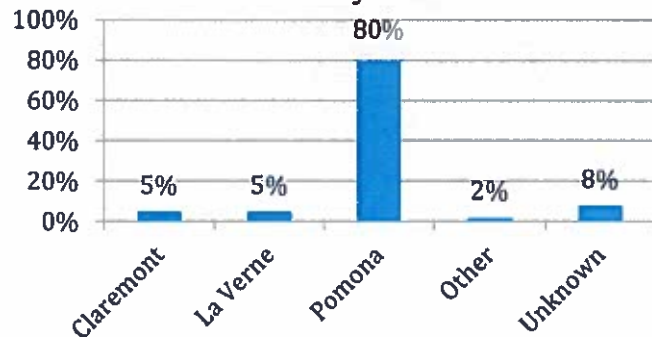
**258
Individuals
Served**



Age



City

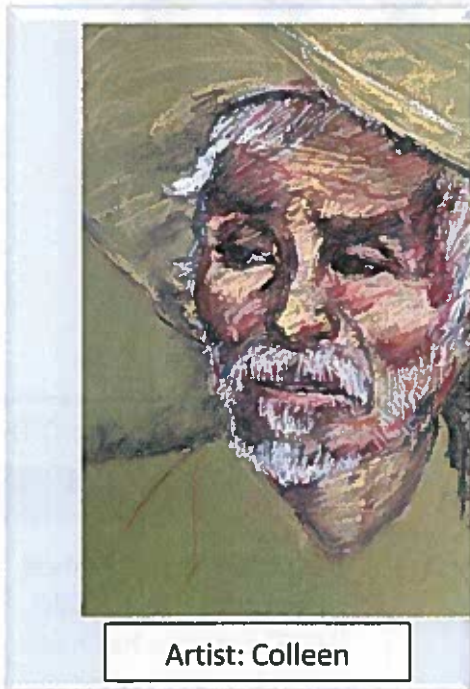


Field Capable Clinical Services for Older Adults

Through the Field Capable Clinical Services for Older Adults (FCCS) program, TCMHS staff members provide mental health services to older adults where they are, such as in their homes, senior centers, and medical facilities. 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 Field Capable Clinical Services for Older Adult (FCCS) program experienced an increase in referrals with 34 individuals served in FY 2015-16. Clinical services were provided for these individuals with the exception of those who required housing. Individuals who were homeless or in need of permanent supportive housing were referred to the Full Service Partnership program where housing support is available in addition to therapy and other support services.

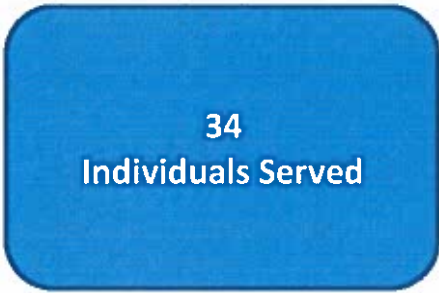


For clients referred to FCCS, therapists noticed an increase in substance abuse issues. This upsurge included the abuse of prescription medication. One of the challenges for the FCCS program includes the lack of adequate substance abuse support services for older adults. Additional concerns include the fact that this population may be living on a fixed income and move out of the area due to financial issues. For participants who remain, many tend to be homebound and not able to access services.

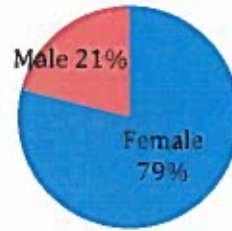
The FCCS program also experienced a reduction in outreach efforts over this past year. This decline is due in part to a loss of staff for the FCCS program.

Cost per person FY 2015-16: \$2,649

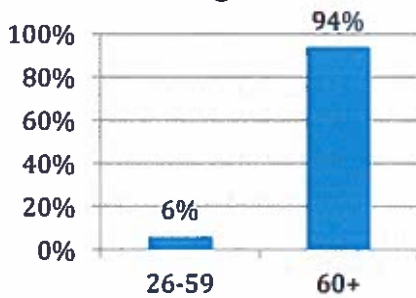
How Much Did We Do?



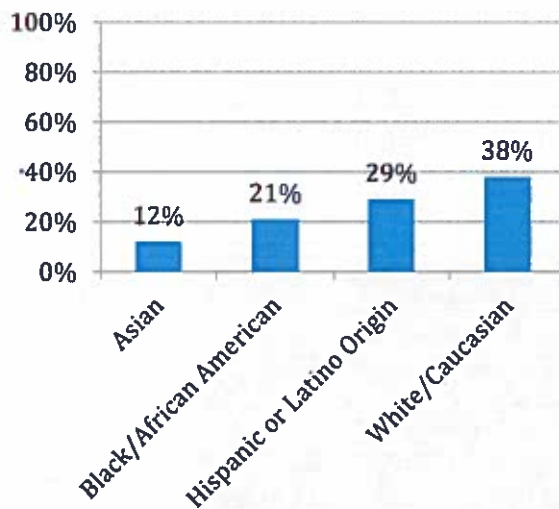
Gender



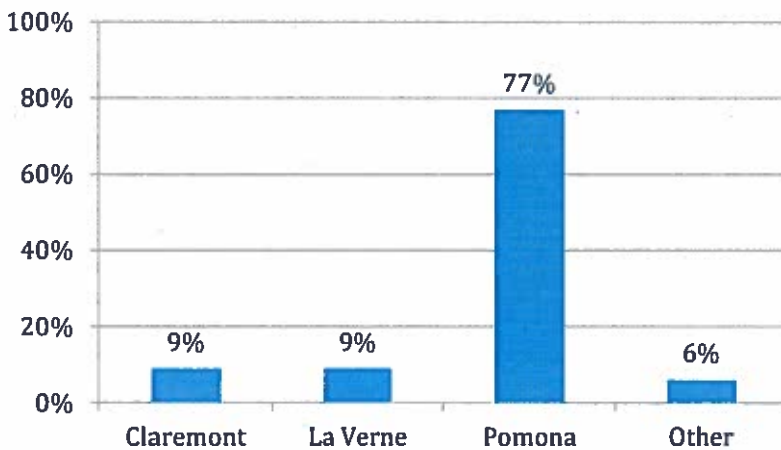
Age



Race



City



Is Anyone Better Off?

The Field Capable Clinical Services for Older Adults (FCCS) program has had multiple clients who have been able to complete services and transition to Peer Mentoring, Wellness Center, or community elder resources.

Permanent Supportive Housing

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

In 2008, TCMHS received \$2.4 million in MHSAs funds that was projected to fund 20 to 24 housing units. In fiscal years 2008-2009 and 2009-2010, stakeholders requested supplementary funds to be allocated toward the development of additional permanent supportive housing. With these added monies for a total of \$6.9 million, Tri-City has developed 64 units of permanent supportive housing for those challenged by living with severe and persistent mental illness.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

One of the fundamental principles for MHSAs housing is the knowledge that mental health treatment can improve once the individual is housed. Tri-City continues to promote the "Housing First" model with five successful housing efforts.

Parkside Family Apartments (Related Companies)

Groundbreaking for this project took place in May 2015 with a formal celebration held on June 2, 2015. This project is completed and fully occupied, and provides 16 one-bedroom and 5 two-bedroom units for Tri-City clients. In addition to the housing units, clients and Tri-City staff have access to computer stations, a lounge area and kitchen. Tenants/clients also have the opportunity to participate in the Good Tenant Curriculum which is offered by Tri-City housing staff and designed to help clients better understand the expectations of potential landlords and offer support in order to help them maintain their housing successfully.

Cedar Spring Apartments (A Community of Friends)

This project focuses on Transition Age 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. This project was completed in July 2016. Families are required to go through



Artist: Darlene

an application process, and if selected after residing in these units for a minimum of one year, they become eligible for future Section 8 housing.

Holt Family Apartments (Clifford Beers Housing)

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 August 2017. Clifford Beers, developer for this project, continues to pursue grant funding with the anticipated proceeds projected to increase the project's cash flow.

Claremont/Baseline Project

This newest addition to the Permanent Supportive Housing program includes the purchase of a 2,581 square foot home constructed with two wings, each containing two bedrooms and a full bathroom. The layout for this home consists of two separate wings connected by a large living room and kitchen. Built to accommodate two families, each one consisting of a single mother with up to two children, this rehabilitation project is complete and available for occupancy.

Park Ave. Apartments

All eight MHSA units located at the Park Avenue Apartments remained occupied with tenants participating in various programs provided by Tri-City Mental Health Services.

Transportation has been identified as a barrier to services by both staff and stakeholders. In response to this need, in FY 2015-16, stakeholders identified a need for vehicles to provide transportation in several CSS programs. For the Permanent Supportive Housing program, a request was approved to purchase two vehicles/trucks to provide support for MHSA housing and general facility needs.

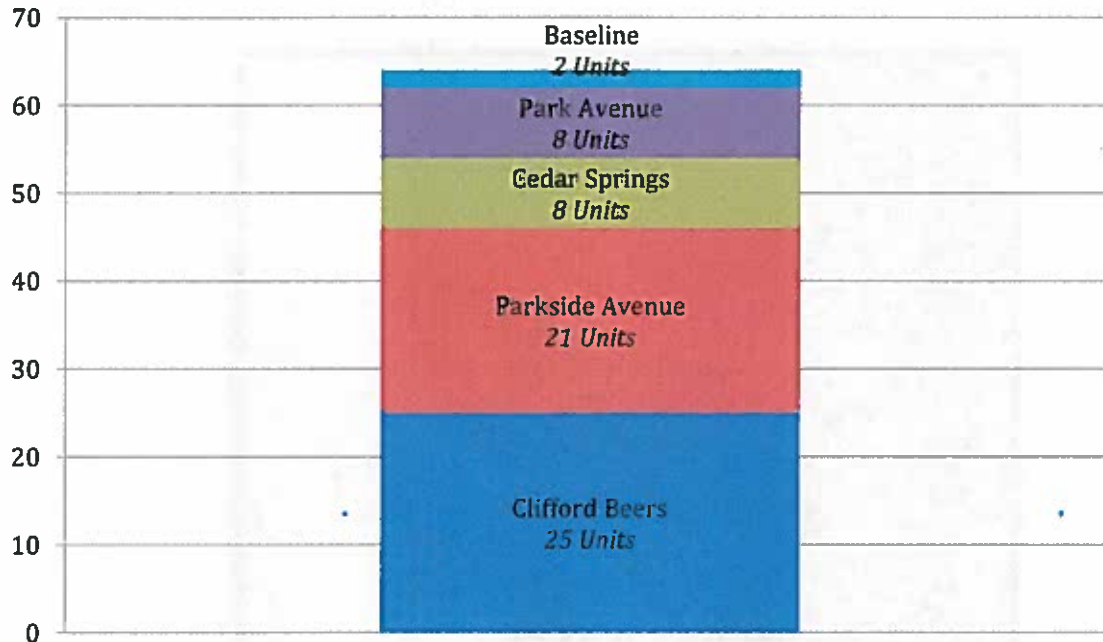


Artist: Colleen
Creative Minds Art Gallery

*“Housing is Mental Health”
Gilbert Saldate,
Tri-City Public
Outreach Coordinator
and Housing Manager*

HOW MUCH DID WE DO?

64 Units in Development or Complete



IS ANYONE BETTER OFF

A referral was received for an individual who was unable to keep her current housing. She worked with the Tri-City housing staff to find affordable housing. However, due to the lack of financial resources and limited affordable housing, the woman was not able to secure housing. Fortunately, she met the criteria for a Shelter Plus Care voucher. The voucher is from a Housing and Urban Development program that provides financial support to those who are chronically homeless and have a co-occurring diagnosis. This helped her obtain housing that allowed her children to attend the same school. This was a priority, because she did not want to disrupt the children's school year. She is now working and attending college to continue her education.

Prevention and Early Intervention Programs



Artist: Mary
Creative Minds Gallery

Community Capacity Building

Three projects make up the Community Capacity Building program; they are the Community Wellbeing Program, Community Mental Health Trainers and Room for Everyone/Stigma Reduction Program. Each one is detailed separately below.

