



# Three Year Cultural Competence Plan

FY 2023–24 to FY 2025–26

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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 (also referred throughout this document as Tri-City or TCMHA) has served as the mental health provider for the cities of Claremont, La Verne and Pomona. Through a Joint Powers Authority, Tri-City serves in a “county” capacity for the purposes of delivering quality mental health services for 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 Three-Year Cultural Competence Plan, Tri-City Mental Health Authority 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 service 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 including the African American Family Wellness Collaborative (AAFWC), ¡Adelante! Latino and Hispanic Wellness Collaborative, the RAINBOW (LGBTQ+) Collaborative, the Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative and the Transition Age Youth (TAY) Wellness Collaborative, Tri-City is able to address challenges related to accessing services including language barriers, health education and cultural differences in communication styles. Future collaboratives to be developed will focus on Native Indigenous communities and older adults, and continue to reach historically underrepresented groups.

Ongoing cultural and humility trainings 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 forums, stakeholder meetings and Wellness Collaboratives are just a few of the ways Tri-City has reached out to the community to request their input and insights into the current mental health needs 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.

## Criterion 1.

### Commitment to Cultural Competence

#### I. County Mental Health System Commitment to Cultural Competence

As a culturally competent health care agency, Tri-City Mental Health Authority 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:

#### Wellness Collaboratives

Tri-City created five Wellness Collaborative (formally known as Wellness Advisory Councils) to increase cultural partnerships with the community 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 continues to be the driving force behind the creation and implementation of programming and services offered by Tri-City. Acting on behalf of historically 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 for the annual Public Hearing. Advertisements for these public events are also circulated in the local bilingual newspaper, La Nueva Voz. Tri-City continues to maintain a strong connection with the community through social media, informational webinars, telehealth and personal phone calls.

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## 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.

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## 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](#)

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## Mission Statement for Tri-City Mental Health Authority

By understanding the needs of consumers and families, Tri-City Mental Health Authority 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 Authority 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 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:**

1. Issue Resolution Process for Complaints, Grievances and Appeals
2. Cultural and Linguistic Inclusion and Competence
3. Hearing Impaired Mental Health Access Policy [Covered in Cultural and Linguistic Inclusion]
4. Language Interpretation and Translation
5. Code of Ethics
6. Informing Materials Protocol
7. HIPPA Forms in Spanish Language
8. Advanced Health Care Directives
9. Employment Practices Regarding Individuals with Disabilities [HR]
10. Employee Recruitment and Hiring Policy [HR]
11. Complaint Procedure Against Harassment, Discrimination & Retaliation [HR]
12. Competency Development
13. Program Service Delivery
14. The Recovery Model



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

The Wellness Advisory Councils were re-branded to Wellness Collaboratives in FY 2022–23. Based on community member feedback, this transition better aligns with the councils' goals and enhances clarity about the purpose of its members. It was Tri-City's hope and intention to start the new year with a name that builds on the agency's ongoing objective of improving community partnerships, cultivating belonging and building community.

Unprecedented times brought new challenges, some virtual meetings continued while others were postponed due to low participation. The Wellness Collaboratives focused on re-engaging the community and building trust in FY 2022–23. Chairs of each collaborative attended and participated in community events in efforts to strengthen relationships and build on partnerships that were hindered in the previous fiscal year.

The CSS populations listed below are represented in the following Collaboratives:

CSS Population	Wellness Collaborative Represented
Family Members	All collaboratives include family members
Black/African American	African American Family Wellness Collaborative (AAFWC)
Asian American/Pacific Islander	Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative
Latino/a/x/ & Spanish Speaking	¡Adelante! Latino and Hispanic Wellness Collaborative
LGBTQIA+	RAINBOW Collaborative
TAY and Older Adults	All collaboratives include TAY and Older Adults

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

The Wellness Collaborative set out to build trust with our community leaders, cultural representatives and develop new relationships in FY 2022–23. The objective was to re-engage cross cultural leaders within the Tri-City area.

Some examples include:

- Increase community presence by attending cultural events
- Increase collaboration with local agencies and trusted leaders
- Meet the community where they are in
- Increase community involvement in stakeholder meetings
- Opportunities to participate at Tri-City Commission Meetings
- Connect, Support, Educate, Advocate

### African American Family Wellness Collaborative (AAFWC)

The African American Family Wellness Collaborative (AAFWC) 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 Collaborative

¡Adelante! Latino and Hispanic Wellness Collaborative 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. ¡Adelante! also focuses on building relationships and engage with communities and local organizations to ensure that Tri-City is meeting the needs of the community on an individual and collective level.

### RAINBOW Collaborative

The RAINBOW Collaborative was established in September 2020. The acronym RAINBOW stands for Resilience, Allies, Identity, Nurturing, Building equity, Open for all and Wellness. Its primary goal is to give a voice to LGBTQIA+ communities by empowering members to advocate and share their collective experiences to better identify the greatest needs and priorities related to mental health.

### Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative

The Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative was formed in May 2021. 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.

## Transition Age Youth (TAY) Wellness Collaborative

The Transition Age Youth (TAY) Wellness Collaborative was formed in July 2021. The primary goal for this group is to give a voice to youth and young adults between the ages of 16-25 to advocate and share their experience, knowledge, and feedback on mental health needs.

## Future Wellness Collaboratives

Native Indigenous communities and older adults have also been identified as historically unserved and underserved populations in the Tri-City service area. Over the next year, Tri-City plans to outreach and engage with these communities to develop Wellness 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.

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## Lessons learned on efforts made and identified county technical assistance needs

During FY 2022–23, the everchanging restrictions of COVID-19 continued to impact member participation in all Wellness Advisory Councils. Many members returned to in-person routines and were unable to attend virtual meetings. In addition, Tri-City, as with other agencies, experienced a significant staff shortage which resulted in remaining staff taking on other necessary duties and leading to postponement of some Collaboratives.

In January 2023 the Wellness Advisory Councils were rebranded to Wellness Collaboratives to better align with the community goals of enhancing clarity about the purpose and objective to improve community partnerships. “Community is Strength” was the tagline adopted by collaboratives to represent the need for working together to strengthen overall wellness in our community.

During this rebrand virtual meetings were postponed to allow chairs an opportunity to re-introduce themselves and the Wellness Collaborative to the community by attending, visiting and participating in local events. This allowed to meet the community where they are at, learn about their spaces, specific services they offer and identify ways in which TCMH can better collaborate and support each entity.

In addition, the development of a monthly email digest was created to insure consistent communications with community members. This email digest allowed each collaborative to promote webinars and bring awareness to cultural celebrations, acknowledgments and community resources.

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

### Director of MHSa and Ethnic Services



Dana Barford  
**Director of MHSa  
and Ethnic Services**

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Dana Barford currently serves as the Director of MHSa and Ethnic Services for Tri-City Mental Health Authority. Since 2009, Ms. Barford has been tasked with the implementation of numerous programs funded under the Mental Health Services Act (MHSa). These programs focus on prevention and early intervention as well as new innovative projects in support of recovery from mental illness. She has also played a prominent role in stakeholder engagement as part of the annual community planning process, the development of the Cultural Competence Plan as well as the MHSa Three-Year Program and Expenditure Plan. All of which help to guide Tri-City in the pursuit of programming that is deemed both clinically and culturally appropriate for the clients and community members we serve.

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



Andrea Espinosa  
**Diversity, Equity and  
Inclusion Coordinator**

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Andrea Espinosa, currently serves as the Diversity, Equity and Inclusion (DEI) Coordinator for Tri-City Mental Health Authority. Since 2013, Ms. Espinosa has worked in public mental health serving historically underserved and underrepresented communities. Her background includes prevention and early intervention, outpatient support in behavioral health care and community outreach and engagement. She has been tasked to strengthen community connections and bridge gaps to effectively deliver services across different cultural groups.

