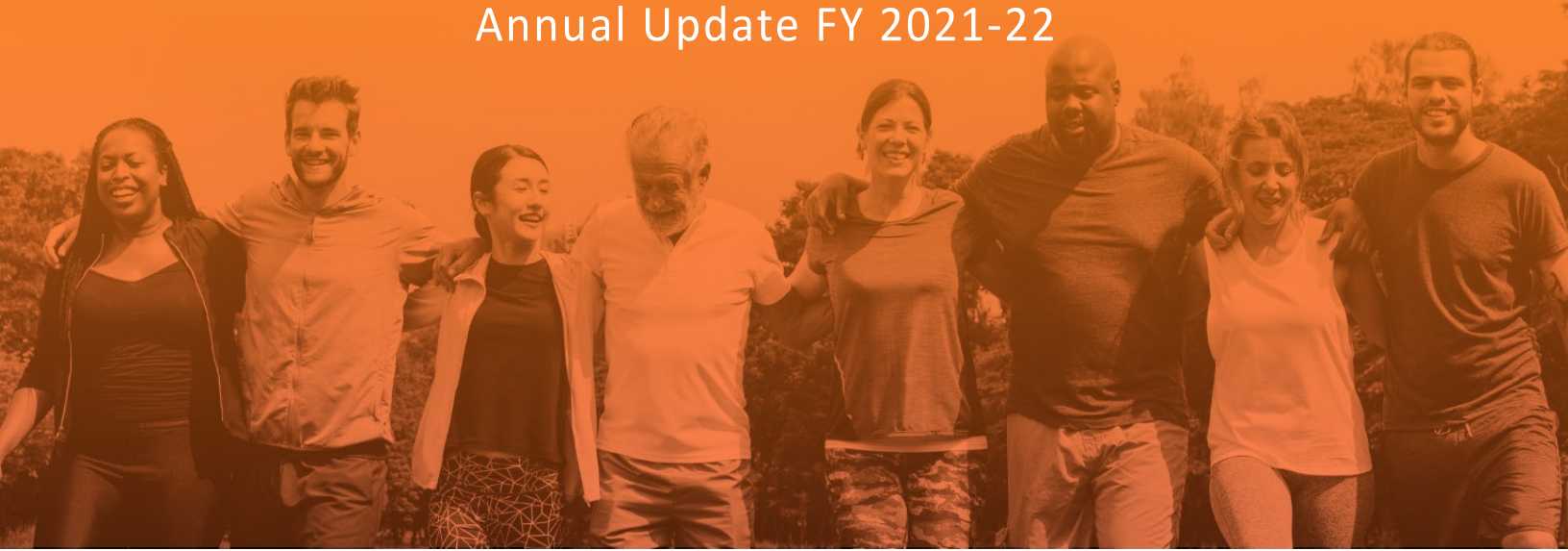


Cultural Competence Plan

Annual Update FY 2021-22



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Checklist of the Cultural Competence Plan Requirements Criteria

X	Criterion 1. Commitment to Cultural Competence
X	Criterion 2. Updated Assessment of Service Needs
X	Criterion 3. Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities
X	Criterion 4. Client/Family Member/Community Committee: Integration of the Committee Within the County Mental Health System
X	Criterion 5. Culturally Competent Training Activities
X	Criterion 6. County’s Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff
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Executive Summary

Introduction to Tri-City Mental Health Authority

Since 1960, Tri-City Mental Health Authority has served as the mental health provider for the tri-city area. Through a Joint Powers Authority, Tri-City serves in a “county” capacity for the purposes of delivering quality mental health services for the cities of Claremont, La Verne, and Pomona with a combined population of approximately 220,000. While these three cities are considered integrated into a single “county”, there are distinct differences in the demographics and populations of each city.

Through this Cultural Competence Plan Annual Update, Tri-City Mental Health renews its commitment to deliver quality and individualized care tailored to the social, cultural, and linguistic needs of clients and community members residing within the catchment area. As a culturally proficient health care provider, Tri-City distinguishes itself as a leader in health care services focused on recovery with a person-centered approach.

Tri-City engages with community members who contribute to the universal goals of reducing health care disparities and promote diversity within the agency and the community served. Through the development of active partnerships with cultural groups including the Cultural Inclusion and Diversity Committee (CIDC), the African American Family Wellness Advisory Council (AAFWAC), ¡Adelante! Latino and Hispanic Wellness Advisory Council, the RAINBOW (LGBTQ+) Wellness Advisory Council, and the Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council, Tri-City is able to address challenges related to accessing services including language barriers, health education and cultural differences in communication styles. Future councils to be developed will focus on Native Indigenous communities, transition age youth (TAY) and older adults.

Ongoing cultural and humility training continue to be the collective thread that infuses the daily work of Tri-City staff. These comprehensive trainings contribute to the behaviors, attitudes and policies that support a climate of inclusion and respect for all. These efforts include addressing language barriers by providing bilingual clinicians and staff as well as interpreter services and multi-language materials. Through the collective impact of a diverse workforce, Tri-City is not only able to provide services to most clients in their own language, but also develop strong, reciprocal relationships with local cultural brokers.

Data collection and program outcomes continue to be a driving force behind the development of programs through the Community Services and Supports (CSS), Prevention and Early Intervention (PEI) and Workforce Education and Training (WET) plans. Community assessment surveys, focus groups and stakeholder meetings are just a few of the ways Tri-City has reached out to the community to request their input and insights into the current needs, desires, and challenges of the people we serve. Each of these options are delivered in both English and Spanish, which is the identified threshold language for this area.

The following document represents an Annual Update (FY 2021-22) to Tri-City’s previous Three-Year Cultural Competence Plan (FY 2020-21 - FY 2022-23) and includes new initiatives and focuses on leadership and delivery of culturally relevant services dedicated to the undisputable call for health care equity.

Criterion 1.

Commitment to Cultural Competence

I. County Mental Health System Commitment to Cultural Competence

The following section has remained unchanged in FY 2021-22 and reflects standard agency practices as presented in Tri-City’s Three-Year Cultural Competence Plan for FYs 2020-21-2022-23.

As a culturally competent health care agency, Tri-City Mental Health recognizes its’ important contribution to eliminating disparities and promoting health equity within the cities of Claremont, La Verne and Pomona. By acknowledging the importance of an individual’s cultural beliefs and affiliations, Tri-City is better able to effectively deliver services across different cultural groups, better anticipate and respond to barriers to seeking treatment, and increase the likelihood of follow-through with aftercare. By consistently reviewing staff behaviors, attitudes and agency policies, Tri-City increases its capacity to understand, communicate with, and effectively interact with individuals across all cultures.

When considering the diverse needs and population of the three cities Tri-City serves, true cultural competence demands more than just an awareness of cultural differences, customs, and values. It requires a higher level of commitment from Tri-City staff to critically reflect on their own personal world views, acknowledge any implicit biases they may have, and to treat each and every person who comes through our doors with the respect they are entitled to, while acknowledging their individual values and beliefs. The following statements reflect this assurance to our clients, family members and community partners:

Cultural Competence Committee

In July 2010, Tri-City Mental Health developed a comprehensive Cultural Competence Plan based on criteria provided by the Office of Multicultural Services/Department of Mental Health. At this time, Tri-City established the Cultural Competency Committee (CCC) now known as the Cultural Inclusion and Diversity Committee (CIDC), to reduce mental health disparities and support the agency's assessment, evaluation and development of culturally competent and linguistically appropriate policies, programs and services offered within the three cities of Claremont, La Verne and Pomona.

Outreach and Engagement

For over a decade, community outreach and engagement continue to be the driving force behind the creation and implementation of programming and services offered by Tri-City Mental Health. Acting on behalf of unserved and underserved communities demands a commitment to building a lasting relationship with individuals who are looking for change but may not be able to voice their needs. Flyers and outreach materials are available in Spanish for community stakeholder events, as well as in Vietnamese and Korean for the annual Public Hearing. Advertisements for these public events are also circulated in the local bilingual newspaper, La Nueva Voz. Since COVID-19, Tri-City has continued to maintain a strong connection with the community through social media, informational webinars, telehealth, and personal phone calls.

Diverse Hiring Practices

Tri-City has long maintained a commitment to diverse hiring practices with the goal of attempting to match our staff with the diverse population of the cities we serve. By striving to implement bias-free hiring practices, candidates are considered based on merit with a focus on skills and

abilities versus a candidate's age, race, gender, religion, sexual orientation, and other personal characteristics that are unrelated to their job performance.

Language Assistance and Interpreters

Bilingual staff are available to meet the language needs of our community members. Beginning with the receptionists, the first point of contact for our clients, these staff are trained to assist individuals whose native language is not English with the goal of avoiding communication barriers and reducing client frustrations. By communicating with clients in their preferred language, staff are better able to build rapport with consumers who may otherwise feel alienated or misunderstood. Spanish language interpreters as well as Spanish translated documents (flyers and presentation slides) are also available at public stakeholder meetings.

[See Criterion 7: Language Capacity for more information](#)

Mission Statement for Tri-City Mental Health

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.

Core Values

Tri-City Mental Health remains a steadfast community partner, supporting and sustaining an integrated system of care for individuals experiencing mental health conditions and their families. In the spirit of collaboration and accountability, Tri-City has developed a set of core values that reflects this commitment and provides the guidance necessary to meet the needs of the individuals and communities we serve:

Person and Family Centered

Tri-City Mental Health is dedicated to creating a safe and comprehensive approach to care, where individuals and their family members can access a full range of mental health services available through multiprogramming options based on each person's preferences and goals for recovery.

Recovery Focused

By embracing the belief that recovery is possible, Tri-City staff encourages individuals to identify and build upon their own strengths and abilities as they work to achieve their goals. By demonstrating a strong integrated approach to service, clients and family members are provided access to multiple levels of treatment and support through a collaborative system of care.

Culturally Responsive

By improving the accessibility of mental health programs for unserved and underserved communities and the diversity represented by quality staff, Tri-City's responsive approach is instrumental in overcoming cultural and economic barriers to service by respecting the values and beliefs embedded in each individual we serve.

Quality Based

Through a commitment to excellence in hiring practices and workforce enrichment, Tri-City staff continues to provide the highest quality care that is evidence-based, research-informed and client-driven. Tri-City staff are valued and supported in a quality work environment that focuses on the mental health needs of our clients and the professional requirements of our employees.

Community Guided

Through engagement and collaboration, Tri-City strives to strengthen relationships with people receiving services, their family members and local partners by evaluating and continuing to transform our integrated system of care. By systematically addressing stigma and community wellness, Tri-City is committed to providing educational opportunities and trainings in an effort to support this transformation.

Accountability Driven

Tri-City remains committed to the continuing and evolving needs of the community and the people we serve by practicing financial stewardship and accountability for the funding entrusted to us. Beginning with an internal commitment to excellence, Tri-City employees are offered a unique opportunity to serve with one of the leading agencies in community mental health.

Policies and Procedures

The following documents are available onsite during the compliance review:

- Beneficiary Complaint Grievance and Appeals
- Language Interpreters Policy
- The Recovery Model
- Code of Ethics
- Competency Development
- Employment Practices Regarding Individuals with Disabilities
- Employee Recruitment and Hiring Policy
- HIPPA Forms in Spanish Language
- Language Interpretation and Translation
- Cultural and Linguistic Inclusion and Competence
- Informing Materials Protocol
- Hearing Impaired Mental Health Access Policy
- Program Service Delivery
- The Recovery Model
- Advanced Health Care Directives
- Issue Resolution Process for Complaints, Grievances and Appeals
- Complaint Procedure Against Harassment, Discrimination & Retaliation
- Code of Ethics
- Competency Development
 - Employment Practices Regarding Individuals with Disabilities
 - Employee Recruitment and Hiring Policy

II. County recognition, value, and inclusion of racial, ethnic, cultural linguistic diversity within the system

The Cultural Inclusion and Diversity Committee (CIDC), as well as the four subcommittee members, continue to participate in subgroups targeting priority populations. Members were able to join specific groups designed to identify cultural education programs, review current training programs, identify, and research ways to reduce disparities targeting specific groups and develop creative ways to promote cultural awareness each month.

The CSS populations listed below are represented in the following cultural groups:

CSS Population	Cultural Group Represented	Meetings Held in FY 2020-21
Family Members	All groups include family members	All groups apply
African American	African American Family Wellness Advisory Council (AAFWAC)	10
Asian/Pacific Islander	Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council	1*
Latino/Latinx/Spanish Speaking	¡Adelante! Latino and Hispanic Wellness Advisory Council	9
LGTQ+	RAINBOW Wellness Advisory Council	8
TAY and Older Adults	All groups include TAY and Older Adults	All groups apply

**First meeting for AAPI council: May 2021*

County's current involvement efforts and level of inclusion with the above identified underserved communities on the advisory committee

During FY 2020-21, Tri-City hosted 20 cultural related groups, consisting of staff and individuals representing the top cultural populations, many considered to be unserved and underserved, residing in the cities of Claremont, La Verne, and Pomona. The objective was to engage cross-cultural individuals within the tri-city area to provide feedback regarding their experience and perception of the cultural competency and diversity of programming and delivery of services by Tri-City Mental Health. These individuals provided solid recommendations that target unserved and underserved communities, including Black, Indigenous and People of Color (BIPOC) and LGBTQ+, by informing this agency's plan to meet their cultural and linguistic needs.

Cultural Inclusion and Diversity Committee

The Cultural Inclusion and Diversity Committee (CIDC) defined their structure and mission as the agency's leading body for cultural competence. In recognition of the agency's growth and diversity, the CIDC broadened to include staff from all departments within Tri-City's System of Care including Clinical Services, MHSa programs, Operations and Facilities and Best Practices.

African American Family Wellness Advisory Council (AAFWAC)

The African American Family Wellness Advisory Council (AAFWAC) was established in December 2019. Its primary goal is to nurture hope and wellness within the African American community through mental health advocacy and treatment referral.