Community Wellbeing Program (CWB):

The Community Wellbeing (CWB) program provides small grants and technical assistance to help communities build their own 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. In this program, *community* is defined as a group of individuals who are in relationship with each other sufficient enough to support one another and act together.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

The Community Wellbeing program has proven to be an effective way to reach communities who might otherwise remain disengaged from each other and mental health support. Through these community grants, participants are able to define wellbeing based on their culture and community views. Diverse groups of individuals, linked by proximity and commitment to a common cause, design and implement projects that are specific to the needs of their participants and supportive in their desire to achieve wellbeing within their community.

During FY 2015-16, which is the fifth year of this successful grant program, staff report this to be the most diverse cohort to date. In addition to supporting the specific needs of the individual groups, Tri-City staff noticed a stronger collaborative effort between several of the grantees. Although these groups come together on a quarterly basis to share ideas and network with each other, several of the groups began working together outside of these larger collective meetings. One example included two communities, both with a gardening component, worked together by exchanging seeds and sharing the garden experience.

HOW MUCH DID WE DO?

**17 community grantees
were chosen representing
2,337 community
members**

HOW WELL DID WE DO IT?

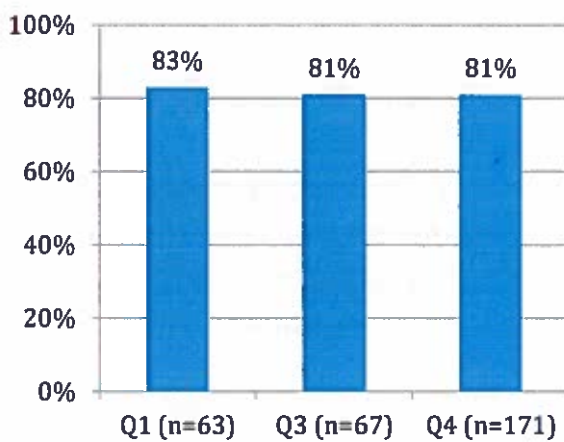
*89% agreed or strongly agreed that
the Wellbeing data was useful*

A continuing challenge for this program involves the documentation and financial reporting obligation for participants. Although these grantees faithfully attend the quarterly CWB meetings, many seem to have difficulty returning the required documentation including surveys and financial reports

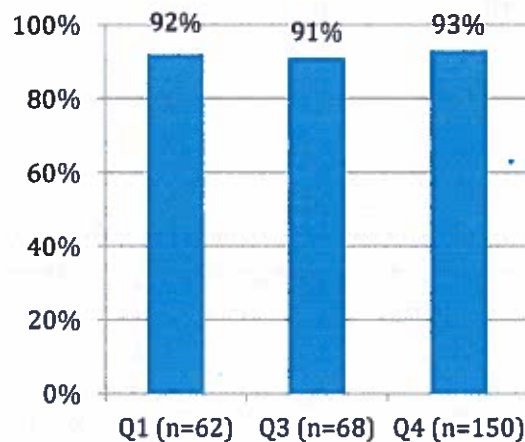
as requested. A second concern is that although the grantees are enthusiastic about the grant program, they seem reluctant to participate in any additional support services offered through MHSA such as Mental Health First Aid or Safetalk, a suicide prevention training. A final challenge expressed by TC staff is that if a participating community has experienced a change in leadership during the grant period, and a replacement is not available, the project may be delayed until new leadership can be identified.

IS ANYONE BETTER OFF?

Percentage of Grantees who Report Improvement in Supporting Each Other



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



Success Story

Prior to one of the events, a staff member had a conversation with a mom who was grieving because her extended family was excluding her family because her children were difficult to be around due to Autism. We talked about people’s capacity to include them and talked about the need to “create” family among those who had the capacity to include everyone. At the next event, she had encouraged another mom she liked to go to the support group. Both husbands came as well. The four of them have become friends and have shared some of the holiday events that were previously lonely times together.

Community Capacity Building

Community Mental Health Trainers (CMHT):

Community Mental Health Trainers began with Mental Health First Aid (MHFA), a nationally recognized program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone experiencing mental and emotional distress. This evidence-based program begins with a premise that just as people can master basic first aid for physical distress without being doctors (such as the Heimlich maneuver or CPR), they can master basic mental health first aid without being clinicians. 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 parenting classes.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

One of the most significant milestones for FY 2015-16 was the training of law enforcement personnel in Mental Health First Aid for all three cities in the Tri-City catchment area: Claremont, Pomona, and La Verne. Tri-City Mental Health Services continues to support these community partners by preparing to launch a second round of trainings, Crisis Intervention Training (CIT), which was requested by law enforcement and supported by stakeholders through last year's community planning process. One of the goals for CIT training is to help participants learn how to intervene with someone who is experiencing a mental health crisis with the goal of moving them towards suitable clinical services and away from the need for incarceration, when appropriate.

Accessible
Increasing the accessibility of mental health services to underserved populations is instrumental to overcoming cultural, economic, and other barriers to treatment.

Although the local police departments have committed to these trainings, there remain several key agencies yet to be engaged. Local fire departments, nursing homes, and senior communities remain high on the list of priority agencies that CMHT will focus their outreach efforts on and target for future trainings. Barriers to training may include a lack of resources such as time, funding to pay staff to attend, or a general lack of understanding of how these trainings can help their agency better support the community members they serve.

How much did we do?

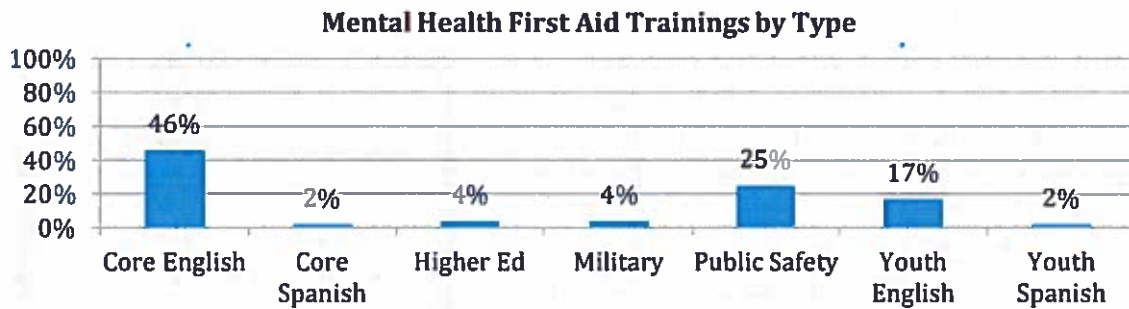
840 Individuals Trained in Mental Health First Aid

48 MHFA Trainings Conducted

Due to continuous outreach efforts by CMHT, there has been a noticeable increase in requests for Spanish trainings focused on mental health awareness and parenting from community members and parent groups. Another factor is that local agencies, school districts, and organizations are able to schedule trainings based on their needs and this flexibility has contributed to the increase in requests.

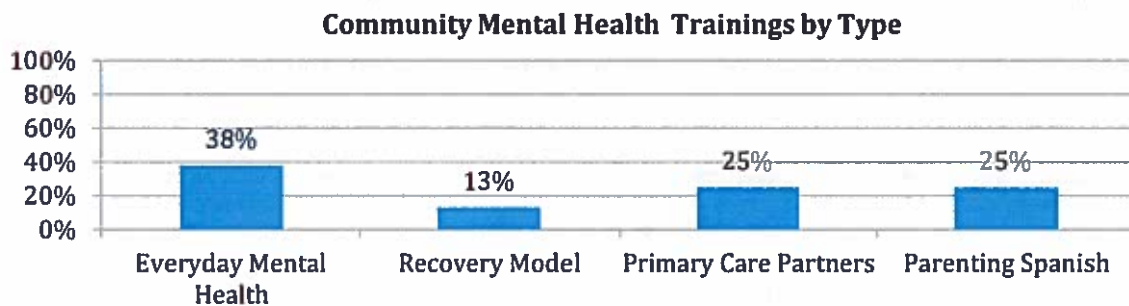
Finally, the Primary Healthcare Provider workshops provided through this project continue to be well attended, but not by local healthcare providers, which is the target audience. Despite intensive outreach efforts, including selecting presentation topics and speakers based on providers' feedback, and providing lunch with the trainings, there continues to be low attendance by the medical practitioners in this area. With the exception of students and faculty from Western University School of Medicine, most attendees include staff from TCMHS, local drug and alcohol clinics and other mental health agencies.

PROGRAM: Mental Health First Aid/Community Mental Health



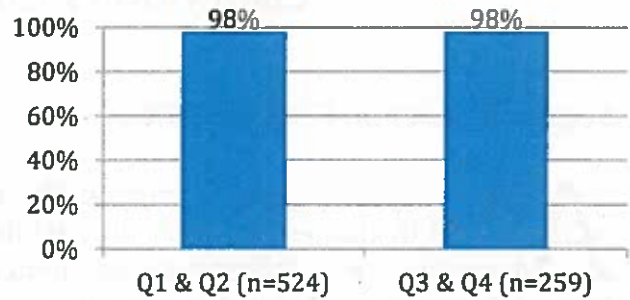
Community Mental Health Trainings (Non-MHFA)

79
Individuals Trained
8 Community MH Trainings
Conducted

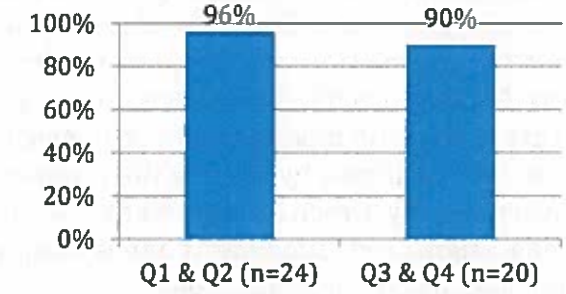


HOW WELL DID WE DO IT?

Mental Health First Aid
 Percentage of those trained in Mental Health First Aid who agreed or strongly agreed that they feel more confident to assist a person who may be dealing with a mental health problem or crisis to connect with community, peer, and personal supports.

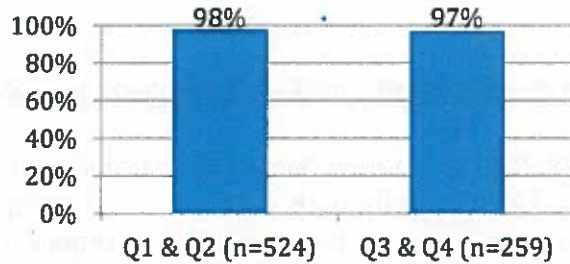


Community Mental Health Training
 Percentage of those trained in Community Mental Health who agreed or strongly agreed that the topics covered in the training were relevant to their setting.

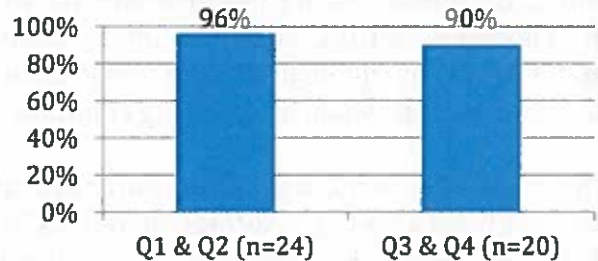


IS ANYONE BETTER OFF?

Mental Health First Aid
 Percentage of those trained in Mental Health First Aid who agreed or strongly agreed that they feel more confident to reach out to someone who may be dealing with a mental health problem or crisis.



Community Mental Health Training
 Percentage of those trained in Community Mental Health who agreed or strongly agreed that they could utilize the information/knowledge gained in their practice.



IS ANYONE BETTTER OFF?
 One of the Spanish-speaking parents was having a difficult time with her daughter. She took the Mental Health First Aid course and requested a parenting course, which was simultaneously being developed by the trainers. After taking Mental Health First Aid, she enrolled herself and her husband in the parenting class and engaged wholeheartedly. She also began to take her child to a group at Tri-City. Recently she enrolled in the Youth Mental Health First Aid course and reported that the classes and group have helped her family establish rules, improve their boundaries, and set up appropriate disciplinary consequences and rewards, as well as reinforce family rituals which promote positive interactions and well-being.