Job duties for the Diversity, Equity and Inclusion Coordinator include but are not limited to:

- Assist the Director of MHS and Ethnic Services in the day-to-day administrative tasks related to cultural competency as outlined in the Tri-City's Cultural Competence Plan to ensure the Authority follows state and federal cultural and linguistic regulations.
- Collect and assess cultural demographic data of individuals employed and served at Tri-City including race, ethnicity, primary language, gender, and sexual orientation; maintain confidentiality of all data.
- Serve on and/or provide staff support to assigned committees and Councils, including, but not limited to, the Authority's Cultural Inclusion and Diversity Committee (CIDC), and the Wellness Collaboratives.
- Coordinate, facilitate, and support the activities, trainings and events of the Cultural Inclusion and Diversity Committee (CIDC) and the Wellness Collaboratives.
- Work in partnership with the Human Resources Department and the Workforce Education and Training (WET) Supervisor to plan, coordinate, and implement events for staff recruitment and the professional development of existing staff.



## IV. Budget resources targeted for culturally competent activities

Culturally competent activities and services continue to be a priority at Tri-City, and various types of costs dedicated to cultural competency are annually incorporated within its budget. Examples of costs, 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 \$20,000 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 \$20,000 to \$25,000 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 \$35,000 per year.
- **Outreach and Culturally Appropriate Mental Health Services:** Tri-City's totally annual budget is approximately \$34.95 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 historically 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 2022-23 are as follows:
  - The Wellness Center: \$1,724,231
  - Community Navigators: \$669,754
  - Supplemental Crisis Services/Intensive Outreach and Engagement: \$998,169

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- Field Capable Clinical Services for Older Adults: \$139,723
- Community Capacity Building: \$447,846
- Peer Mentor, Family Wellbeing and Community Wellbeing Programs: \$318,503
- Therapeutic Community Gardening: \$372,440
- Housing Stability: \$204,863



## Criterion 2.

# Updated Assessment of Service Needs

### I. General Population

Tri-City Mental Health Authority 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)
<b>Population</b>	
Population estimates, July 1, 2022, (V2022)	212,398
Population estimates base, April 1, 2020 (V2022)	220,287
Population, percent change, April 1, 2020 (estimates base) to July 1, 2021, (V2022)	-3.6%
Population, Census, April 1, 2020	220,313



<b>Age and Sex</b>	
Persons under 5 years, percent	6.0%
Persons under 18 years, percent	22.7%
Persons 65 years and over, percent	14.6%
Female persons, percent	51.3%
<b>Race and Hispanic Origin</b>	
White alone, percent	42.1%
Black or African American alone, percent	5.6%
American Indian and Alaska Native alone, percent	1.9%
Asian alone, percent	11.4%
Native Hawaiian and Other Pacific Islander alone, percent	0.1%
Two or More Races, percent	13.4%
Hispanic or Latino/a/x, percent	58.6%
White alone, not Hispanic or Latino/a/x, percent	21.6%
<b>Population Characteristics</b>	
Veterans, 2017-2021	6,173
Foreign born persons, percent, 2017-2021	28.6%
<b>Housing</b>	
Owner-occupied housing unit rate, 2017-2021	57.8%
Median value of owner-occupied housing units, 2016-2020	\$594,367
Median selected monthly owner costs -with a mortgage, 2017-2021	\$2,645
Median selected monthly owner costs -without a mortgage, 2017-2021	\$670
Median gross rent, 2017-2021	\$1,689

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<b>Families and Living Arrangements</b>	
Households, 2017-2021	65,218
Persons per household, 2017-2021	3
Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	88.9%
Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	52.7%
<b>Computer and Internet Use</b>	
Households with a computer, percent, 2017-2021	95.3%
Households with a broadband Internet subscription, percent, 2017-2021	90.4%
<b>Education</b>	
High school graduate or higher, percent of persons age 25 years+, 2017-2021	78.7%
Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	28.0%
<b>Health</b>	
With a disability, under age 65 years, percent, 2017-2021	6.7%
Persons without health insurance, under age 65 years, percent	9.9%
<b>Economy</b>	
In civilian labor force, total, percent of population age 16 years+, 2017-2021	62.2%
In civilian labor force, female, percent of population age 16 years+, 2017-2021	55.2%
Total accommodation and food services sales, 2017 (\$1,000)	\$157,833
Total health care and social assistance receipts/revenue, 2017 (\$1,000)	\$622,301
Total transportation and warehousing receipts/revenue, 2017 (\$1,000)	\$143,097
Total retail sales, 2017 (\$1,000)	\$682,658
Total retail sales per capita, 2017	\$10,053
<b>Transportation</b>	
Mean travel time to work (minutes), workers age 16 years+, 2017-2021	30
<b>Income and Poverty</b>	
Median household income (in 2019 dollars), 2017-2021	\$91,814
Per capita income in past 12 months (in 2019 dollars), 2017-2021	\$40,234
Persons in Poverty, percent	13.3%



## II. Medi-Cal population service needs

The area served by the Tri-City Mental Health Authority 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 October 2023, there were 106,697 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 2022-23 which is a total of 3,179 unduplicated clients:

- **Race and Ethnicity:** For clients in the past fiscal year 22-23, 17% were White/Caucasian, 67% were Another Race, 12% were African American, 3% were Asian/Pacific Islander, 1% were Native American/Indian, and the remaining 0.2% were Unknown.
- **Gender:** For clients, 57% were women and 43% were men.
- **Age:** In the past fiscal year, 18% of clients were ages 0-15, 20% were in the age group of 16-25, 54% were in the age group of 26-59, and 9% were 60 years and above.
- **Language:** The most common languages for our clients were English 83%, Spanish 16%, and Another language 1%.

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	50,563	1,376	2.7%
Women	56,134	1,803	3.2%
<b>Total</b>	106,697	3,179	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 Authority 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. MHSA Community Services and Supports (CSS) population assessment and service needs

The total population for the Tri-City area is approximately 219,327 residents. Pomona has more than twice the population of the other two cities combined.

Table 1: Total Population by City

Total Population by City				
	La Verne	Claremont	Pomona	Tri-City Area
<b>Total population</b>	31,423	36,312	151,592	219,327

Source: U.S. Census data from 2021 ACS 5-Year Estimates





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	5,272	4,953	30,725	40,950	18.67%
15-24	6,978	4,110	25,030	36,118	16.47%
25-59	14,474	13,027	69,702	97,203	44.32%
60+	9,588	9,333	26,135	45,056	20.54%
<b>Totals</b>	<b>36,312</b>	<b>31,423</b>	<b>151,592</b>	<b>219,327</b>	<b>100.00%</b>

Source: U.S. Census data from 2021 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	2,116	1,141	8,962	12,219	5.57%
Asian Pacific Islander	5,631	3,133	16,413	25,177	11.48%
Native American	190	270	3,745	4,205	1.92%
White	20,910	20,073	51,051	92,034	41.96%
Another Race	2,406	2,425	51,441	56,272	25.66%
Two or more races	5,059	4,381	19,980	29,420	13.41%
<b>Race Totals:</b>	<b>36,312</b>	<b>31,423</b>	<b>151,592</b>	<b>219,327</b>	<b>100.00%</b>
Ethnicity:					
Hispanic/Latino/a/x (if any race)	8,691	12,067	108,216	128,974	59%
Another Ethnicity	27,621	19,356	43,376	90,353	41%
<b>Ethnicity Totals</b>	<b>36,312</b>	<b>31,423</b>	<b>151,592</b>	<b>219,327</b>	<b>100.00%</b>