¡Adelante! Latino and Hispanic Wellness Advisory Council

¡Adelante! Latino and Hispanic Wellness Advisory Council was established in September 2020. Its primary goal is to instill hope and wellness by empowering community members within the Latino and Hispanic community to advocate and share their experience, knowledge, and feedback.

RAINBOW Advisory Council

The RAINBOW Advisory Council was established in September 2020. Its primary goal is to give a voice to LGBTQ+ communities by empowering members to advocate and share their experience, knowledge and feedback.

Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council

The Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council was formed in May 2021. As a result, this advisory council and its goals are still in the early stages of development. The primary goal for this group is to give a voice to the AAPI community and encourage members to advocate and share their experience, knowledge, and feedback.

Future Advisory Councils

Native Indigenous communities, transition age youth (TAY) and older adults have also been identified as unserved and underserved populations in the Tri-City service area. Over the next three years, the CIDC plans to outreach and engage with these communities to develop advisory councils, with the intention to empower members to advocate their community's mental health needs and bridge gaps in delivery and access to services.

Lessons learned on efforts made and identified county technical assistance needs

During FY 2021-22, COVID-19 restrictions continue to impact participation in cultural groups held virtually. However, attendees continue to share their feedback and recommendations regarding culturally relevant services, programming and trainings offered through this agency.

In addition, in June 2021, the chair and co-chair of the Cultural Inclusion and Diversity Committee resigned from their positions due to an increase in workload. Tri-City, as with other agencies, has experienced a significant staff shortage which has resulted in remaining staff taking on other necessary duties. However, this group is now under the direct leadership of the Director of MHSA and Ethnic Services and continues to provide the expertise and support for Tri-City and the surrounding communities.

Community Input and Recommendations for Cultural Inclusion

Cultural Competence Survey and Focus Group

In 2020, Tri-City engaged Black, Indigenous People of Color (BIPOC) and LGBTQ+ community members to participate in Cultural Competence Focus groups with the intention of providing this agency with a clearer window into the cultural disparities and inequities that make up their daily lives. Many of these individuals come from a position of strength and resilience mixed with a

history of trauma and discrimination. With the recent tragic events involving racism and civil unrest, Tri-City extended a sincere invitation to people of color and LGBTQ+ advisory groups to share their perceptions and frustrations as Tri-City looks to rewrite our action plan for cultural competence and inclusion within this agency. The findings of these groups are documented below.

As a mental health agency, Tri-City has strived to deliver culturally and linguistically appropriate services for the past 60 years. However, as community members respond to the current COVID-19 restrictions and uncertainty of the political climate, Tri-City has chosen to take a careful look internally and examine current therapeutic practices and personal biases to evaluate how our BIPOC communities are served. This commitment to reassess this Agency and rewrite our Best Practices is long overdue. Over the next three-year, Tri-City Mental Health will continue to encourage and host these crucial conversations with BIPOC communities until we are able to balance our approach to treatment to better serve the needs of these individuals.

Recommendations to Tri-City staff by participants regarding steps that would improve cultural linguistic competence when creating programs and delivering services include:

- Continue fostering the development of the four cultural advisory councils and encourage community participation.
- Engage community partners who serve and support targeted unserved and underserved community to build an alliance and bridge access to services offered by Tri-City.
- Provide cultural-sensitivity trainings for community members with a focus on mental health.
- Ensure all collateral materials (flyers, forms, resources, website) are available in all threshold languages.
- Research and model best practices from other community agencies to obtain client/community feedback. What are their best practices we can learn from? What is working and what is not?
- Host focus groups in English/Spanish throughout the community to learn what they think about Tri-City and how we can better serve their members.
- Be consistent with these focus groups. Building trust and establishing solid relationships with the community through these focus groups can contribute to establishing a level of trust and knowledge demonstrating that Tri-City cares about their needs.
- It is important for Tri-City to understand what culture means to each individual and be aware of how culture plays an important component in daily lives.

Being able to effectively communicate with a client is vital to establishing and maintaining a positive therapeutic relationship. When asked to share what elements of their culture they feel are critical to share with therapist, participants responded with the following:

- African Americans may avoid eye contact with those in authority. Eye contact may appear as a sign of aggression.
- Eye contact is limited among Asian American and Pacific Islanders. This is a sign of respect. Staring may be perceived as rude or challenging.
- Help the client to feel comfortable by extending a warm and friendly manner and approach. Asking the client how they would want to be addressed as (example: Sir, Ma'am, etc.).
- Confidentiality is very important.
- Understanding family roles. In the Hispanic culture, the father is seen as someone very important in the family. Even if the services are for their children or wife, always taking the father into consideration is very important because he is seen as the head of the home.
- Asking if the client wants services in-person or virtually.
- Understanding the history and trauma of the client.
- Honoring the family relationships and cultural difference, not judging the clients. Understand why a Sikh client would wear a turban and why uncut long hair is so important to him or her.
- Understanding that Black Lives Matter and we were not brought here by choice.

Language is a one of the most critical components of any culture. Focus group participants offered suggestions on how a therapist's language style or approach to questions can be altered to limit unintended cultural insensitivity.

- Use person-centered language.
- Ask about gender pronouns to avoid mislabeling.
- Practice the approach of not assuming and being open-minded.
- Language literacy level – Language should be jargon free and at a 5th grade literacy level when communicating with consumers (i.e. both print and verbal communication).
- Limit the use of acronyms and technical terminology.

[See Criterion 4 for additional information.](#)

III. Cultural Competence/Ethnic Services Manager (CC/ESM)



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and Ethnic Services
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Rimmi Hundal has served as the Director of Ethnic Services for Tri-City Mental Health since 2010. Over the past decade, she has sustained a career-long commitment to developing and disseminating culturally and inclusive trainings, practices, and policies for the community we serve. Ms. Hundal is responsible for overseeing all non-clinical MHSA programs and to ensure Tri-City's adherence to the Mental Health Services Act include effective and sustained engagement of its community stakeholders; the development of culturally appropriate and community-endorsed programming; and ensuring the tracking and reporting of quality improvement data include performance measures and consumer satisfaction surveys and annual reporting to State agencies. Her experience includes working with under achieving youth, integrated behavioral health care, addressing mental health disparities and training others in cultural humility.

Through her strong community connections and compassion for unserved and underserved individuals, Ms. Hundal was instrumental in the creation of Tri-City's original Cultural Competence Plan focusing on empowering community members of color to be a voice of change while contributing to the direction of program development and service delivery. In addition, Ms. Hundal sits on the California Behavioral Health Directors' Association Committee on Social Justice and Equity.

Job duties for the Director of Ethnic Services include but are not limited to:

- Responsible for the development and implementation of the Agency's Cultural Competency Plan; oversee and coordinate training and development of staff regarding issues of cultural competence.
- Develop and implement strategies to achieve a culturally competent system of care.
- Identify behavioral health needs of ethnically and culturally diverse populations as they impact Tri-City's system of care, make recommendations to the Executive Team, coordinate, and promote quality and equitable care.

- Develop and implement translation and interpretation services.
- Attend regional and state meetings related to MHSA and Cultural Competency planning and implementation.
- Provides routine performance analysis of the Agency as it relates to Cultural Competency.

Diversity Equity and Inclusion Coordinator

In January 2021, Tri-City's Governing Board issue a proclamation that racism is a public health crisis that results in disparities in education, employment, economic development, public safety, criminal justice, family stability, physical health, mental wellness, education, and housing. In response to this growing concern, the Governing Board approved the establishment of a new position, Diversity, Equity, and Inclusion Coordinator (DEIC). Under the supervision of the Director of MHSA and Ethnic Services, the DEIC will research culturally relevant and appropriate strategies for implementation at Tri-City. In addition, this person will be responsible for hosting the various cultural bodies as well as updating the Cultural Competence plans.

IV. Budget resources targeted for culturally competent activities

Culturally competent activities and services continue to be a priority at Tri-City. As it is an integral part of our system of care, Tri-City annually incorporates various types of costs within its budget. Examples of costs dedicated to cultural competency, including costs associated with activities and programs supported by Tri-City, are listed as follows:

- **Interpreter and Translation Services:** On an annual basis, Tri-City dedicates approximately \$10,000 on services that assist with the translation of documents, advertisement in local newspapers, and in having translators available for various public community meetings.
- **Training:** Annually, Tri-City makes available various training opportunities for staff. Training may include on-site guest speakers, in-person training courses including conferences, and mandatory annual online cultural competency courses for all staff. Tri-City annually budgets roughly \$15,000 to \$20,000 for guest speakers that focus on cultural diversity and inclusion. In addition, Tri-City currently renews its

annual subscription to an online suite of training courses with a variety of topics, including cultural competency. The costs of this e-learning subscription, which is made available to all staff, is approximately \$30,000 per year.

- **Outreach and Culturally Appropriate Mental Health Services:** Tri-City's totally annual budget is approximately \$29 million which includes the operations for its Outpatient Clinics for Children, Transition Age Youth, Adults and Older Adults that deliver mental health services to the residents of Claremont, La Verne and Pomona. Tri-City also offers an array of services and has developed various programs, all of which include and are centered around reaching targeted populations. For example, the focus of Tri-City's Community Capacity Building Programs is to support unserved and underserved populations within the cities of Claremont, La Verne and Pomona. These diverse communities include children, adults, older adults and families of various ethnicities, socioeconomic backgrounds, religious affiliations, and experiences. Tri-City's Wellness Center sponsors support groups and is a community hub for activities that promote recovery, resiliency and wellness for residents of the Tri-City area. The various programs and services made available by Tri-City include these programs and their annual budget for Fiscal Year 2021-22 are as follows:

- The Wellness Center: \$1,428,952
- Community Navigators: \$543,571
- Supplemental Crisis Services/Intensive Outreach and Engagement: \$930,839
- Field Capable Clinical Services for Older Adults: \$89,672
- Community Capacity Building: \$456,881
- Peer Mentor, Family Wellbeing and Community Wellbeing Programs: \$385,808
- Therapeutic Community Gardening: \$322,912
- Housing Stability: \$176,186

Criterion 2.

Updated Assessment of Service Needs

I. General Population

Tri-City Mental Health was established in 1960 through a Joint Powers Authority (JPA) Agreement between the cities of Claremont, La Verne, and Pomona to deliver mental health services to the residents of the three cities. Claremont is located 30 miles east of downtown Los Angeles in the Pomona Valley, at the foot of the San Gabriel Mountains. Claremont is home to the Claremont Colleges, tree-line streets and numerous historic buildings. Located to the west of Claremont is the city of La Verne. Originally named Lordsburg, La Verne was known as the “Heart of the Orange Empire” due to the flourishing citrus trees which dominated the area until World War II. The largest city to make up the Tri-City area is Pomona, which is located just south of the city of La Verne. The Tri-City area is also home to seven colleges and universities.

The following is a description of the general population for these three cities.

Selected Data for Tri-City (Pomona, Claremont, La Verne) U.S. Census Data	Tri-City (Pomona, Claremont, La Verne)
Population	
Population estimates, July 1, 2019, (V2019)	219,931
Population estimates base, April 1, 2010, (V2019)	215,035
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	2.3%
Population, Census, April 1, 2020	220,313

Age and Sex	
Persons under 5 years, percent	6.6%
Persons under 18 years, percent	23.2%
Persons 65 years and over, percent	13.4%
Female persons, percent	51.1%
Race and Hispanic Origin	
White alone, percent	54.0%
Black or African American alone, percent	5.2%
American Indian and Alaska Native alone, percent	1.9%
Asian alone, percent	10.8%
Native Hawaiian and Other Pacific Islander alone, percent	0.1%
Two or More Races, percent	5.0%
Hispanic or Latinx, percent	58.8%
White alone, not Hispanic or Latinx, percent	22.7%
Population Characteristics	
Veterans, 2015-2019	6559
Foreign born persons, percent, 2015-2019	29.0%
Housing	
Owner-occupied housing unit rate, 2015-2019	57.5%
Median value of owner-occupied housing units, 2015-2019	\$551,767
Median selected monthly owner costs -with a mortgage, 2015-2019	\$2,385
Median selected monthly owner costs -without a mortgage, 2015-2019	\$577
Median gross rent, 2015-2019	\$1,436

Families and Living Arrangements	
Households, 2015-2019	62,347
Persons per household, 2015-2019	3.06
Living in same house 1 year ago, percent of persons age 1 year+, 2015-2019	87.6%
Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	53.5%
Computer and Internet Use	
Households with a computer, percent, 2015-2019	93.5%
Households with a broadband Internet subscription, percent, 2015-2019	86.5%
Education	
High school graduate or higher, percent of persons age 25 years+, 2015-2019	60.8%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	27.3%
Health	
With a disability, under age 65 years, percent, 2015-2019	7.2%
Persons without health insurance, under age 65 years, percent	11.0%
Economy	
In civilian labor force, total, percent of population age 16 years+, 2015-2019	62.7%
In civilian labor force, female, percent of population age 16 years+, 2015-2019	55.6%
Total accommodation and food services sales, 2012 (\$1,000)	108,300
Total health care and social assistance receipts/revenue, 2012 (\$1,000)	501,808
Total manufacturers' shipments, 2012 (\$1,000)	436,916
Total merchant wholesaler sales, 2012 (\$1,000)	891,550
Total retail sales, 2012 (\$1,000)	527,015

Total retail sales per capita, 2012	\$9,221
Transportation	
Mean travel time to work (minutes), workers age 16 years+, 2015-2019	31.0
Income and Poverty	
Median household income (in 2019 dollars), 2015-2019	\$83,383
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$35,745
Persons in Poverty, percent	16.3%

II. Medi-Cal population service needs

The area served by the Tri-City Mental Health is not included in the CAEQRO data collection and TCMH is considered a medium county. Additionally, none of the three cities (Claremont, La Verne and Pomona) currently collect Medi-Cal population and client utilization data. For these reasons, Tri-City has limited information available for the Medi-Cal population. As of August 2021, there were 99,781 beneficiaries and 53% were women and 47% were men. There is no additional demographic information available for beneficiaries.