Community Capacity Building

Stigma Reduction Program (SR):

Addressing the stigma that surrounds mental illness has long been a focus for Tri-City Mental Health Service. Over the past fiscal year, Tri-City's stigma reduction efforts have centered on three main components: Room4Everyone, Courageous Minds, and Green Ribbon Week. Room4Everyone is a community wellbeing campaign that focuses on reducing stigma and includes a website dedicated to providing community members with resources, information, and personal stories of recovery from individuals with mental illness. Courageous Minds is an empowering speakers bureau made up of local residents who are living with mental health challenges. These courageous individuals are leading the charge against stigma by sharing their personal stories and modeling a positive path to recovery. Finally, Green Ribbon Week was created locally by Tri-City staff in response to a national stigma reduction effort and is designated to take place the third week of March established by city proclamations.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING



In FY 2015-16, a new feature was added to the stigma reduction program with a suicide prevention training called SafeTALK. With the introduction of this new option for support, Tri-City has been able to extend their outreach efforts to combat stigma and promote this free training which is available both online and in a classroom setting. Although this is a popular training, the challenge for this method is that it is only available in English and French. Based on this language limitation, we are not able to offer it to Spanish-speaking community members.

The Room4Everyone website continues to build momentum. Over this past fiscal year, Tri-City has been able to track total overall visits and unique visits to this website. During FY 2015-16, there were 7,462 visits, which is a strong indicator of the potential benefits this website can offer to community members who choose to search online for mental health information and support.

The Courageous Minds Speakers Bureau grew to include 19 volunteers with the completion of the 5th cohort workshop and training. The goal of this project is to provide volunteers with "lived experience" (mental illness) the opportunity to share their personal stories of recovery after receiving coaching and speaking tips from workshops facilitated by Tri-City staff. In addition to sharing their experiences on a community-wide basis, participants also expressed that they felt empowered by this opportunity and rewarded that they were able to see how their stories affected their audience. Courageous Minds has also built a reputation throughout the community as a model for this type of speaker training. Two community partners/agencies have requested assistance from Tri-City staff to build their own speakers bureau that will feature speakers sharing their own experience with domestic violence and homelessness. Two participants from Courageous Minds were also

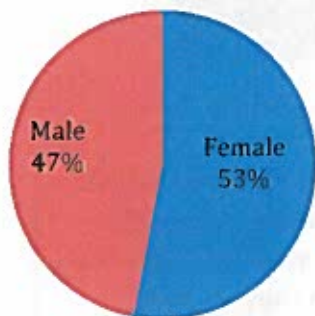
selected to travel to Sacramento for Mental Health Matters Day and represented Tri-City and the stigma reduction efforts of this community.

Finally, the Green Ribbon efforts continued throughout the year with stigma reduction information, brochures and ribbons made available for all community events. The annual Green Ribbon celebration for FY 2015-16 featured community artists highlighting their work. By including artists in this showcase, both with and without lived experience, Tri-City continues to emphasize the value of inclusion that is one of the cornerstones of the Room4Everyone stigma reduction campaign.

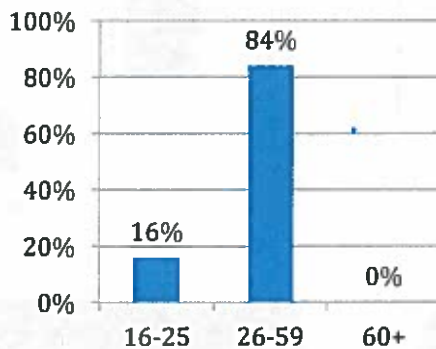
HOW MUCH DID WE DO?

19
Courageous
Minds
Speakers

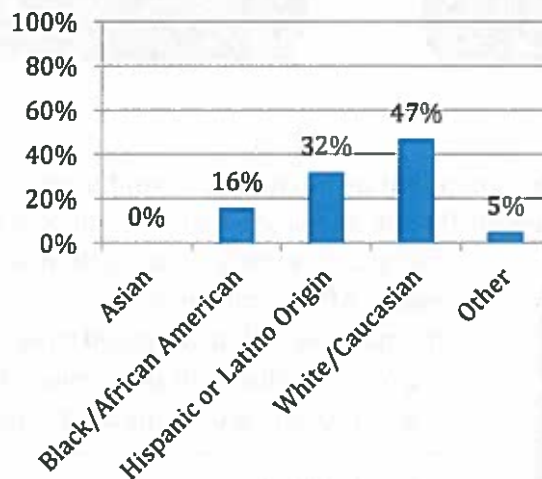
Gender



Age



Race



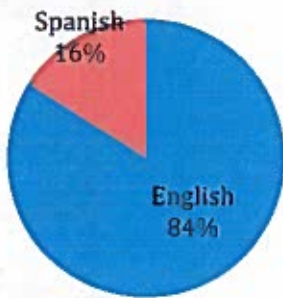
Artist: Viviana
Creative Minds Art
Gallery

In 2016, the new MHSA administration building was officially open and ready to house the growing workforce of the MHSA department. These clean, blank walls provided the perfect backdrop for local artists who welcomed the opportunity to display their work and collaborate with Tri-City Mental Health Services in the new Creative Minds Art Gallery.

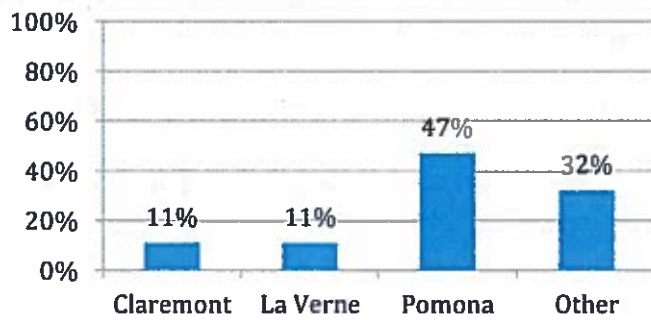
Based on guidelines provided by TCMHS, this impressive array of talent includes contributions from local community members, students, Tri-City staff and even clients; many of whom are able to name their piece and included a short message regarding how art has impacted their life.

Samples of this important body of work are included throughout this document.

Language



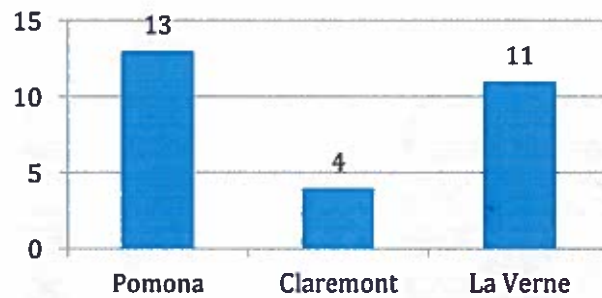
City



HOW WELL DID WE DO IT?

921
Attendees at One or More Stigma
Reduction Events

Number of Presentations by City



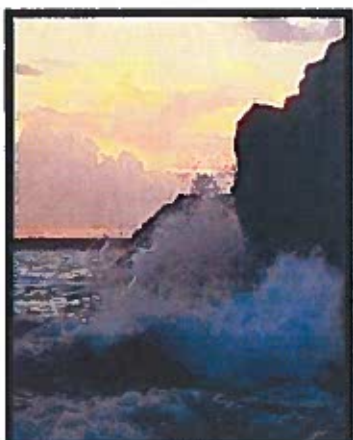
IS ANYONE BETTER OFF?

100%
Percentage of Courageous Minds
Speakers who Felt Empowered
After Sharing their Story

7,462
Number of Website Hits for the
"Room4Everyone" Website

Success Story

The expansion of the art at the Green Ribbon Party was a great embodiment of Room4Everyone. Two artists who submitted their art for the showcase had no prior experience with Tri-City. They came to the party to bring their art and stayed for the entire event. Afterwards, they shared how much they enjoyed themselves and how moved they were by the evening. They expressed a desire to be involved further in the campaign. A great example of community stigma reduction!



Artist: Jaime

"Taking photographs allows me to capture a moment in time and hold it forever. Looking at it allows me to go right back to the feelings of the original experience".

Peer Mentoring Program (Older Adult Wellbeing and Transition Age Youth Wellbeing)

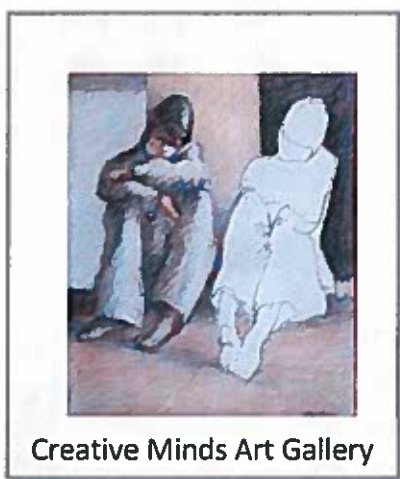
Both the Older Adult Wellbeing and the Transition Age Youth Wellbeing programs are comprised of two projects: Peer Mentoring and Support Groups for the specific ages.

Culturally-Competent
The care provided to clients is sensitive to the values that emerge out of their particular backgrounds.

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.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

During FY 2015-2016, the Peer Mentoring program continued to provide direct 1:1 support as well as specialized groups targeting unserved and underserved individuals within the Tri-City area. Peer mentors consisted of a team of 24 dedicated individuals ranging from ages 18 to older adults, including 4 mentors who identified themselves as having “lived experience” (mental illness). Recipients of these services included 46 individuals who received 1:1 support as well as over 1000 mentees who participated in over 100 support groups facilitated by peer mentors. Many of these groups focused on socialization for older adults who tend to be reclusive or difficult-to-engage populations such as Veterans.



Challenges for the Peer Mentoring program this past year included providing adequate support for individuals who have experienced language barriers when attempting to access services. Although several peer mentors are bilingual for English/Spanish languages, additional language options are not available due to the lack of mentors fluent in other languages. Additional challenges included inconsistent attendance for older adults due to limited access to transportation as well as inconsistent participation by mentees who lack stable housing.

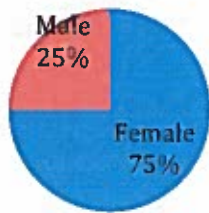
Based on recommendations made by stakeholders during the workgroups and community planning process for FY 2015-16, the Tri-City Governing Board approved an additional full time staff position to be added to this program that requires a candidate with clinical experience to assist with clinical supervision and administration of the Peer Mentoring program. This person has been hired and is currently serving in this capacity.

Cost per person FY 2015-16: \$2,296

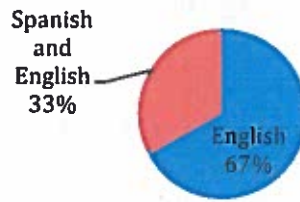
HOW MUCH DID WE DO? (Mentors)

24
Peer Mentors
Retained

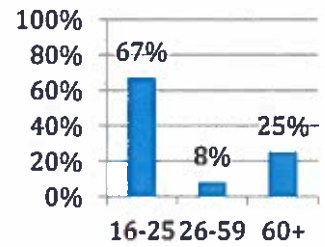
Gender



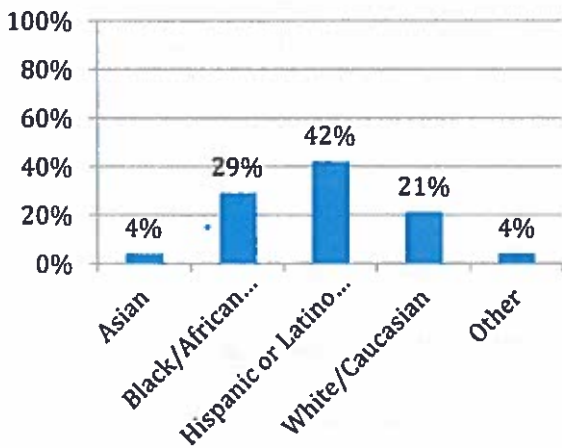
Language



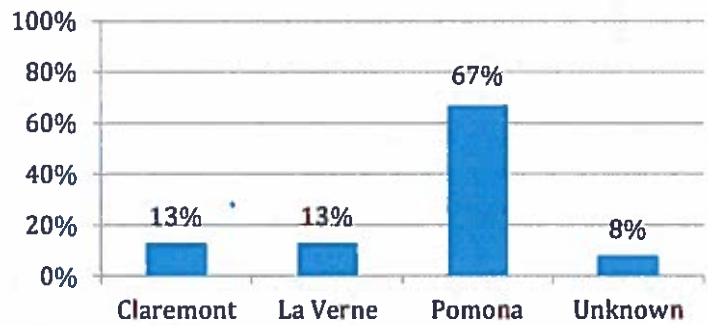
Age



Race



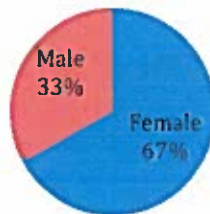
City



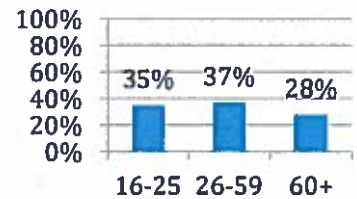
HOW MUCH DID WE DO? (Mentees)