Source: U.S. Census data from 2021 ACS- 5-year Estimates



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

### 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 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 ages 16-25, adults ages 26-59, and older adults 60 years of age 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 groups have been identified as historically unserved and underserved from the above targeted populations:

- Asian American and Pacific Islanders of all ages
- Latino/a/x adults and older adults
- Native American and Alaskan Native individuals of all ages
- Individuals experiencing onset of serious psychiatric illness
- Children and youth in stressed families
- Trauma-exposed individuals



- LGBTQIA+ 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 following table for a breakdown of targeted populations served by current CSS/PEI programs:

Current CSS and PEI Programs	Latino/a/x Adults and Older adults	Asian American and Pacific Islanders of all ages	Native American and Alaskan Natives of all ages	Individuals experiencing onset of serious psychiatric illness	Children and Youth in Distressed Families	Trauma-exposed Individuals	LGBTQIA+ individuals
Full Service Partnerships	X	X	X	X	X	X	X
Community Navigators	X	X	X	X	X	X	X
Wellness Center	X	X	X		X	X	X
Supplemental Crisis Services; Intensive Outreach and Engagement	X	X	X	X	X	X	X
Field Capable Services for Older Adults	X	X	X			X	X
Community Capacity Building Project	X	X	X	X	X	X	X
Older Adult Wellbeing Project	X	X	X				X
TAY Wellbeing		X	X	X	X	X	X

# Three Year Cultural Competence Plan

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Family Wellbeing	X	X	X		X		X
Early Psychosis				X	X	X	
Therapeutic Community Garden	X	X	X		X	X	X
School Based Programs		X	X		X	X	X



## IV. Planning and monitoring of identified strategies to reduce mental health and substance use disorder 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 and Latino/a/x and Asian American and Pacific Islander (AAPI) populations are effectively represented by Tri-City staff while the Native American/Alaskan Native continue to be a focus for recruitment.

### HR Staff Data compared to Tri-City Race Demographics

Demographics for Cities of Claremont, La Verne and Pomona	Percent of Population	Demographics for Tri-City Mental Health Staff	Percent of Staff
White	41.9%	White	15.89%
Hispanic/Latino/a/x	59%	Hispanic/ Latino/a/x	61.21%
Asian American/Pacific Islander	11.5%	Asian American	11.22%
Black/African American	5.5%	Black/African American	8.41%
Native American/Alaska Native	1.9%	Native American/Alaska Native	0.47%
Other	0.5%	Other	0.93%
Two Or More Races	13.4%	Two Or More Races	1.87%

*(Total may not add up to 100 percent, as individuals may select multiple races/ethnicities).*

*Source: U.S. Census data from 2021 DEC Redistricting Data*

## Hiring consumers with lived experience

Consumers are a critical part of Tri-City's workforce and provide valuable insight into 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.

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## Providing cultural competence training to staff members

### Diversity, Equity and Inclusion Staff Survey

In August 2023, Tri-City Mental Health Authority surveyed their staff to establish a baseline understanding of how staff currently feel about several topics related to cultural differences and comfort levels with difficult conversations.

Sample results include the following:

- **73%** of respondents agreed that groups with various cultural differences, experiences, and backgrounds are respected.
- **83%** of respondents agreed that they have the knowledge to effectively engage and support BIPOC and LGBTQIA+
- **64%** of respondents agreed that they felt comfortable initiating meaningful and sometimes difficult conversations with colleagues.
- **73%** of respondents agreed that they felt comfortable initiating meaningful and sometimes difficult conversations with supervisor, manager, or leadership.

[See *Diversity, Equity, and Inclusion Staff Survey August 2023, Summary of Exhibits*]

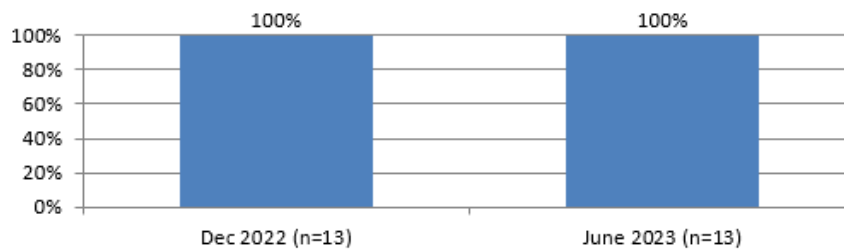


## Engaging the three cities' communities in creating plans for improving and measuring their own wellbeing

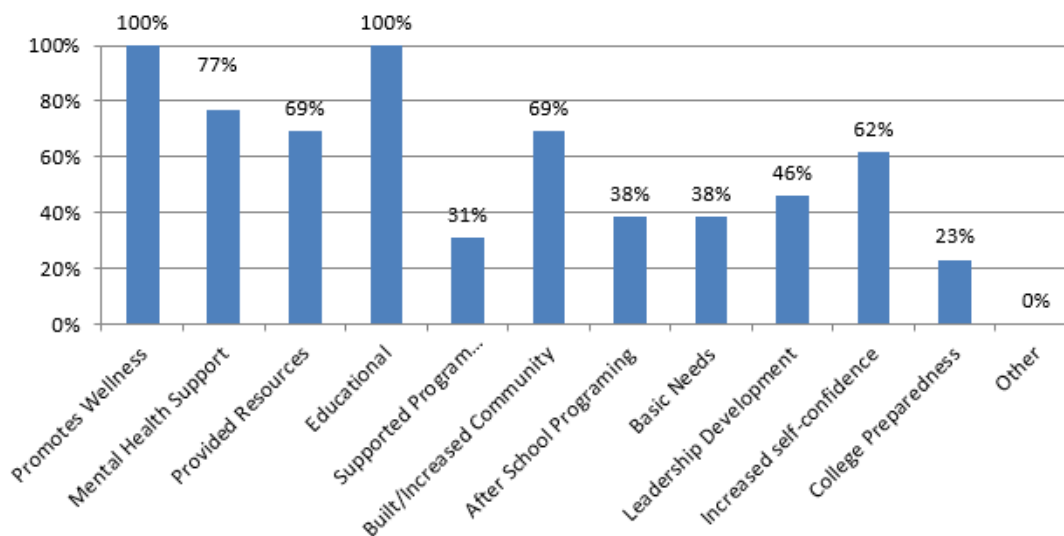
The Community Wellbeing program provides small grants of up to \$10,000 and technical assistance to help communities build their capacity to strengthen the wellbeing of their members and the community as a whole. These grantees provided an array of services such as student meal delivery program, support groups, creative arts, teen clothing, mental health workshops, afterschool programming, mentorship to foster youth, art in open spaces, and LGBTQ+ Youth Health & Education Wellbeing program that improved the wellbeing of their communities and also the underserved populations.

The graphs below reflect the outcomes for 13 community grantees and their members. (10,809 members represented through the grants for FY 22-23).

**Percentage of Grantees who Report Successful in their Community's Activities:**



**In what ways did your community benefit from this project? (Select all that apply)**



## 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.**

#### **Wellness Collaboratives**

Tri-City Mental Health Authority established the Cultural Inclusion and Diversity Committee (CIDC) (formerly known as the Cultural Competence Committee, CCC) in July 2010 to support the agency's assessment, evaluation and development of culturally competent and linguistically appropriate policies, programs and services. It consists of Tri-City staff from all departments within the agency's system of care including clinical services, MHSA programs and administration. In response to the continued staff shortage and lack of participation, priority was placed on the Wellness Advisory Councils.