Data on Tri-City’s clinical population is also provided. This represents all active clients in our clinical programs for FY 20-21 which is a total of 2,911 unduplicated clients:

- **Race and Ethnicity:** For clients in the past fiscal year 20-21, 17% were White/Caucasian, 60% were Hispanic/Latinx, 14% were African American, 2% were Asian/Pacific Islander, 1% were Native American/Indian, and the remaining 6% were another race/unknown.
- **Gender:** For clients, 57% were women and 43% were men.
- **Age:** In the past fiscal year, 12% of clients were ages 0-15, 19% were in the age group of 16-25, 60% were in the age group of 26-59, and 10% were 60 years and above.

- **Language:** The most common languages for our clients were English 86% and Spanish 13%.

The following compares the number of clients served and Medi-Cal eligible. Gender is the only demographic variable available to the Tri-City area.

Gender	Medi-Cal Eligible	Clients Served	Penetration Rate
Men	46,838	1,238	2.6%
Women	52,943	1,673	3.2%
Total	99,781	2,911	2.9%

Analysis of disparities as identified in the above summary

Not Applicable. This information is not available for the Tri-City area.

III. 200% of Poverty (minus Medi-Cal) population and service needs

As previously stated, the area served by the Tri-City Mental Health is not included in the CAEQRO data collection and TCMH is considered a medium county. Additionally, none of the three cities (Claremont, La Verne and Pomona) currently collect Medi-Cal population and client utilization data. For these reasons, Tri-City has limited information available for the Medi-Cal population.

An analysis of disparities is not applicable. This information is not available for the Tri-City area.

IV. MHS Community Services and Supports (CSS) population assessment and service needs

The total population for the Tri-City area is approximately 220,313 residents. Pomona has more than twice the population of the other two cities combined.

Table 1: Population by City

TOTAL POPULATION BY CITY				
	La Verne	Claremont	Pomona	Tri-City Area
Total population	31,334	37,266	151,713	220,313

Source: U.S. Census data from 2020 DEC Redistricting Data

The following tables indicate the total population by age group and race/ethnicity:

Table 2: Total Population by Age Group

TOTAL POPULATION BY AGE GROUP					
City:	La Verne	Claremont	Pomona	Tri-City Area	% by Age
Age group:					
0-14	5,209	5,187	31,381	41,777	18.95%
15-24	4,278	7,281	27,404	38,963	17.67%
25-59	13,501	14,626	69,717	97,844	44.37%
60+	9,223	8,996	23,707	41,926	19.01%
Totals	32,211	36,090	152,209	220,510	100.00%

Source: U.S. Census data from 2019 ACS 5-Year Estimates

Table 3: Total Population by Race/Ethnicity

TOTAL POPULATION BY RACE/ETHNICITY					
City:	La Verne	Claremont	Pomona	Tri-City Area	% by ethnicity
Ethnicity:					
African American	906	1,783	8,116	10,805	4.90%
Asian Pacific Islander	3,426	5,858	16,088	25,372	11.52%
Hispanic/Latinx	11,185	9,416	108,044	128,645	58.39%
Native American	81	90	386	557	0.25%
White	14,373	17,628	15,669	47,670	21.64%
Other	183	272	697	1,152	0.52%
Two or more races	1,180	2,219	2,713	6,112	2.77%
Totals	31,334	37,266	151,713	220,313	100.00%
Source: U.S. Census data from 2020 DEC Redistricting Data					

As previously stated, Tri-City Mental Health has not conducted a CSS population assessment since 2009. Data presented here from the original CSS plan may not accurately reflect the current population and utilization data. However, Tri-City plans to reassess the CSS population and services needs over the next three years.

**V. Prevention and Early Intervention (PEI) Plan:
PEI Priority Population**

The following section has remained unchanged in FY 2021-22 and reflects standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21-2022-23.

PEI Priority Populations Identified in PEI Plan (2010)

1. Trauma-Exposed Individuals
2. Individuals Experiencing Onset of Serious Psychiatric Illness
3. Children and Youth in Stressed Families
4. Children and Youth at Risk for School Failure
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement
6. Underserved Cultural Populations

Criterion 3.

Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

I. Identified unserved/underserved target populations with disparities

The following section has remained unchanged in FY 2021-22 and reflects standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21-2022-23.

The following are the target populations with disparities within the above selected populations:

- **Medi-Cal population:** None identified due to lack of access to data.
- **CSS/Full-Service Partnership population:** Children ages 0-15, Transition age youth (16-25), Adults ages 26-59, and Older adults 60 years and older.
- **WET population:** Tri-City's mental health workforce includes 1) professionals, clinical staff providing treatment services, staff who provide wellbeing supports, and volunteers and caregivers, both paid and unpaid; 2) local high school and college students who are interested in careers in community mental health, particularly in the Tri-City area.
- **PEI population:** Individuals experiencing onset of serious psychiatric illness, children and youth in stressed families and trauma-exposed individuals.

II. Identified disparities within target populations

The following are the disparities from the above-identified populations who are underserved:

- Asian and Pacific Islanders of all ages
- Latinx adults and older adults
- Native Americans of all ages
- Individuals experiencing onset of serious psychiatric illness
- Children and youth in stressed families
- Trauma-exposed individuals

III. Identified strategies for reducing disparities within target populations

Strategies for addressing identified disparities are imbedded within the programs and services Tri-City offers. These strategies include but are not limited to: hiring more bicultural and bilingual staff that reflect the populations with disparities; hiring consumers with lived experience; providing cultural competence training to staff members; and engaging the three cities' communities in creating plans for improving and measuring their own wellbeing.

Please see the chart below for a breakdown of which programs and services described serve which populations with disparities:

CURRENT CSS AND PEI PROGRAMS	Asian Pacific Islanders of all ages	Latinx Adults and Older Adults	Native Americans of all ages	Individuals experiencing onset of serious psychiatric illness	Children and Youth in Distressed Families	Trauma-exposed Individuals
Full Service Partnerships	X	X	X	X	X	X
Community Navigators	X	X	X	X	X	X
Wellness Center	X	X	X		X	X
Supplemental Crisis Services; Intensive Outreach and Engagement	X	X	X	X	X	X
Field Capable Services for Older Adults	X	X	X			X
Community Capacity Building Project	X	X	X	X	X	X
Older Adult Wellbeing Project	X	X	X			
TAY Wellbeing	X		X	X	X	X
Family Wellbeing	X	X	X		X	
Early Psychosis				X	X	X
Therapeutic Community Garden	X	X	X		X	X

IV. Planning and monitoring of identified strategies to reduce mental health and substance use disorders disparities

Tri-City continues to utilize reports which are prepared by the Quality Improvement team every six months. Demographic data is collected from all programs and for all program referrals. Each program reviews the report to see how the program is performing overall, and also reviews the demographics to see if additional outreach, training, and communication is needed to increase referrals and program participation among our underserved populations. Surveys are also

completed throughout the year to learn about satisfaction and feedback from program participants and clients.

V. Additional strategies and lessons learned

Hiring bicultural and bilingual staff that reflect the populations with disparities

The following chart reflects a comparison between Tri-City staff and the demographics of the cities we serve. The Hispanic/Latinx, Black/African American and Native Hawaiian/Pacific Islander populations are successfully represented by Tri-City staff while the Asian and Native American/Alaska Native continue to be a focus for recruitment.

HR Staff Data compared to Tri-City Race Demographics

Demographic for Cities of Claremont, La Verne and Pomona	Percent of Population	Demographics for Tri-City Mental Health Staff	Percent of Staff
White	21.6%	White	13.7%
Hispanic/Latinx	58.4%	Hispanic/Latinx	56.8%
Asian/Pacific Islander	11.5%	Asian	9.3%
Black/African American	4.9%	Black/African American	8.8%
Native American/Alaska Native	0.3%	Native American/Alaska Native	0.5%
Native Hawaiian/Pacific Islander	--	Native Hawaiian/Pacific Islander	0.5%
Other	0.5%	Other	8.8%
Two Or More Races	2.8%	Two Or More Races	1.5%

(Total may not add up to 100 percent, as individuals may select multiple races/ethnicities).
Source: U.S. Census data from 2020 DEC Redistricting Data

Hiring consumers with lived experience

Consumers are a critical part of Tri-City's workforce and provide valuable insight in the development of programming and delivery of mental health services. These individuals known as Wellness Advocates, serve in a variety of positions including facilitating support groups, acting as advocates for clients, attending stakeholder meetings, and participating on Tri-City's cultural competence committees.

Providing cultural competence training to staff members

In 2020, survey conducted among Tri-City staff, participants reported the following as a result of the ongoing cultural competence training required of all staff members.

- **86%** of respondents agreed that groups with various cultural differences, experiences, and backgrounds are respected.
- **58%** of respondents agreed that they have the knowledge to effectively engage and support BIPOC and LGBTQ+
- **67%** of respondents agreed that they felt comfortable initiating meaningful and sometimes difficult conversations with colleagues.
- **58%** of respondents agreed that they felt comfortable initiating meaningful and sometimes difficult conversations with supervisor, manager, or leadership.

[See *Cultural Inclusion and Diversity Committee Staff Survey October 2020*, Summary of Exhibits, Page 67]

Engaging the three cities' communities in creating plans for improving and measuring their own wellbeing:

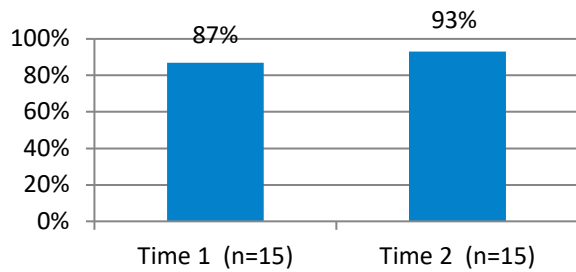
The Community Wellbeing program provides small grants up to \$10,000 and technical assistance to help communities build their capacity to strengthen the wellbeing of their members and the community as a whole. These grantees provided an array of services such as afterschool learning activities, tutoring, gardening, parenting classes, support groups, public speaking skills, and STEM clubs, that improved the wellbeing of their communities. Below reflects the outcomes for 16 community grantees and their members (7,805 members represented through the grants) for FY 2020-21.

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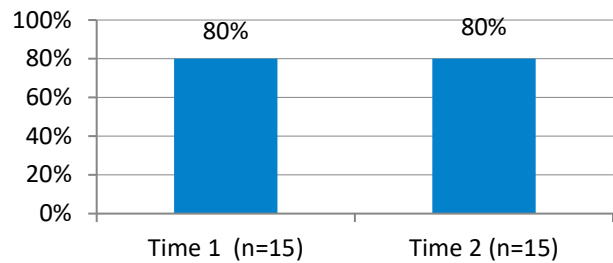


The graphs below reflect the outcomes for 16 community grantees and their members (7,805 members represented through the grants) for FY 2020-21.

Percentage of Grantees who Report Improvement in Supporting Each Other



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



Criterion 4.

Client/Family Member/Community Committee: Integration of the Committee Within the County Mental Health System

- I. Cultural Competence Committee, or similar group that addresses cultural issues, has participation from cultural groups, that is reflective of the community, and integrates its responsibilities into the mental health system.**

Cultural Inclusion and Diversity Committee

The Cultural Inclusion and Diversity Committee (CIDC) consists of local community members as well as Tri-City staff from all departments within Tri-City's System of Care including Clinical Services, MHSA programs, Operations and Facilities and Best Practices.

In FY 2020-21, the CIDC committee focused on the impact of implicit bias and racial trauma on staff and consumers. Discussions included topics related to cultural awareness and how the CIDC committee can link staff members and consumers to relevant trainings including cultural consciousness and developing new skills that will expand the goal of cultural inclusiveness. By bridging the gap with outside communities and organization, this committee is able to connect staff and community members to the stakeholder process which leads to a stronger presence for the unserved and underserved communities.

Additional benefits from this committee include members who are able to share their thoughts on various questions related to the cultural capacity and relevance of Tri-City services including how culture is taken into consideration when creating programming. Finally, these members can provide valuable insight into how an individual may perceive mental health services when looking at services through a cultural lens. These perceptions can lead to identifying barriers experienced when seeking mental health services including stigma, language, and transportation to name a few.

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The CIDC committee hosted a monthly book club to help members engage in sharing books and ideas around cultural inclusion. The first book selected was *So You Want to Talk About Race* by Ijeoma Oluo. This book and topic were extremely timely and informative for participants as they provoked discussion around racism, white supremacy, protesting and racial injustice.

African American Family Wellness Advisory Council (AAFWAC)

The African American Family Wellness Advisory Council (AAFWAC) is designed to nurture hope and wellness within the African American community through mental health advocacy and treatment referral. This collaboration allows for Black and African American community members to add their voices to the community planning process and program development.

Fiscal year 2020-21 brought several changes for the AAFWAC committee. The committee chair resigned from her position in the later part of 2020 but was quickly replaced by another member of this group.

Activities for this group included a webinar entitled *Mental Health and Wellness in the African American Community*, which consisted of a panel discussion on the impact of mental health and well-being on physical health among Black and African American communities. Panelists consisted of:

- Dr. Allen Lipscomb, PsyD, LCSW - Associate professor at CSUN, practitioner, scholar, and researcher of black male grief and complex trauma
- Dr. Seeyam Teimoori, MD - Medical Director, Tri-City Mental Health, Board Certified in Psychiatry, Addiction Medicine and Family Medicine
- Dr. Oluwole Olusola, MD - Psychiatrist, Tri-City Mental Health

In addition, the committee formed a book club which featured the book *Breaking the Chains of Psychological Slavery* by Dr. Na'im Akbar. Discussions were led by community members and provided a platform for discussion regarding the topics of identity and healing the painful and persistent psychological and sociological “chains of slavery” experienced within the Black and African American community.

¡Adelante! Latino and Hispanic Wellness Advisory Council

¡Adelante! Latino and Hispanic Wellness Advisory Council was established in September 2020. Its primary goal is to instill hope and wellness by empowering community members within the Latino/Latinx community to advocate and share their experience, knowledge, and feedback.