46
Mentees
Served

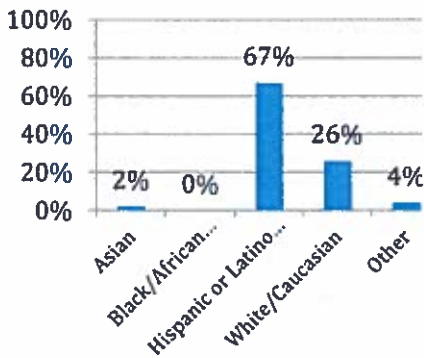
Gender



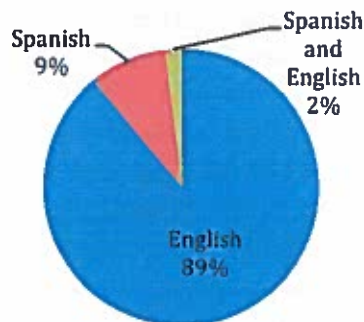
Age



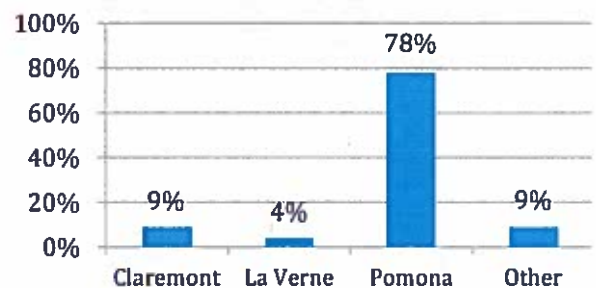
Race



Language



City



HOW WELL DID WE DO IT?

4

Volunteers with Lived Experience Became Peer Mentors

43

Spanish Groups Were Held

44

Bilingual (English/Spanish) Groups Were Held

1,065

Individuals Attended one or More Peer Mentoring Groups



"It [art] allows me to always go right back to the moment and the memory where I experience the feeling the first time and recapture it"

Artist: Jamie

Is Anyone Better Off?

A young Transition Age Youth (TAY) whose family member was receiving services at Tri-City was referred to the Peer Mentor program to receive her own support. She was experiencing stress due to her living arrangements and from the relationships with her family members. By receiving support from her mentor, the mentee was able to get the support she needed. In addition, she was connected to more formal services to prevent her mental health symptoms from getting worse.

Family Wellbeing Program

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, and other interests) that can attract family members and other caregivers from vulnerable communities into peer support experiences.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

The Family Wellbeing (FWB) program experienced a time of reflection during FY 2015-16 as staff reviewed the current programming and the impact of the Family Wellbeing groups. By revisiting the structure and value of the FWB groups, staff was able to make revisions that help to expand the outreach and impact of the services provided.



During this time, the FWB staff worked to build collaborative relationships with local organizations where needy families could benefit from the services provided through the Family Wellbeing program. FWB staff will be coordinating with a local Women, Infants, and Children (WIC) program and providing a Mommy and Me group for participants. This example of a combined community effort helps to expand the reach and impact of the Family Wellbeing project.

Another example of community collaboration for this program included the continuing support by local college interns who provide services under the direct supervision of Tri-City staff. Although the interns are an important and welcome resource for FWB program staff, the oversight of

this aspect of the program is time consuming and has affected the time available for outreach efforts by staff. A new LCSW position is planned for the next fiscal year, which will allow for the needed increase in staff as well as the expansion of training and outreach for this program.

Cost Per Person FY 2015-16: \$98

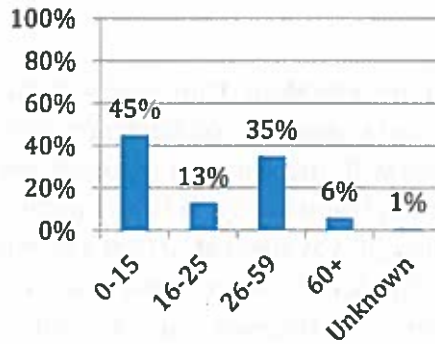
Family Focused

Interventions employ the cooperation of all family members (as defined by the client), drawing on their individual strengths for the betterment of the collective family unit.

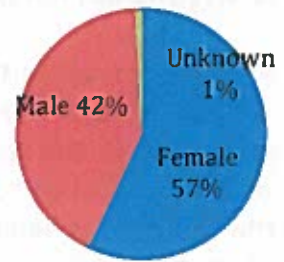
HOW MUCH DID WE DO?

**950
Individuals
Served**

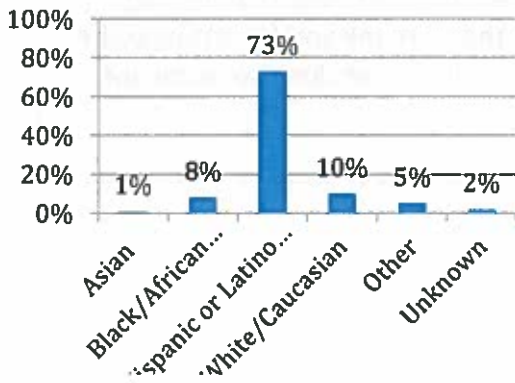
Age



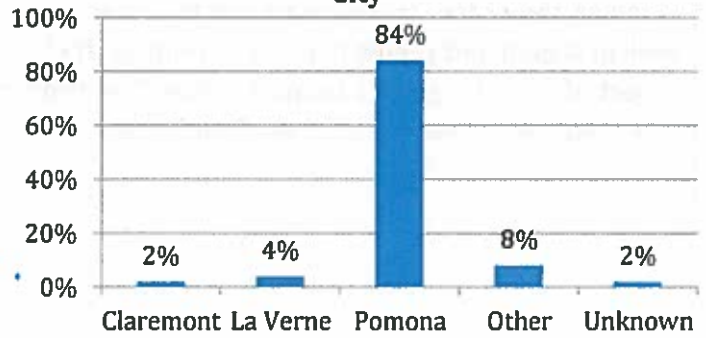
Gender



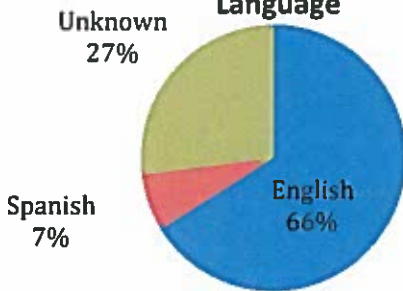
Race



City



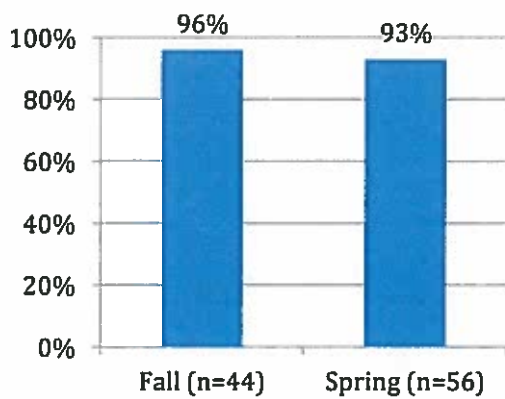
Language



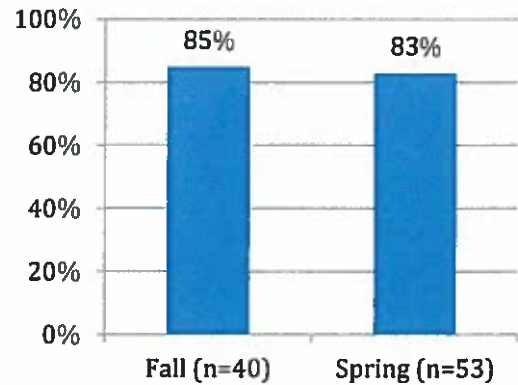
HOW WELL DID WE DO IT?

**4,256
Total Number of Individuals Attending
a Family Wellbeing Event**

Percentage of Individuals Satisfied With the Help They Get Through the Family Wellbeing Program



Percentage of Individuals Who Reported Improved Wellbeing Because of the Help They Get Through the Family Wellbeing Program



IS ANYONE BETTER OFF?

A young woman started attending Teen Hour. During one of the groups, she opened up about a personal story and started crying. The co-facilitator had a one-on-one with her and she was then enrolled in services with the Children's Outpatient Program. She began to receive services and continued to attend the Teen Hour support group. After hearing about the Tri-City community art gallery, it was suggested that she think about submitting a piece of art, since she was attending The School of the Arts in Pomona. The Wellness Center staff guided and followed up with her along the way and made sure she got into contact with the staff who was coordinating the event. She was the first submission. During the Art Gallery opening showcase, Tri-City staff had the opportunity to meet her mom. She is doing very well in school and seems happier. Tri-City staff told her mother, "Thank you for letting us be a part of your daughter's support system" and she replied, "Tri-City has done so much and has made life easier for all of us. Thank you."

NAMI Community Capacity Building

(Parent and Teachers as Allies and Interfaith Collaborative on Mental Health)

The NAMI Community Capacity Building Program consists of two projects: Parents and Teachers as Allies (PTAA) and the Interfaith 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 Interfaith 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.

Respectful

Tri-City maintains a welcoming environment, placing the utmost value upon all those who come through their doors; they understand that only through respecting people as they are that they can become all they wish to be.

NOTES ON DEVELOPMENT PROGRESS • LEARNING

Parents and Teachers as Allies (PTAA)

Parents and Teachers as Allies continues to be a popular training program with school personnel and parents in the Tri-City area. With an emphasis on assisting parents and teachers to recognize the early signs of mental health issues in children, this program also offers personal stories and testimonies from individuals or family members of someone who is suffering with mental health issues. During FY 2015-2016, the PTAA staff made six presentations to two school districts: Bonita Unified and Pomona Unified. These 90 minute presentations served 75 teachers, district staff, and parents throughout this area. In addition, PTAA received several requests for presentations to be held during the following school year. This is the first year they have received requests for future presentations and speaks to the continuing growth of this project.

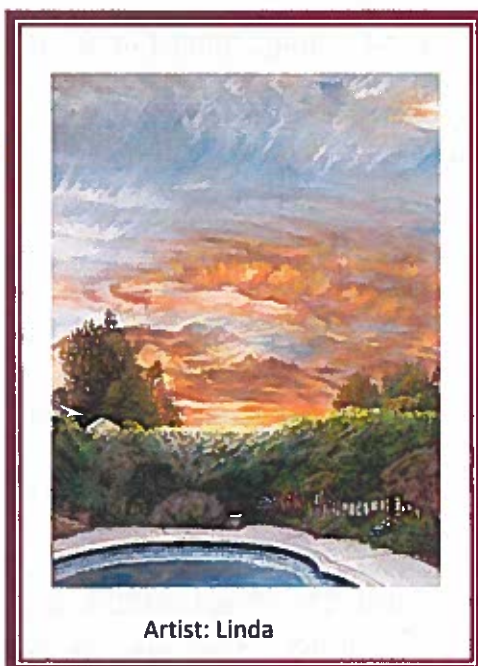
Challenges for this program include the request to modify the program to a shorter timeframe, from 2 hours to 1. While this reduction in time will make this program more convenient, it becomes a challenge for the presenters to include all the topics. In addition, participants have requested more information regarding developmental disorders such as Autism or Tourette's Syndrome, which are not considered to fall in the same category as mental illness.

Although this program has been popular with the majority of school districts in the Tri-City area, there seems to be less interest from the Claremont School District in scheduling these presentations. FY 2015-16, PTAA was unable to secure an opportunity to present to any schools and/or parents located in the CSD.