The Wellness Advisory Councils were re-branded to Wellness Collaboratives in FY 2022-23. Based on community member feedback, this transition better aligns with the councils' goals and enhances clarity about the purpose of its members. It is Tri-City's hope and intention to start the new year with a name that builds on the agency's ongoing objective of improving community partnerships, cultivating belonging and building community.

The purpose of the Wellness Collaboratives is to engage 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.

## African American Family Wellness Collaborative (AAFWAC)

The African American Family Wellness Collaborative (AAFWC) 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.

The AAFWC's biggest success in FY 2022-23 was the ability to build community with local Black and African American organizations. In addition, the chair of the collaborative connected and re-engaged with community members to build trust and increase community member involvement.

The following are some examples of efforts made in FY 2022-23:

- In July 2022, the AAFWC was also part of the planning for BIPOC Mental Health Month, formally known as Bebe Moore Campbell National Minority Mental Health. In addition, the DEI Coordinator and AAFWC chair were involved in the creation of "Fostering Diversity, Equity and Inclusion" newsletter, which highlighted Bebe Moore Campbell, an advocate for the mental health needs of Black/African American community and other underrepresented communities.
- July 2022 AAFWC participated in IN COMMUNITY: A virtual conversation on BIPOC Mental Health.
- December Holiday Newsletter
- January 2023, visit to African American Museum of Beginning in Pomona
- In February 2023, the AAFWC staff and members reflected on "Black History" and shared what it signifies to them
- February 2023 chair and DEI Coordinator attended Freedom Fund Event with NAACP
- In June 2023, supported the raising of the Juneteenth flag at Pomona City Hall

Although the African American Family Wellness Collaborative (AAFWC) held a virtual meeting in December 2022, efforts were made to improve partnerships and gain trust with local leaders and organizations by visiting centers, attending local events and showing support. In addition, this time allowed the chair and DEI Coordinator to continue conversations around mental health equity and disparities in the Black and African American communities. In addition, a monthly email was created to maintain consistent communication and sharing of resources with community members. Revitalization of the Collaborative will be a priority in FY 2023-24.

## ¡Adelante! Latino and Hispanic Wellness Collaborative

¡Adelante! Latino and Hispanic Wellness Collaborative was established in September 2020. Its primary goal is to instill hope and wellness by empowering community members within the Latino/a/x and Hispanic communities to advocate and share their experiences, knowledge, and feedback. ¡Adelante! also focuses on building relationships and engaging with communities and local organizations to ensure that Tri-City is meeting the needs of the community on an individual and collective level.

The following are some examples of efforts made by ¡Adelante! in FY 2022-23:

- Developed and Implemented “Lotería Break” an interactive game of lotería with a mental health lens to decrease mental health stigma and increase awareness on suicide prevention in Latino/e/x community. The Collaborative hosted 5 events within FY 22-23 in community spaces that reached youth and young adults.
- Strengthened collaboration with local organizations that serve Latino/Hispanic Community (Latino/a Roundtable, Promotoras)
- Participated in cultural and community events by hosting resource table to increase awareness of mental health services for Latino and Spanish speaking communities.
- Attended Latino/a conferences to increase awareness of community needs.
- Host events in the community spaces

¡Adelante! Wellness Collaborative continued to engage the community to share their experiences and feedback regarding the mental health in Latino and Hispanic individuals, communities and families.

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## RAINBOW Collaborative (LGBTQ+)

The RAINBOW Collaborative was established in September 2020. Its primary goal is to give a voice to LGBTQIA+ communities by empowering members to advocate and share their collective experience to better identify the greatest needs and priorities related to mental health. A space to share resources, advocate for mental wellbeing and increase education. (Advocate, Celebrate, Educate)

In FY 2022-23, the RAINBOW Collaborative experienced significant growth. Monthly meetings were consistent throughout the year as well as new members joining. In addition, community partnerships strengthened which allowed the collaborative to host in-person events in the community.

The following is a highlight of efforts made by the RAINBOW Collaborative in FY 2022-23:

- August 2022: reviewed and revised the Mission, Vision, and Goals of the Collaborative with new members.
- October 2022: Chair and Executive team attended Pomona Pride Center's 2<sup>nd</sup> Annual Gayla
- December 2022: Chair of the RAINBOW collaborative develop a "Holiday Blues Newsletter" which included strategies and resources to support LGBTQIA+ community through the holidays
- February 2023: "I Love You No Matter What" first in-person Roundtable (30 attendees)
  - A conversation between professionals and community members about providing support to loved ones who identify as LGBTQIA+.
- February 2023: Attended Q-Camp at Cal Poly Pomona
  - A community resources fair for students to learn about support outside of Cal Poly Pride Center that welcomes LGBTQIA+ individuals and celebrates their diversity. (engaged 32 students)
- April 2023: Attended Pomona Pride Center's inaugural "Pomona Valley - State of the LGBTQIA+ Community" Forum.
- June 2023: Participated in "Love Wins Downtown Pomona Pride Festival"
- June 2023: Invited guest speakers for PRIDE Month to Children Family Services staff meeting to increase the support for clients and families that identity as LGBTQIA+

The RAINBOW Collaborative continues to meet monthly and has plans to engage the community in more ways to build upon the FY 2023-24 goal of improving mental health access for the LGBTQIA+ community.

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## Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative

The Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative was established in May 2021. This collaborative group consists of clients, community members as well as Tri-City staff who identify as Asian American, Native Hawaiian and/or Pacific Islanders who are looking for ways to become involved in supporting their community and sharing their voice in matters related to reducing stigma and increasing mental health awareness.

The following are some examples of efforts made by HAAPI in FY 2022-23:

- July 2022: the HAAPI Wellness Collaborative participated in a virtual roundtable In Community: A Conversation on BIPOC Mental Health of BIPOC. This community webinar explored mental health barriers in BIPOC communities.
- April 2023: Outreach to the Director of Multicultural Affairs at the University of La Verne for collaboration



- May 2023: Call to Action Advertorial for La Nueva Voz Pomona Newsletter “Promoting Mental Health Wellness within Asian American, Native Hawaiian and Pacific Islander Communities
- In addition, the HAAPI Wellness Collaborative continued to bring awareness to cultural celebrations through agency-wide communication, including Diwali and the Lunar New Year, AANHPI Heritage Month.

The HAAPI Wellness Collaborative experienced similar challenges as other collaboratives, including the chair stepping down. Participation also fluctuated throughout the year, with many of our members being Tri-City staff. Tri-City staff continue to make efforts to outreach and engage trusted cultural brokers and will focus on building partnerships in FY 2023-24.

## Transition Age Youth (TAY) Wellness Collaborative

The Transition Age Youth (TAY) Wellness Collaborative was formed in July 2021. The primary goal for this group is to give a voice to youth and young adults between the ages of 16-25 to advocate and share their experience, knowledge, and feedback on mental health needs.

The following are efforts made by TAY Wellness Advisory Council during FY 2022-23:

- Outreach and engagement efforts continued by Chair and DEI Coordinator attending local university resources fairs to outreach new members.
- Internal outreach was also a focus, and meetings were scheduled with staff that serve youth such as the Wellness Center, Peer Mentors, and TAY housing to gain their support to promote the Collaborative.

Historically, this population is one of the hardest to engage. Similar to other collaboratives, the TAY Wellness Collaborative experienced low member participation in FY 2022-23. Although changes were made to the time and day of the meeting, low attendance and participation continued. In addition, the TAY Wellness Collaborative stepped down as chair in January 2023.