Over the past fiscal year, the ¡Adelante! group members shared their experiences and feedback about mental health in Latino and Hispanic communities and families. Topics of concern include immigration and mental health. Some communities within this area do not trust seeking mental health support because of their immigration status. Additional fears include families who feel unsafe living in their current housing.

Building trust and transparency, as well as providing assistance with safe and affordable housing is a critical concern for these individuals. Additional recommendations for improvement for Tri-City included 1) ensuring that all documents related to mental health are available in Spanish; 2) updating Tri-City's website to ensure all pages and documents are fully translated into Spanish; 3) supporting local food banks with resources such as clothing, rent, legal support.

RAINBOW Advisory Council (LGBTQ+)

The RAINBOW Wellness Advisory Council was created to give a voice to LGBTQ+ communities by empowering members to advocate and share their experience, knowledge, and feedback.

Beginning in January 2021, the advisory council voted to change the name of this group from the LGBTQ+ Wellness Advisory Council to RAINBOW Advisory Council. Members of the group wanted to include the term "RAINBOW" as an acronym which stands for Resilience, Allies, Identity, Nurturing, Building Equity, Open for All and Wellness. In addition, the council updated the usage of gender pronouns and safe- space signs to be placed throughout the agency.

In May 2021, the RAINBOW Advisory Council hosted a webinar entitled *Starting the Conversation: How to Support Inclusion with the LGBTQ+ Community*. This event was designed to provide resources and action steps for creating a more inclusive space through safe, affirming, and welcoming conversations with LGBTQ+ individuals.

Continuous member discussions include thoughts and experiences of participants regarding art, music, movies, belief systems and spirituality. Emphasis was placed on the importance of continuing to dialogue about LGBTQ+ issues and having access to support groups that cater to the LGBTQ+ community. Members of this group expressed their appreciation for the RAINBOW advisory council and LGBTQ+ groups hosted at Tri-City's Wellness Center.

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Community organizations who offer strong partnership and collaboration opportunities for the RAINBOW Advisory Council include PFLAG chapter located in Claremont as well as the Pomona Pride Center in Pomona.

Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council

The Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council was launched in May 2021. This collaborative group consists of clients, community members as well as Tri-City staff who identify as Asian American and/or Pacific Islanders who are looking for ways to become involved in supporting their community and sharing their voice in matters related to the creation and delivery of mental health programming and services.

During FY 2020-21, the HAAPI group began laying the foundation for this essential cultural group. The first meeting was held in May of 2021 at the end of the fiscal year. In addition, this group was able to partner with the Cultural Inclusion and Diversity Committee and Western University of Health Sciences to host a webinar entitled *Ending the Silence: How to Support the Asian American and Pacific Islander Community*. This webinar addressed issues regarding racial trauma-including current, historical, and generational-and the important of community healing. Several AAPI panelists shared their own experiences and perspective with attendees as well as highlighting the strengths and resilience of the AAPI community as a whole.

Future Cultural Groups Scheduled for FY 2021-22

Transition Age Youth (TAY 16-25), Older Adults (60+) and Native Indigenous communities have also been identified as unserved and underserved populations in the Tri-City service area. Over the next year, the CIDC plans to outreach and engage with these communities to develop advisory councils, with the intention to empower members to advocate their community's mental health needs and bridge gaps in delivery and access to services.

Monthly meeting schedule for Cultural Advisory Councils:

Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council

Meets the 2nd Tuesday of the month

2:00 PM – 3:00 PM

Chair: Bruce Truong

¡Adelante! Latino and Hispanic Wellness Advisory Council

Meets 2nd Thursday of the month

2:30 pm – 3:30 pm

Co-Chairs: Daisy Martinez or Richard Franco

RAINBOW Advisory Council

Meets 3rd Tuesday of the month

11:00 am – 12:00 pm

Co-Chairs: Douglas Hughett or Kristi Romero

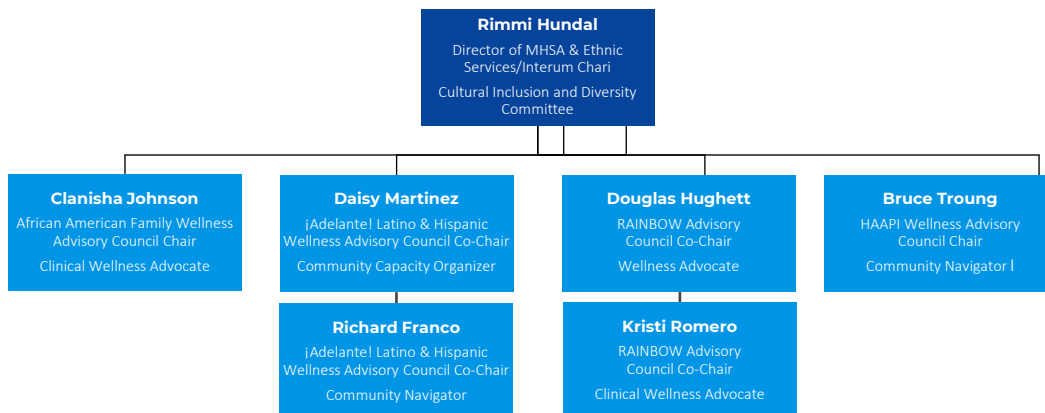
African American Family Wellness Advisory Council (AAFWAC)

4th Thursday of the month

10:30 am – 11:30 am

Chair: Clanisha Johnson

Cultural Inclusion and Diversity Committee and Subcommittees Organizational Chart



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Cultural Advisory Council Meetings Held During FY 2020-21

Date	Committee/Council	Attendees
7/9/2020	Cultural Inclusion and Diversity Committee	Tri-City Staff and Community Members
7/30/2020	African American Family and Wellness Advisory Council	Tri-City Staff and Community Members
8/13/2020	Cultural Inclusion and Diversity Committee	Tri-City Staff and Community Members
8/27/2020	African American Family and Wellness Advisory Council	Tri-City Staff and Community Members
9/10/2020	¡Adelantej Latino & Hispanic Wellness Advisory Council	Tri-City Staff and Community Members
9/17/2020	Cultural Inclusion and Diversity Committee	Tri-City Staff and Community Members
9/22/2020	RAINBOW Advisory Council	Tri-City Staff and Community Members
9/24/2020	African American Family Wellness Advisory Council	Tri-City Staff and Community Members
10/8/2020	Cultural Inclusion and Diversity Committee	Tri-City Staff and Community Members
10/8/2021	¡Adelantej Latino & Hispanic Wellness Advisory Council	Tri-City Staff and Community Members
10/20/2020	RAINBOW Advisory Council	Tri-City Staff and Community Members
10/22/2020	African American Family Wellness Advisory Council	Tri-City Staff and Community Members
11/12/2020	¡Adelantej Latino & Hispanic Wellness Advisory Council	Tri-City Staff and Community Members
11/19/2020	Cultural Inclusion and Diversity Committee	Tri-City Staff and Community Members
11/19/2020	African American Family Wellness Advisory Council	Tri-City Staff and Community Members
1/14/2021	Cultural Inclusion and Diversity Committee	Tri-City Staff and Community Members
1/14/2021	¡Adelantej Latino & Hispanic Wellness Advisory Council	Tri-City Staff and Community Members

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1/19/2021	RAINBOW Advisory Council	Tri-City Staff and Community Members
1/28/2021	African American Family Wellness Advisory Council	Tri-City Staff and Community Members
2/11/2021	iAdelantej Latino & Hispanic Wellness Advisory Council	Tri-City Staff and Community Members
2/18/2021	Cultural Inclusion and Diversity Committee	Tri-City Staff and Community Members
2/16/2021	RAINBOW Advisory Council	Tri-City Staff and Community Members
1/25/2021	African American Family Wellness Advisory Council	Tri-City Staff and Community Members
3/11/2021	iAdelantej Latino & Hispanic Wellness Advisory Council	Tri-City Staff and Community Members
3/16/2021	RAINBOW Advisory Council	Tri-City Staff and Community Members
3/18/2021	Cultural Inclusion and Diversity Committee	Tri-City Staff and Community Members
3/25/2021	African American Family Wellness Advisory Council	Tri-City Staff and Community Members
4/8/2021	iAdelantej Latino & Hispanic Wellness Committee	Tri-City Staff and Community Members
4/15/2021	Cultural Inclusion and Diversity Committee	Tri-City Staff and Community Members
4/20/2021	RAINBOW Advisory Council	Tri-City Staff and Community Members
4/22/2021	African American Family Wellness Advisory Council	Tri-City Staff and Community Members
5/11/2021	Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council	Tri-City Staff and Community Members
5/13/2021	iAdelantej Latino & Hispanic Wellness Advisory Council	Tri-City Staff and Community Members

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5/18/2021	RAINBOW Advisory Council	Tri-City Staff and Community Members
5/20/2021	Cultural Inclusion and Diversity Committee	Tri-City Staff and Community Members
6/08/2021	Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council	Tri-City Staff and Community Members
6/15/2021	RAINBOW Advisory Council	Tri-City Staff and Community Members
6/17/2021	¡Adelante! Latino & Hispanic Wellness Committee	Tri-City Staff and Community Members
6/24/2021	African American Family Wellness Advisory Council	Tri-City Staff and Community Members

Committee integration with the county mental health system by participating in and reviewing MHSA planning process

Beginning in 2020, three cultural advisory councils were created:

1. African American Family Wellness Advisory Council (AAFWAC)
2. ¡Adelante! Latino and Hispanic Wellness Advisory Council; and
3. RAINBIW Wellness Advisory Council (formerly known as LGBTQ+ Wellness Advisory Council)

In May of 2021, a fourth advisory council was created, the Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council. This council launched its first meeting following a Facebook Live Webinar, *Ending the Silence: How to Support the Asian American and Pacific Islander Community* held on May 10, 2021. The focus for this webinar and for this council is to support and promote healing for individuals who suffer from historical, generational, and current racial trauma in the Asian American and Pacific Islander community.

These individuals were invited to participate in stakeholder meetings and MHSA workgroups which were launched in September 2020. In addition, these critical representatives continue to serve in cultural competence focus groups which were designed to solicit responses that will help direct the path to equity within this plan.

Implementation of advisory councils to reduce mental health disparities for targeted unserved and underserved communities

The Tri-City's advisory councils listed above were created to form a joint alliance with community partners to advocate for the mental health needs of the diverse communities of Claremont, La Verne and Pomona. Through this collaborative action, these advisory councils expand membership to include community participants who can share new perspectives for the CIDC and provide input to be considered by Tri-City Mental Health. Tri-City advisory councils thrive on inclusivity and collective partnership, with membership consisting of department staff, clients, consumers, families, advocates, community members and representatives of local organizations and service providers. Membership in these advisory councils is open to any person who resides within or is affiliated with the Tri-City catchment area.

The main objectives of the advisory councils are to:

1. Engage and empower local communities and members to share their voices, knowledge and collective experiences to better identify the greatest needs and priorities related to mental health in their community.
2. Develop strategic partnerships and facilitate/encourage cooperative action among local organizations, agencies, consumers and communities that serve targeted populations with the goal of improving access, coordination and collaboration among traditional and nontraditional system partners.
3. Increase awareness of and access to mental health resources for targeted unserved and underserved communities.
4. Reduce mental health stigma in targeted unserved and underserved communities.
5. Recognize, respect and incorporate the history, culture, language and traditions of targeted unserved and underserved communities into Tri-City programming and services.
6. Outreach, educate and empower targeted unserved and underserved communities to engage in the MHSA community stakeholder process.

Tri-City Wellness Advisory Councils are crucial to Tri-City's mission to increase consumer representation, respond to gaps in services and increase workforce diversity. Advisory councils participate in the MHSA community stakeholder process, and overall planning, implementation, evaluation and delivery of services for targeted unserved and underserved communities. This may include advocating for culturally competent services and providing guidance and

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recommendations to management and executive-level staff and Tri-City governing bodies. Through advisory council input and feedback received on cultural competency and equity, Tri-City will be able to continue to effectively represent and serve diverse communities in our catchment area.

All meetings are open to the public and widely promoted across various communication channels, including mass distribution emails, social media, print media, and the Tri-City Mental Health website.

Criterion 5.

Culturally Competent Training Activities

Every member of Tri-City staff completed at least one on-line course between July 1, 2020 and June 30, 2021. All staff were assigned the course entitled, *Cultural Competence*, and completed it within the time frame. Staff also completed trainings as assigned by supervisors based on relevance to individual job duties or as indicated by goals for personal and professional growth.

In addition, Tri-City Mental Health engaged the services of Dr Allen Lipscomb, PsyD, LCSW. Dr. Lipscomb provided an all-staff training focused on building on the working knowledge of staff based on their lived experiences (both professionally and personally). This training was aimed at raising critical consciousness by increasing cultural humility in professional exchanges with colleagues and clients.

Beginning in January 2021, Dr. Lipscomb provided a series of all agency trainings and follow up discussion sessions on the topics of implicit bias, anti-racism, equity, and inclusion as it relates to both direct work with clients and in the workplace. Utilizing the J.E.D.I. (Justice, Equity, Diversity, and Inclusion) model, Dr. Lipscomb was able to provide an open forum for staff to discuss their thoughts, feelings, and concerns around these critical topics as well as provide staff with the skills to call someone “in” versus “out” when faced with a question of racism.

Future trainings include training from the perspective of our team of peers about the value that peers bring to our workforce and the support that they offer to our clients in the form of navigating the mental health system.