Interfaith Collaborative on Mental Health (ICMH)

The Interfaith Collaborative on Mental Health hosted several conferences open to faith-based community leaders and mental health professionals. Presentations included *Compassion Fatigue*, which offered participants a connection between the challenge of providing support to someone who suffers with mental illness and finding a balance with personal health.

Additional conferences included *Building Resistance to Trauma* and *Moral Injury and Healing*. Each of these presentations influenced the audience in a tremendous way. Connecting the body and nervous system with treatment provided encouragement and hope for individuals impacted by trauma. *Moral Injury and Healing* proved to be a subject of controversy that resulted in mixed emotions and responses from the participants.



In another presentation, *Suicide Awareness and Prevention*, the presenter shared essential principals of this important topic as well as her personal story of recovery.

The Homeless Outreach component of ICMH includes collaboration with individuals who have experienced homelessness first hand and offer insight into this nationwide problem.

Finally, the viability study of the proposed Pathway to Recovery, a peer support project, was completed and is awaiting next steps.

Challenges for the ICMH project included inconsistent availability of instructors for Mental Health First Aid trainings. This 8-hour training can be presented in increments, however, when an instructor is not able to continue the training, a substitute is needed, but

not always available. A second challenge continues to be achieving a balance in attendance for events between faith-based leaders and mental health professionals. Mental health professionals continue to outweigh the attendance of faith-based leaders, which is the primary population for these events.

Although a highly successful project, in 2016, NAMI Pomona Valley experienced a change in leadership and internal reorganization. After careful consideration, NAMI (PV) opted to discontinue the ICMH project under their watch. As a result, Tri-City has brought this project "in-house" and will be working to continue to provide outreach, education and training to faith-based leaders and organizations that are often the first point of contact for individuals seeking assistance with mental health challenges.

HOW MUCH DID WE DO?

Parents and Teachers as Allies

6
Presentations

75
Attendees

Interfaith Collaborative on Mental Health

4
Presentations

218
Attendees

HOW WELL DID WE DO IT?

Parents and Teachers as Allies

94%
Agreed or strongly agreed that *Parents and Teachers As Allies* increased their understanding of the symptoms of childhood and adolescent mental illness

96%
Agreed or strongly agreed that *Parents and Teachers As Allies* will help them recognize early warning signs of mental illness in children and adolescents

Interfaith Collaborative on Mental Health

98%
Were satisfied or highly satisfied with the *Interfaith Collaborative on Mental Health* event

IS ANYONE BETTER OFF?

Parents and Teachers as Allies

Those who attended an event learned how to advocate for their children and students. For example, a parent expressed that the presentation made her feel so normal. She felt less guilt and shame about her situation with her son and felt encouraged to get help for her child. A teacher approached the presenter and said that it was such a relief to hear that a parent's denial is a normal reaction to finding out that their child has mental illness. She learned that she could continue to advocate for her student even when the parents are expressing anger and denial. She can continue working through the parents' denial by showing compassion and understanding, and hopefully bringing them along to acceptance and advocacy.

Interfaith Collaborative on Mental Health

Attendees at the Interfaith Collaborative on Mental Health events found the information to be practical and they were eager to use what they had learned. When asked what was most helpful, one attendee stated, "love the interaction and fondness between the presenters, the usefulness and practicableness of the skills." Other attendees reported that they were better able to serve those they work with by using the information from the presentations.

HOUSING STABILITY PROGRAM

The Housing Stability Program is designed to help people with mental illness maintain their current housing or find a more appropriate place of residence. Stable housing is a necessary foundation to be able to create wellbeing and support a person's mental health. TC Housing staff work diligently 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 where the housing is (landlords and property management companies) and addressing the needs and concerns of housing providers, in addition to consumers. As part of this project, TCMHS developed a Good Tenant Curriculum that addresses both landlord and tenant expectations, rights and responsibilities.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

Stable housing is a necessary foundation for an individual who is facing the struggles of living with a mental illness. Once homeless, it is difficult to intervene effectively without first ensuring stable housing. Tri-City has adopted a "housing first" model which is a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed.

In FY 2015-16, Tri-City's Housing department was the recipient of 10 new Shelter Plus Care vouchers to assist homeless and chronically homeless families and individuals with obtaining supportive housing. With these added vouchers, Tri-City was able to provide needed shelter and support for additional members of this vulnerable population. In addition, Tri-City's efforts to sustain these placements have led to a strong focus on communication and building relationships with landlords, which are two key factors in the success of this process.

Locating affordable housing continues to be an obstacle for individuals who are seeking assistance through the Housing Stability project. One of the major contributing factors to this shortage is that landlords are setting the rents higher than the current market rate.

Collaborative
The art and technique of therapeutic intervention is a reciprocal process wherein both client and treatment team continuously learn, adapt, and evolve in the interest of achieving a common goal.

For potential tenants who qualify for Section 8 vouchers, the Housing Authority will only cover rent up to the current market rate. With housing rates exceeding this financial threshold, many local units are out of the tenants reach. In addition, landlords who have had negative experiences in the past with renters experiencing mental health challenges may be reluctant to take a chance on another potential tenant.

Providing housing for clients and

individuals with mental illness is only the beginning. By helping clients to look beyond their current situation, Housing staff is able to encourage them to work towards self-sufficiency and thereby decreasing isolation. Through collaboration with Tri-City staff, clients are able to participate in the Good Tenant Curriculum offered through the Housing Stability project. This training includes basic life skills, such as personal and interpersonal skills, which are known to be helpful to clients dealing with the everyday challenges of life. Once completed, clients begin to build self-confidence and start to see opportunities such as volunteering, employment or pursuing an education as a possibility and a bridge to independence. This Good Tenant Curriculum has made a strong impact by educating tenants on what to anticipate when renting and helping to shift the paradigm of landlords related to how they view potential tenants with mental illness.

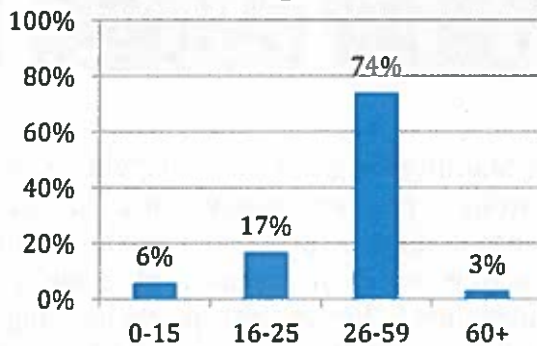
In September 2015, TCMHS hosted the third annual Housing Summit targeting local landlords and property managers. With over 90 attendees, this popular event covered important housing-related topics such as mold and mildew, bed bugs, and promoting the Good Tenant Curriculum. By continuing to connect and support these housing professionals, Tri-City is better able to bridge the gap between safe, affordable housing and individuals with mental illness.

Cost Per Person FY 2015-16: \$1,672

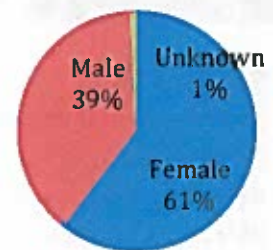
HOW MUCH DID WE DO?

**202
Individuals
Served**

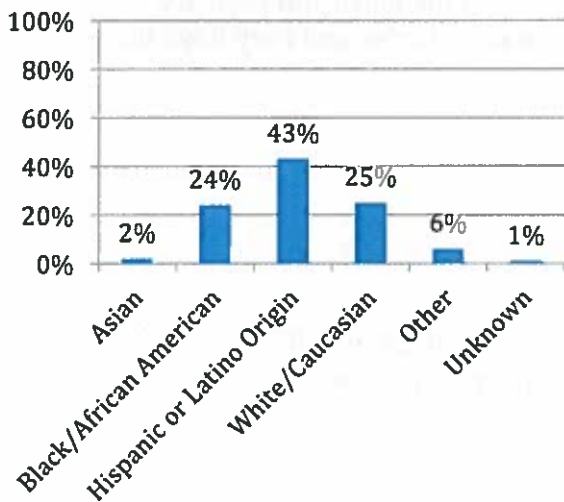
Age



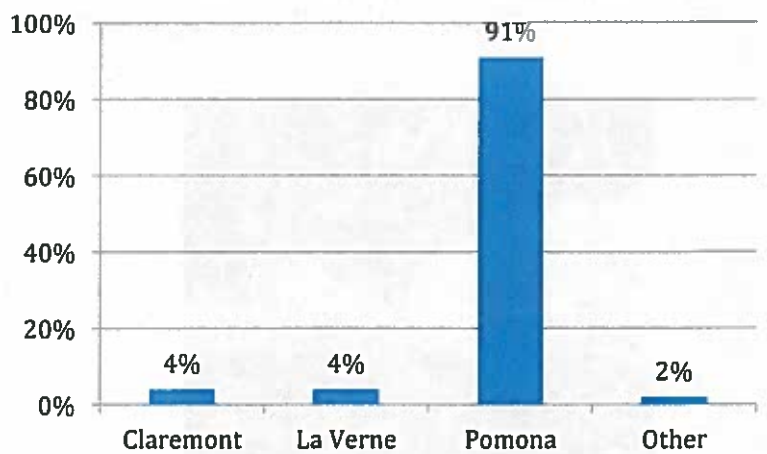
Gender



Race



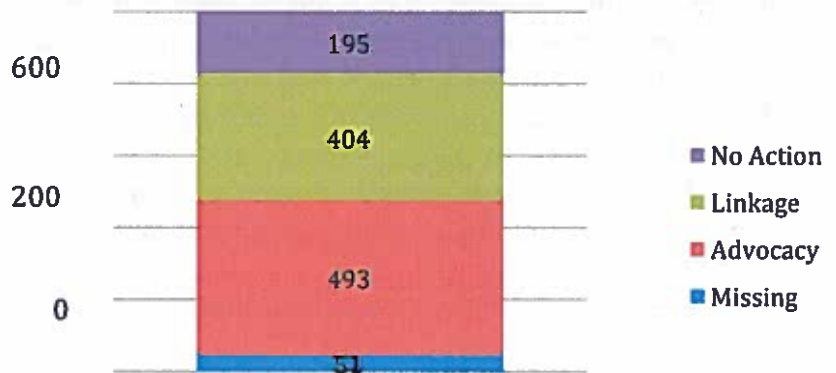
City



HOW WELL DID WE DO IT?

146 Referrals

1,143 Total Housing Stability Actions



IS ANYONE BETTER OFF?

37 Individuals who Secured Housing	7 Individuals who Avoided Eviction	26 Individuals who Participated in the Landlord Tenant Curriculum	6 New Contacts Made with Landlords	10 Individuals who stayed in Housing for Six Months or Longer
--	--	---	--	---

Success Story

Staff from the Housing Stability Program consulted with a property manager to request additional time for a family to resolve late payments. This assistance helped the family avoid an eviction and also helped the property manager avoid the time and cost of an eviction. The housing staff was able to arrange for the family to become current with their rent, allowing them more time to locate appropriate housing. The parent took an active role in securing housing and worked with the housing staff to transition to another unit in the same school district. The housing staff provided support during the lease and security deposit negotiations. The family is currently residing in the same home and they have been able to maintain the rent and their independence.



*"[Art] raises self-esteem".
Artist: Darlene*

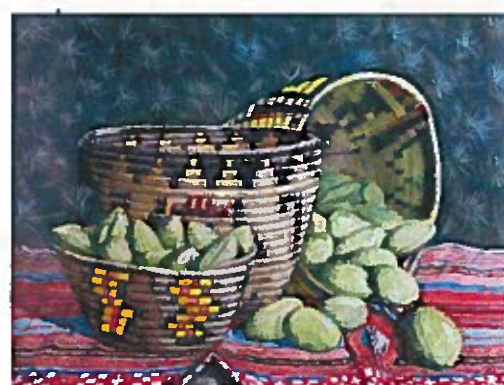
THERAPEUTIC COMMUNITY GARDENING

The Therapeutic Community Gardening (TCG) 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 including adults, youth ages 16-25, families with children, older adults, 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. The community garden is a setting where otherwise isolated people come together to work, learn, and share. Extra-curricular activities such as cooking classes and workshops also promote augmentation of gardener skills while allowing them the chance to enjoy other dimensions of their work.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

In FY 2015-16, the Therapeutic Community Garden (TCG) program experienced a significant increase in attendance. The enrollment numbers jumped 155% due in part to an expanded outreach and engagement efforts. In addition, the TCG staff has built strong collaborative relationships with community partners including Cal Poly Pomona in order to support their efforts to work with Veterans.