In FY 2024-25 the TAY Wellness Collaborative will work toward collaboration with Tri-City's School Partnership Team (SPT) and Children and Family Services (CFS) to increase collaboration and build partnerships in the community. Additionally, we will review including incentives for participation to increase interest.

*[See Criterion 5 Culturally Competent Training Activities for more details]*

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## Future Wellness Collaboratives

Older adults (ages 60+) and Native Indigenous communities also have been identified as historically unserved and underserved populations in the Tri-City service area. Over the next fiscal year, Tri-City will increase community collaborations to outreach and engage with these communities to develop a partnership and collaboration, with the intention to empower



members to advocate their community's mental health needs and bridge gaps in delivery and access to services.

## Wellness Collaborative Community Engagement in FY 2022-23

Date	Education and Engagement Activity
July 2022	The Wellness Collaboratives posted a series of social media graphics regarding BIPOC Mental Health Month, formally known as Bebe Moore Campbell Minority Mental Health Awareness Month.
7/4/2022	¡Adelante! Latino & Hispanic Wellness Collaborative monthly meeting
7/12/2022	Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative monthly meeting
7/18/2022	RAINBOW Collaborative monthly meeting
7/28/2022	African American Family and Wellness Collaborative monthly meeting
September 2022	¡Adelante! Wellness Collaboratives posted a series of social media graphics regarding Hispanic Heritage Month & Mental Health Challenges in English and Spanish
9/8/2022	¡Adelante! Latino & Hispanic Wellness Collaborative regular monthly meeting
9/13/2022	Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative monthly meeting
9/19/2022	RAINBOW Collaborative monthly meeting
9/22/2022	African American Family Wellness Collaborative monthly meeting
10/6/2022	RAINBOW Collaborative, Staff and Board Members attended Pomona Pride Center's GayLa
10/11/2022	Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative regular monthly meeting
10/13/2022	¡Adelante! Latino & Hispanic Wellness Collaborative monthly meeting
10/17/2022	RAINBOW Collaborative monthly meeting
11/8/2022	Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative monthly meeting
11/10/2022	¡Adelante! Latino & Hispanic Wellness Collaborative monthly meeting



# Three Year Cultural Competence Plan

FY 2023-24 to FY 2025-26



January 2023	Monthly Email Digest sent to all Wellness Collaborative Members
1/17/2023	RAINBOW Collaborative monthly meeting
February 2023	Monthly Email Digest sent to all Wellness Collaborative Members
February 2023	In honor of Black History Month, the AAFWAC posted a series of social media graphics highlighting staff, community partners and members on what the month means to them.
2/9/2023	RAINBOW Collaborative attended Q-Camp a resource fair for Cal Poly Pomona's Pride Center
2/21/2023	RAINBOW Collaborative monthly meeting
2/28/2023	RAINBOW Collaborative attended Pomona Valley State of the LGBTQIA+ with Pomona Pride Center at Pomona Unified School District (PUSD)
2/29/2023	AAFWAC attended NAACP Pomona Valley Branch FREEDOM FUND Event in La Verne
March 2023	Monthly Email Digest sent to all Wellness Collaborative Members
3/8/2023	TAY Wellness Collaborative attended the Bonita Unified School District Mental Wellness Summit
3/21/2023	RAINBOW Collaborative monthly meeting
3/28/2023	TAY Wellness Collaborative attended the University of La Verne Mental Health Resource Fair
3/31/2023	¡Adelante! Wellness Collaborative attended Latino/a Roundtable Cesar Chávez Breakfast at Pomona Fairplex
April 2023	Monthly Email Digest sent to all Wellness Collaborative Members
4/18/2023	RAINBOW Collaborative monthly meeting
4/29/2023	Tri-City staff, in collaboration with community partners, hosted a youth wellness symposium, <i>A Happy Me, A Happy We: Learn to Thrive</i> for youth and young adults ages 12-18 in Pomona, Claremont and La Verne.
May 2023	Monthly Email Digest sent to all Wellness Collaborative Members
May 2023	<i>Promoting Mental Wellness within Asian, American, Native Hawaiian and Pacific Islander Communities</i> (Advertorial for La Nueva Voz Pomona Newspaper)
5/10/2023	In honor of Asian American, Native Hawaiian and Pacific Islander Mental Health Day, HAAPI Wellness Collaborative posted a series of social media graphics highlighting the diversity among Tri-City staff and the significance of AAPI heritage.
5/16/2023	RAINBOW Collaborative monthly meeting





June 2023	Monthly Email Digest sent to all Wellness Collaborative Members
June 2023	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 LGBTQIA+ community. Staff also created a news blog highlighting LGBTQIA+ mental health resources, local events, and education regarding LGBTQIA+ access to mental health care and wellness.
6/5/2023	AAFWAC Attended Juneteenth Flag Raising at Pomona City Hall
6/10/2023	RAINBOW Collaborative participated in LOVE WINS: Downtown Pomona Pride Festival
6/19/2023	First year Tri-City Mental Health was closed in observance of Juneteenth: Freedom Day
6/20/2023	RAINBOW Collaborative monthly meeting

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

Currently, there are five three cultural advisory councils

1. African American Family Wellness Collaborative (AAFWC)
2. ¡Adelante! Latino and Hispanic Wellness Collaborative
3. RAINBOW Collaborative
4. Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative
5. Transition Age Youth (TAY) Wellness Collaborative

## Implementation of Wellness Collaboratives to reduce mental health disparities for targeted unserved and underserved communities

The Tri-City's Wellness Collaboratives 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 and provide input to be considered by Tri-City Mental Health Authority. Tri-City Wellness Collaboratives 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 collaboratives is open to any person who resides within or is affiliated with the Tri-City catchment area.

The main objectives of the Wellness Collaboratives are to:



- 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.
- 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.
- Increase awareness of and access to mental health resources for targeted unserved and underserved communities.
- Reduce mental health stigma in targeted unserved and underserved communities.
- Recognize, respect and incorporate the history, culture, language and traditions of targeted unserved and underserved communities into Tri-City programming and services.
- Outreach, educate and empower targeted unserved and underserved communities to engage in the MHA community stakeholder process.

Tri-City Wellness Collaboratives continue to be crucial to Tri-City's mission to increase consumer representation, respond to gaps in services and increase workforce diversity.

The purpose of the Wellness Collaboratives is to outreach and engage community members to participate in the MHA community stakeholder process and overall planning, implementation, evaluation and delivery of services for historically unserved and underserved communities. This may include advocating for culturally competent services and providing guidance and recommendations to management and executive-level staff and Tri-City governing bodies. Through community member 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 collaboratives 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 Authority website.

## Criterion 5.

### Culturally Competent Training Activities

In 2012, Tri-City staff and stakeholders joined together to develop the MHSW Workforce Education and Training (WET) Plan. This critical plan seeks to improve the effectiveness of all staff currently providing services for our clients and community members as well as strengthen the pool of individuals who may be available to provide support in the future. Learning activities identified in this plan include:

- Formal courses and training sessions facilitated by current staff, volunteers, and/or consultants to meet an identified learning priority;
- Informal learning sessions to focus on particular practices or topics in a more relaxed way—e.g., one-time workshops, listening circles, and “Lunch and Learn” sessions for staff and volunteers;
- Online learning activities—e.g., self-guided and interactive tutorials focusing on particular skill sets and practices; and
- Community webinars for staff, volunteers, and/or the larger public to educate, share resources and best practices, recognize outstanding contributors, and celebrate successes through story-telling and other activities.