I. Staff and stakeholder annual cultural competence training

Staff and Stakeholder Cultural Trainings and Activities		
Date	Activity	Activity Type
7/14/2020	<i>Minority Mental Health Month - Tri-City Mental Health Webinar</i>	Staff and Community Education & Awareness
7/17/2020	Black, Indigenous and People of Color (BIPOC) & LGBTQ+ Mental Health Resource Guide	Staff and Community Education & Awareness
7/23/2020	<i>What Cultural Lens Do You Wear?</i> Tri-City Mental Health - Virtual Community Connections	Staff and Community Education & Awareness
7/23/2021	<i>Navigating the Mental Health System</i> Tri-City Mental Health Webinar hosted by the African American Family Wellness Advisory Council	Staff and Community Education & Awareness
7/23/2020	<i>Be a Voice for Your Community: Become a Member of Tri-City's Advisory Councils - Advertorial for La Nueva Voz Pomona Newspaper</i>	Community Education & Awareness
8/6/2020	<i>Cultural Competency and a Nation in Crisis: Dealing with the Effects of Racism and Sexism in our Practice During the COVID Crisis</i>	Staff Training
8/10/2020	<i>Innovative Solutions to Address Social Isolation in Older Adults During the COVID-19 Pandemic</i>	Staff Training
8/11/2020	<i>What is Racial Trauma? Understand How Trauma Affects the Black Community</i>	Staff Training
8/22/2020-9/17/2020	<i>Eliminating Inequities in Behavioral Health Care Webinar Series</i>	Staff Training
9/24/2020	<i>A Call to Action: The Impact of Systemic Racism on Mental Health</i>	Staff and Community Education & Awareness
10/5/2020	<i>The Impact of Racial Inequity and Affordable Housing on Mental Health and Community Wellbeing</i>	Staff and Community Education & Awareness

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10/22/2020	<i>Moving Forward Together for an Equitable and Inclusive Community</i> - Advertorial for La Nueva Voz Pomona Newspaper	Community Education & Awareness
11/5/2020	<i>Mental Health and Wellness in the African American Community</i> Virtual Townhall Meeting	Staff and Community Education & Awareness
11/12/2020, 12/3/2020, 12/4/2020	TCMH Cultural Training Dr. Allen Lipscomb PsyD, LCSW	Staff Training
2/18/2021	<i>Health is Wealth</i> Webinar Hosted by Tri-City's African American Family Wellness Advisory Council (AAFWAC)	Staff and Community Education & Awareness
4/28/2021	Meditation and Movement for Racial Trauma	Staff and Community Education & Awareness
3/1 - 4/30 2021	TCMH Cultural Training Discussion Groups Dr. Allen Lipscomb PsyD, LCSW	Staff Training
5/10/2021	<i>Ending the Silence: How to Support the Asian American and Pacific Islander Community</i> hosted by the HAAPI Wellness Advisory Council in partnership with Western University medical students	Staff and Community Education & Awareness
5/13/2021	<i>Starting the Conversation: How to Support Inclusion with the LGBTQ+ Community</i>	Staff and Community Education & Awareness

Cultural Competence Online Trainings

Tri-City staff are also assigned online training electives through the e-Learning Training platform, Relias. Relevant trainings include:

- A Culture-Centered Approach to Recovery
- Behavioral Health Services and the LGBTQ+ Community
- Best Practices for Working with LGBTQ Children and Youth
- Building a Multicultural Care Environment
- Cultural Awareness and the Older Adult
- Cultural Competence
- Cultural Competence and Sensitivity in the LGBTQ Community – California
- Cultural Dimensions of Relapse Prevention

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- Cultural Issues in Treatment for Paraprofessionals
- Cultural Responsiveness in Clinical Practice
- Diversity, Equity, and Inclusion for the Healthcare Employees
- Enhancing Clinical Competency Through an Understanding of Military Culture
- Identification, Prevention, and Treatment of Suicidal Behavior for Service Members and Veterans
- Implementation Guidelines for Telehealth Practitioners
- Individual and Organizational Approaches to Multicultural Care
- Influence of Culture on Care in Behavioral Health for Paraprofessionals
- Introduction to Cultural Variations in Behavioral Health for Paraprofessionals
- Military Cultural Competence
- On-Boarding and Culture Development
- Overcoming Barriers to LGBTQ+ Affirming Behavioral Health Services
- Overview of DSM-5
- Substance Use Disorder Treatment and the LGBTQ Community
- The Impact of Deployment and Combat Stress on Families and Children, Part II: Enhancing Resilience
- The Role of the Behavioral Health Interpreter
- A Culture-Centered Approach to Recovery
- Understanding and Addressing Racial Trauma in Behavioral Health
- Understanding and Minimizing Cultural Bias for Paraprofessionals
- Working More Effectively with LGBTQ+ Children and Youth

Mental Health First Aid (MHFA) Training

The following section has remained unchanged in FY 2021-22 and reflects standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21-2022-23.

Tri-City Mental Health has invested in the curricula the National Council for Behavioral Health created called Mental Health First Aid (MHFA). Mental Health First Aid is a course that teaches participants how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives participants the skills they need to reach out and provide initial

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help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. Mental Health First Aid takes the fear and hesitation out of starting conversations about mental health and substance use issues by improving understanding and providing an action plan that teaches people to safely and responsibly identify and address a potential mental illness or substance use disorder.

Tri-City Mental Health currently has four staff certified as MHFA Instructors who can provide the following versions of MHFA to our staff as well as community members and partners.

Training	Description	How Long	Audience	Delivery
MHFA: Adult [English & Spanish]	This is the original curriculum that was created to be delivered to adults in non-behavioral health settings or backgrounds.	8hrs	Staff and community partners	In-person & virtually [webinar]
MHFA: Youth	Youth MHFA was created because there was a need to train parents, caretakers and adults who work with youth on how to respond to a mental health crisis. We know the onset of mental health challenges starts early in child development. The earlier we're aware, the earlier we can intervene and provide support and services.	8hrs	Staff and community partners	In-person & virtually [webinar]
MHFA: Law Enforcement and First Responders	Law Enforcement is usually called to respond to a mental health crisis, but may not have adequate training on how to respond. This curriculum was created to meet that need, provide the tools to respond, and share resources that they can utilize during or after a crisis.	8hrs	Staff and community partners	In-person
MHFA: Military, Veterans, & Families	Our active military, veterans and their families are all impacted by the military duty they provide and their mental health is an area of impact that has gone unaddressed. This curriculum brings attention and awareness that is much needed to provide support.	8hrs	Staff and community partners	In-person

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<p>MHFA: Older Adults</p>	<p>The older adult community has higher rates of suicide, isolation and loss that leads to mental health challenges or crisis. This curriculum is for caregivers, senior service providers, and family members of older adults to share how to identify the signs and symptoms older adults may display.</p>	<p>8hrs</p>	<p>Staff and community partners</p>	<p>In-person</p>
<p>MHFA: Higher Education</p>	<p>College students are at a pivotal time in their lives making, for their first time, adult decisions and taking on responsibilities. These decisions can be stressful and, without proper support or guidance, can lead to mental health challenges and crisis. Suicide is the 2nd leading cause of death for college students, substance use/abuse is on the rise, and drop-out rates due to these challenges has increased. This curriculum is for college students, educators, faculty, and parents.</p>	<p>8hrs</p>	<p>Staff and community partners</p>	<p>In-person</p>

Southern Counties Regional Partnership (SCRCP)

In FY 2020-21, Tri-City continued to participate in monthly meetings with the Southern California Regional Partnership, a collaboration of Workforce Education and Training coordinators and supervisors from 10 counties across Southern California. Regional Partnerships are set forth in Section 5822 of the Welfare and Institutions Code as an important workforce strategy to assist the Public Mental Health system in its efforts to expand outreach to multicultural communities, increase the diversity of the workforce, reduce the stigma associated with mental illness and promote the use of web-based technologies and distance learning techniques.

Cultural Inclusion and Diversity Committee Staff Survey

In October 2020, Tri-City Mental Health surveyed their staff in preparation for the agency-wide training, *Engaging in Difficult Conversations Centered Around our Own Implicit Biases*, with Dr Allen Lipscomb, PsyD, LCSW. The purpose of the survey was to establish a baseline understanding of how staff currently feel about several topics related to cultural difference and comfort level with difficult conversations.

Sample results include the following:

- **86%** of respondents agreed that *groups with various cultural differences, experiences, and backgrounds are respected.*
- **58%** of respondents agreed that they *have the knowledge to effectively engage and support BIPOC and LGBTQ+.*
- **67%** of respondents agreed that they *felt comfortable initiating meaningful and sometimes difficult conversations with colleagues.*
- **58%** of respondents agreed that they *felt comfortable initiating meaningful and sometimes difficult conversations with supervisor, manager, or leadership.*

[See Cultural Inclusion and Diversity Committee Staff Survey October 2020, Summary of Exhibits, Page 67]

Additional Cultural Competence Training Topics FY 2020-21 – FY 2022-23

- Working with a Limited English Proficient (LEP) Community
- Effective Use of Interpreters in a Mental Health Setting
- How to Effectively Access Language Services for Clients
- Understanding the Americans with Disabilities Act (ADA) and How it Impacts BIPOC Communities
- Cultural Sensitivity Training for Individuals with Disabilities
- Self-awareness and Implicit Bias
- Understanding Consumer and Family Culture
- Cultural Awareness: Becoming an Ally
- Cultural Competence vs Cultural Humility

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- Effective Outreach and Engagement of the LGBTQ+ and Transgender Community
- LGBTQ+ Mental Health
- Peer Mentor Orientation
- An Introduction to Cultural Competence
- Cultural Competence: Implicit Bias and Microaggression
- Motivational Interviewing
- Healthy Boundaries and Safety
- Self-Care
- Adverse Childhood Experiences (ACEs)
- Suicide Talk
- Community Resiliency Model™ (CRM)
- Working with Older Adults
- Mental Health First Aid (MHFA)
- Healthy Relationships
- Stigma Reduction
- Life Transitions and Change
- Human Trafficking
- Zoom Fatigue and Coping During the COVID-19 Pandemic
- Veterans and Mental Health

Additional trainings will be identified and developed over the next three years based on the needs of the community and current COVID 19 conditions.

The Cultural Inclusion and Diversity Committee Book Club

The CIDC Book Club was created as a follow up to the work started by Tri-City staff during the Justice, Equity, Diversity, and Inclusion (JEDI) trainings hosted by Dr. Allen Lipscomb. The intention of the book club was to read a book selected by Tri-City staff and relevant stakeholders as appropriate to advance the conversation about these vital topics and create a safe forum for difficult conversations. These conversations were held outside of Tri-City hours and were voluntary.

The first book selection was *So You Want to Talk About Race* by Ijeoma Oluo. The meetings were held monthly beginning in September 2020 and continuing through April of 2021. Participants

were encouraged to read the assigned chapter prior to the meeting and were given questions to consider while reading to stimulate ideas and generate group discussions. Topic starters included:

- How does the issue of social class add to/detract from the conversation about race in America?
- How do we battle the narrative that when BIPOC succeed, others lose?
- How might the particular group of people that you talk to be perceived as unwelcoming to others - even if they share your race, culture, religion, etc.?
- What feelings come up for you when you are told (or hear someone else being told) to “check your privilege”? What feelings come up when you tell someone else to “check your privilege”?
- What privileges do you have?

II. County’s incorporation of Client Culture Training throughout the mental health system

Webinars, trainings, and presentations for FY 2020-21 related to cultural awareness and inclusion

July 2020:

Minority Mental Health Month webinars:

- *What Cultural Lens Do You Wear?* Our identities are formed not only by what we believe to be true, but also the views of others around us. This Community Connections provided open conversation about culture, identity and implicit bias.
- *Navigating the Mental Health System.* In honor of Bebe Moore Campbell Minority Mental Health Month, panelists discussed the issues African Americans face when navigating the mental health system and shared recommendations for successful outcomes. This webinar was presented by Tri-City's African American Family Wellness Advisory Council (AAFWAC).
- *Reclaiming Our Power – Indigenous Wellness Today* [Mental Health America] Indigenous people and tribal nations across the U.S. and Canada are working to promote, preserve, and evolve ancestral health and wellness practices. From the

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resurgence of tribal food sovereignty on reservations to the epidemic of cultural appropriation in mainstream wellness, this 30-minute webinar highlighted prominent examples of successes and challenges that Native American and First Nations wellness leaders and programs are currently experiencing.

August 2020:

- *What Is Racial Trauma? Understanding How Trauma Affects the Black Community* [Relias Webinar] Racism, whether subtle or direct, has long-term impacts on the mental and behavioral health of Black communities. Presenter discussed how racial trauma affects the mental, emotional, and physical health of the Black community and how clinicians and organizations can better connect with Black clients and understand their own implicit bias.
- *Cultural Competency and a Nation in Crisis: Dealing with the Effects of Racism and Sexism in our Practice during the COVID Crisis*. This webinar focused on the racial tensions, sexism (e.g., Me Too) and social justice challenges that we all face during these extraordinary times. It explored ways to understand and navigate these tensions and suggested ways to raise awareness, find our voice and take action.
- *Eliminating Inequities in Behavioral Health Care Webinar Series* The California Institute for Behavioral Health Solutions (CIBHS), in collaboration with the Department of Health Care Services (DHCS), offered this free five-week webinar series to behavioral health care leadership, administrators and managers, ethnic service managers, peer professionals, clinical supervisors, clinicians/direct care providers, and care managers.
- CIDC Book Club: The Cultural Inclusion and Diversity Committee implemented a Book Club, in which participants read books related to culture, race, diversity, inclusion, etc.

September 2020:

- Dr. Allen Lipscomb PsyD, hosted a 3-week virtual training on Black Male Grief that focused on ways mental health organizations can better address the needs of Black men in their programs and practices.

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October 2020:

- Several members of Tri-City’s Cultural Inclusion and Diversity Committee as well as representatives from the three subcommittees, made a formal presentation to Tri-City’s Mental Health Commission to inform them of the implementation of these critical connections to the BIPOC and LGBTQ+ communities.

November 2020:

- To recognize and address racial disparities, Tri-City collaborated with the African American Family Wellness Advisory Council to host a webinar on mental health and Wellness in the African American community. This webinar included a wide range of facts on related topics that can help address these disparities.
- Tri-City formally adopted the Cultural and Linguistic Inclusion and Competence Policy and Procedures. The purpose of this policy is to establish guidelines for participation, implementation, and compliance with Federal and State regulations regarding cultural and linguistic inclusion and competence at Tri-City Mental Health.
- Tri-City also adopted the Language Interpretation and Translation Policy and Procedures which establishes the standardized language assistance, interpretation and translation guidelines for clients, participants, and stakeholders at Tri-City Mental Health.