Two developments for this program over this past year include expanding the focus of the clinical track to Transition Age Youth (TAY) and older adults. The second enhancement includes a dual diagnosis group focusing on TAY.



Artist: H. Benjamin

Challenges experienced during this same period consisted of key staff turnover. Two positions, therapist and farmer, were vacant for several months during the recruitment and hiring process. In spite of this challenge, the program still proved to be valuable and attracted a large number of referrals.

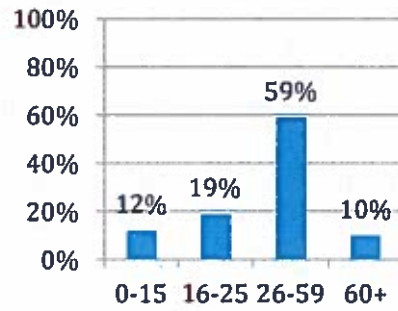
During the recently completed community planning process, stakeholders requested \$250,000 in unspent CSS funds to establish a permanent garden location for the Therapeutic Community Gardening program (TCG). This garden will include raised beds and an outdoor structure/room designed to accommodate year-round garden activities and support groups. Full Service Partnership participants and the Peer Mentoring program will also use this space.

Cost Per Person FY 2015-16: \$3,599

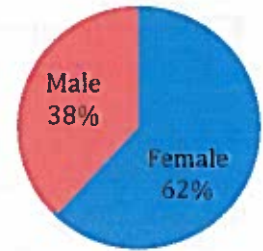
HOW MUCH DID WE DO?

58
Individuals
Served

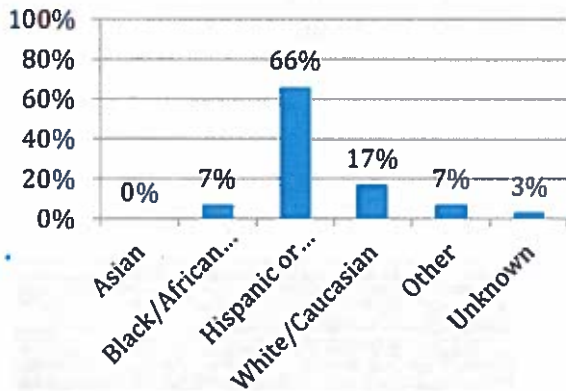
Age



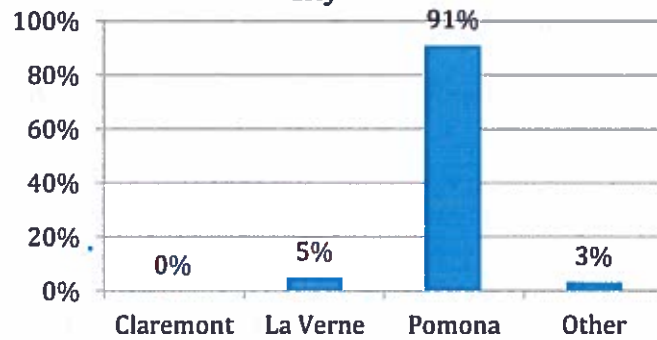
Gender



Race

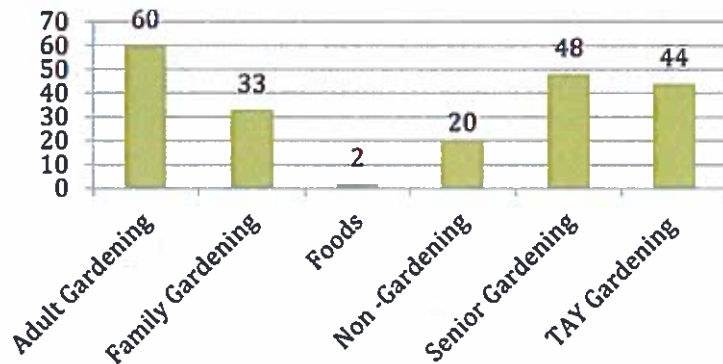


City

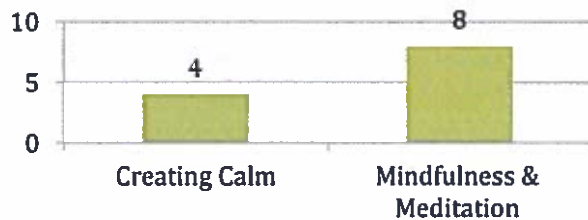


HOW WELL DID WE DO IT?

207
Skill Building
Groups Held



12
Clinical Groups
Held



IS ANYONE BETTER OFF?

A 22 year-old Transition Age Youth (TAY) heard about Therapeutic Community Gardening (TCG) through the Wellness Center and enrolled in the Fall of 2013. He participated in gardening groups consistently for three months. After three months, he reported his symptoms made him unable to attend group. He later returned to TCG in the fall of 2014 and reported that during his absence, his symptoms were severe and he could not go outside. He credits the TCG program for aiding him in his wellness. He states that the group is what has helped him in managing his symptoms and finding a safe place to come and share. Since re-enrolling in TCG, he has enrolled at a local college in a horticulture class. He has also started a part-time job once a week. He plans to go into the horticulture field and states he is excited about all of the things he can learn in class and share with his peers in the TAY group.

Innovation Programs

Research-Informed

The requirement to use the best available research evidence is explicit within the standards for practice at Tri-City.



Artist: Melissa
Creative Minds Gallery

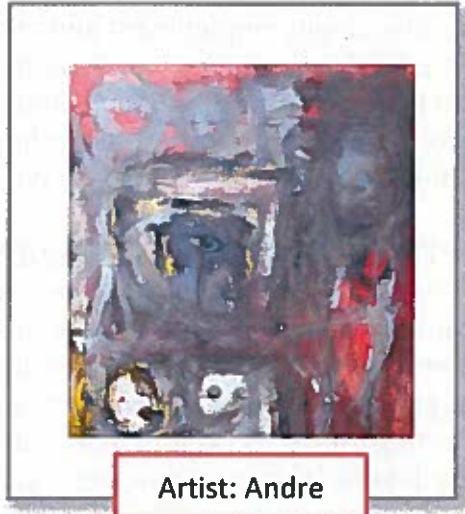
COGNITIVE REMEDIATION THERAPY

The project integrates two existing evidence-based practices, Cognitive Enhancement Therapy (CET) 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.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

Although the Cognitive Remediation Therapy (CRT) project was originally endorsed by stakeholders and approved by the Mental Health Services Oversight and Accountability Commission (MHSOA) in August 2014, it continued to experience delays due to a series of unexpected circumstances. The first challenge included the resignation of the lead CRT therapist who was tasked with developing the curriculum based on CET, CBTfP, and lessons learned through the previous Innovation project, Cognitive Enhancement Therapy. While a replacement therapist was hired to continue the project, the CRT curriculum still required continuing development. However, the new therapist was not able to continue this work until trained in 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, it became clear that an extension would be required from the Mental Health Services Oversight and Accountability Commission (MHSOAC), the body charged with overseeing and approving Innovation projects. The CRT project was originally projected to last for a three-year period with a completion date of June 2017. Although the CRT project actively resumed in June 2016, a request was made to the MHSOAC to revise the completion date to be June 2018. However, with this delay in implementation, Tri-City staff again requested an additional six-month extension to allow time for this project to maximize its potential for learning and delivery of service. This extension will revise the completion date to be December 2018. New Innovation regulations state that all projects must be completed within five years of the start date; therefore, this project will meet this requirement.



EMPLOYMENT STABILITY PROJECT

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. This project will develop an "effective 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 strong employee. Topics such as how to properly communicate in the workplace and how to follow the chain of command will be addressed.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

The Employment Stability Project continues to support local employers by offering trainings and resources that are designed to increase their recognition and understanding of employees with mental illness in the workplace. In support of these efforts, two employer luncheons were held to collect data from participants to help identify future training topics and common misconceptions regarding mental health terms used by employers. In response to this feedback, two employer conferences, designed to promote employer awareness of mental health in the workplace, were held and were well received based on positive responses from attendees. One conference, titled "Working Well", was hosted by Tri-City staff and featured speakers who addressed relevant topics such as California labor laws and Mental Health First Aid. Based on feedback, mental illness is a sensitive topic and many employers are reluctant to discuss this with their employees. Senior managers and HR staff are considered decision makers and critical to introducing any real change in the workplace. However, these key personnel are often the most difficult to engage to attend these events.

The Effective Employee Curriculum was completed and the first training cohort launched in April 2016. The curriculum is a product of the combined knowledge and expertise of the employment specialist from the Wellness Center as well as input from the employee cohort, a group of community advisors who suffer with mental illness and have employment experience.

How much did we do?

52 Employers Involved with the Employment Stability Project and 43 Individuals participated in the Effective Employee Curriculum

The 8-week curriculum is designed for Transition Age Youth (16-25) and adults who are considering employment but have not previously held a job or have not worked in several years. This curriculum will be refined over this next year and then made available to community members who would like to complement their existing employment services with this adjunct training focusing on individuals with mental health challenges. Although

the first cohort for this curriculum began in April 2016, and outreach efforts continue, there seems to be a low attendance rate for these groups and further assessment and strategies need to be developed to address this concern.

A new addition to this project was the development of an advisory committee or employee cohort that consists of individuals with mental health challenges who are employed or have been employed in the past; and can offer first-hand experiences regarding how they lived with mental illness and maintained a job. This group of advisors was instrumental in the development of the Effective Employee Curriculum and made a notable contribution to the various employer events.

Cost Per Person FY 2015-16: \$2,033

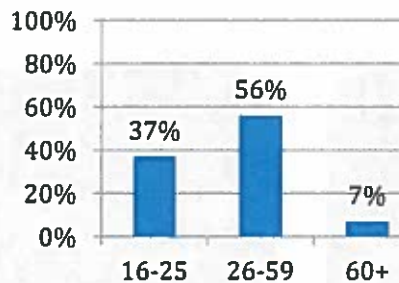
HOW MUCH DID WE DO?