These methods of training staff and community members continue to be the roadmap for ensuring the highest level of cultural competence and self-awareness. Staff are required to complete a minimum of two cultural competence courses annually and participation is tracked through our Human Resources Department. In addition, mandatory trainings are offered throughout the year based on current events and community issues.

As mental healthcare professionals, Tri-City is committed not only to developing strong clinical skills but to ensure each individual who represents this agency values diversity and is competent to understand and respond to cultural differences with each client. This commitment requires all trainings to include a cultural component that can contribute to the delivery of culturally and linguistically inclusive services.



## II. Staff and stakeholder annual cultural competence trainings

Staff and Stakeholder Cultural Trainings, Activities and Community Engagement		
Date	Activity	Activity Type
7/20/2022	<i>In Community: A Conversation on BIPOC Mental Health</i> A webinar exploring mental health barriers experienced by Black, Indigenous and Persons of Color (BIPOC) communities.	Staff and Community Education & Awareness
7/27/2022	<i>Unity in Community: Supporting the Mental Health of BIPOC Youth</i> A youth-group led a listening circle in partnership with JustUs4Youth.	Community Education & Awareness
9/20/2022	¡Adelante! in collaboration with Latino/a Roundtable hosted a Lotería Break for Hispanic Heritage Month/ Suicide Prevention Awareness Month for members of the community to share traditions, customs and learn about mental health and suicide prevention.	Community Education & Awareness
9/22/2022	Help @ Hand in collaboration with Painted Brain hosted a Digital Health Literary Workshop and an APPY hour in Spanish.	Community Education & Awareness
10/13/2022	¡Adelante! in collaboration with Latino/a Roundtable hosted a Lotería Break at Café Con Libros Pomona in celebration of Hispanic Heritage Month for members of the community to share traditions, customs and learn about mental health.	Community Education & Awareness
10/18/2022	RAINBOW Collaborative hosted its first in-person meeting at Pomona Pride Center and engaged in a listening circle about community wellness and LGBTQ+ mental health needs.	Staff and Community Education & Awareness
11/15/2022	RAINBOW Collaborative hosted <i>I Love You No Matter What: An open forum and community conversation around providing support to loved ones who identify as LGBTQIA+.</i>	Staff and Community Education & Awareness
11/17/2022	<i>Wellness &amp; Healing in Native and Tribal Communities</i> This Lunch & Learn provided staff the opportunity to learn about Native and Indigenous culture, customs, and wellness practices. Presenter Henri Mascorro shared her Native American ancestry through storytelling, artifacts, music, dance, and regalia. This presentation included a conversation on common native healing traditions such as the talking stick, healing feather, burden basket, and sacred sage.	Staff Education & Awareness
2/17/2023	RAINBOW Collaborative hosted <i>I Love You No Matter What: An open forum and community conversation around providing support to loved ones who identify as LGBTQIA+.</i>	Staff and Community Education & Awareness

# Three Year Cultural Competence Plan

FY 2023-24 to FY 2025-26



5/11/2023 & 5/18/2023	¡Adelante! in collaboration with Latino/a Roundtable hosted a Lotería Game at Café Con Libros for members of the community to learn about mental health resources for May Mental Health Awareness Month.	Community Education & Awareness
5/20/2023	¡Adelante Wellness Collaborative! Attended the <i>Alternative Healing Practices for Latinos</i> San Gabriel Valley Conference for May Mental Health Awareness Month.	Staff Education & Awareness
6/10/2023	RAINBOW Collaborative participated in LOVE WINS: Downtown Pomona Pride Festival. Prevention and Early Intervention staff, including from Stigma Reduction and Therapeutic Community Garden programs, hosted community workshops about mental health wellbeing, therapeutic horticulture and mindfulness strategies.	Community Education & Awareness
6/27/2023	In collaboration with PFLAG Pasadena Tri-City hosted a webinar, <i>LGBTQIA+ Wellness and Support</i> , on how to support LGBTQIA+ people and their families.	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 online trainings include:

- 10 Steps to Fully Integrating Peers into your Workforce
- A Culture-Centered Approach to Recovery
- Addressing the Behavioral Health Needs of Returning Veterans
- Cultural Diversity and the Older Adult
- Cultural Responsiveness in Clinical Practice
- Enhancing Clinical Competency through An Understanding of Military Culture
- 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
- Substance Use in Military and Veteran Populations
- Working More Effectively with LGBTQ+ Children and Youth
- Building a Multicultural Care Environment
- DEI: An Introduction to Multicultural Care
- Diversity, Equity, and Inclusion for the Healthcare Employee
- Overcoming Barriers to LGBTQ+ Affirming Behavioral Health Services
- Substance Use Treatment & Relapse Prevention for Racial and Ethnic Minorities
- The Effect of Deployment, Combat Stress, and Moves on Families and Children
- The Role of the Behavioral Health Interpreter
- Understanding and Addressing Racial Trauma in Behavioral Health
- Understanding and Minimizing Cultural Bias for Paraprofessionals
- Workplace Discrimination: What Supervisors Need to Know
- HIV/AIDS - The Elder's Experience
- Older Adults and Behavioral Health Issues
- Diversity for All Employees for Healthcare
- Implicit Bias



## Mental Health First Aid (MHFA) Training

Tri-City Mental Health Authority 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 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 five 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
<b>MHFA: Adult (English &amp; Spanish)</b>	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]
<b>MHFA: Youth</b>	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]
<b>MHFA: Law Enforcement and First Responders</b>	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 & virtually [webinar]
<b>MHFA: Military, Veterans, &amp; Families</b>	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 & virtually [webinar]



<p><b>MHFA: Older Adults</b></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 &amp; virtually [webinar]</p>
<p><b>MHFA: Higher Education</b></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 &amp; virtually [webinar]</p>

## Southern Counties Regional Partnership (SCRCP)

In FY 2022-23, 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. Other trainings made available through the SCRCP include trainings related to trauma for specific groups such as trauma and parenting, and addressing substance use and trauma with both adult and youth focus.



## Additional Cultural Competence Training Topics FY 2022-23 through FY 2023-24

### The following training were completed in FY 2022-23:

- Working with a Limited English Proficient (LEP) Community
- How to Effectively Access Language Services for Clients
- Self-awareness and Implicit Bias
- Understanding Consumer and Family Culture
- Cultural Competence vs Cultural Humility
- Effective Outreach and Engagement of the LGBTQ+ and Transgender Community
- LGBTQIA+ 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)
- Mental Health First Aid (MHFA)
- Healthy Relationships
- Stigma Reduction
- Zoom Fatigue and Coping During the COVID-19 Pandemic
- Wellness and Healing in Native and Indigenous Communities

### The following trainings are anticipated to be completed in FY 2023-24:

- Effective Use of Interpreters in a Mental Health Setting
- Understanding the Americans with Disabilities Act (ADA) and How it Impacts BIPOC Communities
- Cultural Sensitivity Training for Individuals with Disabilities
- Cultural Awareness: Becoming an Ally
- Working with Older Adults
- Healthy Relationships
- Life Transitions and Change
- Human Trafficking



- Veterans and Mental Health
- Disability Cultural Competence Training
- Connect, Accept, Respond, Empower; Suicide Prevention in LGBTQIA+ TAY

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

### Webinars, trainings, and presentations for FY 2022-23 related to cultural awareness and inclusion

#### Resiliency

Trainings for children, adolescents, transition age youth, parents, and caretakers, that focus on resiliency, will be provided through *Adverse Childhood Experiences (ACEs)* and *Community Resiliency ®(CRM)*. Tri-City has invested in both curricula and has 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
<b>ACEs: English &amp; Spanish</b>	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]
<b>CRM: English &amp; Spanish</b>	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 2-8 hours	TAY, Parents, Caretakers, & Service Providers	In-person & virtually [webinar]

## Stigma Reduction & Suicide Prevention

Stigma reduction and suicide prevention programming are part of Tri-City's stigma reduction campaign, *Room4Everyone*. The *Room4Everyone* campaign includes local community efforts such as Green Ribbon Week, as well as state and nationally recognized campaigns including Mental Health Awareness Month, Black Indigenous and People of Color (BIPOC) Mental Health Awareness Month and Suicide Prevention Awareness Month.