January 2021:

- Proclamation by Tri-City Governing Board proclaiming that racism is a public health crisis that results in disparities in family stability, health and mental wellness, education, employment, economic development, public safety, criminal justice, and housing.

February 2021:

- Black History Month was celebrated by creating a newsletter, co-hosting an event in conjunction with the African American Family Wellness Advisory Council.

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March 2021:

- International Transgender Visibility Day dedicated to celebrating transgender, gender binary and gender non-conforming people and their contributions as well as raising awareness of discrimination they face worldwide. Tri-City staff provided information and resources in support of this important population.

May 2021:

Asian American and Pacific Islander (AAPI) Heritage Month and International Day Against Homophobia, Transphobia, and Biphobia

- Webinar: *Ending the Silence: How to Support the Asian American and Pacific Islander Community*. This webinar delved into the historical, generational, and current racial trauma experienced within the Asian American and Pacific Islander (AAPI) community and the importance of community healing
- Webinar: *Starting the Conversation: How to Support Inclusion with the LGBTQ+ Community*. This webinar provided a 101 overview on how to foster safe, affirming and welcoming conversations with LGBTQ+ individuals.

June 2021:

LGBTQ+ Pride Month

- Tri-City staff created a zoom background highlighting Pride Month. Multiple staff members chose to use the background throughout the month of June in support of the LGBTQ+ community.
- Peer Mentor Virtual Group *Proud to Be Me* (Wellness Roundtable): Participants have a safe and fun platform to engage in meaningful conversations, discuss about various topics, share and gain new coping skills and socialize with others virtually.
- Peer Mentor Virtual Activity Pride Month *Bingo Lingo*: Peer mentor program hosted a virtual activity where participants engaged in an interactive game of bingo while learning terms and historical dates related to the LGBTQ+ communities.
- Webinar *Starting the Conversation: How to Support Inclusion with the LGBTQ+ Community* hosted by the RAINBOW Advisory Council in partnership with Pomona Pride Center and PFLAG Claremont.

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Resiliency

Trainings for children, adolescents, transition age youth, parents, and caretakers, that focuses on Resiliency, will be provided through *Adverse Childhood Experiences (ACEs)* and *Community Resiliency Model (CRM)*. Tri-City has invested in both curricula and have had several program staff trained in both curriculums to provide them out in the community to each of the specific populations listed above. Both trainings are delivered with content in an age-appropriate learning format utilizing charts, graphics, videos, and language that is appropriate to the population we serve. Through our internal clinical staff, community partners, and local organizations, Tri-City will be able to outreach and provide these much-needed trainings to our clients, participants, and community members.

Training	Description	How Long	Audience	Delivery
ACEs: English & Spanish	Provides background on ACEs study, defines what is trauma, impact on physical and mental health, and how we can thrive through adversity by being resilient.	2-4 hours long	TAY, Parents, Caretakers, & Service Providers	In-person & virtually [webinar]
CRM: English & Spanish	What is toxic stress, impact of stress on our brain and body, define what is Resiliency, and how we build our resiliency utilizing six skills. Practice of the skills is done throughout the training so participants can start applying them in their daily lives.	Varies; Can be adapted 2-6 hours	TAY, Parents, Caretakers, & Service Providers	In-person & virtually [webinar]

CRITERION 6.

COUNTY’S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

I. Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations

As with many agencies and organizations, Tri-City has struggled with both staff recruitment and retention. Since January 2021, Tri-City has experienced a 17.3% turnover of our current workforce with 35 resignations from January through August 2021. In addition, it has become increasingly difficult to attract and retain qualified Behavioral health staff.

The following table reflects Tri-City’s staff demographic as of June 2021.

Demographics for Tri-City Mental Health Staff	Percent of Staff
White	13.7%
Hispanic/Latinx	56.8%
Asian	9.3%
Black/African American	8.8%
Native American/Alaska Native	0.5%
Native Hawaiian/Pacific Islander	0.5%
Other	8.8%
Two Or More Races	1.5%

WET Plan assessment data comparison with the general population, Medi-Cal population, and 200% of poverty data

As previously stated, the area served by the Tri-City Mental Health is not included in the CAEQRO data collection. Additionally, none of the three cities (Claremont, La Verne and Pomona) currently collect Medi-Cal population and client utilization data.

Summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts

The following section has remained unchanged in FY 2021-22 and reflects standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21-2022-23.

About recruitment and selection, Tri-City's Human Resources Department actively seeks out recruitment advertisement opportunities with a variety of culturally specific organizations and associations. To ensure that our workforce demographics is comparable to those of our client demographics, we advertise with and participate in employment fairs with the Network of Social Workers, CBDHA, CIBHA, the African American Mental Health Conference, the Latino Behavioral Health Conference and Mental Health America.

Additionally, Tri-City WET program staff actively outreaches to students from high schools and universities within our service area. The goal of this outreach is to educate and encourage students about the potential of working within the community mental health system generally, and Tri-City Mental Health specifically. Through student career fairs, class specific presentations, Tri-City staff engage residents and students of the three cities to participate as Service-Learners, a volunteer program to support Tri-City staff and departments to meet the needs of consumers and community members. As part of the volunteer commitment, Service-Learners are educated about the culturally diverse populations within the service area.

Tri-City has emphasized the value of those with lived experience within our workforce and has made a concerted effort to include peers throughout our system of care. Peers, representative of the population we serve, and our clients are also included in our Service-Learning program.

Ongoing County WET Implementation Efforts

The parity between the Tri-City workforce and the population we serve suggests that WET implementation efforts have been largely successful. The implementation of the WET program stresses the importance of learning – a relevant goal of cultural equity, diversity, and inclusion – and incorporates our ongoing efforts to inform, engage and educate volunteers and peers about opportunities and careers in the community mental health system. Several positions within our organization had been filled by peers and volunteers, but in an effort to increase the percentage, Tri-City has instituted the Peers 2 Careers (P2C) program.

The Peers 2 Careers program is a self-paced structured program that is optional and based on the individual goals of the client/volunteer. The P2C program offers a selection of educational and experiential opportunities that promote knowledge of mental health and contribute to a greater desire to work or volunteer in the mental health system through three different pathways:

Pathway 1: Wellness Center

H.O.P.E Transition/Graduation

Helping-Oneself-Positively-Empowers (HOPE) is a seven-week group that focuses on helping individuals who are receiving formal mental health treatment services at Tri-City and are in the process of transitioning to lower level of care. Participants identify and discuss positive coping skills to help alleviate and deescalate unwanted mental health symptoms. The group provides rapport, non-judgment, and a listening ear to those who attend.

Wellness Center

Participants are expected to sit in on at least two support groups from the four programs available at the center: Family Wellbeing, TAY Resource Center, Older Adult Wellbeing, and Community Services and Supports. Each group is designed to share basic concepts of recovery, and peer support.

Employment Curriculum

Participants are expected to complete the eight-week employment curriculum to learn basic expectations and responsibilities of an employee.

Computer Classes

This is a 24-week computer class that focuses on basic computing skills that individuals can utilize to be able to perform basic job-related tasks/duties.

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Wellness Recovery Action Plan (WRAP)

Wellness Recovery Action Plan (WRAP) focuses on taking care of one's mental wellbeing. Participants learn how to create a wellness tool to help identify specific situations, early warning signs that the situation/event has worsened and develop an action plan to help get them through it.

Pathway 2: Service-Learning

Service-Learner

Service-Learners (formerly called volunteers) provides support in many of the MHSA programs offered by Tri-City. Service-Learners participate in various community events throughout the year such as community meetings, holiday parade, and stigma reduction events such as Tri-City's Green Ribbon Week.

Working Independence Skills Helping (WISH)

Working Independence Skills Helping (WISH) program helps individuals build their self-confidence and self-esteem while gaining viable skills to further their professional and employment growth. The eight-week program emphasizes team building, conflict resolution, communication and employment skills building.

Summer Camp

Summer Camp provides a unique opportunity for individuals ages 16 and over who are interested in working with children to volunteer and provide support to a four-week day camp facilitated by Tri-City Wellness Center staff.

Peer Mentor Program

The program runs annually from September through May. The program is comprised of a committed diverse group of individuals with various backgrounds, culture, identities and lived experiences age 18 and over. Participants gain hands-on experience working with individuals in community mental health while experiencing personal growth. The program provides extensive training and supervision on numerous topics focusing on mental health and mental wellbeing.

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Pathway 3: Relias Training

Relias is an online e-learning system that contains over 400 behavioral health courses. Participants can enroll in courses and take them at their own pace online. Once a course is complete, participants can print out a certificate of completion.

Criterion 7.

Language Capacity

I. Increase bilingual workforce capacity

Updates from MHSA, CSS, or WET Plans on bilingual staff members who speak the languages of the target populations

The most common languages for our clients are English 87% and Spanish 11%. Approximately 50% of the Tri-City Workforce is bilingual. Approximately 45% of the Tri-City workforce is qualified to provide bilingual interpretation services, in the threshold Language Spanish.

Number of Staff Certified/Qualified for Bilingual Interpretation		
Language	# Bilingual	% Bilingual
Spanish (Threshold Language)	83	44%
Vietnamese	3	0.2%
French	3	0.2%
Khmer	1	0%
Persian	1	0%
Punjabi	1	0%
Russian	1	0%
Mandarin & Chinese	2	0.1%
Hindi	1	0%
Japanese	1	0%
Tagalog	2	0.1%
Total Bilingual	99	52%

Source: HR Bilingual Staff Report and CC Plan Population Demographic Language Data.

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Bilingual Staff FY 2020-21

- Eighty-three staff members speak Spanish
- Three staff members speak Vietnamese
- Three staff members speak French
- One staff member speaks Khmer
- One staff member speaks Persian
- One staff member speaks Punjabi
- One staff member speaks Russian
- Two staff members speak Mandarin and Chinese
- One staff member speaks Hindi
- One staff member speaks Japanese
- Two staff member speaks Tagalog

Total annual dedicated resources for interpreter services in addition to bilingual staff

On an annual basis, Tri-City dedicates approximately \$10,000 on services that assist with the translation of documents, advertisement in local newspapers, and in having translators available for meetings with the community.

II. Services to persons who have Limited English Proficiency (LEP)

The following sections have remained unchanged in FY 2021-22 and reflect standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21-2022-23.

Evidence of policies, procedures, and practices for meeting clients' language needs

4.4 TCMHA shall also ensure 24/7 access to language interpretation services in primary or preferred language (including TTD and California Relay Services), for all individuals that call the toll-free 24/7 agency phone line (866) 623-9500.

[See *Language Interpretation and Translation Policy and Procedure* and *Language Line Protocol Guide*, Summary of Exhibits, Page 67]

Evidence that clients are informed in writing in their primary language, of their rights to language assistance services

3.2a Clients receiving mental health services, will be informed in writing (in their primary language) of their right to language assistance services at no cost and how to access these services.

[See *Language Interpretation and Translation Policy and Procedure*, Summary of Exhibits, Page 67]

Evidence that the county/agency accommodate persons who have LEP by using bilingual staff or interpreter services

4.4 TCMHA shall also ensure 24/7 access to language interpretation services in primary or preferred language (including TTD and California Relay Services), for all individuals that call the toll-free 24/7 agency phone line (866) 623-9500.

[See *Language Interpretation and Translation Policy and Procedure*, Summary of Exhibits, Page 67]

Historical challenges on efforts made on the items above and lessons learned

One lesson learned is that there needs to be a clear distinction between direct service staff and interpreters. All staff (including Psychiatrists) need to have this understanding. Also, interpreters for mental health services benefit from basic trauma training and training in mental health first aid to both reduce secondary trauma and to increase effectiveness of translation.

Identified county technical assistance needs

The people that Tri-City serves do not have appropriate access to the technology needed to accommodate video translation services. So, the agency needs assistance in linking clients to appropriate technology including good internet service, new computer equipment, and safe storage. Also, the agency would benefit from technical assistance on how to access funding for the clients to pay for the internet, computers, etc.

III. Services to all LEP clients meeting the threshold language

Evidence of availability of interpreter and/or bilingual staff for the languages spoken by community

4.2 Each service site shall post a flyer (in threshold and non-threshold languages) identifying the language assistance services and the auxiliary aids (including Teletypewriter/Telecommunications Device for the Deaf - TTY/TDD) available to non-English speaking, LEP, and deaf or hearing-impaired clients, participants, and Stakeholders.

[See *MHP and Language Line Posters, Summary of Exhibits, Page 67*]

Approximately 50% of the Tri-City Workforce is bilingual. Approximately 45% of the Tri City work force is qualified to provide bilingual interpretation services, in the threshold Language Spanish.

Evidence that interpreter services are offered and provided to clients and the response to the offer is recorded

4.7 TCMHA workforce members shall document when free language services are offered and/or provided, in the client's primary or preferred language. Documentation of language interpreter services shall be completed in accordance with the guidelines in the Los Angeles County Mental Health Plan - Short Doyle/Medi-Cal Organizational Provider's Manual.

[See *Primary Language Screening Tool*, Summary of Exhibits, Page 67]

Evidence of providing contract or agency staff that are linguistically proficient in threshold languages during regular day operating hours

4.8 Interpreter Services by Bilingual Workforce Member (Primary Resource): All departments and programs shall utilize internal bilingual workforce members as a primary resource for clients, participants, and stakeholders requesting/needing interpreter services in their primary or preferred language.

[See *Language Interpretation and Translation Policy and Procedure*, Summary of Exhibits, Page 67]

Evidence that counties have a process in place to ensure that interpreters are trained and monitored for language competence

4.8a Human Resources will maintain a list of the workforce members certified to interpret and the languages they are certified to interpret.