CURRICULUM PARTICIPANTS

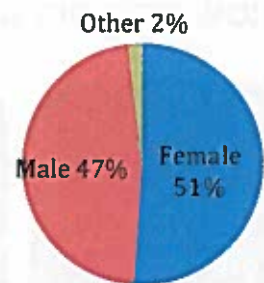
Language



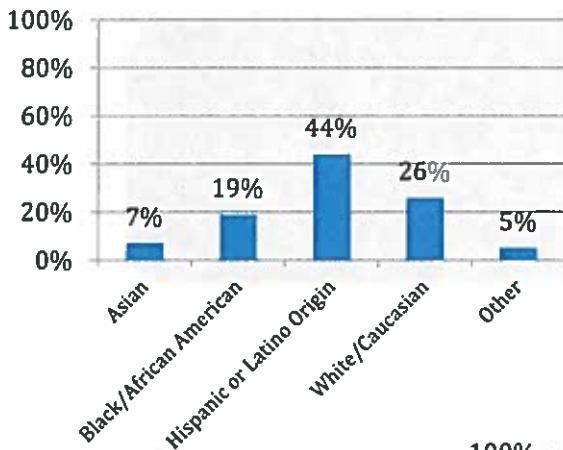
Age



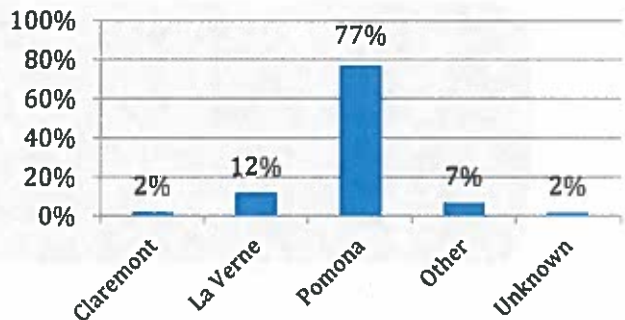
Gender



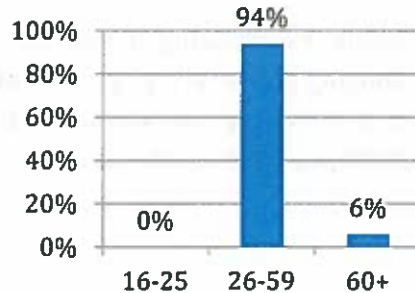
Race



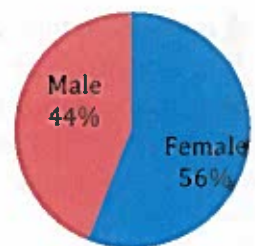
City



Age



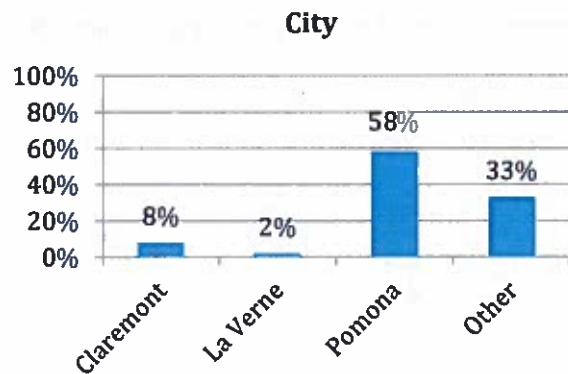
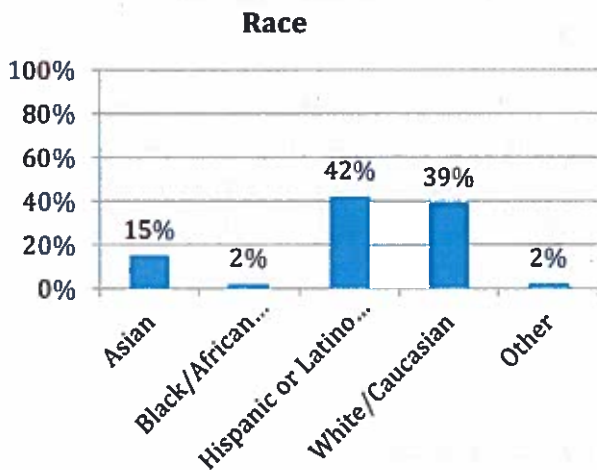
Gender



HOW MUCH DID WE DO?

EMPLOYERS

HOW MUCH DID WE DO? *EMPLOYERS (continued)*



HOW WELL DID WE DO IT?

2
Employer
Conferences
Held

2
Employer
Luncheons
Held

16
Enrolled in
Effective Employee
Curriculum for
Adults

14
Enrolled in
Effective
Employee
Curriculum
for TAY

95%
Percentage of Conference Attendees who Rated the Conference
as "Good" or "Excellent"

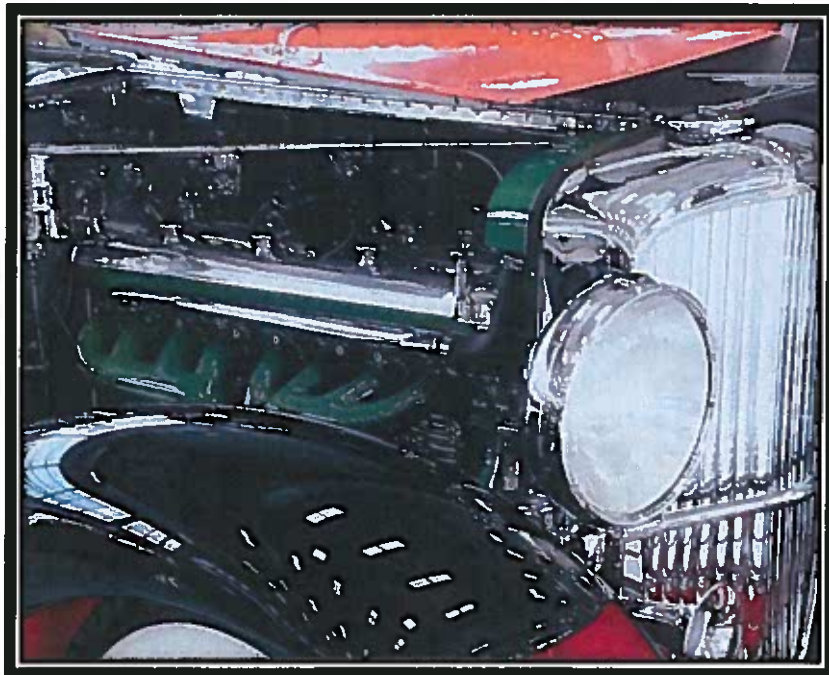
IS ANYONE BETTER OFF?

A participant with 20 years of employment experience joined our Employee Cohort and shared her experience of working while managing a mental illness. She offered candid insight into the topic of disclosing a mental illness to an employer and her feedback helped shape the course material offered for the Effective Employee Curriculum. She recently applied for and became a Tri-City volunteer.

WORKFORCE EDUCATION AND TRAINING

Strength-Based

A strength-based approach is utilized in the interest of identifying and building upon the positive resources and abilities children and families possess.



Artist: Don

HOW MUCH DID WE DO?

2,457
Volunteer
Hours

119
Volunteer
Applications

125
Trainings,
Conferences,
and
Educational
Opportunities
for Staff

WORKFORCE EDUCATION AND TRAINING

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 that 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.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING

Staff and volunteer training remains a strong focus for the WET program, which hosted 125 trainings, conferences, and educational opportunities over this past fiscal year. In the 2016-2017 Annual Update, stakeholders requested and the Tri-City Governing Board approved additional funds to be added to the WET budget in anticipation of a need to provide ongoing trainings including the need for specialized trainings for staff as a result of the impact of the Affordable Care Act and other changes at the state level.

The e-learning system, Relias, continues to provide a wealth of information and training opportunities for Tri-City staff. This comprehensive method of delivering current and relevant educational opportunities, via the internet, has become a cornerstone for the WET training process. TC Staff are able to select topics from an extensive menu based on their interest or field of expertise. This method offers the participants the convenience of completing these trainings at their desk thereby providing a time and cost-savings benefit by eliminating the need for travel. Supervisors are also able to assign targeted training modules to individual staff in support of their training goals as well as using these modules for group trainings.

Additional trainings include Motivational Interviewing (MI) that was presented as a train-the-trainer model. Seventeen Tri-City staff members were trained in this clinical approach that targets individuals with mental health and substance use disorders to make positive changes in their behavior by focusing on the client's internal motivation and belief that they can make successful changes in their lives. The goal is to train all current Tri-City staff in the MI model and adopt this training for all future Tri-City employees.

Through the Service Learning Program, volunteers are provided with the opportunity to experience how learning can be enhanced when linked to social responsibility. By pairing action and education, the volunteer program remains a core strength for this workforce-focused program. With over 2,450 volunteer hours accounted for, these dedicated individuals represent the potential mental health workforce for tomorrow while supporting the wellbeing of community members today.

The W.I.S.H. (Working-Independence-Skills-Helping) program completed its second year of providing support by welcoming clients as they arrive at TCMHS for services. Seven new lobby room greeters were added this past year and are positioned at both the Tri-City clinic and the Wellness Center. Additional volunteers support other MHSA programs such as Community Navigators, Peer Mentoring, and Therapeutic Community Gardening. Students from local universities are offered up to 20 hours of community service by volunteering with MHSA programs where they can learn the basics of community mental health.

To acknowledge the many contributions the volunteers have made throughout the Tri-City area, each month a volunteer is featured in a newsletter titled the Vital Volunteer. This monthly electronic publication highlights several areas of interest for the volunteer and provides the reader with a glimpse into the personal life of these champions based on successes and challenges the volunteer chooses to share.

HOW WELL DID WE DO IT?



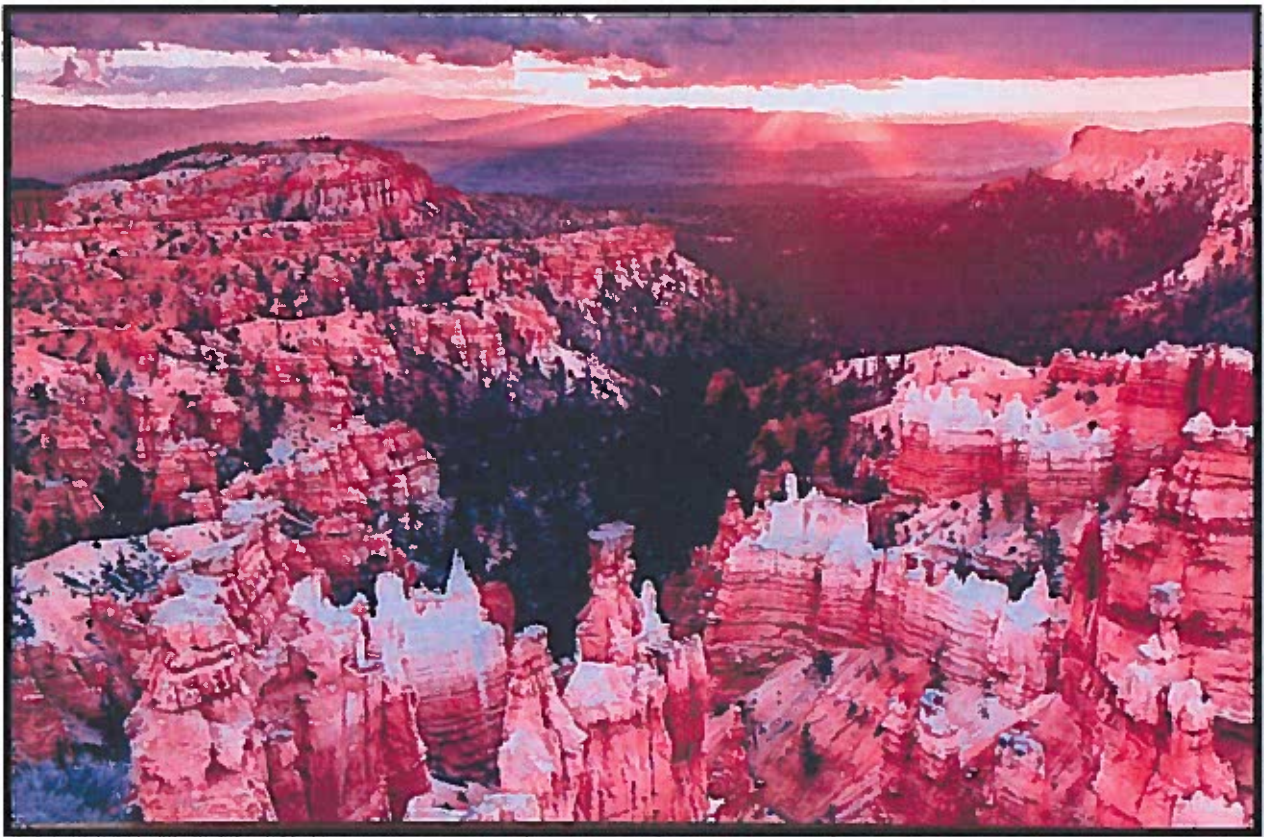
IS ANYONE BETTER OFF?

A recent graduate of CalPoly Pomona expressed interest in volunteering with Tri-City. She graduated with her Bachelor's degree in psychology and was very eager to start doing some volunteer work in the community around mental health. She became a Tri-City volunteer and made an immediate impact. Of the various programs that were available, the Innovation program intrigued her. She assisted the Innovation team with events, planning, and other duties as assigned. After several months of volunteering with Innovation, she began volunteering in other programs such as WET, Wellness Center, PEI and became a Peer Mentor. She has grown in this role and is well liked by her mentees fellow peer mentors. Later, she applied for a part-time Wellness Advocate position with Tri-City and was hired. She now assists with volunteer recruitment, the W.I.S.H. program, event planning and continues as a volunteer Peer Mentor. By volunteering and working with Tri-City, she has a bright future in the mental health field.

CAPITAL FACILITIES AND TECHNOLOGY NEEDS

Responsible

It is the responsibility of Tri-City's treatment team to provide those in their catchment area with the programs and tools necessary to cope with any mental health or emotional challenges they or a family member may be facing.