Tri-City staff, through the *Room4Everyone* campaign and Prevention and Early Intervention (PEI) programming, create tailored mental health and wellness workshops for targeted populations such as TAY, individuals with lived experience, service providers, school districts/organizations and communities in Pomona, La Verne, and Claremont. These presentations and activities are created with an inclusive and equitable lens and are designed to support changes in attitudes, knowledge and behavior around suicide prevention, life promotion and the stigma related to mental health conditions. These include:

- Community roundtables and listening circles about mental health, peer support, and recovery;
- Workshops focused on coping strategies, stress management, and mental health awareness;
- Know the Signs: Suicide Prevention trainings;
- Courageous Minds Speakers Bureau presentations and Creative Minds art workshops: Participants are able to have a voice in supporting not only their own recovery, but also influence the attitudes and beliefs of those who are touched by their stories and artwork.

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## Youth Wellness Symposium

Tri-City Mental Health Authority, in partnership with Pomona Youth Prevention Council (PYPC) and local community partners such as the Western University of Health Sciences, Project Sister, Prototypes, and the National Council on Alcoholism and Drug Dependence (NCADD) of East San Gabriel & Pomona Valleys, hosted a Youth Wellness Symposium, *A Happy Me, A Happy We: Learn to Thrive* on April 29, 2023. Hosted at the Western University of Health Sciences, this free half-day symposium provided a safe and supportive space to empower youth and young adults ages 12 to 18 in Pomona, Claremont and La Verne to develop and identify sustainable wellness practices and knowledge to thrive in their respective life paths. Through hands-on workshops and interactive peer-led activities, this educational event empowered young people to become self-advocates and provided them the necessary resources to increase their ability to navigate social, mental, and emotional barriers that may arise during their lives. Over 70 youth gathered with volunteer staff to participate in this event which included thirteen different workshops designed specifically for youth. In addition, sixteen different organizations participated in an outdoor resource fair where youth were able to access age- and culturally-appropriate information and resources.



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. In an effort to recruit, train and attract a workforce that mirrors our client population, we work to recruit heavily within our community as well as partner with our local colleges to promote careers in mental health to our graduating youth. We start by promoting volunteer opportunities to our youth that we may encounter through our various programs or through our internships and try and find attainable positions for them within our workforce. Tri-City has also implemented of hiring incentives such as our sign-on bonus, hybrid work schedules, hazard and longevity pay have helped to create a more attractive compensation and benefit package to attract staff and we often survey our current workforce for ideas on attractive benefits and incentives.

The following table reflects Tri-City's staff demographic as of June 2022.

Demographics for Tri-City Mental Health Staff	Percent of Staff
White	15.9%
Hispanic and Latino/a/x	61.2%
Asian/Pacific Islander	11.2%
Black/African American	8.4%
Native American/Alaska Native	0.5%
Other	0.9%
Two Or More Races	1.9%

## 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 Authority 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.

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

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, the County Behavioral Health Directors Association of California (CBHDA), the Collaborative to Improve Behavioral Health Access (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, and Tri-City Mental Health Authority 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, representatives 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

#### 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.

#### 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, cultures, 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 on agency wide bilingual staff members who speak the languages of the target populations

Approximately 33% of the Tri-City Workforce is bilingual. Approximately 27% 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
<b>Spanish (Threshold Language)</b>	<b>59</b>	<b>27.57%</b>
Vietnamese	2	0.93%
French	2	0.93%
Khmer	1	0.47%
Persian	1	0.47%
Punjabi	1	0.47%
Russian	1	0.47%
Mandarin & Chinese	0	0.1%
Hindi	1	0.47%
Japanese	1	0.47%
Tagalog	2	0.93%
<b>Total Bilingual</b>	<b>71</b>	<b>33.18%</b>

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

#### Bilingual Staff FY 2022-23

- Fifty-nine staff members speak Spanish
- Two staff members speak Vietnamese
- Two staff members speak French
- One staff member speaks Khmer
- One staff member speaks Persian



- One staff member speaks Punjabi
- One staff member speaks Russian
- One staff member speaks Hindi
- One staff member speaks Japanese
- Two staff members speak Tagalog

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

On an annual basis, Tri-City dedicates approximately \$20,000 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)

### 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]*

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### 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]*



## Evidence that the county/agency accommodates 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]*

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## 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 the effectiveness of translation.

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## 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 the 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]

Approximately 33% of the Tri-City Workforce is bilingual. Approximately 27% of the Tri City workforce is qualified to provide bilingual interpretation services, in the threshold Language Spanish.

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### 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]

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### 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]

## 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 bilingual workforce members and the languages they can interpret.

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

### 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 for Section IV: A and B]*

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## 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]*

## 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]*

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**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

# Three Year Cultural Competence Plan

FY 2023-24 to FY 2025-26



General	MHSA Stakeholder
<ul style="list-style-type: none"> <li>• Tri-City Official Protocol: Informing Materials                             <ul style="list-style-type: none"> <li>○ Guide to Medi-Cal Mental Health Services [English, Spanish, Vietnamese]</li> <li>○ Tri-City Beneficiary/Client Problem Solution Guide [English, Spanish, Vietnamese]</li> <li>○ DMH LA County Service Area 3 Provider Directory</li> <li>○ LA County DMH Mental Health Client Resource Directory</li> <li>○ LA County DMH Grievances and Appeals Procedures: A Consumer Guide [English, Spanish, Vietnamese]</li> <li>○ LA County Patient’s Rights Grievances or Appeal and Authorization Form</li> </ul> </li> <li>• Client Acknowledgment of Receipt of Informing Materials</li> </ul>	<ul style="list-style-type: none"> <li>• MHSA Stakeholder Meeting Flyers [English, Spanish]</li> <li>• MHSA Stakeholder News Advert, La Nueva Voz Pomona Newspaper [English, Spanish]</li> <li>• MHSA Notice of Public Hearing Advert, La Nueva Voz Pomona Newspaper [English, Spanish]</li> <li>• Notice of Public Hearing of the Mental Health Commission and MHSA Annual Update Flyer [English, Spanish, Vietnamese]</li> </ul>
	<h3>Miscellaneous</h3>
	<ul style="list-style-type: none"> <li>• Staying Resilient and Compassionate During COVID-19 [English, Spanish]</li> <li>• Protect Yourself and Your Family from COVID-19 Flyer [English, Spanish]</li> <li>• Community Health Resource Fair [English, Spanish]</li> </ul>
MHSA Programs and Services	Forms/Documents
<ul style="list-style-type: none"> <li>• Tri-City Mental Health: A Guide to Our System of Care [English, Spanish]</li> <li>• Tri-City Resource Guide [English, Spanish]</li> <li>• Intensive Outreach and Engagement Team (IOET) Informational Brochure [English, Spanish]</li> <li>• Wellness Center Brochure [English, Spanish, Vietnamese]</li> <li>• Wellness Center Monthly Calendar [English, Spanish]</li> <li>• Community Navigator Informational Flyer [English, Spanish]</li> </ul>	<ul style="list-style-type: none"> <li>• Notice of Privacy Practices [English, Spanish, Vietnamese]</li> <li>• Notice of Privacy Practices Acknowledgement of Receipt [English, Spanish, Vietnamese]</li> <li>• HIPAA Privacy Complaints Form [English, Spanish, Vietnamese]</li> <li>• Authorization for the Release/Disclosure of Information and/or Mental Health Records from Tri-City Mental Health [English, Spanish]</li> <li>• Authorization for the Release of Information and/or Mental Health</li> </ul>