[See *Language Interpretation and Translation Policy and Procedure*, Summary of Exhibits, Page 67]

IV. Services to all LEP clients not meeting the threshold language

4.1c A coordinated referral and transfer to a similar agency shall be offered, for clients and participants with non-threshold primary/preferred languages, that may better be served by another agency provider with more optimal culturally or linguistically available services. The referral process shall allow latitude for clinical judgment in some cases.

[See *Language Interpretation and Translation Policy and Procedure*, Summary of Exhibits, Page 67, for Section IV: A and B]

Policies, procedures, and practices that comply with the following Title VI of the Civil Rights Act of 1964

4.1 TCMHA shall provide verbal or sign language assistance services in threshold and non-threshold languages for specialty mental health clients, participants, and stakeholders.

- a. In accordance with requirements of Title VI of the Civil Rights Act of 1964, the expectation that family members provide interpreter services is prohibited. Participant, or stakeholder insists on using a family member or friend as an interpreter, they may do so only after being informed of the availability of free interpreter services.
- b. Minor children shall not be used as interpreters.

[See *Language Interpretation and Translation Policy and Procedure*, Summary of Exhibits, Page 67]

V. Required translated documents, forms, signage, and client informing materials.

1.9 TCMHA shall respond to the cultural linguistic needs of clients and stakeholders, across the system of care by ensuring that verbal and written language assistance services are provided by certified bilingual employees or through qualified language translation and interpretation services (CCPR Criterion 7).

- a. TCMHA shall make available written materials (i.e., brochures, forms, signage, provider directories, beneficiary handbooks, appeal and grievance notices, denial, and termination notices) that are easily understandable to meet the language (threshold languages) and communication needs of clients and stakeholders.
- b. TCMHA shall work with vendors to translate written materials and field test the quality and cultural meaningfulness of vendor-translated products with bilingual certified staff and constituents.

[See *Language Interpretation and Translation Policy and Procedure*, Summary of Exhibits, Page 88]

Tri-City will make the following documents available for review during the compliance visit:

- Member service handbook or brochure
- General correspondence
- Beneficiary problem, resolution, grievance, and fair hearing materials
- Beneficiary satisfaction surveys
- Informed Consent for Medication form
- Confidentiality and Release of Information form
- Service orientation for clients
- Mental health education materials
- Evidence of appropriately distributed and utilized translated materials
- Cultural and Linguistic Inclusion and Competence Policy and Procedure
- Tri-City Official Protocol: Informing Materials
- Client Acknowledgment of Receipt of Informing Materials

General	MHSA Stakeholder
<ul style="list-style-type: none"> • Tri-City Official Protocol: Informing Materials <ul style="list-style-type: none"> • Guide to Medi-Cal Mental Health Services [English, Spanish, Vietnamese] • Tri-City Beneficiary/Client Problem Solution Guide [English, Spanish, Vietnamese] • DMH LA County Service Area 3 Provider Directory • LA County DMH Mental Health Client Resource Directory • LA County DMH Grievances and Appeals Procedures: A Consumer Guide [English, Spanish, Vietnamese] • LA County Patient’s Rights Grievances or Appeal and Authorization Form • Client Acknowledgment of Receipt of Informing Materials 	<ul style="list-style-type: none"> • MHSA Stakeholder Meeting Flyer(s) [English, Spanish] • MHSA Stakeholder News Advert, La Nueva Voz Pomona Newspaper [English, Spanish] • MHSA Notice of Public Hearing Advert, La Nueva Voz Pomona Newspaper [English, Spanish] • Notice of Public Hearing of the Mental Health Commission and MHSA Annual Update Flyer [English, Spanish, Vietnamese]
	Miscellaneous
<p style="text-align: center;">MHSA Programs and Services</p> <ul style="list-style-type: none"> • Tri-City Mental Health: A Guide to Our System of Care [English, Spanish] • Tri-City Resource Guide [English, Spanish] • Intensive Outreach and Engagement Team (IOET) Informational Brochure [English, Spanish] • Wellness Center Brochure [English, Spanish, Vietnamese] • Wellness Center Monthly Calendar [English, Spanish] • Community Navigator Informational Flyer [English, Spanish] • Supplemental Crisis Services Flyer [English, Spanish] 	<p style="text-align: center;">Forms/Documents</p> <ul style="list-style-type: none"> • Notice of Privacy Practices [English, Spanish, Vietnamese] • Notice of Privacy Practices Acknowledgement of Receipt [English, Spanish, Vietnamese] • HIPAA Privacy Complaints Form [English, Spanish, Vietnamese] • Authorization for the Release/Disclosure of Information and/or Mental Health Records from Tri-City Mental Health [English, Spanish] • Authorization for the Release of Information and/or Mental Health Records to Tri-City Mental Health [English, Spanish] • Authorization for the Release/Disclosure of Information PHI and/or Mental Health Records Pertaining to Alcohol-Substance Abuse [English, Spanish]

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<ul style="list-style-type: none"> • Community Mental Health Training (CMHT) Flyers for Wellness Webinars during COVID-19 [English, Spanish] • Wellness Webinar Flyers [English, Spanish] <ul style="list-style-type: none"> • COVID-19 Considerations for the Workplace • Everyday Mental Health; Motivational Interviewing • Stress Relief During COVID-19 • Adverse Childhood Experiences (ACEs) and Toxic Stress • Fostering Resilience, Hope and Compassion During COVID-19 • CMHT Adverse Childhood Experiences (ACEs) Training Flyer [English, Spanish] • Therapeutic Community Garden (TCG) Support Group Flyer [English, Spanish] • Spanish Senior Socialization Group Flyer 	<ul style="list-style-type: none"> • Authorization for the Release/Disclosure of Information and/or Mental Health Records PHI Pertaining to HIV/AIDS [English, Spanish] • Consent for Medication [English/Spanish] • Advance Health Care Directive Information Acknowledgment Form [English, Spanish, Vietnamese] • Consent for Groups or Family Sessions conducted via Telehealth or Telephone MH 739 [English, Spanish] • Consent for Services [English, Spanish, Vietnamese] • Crisis Intervention Plan [English, Spanish, Vietnamese] • Notice of Action (Assessment) [English, Spanish] • Notice of Action (Lack of Timely Service) [English, Spanish] • Therapeutic Community Garden Consent Form [English, Spanish, Vietnamese] • [WET Program] Service-Learning Program Application [English, Spanish]
<p style="text-align: center;">Cultural Inclusion and Diversity Committee</p>	<p style="text-align: center;">Quality Assurance</p>
<ul style="list-style-type: none"> • Cultural Competence Focus Group Questions Survey [English, Spanish] • ¡Adelante! Hispanic and Latino Wellness Advisory Council Flyer [English, Spanish] • Community Inclusion, Diversity and Wellness Fair Flyer [English, Spanish] 	<ul style="list-style-type: none"> • Collaborative Documentation Brochure [English, Spanish] • Coordination and Rehabilitation Enhanced Services (CARES) Brochure [English, Spanish]

Documented evidence in the clinical chart, that clinical findings/reports are communicated in the clients' preferred language

4.10 Translation of Written Materials: TCMHA shall ensure that written materials provided to clients, participants, and stakeholders (i.e. informing materials, surveys, program information, flyers and announcements, brochures, signage, consents and authorizations, documents and forms, directories, beneficiary handbooks, appeal and grievance notices, denial, and termination

notices, and other essential notices, letters and reports) are translated into the threshold languages (essential written materials shall be interpreted at minimum for non-threshold languages) and made available to clients, participants, and stakeholders and needed and/or required.

[See *Language Interpretation and Translation Policy and Procedure*, Summary of Exhibits, Page 67]

Report mechanisms for ensuring accuracy of translated materials in terms of both language and culture

4.10 Translation of Written Materials: TCMHA shall ensure that written materials provided to clients, participants, and stakeholders (i.e. informing materials, surveys, program information, flyers and announcements, brochures, signage, consents and authorizations, documents and forms, directories, beneficiary handbooks, appeal and grievance notices, denial, and termination notices, and other essential notices, letters and reports) are translated into the threshold languages (essential written materials shall be interpreted at minimum for non-threshold languages) and made available to clients, participants, and stakeholders and needed and/or required.

[See *Language Interpretation and Translation Policy and Procedure*, Summary of Exhibits, Page 67]

Report mechanisms for ensuring translated materials are at an appropriate reading level (6th grade)

4.10b Translated materials shall be written at a 6th grade reading level and go through a review mechanism for ensuring accuracy and cultural competency of the translation (e.g., back translation and field testing) ensures that the translated document has meaning beyond a literal translation.

[See *Language Interpretation and Translation Policy and Procedure*, Summary of Exhibits, Page 67]

Criterion 8.

Adaptation of Services

I. Client driven/operated recovery and wellness programs

The following section has remained unchanged in FY 2021-22 and reflects standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21-2022-23.

Wellness Center (CSS Plan)

The Tri-City Wellness Center (WC) was conceived as a place of support for people who experience 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). Acting as a “dynamic hub” for activities for the three cities of Pomona, Claremont, and La Verne, staff members at this site include peer advocates, family members, clinical staff, and others. They provide a range of culturally competent, person and family-centered services and supports designed to promote independence and increase wellness.

All services at the Wellness Center are free and open to people of all ages. Visitors to our drop-in center are welcomed and met with support. Trained staff, including peer advocates, volunteers and clinical staff, help create an environment of community and self-discovery where individuals and families alike can reach their personal goals. Through Mental Health Services Act (MHSA) funding and collaboration with community partners, visitors to the Wellness Center can engage in an array of holistic services and supports designed to promote independence and increase wellness. These services include but are not limited to:

- Over 50 peer support groups

- Peer and family support
- Specialized services for children, transition age youth (TAY) ages 16-25 and older adults (ages 60+)
- Employment and vocational support
- Educational resources and workshops
- Computer lab
- Recreational, social, and culturally competent activities
- Assessment, linkage, and referral

Peer Mentor Program/TAY and Older Adult Wellbeing Program (PEI Plan)

Trained volunteers (peer mentors) from the Tri-City area provide support to peers (mentees) who are in emotional distress. Peer mentors offer both individual and group support, and additional assistance through linkage to community resources that are both age and culturally matched to each individual mentee. Individuals attending the TAY and Older Adult programming located at the Wellness Center benefit from specialized support groups and activities targeting their specific needs.

Language is often identified as a barrier to services. With this in mind, the Peer Mentor program has worked diligently to recruit individuals who have multilingual skills. This group has seen a 6% increase in mentors who identify as bilingual English/Spanish speaking. Other languages utilized during this fiscal year include Cantonese and Vietnamese. With the addition of these languages, the peer mentors were able to provide culturally appropriate services to an older adult Cantonese speaker who previously had limited support. Special presentations focused on underserved populations were facilitated by Peer Mentors. These critical communities include LGBTQ+ and Veterans. This has been accomplished in part because 3% of the peer mentors identify as transgender male and can make a connection through their own personal experience. In addition to providing one-on-one support, mentors are trained to facilitate groups based on the needs of the community. Proud to Be Me, a support group for LGBTQ+ participants, provides a safe and supportive environment for individuals struggling with their identity. One participant who identifies as a Transwoman, disclosed having a limited support system due to coming out. Through this support group, she was able to socialize and connect with others and increase her own self-awareness; it was through this group that she learned to regain her voice, advocate for herself, and reconnect with her family.

Help@Hand/Tech Suite (INN Plan)

The primary purpose of this INN project is to increase access to mental health care by providing a nontraditional system for individuals who may be reluctant to access services through a more formal clinical setting. Through the use of computers, tablets and smartphones, community members will be able to access a suite of technology-based mental health services focused on prevention, early intervention, and family and social support with the intent to: decrease emergency care services; reduce psychiatric hospitalizations; and reduce the duration of untreated mental illness. Project Funding Amount: \$1,674,700.00 Project Dates: Sept 28, 2018 to June 30, 2021 Revised Project Dates: Jan 1, 2019 to Jan 1, 2024 – Originally designed to be a three-year project, the Collaborative as a whole voted to extend the project to five years to allow adequate time to complete the implementation phase and learning goals for this project. No additional funds are requested or required at this time.

Target Population:

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

II. Responsiveness of mental health services and substance use disorder services

The following section has remained unchanged in FY 2021-22 and reflect standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21-2022-23.

The ability to provide culturally competent mental health services is an important criterion in our selection of contractors. Tri-City currently has only one contractor, NAMI Pomona Valley. NAMI Pomona Valley, the local chapter of National Alliance on Mental Illness, offers community support groups, programs, and trainings in both English and Spanish. In addition, materials are also available in Spanish.

Trainings offered in Spanish include Family to Family, Family Support Groups, and NAMI Basics. NAMI also provides community resources that are culturally appropriate and available in Spanish.

Available alternatives and options of cultural/linguistic services

Tri-City has also engaged with community partners in order to identify culturally appropriate resources that support our BIPOC and LGBTQ+ populations. These resources include:

Bienestar

A community-based social services organization based in the Greater Los Angeles area. Their focus is on identifying and addressing emerging health issues faced by the Latino and LGBTQ populations.

Black Infant Health

A prevention program offered through Prototypes' Pomona Outpatient Behavioral Health Center and an integral component of their continuum of care. The goal of the program is to assist African-American women in maintaining healthy pregnancies and to provide support services for the first two years of their baby's life.

The Asian Pacific Resource Center

The Asian Pacific Resource Center hosts programs and exhibits to celebrate the cultural heritage of the Asian and Pacific Islander Americans.

Due to COVID-19, many community programs are currently closed or in danger of closing their doors. Once the pandemic is over, Tri-City Community Navigators (responsible for linkage and referrals) will reassess community resources and update agency materials/brochures.

Policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services

Tri-City Mental Health Website and Social Media

Through Tri-City's website and social media platforms, community members are able to access information on a variety of mental health services and programs. These programs include: Access to Care; Child and Transition-Age Youth and Family Services; Adult and Older Adult Services; Crisis Support; Wellness Center programming; Prevention and Wellbeing Programs; Community Support Programs; MHSA Housing; and Client Resources.