Artist: Eric
Creative Minds Art Gallery

CAPITAL FACILITIES AND TECHNOLOGY NEEDS

In keeping with key goals of MHSa to modernize and transform the mental health service system, Tri-City's Capital Facilities and Technology Needs (CFTN) Plan launched two strategic phases: 1) supporting and empowering mental health service recipients and providers by creating a greater access to technology, and establish a higher level of program monitoring and outcome analysis; 2) providing suitable space to accommodate Tri-City's growing MHSa workforce. The distribution of these funds includes purchasing an existing building and its adjacent parking area, in addition to allocating funds to cover the estimated costs to conduct needed improvements on the building and surrounding space.

NOTES ON DEVELOPMENT • PROGRESS • LEARNING



The technology portion of this plan established an integrated information system with increased and upgraded systems infrastructure and modernized administrative and clinical processes such as clinical charts and billing systems. A second component allowed placement and upgrade of computers including a new network and computer setup at the newly renovated MHSa administration building. Three additional Tri-City locations were able to increase their current network speeds. Technical support continued with an update for a phone PBX system.

In 2015, Tri-City purchased an existing building located at 2001 N. Garey Avenue in Pomona. This building consists of multiple staff offices, a conference room and oversized meeting space with a capacity of over 145 individuals. Renovations began in the fall of 2015 and were completed in the spring of 2016. This newly refurbished building now provides a permanent location for Tri-City's expanding MHSa staff as well as a convenient place for hosting community stakeholder meetings.

Previously, stakeholders approved the transfer of \$500,000 in unspent CSS funds to Capital Facilities and Technology Needs (CFTN) for the purpose of enhancing the Therapeutic Community Gardening (TCG) program and to replenish funds in the CFTN account for future projects. Although the garden project experienced a brief delay due to a related easement question, this issue has since been resolved and the effort to establish a permanent garden location continues to move forward.

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION



Artist: Elizabeth
Creative Minds Art Gallery

County/City: Tri-City Mental Health Services


✓ Three-Year Program and Expenditure Plan
Annual Update
Annual Revenue and Expenditure Report

Local Mental Health Director Name: Antonette (Toni) Navarro Telephone Number: (909) 623-6131 E-mail: anavarro@tricitymhs.org	County Auditor-Controller/City Financial Officer Name: Diana Acosta Telephone Number: (909) 451-6434 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
Local Mental Health Director (PRINT)


Signature Date 6/13/17

I hereby certify that for the fiscal year ended June 30, 2017, 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, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Diana Acosta
County Auditor Controller / City Financial Officer (PRINT)


Signature Date 6/14/17

Three-Year Program and Expenditure Plan for FY 2017-18 through FY 2019-20

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 5/17/17

	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 2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	11,081,281	955,112	802,222	299,124	524,691	
2. Estimated New FY2017/18 Funding	7,641,848	1,910,462	502,753			
3. Transfer in FY2017/18 ^{a/}	0					
4. Access Local Prudent Reserve in FY2017/18						0
5. Estimated Available Funding for FY2017/18	18,723,129	2,865,574	1,304,975	299,124	524,691	
B. Estimated FY2017/18 MHSA Expenditures	7,531,923	2,136,393	591,099	299,124	0	
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	11,191,206	729,181	713,876	0	524,691	
2. Estimated New FY2018/19 Funding	7,928,703	1,982,176	521,625			
3. Transfer in FY2018/19 ^{a/}	0					
4. Access Local Prudent Reserve in FY2018/19						0
5. Estimated Available Funding for FY2018/19	19,119,909	2,711,357	1,235,501	0	524,691	
D. Estimated FY2018/19 Expenditures	7,800,365	2,113,855	493,071	0	0	
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	11,319,544	597,502	742,430	0	524,691	
2. Estimated New FY2019/20 Funding	7,532,267	1,883,067	495,544			
3. Transfer in FY2019/20 ^{a/}	0					
4. Access Local Prudent Reserve in FY2019/20						0
5. Estimated Available Funding for FY2019/20	18,851,811	2,480,569	1,237,974	0	524,691	
F. Estimated FY2019/20 Expenditures	8,315,541	2,154,612	514,987	0	0	
G. Estimated FY2019/20 Unspent Fund Balance	10,536,270	325,957	722,987	0	524,691	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	3,557,104
2. Contributions/interest to the Local Prudent Reserve in FY 2017/18	35,571
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	3,592,675
5. Contributions/interest to the Local Prudent Reserve in FY 2018/19	44,908
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2019	3,637,583
8. Contributions/interest to the Local Prudent Reserve in FY 2019/20	45,470
9. Distributions from the Local Prudent Reserve in FY 2019/20	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	3,683,053

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 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: **TRI-CITY MENTAL HEALTH CENTER**

Date: **5/17/17**

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignm ent	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. 1a- Child FSP	1,383,975	626,231	420,969		336,775	
2. 1b-TAY FSP	1,668,087	1,021,257	495,921		150,909	
3. 1c-Adult FSP	2,486,769	761,074	1,725,695			
4. 1d-Older Adult FSP	585,862	461,772	124,090			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Navigators	534,853	534,853				
2. Wellness Center	1,236,401	1,236,401				
3. Supplemental Crisis Support Services	913,762	913,762				
4. Field Capable Services	101,640	101,640				
5. CSS Housing	200,067	150,067				50,000
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	2,299,164	1,724,866	488,236		86,062	
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	11,410,580	7,531,923	3,254,911	0	573,746	50,000
FSP Programs as Percent of Total	81.3%					

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 5/17/17

	Fiscal Year 2018/19					
	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	1,429,566	668,033	423,074		338,459	
2. 1b-TAY FSP	1,724,666	1,074,601	498,401		151,664	
3. 1c-Adult FSP	2,580,408	846,085	1,734,323			
4. 1d-Older Adult FSP	601,339	476,629	124,710			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Navigators	574,330	574,330				
2. Wellness Center	1,241,506	1,241,506				
3. Supplemental Crisis Support Services	940,435	940,435				
4. Field Capable Services	103,639	103,639				
5. CSS Housing	179,551	129,551				50,000
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	1,745,556	1,745,556				
CSS MHA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	11,120,996	7,800,365	2,780,508	0	490,123	50,000
FSP Program as Percent of Total	81.2%					

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 5/17/17

	Fiscal Year 2019/20					
	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	1,492,293	726,953	425,189		340,151	
2. 1b-TAY FSP	1,793,479	1,140,164	500,893		152,422	
3. 1c-Adult FSP	2,693,487	950,492	1,742,995			
4. 1d-Older Adult FSP	632,133	506,799	125,334			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Community Navigators	580,005	580,005				
2. Wellness Center	1,314,019	1,314,019				
3. Supplemental Crisis Support Services	991,198	991,198				
4. Field Capable Services	110,097	110,097				
5. CSS Housing	210,713	160,713				50,000
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	1,835,101	1,835,101				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	11,652,525	8,315,541	2,794,411	0	492,573	50,000
FSP Programs as Percent of Total	79.5%					

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: **TRI-CITY MENTAL HEALTH CENTER**

Date: **5/17/17**

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Wellbeing	55,497	55,497				
2. Older Adult Wellbeing (Peer Mentoring)	53,756	53,756				
3. Transition-Aged Youth Wellbeing (Peer Mentoring)	53,382	53,382				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Family Wellbeing	55,497	55,497				
12. Older Adult Wellbeing (Peer Mentoring)	53,756	53,756				
13. Transition-Aged Youth Wellbeing (Peer Mentoring)	53,382	53,382				
14. Therapeutic Community Gardening	276,885	276,885				
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Programs - Other						
21. Community Capacity Building (Community Wellbeing, Mental Health First Aid Training Programs and Stigma Reduction Programs)	662,123	662,123				
	0					
	0					
22. NAMI Community Capacity Building (Parents & Teachers as Allies)	35,500	35,500				
	0					
23. Housing Stability	153,743	153,743				
24.	0					
25.	0					
26.	0					
27.	0					
PEI Administration	662,865	662,865				
PEI Assigned Funds	20,007	20,007				
Total PEI Program Estimated Expenditures	2,136,393	2,136,393	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 5/17/17

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Wellbeing	57,325	57,325				
2. Older Adult Wellbeing (Peer Mentoring)	55,617	55,617				
3. Transition-Aged Youth Wellbeing (Peer Mentoring)	55,384	55,384				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Family Wellbeing	57,325	57,325				
12. Older Adult Wellbeing (Peer Mentoring)	55,617	55,617				
13. Transition-Aged Youth Wellbeing (Peer Mentoring)	55,384	55,384				
14. Therapeutic Community Gardening	297,605	172,462	122,689		2,454	
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Programs - Other						
21. Community Capacity Building (Community Wellbeing, Mental Health First Aid Training Programs and Stigma Reduction Programs)	708,403	708,403				
	0					
	0					
22. NAMI Community Capacity Building (Parents & Teachers as Allies)	35,500	35,500				
	0					
23. Housing Stability	171,256	171,256				
24.	0					
25.	0					
26.	0					
27.	0					
PEI Administration	668,929	668,929				
PEI Assigned Funds	20,653	20,653				
Total PEI Program Estimated Expenditures	2,238,998	2,113,855	122,689	0	2,454	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 5/17/17

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Family Wellbeing	60,322	60,322				
2. Older Adult Wellbeing (Peer Mentoring)	58,430	58,430				
3. Transition-Aged Youth Wellbeing (Peer Mentoring)	58,041	58,041				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10. *	0					
PEI Programs - Early Intervention						
11. Family Wellbeing	60,322	60,322				
12. Older Adult Wellbeing (Peer Mentoring)	58,430	58,430				
13. Transition-Aged Youth Wellbeing (Peer Mentoring)	58,041	58,041				
14. Therapeutic Community Gardening	297,862	171,467	123,916		2,479	
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Programs - Other						
21. Community Capacity Building (Community Wellbeing, Mental Health First Aid Training Programs and Stigma Reduction Programs)	711,311	711,311				
	0					
22. NAMI Community Capacity Building (Parents & Teachers as Allies)	35,500	35,500				
	0					
23. Housing Stability	165,346	165,346				
24.	0					
25.	0					
26.	0					
27.	0					
PEI Administration	697,641	697,641				
PEI Assigned Funds	19,761	19,761				
Total PEI Program Estimated Expenditures	2,281,007	2,154,612	123,916	0	2,479	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: **TRI-CITY MENTAL HEALTH CENTER**

Date: **5/17/17**

		Fiscal Year 2017/18					
		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.	#03 Cognitive Remediation Therapy	326,475	326,475				
2.	#04 Employment Stability	97,102	97,102				
3.		0					
4.		0					
5.		0					
6.		0					
7.		0					
8.		0					
9.		0					
10.		0					
11.		0					
12.		0					
13.		0					
14.		0					
15.		0					
16.		0					
17.		0					
18.		0					
19.		0					
20.		0					
INN Administration		167,522	167,522				
Total INN Program Estimated Expenditures		591,099	591,099	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 5/17/17

	Fiscal Year 2018/19					
	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. #03 Cognitive Remediation Therapy	54,395	54,395				
2. #04 Employment Stability	0	0				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	438,676	438,676				
Total INN Program Estimated Expenditures	493,071	493,071	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 5/17/17

	Fiscal Year 2019/20					
	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. #03 Cognitive Remediation Therapy	0	0				
2. #04 Employment Stability	0	0				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	514,987	514,987				
Total INN Program Estimated Expenditures	514,987	514,987	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: **TRI-CITY MENTAL HEALTH CENTER**

Date: **5/17/17**

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A Systematic Approach to Learning & Improvement	186,577	186,577				
2. Engaging Volunteers and Future Employees	33,413	33,413				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	79,134	79,134				
Total WET Program Estimated Expenditures	299,124	299,124	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: **TRI-CITY MENTAL HEALTH CENTER**

Date: **5/17/17**

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A Systematic Approach to Learning & Improvement	0					
2. Engaging Volunteers and Future Employees	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	0	0	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 5/17/17

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. A Systematic Approach to Learning & Improvement	0					
2. Engaging Volunteers and Future Employees	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	0	0	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 5/17/17

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 5/17/17

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: TRI-CITY MENTAL HEALTH CENTER

Date: 5/17/17

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0