# Three Year Cultural Competence Plan

FY 2023-24 to FY 2025-26



- Supplemental Crisis Services Flyer [English, Spanish]
- Community Mental Health Training (CMHT) Flyers for Wellness Webinars during COVID-19 [English, Spanish]
- Wellness Webinar Flyers [English, Spanish]
  - 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

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]
- 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]

<b>Cultural Inclusion and Diversity Committee</b>	<b>Quality Assurance</b>
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- Cultural Competence Focus Group Questions Survey [English, Spanish]

- Collaborative Documentation Brochure [English, Spanish]



- ¡Adelante! Hispanic and Latino Wellness Collaborative Flyer [English, Spanish]
- Community Inclusion, Diversity and Wellness Fair Flyer [English, Spanish]
- Coordination and Rehabilitation Enhanced Services (CARES) Brochure [English, Spanish]

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## 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]*

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## 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]*





## Report mechanisms for ensuring translated materials are at an appropriate reading level (6<sup>th</sup> 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]*

## Criterion 8.

### Adaptation of Services

#### I. Client driven/operated recovery and wellness programs

##### Tri-City 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 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 (PEI Plan)

Trained volunteers (peer mentors) from the Tri-City area provide support to peers (mentees) who need emotional support, peer connection and resources. Peer mentors offer individual support and additional assistance through linkage to community resources that are both age- and culturally- matched to each individual mentee.

The Peer Mentor program has worked diligently to recruit individuals who have multicultural backgrounds to be able to better combat cultural challenges and barriers. The program has recruited new mentors from local colleges and universities as well as from the Tri-City Community. Local colleges and universities host eclectic communities, who represent different cultures, and diverse backgrounds. Tri-City community consists of individuals who have lived experience, and community members who engage in Tri-City community events and are interested in dedicating their time to volunteer in the program. Below are some demographics that represent the diversity in the Peer Mentor Program (FY 22-23):

- 42% of the mentors reported to speak a language other than English
- 28% of mentors identified as individuals living with a disability
- 3% of mentors identify as LGBTQIA+
- 21% of mentors are older adults
- 43% of mentors are between 16 – 25 years of age
- 21% of mentors identified as Black/African American
- 43% of mentees are between the ages of 16-25
- 18% of mentees are older adults
- 9% of mentees identify as LGBTQIA+
- 30% of mentees identify as having a disability

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## Help@Hand/Tech Suite (Innovation Plan)

The primary purpose of this MHS Innovation (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: September 28, 2018 through June 30, 2021
- Revised Project Dates: January 1, 2019 to December 31, 2023 – 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 25 years of age)
- Older adults (ages 60 and older) who lack transportation or are unable to access traditional services.
- Monolingual Spanish-speaking clients and community members who may be facing mental health stigma and language barriers to access care.

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## Psychiatric Advance Directives (Innovation Plan)

Tri-City is a part of the Multi-County Collaborative Psychiatric Advance Directives (PADs) Innovation Project, which supports a statewide movement to create a standardized, sustainable PADs process. The goal of the Innovation project is to help counties improve and promote positive outcomes for people at risk of involuntary care, homelessness, unnecessary hospitalizations, and involvement with the criminal justice system at all stages of life. This project gives power to the individual's voice and choice by promoting culturally-responsive quality care to preserve the individual's life goals and preferences. The project includes the development of all stages of the PAD process, including the form, legal language, a training "toolkit," and evaluation.

**Target Population:** Transition age youth and college students (ages 18 to 25)

Within the Tri-City service catchment area, there are eight colleges and universities servicing students who fall within the age range of transition age youth. We understand that this is a critical age in a young person's life when they may start to experience symptoms or onset of mental health conditions. This project intends to reach this population as a pivotal point in their lives to help mitigate negative behavioral health outcomes and give young adults a voice in their treatment by allowing them to put into words their wishes should they experience a mental health crisis.

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

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 LGBTQIA+ populations. These resources include:

#### African American Advisory Alliance

African American Advisory Alliance (Pomona4As) aims towards efforts of reconciliation and equity in our community. This organization takes action for racial reconciliation, equality and justice; and to create strategic plans for long-term opportunities and advancement for our Black residents in Pomona.

#### 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.

#### Latino/a Roundtable of the San Gabriel Valley and Pomona Valley

The Latino/a Roundtable is a non-profit organization dedicated to promoting education, civic engagement, advancing leadership, and to provide a proactive voice.

#### Pomona Pride Center

The Pomona Pride Center empowers the Pomona Valley community members who identify as LGBTQIA+ and their families, to enjoy healthier and more fulfilling lives. The mission of the Pomona Pride Center is to enhance and sustain the well-being of the LGBTQIA+ and allied communities by providing vital social and support services, educational and arts programs, and advocacy.

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

### Tri-City Mental Health Authority 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/Consumer Resources.

### Community Navigator Program

Community Navigators assist community members to connect with both formal and informal support based on their individual clinical, cultural, and wellness needs. Community Navigators are comprised of bilingual and bicultural staff 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 Navigators are at the forefront of outreach and engagement efforts including presenting at community meetings 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]*

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## 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 Authority has five locations within the cities of Claremont, La Verne and Pomona. Four of these locations are centered within the city of Pomona, which holds the highest number of unserved and underserved populations based on 2020 census.

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



Location - Pomona	Services Provided	Population Served
<b>Tri-City Adult Outpatient Clinic</b>	Adult and Older Adult Outpatient Services, Full Service Partnership (FSP) Adult Services, Supplemental Crisis Services, Therapeutic Community Gardening	Adults and older adults
<b>Tri-City Child and Family Outpatient Clinic</b>	Child and Family Outpatient Services, Full Service Partnership (FSP) services for children and TAY	Child, transition age youth, and family
<b>MHSA Administration</b>	MHSA stakeholder meetings, Housing, WET, PEI, INN and other MHSA Administrative staff	All community members and community partners
<b>Wellness Center</b>	Support Groups, Employment Vocational Support, Computer Lab, Family Wellbeing, TAY Resource Center	All community members and community partners
<b>Administration</b>	Administration	Staff and community members

## 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.

## 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.

The 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 Tri-City Wellness Center was determined by a committee of MHSA delegates, community representatives and Tri-City 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

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

#### 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 processes 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.

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## 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 departments 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 the 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, laws, 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.

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## 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]*

## 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 the 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

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## 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 consumer's 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.
- Addressing 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



Below is a flow chart of the process:



## Summary of Exhibits Available Upon Request

- Mission Statement for Tri-City Mental Health
- Core Values for Tri-City Mental Health
- Mission Statement for African American Family Wellness Collaborative (AAFWAC)
- Mission Statement for ¡Adelante! Latino and Hispanic Wellness Collaborative
- Mission Statement for RAINBOW LGBTQ+ Wellness Collaborative
- Mission Statement for Holistic Asian American and Pacific Islander (HAAPI) Wellness Collaborative
- Ethnic Services Manager Job Description
- Diversity, Equity & Inclusion Coordinator Job Description
- Cultural Inclusion and Diversity Committee Staff Survey June 2022
- 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