Community Navigator Program

Community Navigators assist community members to connect with both formal and informal supports based on their individual clinical, cultural, and wellness needs. All Community Navigators are bilingual (Spanish and English) and bicultural and understand the diverse cultural and linguistic needs of our communities and the current resources available to meet those needs. In addition to providing resources, the CN's are at the forefront of outreach and engagement efforts including presenting at community meetings (pre-COVID) and distributing flyers and brochures throughout the three cities, targeting locations that support the unserved and underserved populations.

Community Stakeholder Process

Community members, including clients and staff, are encouraged to attend stakeholder meetings where MHSA programs and services are presented in great detail. In addition, these participants are able to share their voice in the planning and implementation of programming designed to support their clinical, cultural and linguistic needs.

[See *Community Planning Process Policy*, Summary of Exhibits, Page 67]

County has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services

Tri-City Mental Health has five locations within the tri-city area. Four of these locations are centered within the city of Pomona, which holds the highest number of unserved and underserved populations based on 2010 census.

Each of these locations offers flexible hours, after-hours support staff, bilingual receptionists, and staff:

Location - Pomona	Services Provided	Population Served
Tri-City Adult Outpatient Clinic	Client Outpatient Therapy	Adults and Older Adults
Tri-City Child and Family Outpatient Clinic	Client Outpatient and Family Therapy	Child, Transition Age Youth, and Family
MHSA Administration	MHSA stakeholder meetings, housing staff, PEI staff	All community members and community partners
Wellness Center	Support Groups, Employment Support, Computer Lab, Family Events	All community members and community partners

Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds

- Restrooms are gender neutral.
- All locations are wheelchair accessible.
- Signs and posters in all site locations are in threshold languages.
- Signs are posted throughout Agency facilities promoting Tri-City as an LGBTQ+ Safe Space.

Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and /or partnerships, such as primary care and in community settings

Each of our clinics are positioned in a community setting. The Adult Outpatient clinic is located adjacent to our Therapeutic Community Garden where staff and clients are able to take advantage of this outdoor setting for support groups, individual sessions or to participate in the therapeutic gardening activities. This site is located in Pomona and was selected based on population and easy access to public transportation.

Our Child and Family Outpatient clinic is positioned in a community neighborhood which includes an abundance of trees and an atrium with a variety of plants and foliage which also supports a natural setting for clients and staff to enjoy. This site is also located in Pomona and was selected based on population and easy access to public transportation.

The location of the Wellness Center was determined by a committee of MHSA delegates, community representatives and Tri-City Mental Health staff and assisted by a consultant. They mapped out a distribution of where current clients lived, public transit routes, visibility from the street and proximity to mental health clinics. They also wanted the location to be accessible to all three cities. After meeting for three months, they settled on a location that met all of the criteria and is located at the center point for all three cities.

Hours of operation for each of these settings are staggered and include both morning, afternoon, and evening, depending on the day. Support groups and Wellness Center activities take place throughout the day and evening to allow participants to join depending on their own schedule and availability. Support groups and activities are available in English and Spanish, with bilingual staff available on site.

III. Quality of Care: Contract Providers Responsiveness of mental health services and substance use disorder services

The following section has remained unchanged in FY 2021-22 and reflect standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21-2022-23.

The following clauses related to cultural competence are included in contracts and/or Memorandum of Understanding (MOU) when engaging the services of local providers:

- Contractor/(Name of Contractor) shall provide evidence of its capacity to provide culturally competent trainings to culturally diverse participants.
- Trainings provided by Contractor/(Name of Contractor) shall be staffed with personnel who can communicate in participants preferred language, or Contractor shall provide interpretation services.
- Contractor/(Name of Contractor) is responsible for providing evidence of cultural competence trainings attended by all NAMI training staff. If Contractor/(Name of Contractor) is unable to provide said training, training staff must arrange to participate in a minimum of two cultural competence trainings per year provided by Tri-City Mental Health.

IV. Quality Assurance

The following section has remained unchanged in FY 2021-22 and reflects standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21-2022-23.

Process Development

The Quality Assurance and Quality improvement departments work together in order to provide services that are consistent with the Department's Cultural Competence Plan and all applicable Federal, State and local regulations, manual, guidelines and directives. All this is done by the following.

When a new process is being developed or modified, a collaboration between the process owner and manager of Best Practices is established in order to ensure the process is congruent with Client Needs, Agency Needs, Regulations, Agency Policy, and Industry Standards.

- The goal is to identify and develop goals and outcome measures in order to evaluate efforts.
- Ensure that Process Owner is developing and documenting the process.
- Ensure that process/program design is congruent with purpose and need.
- Determine standards and develop process for tracking and documentation & provide initial training.

Once the process has been established, collaboration with Quality Improvement supervisor is established to determine if any training is needed for documentation regulations and standards to reflect the culture, language, ethnicity, age, gender sexual orientation, and other social characteristics of the community that our program serves.

A continued collaboration with the process owner is ensured in order to maintain that workflow process/training is established, implemented and fully launched. Once the new process is established the process is presented to the monitoring team, so that they can create a system of ongoing review.

Quality Assurance

The Quality Assurance department ensures that Tri-City staff are trained, and documents reflect the cultural, language, age, gender, sexual orientation, and other social characteristics of the community that different department serve in our agency.

Policy/Procedure/Protocol Implementation:

Create and Implement Policies, Procedures, and Protocols, based on: Laws, Clinical Ethics, Clinical Standards of Practice, Payer Guidelines & Requirements, and Internal Standards.

Training and Education:

Tri-City Mental Health is committed to compliance and communicates compliance rules and procedures to all service providers through mandatory training programs at orientation.

Other means of communicating compliance information include distribution of educational materials, emails, bulletins, etc., as often as needed.

The goals of the training/education program are:

- Introduce clinical service providers to Documentation Compliance Policies and the role each is expected to play in ensuring compliance.
- Introduce and reinforce shared values with regard to ethics and compliance issues.
- Update all employees/Tri-City agents on changes in rules, regulations, law, and policy.
- Provide resources for current regulations, coding, documentation, and billing.
- Failure to attend mandatory compliance trainings and unwillingness/inability to comply with any aspect of Documentation Compliance Policy will follow the normal process of counseling and discipline as outlined in the Tri-City Mental Health Employee Handbook.

The quality and quantity of trainings will be monitored through obtaining training sign-in sheets to track quantity of trainings, and through administering post-training surveys, to track quality of trainings.

General Documentation Standards

Medical records are permanent documents of the reporting system. Documentation guidelines have been developed to promote the integrity of Tri-City Mental Health's Consumer Medical Records, which are periodically examined by regulatory, funding, and legal agencies.

[For more information about QA protocol on Clinical Records, see *Clinical Records Guidelines: Contents and General Documentation Requirements CL.102* and *Medical Records Chart Order, Summary of Exhibits, Page 88*]

Initial Intake/Assessment Documentation

During the intake process, information is gathered to determine eligibility for services, based on 1) Residency Requirements, 2) Medical Necessity and 3) Financial Obligation/Ability to Pay.

The following forms must be completed at first intake contact:

- Consent for Services/Treatment
- Notice of Privacy Practices Acknowledgement (HIPAA)
- Informing Materials Acknowledgment
 - Guide to Medi-Cal
 - Mental Health Provider Directory SPA 3
 - Mental Health Resource Directory
 - Grievance and Appeal Rights Tri-City
 - Grievance and Appeal Procedure-Consumer Guide
- Safety Guidelines Acknowledgement
- Request for Interpretation/Translation
- Advanced Health Care Directive Acknowledgement (18+)
- PFI Payer Financial Information
- Authorization for Reimbursement of Benefits
- Financial Obligation Agreement
- Baseline OMA – FSP
- C.A.R.E.S. screening form (age 21 and under)
- CANS (age 21 and under)/PSC-35 (age 19 and under)

- EHR Submission Form

The following forms must be completed by the end of the Assessment Period:

- Full Assessment/ Co-Occurring screenings, evaluations, and assessments
- Crisis Intervention Plan
- Client Treatment Plan/Welligent Treatment Plan
- NOAA – If the client does not meet medical necessity

Treatment Plan Documentation

- Client's preferred language other than English and language is documented
- Plan was interpreted and into what language is documented
- Client was offered a copy of treatment plan is documented
- Client/Family involvement is documented for each goal
- Type of intervention and interventions are documented for each goal
- Goal and goal implementation date are documented
- Client/guardian signature and staff/AMHD signature are required for each goal

Progress Note Documentation

All Tri-City staff are required to document all services and/or activities that are provided for the benefit of the consumer. All services will be documented in the progress notes in the consumer's medical record immediately. Progress notes requirements include:

- Each entry for services should identify the date and time of contact, type of contact (e.g., telephone contact, face to face contact, etc.), procedure code, type of service rendered, the length of time, and the persons involved.
- Each entry is to be signed by the rendering provider(s), with the full signature and credentials.
- Services must be documented using the following format:

MHS and TCM Progress Notes include:

- Visual and Hearing Impairments
- Session Language

- Present for Session
- Travel Time
- Session Goal
- Treatment Plan Goal
- Symptoms
- Intervention
- Response
- Progression/Regression
- Plan

Consumer Access to Own Medical Record

If a consumer wishes to inspect her/his own records, a Client Request to Access Records form must be obtained from and submitted to the Medical Records' Supervisor. Prior to the review:

- The AMHD will review the request with their supervisor and primary psychiatrist.
- If, upon review of the record by the consumer's psychiatrist, case AMHD, Program Supervisor, or Privacy Officer, it is determined that no harm would come from the consumer's review of his medical record, the consumer will be given access to his record. This will always be done in the presence of a professional staff member who will be able to explain or interpret the contents of the record.
- If it is determined that harm could come from the consumers review, then the service provider, and supervisor, should follow up with the Chief Operations officer for further direction.

Quality Improvement

The Quality Improvement department shares the responsibility with different departments to maintain and improve the quality of services and delivery infrastructure. In addition to being required by the State and Federal mandates, a regular assessment of consumers' experiences of services provided and their providers is essential to improve and innovation within Tri-City Mental Health.

Performance Measurement is the process of regularly assessing the results produced by a program, department, or division. It involves identifying processes, systems and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these indicators on a regular basis. Continuous Quality Improvement involves taking action as needed based on the results of the data analysis and the opportunities for performance they identify.

Measurement and assessment process:

- Selection of a process or outcome to be measured, on a priority basis.
- Identification and/or development of performance measures for the selected process or outcome to be measured.
- Aggregating data so that it is summarized and quantified to measure a process or outcome.
- Assessment of performance with regard to these indicators at planned and regular intervals.
- Taking action to address performance discrepancies when indicators indicate that a process is not stable, is not performing at an expected level or represents an opportunity for quality improvement.
- Reporting within the organization on findings, conclusions and actions taken as a result of performance assessment.

The Quality Improvement department ensures data analysis of performance measures for quality improvement of all agency program programs. It also collaborates with the Quality Assurance department for quality improvement activities across the agency. The quality improvement team prepares and analyzes data for the following:

- Timeliness of Services
 - Access to Care data
- Beneficiary and participant satisfaction
 - Consumer Perception surveys and program surveys
- Service delivery analysis
 - Access to Care data
- Performance Improvement projects

- Programs developed and implemented by the Quality Improvement Committee
- Consumer Outcomes
 - Consumer Perception surveys and program surveys

Tri-City is committed to becoming a behavioral health center of excellence, which is also aligned with the Triple Aim:

- Improve Health
- Reduce Costs
- Positive Client Experience

Tri-City has invested in expanding and enhancing our current system capabilities to more thoroughly track, evaluate and report on the effectiveness of services provided. Service outcome reporting is critical in assuring that Tri-City will be able to update, modify and develop new projects based on valid, reliable, and objective data. This method helps contribute to Tri-City's vision to successfully analyze outcome data, identify trends and provide reporting that will support future program improvement and development.

Protocol for Reports

The Quality Improvement department collaborates with all Tri-City programs and departments to prepare reports on a biannual basis: six months and one year.

Purpose of the Six-Month and Annual Update Reports:

- To provide programs with up-to-date information on their departments/programs.
- To identify whether changes need to be made to the performance measures.
- To maintain accountability for data collection.
- Report Timeframes
 - July 1 through December 31 for the Six-Month Reports
 - July 1 through June 30 for the annual update

▶▶ TCMH Cultural Competence Plan



Below is a flow chart of the process:



Summary of Exhibits Available Upon Request

The following section has remained unchanged in FY 2021-22 and reflect standard agency practices as presented in Tri-City's Three-Year Cultural Competence Plan for FYs 2020-21-2022-23.

- Mission Statement for Tri-City Mental Health
- Core Values for Tri-City Mental Health
- Mission Statement for Cultural Inclusion and Diversity Committee (CIDC)
- Mission Statement for African American Family Wellness Advisory Council (AAFWAC)
- Mission Statement for ¡Adelante! Latino and Hispanic Wellness Advisory Council
- Mission Statement for RAINBOW LGBTQ+ Wellness Advisory Council
- Mission Statement for Holistic Asian American and Pacific Islander (HAAPI) Wellness Advisory Council
- Ethnic Services Manager Job Description
- Cultural Inclusion and Diversity Committee Staff Survey October 2020
- Language Interpretation and Translation Policy and Procedure
- Language Line Protocol
- Request for Interpretation and Translation Form
- Language Line Guide and Access Codes
- Informing Materials Checklist [English]
- Informing Materials Checklist [Vietnamese]
- Language Line Poster
- MHP Language Poster
- Consumer Survey Letter [English]
- Consumer Survey Letter [Spanish]
- Adult Survey [English]
- Adult Survey [Spanish]
- Older Adult Survey [English]
- Older Adult Survey [Spanish]
- Youth Service Survey for Families [English]
- Youth Service Survey for Families [Spanish]
- Youth Service Survey for Youth [English]
- Primary Language Screening Tool
- Community Planning Process Policy
- Clinical Records Guidelines: Contents and General Documentation Requirements CL. 102
- Medical Records Chart Order